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IMPROVED HEALTH SERVICE DELIVERY BASELINE SURVEY

WORK PLAN

Haiti Evaluation and Survey Services Plus (ESS+)

INTRODUCTION

The Improved Health Service Delivery (IHSD) Activity started in June 2022 with the broad objectives of improving community health behaviors and outcomes, increasing the availability of comprehensive and integrated HIV services, and strengthening community health systems in ten departments in Haiti. The Activity is jointly implemented by two partners: Interchurch Medical Assistance (IMA) World Health and Health Equity International (HEI). The United States Agency for International Development (USAID)/Haiti commissioned Evaluation and Survey Services Plus (ESS+) to conduct a baseline assessment (BA) to provide baseline values of key Activity indicators and serve as a point of comparison with endline values that will be collected in a future endline assessment.

BACKGROUND

DESCRIPTION OF THE PROBLEM AND CONTEXT

Throughout Haiti's history, natural disasters, political instability, and lack of governance have hindered economic and social development. On a large scale, people's disapproval of the government and ongoing corruption scandals are the main drivers for frequent protests, leading to gang violence. The last decade has seen an exponential rise in gang activities. As a matter of fact, the metropolitan area and its surroundings have become a stronghold for armed gangs, which has created a climate of insecurity as violent acts are committed against the population. Kidnappings are recorded daily. Rivalries between gangs for control of the capital and the surrounding areas have led to numerous cases of aggression and lives lost among the population. The violence has intensified sharply in recent months, leading to the internal displacement of thousands of Haitians. This situation worsens the already tenuous economic and social situation and affects the government's capacity to provide basic services to the population. As a result, the gross domestic product has decreased for the last four years on average by 1.7 percent, except for the year 2020 (during the pandemic) at 3.3 percent.¹ Moreover, Haiti is prone to natural disasters. Not long ago, southwest Haiti experienced a 7.2 magnitude earthquake (August 14, 2021), followed less than 48 hours later by Tropical Storm Grace.

Each major shock and stress burdens even more of Haiti's fragile economy and exacerbates the population's precarious living conditions. Nearly six out of ten Haitians (59 percent) live below the poverty line of \$2.41 a day, and just under a quarter (24 percent) below the extreme poverty line of \$1.23 a day.² Furthermore, Haiti ranks 163 out of 191 countries on the UN's 2022 Human Development Index.³ It is the only Latin American and Caribbean country in the "Low Human Development" category. All the recurrent shocks, combined with the structural weaknesses and extremely unstable social, economic, security, and political context, have severely reduced the ability of Haitians and Haitian systems to recover to pre-shock levels of wellbeing and functionality. Subsequently, according to the United Nations Office for the Coordination of Humanitarian Affairs, 4.6 million people, or more than 40 percent of the population, required humanitarian assistance in 2023—a situation that exceeds the record 2020 estimates by 100,000 people.⁴ Furthermore, in 2023, 78 percent of the population had run out of food in the past three months compared to 42 percent in 2012.⁵

¹ "GDP growth (annual %) – Haiti," World Bank Open Data, accessed November 26, 2023, <https://data.worldbank.org/indicator/NY.GDP.MKTP.KD.ZG?locations=HT>.

² "The World Bank in Haiti - Overview," The World Bank, updated October 26, 2023, <https://www.worldbank.org/en/country/haiti/overview>.

³ "Human Development Insights," Human Development Reports, UNDP, updated September 8, 2022, <https://hdr.undp.org/data-center/country-insights#/ranks>.

⁴ "Haiti: Humanitarian Response Plan 2023 At a Glance (April 2023) [EN/HT]," Publications, OCHA, April 13, 2023, <https://www.unocha.org/publications/report/haiti/haiti-humanitarian-response-plan-2023-glance-april-2023-enht>.

⁵ LAPOP Lab, Vanderbilt University, *Pulse of Democracy 2023*, November 2023, <https://www.vanderbilt.edu/lapop/ab2023/AB2023-Pulse-of-Democracy-final-20231127.pdf>.

In relation to all the structural and cyclical problems cited above, Haiti has struggled to build and sustain a solid healthcare system. The Ministry of Health (MOH) acknowledges that the former healthcare system faces structural and operational challenges. Among these challenges, the MOH points out that managing the coverage, quality, and safety of services offered is difficult to guarantee, and programs show variable and generally mixed results.⁶ It becomes more complicated with the political instability, the violence perpetrated by armed groups, and the displacement and migration of staff to deliver health services in gang-affected and remote areas. Maternal and neonatal mortality remains high in Haiti due to shortcomings in care. Across Haiti, 94 out of 100 children will survive to the age of 5, but only 78 percent of 15-year-olds will survive to the age of 60—a sign of the heavy burden from communicable and non-communicable diseases, as well as persistent gaps in maternal and child healthcare.⁷ According to the Human Capital Index, a child born in Haiti as of October 2023 will grow up to be only 45 percent as productive as they could have been if they had enjoyed full access to education and health services.⁸

The situation could have been worse if several donors, including USAID, had not helped alleviate some challenges in implementing an effective national health program in Haiti. USAID's close collaboration with the MOH has helped ensure the IHSD Activity had access to a package of essential primary healthcare services at 164 health facilities across the country's ten departments. With USAID assistance, approximately 40 percent of the population has access to basic health services, and activities have begun to address some of the key drivers of mortality and morbidity. In the 2017 Demographic and Health Survey, several health indicators showed positive gains, such as a decline in under-five mortality, which fell from 61 per 1,000 live births in 1994 to 24 per 1,000 live births in 2017, and a decrease in the total fertility rate from 4.8 percent in 1995 to 3.0 percent in 2017.⁹

SUMMARY OF THE ACTIVITY

DESCRIPTION OF THE INTERVENTION

The IHSD Activity is a five-year activity split between two implementing partners. Together, HEI and IMA World Health will focus on increasing the utilization of quality health services and strengthening local management and operational capacity to deliver the health services. The IHSD Activity provides an integrated package of essential maternal, newborn, and child health (MNCH) services, which includes immunization, mosquito-borne disease prevention, family planning (FP) and reproductive health (RH), HIV/TB prevention, care and treatment, and nutrition. HEI will implement IHSD in the greater south (Grand' Anse, Nippes, Sud, and Sud' Est) in 30 facilities, while IMA will implement IHSD in the remaining departments (Artibonite, Centre, Nord, Nord' Est, Nord' Ouest, and Ouest) in 139 facilities.

THEORY OF CHANGE

IHSD's theory of change posits that “if the potential of new and underutilized partners for improving community health is realized; if the availability, quality, and use of essential health services at facility and community levels are improved; if communities are engaged and empowered to advocate for

⁶ République d'Haïti Ministère de la Santé Publique et de la Population [Republic of Haiti Ministry of Public Health and Population], *Plan Directeur Santé 2021–2031* [Health Master Plan 2021–2031], July 2021, 21, <https://www.mspp.gouv.ht/wp-content/uploads/Plan-Directeur-Santé-2021-2031-version-web.pdf>.

⁷ “Strengthening Access to Quality Healthcare in Haiti,” World Bank News, April 6, 2023, <https://www.banquemondiales.org/fr/news/feature/2023/04/06/access-to-quality-healthcare-in-haiti>.

⁸ The World Bank, *Human Capital Country Brief: Haiti*, October 2023, <https://thedocs.worldbank.org/en/doc/64e578cbeaa522631f08f0cafb8960e-0140062023/related/HCI-AM23-HTI.pdf>.

⁹ République d'Haïti Ministère de la Santé Publique et de la Population [Republic of Haiti Ministry of Public Health and Population], *Plan Directeur Santé 2021–2031* [Health Master Plan 2021–2031], July 2021, 27, <https://www.mspp.gouv.ht/wp-content/uploads/Plan-Directeur-Santé-2021-2031-version-web.pdf>.

improved health services and health outcomes; and if the accountability and capacity of the MOH for ensuring a continuum of care is increased, then health system resilience will increase and improvements in primary healthcare and water, sanitation and hygiene services and outcomes will be sustained.”¹⁰

ACTIVITY OBJECTIVES

IMA's Core Objectives:

1. **Improve FP and sexual RH; maternal, newborn, child, and adolescent health; nutrition, and water, sanitation, and hygiene (WASH): outcomes:** Led by New Partnerships Initiative, the project will work with the MOH to scale up high-impact interventions and operationalize the community health strategy. This collaboration entails a strengthened continuum of care from communities to primary health care and referral facilities, as well as an extension of health services to communities through the *agents de santé communautaire polyvalents* (ASCP) (English: community health workers) working with *comités communautaire de santé* (English: community health committees).
2. **Increase availability of comprehensive HIV prevention, care, and treatment services:** The project will work with the MOP and the President's Emergency Plan for AIDS Relief (PEPFAR) partners to support the implementation of evidence-based interventions to achieve the 95–95–95 targets in alignment with national guidelines. This undertaking will engage health facilities, ASCPs, and communities in ensuring a continuum of support.
3. **Strengthen community health systems and responsiveness to epidemic shocks:** The Activity will engage community-based organizations through a competitive small grants program to work with communities, ASCPs, and care groups to increase healthy behaviors, drive the demand for health services, and strengthen platforms to hold the health system accountable.

HEI's Core Objectives:

1. **Improve outcomes in sexual, reproductive, maternal, newborn, child, and adolescent health and nutrition (SRMNCAH-N) through quality service delivery:** Site teams will support improved facility-based service delivery for SRMNCAH-N, including prenatal visits and deliveries, while simultaneously working with ASCPs to boost demand for facility-based services for SRMNCAH-N and FP and build self-efficacy for adoption.
2. **Provide comprehensive HIV services to achieve epidemic control:** HEI/Saint Boniface Hospital will leverage decades of experience with HIV/AIDS testing and treatment to reach MOH's 95–95–95 goals.
3. **Improve the care quality, epidemic shock responsiveness, community empowerment, data for results, and resource optimization to create a resilient health system:** Ranfôse Santé's interventions will also sustain progress in healthcare quality through system strengthening.

[...]

Focus Group Discussions: ESS+ will sample different categories of beneficiaries to conduct FGDs. FGDs will be conducted by separating women and men, so participants can speak freely on gender-sensitive issues like sexual, reproductive, and maternal health. Additionally, mixed FGDs will be conducted when appropriate. FGDs will be conducted with the following respondents: 1) female

¹⁰ IMA World Health, *MEL Plan*, June 2022

members of the IHSD facility catchment area population, 2) male members of the IHSD facility catchment area population, 3) people living with HIV in IHSD facility catchment areas, and 4) people with disabilities in IHSD facility catchment areas. ESS+ plans to conduct four FGDs per department for each category of participants.

Facility Assessments: ESS+ will use a mixed-methods assessment via direct observation, document review, and survey/interview methods to assess IHSD-supported facilities. To comprehensively assess the facilities, the AT will look at 1) the availability of key health commodities for FP; sexual and RH; maternal, neonatal, and child health; nutrition; and WASH; 2) the implementation of IHSD-promoted practices for quality patient care (e.g., high impact practices [HIPs] for FP and respectful maternity care); 3) the implementation of IHSD-promoted practices for maintenance and use of health data, and 4) the strength of integration of HIV services.

Clinic Data: Per PEPFAR guidance, the primary data sources for most HIV treatment indicators are registers or logbooks in use at the point of service delivery. The AT will collaborate with USAID and the implementing partners to determine the most reliable and ethical method for obtaining these data.

INDICATORS

The baseline will be predominantly designed to obtain reference points on behavioral and outcome indicators in FP, SRMNCAH-N, and WASH within the IHSD-supported facilities' catchment area populations. Additionally, the baseline will provide values for indicators in the provision of integrated HIV services and in the quality of service delivery among IHSD-supported health facilities.

To answer the assessment questions, the AT will use triangulation to incorporate data collected through several methodologies (methodological triangulation) and from multiple sources (data triangulation), which will then be analyzed by the AT's four researchers (research triangulation). Moreover, the team will directly link the methodologies they use to answer each question in an assessment design matrix.

[...]PROPOSED TIMELINE AND TENTATIVE DELIVERABLE DEADLINES

Following the desk review, the AT will draft the combined Inception and Baseline Design, which ESS+ will submit to USAID for review on February 26, 2024. The combined report will include desk research, a discussion on the sampling strategy, target respondents, field survey strategy, the Baseline Design, and an analytical approach. As such, the BA will combine qualitative and quantitative methods that will include a possible combination of in-depth desk research, KIs, FGDs, facility assessments (observations), and household surveys to answer the baseline questions and provide baseline information on the highest result framework indicators. The team will link the methodologies used to answer each question in a baseline design matrix.

Following the approval of the combined Inception Report/Baseline Design, the AT will begin planning fieldwork, testing the survey instruments, training enumerators, and piloting the survey instruments. The data collection will officially start on May 6, 2024, and will end on June 14, 2024. To ensure that the data collection firm conducts quantitative and qualitative data collection efficiently and effectively, the AT will use a standard protocol for data organization and analysis files to ensure consistency, efficiency, transparency, and reproducibility. Data analysis will start right after data collection on June 17, 2024, and will end with the Mission-wide Out-brief on July 15, 2024. ESS+ will submit the draft report on August 16, 2024. After the AT addresses all USAID comments, ESS+ will submit the final report on September 16, 2024. The sequence of tasks, with the proposed timeline below, reflects the activities as specified under the detailed work plan provided in the scope of work (SOW). A Gantt chart outlining the detailed timeline is also provided (see Table 5). Table 1 provides tentative deliverable due dates, which will be finalized in the Baseline Design.

[...]

and assessments, programming, and implementing projects in the fields of RH, maternal and child health, HIV/AIDS, primary care, and health system strengthening and service delivery. Supporting the TL is Mr. James Logiste in the role of Assessment Specialist (AS). Mr. Logiste has over ten years' experience in conducting evaluations and assessments. Mr. Logiste has a strong background in quantitative data analysis and survey design. The AS will work closely with the TL, assisting with the assessment design and implementation. In addition, the TL and AS will be supported by Sector Specialist Dr. Patricia Mwebaze-Songa. Dr. Mwebaze-Songa has over ten years of experience in implementing health projects with a strong background in health service delivery, HIV, MNCH, and FP/RH. Dr. Mwebaze-Songa will assist the TL with the assessment design and implementation, providing sectoral and contextual expertise throughout. Furthermore, the TL will be supported by a Research Specialist (RS). The RS will work closely with the TL, assisting with the Baseline Design, including sampling, implementation, and providing quantitative expertise during the baseline (see Figure 1).

[...]

ASSESSMENT TEAM

Before starting assessment activities, each AT member will benefit from training on SI's QA process, EQUI®, as part of ESS+'s quality control. The TL, with the support of the Assistant Team Leader (ATL) and RS, will lead and conduct the desk review and draft the Inception and Baseline Design, and the BA Report. The TL, with support from the PM, AS, and RS, will also oversee the data collection implementation and supervise the data collection firm (see Table 4). Once the data are collected, the notetakers will support data analysis, particularly with data coding. After the data coding is completed, the team will synthesize all obtained information, analyze the data, and write the report. See Annex A for the team members' resumes.

DATA COLLECTION SUBCONTRACTOR

ESS+ will secure the service of a local data collection firm through a rigorous procurement process to assist data collection. ESS+ will select the firm that is well-versed both in qualitative and quantitative data collection. The subcontractor will be responsible for conducting household surveys in each catchment area, FGDs with beneficiaries and KIIs with some key stakeholders. ESS+ will be continuously checking for enumerators' accuracy in administering the tools, which will specifically be overseen by the RS. To ensure reliability and consistency among the enumerators, ESS+ will conduct consistency checks among the data collectors so that they agree with one another during data collection. These tests will include Inter Rater Reliability protocols. A full rollout of data collection will then commence, including data download and cleaning and any sampled households' follow-up. All team members will be required to provide a signed statement attesting to a lack of conflict of interest or describing any existing conflict of interest. The scope of the data collection effort will be fully elaborated in the BA Design Report. With full oversight from the TL and the PD, all three phases of the baseline activity will happen from January through September 2024. Consequent to the approval of the work plan, ESS+ will start the inception phase of the baseline survey. Fieldwork and the reporting phase will occur upon USAID approval of the Inception and Design Report.

ESS+ AND SI HQ STAFF

SI HQ and ESS+ staff will manage the baseline and ensure its quality. The PD will oversee and advise the BAT on deliverable quality. The PM will be responsible for the baseline timeline, financial management, and helping with any troubleshooting as needed. The RS, AS, and PM will supervise the training and the piloting. The TL will accompany the RS and AS in remote training and In- and Out-

briefs. To ensure the delivery of a high-quality final product, the PD and PM will also review all major baseline deliverables against SI's EQUI® procedures. The PA will cover all administrative tasks related to the successful completion of the baseline and act as a liaison between the field-based BAT, ESS+ staff, and SI HQ staff.

[...]