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**HAITIAN RECONSTRUCTION FUND**

**NARRATIVE progress report**

**REPORTING PERIOD: JANUARY 2021-DECEMBER 2021**

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| Programme Title & Project Number | |  | Country, Locality(s), Priority Area(s) / Strategic Results | |
| * Programme Title: Strengthening the Management of Services and the Health System in Haiti * Programme Number *(if applicable)* 00098088 * MPTF Office Project Reference Number: | | *Country/Region*  Haiti / Port-au-Prince | |
| The purpose of this project is to improve the health conditions of the Haitian population having access to the network of health services implemented through two strategic priorities directly related to the priorities of the government. | |
| Participating Organization(s) | |  | Implementing Partners | |
| * Organizations that have received direct funding from the MPTF Office under this programme   UNDP | | * National counterparts (government, private, NGOs & others) and other International Organizations   UNDP Brazil | |
| Programme/Project Cost (US$) | |  | Programme Duration | |
| Total approved budget as per project document: USD 19.800.000,00  MPTF /JP Contribution:   * *by Agency (if applicable)* |  |  | Overall Duration *(months) 42 months* |  |
| Agency Contribution   * *by Agency (if applicable)* |  |  | Start Date *23/06/2017* |  |
| Government Contribution  *(if applicable)* |  |  | Original End Date *22/06/2020* |  |
| Other Contributions (donors)  *(if applicable)* |  |  | Current End date *31/12/2022* |  |
| TOTAL: USD 19.800.000,00 |  |  |  |  |
| Programme Assessment/Review/Mid-Term Eval. | |  | Report Submitted By | |
| Assessment/Review - if applicable *please attach*  Yes X No Date: *dd.mm.yyyy*  Mid-Term Evaluation Report *– if applicable please attach*  Yes X No Date: *dd.mm.yyyy* | | * Name: Maria Teresa Amaral Fontes * Title: Programme Analyst * Participating Organization (Lead): UNDP * Email address: maria.teresa.fontes@undp.org | |

**NARRATIVE REPORT FORMAT**

# EXECUTIVE SUMMARY

This report describes the main results achieved under Project BRA/17/018 from January 2021 to December 2021.

# Purpose

Haiti is the poorest country in the Americas and its perverse indicators of health, specially life expectancy and infant mortality rate, reflect that serious problems still plague the health sector, such as:

* Low reception capacity of the existing health services;
* Low sanitary coverage characterized by a lack of sanitary facilities in comparison with the size of the population;
* Lack of equipment in many health institutions;
* Lack of infrastructure to accommodate the few existing equipment.

Although the right to health is a fundamental right that the Government of Haiti (GoH), through its Ministry of Public Health and Population of Haiti (MSPP), must ensure, the well-being of the population is dependent on improvements in the health service. Aware of this reality and faithful to its mission, the MSPP sought the financial support of the Haiti Reconstruction Fund (HRF) to promote the capacity of health management in the country.

This project gives continuity to NIM Project BRA/10/005, known as Tripartite Cooperation, a cooperation in health in Haiti under the Brazil-Cuba-Haiti Tripartite Memorandum of Understanding, signed in 2010 and implemented directly by UNDP Brazil with resources from the Government of Brazil (GoB). Project BRA/10/005 resulted a very successful experience of South-South Cooperation, promoting the strengthening of the health authority in Haiti and providing the country with three full equipped community reference hospitals, a rehabilitation center and one prosthesis and orthoses lab.

Project BRA/17/018 was designed around two strategic outcomes, in accordance with the guidelines of the Action Plan for the Recovery of Haiti (PARDH), especially with reference to its Pillar 3: social reconstruction; and program 3.3: increase access to health services. The outcomes ate: 1: Strengthening management, services, and governance in public health in Haiti; 2: Development and implementation of a plan for the management of the Tripartite Cooperation health services, with the aim of enabling sustainability and preservation of structures by the Haitian government.

Activities foreseen in the project are acquisition of strategic health products, professional training and strengthening primary health care and emergency services in Haiti. It also envisions the transfer of full management of the maintenance of health services built by Brazil in its previous cooperation to the responsibility of the MSPP. The actions to be performed are based on cross-sectional values that govern the South-South Cooperation and provide the key elements to improve the access to and quality of care in the health services network and, in the end, have an impact on the entire health system of Haiti.

# Results

Projects’ Initial Revision was signed on August 3rd, 2017. Aiming to attend the MSPP demands, UNDP Brazil was expected to conduct several activities in a quick manner, such as: organizing field missions, hiring project team, designing a detailed workplan with experts from MSPP and UNOPS Haiti, among others.

1. **Narrative reporting on results:**

* **Outcomes:**

The purpose of Project BRA/17/018 is to improve the health conditions of the Haitian population having access to the network of health services. As described above, the main outcomes of the project are:

* Strategic Axis 1: Strengthening of management, services, and governance in public health in Haiti;
* Strategic Axis 2: Development and implementation of a plan for the gradual transfer of the Tripartite Cooperation health services management in order to enable sustainability and preservation of structures by the Haitian government.

As stated in the Project Document, UNOPS Haiti (UNOPS) was selected as an implementing partner. Justification for that is that through the original NIM Project BRA/10/005 (Improvement and reinforcement of the Haitian Health Sector), financed by the Ministry of Health of Brazil (MoH), UNOPS was appointed by UNDP Brazil (UNDP) in 2011 to build and equip 3 Community Reference Hospitals (HCRs) and 1 Haitian Institute of Rehabilitation (IHR).Results of the previous cooperation were held as very satisfactory and for that, UNOPS was invited by GoB and UNDP to give continuity to the services also under Project BRA/17/018. For the achievement of the listed outcomes for Project BRA/17/018, an UN to UN Agreement was signed in 2017 with UNOPS in order to optimize the operations of the health facilities (3 HCRs and 1 IHR) and assets; to establish sustainable capacities within the MSPP maintenance units; to guarantee the offer of medical services to the local population; and to implement a progressive handover plan so that the hospitals and a rehabilitation center become under the MSPP full control and financial support.

Similarly, the partnership with PAHO/WHO was also foreseen in the scope of the Project and an UN to UN Agreement was signed with the agency in August 2019. Through this collaborative agreement, PAHO/WHO was expected to provide capacity-building and technical support to health managers, professionals and technicians of the MSPP in Haiti to improve the management of medical and health emergencies in three hospitals, while ensuring the continuity of health care services through the strengthening and expansion of the community health model.

Main activities of the signed Agreement are: provide technical support to the MSPP for the preparation of routine manuals, standardization of care and operational protocols to be used in emergency departments; promote capacity building and provide technical support for MSPP managers, health professionals and technicians; support the expansion and consolidation of the Community Health Model (ASCP / ESF / RISS) to ensure continuity of health care and community participation.

* **Outputs:**

Under the Output 1. Perform diagnostic assessment of the management model of urgency and emergency services in Haiti, all activities were completed in 2017 and 2018:

1.1. Map the public health services that make up the urgency and emergency health services network in Haiti, at the community, reference community, and department levels.

1.2. Map work processes in the services involved that make up the in urgency and emergency health care network in Haiti.

1.3. Map the flow among the services that make up the urgency and emergency health care network in Haiti.

1.4. Identify the epidemiological profile of urgencies and emergencies in Haiti and the profile of references of the major treatment centers.

Activities foreseen in Output 2 - Provide technical support to the Ministry of Public Health and Population (MSPP) in defining the organizational structure, organizational chart, professional profile, and positions regarding the Management of Urgencies and Emergencies in the country” were conducted by GOH itself and are not necessary under the scope of this Project anymore.

Referring to Output 3 “Provide technical support to the development of optimal flow of emergency care procedures, referencing and counter referencing, and the preparation of an Improvements Action Plan”, the completion of this output was foreseen in the Agreement signed with OPAS and was achieved through capacity building and trainings activities.

Outputs 4, 5 and 6 were implemented through the Agreement with PAHO/WHO, signed in 2019. The key achievements under the 3 expected outcomes of the Agreement are:

1. Improved management of three hospitals in Haiti through capacity-building: Up-to-date National Diagnostics and Therapeutics Guide; Medical Directors, Administrators and Head Nurses of the three hospitals targeted by the project trained in Management of Health institutions during crisis situations; Haiti Node on the Virtual Campus of Public Health of PAHO/WHO established as a platform for the implementation of regional courses translated to French and adapted to the Haitian context. Currently, the regional course on Maternal and Perinatal Death Surveillance and Response (MPDSR) of the Latin American Perinatal Center (CLAP) is translated to French and available in the Haiti Node.
2. Integrated health services established around the three hospitals through strengthened governance: Community health model expanded; Draft theoretical framework of the Unité d’Arrondissement de Santé (UAS) developed; Equipment donated to UAS and hôpitaux communautaires de référence (HCR) targeted by the project to ensure the continuity of health services at the first level of care.
3. Improved individual emergency care: Medical regulation tool developed; Surveillance and alert and response systems for epidemic-prone diseases strengthened; Public health personnel trained on emergency case management; National Plan for the Response to Exceptional Sanitary Situations developed and implemented, as well as department-level versions; Elaboration, training, and training platform for Plans blancs (Mass Casualty plans).

The final report of the Agreement with PAHO/WHO was included in the narrative progress report from June to December 2020.

Under Output 7 were organized missions from the Brazilian team to Haiti with a view of monitoring the implementation of the Project. The last mission was held in January 2020 and further visits were suspended due to covid19 pandemic. Nevertheless, monthly meetings were organized throughout 2020 and 2021 with the counterparts of the project: GoB, GoH, ABC, UNOPS, PAHO/WHO and UNDP Brazil.

Outputs 8, 9 and 10 are referred to the Agreement signed with UNOPS:

8. Support access to the provision of health care in urgencies and emergencies through the physical structuring of services and the technology park of the hospitals covered.

9. Support the operationalization on, and the follow-up of, the three HCRs (Bon Repos, Beudet and Carrefour) and the Haitian Rehabilitation Institute.

10. Transfer the total management of the HCRs and of the IHR to the MSPP.

The Agreement signed with UNOPS had the objective to implement a project in which both transactional and capacity building activities related to the maintenance and operation of the HCRs and the HRI are included. In collaboration with the MSPP, UNDP Brazil and the MoH, four levels of activities have been identified in order to continue operations and guarantee the sustainability of the project investments: (1) to optimize the operations of these health facilities and assets, and (2) to establish sustainable capacities within the MSPP maintenance units, (3) to guarantee the offer of medical services to the local population and (4) to implement a progressive handover plan so that the three hospitals and IHR become under the MSPP full control and financial support.

* **Describe any delays in implementation, challenges, lessons learned & best practices:**

Projects’ Initial Revision was signed on August 3rd, 2017. Implementation started right after the signature of the Prodoc and was on time with schedule. Nevertheless, a delay in the construction of the administrative buildings in the HCR of Bon Repos and Carrefour conducted by UNOPS was identified. Political turmoil in the country in 2019 also led to a delay in the implementation of field activities conducted by PAHO/WHO. Because of that, an extension of the project duration from October 2020 to December 2020 was required to complete actions foreseen in the Agreements signed with the referred agencies.

In August 2019, the MSPP sent a request to the GoB regarding additional funding to broaden the scope of work for strengthening the response to individual and collective emergencies, with the renovation of the emergency services of the La Paix hospital in Port-au-Prince, and the implementation of the National Plan for the Response to Exceptional Sanitary Situations at department level. For the signature of the 1st Amendment with PAHO/WHO in March 2020, the initial workplan was revised and the budget increased in USD 750,000 to accommodate this request.

In March 2020, the global community was taken aback by the covid-19 pandemic. Immediately after the identification of community transmission of the virus in Haiti, the Project Steering Committee began to reprogram activities previously agreed with partners, eliminating actions that would imply risk to the population, to service providers and partners. Additionally, it directed efforts and resources to the acquisition of individual protection equipment and training focused on combating and controlling the new corona virus.

In direct dialogue with the GoH, the Steering Committee began the negotiations with UNOPS and PAHO/WHO to reprogram project's activities to address national emergencies to combat the pandemic. At the end a total amount of USD 2,4 million has been reprogrammed to include activities such as:

* 1. Strengthening the coordination capacity at national and departmental levels to support the response to covid-19.
  2. Purchase of personal protective equipment (PPE) and medical equipment.
  3. Adaptation of the therapeutic diagnostic guide to COVID-19 and the training on the revised guide.
  4. Staff training at UAS and community level.
  5. Covid-19 monitoring.
  6. Personnel training on case management, prevention and infection control.
  7. Strengthening medical regulatory capacity to guide quickly.
  8. Technical evaluation of potential Covid-19 treatment centers. The technical assistance also includes the preparation of technical specifications, as well as the technical evaluation of the offers received by the Ministry (the UNOPS team is part of the MSPP Crisis Management Group to coordinate and harmonize all efforts to combat covid-19).
  9. Market research / sourcing and support in identifying potential suppliers which can provide Personal Protective Equipment / Oxygen Concentrators, cylinders, accessories.

In view of that, new Amendments to the Agreements with UNOPS and PAHO were issued:

* Amendment 2 with PAHO-WHO signed in May 2020 with the objective of reprogramming activities to combat covid-19 in Haiti.
* Amendment 4 with UNOPS signed in June 2020 with the objective of increase budget total amount in USD 200,000 and reprogram activities before aimed at the reform of La Paix Hospital to combat covid-19.

Despite the reprogramming of the Project's activities, some ongoing commitments had to be maintained, being severely impacted by exceptional circumstances related to the advancement of the covid-19 pandemic in Haiti. The outbreak of the pandemic caused a considerable delay in the construction of the administrative centers at the Bon Repos and Carrefour hospitals, which were commissioned under the Agreement signed with UNOPS in November 2019 and initially scheduled to end in December 2020.

Therefore, it was necessary to extend the project's deadline to complete these works in Bon Repos and Carrefour. Furthermore, the extension was required to ensure the continuation of provisions relating to the closure of the Project and the formal transfer of the HCRs and the IHR to the Haitian Government. This was a challenge for 2020 but couldn’t be implemented due the delays caused by covid19 pandemic. In view of that, in October 2020 the Steering Committee sent a correspondence to the Haitian Reconstruction Fund, represented by the Haitian Finance Minister, requesting the extension of the Fund and also of the project.

In June10th, the Steering Committee of the Project was informed that the closing date of the Haiti Reconstruction Fund (HRF) has been extended from June 30th, 2021 to June 30th, 2023 to allow the completion of the Project. Please see Annex 1.

In the sequence, in June 24th 2021, a meeting of the Steering Committee was held to get the formal approval of the substantive revision of the Project BRA/17/018 sent previously to its members. The project revision’s proposal was approved, and the Project Revision was signed by the members of the Committee (Annex 2). The minutes of the meeting of the Steering Committee can be found in Annex 3 and a detailed report of the meeting is in Annex 4.

During the same meeting of the Steering Commitee, UNDP also presented the scenario for the negotiations of the 5th Amendment to the Agreement with UNOPS (Annex 5). The referred 5th Amendment with UNOPS Haiti foresees an increase in the budget to US Dollars 200,000.00 (two hundred thousand dollars) and the extension of the Agreement due date to September 2022 to allow the completion of the works referred to the construction of the administrative buildings in Carrefour and Bedeut hospitals. The Amendment to this Agreement was signed in September 2021 (Annex 6) after a series of meetings between UNOPS and the Steering Committee.

From July 2021, the health and political crisis in Haiti has been intensified once again. Regarding the pandemic, there were reports of insufficient testing and an increase in the mortality of people at home, with collapsed hospitals. The assassination of Haitian President Jovenel Moïse on July 7th 2021 has further drawn the attention of the international community to the critical situation in the country. With the assumption of an interim president, the new members of the cabinet of the Haitian Minister of Health were appointed in July 19th (Annex 7). Also, on August 14th, a 7.2 magnitude earthquake struck southern Haiti, causing 2,200 deaths and damage to the structure of several buildings and roadblocks.

In view of the crisis, in early November UNOPS again reported problems with the contractors, mainly justified by the lack of fuel that has been affecting the operation of the entire public and private structure in Haiti. In a meeting with the Steering Committee, UNOPS informed about the impossibility of finalizing the administrative centers in the hospitals of Carrefour and Beudet with the resources available in the Agreement, even after the additional transfer of USD 200,000 provided for in the 5th additive. At the time a report was presented indicating 4 possible scenarios for the continuity of the works (Annex 8).

After meetings of the Project Steering Committee, a report dated November 25 (Annex 9) was issued, in which the parties agree to assume scenario 3 presented by UNOPS. In this scenario, the MSPP will be responsible for raising funds (national or international) aiming at the completion of the works of the administrative center of Beudet. The administrative center of Carrefour will be finished by UNOPS until September 2022 and any remaining resources will be invested in improvement works in the health facilities covered by the Project.

* **Qualitative assessment:**

Dialogue and transfer of knowledge between MSPP, GoB and UNDP teams were essential to the positive results achieved and to surpass this critical period. The risk matrix was brutally impacted by the unexpected crisis and had to be updated.

The main challenges faced during 2021 were:

* Necessity to extend project duration in order to finalize project’s activities. All project’s activities were suspended from December 2020 to June 2021, with no disbursements during this period.
* Conduction of diplomatic negotiations to request the HRF extension involving consultations to 28 donors countries.
* Changes in the higher management of the Ministry of Health in Brazil.
* Political instability in Haiti.
* Impossibility of conducting the construction of the 2 administrative buildings in Bon Repos e Carrefour by UNOPS with the remaining resources of the Agreement.
* Monitoring of the project through monthly online meetings.

An unexpected time was taken for the approval of the extension of the HRF and the Project. The discontinuity of implementation of activities from December 2020 to June 2021 brought new challenges to the Project’s since it’s necessary to retake the construction from the phase they were left in December, with necessity to some adjustments in the contracts of the providers. All Project disbursements must be made by September 2022, so that it will be possible to present the Project's final financial reports in December 2022. Thus, a new schedule of activities was agreed for this new phase of the Project and the deadlines are already tight.

Political instability, the health crisis and the earthquake in the south of the country have dramatically affected the implementation of the final activities of the Project, specially regarding the support given by UNOPS. Of the 2 administrative centers provided for in the Agreement, only one will be finalized with the resources of the Agreement (Carrefour), the other will be assumed with resources from the MSPP.