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USAID
ASSIST PROJECT
*Applying Science to Strengthen
and Improve Systems*

USAID ASSIST Project

Haiti Country Report FY14

Cooperative Agreement Number:

AID-OAA-A-12-00101

Performance Period:

October 1, 2013 – September 30, 2014

DECEMBER 2014

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DISCLAIMER

This country report was authored by University Research Co., LLC (URC). The views expressed do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

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For more information on the work of the USAID ASSIST Project, please visit www.usaidassist.org or write assist-info@urc-chs.com.

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Abbreviations

AIDS	Acquired immune deficiency syndrome
ASSIST	USAID Applying Science to Strengthen and Improve Systems Project
CBO	Community-based organization
CMSO	Medico-Social Centre of Ouanaminthe
FINCA	Fighting Poverty with Financial Inclusion
FY	Fiscal year
HCI	USAID Health Care Improvement Project
HIV	Human immunodeficiency virus
HTW	Health Through Walls
IBESR	<i>Institut du Bien Etre Social et de la Recherche</i> (Institute of Social Welfare and Research)
MOU	Memorandum of understanding
NGO	Non-governmental organization
OVC	Orphans and vulnerable children
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PIH	Partners in Health
QI	Quality improvement
SSQH	<i>Services de Santé de Qualité pour Haïti</i> (Quality Health Services for Haiti)
URC	University Research Co., LLC
USAID	United States Agency for International Development
USG	United States Government

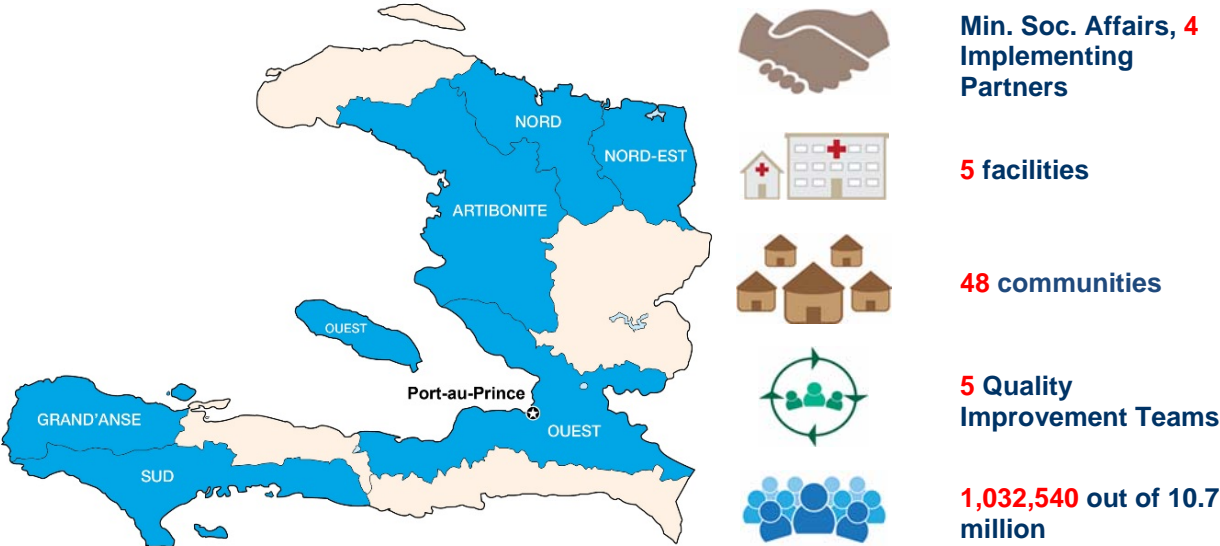
1 Introduction

In 2011, the USAID Health Care Improvement Project (HCI) was invited by USAID Haiti to provide technical assistance to the *Institut du Bien Etre Social and de la Recherche* (IBESR), Ministry of Social Affairs, and the United States Government (USG) orphans and vulnerable children (OVC) implementing partners in Haiti to improve the quality of services offered to vulnerable children and families affected by HIV. This assistance was funded by the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR). Since 2011, HCI has provided technical assistance to IBESR to lead a process of identifying champions from the government, local and international organizations, and other stakeholders to form a 15-member National Task Team to pilot and implement a set of minimum OVC service standards and provide support for quality improvement. The guiding principle of the work was to engage stakeholders to reflect on the essential question: “What measurable differences do our programs make in the lives of children and how would we know that our programs are making such a difference?”

On November 20, 2013, the National Guidelines were officially launched by IBESR and the Ministry of Social Affairs. Following the close-out of HCI assistance in December 2013, with PEPFAR funding in FY14, USAID ASSIST continued to support teams that had piloted the guidelines in the North, West, and Artibonite departments and initiated implementation of the guidelines in Northeast, Grand Anse, and South departments.

USAID Haiti has requested that ASSIST continue providing technical assistance to IBESR and implementing partners in FY15 for the dissemination of the national guidelines throughout the remaining departments in Haiti and to provide technical support to department-level stakeholders to develop work plans for implementation of the guidelines using an improvement approach.

Scale of USAID ASSIST’s Work in Haiti



2 Program Overview

Activities	What are we trying to accomplish?	At what scale?	Improvement Activity	Activity
1. Build capacity of government and NGO partners to implement national service standards to improve quality of care for vulnerable children and their families	Improve the quality of OVC services and care through distribution of national service standards in six departments	Spread implementation of standards within three of 10 departments: North, Artibonite, and West Initiate implementation in three additional departments, selection to be determined in collaboration with IBESR, USAID, and partners Current implementing sites as of the end of FY14: <ul style="list-style-type: none"> - 5 health facilities implementing the care standards on health, psychosocial support, income generation, and protection; the 5 facilities cover 48 communities - Dissemination of the national guidelines to 68 of Haiti's 140 communes - 5 quality improvement (QI) teams working in five geographic departments - 1,032,540 people covered by dissemination and implementation of the national guidelines 	x	
	Develop strategies for overcoming critical barriers in sustaining high-impact interventions provided to vulnerable children and their families	One site in each of the three departments that participated in the piloting of the standards		

3 Key Activities, Accomplishments, and Results

Activity 1. Build capacity of government and NGO partners to implement national service standards to improve quality of care for vulnerable children and their families

KEY ACCOMPLISHMENTS

- **Signed Memorandum of Understanding (MoU) with IBESR** (February 2014). University Research Company, LLC (URC) signed a MoU with IBESR based on the technical support provided by URC through the USAID ASSIST Project. IBESR awarded a certificate of recognition to URC for its contribution to the child protection sector in Haiti.
- **ASSIST contributed to the review of the terms of reference of the Child Protection Group formed by IBESR in collaboration with all partners that signed the MoU** (Q2).
- **Held meetings with stakeholders and partners to discuss implementation of national service standards and to choose sites** (Q2). It was decided that the following partners would collaborate in the implementation of the national guidelines: IBESR, USAID, Pathfinder *Services de Santé de*

Qualité pour Haïti (SSQHi), URC SSQH, ASSIST, Caris Foundation, Handicap International, Catholic Relief Services, Partners in Health (PIH), World Vision, and Health Through Walls (HTW). The sites chosen for implementation of the national service standards were located in Artibonite Department (Montrouis, Verretes); West Department (Delmas, Titanyen); South Department (Cayes); Grand Anse Department (Jeremie); North Department (Plaine du Nord); and Northeast Department (Ouanaminthe).

- **Conducted field visit in Verrettes (Artibonite)** (March 2014). ASSIST's Resident Advisor visited Verrettes to meet the program team of the Hospital Durmasais Estime to discuss terms for implementing the national guidelines and to schedule a training session. Five people, including the program director, nurse in charge of nutrition, HIV/AIDS coordinator, social worker, and the focal point for vulnerable children for PIH, attended this meeting.
- **Conducted training session on QI in Verrettes** for stakeholders in Artibonite and West departments (March 2014). Twelve people, including focal points of Health through Walls, World Vision, and PIH, IBESR representatives, and the local team of Verretes Hospital were trained on the process for implementing the guidelines.
 - The training included discussions on quality dimensions, quality improvement methodology, team work, the model for improvement, measurement (i.e., developing and tracking indicators), QI tools, as well as the content of the national guidelines and strategies for its implementation. After conducting the first part of the training, the staff from the Hospital Dumarsais Estime became very motivated to do the improvement work and to disseminate the national guidelines in Verrettes.
- **Conducted training session on QI in Montrouis** (April 2014): Conducted learning session for Northeast, North, West and Artibonite departments on implementation of the national OVC guidelines. Partners included PIH (Artibonite), Health through Walls (West), World Vision (West), SSQH North (North and Northeast). Thirty participants attended, including three site managers, six nurses, five psychologists, eight social workers, two data clerks, four IBESR representatives, and two doctors in charge of the HIV/AIDS program.
- **Conducted a session on dissemination of care standards in South Department for 25 sites located in 16 communes** (June 2014). Thirty-seven participants, including local media, attended this training session of two days. Mechanisms to implement and disseminate the standards were developed during this training session.
- **Conducted training on QI in Grand Anse Department** (September 2014). The training included representatives of IBESR and NGOs, local authorities, and community-based organizations (CBOs).
- **Conducted coaching sessions:**
 - June 2014
 - Conducted coaching sessions in the Lumiere Health Center in les Cayes (South), in Hospital Durmasais Estime (Artibonite), Medico Social Centre (Northeast) and in Clinic Dugue in Morne Rouge (North). Quality improvement teams were set up and began to meet on a weekly basis to discuss quality improvement implementation. As a result, some needed improvements were observed, for example, the Hospital Durmasais Estime in Artibonite observed that HIV testing of children is very low. Their improvement aim was to increase the number of tested children in three months. Similarly, the Clinic Dugue located in Morne Rouge (North Department) also wanted to increase the percentage of children of parents with HIV who are tested for HIV (see Table 1 for HIV testing rates among children April-June 2014).

August – September 2014

- Coaches training was provided for 22 protection agents, five regional coordinators of IBESR, and two representatives of the General Direction of IBESR (August 2014).
- Two parallel sessions were organized for 119 field agents of three geographic departments (September 2014).
- Conducted coaching session in all five health facilities (August – September 2014). In addition, another training session was held in Kaliko Beach for 40 sites, the local QI team, and five representatives of IBESR regional offices.
- A parallel QI session was held for the departmental QI team of South Department (September 2014). As result an action plan was designed for improvement activities over the next 12 months.

Table 1: Low HIV testing of children of HIV-positive parents at Clinic Dugue, North Department (April – June 2014)

Month	Number of parents enrolled in HIV care	Number of children of parents in care who are tested for HIV
April 2014	7	0
May 2014	11	1
June 2014	10	0

- **Set up additional quality improvement team in South Department (June-July 2014):** A quality improvement team composed of 15 members from different communities and child protection stakeholders was set up in les Cayes (South Department) to work on the dissemination of standards and on improvement activities implemented in two sites (Pwoje Espwa and Health Facilities FINCA).
- **Dissemination of the national guidelines:** Conducted five workshops (North, Artibonite, South, Grand Anse, and Northeast departments) on the dissemination of the national guidelines for 163 site representatives from 68 communes in the six geographic departments (July – August 2014).
- Two of the partners, Health Through Walls and World Vision, began trainings under ASSIST but dropped activities in August 2014 due to logistics and funding issues.

RESULTS

- **Self-assessments conducted by partners**
 - PIH, Health Through Walls, and World Vision each conducted a self-assessment of their sites in Verrettes (Artibonite), and in Delmas and Titanyen in West Department (March 2014). The self-assessments helped PIH and HTW understand the standards they have to implement to improve the quality of services provided for vulnerable children affected by HIV. Figure 1 shows the percentage of services provided and gaps, as reported by PIH, Health Through Walls, and World Vision.
 - Partners In Health, Health Through Wall, and World Vision conducted self-assessments of two sites in North and Northeast Departments about service standards implementation (June 2014). Clinic Dugue in Morne Rouge (North) was assessed on health and psychosocial standards, while the Medico-Social Centre of Ouanaminthe (Northeast) was assessed on health sector standards. The percentage of standards being met ranged from 37%-46% (Figure 2).
- **Decreased the proportion of children with severe acute malnutrition.** Rates of children under five years with severe acute malnutrition decreased from 37% to 14% between June and September 2014 at the Hospital Durmasais Estime, Verrettes (Artibonite). Rates for those with moderate acute malnutrition were more variable (Figure 3).
- **Improved the level of HIV testing of adolescents (12 to 18 years old) of HIV-positive parents.** In Clinic Dugue (North Department), the percentage of adolescents of HIV-positive parents tested for HIV increased from 8% in June 2014 to 75% in September 2014 (Figure 4).

Figure 1: Self-assessment of services areas implemented by partners (March 2014)

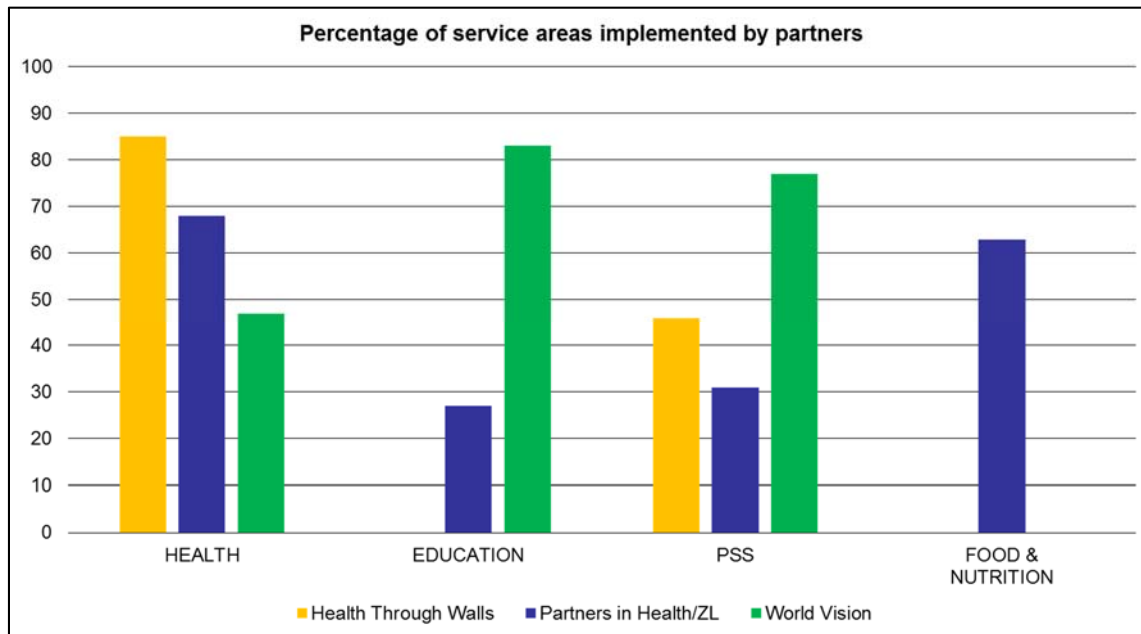


Figure 2: Self-assessment of service areas implemented by partners on health and psychosocial guidelines (June 2014)

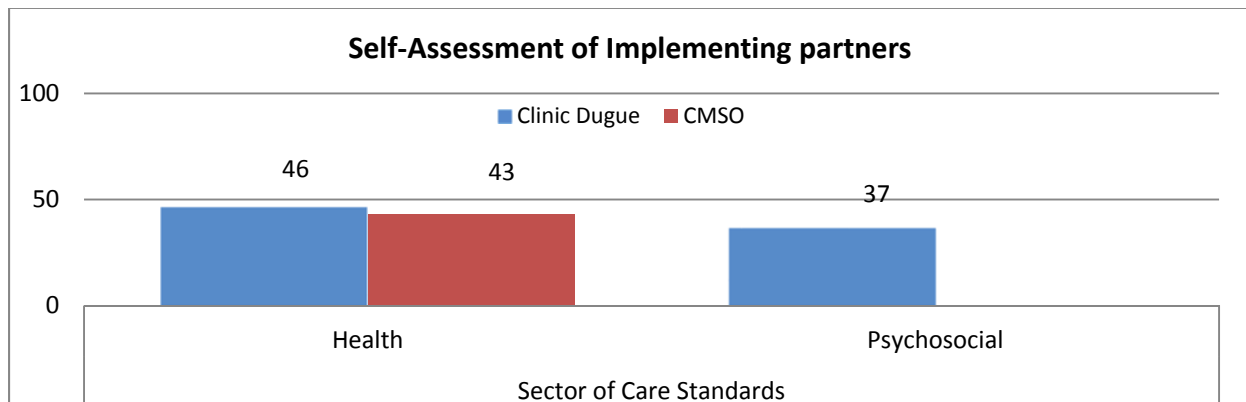


Figure 3: Percentage of children under five years with acute and severe malnutrition at Hospital Durmasais Estime, Verrettes, Artibonite Department (June – Sept 2014)

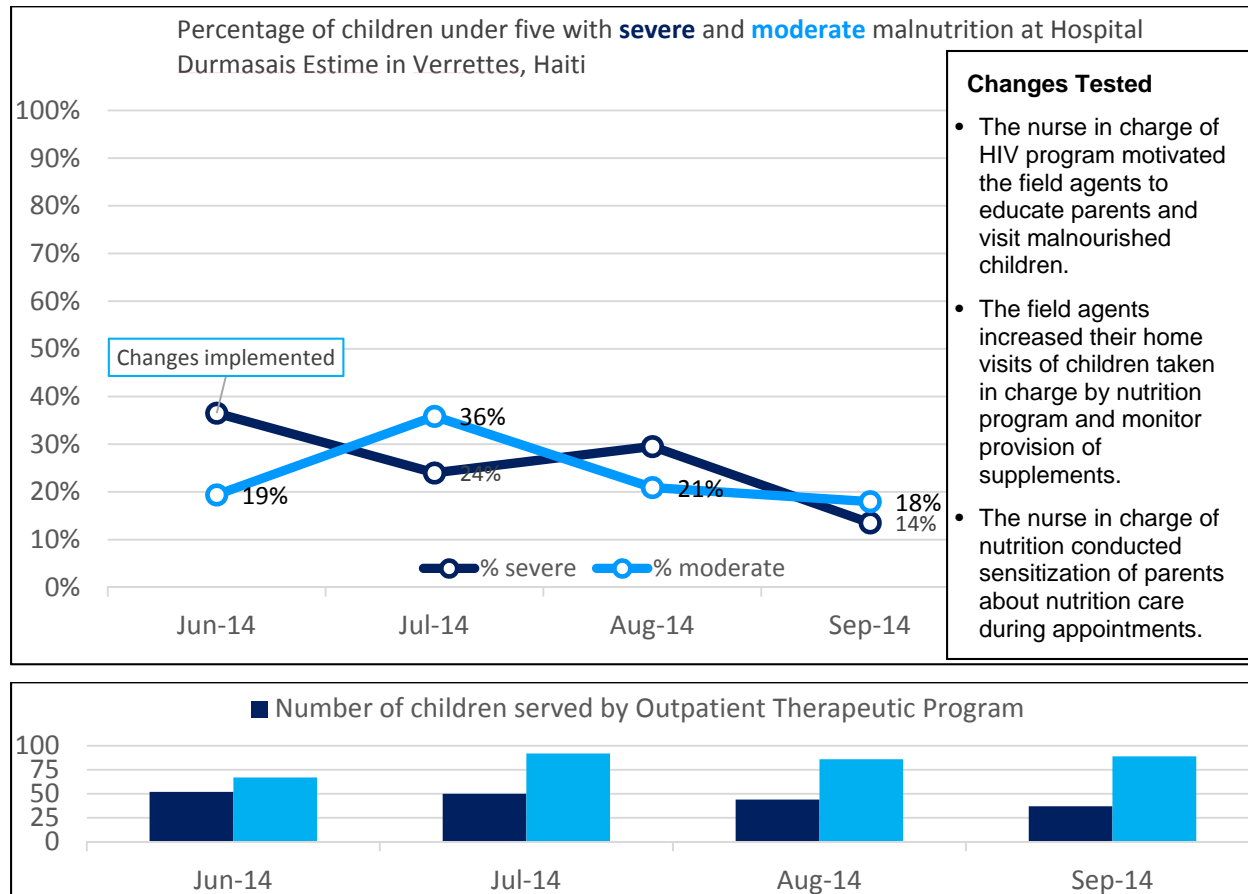
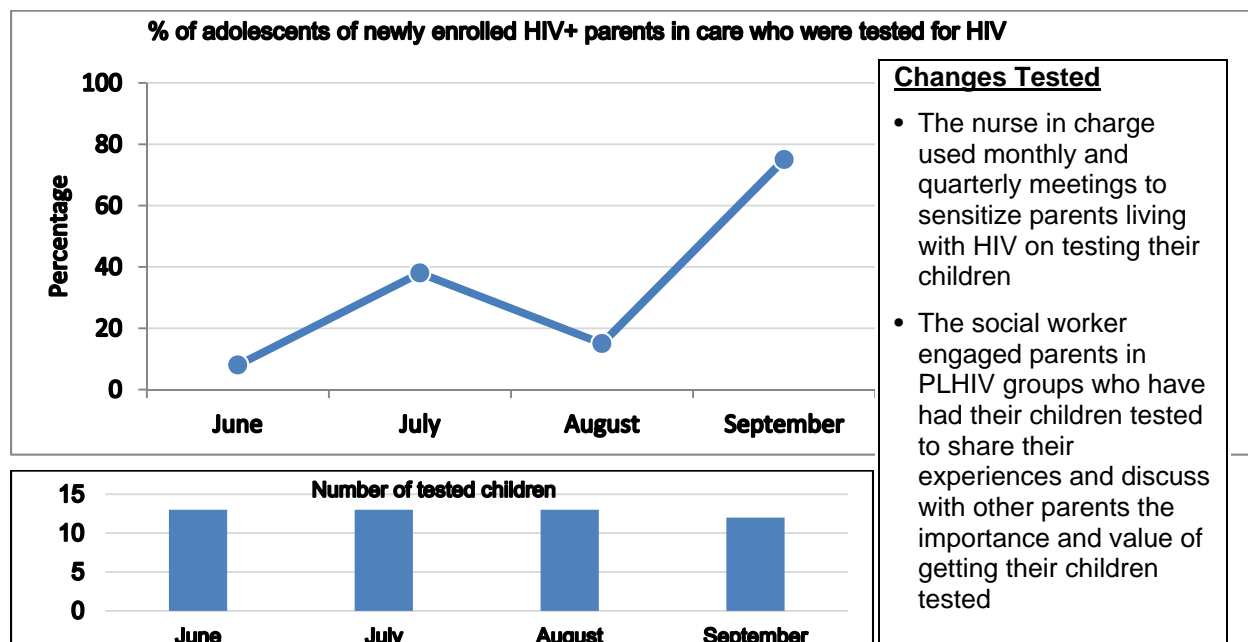


Figure 4: Percentage of adolescents (12 to 18 years old) of HIV parents tested for HIV care, Clinic Dugue, North Department (June – Sept 2014)



Improvement in Key Indicators

Activity	Indicators	Baseline	Last value	Magnitude of Improvement
Build capacity of government and NGO partners to implement national service standards to improve quality of care for vulnerable children and their families	Percentage of children under five years with acute malnutrition	36% 1 site	18% 1 site	-18
	Percentage of children under five years with severe malnutrition	37% 1 site	14% 1 site	-23
	Percentage of adolescents (12 to 18 years old) of HIV parents tested for HIV care	8% 1 site	75% 1 site	67

SPREAD OF IMPROVEMENT

- The piloting sites received technical support during the dissemination and the implementation phase of the standards. A new site was selected in each piloting department to implement the national guidelines as well as the three other sites in three new geographic departments.
- The improvement experiences conducted successfully the last year were replicated to other sites involved in the implementation of the national guidelines. The improvement process provided an innovative experience for the sites in South, Artibonite, Northeast, West, Grand Anse, and North. Most of these sites experienced the PDSA process and observed how their achievements have improved outcomes.

4 Sustainability and Institutionalization

USAID ASSIST has consistently worked to ensure that IBESR, the government agency mandated with planning and coordination of care and protection of Haiti's children, has led the process of developing and implementing the National Guidelines over the last four years. IBESR remains while projects come and go. Building the capacity of IBESR at national and local levels in evidence-based interventions and in the use of improvement methodologies has the potential for long-lasting impact. Through the project's cultivation of dependable relationships with IBESR staff, IBESR leaders have become QI "champions" and have adopted an improvement culture in their work in other service areas, including child protection.

USAID ASSIST supported IBESR in the institutionalization process such that improvement becomes an integral part of the way social services are delivered in Haiti. USAID ASSIST worked with and through departments and communities so that QI teams can become capable of conducting improvement on an ongoing basis. At the national level, regular contact has been made with IBESR leadership to support QI activities and review and share progress with the Ministry and other stakeholders. At the departmental level, each IBESR coordinator has designed an action plan to implement improvement in services for vulnerable children with the support of the departmental QI team.

Forming QI teams of multi-sectoral stakeholders, from multiple levels (national and local government, facilities, CBOs, communities) has led to collaboration by people that usually do not find themselves at the same table. Three new QI teams were formed and two others were reinforced at the community level. These were empowered to make changes in care and support mechanisms in order to create ownership, which is a primary driver of sustainable results. We expect these partnerships to endure. Additionally, ASSIST's practice of following trainings with ongoing coaching and follow-up results in greater likelihood of holding the gains. Trainings alone do not build skills, nor do they contribute much to long-term retention of information. Conducting coaching in the actual work environment, consistent with models of adult learning, are much more conducive to gaining competencies that endure.

To promote holding the gains made in improving quality of programming for vulnerable children, ASSIST will mentor staff of Caris Foundation to carry on the role of providing technical assistance on

improvement. Caris staff will be included in future trainings to promote their capacity for improvement. USAID ASSIST will also continue to be available for support any time requested by stakeholders in Haiti or the USAID Mission.

5 Gender Integration Activities

ASSIST worked with PEPFAR partners to address gender issues in terms of testing children of HIV-positive parents. Mothers tended to agree to let their children get tested, however their male parents would generally be more reluctant. ASSIST worked with the Clinic Dugue in the North Department to address this issue by initiating conversations on testing children with male parents.

6 Directions for FY15

- ASSIST will improve the quality of OVC services and care through distribution of national service guidelines in seven additional departments. Three departments were involved in the piloting phase of the minimum guidelines. In FY15, USAID ASSIST will focus on the remaining seven departments not familiar with the guidelines.
- We anticipate that ASSIST will end activities in the third quarter of FY15. To promote sustainability of the progress IBESR has made in the implementation of the national guidelines, ASSIST will build the capacity of CARIS Foundation staff to assume a technical assistance role in supporting IBESR and partners in implementation of standards through a QI approach. The CARIS Foundation is the USAID implementing partner in Haiti most involved in providing direct services to vulnerable children.
- Final products to be delivered on the project include a final translation of the national guidelines from French to Creole. We will also adapt and translate a tool of quality improvement that can be used at the community level that was previously developed by ASSIST/Nigeria and ASSIST/Kenya.
- We will conduct two meetings in each of the seven departments to share learning from the piloting phase of the guidelines. One meeting will be to share an overview of the guidelines to stakeholders in the department. The second meeting will be to work with field agents to share QI methodology and develop work plans which will include activities for continued learning after ASSIST closes out. We will also mentor CARIS in the QI approach to implementation of the guidelines.

**USAID APPLYING SCIENCE TO STRENGTHEN
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