



Services de Santé de Qualité pour Haïti

Fact Sheet

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Photo credit: Karen Kasmauski

Life of Project under MCSP: October 2015 – January 31, 2018

Implementing Partners: Jhpiego, John Snow Inc, (JSI), Save the Children, PATH

Overview

The United States Agency for International Development (USAID) Maternal and Child Survival Program (MCSP) is a global, five-year, \$560 million cooperative agreement designed to advance the goal of ending preventable child and maternal deaths by supporting the introduction and scale-up of high-impact, sustainable reproductive, maternal, newborn, and child health (RMNCH) interventions in 25 priority countries.

MCSP Haiti, known as the *Services de Santé de Qualité pour Haïti* (SSQH) project, worked in close collaboration with the Haitian Ministry of Health (MSPP) and USAID to:

- Increase utilization of the MSPP essential package of services at the primary care and community levels
- Improve the functionality of the US government-supported health referral networks
- Facilitate sustainable delivery of quality health services through the institutionalization of key management practices at both the facility and community levels
- Strengthen departmental health authorities' capacity to manage and monitor service delivery
- Provide technical assistance to the MSPP to create an enabling national policy and coordination environment for improved RMNCH in Haiti

The project's catchment area grew in 2016 to cover all 10 departments of Haiti in 164 health facilities and two community service delivery points—66 non-

governmental organization (NGO) sites (via subcontracts) and 100 public sites.

SSQH also increased the capacity of the MSPP and the 10 Departmental Health Directorates (DDSs) by coordinating and managing site activities; collecting data; promoting quality improvement through training, mentorship and supportive supervision; standardizing tools; reinforcing MSPP standards; and addressing gaps in staffing at public health facilities by temporarily contracting 1,610 health care providers.

RED/REC Approach

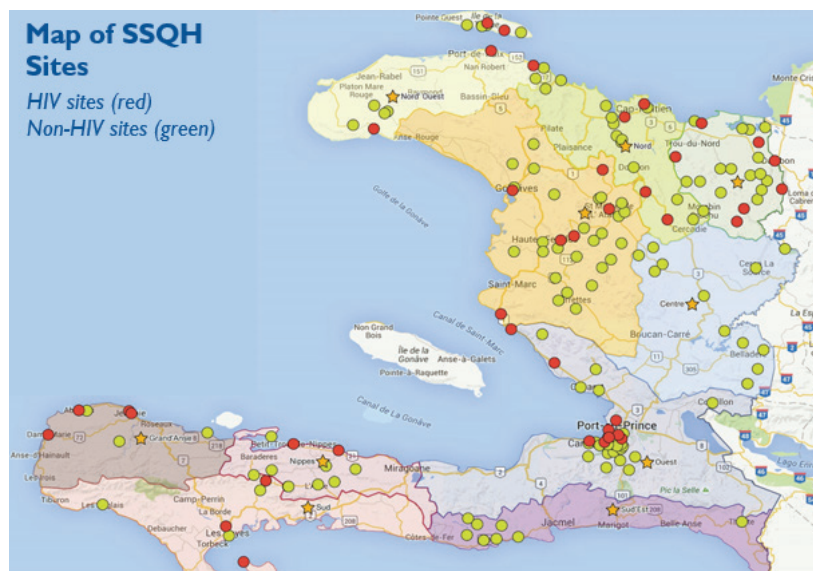
Through application of the principles of the Reaching Every District/Reaching Every Community (RED/REC) approach to the MSPP's essential package of health services in facilities, SSQH ensured a comprehensive approach to the continuum of RMNCH care within defined catchment areas that are linked together at facility, community, and household levels. SSQH prioritized sites that had the poorest performance and low vaccination rates, often located in zones difficult to access. The principles of the RED/REC approach that lead to more intensified coverage of the continuum of care are:

- Managing and planning effectively
- Ensuring coverage of all target populations
- Strengthening supportive supervision
- Improving data quality and use for decision-making
- Ensuring linkages between services and communities

Focus Areas and Achievements

From October 2015 to January 2018, SSQH worked with the MSPP and partners to support facilities and communities to meet national health standards. SSQH's achievements have included the following:

- **HIV/AIDS and Tuberculosis (TB):** SSQH tested 717,010 individuals for HIV and put 11,643 new patients on antiretroviral therapy (ART); 12,027 patients were on ART by the end of the project in SSQH-supported facilities. MCSP-SSQH introduced a mobile clinic approach to provide HIV testing and treatment previously unattainable for more remote communities. The project also ensured that all those who tested positive for HIV were also tested for TB and treated accordingly.
- **Maternal Health:** SSQH established nine Maternal Death Surveillance and Response Committees at emergency obstetric and newborn care facilities to review cases of maternal death and identify systemic challenges for improvement. As of October 2017, seven committees had reviewed the most recent case from their site and produced a detailed case report and recommendations. Of particular focus were the 41 facilities that offer EmONC; in these facilities, MNH supplies were made available through collaboration with the DDSs and partners. With the availability of supplies, the SSQH team promoted the importance of using facility-based services for routine maternal health care as well as for complications. As a result, institutional deliveries increased by 33% from 7,586 women (between April 2016 and September 2016) to 10,121 women (between October 2016 - March 2017).
- **Newborn Health:** SSQH conducted a training of trainers on Kangaroo Mother Care (KMC) at one of the National Training Centers (NTCs), preparing health practitioners at the site to offer training to other providers on this method of care for premature or low-birth-weight babies. In addition, 39 training sessions at National Training Centers covered Essential Care for Every Baby (ECEB) and Helping Babies Breathe (HBB), building the capacity of 911 health care providers.
- **Family Planning (FP):** SSQH trained 1,995 staff across all supported FP facilities to ensure compliance with US government FP regulations. In addition, the staff trained 121 family planning providers through six sessions at the National Training Center covering contraceptive technology. The project also established five departmental mobile teams who during their first nine deployments addressed the unmet FP needs of 364 people by providing long-acting and permanent methods. With support from MCSP-SSQH, all 164 MCSP-SSQH-supported health centers currently offer family planning (FP), and 102



offer at least one long-acting contraception (LARC) method. A total of 634,842 CYPs were provided through various FP methods, counseling, and client referrals for LARCs and PMs.

- **Child Health and Nutrition:** SSQH trained 89 providers in the Integrated Management of Childhood Illnesses, which ensures that nurses assess every sick child for multiple health problems. SSQH also trained 371 community health workers in Integrated Community Case Management to identify danger signs in children and facilitate prompt referrals. Sixty percent of children under five in the SSQH catchment area were reached by SSQH nutrition program interventions.
- **Immunization:** MCSP-SSQH ensured that 162 out of 166 service delivery sites provided facility- and community-based immunization using the Reaching Every District/Reaching Every Community (RED/REC) approach. By the end of the project, 85% of children under one were fully vaccinated in the project catchment area. SSQH also provided logistical support to the DDS to reach 600,000 children in a national vaccination campaign to reduce preventable childhood illnesses.
- **Water, Sanitation, and Hygiene (WASH):** SSQH implemented a Clean Clinic Approach, which empowers facility staff to identify WASH improvements, prioritize them, include them in their action plans, and implement them. SSQH worked with 69 health facilities through this process to improve WASH practices and medical waste management. On average, sites improved their WASH status by 22% as compared to standard benchmarks; 22 sites achieved the benchmarks necessary to be awarded with full Clean Clinic Status.
- **Zika Virus:** SSQH integrated Zika virus prevention and screening into antenatal care (ANC), FP services, and WASH activities and trained 2,435 health providers who are now screening, providing referrals, and sharing prevention guidance for Zika in their respective health centers. SSQH worked with the SHOPS+ project to produce and disseminate 19 educational materials for the general population and pregnant women.
- **National Training Centers (NTCs):** SSQH established three NTCs and a pool of champion NTC trainers for in-service education on high-impact RMNCH clinical interventions for health providers. Through the project's support, the NTCs conducted 92 trainings on RMNCH topics, reaching 1,042 health providers. The NTC trainers followed up with all trainees post-training to ensure retention of skills, through 435 supportive supervision visits.
- **Community Health:** SSQH supported the DDS to recertify 803 community health staff to ensure service delivery adherence to MSPP standards. The project trained and supported 571 health staff in the Community Action Cycle at the commune and departmental levels. SSQH support on this resulted in the establishment of 59 community-based health committees who developed and implemented mobilization plans based on self-identified needs.
- **Model Referral Networks (MRNs):** SSQH operationalized three MRNs by training health providers at 34 participating sites to utilize newly-developed referral and counter-referral tools and transportation and communication protocols. By the end of the project, these sites have referred or counter-referred 5,145 patients to appropriate levels of care. Under the auspice of the MSPP, these referral networks continue to function post-SSQH, and plans are under development by the MSPP to expand to other regions.
- **Results-Based Financing (RBF):** SSQH supported the launch of RBF and the development of quality improvement and business plans at 33 facilities. Service quality scores in RBF sites progressively improved: the April-June 2017 evaluation showed an average of 90% for northern sites (up from 86% for RBF sites vs. 66% for non-RBF sites in July-Sept 2016) and 57% for southern sites (up from 45% for RBF sites vs. 41% for non-RBF sites in Aug-Sept 2016).
- **Government Support:** SSQH contributed to RMNCH technical working groups to develop new guidelines, standards, and policies for cervical cancer prevention, maternal health, newborn, PFP, EmONC, iCCM and IMCI, Zika, MDSR, and model referral networks. SSQH also embedded staff at each of the 10 DDS who worked closely with DDS staff on planning, budgeting, and technical skills building. SSQH-embedded staff conducted over 1,000 supportive supervision visits to project facilities, the majority in collaboration with DDS staff. These visits focused on improving not only provider performance, but also DDS staff capacity to provide supportive supervision.

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