

# Populated Printable COP Without TBD Partners

2008

Haiti

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**Table 1: Overview****Executive Summary**

File Name	Content Type	Date Uploaded	Description	Uploaded By
Table_1_Exec Summ.doc	application/msword	10/15/2007		ALikos

**Country Program Strategic Overview**

Will you be submitting changes to your country's 5-Year Strategy this year? If so, please briefly describe the changes you will be submitting.

Yes  No

Description:

**Ambassador Letter**

File Name	Content Type	Date Uploaded	Description	Uploaded By
Ambassador'sLetter_CO P08_Sept28.pdf	application/pdf	9/28/2007		DAnderson

**Country Contacts**

Contact Type	First Name	Last Name	Title	Email
PEPFAR Coordinator	Judith	Timyan	Acting, PEPFAR Program Coordinator	jtmyan@usaid.gov
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HHS/CDC In-Country Contact	Anna	Likos	Chief Of Party	likosa@HT.CDC.GOV
USAID In-Country Contact	Judith	Timyan	Sr. HIV/AIDS Coordinator	jtmyan@usaid.gov
U.S. Embassy In-Country Contact	Shaila	Manyam	Information Officer	manyamsb@state.gov

**Global Fund**

What is the planned funding for Global Fund Technical Assistance in FY 2008?	\$0
Does the USG assist GFATM proposal writing?	Yes
Does the USG participate on the CCM?	Yes

**Table 2: Prevention, Care, and Treatment Targets**

**2.1 Targets for Reporting Period Ending September 30, 2008**

	National 2-7-10 (Focus Country Only)	USG Downstream (Direct) Target End FY2008	USG Upstream (Indirect) Target End FY2008	USG Total Target End FY2008
<b>Prevention</b>				
<b>End of Plan Goal</b>	122,307			
1.2 - Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	0	136,000	0	136,000
1.3 - Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	0	2,500	0	2,500
<b>Care (1)</b>				
<b>End of Plan Goal</b>	125,000	145,000	5,000	150,000
6.2 - Total number of individuals provided with HIV-related palliative care (including TB/HIV)	0	100,000	0	100,000
***7.2 - Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease (a subset of indicator 6.2)	0	5,700	0	5,700
8.1 - Number of OVC served by OVC programs	0	45,000	5,000	50,000
9.2 - Number of individuals who received counseling and testing for HIV and received their test results (including TB)	0	330,000	0	330,000
<b>Treatment</b>				
<b>End of Plan Goal</b>	25,000	20,000	0	20,000
11.4 - Number of individuals receiving antiretroviral therapy at the end of the reporting period	0	20,000	0	20,000
<b>Human Resources for Health</b>				
<b>End of Plan Goal</b>	0			

## 2.2 Targets for Reporting Period Ending September 30, 2009

	National 2-7-10 (Focus Country Only)	USG Downstream (Direct) Target End FY2009	USG Upstream (Indirect) Target End FY2009	USG Total Target End FY2009
<b>Prevention</b>				
<b>End of Plan Goal</b>	122,307			
1.2 - Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	0	136,000	0	136,000
1.3 - Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	0	3,600	0	3,600
<b>Care (1)</b>				
<b>End of Plan Goal</b>	125,000			
6.2 - Total number of individuals provided with HIV-related palliative care (including TB/HIV)	0	127,000	0	127,000
***7.2 - Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease (a subset of indicator 6.2)	0	6,500	0	6,500
8.1 - Number of OVC served by OVC programs	0	55,000	5,000	60,000
9.2 - Number of individuals who received counseling and testing for HIV and received their test results (including TB)	0	360,000	0	360,000
<b>Treatment</b>				
<b>End of Plan Goal</b>	25,000			
11.4 - Number of individuals receiving antiretroviral therapy at the end of the reporting period	0	28,500	0	28,500
<b>Human Resources for Health</b>				
<b>End of Plan Goal</b>	0			

(1) Total Care represents number of OVC served by an OVC program during the reporting period and the number of individuals provided with facility-based, community-based and/or home-based HIV-related palliative care, including those HIV-infected individuals who received clinical prophylaxis and/or treatment for tuberculosis(TB).

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name: FANTA**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 5392.08  
**System ID:** 7671  
**Planned Funding(\$):** \$150,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** Academy for Educational Development  
**New Partner:** No

**Mechanism Name: SmartWorks**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 3143.08  
**System ID:** 7670  
**Planned Funding(\$):** \$0  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** Department of Labor  
**Funding Source:** GHCS (State)  
**Prime Partner:** Academy for Educational Development  
**New Partner:** No

**Mechanism Name: School Curriculum**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 9392.08  
**System ID:** 9392  
**Planned Funding(\$):** \$475,000  
**Procurement/Assistance Instrument:** Contract  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** American Institutes for Research  
**New Partner:** No

**Mechanism Name: Track 1 ABY: Scaling-Up Together We Can, Peer Education Program**

**Mechanism Type:** Central - Headquarters procured, centrally funded  
**Mechanism ID:** 4712.08  
**System ID:** 7672  
**Planned Funding(\$):** \$380,297  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** Central GHCS (State)  
**Prime Partner:** American Red Cross  
**New Partner:** No

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name:**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 8889.08  
**System ID:** 8889  
**Planned Funding(\$):** \$350,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** American Red Cross  
**New Partner:** No

**Mechanism Name: American Society for Clinical Pathology**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 5341.08  
**System ID:** 7673  
**Planned Funding(\$):** \$200,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State)  
**Prime Partner:** American Society of Clinical Pathology  
**New Partner:** No

**Mechanism Name: HHS/APHL/HQ**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 15.08  
**System ID:** 7674  
**Planned Funding(\$):** \$550,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State)  
**Prime Partner:** Association of Public Health Laboratories  
**New Partner:** No

**Mechanism Name: Track 1 ARV**

**Mechanism Type:** Central - Headquarters procured, centrally funded  
**Mechanism ID:** 4734.08  
**System ID:** 7676  
**Planned Funding(\$):** \$302,679  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Health Resources Services Administration  
**Funding Source:** Central GHCS (State)  
**Prime Partner:** Catholic Relief Services  
**New Partner:** No

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name: Track 1 OVC: Support to OVC Affected by HIV/AIDS**

**Mechanism Type:** Central - Headquarters procured, centrally funded  
**Mechanism ID:** 4733.08  
**System ID:** 7675  
**Planned Funding(\$):** \$167,738  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** Central GHCS (State)  
**Prime Partner:** Catholic Relief Services  
**New Partner:** No

**Mechanism Name: AIDS Relief**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 3314.08  
**System ID:** 7677  
**Planned Funding(\$):** \$4,840,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Health Resources Services Administration  
**Funding Source:** GHCS (State)  
**Prime Partner:** Catholic Relief Services  
**New Partner:** No

**Mechanism Name:**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 5541.08  
**System ID:** 7678  
**Planned Funding(\$):** \$0  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** Catholic Relief Services  
**New Partner:** No

**Mechanism Name: Education Partner**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 5276.08  
**System ID:** 7679  
**Planned Funding(\$):** \$200,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** Education Development Center  
**New Partner:** No

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name: FHI**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 9391.08  
**System ID:** 9391  
**Planned Funding(\$):** \$2,350,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State)  
**Prime Partner:** Family Health International  
**New Partner:** No

**Mechanism Name: Track 1 ABY:Healthy Choices for Life**

**Mechanism Type:** Central - Headquarters procured, centrally funded  
**Mechanism ID:** 4730.08  
**System ID:** 7680  
**Planned Funding(\$):** \$690,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** Central GHCS (State)  
**Prime Partner:** Food for the Hungry  
**New Partner:** No

**Mechanism Name:**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 3136.08  
**System ID:** 7681  
**Planned Funding(\$):** \$2,200,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State)  
**Prime Partner:** Foundation for Reproductive Health and Family Education  
**New Partner:** No

**Mechanism Name:**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 3315.08  
**System ID:** 7682  
**Planned Funding(\$):** \$8,605,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State)  
**Prime Partner:** Groupe Haitien d'Etude du Sarcome de Kaposi et des Infections Opportunistes  
**New Partner:** No

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name:**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 3144.08  
**System ID:** 7683  
**Planned Funding(\$):** \$600,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State)  
**Prime Partner:** Institut Haitien de l'Enfant (Haitian Child Health Institute)  
**New Partner:** No

**Mechanism Name:**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 3684.08  
**System ID:** 7684  
**Planned Funding(\$):** \$1,500,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State)  
**Prime Partner:** International Child Care  
**New Partner:** No

**Mechanism Name: USAID/Haiti Economic Growth Office Grant**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 8720.08  
**System ID:** 8720  
**Planned Funding(\$):** \$200,000  
**Procurement/Assistance Instrument:** Grant  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** International Organization for Migration  
**New Partner:** No

**Mechanism Name: USAID/Haiti Economic Growth Office Grant**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 8721.08  
**System ID:** 8721  
**Planned Funding(\$):** \$800,000  
**Procurement/Assistance Instrument:** Grant  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** International Organization for Migration  
**New Partner:** No

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name: The Capacity Project**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 7718.08  
**System ID:** 7718  
**Planned Funding(\$):** \$0  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** IntraHealth International, Inc  
**New Partner:** Yes

**Mechanism Name: Track 1 Injection Safety**

**Mechanism Type:** Central - Headquarters procured, centrally funded  
**Mechanism ID:** 4736.08  
**System ID:** 7685  
**Planned Funding(\$):** \$1,621,170  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** Central GHCS (State)  
**Prime Partner:** John Snow, Inc.  
**New Partner:** No

**Mechanism Name: MEASURE Evaluation Track Order**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 7725.08  
**System ID:** 7725  
**Planned Funding(\$):** \$550,000  
**Procurement/Assistance Instrument:** Contract  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** John Snow, Inc.  
**New Partner:** No

**Mechanism Name: Leadership, Management and Sustainability Project**

**Mechanism Type:** Central - Headquarters procured, centrally funded  
**Mechanism ID:** 8719.08  
**System ID:** 8719  
**Planned Funding(\$):** \$3,550,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** Management Sciences for Health  
**New Partner:** No

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name: Basic Health Services**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 3323.08  
**System ID:** 7686  
**Planned Funding(\$):** \$5,620,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** Management Sciences for Health  
**New Partner:** No

**Mechanism Name: Track 1 Blood Safety**

**Mechanism Type:** Central - Headquarters procured, centrally funded  
**Mechanism ID:** 4738.08  
**System ID:** 7687  
**Planned Funding(\$):** \$2,400,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** Central GHCS (State)  
**Prime Partner:** Ministre de la Sante Publique et Population, Haiti  
**New Partner:** No

**Mechanism Name: National AIDS Strategic Plan**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 3125.08  
**System ID:** 7688  
**Planned Funding(\$):** \$14,100,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State)  
**Prime Partner:** Ministre de la Sante Publique et Population, Haiti  
**New Partner:** No

**Mechanism Name: National Laboratory**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 6218.08  
**System ID:** 7689  
**Planned Funding(\$):** \$3,410,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State)  
**Prime Partner:** Ministre de la Sante Publique et Population, Haiti  
**New Partner:** No

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name:**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 7717.08  
**System ID:** 7717  
**Planned Funding(\$):** \$0  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State)  
**Prime Partner:** N/A  
**New Partner:** Yes

**Mechanism Name: BCC Technical Assistance**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 7719.08  
**System ID:** 7719  
**Planned Funding(\$):** \$0  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** N/A  
**New Partner:** Yes

**Mechanism Name: Energy Solutions**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 7724.08  
**System ID:** 7724  
**Planned Funding(\$):** \$0  
**Procurement/Assistance Instrument:** Contract  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** N/A  
**New Partner:** Yes

**Mechanism Name: HIV/AIDS Clinical Services**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 7716.08  
**System ID:** 7716  
**Planned Funding(\$):** \$425,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State)  
**Prime Partner:** N/A  
**New Partner:** Yes

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name: Strategic Information Support**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 7721.08  
**System ID:** 7721  
**Planned Funding(\$):** \$0  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State)  
**Prime Partner:** N/A  
**New Partner:** Yes

**Mechanism Name: CHAMP (Community Health AIDS Mitigation Project)**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 9327.08  
**System ID:** 9327  
**Planned Funding(\$):** \$5,475,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** N/A  
**New Partner:** No

**Mechanism Name: School Curriculum**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 7720.08  
**System ID:** 7720  
**Planned Funding(\$):** \$0  
**Procurement/Assistance Instrument:** Contract  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** N/A  
**New Partner:** Yes

**Mechanism Name:**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 3147.08  
**System ID:** 7690  
**Planned Funding(\$):** \$400,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State)  
**Prime Partner:** National Association of State and Territorial AIDS Directors  
**New Partner:** No

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name: HIV/QUAL**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 8343.08  
**System ID:** 8343  
**Planned Funding(\$):** \$300,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Health Resources Services Administration  
**Funding Source:** GHCS (State)  
**Prime Partner:** New York AIDS Institute  
**New Partner:** Yes

**Mechanism Name: Improving Energy Services in Haiti**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 9397.08  
**System ID:** 9397  
**Planned Funding(\$):** \$790,000  
**Procurement/Assistance Instrument:** Contract  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** PA Government Services Inc.  
**New Partner:** Yes

**Mechanism Name: USAID/Haiti's Democracy and Governance Office/ Civil Society Responsibility Project**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 8723.08  
**System ID:** 8723  
**Planned Funding(\$):** \$100,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** Pact, Inc.  
**New Partner:** No

**Mechanism Name: USAID/Haiti's Democracy and Governance Office/ Civil Society Responsibility Project**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 8724.08  
**System ID:** 8724  
**Planned Funding(\$):** \$100,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** Pact, Inc.  
**New Partner:** No

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name: PIH**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 3337.08  
**System ID:** 7691  
**Planned Funding(\$):** \$7,550,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State)  
**Prime Partner:** Partners in Health  
**New Partner:** No

**Mechanism Name: Track 1.0 Blood Safety**

**Mechanism Type:** Central - Headquarters procured, centrally funded  
**Mechanism ID:** 6101.08  
**System ID:** 7692  
**Planned Funding(\$):** \$600,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** Central GHCS (State)  
**Prime Partner:** Partnership for Supply Chain Management  
**New Partner:** No

**Mechanism Name:**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 3831.08  
**System ID:** 7693  
**Planned Funding(\$):** \$5,810,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** Partnership for Supply Chain Management  
**New Partner:** No

**Mechanism Name: Infant and Young Child Feeding**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 5766.08  
**System ID:** 7694  
**Planned Funding(\$):** \$150,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** PATH  
**New Partner:** No

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name: NGO Alliance**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 4125.08  
**System ID:** 7695  
**Planned Funding(\$):** \$925,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** PLAN International  
**New Partner:** No

**Mechanism Name:**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 7722.08  
**System ID:** 7722  
**Planned Funding(\$):** \$300,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State)  
**Prime Partner:** Population Services International  
**New Partner:** No

**Mechanism Name: Condom Social Marketing**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 52.08  
**System ID:** 7696  
**Planned Funding(\$):** \$1,100,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** Population Services International  
**New Partner:** No

**Mechanism Name: HHS/GAC/Local**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 1390.08  
**System ID:** 7697  
**Planned Funding(\$):** \$1,300,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State)  
**Prime Partner:** Promoteurs Objectif Zéro Sida (Promoteurs de l'Objectif Zéro Sida)  
**New Partner:** No

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name: Global Health Fellowship**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 8310.08  
**System ID:** 8310  
**Planned Funding(\$):** \$350,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** Public Health Institute  
**New Partner:** Yes

**Mechanism Name: New Partner Initiative**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 8311.08  
**System ID:** 8311  
**Planned Funding(\$):** \$0  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** Department of State / Office of the U.S. Global AIDS Coordinator  
**Funding Source:** Central GHCS (State)  
**Prime Partner:** ServeHAITI, Inc  
**New Partner:** Yes

**Mechanism Name: Lab Technical Assistance**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 7723.08  
**System ID:** 7723  
**Planned Funding(\$):** \$300,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State)  
**Prime Partner:** The American Society for Microbiology  
**New Partner:** No

**Mechanism Name: Tulane**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 9393.08  
**System ID:** 9393  
**Planned Funding(\$):** \$700,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State)  
**Prime Partner:** Tulane University  
**New Partner:** No

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name: ITECH**

**Mechanism Type:** HQ - Headquarters procured, country funded

**Mechanism ID:** 3142.08

**System ID:** 7698

**Planned Funding(\$):** \$7,400,000

**Procurement/Assistance Instrument:** Cooperative Agreement

**Agency:** HHS/Health Resources Services Administration

**Funding Source:** GHCS (State)

**Prime Partner:** University of Washington

**New Partner:** No

Sub-Partner: University of Miami

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HTXS - ARV Services

Sub-Partner: Francois Xavier Bagnoud Center

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HTXS - ARV Services

Sub-Partner: Cornell University

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HTXS - ARV Services

**Mechanism Name: USAID/GAC/HQ**

**Mechanism Type:** HQ - Headquarters procured, country funded

**Mechanism ID:** 1419.08

**System ID:** 7699

**Planned Funding(\$):** \$2,055,000

**Procurement/Assistance Instrument:** Cooperative Agreement

**Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Prime Partner:** US Agency for International Development

**New Partner:** No

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name:**

**Mechanism Type:** HQ - Headquarters procured, country funded

**Mechanism ID:** 3321.08

**System ID:** 7700

**Planned Funding(\$):** \$1,000,000

**Procurement/Assistance Instrument:** Cooperative Agreement

**Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GAP

**Prime Partner:** US Centers for Disease Control and Prevention

**New Partner:** No

**Early Funding Activities**

<b>Program Area</b>	<b>Activity ID</b>	<b>Early Funding Narrative</b>	<b>Early Funding Request</b>	<b>Planned Funds</b>
15-HVMS	4347.08	Per instructions from CDC Headquarters, Posts are requested to include early funding requests in their FY08 Country Operating Plans (COPs), so that adequate Management and Support funding will be in place until the first Congressional Notification is approved/processed, which is estimate to be on/about April, 30 2008. During this period, the CDC Haiti office requires \$2,538,600 (combined GHAI and Core funding) to support the costs of salaries and benefits, administrative costs, overhead costs ("cost of doing business") and some transitional funding for the planned move to the new embassy compound, scheduled for March 2008.	\$1,000,000	\$1,000,000

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name:**

**Mechanism Type:** Local - Locally procured, country funded

**Mechanism ID:** 3141.08

**System ID:** 7701

**Planned Funding(\$):** \$3,920,000

**Procurement/Assistance Instrument:** Cooperative Agreement

**Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Prime Partner:** US Centers for Disease Control and Prevention

**New Partner:** No

**Early Funding Activities**

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
15-HVMS	3914.08	Per instructions from CDC Headquarters, Posts are requested to include early funding requests in their FY08 Country Operating Plans (COPs), so that adequate Management and Support funding will be in place until the first Congressional Notification is approved/processed, which is estimate to be on/about April, 30 2008. During this period, the CDC Haiti office requires \$2,538,600 (combined GHAI and Core funding) to support the costs of salaries and benefits, administrative costs, overhead costs ("cost of doing business") and some transitional funding for the planned move to the new embassy compound, scheduled for March 2008.	\$1,538,600	\$2,474,500

**Mechanism Name: Track 1 OVC: Community-based Care of OVC**

**Mechanism Type:** Central - Headquarters procured, centrally funded

**Mechanism ID:** 4735.08

**System ID:** 7702

**Planned Funding(\$):** \$388,088

**Procurement/Assistance Instrument:** Cooperative Agreement

**Agency:** U.S. Agency for International Development

**Funding Source:** Central GHCS (State)

**Prime Partner:** World Concern

**New Partner:** No

**Mechanism Name:**

**Mechanism Type:** Local - Locally procured, country funded

**Mechanism ID:** 4156.08

**System ID:** 7703

**Planned Funding(\$):** \$2,000,000

**Procurement/Assistance Instrument:** Cooperative Agreement

**Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Prime Partner:** World Concern

**New Partner:** No

Sub-Partner: World Hope International

Planned Funding: \$0

**Table 3.1: Funding Mechanisms and Source**

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful, HBHC - Basic Health Care and Support, HKID - OVC

Sub-Partner: Christian Reformed World Relief Committee

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful, HBHC - Basic Health Care and Support, HKID - OVC

Sub-Partner: Salvation Army

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful, HBHC - Basic Health Care and Support, HKID - OVC

Sub-Partner: Foundation of Compassionate American Samaritans

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful, HBHC - Basic Health Care and Support, HKID - OVC

**Mechanism Name: Track 1 Blood Safety**

**Mechanism Type:** Central - Headquarters procured, centrally funded

**Mechanism ID:** 4737.08

**System ID:** 7704

**Planned Funding(\$):** \$500,000

**Procurement/Assistance Instrument:** Cooperative Agreement

**Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** Central GHCS (State)

**Prime Partner:** World Health Organization

**New Partner:** No

**Mechanism Name: New Partner Initiative**

**Mechanism Type:** Central - Headquarters procured, centrally funded

**Mechanism ID:** 8317.08

**System ID:** 8317

**Planned Funding(\$):** \$0

**Procurement/Assistance Instrument:** Cooperative Agreement

**Agency:** Department of State / Office of the U.S. Global AIDS Coordinator

**Funding Source:** Central GHCS (State)

**Prime Partner:** World Hope International

**New Partner:** Yes

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name: Track 1 ABY: Mobilizing Youth for Life**

**Mechanism Type:** Central - Headquarters procured, centrally funded  
**Mechanism ID:** 4732.08  
**System ID:** 7705  
**Planned Funding(\$):** \$356,314  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** Central GHCS (State)  
**Prime Partner:** World Relief Corporation  
**New Partner:** No

**Mechanism Name: Track 1 ABY: Abstinence & Risk Avoidance Among Youth (ARK)**

**Mechanism Type:** Central - Headquarters procured, centrally funded  
**Mechanism ID:** 4731.08  
**System ID:** 7706  
**Planned Funding(\$):** \$240,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** Central GHCS (State)  
**Prime Partner:** World Vision International  
**New Partner:** No

**Mechanism Name:**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 45.08  
**System ID:** 7707  
**Planned Funding(\$):** \$300,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** World Vision International  
**New Partner:** No

**Table 3.2: Sub-Partners List**

<b>Mech ID</b>	<b>System ID</b>	<b>Prime Partner</b>	<b>Agency</b>	<b>Funding Source</b>	<b>Sub-Partner</b>	<b>TBD Funding</b>	<b>Planned Funding</b>
3142.08	7698	University of Washington	HHS/Health Resources Services Administration	GHCS (State)	Cornell University	N	\$0
3142.08	7698	University of Washington	HHS/Health Resources Services Administration	GHCS (State)	Francois Xavier Bagnoud Center	N	\$0
3142.08	7698	University of Washington	HHS/Health Resources Services Administration	GHCS (State)	University of Miami	N	\$0
4156.08	7703	World Concern	U.S. Agency for International Development	GHCS (State)	Christian Reformed World Relief Committee	N	\$0
4156.08	7703	World Concern	U.S. Agency for International Development	GHCS (State)	Foundation of Compassionate American Samaritans	N	\$0
4156.08	7703	World Concern	U.S. Agency for International Development	GHCS (State)	Salvation Army	N	\$0
4156.08	7703	World Concern	U.S. Agency for International Development	GHCS (State)	World Hope International	N	\$0

**Table 3.3: Program Planning Table of Contents**

MTCT - PMTCT

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: MTCT

Program Area Code: 01

**Total Planned Funding for Program Area: \$4,500,000**

Estimated PEPFAR contribution in dollars	\$0
Estimated local PPP contribution in dollars	\$0
Estimated PEPFAR dollars spent on food	\$0
Estimation of other dollars leveraged in FY 2008 for food	\$0

**Program Area Context:**

Every year, approximately 320,000 women become pregnant in Haiti with an estimated 10,800 (3.4%) pregnant women infected with HIV/AIDS. Nearly 75% of all births in Haiti occur at home; however, according to the 2006 DHS Survey, approximately 85% of women attended at least one antenatal visit at the institutional level. Approximately 60% women deliver with the assistance of trained personnel typically traditional birth attendants (TBAs) who go to the woman's home.

For FY 2008, the USG Team will expand services to 124 health centers from which 52 mostly will strengthen quality of services to enable more HIV+ pregnant women to get complete PMTCT prophylaxis and refer more mothers and newborns to PEPFAR Care and Treatment service sites for appropriate follow-up. The remaining 72 will provide CT services and refer all HIV+ pregnant women to the former centers for the provision of full PMTCT prophylaxis. It is important to note also that many health centers, in addition to their headquarters provides services at their coverage areas through smaller service outlets located at small localities or rally posts.

A major challenge for FY 2007 and FY 2008 is to retain in the PMTCT program at least 80% of the pregnant women who test positive in counseling and testing (CT) services. It is estimated that around 80% of women who received antenatal services at PEPFAR supported health centers in Haiti were tested for HIV/AIDS between October 2005 and June 2006, but of those who tested positive, less than 40% were enrolled in and benefited from complete antiretroviral (ARV) prophylaxis. Similarly, only 30% of the newborns of HIV-positive women completed prophylaxis. It is important to note that nearly one-fourth of pregnant women are expected to have CD4 counts below 250, which would require their immediate enrollment in HAART, in accordance with national guidelines.

Most of last year identified key barriers that need to be addressed in order to develop a more efficient PMTCT program still remain:

- low quality counseling
- lack of access to basic clinical and biological evaluation;
- low PMTCT enrollment rate of HIV-positive pregnant women;
- insufficient tracking during per partum and postpartum stages;
- low number of deliveries of HIV-positive pregnant women at the institutional level;
- lack of referral of infant and mother to HIV/AIDS clinical care centers;
- lack of palliative care for HIV-positive mother in antenatal, perinatal and postnatal periods; and
- lack of PMTCT/OVC support for infants following birth, particularly infant feeding and other child survival interventions.

Pregnant women are currently offered voluntary CT at antenatal care (ANC) sites using HIV rapid test kits. In FY 2008, the USG Team plans to reinforce the use of opt-out testing methods at all service delivery sites. In addition, CT for pregnant women will be offered at all PEPFAR supported VCT sites, mainly those located at areas of high concentrations of population and for people living at remote and hard-to-reach ones. An active referral system and network will be deployed. Monthly fortified food rations will be offered by prescription to all HIV+ women enrolled in PEPFAR/PMTCT program during pregnancy and lactation and to their children up to 24 months of age. This will contribute to increase their adherence for seeking services and their drugs intake. Family planning services will be included into the package of services at various levels: training of service providers, counseling that will include FP messages and the availability of at least 4 modern contraceptive methods.

The USG Team plans will keep on increasing awareness of the importance of ANC and HIV/AIDS testing through linkages with mothers' clubs and NGO partners working with the USG Title II, PL-480 food program such as CRS and World Vision. Service delivery outlets served by this program will receive pre-programmed visits of mobile teams that will opt-out test all pregnant women and refer HIV+ detected ones at centers that provide the full PMTCT package of services (52) through an active referral system. Full PMTCT sites will: a) offer opt-out counseling and testing, psychological support at both institutional and community

levels, conduct medical and biological assessments including CD4 quantification, provide antenatal, labor and delivery and postnatal care, and administer ARV prophylaxis to both mother and baby in coordination with care and treatment sites where they will be both referred.

In FY 2008 emphasis will continue to be put on informing HIV-positive mothers about breastfeeding options to reduce vertical transmission to their newborns, assisting them with dietary and nutritional assessments for themselves and their young children and educating them on optimal feeding and weaning of their new-born. Infant best-feeding practices will be included into a comprehensive birth plan that will be built with and for each HIV+ pregnant woman. In addition, newborns and infants born to HIV-positive mothers will be eligible for an array of services by connecting to nongovernmental organizations (NGOs) working in OVC activities so families will benefit from a package of services including access to safe water, bed nets, and condoms. The infants also will benefit from well child services such as immunizations and access to ART when required by networking with pediatric ART sites. Networking will be done through the use of social workers at the institution level and through mothers clubs at the community level.

Training and refresher courses for PMTCT providers will be coordinated through I-TECH and will be carried out by the Haitian Institute for Community Health (INHSAC) for the majority of implementing partners. Family Planning will be part of the PMTCT curriculum. Partners in Health and Catholic Relief Services will train and supervise their own PMTCT providers, in coordination with the MOH and I-TECH/INHSAC.

Other key activities that have started in FY 2007 will remain for FY 2008 such as:

- Applying lessons learned from successful PMTCT models in Haiti, such as the active use of nurse midwives, auxiliary nurses in close collaboration with TBAs done by MSF at the Artibonite Department or the optimal use of management and resources for Community Health implemented by MARCH to PMTCT programs in other areas.

- Increasing access to basic medical and biological evaluations, including routine antenatal laboratory exams, CD4 count, availability of services 24 hours a day by medical (physicians and nurses) and paramedical (counselors, social workers, "accompagnateurs", community health workers) personnel within the framework of individual birth plans which include a PMTCT adherence plan and Family Planning .

- Strengthen the initiative to encourage HIV-positive pregnant women to deliver within an institution. This activity is based on the premise that cost is a major inhibitor to women delivering at a health care institution, and, therefore, would provide a subsidy to the pregnant women to cover the cost of transportation to and from the delivery center as well as the cost of the delivery at the center. This activity will be conducted at all supported sites that provide the full package of PMTCT services for all enrolled HIV-positive pregnant women.

- Raising awareness and enhancing the integration of Traditional Birth Attendants (TBAs) on the importance of institutional delivery for HIV-positive pregnant women. TBAs will be trained to encourage HIV-positive pregnant women to seek care at institutions during the prenatal period, delivery, and post-natal period. Incentives will be used as a strategy and in such a way that prevents stigmatization. For example, the TBA will be paid a stipend for each pregnant mother accompanied at an institution.

- Developing tiered services to provide opt-out counseling and testing, a complete course of prophylaxis, accessible palliative care, and PMTCT/OVC support for infants following birth, particularly infant feeding and other child survival interventions, as follows: primary level – CT centers, which refer all HIV-positive pregnant women to full PMTCT centers and regional AIDS care and treatment centers, with the assistance of an accompagnateur or TBA; secondary level – regional centers, which can provide full ANC, clinical services for HIV palliative care, labor and delivery, and post natal services, including complete prophylaxis for mother and infant; and tertiary level – AIDS Centers of Excellence, which provide a complete package of HIV/AIDS, Maternal and Child Health services.

- Strengthening linkages to wrap-around activities, in particular, linkages with maternal and child health services (e.g. immunizations, nutrition services), family planning services, food programs, and micro-credit/income generation programs, as envisioned by the Ministry of Health (MOH) and described in its Departmental Strategy during both ante-natal and post-natal stages.

- Strengthening cooperation with the MOH to increase the use of the revised norms and guidelines.

- Keeping on training partners to provide routine opt-out testing, in accordance with national guidelines and standards at ANC sites.

The USG Team coordinates all PMTCT activities closely with the Global Fund, AXIOS Foundation, UNICEF and other donors working in this area to avoid overlap in funding, coordinate planning and reporting, thus extend access of PMTCT services to more people.

#### **Program Area Downstream Targets:**

1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	90
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	136700
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	4360
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	631

#### **Custom Targets:**

**Table 3.3.01: Activities by Funding Mechansim**

**Mechanism ID:** 3314.08

**Mechanism:** AIDS Relief

**Prime Partner:** Catholic Relief Services

**USG Agency:** HHS/Health Resources Services Administration

**Funding Source:** GHCS (State)

**Program Area:** Prevention of Mother-to-Child Transmission (PMTCT)

**Budget Code:** MTCT

**Program Area Code:** 01

**Activity ID:** 9671.08

**Planned Funds:** \$500,000

**Activity System ID:** 17165

**Activity Narrative:** Integrated Activity: This activity links to Activity IDs 18988.08, 17796.08, 5305.08, 17898.08, 18706.08, and 4496.08.

SUMMARY: PMTCT is an integral part of comprehensive HIV care and treatment of PLWH. Activities to support PMTCT include: (1) provision of comprehensive PMTCT services at antenatal clinics (ANC); (2) training and supervision of OBGYN, counselors in PMTCT as well as traditional birth attendants; (3) community mobilization to support PMTCT and 4) and active linkage with Pediatric Services. The primary emphasis areas for these activities are: community mobilization, training, human resources, food nutrition support, ANC clinics, quality assurance, quality improvement and supportive supervision. The specific target population will be pregnant women and children born from HIV+ mothers. The activities will be conducted in the communes of Gros-Morne, Fond des Blancs, Fond des Nègres, Léogane, Pilate, Milot, Deschapelles, Gonaives, Limbe, Ennery, Raboteau, K-Soleil and satellite health centers linked to these institutions.

BACKGROUND: PMTCT component is part of an initiative that began in 2002, funded by CMMB private funds (Gros-Morne, Milot, Fond des Blancs, Limbe), CRS- UNICEF partnership (Pilate), MSH (Léogane and Deschapelles), and through PEPFAR in 2005 (Fond des Nègres and Gonaives). PMTCT training activities have been conducted in collaboration with Ministry of Health (MOH) and INHSAC, and will continue to be conducted in collaboration with them in Year 5 AIDS Relief will continue to collaborate closely with the MOH, Unité de Contrôle et de Lutte (UCC) and departmental direction, including regular supportive supervision visits by the MOH. Pregnant women will be encouraged to attend ANC through community mobilization activities.

**ACTIVITIES AND EXPECTED RESULTS:**

Activity 1: Provision of comprehensive PMTCT services at ANC and linked to Pediatric Services. Seven mission hospitals and one public hospital will be supported to provide PMTCT in order to diagnose HIV/AIDS and reduce HIV/AIDS transmission. All women attending ANC will be counseled and offered HIV testing. . PMTCT services will be extended to at all satellite health centers attached to sites. The funds will be used to support training, salaries for staff including physicians (OB/GYN's and pediatricians), counselors and pediatric nurses, incentives for trained birth attendants and community health workers, supervision visits, and community mobilization. The success of last year will build on this year's PMTCT activities. Sustainability of this activity will be ensured through collaboration of AIDSRelief consortium members and through collaboration with other stakeholders including Haiti's Ministry of Health, the US government team, and other NGO's.

Activity 2: The second activity is to conduct training and supervision for OBGYN, pediatricians, counselors, CHW and TBA in PMTCT. In collaboration with MOH and INHSAC, AIDS Relief will conduct this activity to ensure that effective counseling that will include Family Planning messages and testing will be provided to the population attending the ANC. Capacity of the staff will be built in order to deliver appropriate ARV prophylaxis at different periods of pregnancy according to national guidelines. Staff will also acquire the skill and knowledge necessary to provide effective counseling on infant feeding, and Family Planning services. With the development of new curricula by the MOH and also with staff turnover at the different hospitals, training and refresher courses will still take place again during Year 5.

Activity 3: The third activity is to support PMTCT/VCT activities at all AIDS Relief health facilities. This will be done by providing full antenatal care, clinical services for HIV palliative care, subsidized labor and delivery, and postnatal services, including complete prophylaxis for mothers and infants enrolled in the AIDS Relief program. Linkages to wrap around services will be developed and will permit HIV+ pregnant women access to reproductive health services, food/nutrition support, and micro-credit access in the sites where such programs are being implemented through other programs (key legislative issue).

Activity 4: The fourth activity is community mobilization to increase attendance at the ANC by HIV+ pregnant women, to reduce stigma, and facilitate access to PMTCT/VCT services, HIV treatment, care and support. Effective community mobilization is an essential element of the project because the success of the program relies heavily on the community. This activity will sensitize pregnant women and their communities about HIV/AIDS and the transmission mode. At the same time they will be motivated to attend the ANC clinic and be tested and counseled in order to reduce transmission of HIV. This activity was previously conducted and funded with private funds at (Milot, Gros-Morne, Fond des Blancs, Pilate) and with PEPFAR funds at Léogane and Fond des Nègres. The activity will continue this year at those sites and will be initiated in the others.

**TARGETS:**

LPTF offering PMTCT programs	15	
Pregnant women counseled and tested		20,000
Staff trained		45
HIV+ pregnant women receiving complete ARV prophylaxis	600	

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9671

**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27497	9671.27497.09	HHS/Health Resources Services Administration	Catholic Relief Services	11444	3314.09	AIDS Relief	\$500,000
9671	9671.07	HHS/Health Resources Services Administration	Catholic Relief Services	5117	3314.07	AIDS Relief	\$350,000

**Targets**

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	10	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	20,000	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	600	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	45	False

**Coverage Areas**

Artibonite  
Sud  
Nippes

**Table 3.3.01: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 3323.08	<b>Mechanism:</b> Basic Health Services
<b>Prime Partner:</b> Management Sciences for Health	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Prevention of Mother-to-Child Transmission (PMTCT)
<b>Budget Code:</b> MTCT	<b>Program Area Code:</b> 01
<b>Activity ID:</b> 9683.08	<b>Planned Funds:</b> \$1,275,000
<b>Activity System ID:</b> 17187	

**Activity Narrative:** Integrated Activity: This activity is linked to Activity IDs 18959.08, 9791.08, 12421.08, 9937.08, 10109.08, 12430.08, 17789.08, 4347.08 and 9676.08.

**SUMMARY:** PMTCT is an integral part of comprehensive HIV care and treatment of people living with HIV/AIDS (PLWHA). Activities described in this narrative will be conducted at 19 non-governmental organizations (NGO) centers and 28 hard-to-reach areas (zones ciblées) that cover a network of 47 service delivery sites! They will operate under Management Science for Health (MSH), the USAID contractor for primary health care, in collaboration with the Ministry of Health (MOH). PMTCT training activities will be conducted in collaboration with the Ministry of Health (MOH), the Haitian Institute for Community Health (INHSAC) through I-TECH. At the community level, activities will target traditional birth attendants (TBAs), community health workers (CHWs), and couples expecting children. Pregnant women and their partners will be encouraged to attend antenatal clinics (ANC) through community mobilization activities.

**BACKGROUND:** Resources will be used to support PMTCT services in the MSH network and the sites that serve populations who live at hard –to-reach areas. Facility-based PMTCT services that already exist at the 11 centers will be strengthened There still is no significant work at the community level to ensure that all pregnant women are encouraged to be tested for HIV and accompanied to CT centers and that women enrolled in the PMTCT program follow up with their pregnancy and birth plan.

**ACTIVITIES AND EXPECTED RESULTS:**

Activity 1: MSH will provide a full package of PMTCT services, as outlined in MOH national guidelines, including:

- counseling and testing (CT);
- tuberculosis (TB) screening with all pregnant women with TB referred for treatment ;
- sexually transmitted infection (STI) testing and management;
- reproductive health services, particularly family planning counseling for HIV-positive women including promotion of condoms;
- case management of HIV-positive pregnant women, including eligibility assessment for ARV treatment with Cluster of Differentiation 4 (CD4) determination and will be referred for treatment in accordance with national guidelines;
- psychosocial support;
- nutritional assessment and dietary counseling for mother;
- counseling and education for informed choice on infant feeding in the first six months as well as appropriate weaning and continued feeding of child;
- short-course ARV prophylaxis regimen for HIV-positive women according to national guidelines;
- prophylaxis of opportunistic infections (OIs); and
- safe obstetric care.

In addition to training in obstetric care, MSH will train staff in delivery techniques that minimize exposure of the baby to the blood and secretions of the mother (artificial rupture of membranes, episiotomy, and suction of the mouth of the newborn). Further, personnel will be trained to protect themselves and their patients against HIV through the use of gloves and protective glasses, the use of sterile instruments, disinfectants etc. After delivery, HIV-positive mothers and their babies will be referred to HAART centers for clinical care follow-up. The program will ensure that female healthcare providers are equitably represented in all trainings and in the implementation of activities.

Activity 2: Program retention of HIV-positive pregnant women will be improved by ensuring the cost of hospital visits and hospital delivery are covered, including transportation to the hospital. MSH PMTCT sites will work closely with their network of community health agents and traditional birth attendants (TBA) to carry out a tracking system for the enrolled pregnant women. Most of the NGOs work closely with community Mothers Clubs that will be engaged to help ensure that all pregnant women are tested for HIV

Activity 3: MSH will promote PMTCT services via community events including health fairs, face-to-face communication using a variety of channels such as churches, schools, health facilities, home visits, and the media and will organize community testing days, on patron saints days, and on special days (i.e. International AIDS Day, Candlelight Vigil Day, etc.). Promotional activities such as public service announcements within the targeted communities, banners and street signs will make the population, and particularly pregnant women, aware of this opportunity. HIV positive pregnant women will be encouraged to join PLWHA support groups where they will have access to micro-credit programs for income generation and productive activity creation and interventions against violence and coercion. At community level, the programs will be supported by the staff of newly designed Community Palliative Care institutions for the provision of psycho-social support, increase of adherence to prophylaxis and referrals of both HIV+ pregnant women/mothers and their infants.

Activity 4: MSH will provide continuing education sessions for staff to keep them abreast of new developments in PMTCT, particularly the psychological aspects of post-test counseling of HIV-positive pregnant women. In collaboration with JHPIEGO and I-TECH/INHSAC training sessions, will be held onsite to ensure participation of the personnel.

Targets - September 2009:

- Number of service outlets providing the minimum package of PMTCT services according to Haitian and/or international standards: 47
- Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results: 40000
- Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting: 1000
- Number of health workers trained in the provision of PMTCT services according to national and international standards: 141

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9683

**Related Activity:**

### Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27505	9683.27505.09	U.S. Agency for International Development	Management Sciences for Health	11445	3323.09	SDSH	\$1,275,000
9683	9683.07	U.S. Agency for International Development	Management Sciences for Health	5146	3323.07	Basic Health Services	\$655,000

### Targets

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	30	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	40,000	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	653	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	141	False

### Target Populations

#### Other

Pregnant women

**Table 3.3.01: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 3125.08	<b>Mechanism:</b> National AIDS Strategic Plan
<b>Prime Partner:</b> Ministre de la Sante Publique et Population, Haiti	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Prevention of Mother-to-Child Transmission (PMTCT)
<b>Budget Code:</b> MTCT	<b>Program Area Code:</b> 01
<b>Activity ID:</b> 3851.08	<b>Planned Funds:</b> \$1,200,000
<b>Activity System ID:</b> 17197	

**Activity Narrative:** INTEGRATED ACTIVITY FLAG: Training, test kits, HIV/AIDS Treatment/ Treatment Services; VCT, Basic Health Care and Support. This activity is linked to Activity IDs 3918.08, 5472.08, 3912.08, 4348.08, 5412.08, 3902.08 and 12376.08.

**SUMMARY:** The Ministry of Health will provide field support to 28 public sites for the provision of a full package of PMTCT services. The Ministry will also address the problem of PMTCT not being able to retain positive women enrolled and put them on prophylaxis with their babies, by instilling new practices in services provided to pregnant women in general during their pregnancy and labor, and in the way that positive women and their families are assisted and taken care of. Focus will be on expanding some of the best practices learnt in integrating PMTCT care in maternal and child care services and inculcating them to providers of ANC and maternity care services through training. Indeed, PMTCT training has so far been limited to classroom session and deal narrowly with the realities and organization of prenatal and maternity care. The Emphasis areas for this component are: (i) community mobilization, (ii) human resources as more tasks will be shifted from health care personnel to social workers and lay-personnel (iii) development of network linkages, as concerted efforts will be made to reach out to Traditional Birth attendants( TBA). The primary targets of this intervention are the 70,000 pregnant women, which on average attend services at the targeted facilities. These sites are spread across the 10 geographical department of the country and include two major teaching hospitals, 9 referral regional hospitals, and various community hospitals. This year the Ministry will support all public sites that used to be funded under other mechanisms. (Justinien-Cap, HIC-Cayes, St Antoine-Jeremie, St Michel-Sud Est, Gonaives-Artibonite, Petit Goave- Ouest)

**BACKGROUND:** About 25 public health facilities currently provide services that range from VCT to antiretroviral combination treatment. The staffing situation of many of these facilities was improved through resources provided under PEPFAR in FY05, FY06 and FY07. However several factors that in general impact negatively motherhood and delivery practices in Haiti continue to interfere with the monitoring of positive pregnant women and their appropriate uptake of ARV prophylaxis. Although the infusion of resources has considerably increased the testing among pregnant women (17,777 women from Oct 06 to May 07) and has helped identify more positive women, the proportion which completed their ARV regimen prophylaxis has not grown at the same pace. The program needs to continue its efforts to address some of the structural barriers which hamper retention of women, and more specifically put in place mechanism to: (i) entice pregnant women to make follow up visits after their initial visits, as in Haiti large proportion of pregnant women tend to drop out of follow up after their first ANC visit (ii) create an environment conducive to the adoption by pregnant women of buddy companions (accompagnateurs) to supervise the uptake of drugs at home, as this has been the case for the ARV treatment program. The disclosure of their positive status during pregnancy renders women more vulnerable and susceptible to stigma and rejection by their family and their partners. (iii) create more linkages with communities by allowing PMTCT sites to recruit more community health agents or work closer with TBAs in order to monitor and track pregnant women. Currently the few community health agents hired at the sites are swamped by the services to be provided to all patient sin care and have no time to address specific needs of PMTCT clients (iv) encourage women to deliver at the health facilities not only by subsidizing delivery costs but also by offering transit shelters to their relatives, as evidence is pointing out that convenience of family has a huge sway over the decision of whether or not pregnant women will be taken to health facility for delivery. (v) Create better linkages between ANC and maternity wards so that information could flow between the two wards for continuum of care for pregnant women (vi) create conditions to access systematically partners of positive pregnant women and provide them with counseling and care when needed.

#### **ACTIVITIES AND EXPECTED RESULTS:**

**Activity 1.** Field support to 28 PMTCT sites including 25 existing and 3 new to enable them to provide a full package of services including (i) Counseling and testing to all pregnant women both at ANC and maternity wards (ii) STI management using a syndromic approach (iii) Reproductive health services, particularly family planning counseling for HIV positive individuals and the promotion of condoms; (iii) Psychosocial support through individual and family counseling, mainly by social workers and community health workers and through the setting up of support groups 6) Safe obstetric practices 7) ARV prophylaxis for women and their babies 4) Case management of HIV positive pregnant women including clinical and biological monitoring. The funding will support: (i) hiring of more nurse midwives, (ii) hiring of dedicated social workers and community health agents for PMTCT, especially at large sites where undivided attention are needed to address needs of pregnant women and their babies (iii) acquisition of educational materials and support equipment to facilitate educational activities (iv) support to some operational costs incurred by facilities (iv) acquisition of equipment for delivery. At community level, the programs will be supported by the staff of newly designed Palliative Care institutions for the provision of psycho-social support, increase of adherence to prophylaxis and referrals of both HIV+ pregnant women/mothers and their infants.

**Activity 2:** The creation of a retention package, which includes: (i) subsidy for cost of follow-up visits and hospital delivery (ii) maintenance of women support groups (iii) temporary shelters for parents accompanying pregnant women to centers. Most of these activities had been enlisted in previous planning exercise but got barely carried out, because they'd been lump into the overall package provided to the sites and engulfed by other competing needs. This year, the funding destined to these activities will be provided as a hard earmark, and spending executed by the dedicated PMTCT social workers to ensure that the beneficiaries' needs prevail.

**Activity 3:** Development of an integrated PMTCT (+) package model. This activity implies the implementation of an integrated family-centered PMTCT (+) approach at a University teaching hospital, Maternite, Isaie Jeanty. The approach will consist in offering HIV/AIDS partner referral services, couple counseling and pediatric care to women who test positive. Temporary accommodation will also be offered to relatives accompanying pregnant women for delivery. The teaching capacity of this hospital will be used to organize practicum sessions for in-service PMTCT training and for nurse midwives schools when covering their PMTCT module. This component will receive technical assistance of ITECH, which also supports both in-service and pre-service training.

**Activity 4 :** Mobile Quality assurance/quality control and mentoring. QA/QC for PMTCT will be decentralized at 10 departmental directorates. Using senior staff at the Centers of Excellence of the department, the departmental directorates will put in a system for carry out supervision visits at the peripheral sites to control and ensure quality of the services, and provide mentoring at the centers of excellence to staff coming from the peripheral sites. This practice had been initiated in FY07, but will be institutionalized under the technical backstopping of ITECH. In addition mobile VCT teams will be deployed at various health departments in order to provide CT services at CRS and World Vision food security ante-natal clinics.

**Targets - September 2009:**

- Number of service outlets providing the minimum package of PMTCT services according to Haitian and/or international standards: 28

- Number of pregnant women who received HIV counseling and testing for PMTCT and received their test

**Activity Narrative:** results: 20,00

- Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting: 700
- Number of health workers trained in the provision of PMTCT services according to national and international standards: 80

**HQ Technical Area:****New/Continuing Activity:** Continuing Activity**Continuing Activity:** 9308**Related Activity:****Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28653	3851.28653.09	HHS/Centers for Disease Control & Prevention	Ministre de la Sante Publique et Population, Haiti	11696	3125.09	National AIDS Strategic Plan	\$1,200,000
9308	3851.07	HHS/Centers for Disease Control & Prevention	Ministre de la Sante Publique et Population, Haiti	5134	3125.07	National Plan Mechanism	\$580,000
3851	3851.06	HHS/Centers for Disease Control & Prevention	Ministre de la Sante Publique et Population, Haiti	3125	3125.06		\$200,000

**Targets**

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	23	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	25,200	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	549	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	80	False

**Table 3.3.01: Activities by Funding Mechansim****Mechanism ID:** 3337.08**Prime Partner:** Partners in Health**Funding Source:** GHCS (State)**Budget Code:** MTCT**Activity ID:** 9682.08**Activity System ID:** 17208**Mechanism:** PIH**USG Agency:** HHS/Centers for Disease Control & Prevention**Program Area:** Prevention of Mother-to-Child Transmission (PMTCT)**Program Area Code:** 01**Planned Funds:** \$400,000

**Activity Narrative:** Integrated Activity Flag: This activity is linked to Activity IDs 17784.08, 4501.08, 18974.08, 9363.08, 10668.08 and 9673.08.

**SUMMARY:** The activities described below are carried out to provide comprehensive prevention of mother-to-child transmission (PMTCT) services to HIV positive women. These PMTCT activities will be conducted within PIH/ZL's "four pillars" model for implementing a comprehensive HIV program in the context of primary care: 1) HIV prevention and care, including voluntary counseling and testing (VCT); 2) detection and treatment of tuberculosis (TB) and other opportunistic infections; 3) detection and treatment of sexually transmitted infections (STIs); and 4) women's health and prevention of mother-to-child transmission (PMTCT) of HIV services. The primary emphasis areas for these PMTCT activities are human resources, food/nutrition support, and training. The primary target populations for PMTCT activities are pregnant women, HIV positive pregnant women, and HIV/AIDS-affected infants.

Activities will be carried out at eight sites in the Central department of Haiti (Belladère, Boucan Carré, Cange, Cerca La Source, Hinche, Lascahobas, Thomonde, and Savanette) and three sites in the Artibonite Department (Desdunes, Petite Rivière, and St. Marc). Activities in St. Marc will be carried out in collaboration with the Hôpital St. Nicholas (HSN) and Services de Santé de Premier Echelon (SSPE). Certain activities will also be carried out at health posts in Segur and Jean Denis.

PIH/ZL's HIV Equity Initiative has relied on sustained funding from the Global Fund for AIDS, Malaria and Tuberculosis (GFATM), as well as PEPFAR, to operate over the past 5 years. Our GFATM Round 1 grant is ending as of December 2007. We have recently submitted a Rolling Continuation Channel (RCC) application to the Haiti HIV CCM. Among other critical costs, this application includes the ARV medications for all the patients discussed herein. If this co-financing is not received, all targets listed here will need to be adjusted, including a reduction in the number of service outlets.

**BACKGROUND:** PIH/ZL's PMTCT activities are part of a comprehensive HIV prevention and treatment program started by PIH/ZL in 1998; expanded through the public sector beginning in 2002 in partnership with the Haitian Ministry of Public Health and Population (MSPP) and with funds from the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM); and further expanded to Hinche, Cerca La Source, Petite Rivière and St. Marc with the support of PEPFAR in the COP 05, 06, and 07. Since 2004 the program has been a collaboration between these four key partners—PIH/ZL, MSPP, GFATM, and PEPFAR. Since 2005 work in the Artibonite region has been strengthened by involving several NGO partners in St. Marc (SSPE, Promotion Objectif Zerosida (POZ), and La Fondation Esther Boucicault Stanislas (FEBS)) and in Petite Rivière (Centre Medical Charles Colimon (CMCC), a Médecins Sans Frontières (MSF)-affiliated institution). In August 2007, with the decrease in services provided by MSF, PIH/ZL will assume responsibility for all services and supplies provided at CMCC.

PIH/ZL's PMTCT program was launched in the mid-1990s, soon after the efficacy of ART in reducing mother-to-child transmission of HIV was proven. Since then, PMTCT activities have been a central component of PIH/ZL's HIV efforts. Through a significant grant from the USAID Child Survival program, PIH/ZL has been strengthening and broadening its maternal and child health activities in the clinic as well as in the community—in particular, expanding and strengthening the network of ajan fanm (community health workers trained in women's health) and traditional birth attendants.

PIH/ZL is committed to a long-term partnership with MSPP, and in all of the activities described, PIH/ZL is dedicated to strengthening the public sector by training local staff, including MSPP health workers.

#### **ACTIVITIES AND EXPECTED RESULTS:**

##### **ACTIVITY 1: VCT for Pregnant Women**

The first activity is to perform VCT for all pregnant women. As part of PIH/ZL's provider-initiated VCT strategy, pregnant women seen at PIH/ZL sites receive counseling that will include Family Planning and are offered HIV testing during routine prenatal visits. PIH/ZL enlists "ajan fanm" to increase referrals of pregnant women to clinics for testing and prevention education. In the last year, PIH/ZL provided counseling and testing to more than 20,000 pregnant women. This funding will support the staff and infrastructure necessary to provide VCT to pregnant women in the context of primary and prenatal care. It will also cover expansion of staff and infrastructure at Segur and Jean Denis to ensure rapid-scale up of VCT activities for pregnant women.

##### **ACTIVITY 2: PMTCT in the Context of Prenatal, Perinatal, and Postnatal Care**

The second activity is to provide prenatal, perinatal, and postnatal care to HIV-infected pregnant women at each PIH/ZL site. In the prenatal period, HIV-positive pregnant women are enrolled in the PMTCT program and receive counseling and education on transmission prevention. ART is offered to women with advanced HIV infection and to all women in the third trimester of pregnancy to reduce the risk of HIV transmission. Nutritional supplements, multivitamins, and STI screening and treatment are also routinely provided. Mothers and infants receive comprehensive postnatal care involving ART for the infant, ongoing ART for the mother (if required based on her stage of disease), education, and increased nutrition and home-based support to enable best feeding practices. In the last twelve months, PIH/ZL has provided this comprehensive care to more than 190 HIV-positive pregnant women. This funding will provide salary support and will allow for the ongoing training of clinicians in the detection and care of HIV-positive pregnant women.

##### **ACTIVITY 3: PMTCT in the Context of Social Support**

The third activity is the provision of social support to all HIV-infected women enrolled in the PMTCT program. Throughout her pregnancy and beyond, each woman is supported by an accompagnateur who visits her at home once or twice a day to assess her needs as well as to assist with ART adherence and other clinical care issues. During clinic visits, PMTCT program participants receive education and nutritional support to decrease the likelihood of HIV transmission to infants during or following delivery. Post-partum, new mothers receive nutritional supplementation, infant formula, and supplies for preparation of clean water. Support groups, accompaniment, and medical supervision and care account for a low rate of MTCT within PIH/ZL's program: less than 2%. This funding will ensure the continued success of PIH/ZL's PMTCT services by supporting the hiring of additional accompagnateurs and the on-going training of all PIH/ZL accompagnateurs and ajan fanm.

These PMTCT activities increase gender equity by supporting efforts to reach and treat an equitable number of HIV-infected women and men, and by increasing access to information, services and care for women and girls. By offering VCT to all pregnant women as part of routine prenatal visits, these activities support linkages between HIV/AIDS and other sectors (reproductive health).

These activities contribute to the PEPFAR 2-7-10 goals by improving access to HIV testing and treatment, enrolling individuals on ARV, and preventing the transmission of HIV to HIV-negative infants.

#### **EMPHASIS AREAS:**

- Human Resources 51-100%
- Food/Nutrition Support 10-50%
- Training 10-50%

**Activity Narrative:** TARGETS:

As indicated above, PIH/ZL considers our HIV Equity Initiative as a collaborative program. For this reason, the targets listed in these sections are for the project as a whole, regardless of co-financing arrangements. PIH/ZL defers to PEPFAR and GFATM to determine the most appropriate means to allocating these accomplishments to the various donor agencies, if necessary to avoid duplication in reporting September 2009:

- Number of service outlets providing the minimum package of PMTCT services according to Haitian and/or international standards: 13

- Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results: 20,000

- Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting: 436

- Number of health workers trained in the provision of PMTCT services according to national and international standards: 49

TARGET POPULATIONS: Pregnant women; HIV positive pregnant women; HIV/AIDS-affected infants

KEY LEGISLATIVE ISSUES: Gender; Wrap Around

COVERAGE AREAS: Central Department (Belladère, Boucan Carré, Cange, Cerca La Source, Hinche, Lascahobas, Thomonde, and Savanette), and Artibonite Department (Desdunes, Petite Rivière and St. Marc). Service outlets in St. Marc include HSN and SSPE.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9682

**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27513	9682.27513.09	HHS/Centers for Disease Control & Prevention	Partners in Health	11446	3337.09	PIH	\$400,000
9682	9682.07	HHS/Centers for Disease Control & Prevention	Partners in Health	5137	3337.07	PIH	\$320,000

**Emphasis Areas**

Wraparound Programs (Other)

\* Food Security

**Food Support****Public Private Partnership**

## Targets

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	10	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	20,000	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	436	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	49	False

## Target Populations

### Other

Pregnant women

## Coverage Areas

Artibonite

Centre

**Table 3.3.01: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 5766.08	<b>Mechanism:</b> Infant and Young Child Feeding
<b>Prime Partner:</b> PATH	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Prevention of Mother-to-Child Transmission (PMTCT)
<b>Budget Code:</b> MTCT	<b>Program Area Code:</b> 01
<b>Activity ID:</b> 9670.08	<b>Planned Funds:</b> \$150,000
<b>Activity System ID:</b> 17219	

**Activity Narrative:** SUMMARY: This activity will continue to improve counseling on infant and young child feeding and nutrition practices (YCF/NP) through monitoring. The activity will also prevent mother-to-child transmission (MTCT) by improving nutrition practices of HIV-positive women. Increasing demand at the community level for optimal nutrition practices in the context of HIV will assist with promoting HIV-free survival by preventing malnutrition, MTCT, and mortality.

BACKGROUND: This work is a continuation of activities started in 2007 to develop an evidence-based curriculum on YCF/N for the Institut Haitien de Sante Communautaire (INHSAC) for health and community workers. The goal for training health and community workers on YCF/NP is to improve HIV-free survival in infants and children (0-24 months) of HIV-positive women by decreasing the risks of MTCT, malnutrition and child mortality. Feeding infants <6 months with a combination of breast milk, formula, and solids and inadequate complementary feeding in children =6 months and older is reported to be common in Haiti. These practices put all HIV-affected children at risk of mortality. In the infant <6 months of an HIV-positive mother, these practices not only increase risk of mortality but also greatly increase MTCT. A goal continues to be to increase HIV-survival of infants and young children by increasing the use of optimal YCF/NP at the household level.

**ACTIVITIES AND EXPECTED RESULTS:**

We will carry out five activities in this program area for Fiscal Year (FY) 2008.

ACTIVITY 1: This activity will improve counseling by health workers at facilities and in communities on YCF/NP in the context of HIV. In coordination with MSPP and its Department of Nutrition and INHSAC, counseling will be improved by continuing to monitor counseling sessions and by conducting exit interviews with women attending PMTCT clinics or community counseling sites. Information will be obtained during periodic monitoring about YCF/NP knowledge and practices in health and community workers during counseling and HIV-positive women when feeding their infants including any barriers to these optimal practices. To increase the coverage of other essential services for HIV-affected infants and children, this activity also will investigate if health workers offer HIV-positive mothers the complete child survival package for their infants and children including immunizations, essential drugs and nutrition interventions (e.g., nutritional assessment, vitamin A).

Monitoring information will be used to improve counseling on YCF/NP in the context of HIV by revising or augmenting the evidence-based curriculum, supportive supervision protocols and on-the-job training guides for workers at PMTCT clinics (doctors, nurses, midwives, social workers) and in the community (community health workers). Counseling tools, algorithms, job-aides, supervision tools, checklists, informational brochures for women, etc. will be evaluated for their usefulness in counseling and the uptake of optimal YCF/N messages and practices.

ACTIVITY 2: This activity will incorporate information on maternal nutrition into the PMTCT curriculum to improve the nutritional status of HIV-positive women. Because low birthweight (LBW) infants are at greater risk of HIV-transmission and low CD4 counts are associated with measures of underweight in women, it is imperative to ensure that maternal nutrition practices (MNP) and weight gain are adequate in pregnancy. While it is true that LBW also is caused by HIV-infection in utero and underweight in women may reflect the progression of HIV, as measured by CD4 counts, it is prudent to ensure that MNP are optimal to counteract any contribution malnutrition may be having in this process.

ACTIVITY 3: This activity will improve future program implementation efforts to increase demand for and use of optimal YCF/N and MNP in the context of HIV. To identify how to increase this demand and better support optimal practices in communities, a community survey will be conducted, through interviews with HIV-affected family members, about current YCF/N and MNP. This survey also will identify facilitators and barriers for using optimal YCF/N and MNP including how family members, community leaders, community-based organizations (CBO) and others are or can support optimal YCF/N and MNP. This information will be utilized in designing demand-side activities at the community level for increasing the use of optimal practices (ACTIVITY 4) and will establish a baseline on current YCF/N and MNP in the context of HIV which will be used to evaluate program activities in the next phase.

ACTIVITY 4: This activity will increase the coverage of families' knowledge about optimal YCF/N and MNP in the context of HIV. Because other family member are often involved in feeding children or support mothers to feed their children and themselves, information needs to be available at the community level to influence other family and community members in support of using optimal YCF/N and MNP in the context of HIV. Some of this information will be provided to communities by community health workers trained by INHSAC but to effectively improve coverage of the use of these practices in all HIV-positive women, including those who do not attend PMTCT services regularly or who do not know their HIV status, and their families, other channels of disseminating this information and supporting its use will be needed. Other channels will be identified through the community survey (ACTIVITY 3) and may include USAID-funded NGOs and programs, CBO and groups (e.g., mothers groups), schools, national campaigns such as Child Health Weeks, and the media. Technical assistance will be provided as needed to strengthen the dissemination of information through identified channels about optimal YCF/N and MNP in the context of HIV.

ACTIVITY 5: This activity will increase the knowledge of MSPP and its Department of Nutrition about new findings from international research and current recommendations on optimal YCF/N and MNP that will ensure HIV-free survival of children. The project will provide information on studies, recommendations from WHO, and best practice policies and strategies on optimal YCF/N and MNP to ensure HIV-free survival of children.

These results contribute to the PEPFAR Program Areas of 1 (PMTCT).

**EMPHASIS AREAS:**

- Community Mobilization/Participation: 20%
- Information, Education and Communication: 20%
- Linkages with Other Sectors and Initiatives: 10%
- Policy and Guidelines: 10%
- Quality Assurance, Quality Improvement and Supportive Supervision: 20%
- Targeted Evaluation: 20%

**TARGETS:**

-- Number of health workers trained in the provision of PMTCT services according to national and international standards : 250

**TARGET POPULATIONS:**

- Infants, children and youth (non-OVC)
- HIV-positive pregnant women
- HIV/AIDS-affected families

**Activity Narrative:** - Community leaders  
 - Host country government workers  
 - National AIDS control program staff  
 - Public health workers  
 - Doctors  
 - Nurses  
 - Traditional birth attendants  
 - Other health care workers  
 - Private health care workers  
 - Community-based organizations  
 - Faith-based organizations  
 - Non-government organizations/private voluntary organizations  
 - Implementing organizations (not listed above)  
**KEY LEGISLATIVE ISSUES:**  
 Gender--1—developing/supporting policies to increase access to information, services, and care for women and girls.  
**COVERAGE AREAS:** National

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9670

**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28667	9670.28667.09	U.S. Agency for International Development	PATH	11699	5766.09	Infant and Young Child Nutrition Project	\$150,000
9670	9670.07	U.S. Agency for International Development	PATH	5766	5766.07	Infant and Young Child Feeding	\$150,000

**Targets**

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	124	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	N/A	True
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	N/A	True
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	250	False

## Target Populations

### General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

### Other

Pregnant women

**Table 3.3.01: Activities by Funding Mechanism**

**Mechanism ID:** 3142.08

**Prime Partner:** University of Washington

**Funding Source:** GHCS (State)

**Budget Code:** MTCT

**Activity ID:** 9725.08

**Activity System ID:** 17228

**Mechanism:** ITECH

**USG Agency:** HHS/Health Resources  
Services Administration

**Program Area:** Prevention of Mother-to-Child  
Transmission (PMTCT)

**Program Area Code:** 01

**Planned Funds:** \$300,000

**Activity Narrative:** This activity is linked to activity ID 17889.08, 18077.08, 18950.08, 4617.08, 3910.08, 3886.08, 5463.08, 12424.08, 12420.08.

**SUMMARY:**

I-TECH will establish a subcontract with the Institut Haitien de Santé Communautaire (INHSAC) to provide training in PMTCT for 377 health workers in Haiti. I-TECH and INHSAC will collaborate to continue to provide leadership on supervision and quality improvement of PMTCT services, in partnership with the principle service delivery networks in Haiti (MSPP, CRS/AIDS Relief, GHESKIO, PIH/ZL, and MSH). BACKGROUND: INHSAC is a Haitian non-governmental organization established in 1985 to provide post-graduate training in public health issues for health care workers. Under COP06, INHSAC was funded through partner JHPIEGO to provide initial training in PMTCT for 200 providers from 26 clinic sites. Principle partners in this effort were MSH, MSPP, and CRS/AIDS Relief. Under COP07, INHSAC is funded through I-TECH to provide the 2-week PMTCT course to 55 health care workers from approximately 15 new VCT/PMTCT/palliative care scale-up sites throughout Haiti. Training participants will be primarily physicians, nurses, and auxiliary nurses from these sites. I-TECH is assisting INHSAC to improve the existing curriculum by adding a practical focus on lessons learned from successful interventions in Haiti, to include updated material on infant feeding, and to address other improvements noted during previous training sessions.

In 2007-08, I-TECH and INHSAC will convene a quality improvement process involving key leaders from the 5 principle service delivery networks in Haiti. This process will follow the "breakthrough collaborative" model pioneered by the Institute for Healthcare Improvement (IHI). I-TECH will sponsor and facilitate quarterly meetings of the Haiti PMTCT "breakthrough collaborative" to find new ways to address old problems and to share best practices. The process will be one of organizational self-study and learning, where I-TECH will convene leaders from the service networks to learn about the quality improvement (QI) framework, set QI aims, establish measures to track progress, and select interventions. With coaching from I-TECH facilitators and their "breakthrough collaborative" peers, the leaders will test the interventions within their networks through Plan-Do-Study-Act QI cycles, document results, and scale-up successful interventions. In its facilitation role, I-TECH will provide resources and tools to the "breakthrough collaborative," such as standardized tools for PMTCT supervision, and will provide technical assistance on customizing these tools for use in Haitian contexts.

**ACTIVITIES AND EXPECTED RESULTS:**

**ACTIVITY 1:** I-TECH will continue collaboration with INHSAC to plan, deliver, monitor and evaluate PMTCT training for 377 personnel in VCT/PMTCT scale-up sites. I-TECH will provide technical assistance to continue to modify the INHSAC PMTCT curriculum to address changes in international or national PMTCT guidelines, the changing landscape for early diagnosis of pediatric HIV infection through DBS/PCR testing, new infant feeding guidelines, integration of Family Planning with HIV prevention activities, and other issues. I-TECH and INHSAC will support technical update TOT sessions for INSHAC's network of trainers to stay current with changing guidelines and best practices. They will include two new components: the elaboration for each pregnant woman of a comprehensive birth plan that will include a PMTCT adherence plan, and the review of the counseling curriculum that will include information and messages on Family Planning.

**ACTIVITY 2:** I-TECH and INHSAC will continue to facilitate quarterly "breakthrough collaborative" sessions related to quality improvement of PMTCT services. At each meeting, leaders from the service delivery networks will share their experiences over the past several months in testing quality improvement strategies, and share their learning about which interventions worked and which interventions failed. I-TECH will provide a quality improvement specialist who will provide skilled facilitation as participants analyze the experiences and make decisions about what to do next to reach quality improvement aims. I-TECH and INHSAC will also assist the network leaders to document their progress in relation to their established quality measures, and to disseminate information on the results of the "breakthrough collaborative" process.

This activity contributes to PEPFAR 2-7-10 goals by supporting workforce capacity to provide high-quality HIV prevention, testing, and care services.

**EMPHASIS AREAS:**

Training (major area) 51%-100%  
Quality assurance/quality improvement/supportive supervision 10%-50%  
Development of network/linkages/referral systems 10%-50%  
Information/education/communication 10%-50%

**TARGETS:**

1. Improved knowledge, skills, and attitudes in PMTCT for 377 health care workers.
2. Demonstrate improvements in established PMTCT quality measures across 5 service delivery networks.

**TARGET POPULATIONS:**

Health care workers  
People affected by HIV/AIDS  
HIV positive pregnant women  
HIV positive infants and children

**COVERAGE AREAS:** All geographic regions receiving PEPFAR support for PMTCT services.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9725

**Related Activity:**

### Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28668	9725.28668.09	HHS/Health Resources Services Administration	University of Washington	11700	3142.09	ITECH	\$300,000
9725	9725.07	HHS/Health Resources Services Administration	University of Washington	5151	3142.07	ITECH	\$250,000

### Targets

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	N/A	True
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	N/A	True
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	N/A	True
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	377	False

### Indirect Targets

40 supervision visits for QA

**Table 3.3.01: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 3684.08	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> International Child Care	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Prevention of Mother-to-Child Transmission (PMTCT)
<b>Budget Code:</b> MTCT	<b>Program Area Code:</b> 01
<b>Activity ID:</b> 17929.08	<b>Planned Funds:</b> \$0
<b>Activity System ID:</b> 17929	

**Activity Narrative:** Integrated Activity: This activity is linked to Activity IDs 18985.08, 18973.08, 18957.08 and 5301.08.  
 NOTE: The activities described below are not new, but have been performed by International Child Care (ICC) Grace Children's Hospital (GCH) under the umbrella of Management Sciences for Health. CDC Haiti currently has a co-operative agreement with ICC for TB activities. In an effort to improve efficiency, PEPFAR funds for GCH will be provided directly to ICC.

**SUMMARY:** Grace Children Hospital will strengthen the PMTCT component of its program to offer a comprehensive package of prevention, care and treatment services for the population of the metropolitan area, particularly those who reside in Delmas, in addition to being one of the main reference centers for pediatric HIV/AIDS services. PMTCT services will be implemented using the same model, previously described. Grace Children will complement GHESKIO's network for making services more accessible to the important population that resides at the metropolitan area where most HIV/AIDS case will be detected and enrolled into a comprehensive program.

**BACKGROUND:** For more than a decade, Grace Children's hospital has been the main reference center for treatment of children affected by Tb. The institution is providing also a comprehensive package of primary care services such as child immunization, ARI treatment, Reproductive Health. Grace Children's Hospital will improve its PMTCT services with the availability of a new maternity ward. This will contribute to the provision of full prophylaxis at all three stages of pregnancy. The primary targets of this intervention are the 2,000 pregnant women, which on average attend services at these facilities. At community level, health agents of Grace Children's hospital will be seconded by those of World Concern/AERDO.

**ACTIVITIES AND EXPECTED RESULTS:**

Activity 1. Support to 1 VCT/PMTCT site that will enable the provision of a full package of services including: (i) Opt-out Counseling and testing to all pregnant women (ii) STI management using a syndromic approach (iii) Prophylaxis of opportunistic infections (OIs) (iv) Reproductive health services, including safe obstetric practices and family planning counseling for HIV positive individuals and the promotion of condoms; (v) Psychosocial support through individual and family counseling, mainly by social workers and community health workers and through the setting up of support groups (vi) Case management of HIV positive pregnant women including clinical and biological monitoring (vii) short-course ARV regimen for HIV-positive women according to national guidelines (viii) education on best infant feeding practices.

Activity 2. The funding will support: (i) hiring of more qualified staff, (ii) hiring of dedicated social workers and community health agents for PMTCT, (iii) acquisition of educational materials and support equipment to facilitate educational activities (iv) support to some operational costs incurred by facilities

Activity 3: The creation of a retention package, which includes: (i) subsidies for the cost of follow-up visits and hospital delivery (ii) maintenance of women support groups (iii) incentives to TBAs

Activity 4: Implementation of an integrated PMTCT (+) package model. This activity implies the implementation of an integrated family-centered PMTCT (+) approach that will offer HIV/AIDS partner referral services, couple counseling and pediatric care to women who test positive.

Targets - September 2009

- Number of service outlets providing the minimum package of PMTCT services according to Haitian and/or international standards: 1

- Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results: 2,000

- Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting: 50

- Number of health workers trained in the provision of PMTCT services according to national and international standards: 5

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

**Targets**

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	1	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	2,000	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	44	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	5	False

## Target Populations

### Other

Pregnant women

## Coverage Areas

Ouest

**Table 3.3.01: Activities by Funding Mechanism**

**Mechanism ID:** 3315.08

**Prime Partner:** Groupe Haitien d'Etude du  
Sarcome de Kaposi et des  
Infections Opportunistes

**Funding Source:** GHCS (State)

**Budget Code:** MTCT

**Activity ID:** 17920.08

**Activity System ID:** 17920

**Mechanism:** N/A

**USG Agency:** HHS/Centers for Disease  
Control & Prevention

**Program Area:** Prevention of Mother-to-Child  
Transmission (PMTCT)

**Program Area Code:** 01

**Planned Funds:** \$350,000

**Activity Narrative:** NOTE: Although GHESKIO has not provided an activity narrative in PMTCT in previous COPs, this is not a new activity for them, but rather a further refinement of Haiti's COP to more accurately reflect the activities of our partners.

Integrated Activity: This activity links to Activity IDs 18948.08, 15465.08, 4601.08, 4341.08 and 9672.08.

**SUMMARY:** GHESKIO will provide field support to 11 public and private sites for the provision of a full package of PMTCT services to both mother and infant. These PMTCT activities will be conducted within the "four pillars" model for implementing a comprehensive HIV program in the context of primary care: 1) HIV prevention and care, including voluntary counseling and testing (VCT); 2) detection and treatment of tuberculosis (TB) and other opportunistic infections; 3) detection and treatment of sexually transmitted infections (STIs); and 4) women's health and prevention of mother-to-child transmission (PMTCT) of HIV services. The primary emphasis areas for these PMTCT activities are human resources, and training. The primary target populations for PMTCT activities are pregnant women, HIV positive pregnant women, and HIV/AIDS-affected infants. Activities will be carried out at 9 sites in the Port-au-Prince metropolitan area, which is the first for population density, Hôpital de Fermathe, Centre Bernard Mews, Hôpital de la Communauté Haïtienne, IMIS, GHESKIO (Blvd Harry Truman, Centre Eliazar Germain, , Centre Fame Pereo, Hôpital Adventiste de Diquini and Hôpital Ste Catherine Labouré (Cité Soleil). Field support will be provided in addition at the island of La Gonave and the North-Western city of Bombardopolis through two hospitals: Hôpital Wesleyen de la Gonave and the Hôpital Évangélique de Bombardopolis. The primary targets of this intervention are the 25,000 pregnant women, which on average attend services at these facilities.

**BACKGROUND:** GHESKIO is one of the first and oldest institutions that worked in HIV/AIDS prevention, care and treatment. Three years ago, the institution used mobile teams that helped implement PMTCT, Palliative Care and Treatment services at the main public hospitals, located at the main cities of the health departments. The program will address the structural barriers which hamper retention of women, and more specifically put in place mechanism to: (i) motivate pregnant women to make follow up visits after their initial visits, as in Haiti large proportion of pregnant women tend to drop out of follow up after their first ANC visit (ii) create an environment conducive to the adoption by pregnant women of buddy companions (accompagnateurs) to supervise the uptake of drugs at home, in the same way that has been used for the ARV treatment program (iii) create more linkages with communities by allowing PMTCT sites to recruit more community health agents or work closer with TBAs in order to monitor and track pregnant women. Health agents will be helped with the World Concern/AERDO staff that will be deployed at community level for the provision of Palliative Care staff at the western department, (iv) encourage women to deliver at the health facilities not only by subsidizing delivery costs but also by offering incentives to TBAs, and (v) motivate partners of positive pregnant women and provide them with CT and care.

**ACTIVITIES AND EXPECTED RESULTS:**

Activity 1. Field support to 11 VCT/PMTCT sites that will enable them to provide a full package of services including: (i) Opt-out Counseling and testing to all pregnant women (ii) STI management using a syndromic approach (iii) Prophylaxis of opportunistic infections (OIs) (iv) Reproductive health services, including safe obstetric practices and family planning counseling for HIV positive individuals and the promotion of condoms; (v) Psychosocial support through individual and family counseling, mainly by social workers and community health workers and through the setting up of support groups (vi) Case management of HIV positive pregnant women including clinical and biological monitoring (vii) short-course ARV regimen for HIV-positive women according to national guidelines (viii) education on best infant feeding practices.

Activity 2. The funding will support: (i) hiring of more qualified staff, (ii) hiring of dedicated social workers and community health agents for PMTCT, (iii) acquisition of educational materials and support equipment to facilitate educational activities (iv) support to some operational costs incurred by facilities

Activity 3: The creation of a retention package, which includes: (i) subsidies for the cost of follow-up visits and hospital delivery (ii) maintenance of women support groups (iii) incentives to TBAs

Activity 4: Implementation of an integrated PMTCT (+) package model. This activity implies the implementation of an integrated family-centered PMTCT (+) approach that will offer HIV/AIDS partner referral services, couple counseling and referrals to IMIS and GHESKIO health centers for the provision of pediatric care to children born from HIV+ mothers.

Targets: - September 2009:

- Number of service outlets providing the minimum package of PMTCT services according to Haitian and/or international standards: 11

- Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results: 20,000

- Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting: 490- Number of health workers trained in the provision of PMTCT services according to

national and international standards: 33

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

## Targets

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	11	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	20,000	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	490	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	33	False

## Target Populations

### Other

Pregnant women

**Table 3.3.01: Activities by Funding Mechanism**

**Mechanism ID:** 45.08

**Prime Partner:** World Vision International

**Funding Source:** GHCS (State)

**Budget Code:** MTCT

**Activity ID:** 18065.08

**Activity System ID:** 18065

**Mechanism:** N/A

**USG Agency:** U.S. Agency for International Development

**Program Area:** Prevention of Mother-to-Child Transmission (PMTCT)

**Program Area Code:** 01

**Planned Funds:** \$75,000

**Activity Narrative:** NOTE: This is a new activity.

INTEGRATED ACTIVITY FLAG: VCT, Basic Health care and Support; Food supplementation. This activity is linked to activity ID 12363.08, 8155.08, 10655.08.

SUMMARY: World Vision International will coordinate with mobile teams of the Ministry of Health for making counseling and testing available at all sites that receive dried food rations under the FSHA program and the soon to be implemented MYAP, i.e.: the island of La Gonave, the Central Plateau and some areas of the Artibonite health department. Once detected positive and registered at these sites, World Vision will assist in the process of referrals of all identified HIV+ pregnant women at sites that provide full PMTCT services.

BACKGROUND: For more than seven years, World Vision has been one of the main implementers of the Food Security Program. In that context, World Vision has developed an important network of service delivery sites for the implementation of the program, at their previously listed target areas. Meanwhile, due to growing food insecurity, food supplementation has played a growing role for attracting pregnant women seeking for ante-natal care services. Many ante-natal clinics served by World Vision have a high attendance. Opt-Out counseling and testing will be made available at these sites in close planning and coordination with public VCT mobile teams that will be based at departmental level. Joint monthly planned plans will be developed that will establish schedules of visits for each site. With the support of accompagnateurs and the community health personnel of institutions that provide palliative care at community levels, such as those previously listed, referrals of HIV+ pregnant women at full PMTCT sites will be carried out.

**ACTIVITIES AND EXPECTED RESULTS**

Activity 1. Support to 25 sites for the provision of : (i) Opt-out Counseling and testing to all pregnant women (ii) registration of these pregnant women

Activity 2. Active referral of all HIV+ pregnant women to full PMTCT service delivery sites where they will receive the same package of services as listed above.

Targets - September 2009

- Number of service outlets providing the minimum package of PMTCT/CT services: 0

- Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results: 8,000

- Number of pregnant women referred at full PMTCT service delivery sites: 175

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

**Targets**

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	N/A	True
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	N/A	True
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	N/A	True
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	N/A	True

**Table 3.3.01: Activities by Funding Mechanism**

**Mechanism ID:** 8311.08

**Mechanism:** New Partner Initiative

**Prime Partner:** ServeHAITI, Inc

**USG Agency:** Department of State / Office of the U.S. Global AIDS Coordinator

**Funding Source:** Central GHCS (State)

**Program Area:** Prevention of Mother-to-Child Transmission (PMTCT)

**Budget Code:** MTCT

**Program Area Code:** 01

**Activity ID:** 18982.08

**Planned Funds:** \$0

**Activity System ID:** 18982

**Activity Narrative:** Integrated Activity Flag: This activity is linked to Activity IDs 18986.08, 19059.08, 19010.08 and 19004.08. SUMMARY: The PMTCT project will follow the comprehensive strategic approach outlined by the World Health Organization (WHO) including primary prevention of HIV, prevention of unintended pregnancies among women living with HIV, prevention of HIV transmission from mothers living with HIV to their infants, and care, treatment and support for mothers living with HIV, their children and their families. Primary prevention will be addressed via traveling prevention teams (TPTs) as well as focus groups in their communities. Focus Group discussion and testing activities will be conducted at the St. Vincent DePaul Health Center on obstetrical days and will integrate routine antenatal care. Prevention of unintended pregnancies will occur as a result of identification of HIV+ women and thus will be discussed in the post partum period via counseling at the Health Center and follow up via Community health workers (CHWs). Prevention of transmission of HIV by women to their infants will be a major focus and will be accomplished via improvement of access of antenatal, delivery and postpartum healthcare via CHWs and the Health Center. The primary emphasis areas for these activities are training, human resources and infrastructure. Specific target populations include pregnant women. The activities will be carried out by ServeHAITI in the Grand-Bois region.

BACKGROUND: ServeHAITI, Inc. has been involved in the Grand-Bois Region for the past ten years and in that time has built a health center and implemented a point of use water filtration system project. ServeHAITI was awarded PEPFAR funding in January 2007. Workplan approval was received June 29, 2007. All activities will be implemented directly by ServeHAITI, Inc. Future plans include coordination with Save the Children and the Ministry of Health Clinic in Cornillon. Project activities will take place throughout the entire Grand-Bois region. Counseling and testing activities will be conducted at the St. Vincent DePaul Health Center.

**ACTIVITIES AND EXPECTED RESULTS:**

We will carry out three activities in this Program Area.

ACTIVITY 1: This activity is related to prevention activities which will promote counseling and testing. Comprehensive counseling and testing will be conducted for pregnant women visiting the St. Vincent DePaul Health Center. Patients will be informed that testing is a part of prenatal care conducted at the clinic and then counseled regarding the importance of HIV testing. Each patient will then have the opportunity to be tested or opt out of testing. Funding will support procurement of test kits, renovation of the health center to include laboratory space, and staff training in providing counseling and testing.

Activity 2: Pregnant women testing positive for HIV will receive treatment with anti-retrovirals. HIV+ women will be entered into a registry detailing their date of diagnosis, name, age, location of domicile, expected delivery date, and clinical stage. They will be counseled on treatment options. Every effort will be made to identify women who are eligible for ARVs and treat, regardless of financial or social status. Their clinical data and treatment plan will be followed in a registry. Funding will support ARVs, and laboratory exams.

Activity 3: Infected mothers and their families will receive follow up via Community Health workers (CHWs) and the Health Center. Post partum counseling will be provided at the Health Center and via home visits by CHWs. This will include counseling on exclusive breastfeeding for the first six months of life for their child. Women who are breastfeeding will be followed for conditions increasing the risk of mother to child transmission (MTCT), including mastitis and thrush. CHWs will follow the nutritional status of the mother and infant and alert the Health Center when necessary interventions are required. Post partum women will be followed every 4-6 weeks and continue ART as long as they are breastfeeding and given food supplements as needed to ensure health to themselves and their infant. Infants of HIV+ women will be followed every 2-3 months for clinical signs or symptoms of HIV. Infants who are recognized clinically as HIV+ will be referred for PCR spot testing and/or treatment at a participating facility.

These results contribute to the PEPFAR 2-7-10 goals by improving access to and quality of CT services in order to identify HIV positive persons and increase the number of persons receiving ARV services.

**EMPHASIS AREAS:**

Commodity Procurement 51%-100%

Community Mobilization/Participation 10%-50%

Development of Network/Linkages/Referral Systems 10%-50%

Training 51%-100%

**TARGETS:**

- 1 service outlet providing counseling and testing according to national and international standards
- 1000 pregnant women counseled and tested for HIV and having received their test results
- 35 pregnant women provided with a complete course of antiretroviral prophylaxis for PMTCT
- 4 persons trained in counseling and testing according to national and international standards

**TARGET POPULATIONS:**

Pregnant women

**KEY LEGISLATIVE ISSUES:**

Stigma and discrimination  
Wrap around

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

**Emphasis Areas**

New Partner Initiative (NPI)

**Food Support**

**Public Private Partnership**

**Targets**

<b>Target</b>	<b>Target Value</b>	<b>Not Applicable</b>
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	1	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	1,000	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	35	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	4	False

**Target Populations**

**Other**

Pregnant women

**Coverage Areas**

Ouest

**Table 3.3.01: Activities by Funding Mechansim**

**Mechanism ID:** 5541.08

**Mechanism:** N/A

**Prime Partner:** Catholic Relief Services

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** Prevention of Mother-to-Child Transmission (PMTCT)

**Budget Code:** MTCT

**Program Area Code:** 01

**Activity ID:** 17930.08

**Planned Funds:** \$0

**Activity System ID:** 17930

**Activity Narrative:** Integrated Activity: This activity links to Activity IDs 10123.08 and 10667.08.  
SUMMARY: CRS will coordinate with mobile teams of the Ministry of Health for making counseling and testing available at all sites that receive dried food rations under Food Security Humanitarian Assistance (FSHA program and the soon to be implemented Multi Year Program (MYAP) in the South, Nippes, Grande-Anse departments. Once detected positive and registered at these sites, CRS will assist in the process of referrals of all identified HIV+ pregnant women at sites that provide full PMTCT services.  
BACKGROUND: For more than fifteen years, CRS has been one of the main implementers of the Food Security Program. In that context, CRS has developed an important network of service delivery sites for the implementation of the program, such as the one in the Southeast department. Meanwhile, due to growing food insecurity, food supplementation has played a growing role for attracting pregnant women seeking for ante-natal care services. Many ante-natal clinics served by CRS have a high attendance. Opt-Out counseling and testing will be made available at these sites in close planning and coordination with public VCT mobile teams that will be based at departmental level. Joint monthly planned plans will be developed that will establish schedules of visits for each site. With the support of accompagnateurs and the community health personnel of institutions that provide palliative care at community levels, such as those previously listed, referrals of HIV+ pregnant women at full PMTCT sites will be carried out.  
ACTIVITIES AND EXPECTED RESULTS:  
Activity 1. Support to 22 sites for helping the MOH mobile teams provide: (i) Opt-out Counseling and testing to all pregnant women (ii) registration of HIV+ detected pregnant women  
Activity 2. Active referral of all HIV+ pregnant women at full PMTCT service delivery sites where they will receive the same package of services as listed above.  
Targets -- Number of food outlets providing access to MoH mobile teams for PMTCT services: 22  
-

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

**Targets**

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	22	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	10,000	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	N/A	True
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	N/A	True

**Target Populations**

**Other**

Pregnant women

**Coverage Areas**

Grand-Anse

Nippes

Sud

**Table 3.3.01: Activities by Funding Mechanism**

**Mechanism ID:** 3323.08

**Prime Partner:** Management Sciences for Health

**Funding Source:** GHCS (State)

**Budget Code:** MTCT

**Activity ID:** 19544.08

**Activity System ID:** 19544

**Mechanism:** Basic Health Services

**USG Agency:** U.S. Agency for International Development

**Program Area:** Prevention of Mother-to-Child Transmission (PMTCT)

**Program Area Code:** 01

**Planned Funds:** \$0

**Activity Narrative:** SUMMARY: PMTCT is an integral part of comprehensive HIV care and treatment of people living with HIV/AIDS (PLWHA). Activities described in this narrative will be conducted at 19 non-governmental organizations (NGO) centers and 28 hard-to-reach areas (zones ciblées) that cover a network of 47 service delivery sites! They will operate under Management Science for Health (MSH), the USAID contractor for primary health care, in collaboration with the Ministry of Health (MOH). PMTCT training activities will be conducted in collaboration with the Ministry of Health (MOH), the Haitian Institute for Community Health (INHSAC) through I-TECH. At the community level, activities will target traditional birth attendants (TBAs), community health workers (CHWs), and couples expecting children. Pregnant women and their partners will be encouraged to attend antenatal clinics (ANC) through community mobilization activities. BACKGROUND: Resources will be used to support PMTCT services in the MSH network and the sites that serve populations who live at hard –to-reach areas. Facility-based PMTCT services that already exist at the 11 centers will be strengthened There still is no significant work at the community level to ensure that all pregnant women are encouraged to be tested for HIV and accompanied to CT centers and that women enrolled in the PMTCT program follow up with their pregnancy and birth plan.

**ACTIVITIES AND EXPECTED RESULTS:**

Activity 1: MSH will provide a full package of PMTCT services, as outlined in MOH national guidelines, including:

- counseling and testing (CT);
- tuberculosis (TB) screening with all pregnant women with TB referred for treatment ;
- sexually transmitted infection (STI) testing and management;
- reproductive health services, particularly family planning counseling for HIV-positive women including promotion of condoms;
- case management of HIV-positive pregnant women, including eligibility assessment for ARV treatment with Cluster of Differentiation 4 (CD4) determination and will be referred for treatment in accordance with national guidelines;
- psychosocial support;
- nutritional assessment and dietary counseling for mother;
- counseling and education for informed choice on infant feeding in the first six months as well as appropriate weaning and continued feeding of child;
- short-course ARV prophylaxis regimen for HIV-positive women according to national guidelines;
- prophylaxis of opportunistic infections (OIs); and
- safe obstetric care.

In addition to training in obstetric care, MSH will train staff in delivery techniques that minimize exposure of the baby to the blood and secretions of the mother (artificial rupture of membranes, episiotomy, and suction of the mouth of the newborn). Further, personnel will be trained to protect themselves and their patients against HIV through the use of gloves and protective glasses, the use of sterile instruments, disinfectants etc. After delivery, HIV-positive mothers and their babies will be referred to HAART centers for clinical care follow-up. The program will ensure that female healthcare providers are equitably represented in all trainings and in the implementation of activities.

Activity 2: Program retention of HIV-positive pregnant women will be improved by ensuring the cost of hospital visits and hospital delivery are covered, including transportation to the hospital. MSH PMTCT sites will work closely with their network of community health agents and traditional birth attendants (TBA) to carry out a tracking system for the enrolled pregnant women. Most of the NGOs work closely with community Mothers Clubs that will be engaged to help ensure that all pregnant women are tested for HIV

Activity 3: MSH will promote PMTCT services via community events including health fairs, face-to-face communication using a variety of channels such as churches, schools, health facilities, home visits, and the media and will organize community testing days, on patron saints days, and on special days (i.e. International AIDS Day, Candlelight Vigil Day, etc.). Promotional activities such as public service announcements within the targeted communities, banners and street signs will make the population, and particularly pregnant women, aware of this opportunity. HIV positive pregnant women will be encouraged to join PLWHA support groups where they will have access to micro-credit programs for income generation and productive activity creation and interventions against violence and coercion. At community level, the programs will be supported by the staff of newly designed Community Palliative Care institutions for the provision of psycho-social support, increase of adherence to prophylaxis and referrals of both HIV+ pregnant women/mothers and their infants.

Activity 4: MSH will provide continuing education sessions for staff to keep them abreast of new developments in PMTCT, particularly the psychological aspects of post-test counseling of HIV-positive pregnant women. In collaboration with JHPIEGO and I-TECH/INHSAC training sessions, will be held onsite to ensure participation of the personnel.

Targets - September 2009:

- Number of service outlets providing the minimum package of PMTCT services according to Haitian and/or international standards: 36
- Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results: 53000
- Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting: 787
- Number of health workers trained in the provision of PMTCT services according to national and international standards: 166

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

## HVAB - Abstinence/Be Faithful

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

**Total Planned Funding for Program Area: \$5,116,611**

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

### Program Area Context:

Haiti is the poorest country in the Western Hemisphere with 75% of its 8.5 million people living at or below the absolute poverty level. Haiti remains the Caribbean country most highly affected by HIV/AIDS, with a prevalence rate of 3.8% according to UNAIDS. The epidemic is most appropriately labeled as a 'mixed' epidemic; heterosexual transmission is the most common HIV/AIDS transmission vehicle. According to the most recent Demographic Health Survey (DHS) in 2005-2006, Haiti's prevalence rate was listed as 2.2%; delineating the rate of 2.3% for women, and 2.0% for men. These rates vary by age, rate peaks occur during 30-34 years of age for women (4.1%), and during 40-44 years of age for men (4.4%).

The recent DHS highlights that knowledge of HIV/AIDS is very high in Haiti, and while erroneous ideas regarding modes of transmission persist amongst the general population, knowledge of prevention methods, including abstinence and fidelity, is high as well. For women, 93% list fidelity and 84% list abstinence as effective prevention methods; 95% of men list fidelity and 87% list abstinence. This showcases the successful work accomplished by the MOH, PEPFAR and other HIV/AIDS prevention implementers in the past several years in Haiti with regards to raising awareness of the virus and methods to protect oneself from infection.

Yet, much work remains to be done in the area of transitioning knowledge into practice in Haiti. Within the sexually active population, 29% of women and 62% of men reported engaging in sexual activity with an individual outside of their committed relationship. This behavior is overwhelmingly common in youth ages 15-19 years with 71% of females and 99% of males in this age group reported multiple partners in the past 12 months. The percentage drops significantly for women as their age increases, and also drops for men, but not as dramatically. In addition, condom use in Haiti is very low. When engaging in sexual activity outside of their committed relationship, only 29% of women and 43% of men reported using a condom. For this reason, the USG team will be focusing on comprehensive ABC programming in FY08. Age of sexual debut is also decreasing, 15% of women report engaging in sexual activity before the age of 15, compared to a much higher percentage of men (43%).

PEPFAR prevention programming in Haiti has complemented the MOH prevention plan in a variety of activities focused on AB messages, concentrating the efforts within the youth demographic. In 2006, PEPFAR Haiti received a rapid assessment of their programs during a joint TA from USAID and OGAC. One of the recommendations was to better distribute prevention program across the population, reaching beyond youth to adults. A more equal distribution of AB programming will be incorporated in FY08, as partners reach out and target more activities with adults. Another important recommendation of the TA visit in 2006 stressed to need to perform a mapping exercise of all the prevention programs in Haiti; this was conducted in May 2007, and displayed the need for expansion of programming in rural and hard to reach areas of Haiti, including urban areas that have been insecure in recent years. This important expansion geographically will be highlighted throughout the FY08 prevention plan as well.

Regarding abstinence, behavior change activities among the general population remains a vital and critical component of the USG Teams prevention programming, emphasizing this as the only method to absolutely avoid HIV infection. FY2008 will continue to utilize faith-based organizations as well as a strong network of NGO's to support this programming. "A" messages will be targeted toward non-sexual active youth, and will stress the importance of abstaining in an effort to halt the declining age of sexual debut. Organizations such as FOSREF, Plan, and EDC will work with high-risk street youth and will organize 'secondary abstinence' clubs. New for FY08, these activities will reach into areas that were not covered in prior years, such as EDC's work in urban 'hot spots' (areas of the city unreachable due to insecurity and instability), and MSH's expansion into underserved rural communities and Nippes.

As the USG Team shifts the prevention portfolio from a mainly youth focused plan to a more balanced approach, 'B' messages will be emphasized, especially among the adult male population. With HIV rates peaking in women age 30-34, and men 40-44, it is important to put heavy emphasis on the sexually active population in Haiti in order to promote behavior change. AERDO, FOSREF, MSH, PLAN, and the TBD communications partner will all shift their programs to include more targeting of adult populations, mainly men, migrant workers, clients of commercial sex workers, with be faithful behavior change activities to reduce numbers of sexual partners. Geographic expansion of 'B' target prevention activities will occur in FY08 as well, as MSH targets adults in rural and underserved areas, the TBD communications partner expands programming into Nippes, and Plan expands the work with migrant workers, mainly men, on the Northeastern boarder of Haiti and the Dominican Republic.

In FY 2007, the USG team initiated a PEPFAR BCC TWG for all the AB and OP prevention partners, at the recommendation of the FY 2006 review. This group is comprised of a member from all organizations receiving PEPFAR AB and/or OP funds,

including Track 1 and the NPI. The BCC TWG meets monthly and provides a forum for coordination and communication amongst partners. In FY 2007, the group conducted a mapping exercise to determine the distribution of prevention programming. This information was examined for gaps and overlaps in programming and was utilized during the development of the FY07 work plans and the FY08 COP. This group will continue to meet in FY08, and will use the TWG as a platform to coordinate programming and messages. Best practices and lessons learned will be shared by the partners. Eight of the AB implementing partners also receive OP funds in order to implement clear and consistent ABC messages. The USG team will support comprehensive ABC programming and activities targeting sexually active youth, adult men and women which will also address condom availability and correct and consistent condom use through OP funding. In addition, efforts will be made to strengthen referrals and links to other services including CT, STI, and reproductive health services.

The USG Team's AB program engages adults and youth from diverse community groups, and promotes social norms supportive of healthy and safer sexual behaviors. This includes mobilizing community support to promote abstinence, mutual monogamy, and partner reduction, as well as addressing sexual coercion, cross-generational, and transactional sex. Public dialogue on these topics with community leaders, parents, and clergy, coupled with dissemination of practical, culturally appropriate educational materials and counseling guides will encourage adults to reduce their own risky sexual encounters with other adults, as well as with youth. Targeting adults and promoting AB within this population as well as within youth will reinforce safer sexual behaviors within the general population of Haiti to create a more balance and age diverse program to support behavior modification.

Target: For FY08, the targets will reflect a more accurate count of persons reached through community outreach, to exclude mass media and large groups. Additionally, with the USG's efforts to implement balanced ABC programming, the number of those reached through abstinence (a sub-set of total reached through AB) will be lower than FY07.

**Program Area Targets:**

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB): 6,000

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful: 270,965

Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful: 39,573

**Program Area Downstream Targets:**

2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful 270965

\*\*\* 2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB) 6000

2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful 39573

**Custom Targets:**

**Table 3.3.02: Activities by Funding Mechansim**

<b>Mechanism ID:</b> 8719.08	<b>Mechanism:</b> Leadership, Management and Sustainability Project
<b>Prime Partner:</b> Management Sciences for Health	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Abstinence and Be Faithful Programs
<b>Budget Code:</b> HVAB	<b>Program Area Code:</b> 02
<b>Activity ID:</b> 19564.08	<b>Planned Funds:</b> \$1,250,000
<b>Activity System ID:</b> 19564	

**Activity Narrative:** PROGRAM AREA: AB Prevention (HVAB)

**SUMMARY:** The Leadership, Management and Sustainability (LMS) Program will be providing capacity building support across a number of PEPFAR program areas. Under AB prevention, a number of activities will be implemented to build the capacity of the Ministry of Health and Population (MSPP) through support to the National AIDS Program. First, with the end of the HCP Project in Haiti, the Leadership, Management and Sustainability (LMS) Program will continue to be supported by USAID to lead the current program on strengthening departmental-level capacity to plan, coordinate, and monitor interventions focusing on promoting appropriate behaviors for HIV/AIDS prevention, addressing issues of stigma and discrimination reduction, and community mobilization for increased demand for and use of HIV/AIDS services. JHU/CCP will continue to provide some technical assistance to the program through a limited subcontract with LMS. This program is funded through 50% AB and 50% OHPS funds.

In addition, LMS will provide support to FOSREF to increase its capacity to provide access to services for sexually transmitted infections (STIs), HIV/AIDS, and sexual and reproductive health, at the institutional and community levels, to the youth of Cité Soleil. The program plans to reduce by 50% the HIV prevalence in the population of Cité Soleil and particularly among the youth in this area. In addition, the program will offer other alternatives to the youth of Cité Soleil. This program is funded through 50% HVOP, 25% HVCT, 15% HVAB, and 10% HBHC funding, and a description of this activity can also be found under those program areas.

AED's SmartWork Project has ended and USAID is phasing out AED's involvement with the work itself in an effort to consolidate its BCC prevention strategy and provide technical assistance through fewer partners. Because the local organizations that are working in this area also need a certain amount of capacity building at the same time as being able to quickly get on track for future sustainability, USAID is supporting LMS to integrate this activity into its ongoing technical assistance and capacity building to the local organizations that are well-placed to do AIDS in the workplace interventions and have been working with SmartWork project personnel, training materials, and BCC materials. These activities are funded through 50% AB and 50% HVOP, and a description of these activities can be found under both program areas.

**BACKGROUND:** The President's Emergency Plan in Haiti supports a comprehensive HIV/AIDS prevention, treatment, and care program. The Health Communication Partnership (HCP), led by the Johns Hopkins Bloomberg School of Public Health, Center for Communication Programs (CCP) was involved with innovative HIV prevention work for more than four years in Haiti. The HCP programs included coordination of BCC activities under the leadership of the Ministry of Public Health and Population (MSPP); promotion of VCT and PMTCT services; care and support for PLWA; and abstinence and faithfulness programs for youth. The 2006 APS awarded to CCP added OVC and AB for most at-risk youth components to this portfolio. Last year, CCP took the lead in coordinating BCC prevention activities in Haiti. More specifically, CCP provided technical assistance to the MSPP to map prevention activities in each department, looking in more detail at the local partners, funding agencies, activities, and identifying the gaps to suggest appropriate solutions. In addition, to better provide guidance to the MSPP, CCP participated in a series of meetings and organized training in community mobilization techniques for NGOs and departmental staff. In January 2008, local CCP staff joined LMS to continue this work.

FOSREF has a mandate from the Ministry of Health and Population (MSPP) to deliver youth-focused sexual and reproductive health and HIV/AIDS services to youth nationwide. Youth, who represent more than 50% of the population, are the most vulnerable groups for HIV/AIDS and unwanted pregnancies, with a high incidence of clandestine abortions. In this context, FOSREF has identified key cities in the country where specific programs for youth must be implemented to meet the unmet needs of young people for sexual and reproductive health and HIV/AIDS prevention. To date, FOSREF has created and implemented a network of 15 youth centers in cities. During the last four years, FOSREF has identified areas in the marginalized segments of the large cities, particularly in the Metropolitan areas of Port-au-Prince, where there are no existing youth services. Cité Soleil is one of these areas, representing one of the largest challenges in terms of unmet needs of youth for sexually transmitted infections, HIV/AIDS, sexual violence, and other sexual and reproductive health matters. Young people have been victims of gang activities that have reduced them to desperate circumstances.

Initiated in 2002, Strategically Managing AIDS Responses Together in the Workplace (SMARTWork) fosters social dialogue around workplace HIV/AIDS prevention at national and enterprise levels, as well as stigma and discrimination reduction. Taking a bipartite (business-labor) approach at the enterprise level and a tripartite (business-labor-government) approach at the national level, SMARTWork has aimed at reducing HIV transmission through effective prevention programs, and has encouraged policies that provide for workplace protection and human rights of individuals affected and infected by HIV. The workplace is a critical channel to provide HIV/AIDS prevention interventions. SMARTWork intervenes through workshops, outreach, and special events using a core group of trainers and outreach workers to deliver messages that foster fidelity, partner reduction, and condom use. Complementing and reinforcing these messages are workplace policies, IEC materials, and referrals to CT, STI, and care and treatment services.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

**Table 3.3.02: Activities by Funding Mechansim****Mechanism ID:** 8889.08**Mechanism:** N/A**Prime Partner:** American Red Cross**USG Agency:** U.S. Agency for International Development**Funding Source:** GHCS (State)**Program Area:** Abstinence and Be Faithful Programs**Budget Code:** HVAB**Program Area Code:** 02**Activity ID:** 19566.08**Planned Funds:** \$200,000**Activity System ID:** 19566**Activity Narrative:** SUMMARY:

The activities in this country-funded concept paper are new, and represent both an expansion in geographic and programmatic scope. Specifically, the proposed interventions entail:

- (1) Scaling up core TWC activities through expansion to two new sites in Nippes and the North West
- (2) Promoting parent/trusted adult -youth communication about healthy sexual behavior which has been shown to serve as a protective factor for youth

**BACKGROUND:**

The existing Scaling-Up Together We Can (TWC) project uses three outreach strategies –curriculum-based interventions, peer to peer outreach, and edutainment events - to provide Haitian youth with knowledge and essential skills to avoid HIV infection. The primary target populations are primary and secondary students and out-of-school youth including OVC, restavec (marginalized domestic servants), and street youth ages 10-24 with a focus on youth ages 15-19. TWC currently works through HRC branch offices in the following seven geographic areas: Pétionville, Cité Soleil, Petite Goâve, Cap Haitian, Fort Liberté, Ounaminthe and Anse-à-Pitres. Partnership building, capacity building of the Haitian Red Cross (HRC), and the engagement of adult stakeholders such as parents and teachers are also key elements of the project in order to create an enabling environment for youth outreach and community mobilization to occur.

Recommendations from “Preventing HIV/AIDS in Young People: A Systematic Review of the Evidence from Developing Countries, UNAIDS Inter-agency Task Team on People (World Health Organization: Geneva, 2006) and continual review of the Haitian TWC program context, suggest that encouraging adult-child communication on sex and contraception, working with others to strengthen and improve access to condoms and quality of coverage in project areas, and partnering with USAID-funded agencies engaged in mass media and other forms of BCC will better enable youth (and adults) to protect themselves against HIV/AIDS. We will use the existing TWC network to implement these additional activities.

**HQ Technical Area:****New/Continuing Activity:** New Activity**Continuing Activity:****Related Activity:****Table 3.3.02: Activities by Funding Mechansim****Mechanism ID:** 3142.08**Mechanism:** ITECH**Prime Partner:** University of Washington**USG Agency:** HHS/Health Resources Services Administration**Funding Source:** GHCS (State)**Program Area:** Abstinence and Be Faithful Programs**Budget Code:** HVAB**Program Area Code:** 02**Activity ID:** 17889.08**Planned Funds:** \$250,000**Activity System ID:** 17889

**Activity Narrative:** This activity is linked to activity ID 9725.08, 18077.08, 18950.08, 4617.08, 3910.08, 3886.08, 5463.08, 12424.08, 12420.08.

**SUMMARY:**

As a new activity in FY08, ITECH will implement CDC's training course "Prevention within the Care and Treatment Setting" course. This will train counselors and social workers to utilizing CDC's module to implement prevention with positives within the care and treatment facilities. ITECH will be responsible for ensuring the materials are culturally appropriate for use in Haiti, will translate all materials, and will conduct the trainings. CDC will give TA before and during the training. This program is split funded with OP funds.

**BACKGROUND:**

HIV prevention efforts have primarily focused on HIV-negative individuals; but in countries like Haiti, where the main mode of transmission is heterosexual, it demands greater attention on prevention for HIV-positive individuals. The HIV Prevention in Care and Treatment Settings was adapted by the CDC from Partnerships in Health. This evidence-based intervention resulted in a decrease in reported sexual risk behaviors among HIV-positive patients who received brief prevention messages from their healthcare providers.

**ACTIVITIES AND EXPECTED RESULTS:**

Activity 1: ITECH will adopt, translate, and reproduce the training and program implementation toolkit "Prevention within the Care and Treatment Setting". This toolkit was developed by CDC and field tested in FY06 with select PEPFAR partners. ITECH will adopt each portion of the materials (training, implantation tools, etc) to ensure they are culturally appropriate for use in Haiti, and will translate them into Haitian Creole. They will reproduce the toolkit for use in 20 care and treatment centers.

Activity 2: ITECH will conduct the training module of the toolkit for counselors and social workers who work within the selected care and treatment centers. Two counselors/social workers from 20 centers will be trained for a total of 40 trained. The training course will take 2 days, and will end with a certification of training and distribution of materials for implementation. ITECH will be responsible for oversight of the counselors/social workers to ensure that they are implemented the course, and to provide feedback and clarification on implementation. CDC will provide TA before and during the training course. As a result of this activity, 40 counselors/social workers will be trained and will provide prevention within the care and treatment setting, reaching 10,000 HIV positive individuals.

**EMPHASIS AREA:**

Training 10-50  
Information, Education and Communication 10-50

**TARGETS:**

# of targeted condom service outlets: N/A

# of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior changes beyond Abstinence and/ or Being faithful: 10,000

# of individuals trained to promote HIV/AIDS prevention through other behavior changes beyond Abstinence and/ or Being faithful: 40

**TARGET POPULATIONS:**

Healthcare providers  
PLWHA's

**COVERAGE AREAS:**

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

## Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	10,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	40	False

## Target Populations

### Other

People Living with HIV / AIDS

**Table 3.3.02: Activities by Funding Mechansim**

<b>Mechanism ID:</b> 9392.08	<b>Mechanism:</b> School Curriculum
<b>Prime Partner:</b> American Institutes for Research	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Abstinence and Be Faithful Programs
<b>Budget Code:</b> HVAB	<b>Program Area Code:</b> 02
<b>Activity ID:</b> 17891.08	<b>Planned Funds:</b> \$350,000
<b>Activity System ID:</b> 17891	

**Activity Narrative:** Integrated Activity: This activity links to Activity ID 18079.08.

**SUMMARY:** In FY 2007, the USG will wrap around an activity to be carried out by a local NGO to be contracted by USAID's Education Office with the objective of better linking children and youth with HIV/AIDS programming. The USG will provide funds to expand the school curriculum to target prevention messages to older students to reduce risky behavior and avoid sexually transmitted infections, including HIV/AIDS and unwanted pregnancies. Efforts will be undertaken to expand the EdVie program (radio broadcasts in Creole which support in-class learning) and organize extra-curricular school activities such as youth camps to incorporate appropriate prevention, abstinence and be faithful messages to these youth. This program is split funded 25% OP and 75% AB.

#### Background

The USAID Education program supports activities for in-school children and out-of-school youth. In primary schools, USAID supports a cluster school program reaching over 200 schools in the North and West Regional Departments which delivers a package of services including teacher, school director, and parent committee training. These 200 schools, plus an additional 300 schools, receive an in-school interactive radio instruction program in math and Creole reading in grades two through four. Interactive radio instruction is an innovative methodology that supports the teacher in the classroom through radio broadcasts and supporting print materials. The success of this approach in Haiti has led to two additional interactive radio instruction programs—one in life skills for students in grades five and six and one targeting out-of-school children and youth (ages 12-18). USAID has an additional program targeting out-of-school youth ages 15-24. The interactive radio instruction programs are developed by the Fondation Haitienne de l'Enseignement Prive (FONHEP) and are implemented by a variety of partners, including FONHEP itself.

#### ACTIVITY 1: Strengthening in-school prevention activities

This activity will build on USAID work promoting life skills education in selected schools and networks targeted in the urban security "hot spots". Working with the PEPFAR behavior change communication (BCC) network, the USG will support education NGOs and CBOs to adapt pedagogical kits/guides based on the basic messages for abstinence and be faithful targeted at in-school youth. This year, efforts will be targeted at encouraging accurate and consistent messages for younger primary students around abstinence and health and hygiene. Messages for older primary school students will be incorporated into the curriculum and will focus, among others, on messages on abstinence, and secondary abstinence, avoiding and reducing high risk behaviors, reproductive health, dating, sexual violence and referrals for those youth requiring clinical services for STIs, HIV counseling and testing (CT) or other tests. The in-school component will strengthen school directors' and teachers' capacity to integrate life skills education in the classroom and ensure that adequate age-appropriate materials are available. It is envisioned that up to 20 schools will be selected for intensifying prevention efforts. Approximately 30 (administrators, teachers and parent volunteers) from each school will be taught in the revised curriculum for a total of 600 adult leaders being trained. In addition, parent leaders and volunteers will organize sessions within monthly parent teacher association (PTA) meetings to provide education to adults on HIV/AIDS prevention activities. This will also provide a forum to sensitize parents and to discuss the life skills education activities being received by their children. It is envisioned that approximately 50 parents per school will be reached during the year for a total of 1,000 parents reached during parent meetings. It is anticipated that approximately 100 students per school will benefit from prevention education. Following teacher training, selected grades will expand life skills education sessions targeting those youth most at risk. Approximately 2,000 in-school students will be reached. In addition, in-school extra-curricular activities will be organized to promote HIV/AIDS prevention. This will include theater workshops targeting children, where the HIV-AIDS prevention messages will be transmitted; carnivals and fairs with HIV/AIDS prevention activities, and Open House days (Journées Porte Ouverte) for parents and communities. Summer camps will be organized and include HIV/AIDS prevention and education. An additional 1,000 school children will be reached with prevention education during extra-curricular programs.

#### ACTIVITY 2: Enhancing the EdVie program

Under the current USAID funding for the EdVie program, a series of 27 lessons and accompanying print material has been developed. In order to expand and deepen programming, the USG will fund in FY 2007 three to five more lessons to be added to the existing program transmissions to provide additional abstinence and be faithful (AB) messages. Support will be provided to develop and adapt existing HIV/AIDS materials such as flyers, articles, books, and other information and communication materials in order to incorporate content. Innovative methodologies will be used in targeting age-appropriate "A" messages to 10-14 year olds and "AB" messages to 15-18 year olds. New materials, educational games, and participant guides will be developed/adapted into Creole and used during the weekly radio broadcasts. Reading and writing contests, debates, and competitions will be organized to encourage wide discussion and diffusion of correct information regarding HIV/AIDS prevention and preventing transmission.

For each series of radio lessons, schools will organize supplementary activities which provide outreach to the communities. This could include movie nights, conferences, debates, and community seminars organized by trained resources persons including PEPFAR-funded implementing partners. It is anticipated that up to 10 schools will be eligible to add the new HIV/AIDS component to their EdVie program. Each school will target about 100 students each for a total of 1,000 students reached initially through the EdVie program. Modest support institutional reinforcement, logistics, equipment, supplies and air time will be provided to each participating schools. Funds will be provided to organizing supplementary activities holding community events and forums.

#### Emphasis Area:

Community Mobilization/Participation 10 - 50  
Information, Education and Communication 10 - 50  
Training

#### Targets:

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB): 1,000

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful: 3,000

**Activity Narrative:**

Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful:  
1,600

## Target Populations:

In-school Youth  
Parents  
Teachers  
School Administrators  
Out of School Youth

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

**Targets**

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	3,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	1,000	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	1,600	False

**Table 3.3.02: Activities by Funding Mechanism**

**Mechanism ID:** 9391.08

**Mechanism:** FHI

**Prime Partner:** Family Health International

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Abstinence and Be Faithful Programs

**Budget Code:** HVAB

**Program Area Code:** 02

**Activity ID:** 17911.08

**Planned Funds:** \$50,000

**Activity System ID:** 17911

**Activity Narrative:** This activity is linked to activity ID 18080.08, 18947.08, 17899.08, 18954.08, 18847.08.

**SUMMARY:** PEPFAR will support activities to prevent HIV/AIDS and STI transmission among the police officers of the Haitian National Police (HPN), customs and immigration officers by focusing on partner reduction and being faithful to one's partner as the most effective prevention behavior among sexually active adults. In 2008, training of peers will be used to increase self-risk assessment and developing behavior change strategies in partner reduction, fidelity, changing social norms such as in the reduction of domestic abuse and increase in partner communications, and utilizing on-site USG supported counseling and testing in precincts, customs and immigration offices. Audience specific messages will be targeted at the uniformed services, especially men, to promote healthy sexual behaviors. The peer educators will expand their geographical scope in FY2008 to reach all 10 departments of Haiti. In addition, advocacy activities will be implemented among directors of the police, customs and immigration in order to integrate HIV prevention messages into the basic training curriculum for uniform services and promote other prevention activities throughout the forces. Training will be implemented with the HPN and the United National Stabilization Mission in Haiti (MINUSTAH). The UNAIDS HIV/AIDS training curriculum has been adapted for use in implementing this activity. About 85% of this activity is funded through the OP budget.

**BACKGROUND:** In FY05, FHI in collaboration with MINUSTAH, trained 150 police officers of the HPN in the West, South, South-East, and North Regional Departments. In FY06 and FY07, FHI continued these activities in these four departments and trained an additional 150 police officers as peer educators. Over the past several years, FHI has increased collaboration with the HPN and UN to promote messages for increasing HIV/AIDS activities among the police.

**ACTIVITIES AND EXPECTED RESULTS:**

**ACTIVITY 1:** Using the UNAIDS HIV/AIDS training curriculum and related materials which were adapted for the HPN in FY07, prevention will continue into be incorporated into the basic training curriculum of the national police academy. In FY07, 10 HPN Trainers were trained on the implementation of the curriculum; technical assistance will be provided to the HPN Health Unit trainers in FY08 to refresh their skills in utilizing the HIV/AIDS curriculum. HPN Trainers will be trained in focusing on topics such as partner reduction, secondary abstinence, fidelity, changing social norms (e.g. reduction of domestic abuse), discussing various means of entertainment, importance of partner communications, drug and alcohol abuse, and attending counseling and testing services. Messages will also be tailored to meet the needs of women in the uniformed services since they are the minority.

**ACTIVITY 2:** Follow up training and supervision will be provided to 300 police peer educators trained in FY05 - FY07 to improve their interpersonal communication and counseling skills; 25 new police peer educators will be trained in FY08. The increase in peer educators in FY08 will allow for expansion of the peer-to-peer police educators into all 10 departments in Haiti. After training, Peer Educators will conduct outreach to their peers with target messages to promote behavior change such as fidelity, secondary abstinence, partner reduction and CT testing. FHI will make regular supervisory visits to oversee the police peer education program and provide technical assistance to improve outreach activities and to utilize innovative models to build HIV self risk assessment and behavior change strategies. During these sessions service men and women will be encouraged to know their status, inform them of where they can find services and assist them in developing personal risk reduction plans to increase protective behaviors. Peer educators will also discuss issues related to sexual violence and gender issues, couple communication and increased responsibility among males in reducing risky behavior and HIV transmission. It is anticipated that police will target messages to promote AB messages, predominately B messages, to approximately 1,000 of their peers.

**Activity 3:** FHI will continue advocating for appropriation and promotion of the HIV/AIDS program within the headquarters (PNH, Customs and Immigration). Quarterly meetings will be held to build upon awareness raised in FY07 of the need for better integration and support of the program within the PNH network. Main issues to be addressed include anti-discrimination and anti-stigma policies within the workforce. It is anticipated all 10 departmental heads will participate, and assist with the peer training in their department. Monitoring and Evaluation of these activities including data collection, use, quality and feedback will also be a continued and focused effort in FY08.

**Emphasis Areas:**

Community Mobilization/Participation  
Development of Network/Linkages/Referral Systems  
Information, Education and Communication  
Training  
Workplace Programs

**TARGETS:**

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB): N/A

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful: 1000

Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful: 25

**Target Population:**

Adults  
Police Officers  
Uniformed Services

**Key Legislative Issues:**

Addressing male norms and behaviors

**Coverage Areas:**

National

**Activity Narrative:**

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

## Target Populations

### Special populations

Most at risk populations

Military Populations

**Table 3.3.02: Activities by Funding Mechanism**

**Mechanism ID:** 4732.08

**Prime Partner:** World Relief Corporation

**Funding Source:** Central GHCS (State)

**Budget Code:** HVAB

**Activity ID:** 8154.08

**Activity System ID:** 17248

**Mechanism:** Track 1 ABY: Mobilizing Youth for Life

**USG Agency:** U.S. Agency for International Development

**Program Area:** Abstinence and Be Faithful Programs

**Program Area Code:** 02

**Planned Funds:** \$356,314

**Activity Narrative:** SUMMARY: World Relief (WR) Haiti's Mobilizing Youth for Life (MYFL) program will continue focusing on abstinence and be faithful (AB) interventions through churches and schools that mobilize youth, church leaders, parents and schoolteachers. Specific target populations include children and youth, girls, boys, primary school students (aged 10-24), secondary school students (10-24), adults, men, women, out-of-school youth, religious leaders, volunteers, teachers, and faith-based organizations. The activities will take place in towns and villages in two, and possibly three, regional departments: the West, including Port-au-Prince, and the South East, including Jacmel. The expansion to Artibonite Department (including Gonaives) has been postponed due to security issues. This will be revisited in the coming year.

**BACKGROUND:**

These activities are part of ongoing HIV awareness and prevention efforts initiated in 2000 that were scaled up beginning in 2004 with central funding from The President's Emergency Plan for AIDS Relief (PEPFAR). The activities described here began in 2004 with PEPFAR funding. WR Haiti implements the activities in close collaboration with the Ministry of Health (MOH) and the community, but without any other official partners. The support given to this project by the MOH is evidenced by our agreement with the MOH in which WR will mobilize the church on health topics, including HIV/AIDS. WR has also been accepted as the representative of the Protestant Churches to the MOH. Because WR is known as the pioneer of church mobilization related to behavior change based on abstinence and being faithful, we are invited to participate in all youth-related activities and curriculum development by MOH. Program activities address gender issues with the goal of achieving equal participation of girls or women and boys or men (currently, 40% of participants are female), and ensuring that at least 30% of the HIV program staff are women. In the church context, we promote not only respect for women but comprehensive gender equity. WR's peer educator curricula for youth age 10-14 and 15-24, Choose Life, address gender-based violence and sexual coercion. They empower youth to resist sexual coercion and equip them with life skills to make wise choices as they grow up. Microfinance activities within WR Haiti allow young women to access credit, thereby empowering them to resist solicitation and combat vulnerability associated with economic need. The vast majority of our microfinance clients are women.

**ACTIVITIES AND EXPECTED RESULTS:** We will carry out four main activities in this program area.

**ACTIVITY 1:** The first activity is to mobilize and educate youth in churches through peer education and youth clubs. These activities build the capacity of the youth to educate and influence each other. Sports activities also play a major role in mobilizing the youth in church communities. The regular contact the youth have at clubs, meetings and social events helps them to sustain their commitment to AB behaviors.

**ACTIVITY 2:** The second activity is to educate youth in schools through HIV education. The project will also explore peer education in schools during FY07 and FY08, with ongoing relationships between the peer educator and staff for support and strengthening. By promoting abstinence only to pre-adolescents and abstinence and be faithful to older youth, the project seeks to reduce the number of youth having sex before age 15. MYFL Haiti targets youth aged 10-24. Special emphasis will be placed on encouraging children aged 10-14 to choose abstinence before marriage as the best way to prevent HIV and other sexually transmitted infections (STIs), consequently delaying sexual debut. Youth who have had sexual experience will be provided counsel and referred to voluntary counseling and testing (VCT) centers. It is known that a sizeable number of youth in the target population have reported being sexually active. These will be encouraged to practice secondary abstinence. Referrals and linkages between AB outreach and counseling and testing outlets will be strengthened. Youth in schools will be encouraged to join after-school clubs that continue dialogue, engage in community service to people living with AIDS, and provide accountability for avoiding AIDS.

**ACTIVITY 3:** The third activity is to train adults to support youth AB activities. Training influential adults helps the youth to sustain their AB behavior commitments through support, encouragement and advocacy. It also helps parents and teachers think about their own lives as important role models to youth. Sunday school teachers are trained to provide AB education in Sunday school activities to target church youth who do not attend church youth group meetings. Parent meetings will be held in schools, to advocate the importance of the commitment of youth to A or B, to encourage support of their decisions, and to stress the importance of modeling healthy sexual behaviors in the home.

**ACTIVITY 4:** The fourth activity is community mobilization through mass media, including continuation of the radio program and the distribution of pamphlets and magazines with AB messages and information about STIs and issues relating to HIV/AIDS. Behavior change messages are reinforced when they are repeated from multiple sources, which helps to facilitate longer lasting change. In addition to WR's published curricula, which have been widely accepted by WR's partners and which maintain the quality of training interventions and integrity of AB messages, WR Haiti regularly writes and distributes pamphlets and magazines that encourage interest and determination of youth to upholding their commitments.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 8154

**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28929	8154.28929.09	U.S. Agency for International Development	World Relief Corporation	11776	4732.09	Track 1 Mobilizing Youth for Life	\$713,262
8154	8154.07	U.S. Agency for International Development	World Relief Corporation	4732	4732.07	Track 1 ABY: Mobilizing Youth for Life	\$329,213

## Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	11,100	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	200	False

## Indirect Targets

1,000,000 listeners in project area reached with AB messages by a weekly radio program in Port-au-Prince

## Target Populations

### General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

### Special populations

Most at risk populations

Street youth

### Other

Religious Leaders

Teachers

## Coverage Areas

Artibonite

Ouest

Sud-Est

**Table 3.3.02: Activities by Funding Mechansim**

**Mechanism ID:** 4731.08

**Mechanism:** Track 1 ABY: Abstinence & Risk Avoidance Among Youth (ARK)

**Prime Partner:** World Vision International

**USG Agency:** U.S. Agency for International Development

**Funding Source:** Central GHCS (State)

**Program Area:** Abstinence and Be Faithful Programs

**Budget Code:** HVAB

**Program Area Code:** 02

**Activity ID:** 8155.08

**Planned Funds:** \$240,000

**Activity System ID:** 17249

**Activity Narrative:** This activity is linked to activity ID 18065.08. 12363.08,10655.08.

**SUMMARY:** This Track 1 Abstinence and Risk Avoidance (ARK) Project on La Gonave Island and Central Plateau is related to the local mission-funded SAFENET Plus OVC Project. Prevention efforts will focus largely on quality training/retraining animators, youth peer educators and youth 10 to 14, 15 to 19, and 20 to 24 year-olds in value-based life planning/skills for A and/or B behaviors and peer education. Emphasis areas include: Training, Quality Improvement (QI) and Supportive Supervision, Community mobilization/participation, Information, Education and Communication, and Linkages/Referral. Youth will be supported by an enabling family and community environments by training parents, teachers, leaders and other adults and provision of communication tools. ARK will be carried out in ten (10) World Vision's Area Development Programs (ADP's- established programs which focus on long-term interventions in the areas of health, education, water and sanitation, economic development and agriculture) and their surrounding areas, located in 2 departments: Western (La Gonave Island—Anse a Galet and Pte-A-Raquette) and Central Plateau (Hinche, Thomassique, Thomonde).

**BACKGROUND.** In October 2005, using Track 1 funds, ARK started in Central Plateau followed by La Gonave Island on April 2006. As the lead agency, World Vision, an FBO, is partnering with Johns Hopkins University Center for Communication Programs. JHU has been carrying out HIV-related communication on ABY with PEPFAR funding for the past three years. ARK's program approaches support the government of Haiti's national HIV/AIDS strategies and have the explicit support of the 2 department ministries that deal with youth and/or HIV/AIDS, e.g., Ministry of Public Health and Population and Ministry of Education. A particular focus will be on girls and young women especially OVC followed by boys and young men, and "influentials" and "enablers". Trainings will emphasize vulnerability factors that put girls and young women at increased risk of HIV infection, increasing male and female youth's perception of risk of contracting HIV associated with multiple and concurrent partners and how to address them. Youth leadership will ensure a balance in male and female representation. PEPFAR funds are matched by World Vision's private funds for HIV/AIDS programs.

**ACTIVITIES AND EXPECTED RESULTS:**

Activity 1. Training will be the core activity: Ten (10) trained field animators and 202 trained youth Peer Educators will undergo refresher trainings in value-based education for 10 to 14 year-olds, new training for 15 to 24 year-olds which includes the Journey of Hope (educational course focused on reduction of concurrent partners), and use of Observing U Check How (OUCH) quality improvement checklist. An additional 100 youth PEs will be trained to expand reach. Each PE-led group of 20 youth will form a youth action group (yag) and subdivided into: Clubs of Abstinent youth and Clubs of Be Faithful youth. The latter will be encouraged to go for VCT. Out of these yags, a Youth Advisory Groups (YAGs) per ADP will be formed and trained to provide oversight to youth-led activities. Field animators will be equipped to train adult/parent Peer Educators, which will include faith leaders, teachers and community leaders (PEs) on HIV/AIDS education, attitudinal barriers to effective communication about sexual health and healthy choices, challenging harmful norms which are barriers to (+) healthy practices. Each adult PE will educate 20 adults. Each of the 20 member-group will constitute an adult/parent action group (a/pag) = 20 a/pags or A/Parents Clubs.

Activity 2. Quality Improvement and Supportive Supervision. Animateurs and youth peer educators will be monitored in the use of OUCH to assess the quality of the delivery of learning sessions. Youth will be trained in using the ARK passport to determine and monitor individual risk behavior. Adult/parent communication guide will be streamlined. To ensure standardization, the M&E data collection tools will be reviewed; M&E Officer trained in conducting random spot checks of these tools for correct and consistent use.

Activity 3. Community mobilization/involvement. Community meetings planned for listening clubs by communities will be piloted in selected sites. These groups will determine critical 'success' factors for application to other sites.

Activity 4. Information, Education and Communication. ARK will contract with 4 broadcasting radio stations to air radio spots and soap opera (parent-youth dialogues). Youth and parent radio listening clubs will hold post-radio dialogues. To create entertainment opportunities for youth, sports, music, dramas, etc will be promoted so that young people may enjoy themselves without increasing their risks to acquire HIV/AIDS and other sexually transmitted diseases.

Activity 5. Referrals/Linkages. "A and/or B" interventions will be linked to a continuum of care where it exists, so that both youth and adults will know where they can go for information/assistance on HIV-related health issues, and VCT.

ARK contributes to the overall global PEPFAR objective of preventing 7 million new HIV infections especially among youth.

Emphasis areas:Level of Effort  
Training50%  
QI and Supportive Supervision 25%  
Community mobilization and involvement 10%  
Information, Education and Communication10%  
Linkages/Referral5%

**Targets:**

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB): 4000

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful: 10,000

Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful: 750

**Activity Narrative:** Target Populations:  
 children/youth  
 adults  
 community and religious leaders  
 teachers

Key legislative issues: Gender

Coverage areas:  
 Northern Central Plateau: Hinche, Thomonde, and Thomassique  
 La Gonave: Anse-Galet and Pointe a Raquette

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 8155

**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28930	8155.28930.09	U.S. Agency for International Development	World Vision International	11777	4731.09	Track 1 Abstinence & Risk Avoidance Among Youth (ARK)	\$368,654
8155	8155.07	U.S. Agency for International Development	World Vision International	4731	4731.07	Track 1 ABY:Abstinence & Risk Avoidance Among Youth (ARK)	\$597,006

**Targets**

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	10,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	4,000	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	750	False

**Indirect Targets**

## Target Populations

### General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

### Other

Religious Leaders

## Coverage Areas

Centre

Ouest

**Table 3.3.02: Activities by Funding Mechanism**

**Mechanism ID:** 4156.08

**Prime Partner:** World Concern

**Funding Source:** GHCS (State)

**Budget Code:** HVAB

**Activity ID:** 5238.08

**Activity System ID:** 17244

**Mechanism:** N/A

**USG Agency:** U.S. Agency for International Development

**Program Area:** Abstinence and Be Faithful Programs

**Program Area Code:** 02

**Planned Funds:** \$450,000

**Activity Narrative:** INTEGRATED ACTIVITY FLAG: This activity relates to AERDO's Activity Narratives for Orphans and Vulnerable Children (OVC) and Palliative Care (PC) for Cooperative Agreement # 521-A-00-06-00013-00. This activity is linked to activity ID 10111.08, 5411.08.

**SUMMARY:**

The proposed activities are to: 1) train community leaders, religious leaders and other influential persons to clearly articulate traditional, community and faith-based values regarding HIV-prevention and 2) establish preventative HIV education programs for children and youth. Trainings and prevention education programs based on abstinence and being faithful will raise awareness, reduce stigma, and empower beneficiaries to make good life choices. The emphasis areas are training (major: 60%), community mobilization (minor: 25%), linkage with other sectors (minor: 15%), information/education/communication (minor: 10%), quality assurance (minor: 10%) and strategic information (minor: 10%). The primary target populations are children and youth, community leaders, NGOs/PVOs, volunteers, men and women (including those of reproductive age), out-of-school youth, religious leaders, public and private health care workers, and HIV-positive children (5-14 years). Coverage area includes West, Northwest, North, South, Central Plateau, Southeast, and Artibonite.

**BACKGROUND:**

This activity is expanding on the current PEPFAR-funded COP 07 ABY activities carried out by AERDO in Haiti. Each partner agency will work with the Haiti Ministry of Health (MOH) at the community level, and WCDO will also coordinate with the MOH at the national level. Implementing the program are WCDO (lead agency), SA, FOCAS and World Hope. FH will be a technical consultant. All are NGOs. WCDO and all sub partners will disseminate accurate information regarding prevention, which we believe to be efficacious toward behavioral changes. Religious leaders, community leaders and other influential persons will also be mobilized and trained to provide support in making important life choices. All these activities will be channeled through each agency's church and community-based networks. AB activities will be gender balanced with at least 50% of the beneficiaries being female. Ensuring access to AB activities for females will help to reinforce their capacity to manage and negotiate their sexuality. Women trained through Activity 1 will be encouraged to serve as mentors to younger girls.

**ACTIVITIES AND EXPECTED RESULTS:**

**ACTIVITY 1:** Enable community leaders, religious leaders and other influential persons to clearly articulate traditional, community and faith-based values regarding HIV-prevention. This target group will attend training conferences designed to build their capacity using FH's "Abstain, Be Faithful," and as appropriate, correct and consistent use of condoms (ABC), use of AIDS awareness curriculum, educational methods and counseling techniques. AERDO will include all elements of ABC teaching in the adult education model, with an emphasis on AB. Booklets summarizing the key concepts will be distributed to training participants. Influential persons--teachers, community health workers, parents etc.--will be mobilized to refer youth, including sex workers, for Voluntary Counseling and Testing (VCT) services. PEPFAR funds will be used to recruit and train local leaders. This includes the print and distribution of the booklet summarizing key concepts. During the current funding year, AERDO has been able to reach 1,353 individuals through this activity.

**ACTIVITY 2:** Community and Religious Leaders trained in activity 1 will form Men's clubs and Couples clubs within their church and local community network. This new activity will utilize the leader's ability to implement the ABC curriculum using the adult education model. Groups will meet monthly and will focus on messages of fidelity, partner reduction, appropriate messages to build skills in personal risk assessment, improve couples communication, and referrals to CT. Each leader will form one group of 4 men or 3 couples for a total of 300 groups formed, and 1500 reached.

**ACTIVITY 3:** Establish preventative HIV behavior change programs for children and youth. Drama and music will be used to emphasize abstinence and behavior change for children and youth. Working with local churches, promoters will train youth leaders in preventative HIV education using the World Relief "Choose Life" manual. These youth leaders will, in turn, train other youth group members. Upon the successful completion of the preventative education program, pledge cards will be provided, offering the youth participants the opportunity to commit to abstinence. Youth leaders and youth group members will also be encouraged to share the lessons learned with their parents and caregivers. In addition, promoters will give prevention messages at youth camps and special community events--marches will be organized during carnival, Memorial Day and International AIDS day to reach additional beneficiaries with messages about HIV transmission and prevention. PEPFAR funds will be used to recruit youth into Youth-2-Youth (Y2Y) groups and to conduct ABY programming. Funds will also be used for community events that will further disseminate accurate information about HIV prevention. During the current funding year, AERDO has been able to reach 18,193 individuals through this activity.

**EMPHASIS AREAS:**

Training (major: 60%), community mobilization (minor: 25%), linkage with other sectors (minor: 15%), information/education/communication (minor: 10%), quality assurance (minor: 10%) and strategic information (minor: 10%)

**TARGETS:**

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB):

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful: 10,000

Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful: 2,500

**KEY LEGISLATIVE AREAS:**

In regard to the issues of U.S. Legislative interest, please note that for every activity, AERDO will track the number of beneficiaries who are female so that at least 50% are girls, preferably higher. Male norms and behaviors are addressed in the A and B trainings, using peer educators. Stigma and discrimination will be

**Activity Narrative:** reduced through the HIV/AIDS training on transmission and prevention which will demystify and destigmatize the disease.

**COVERAGE AREAS:**  
West, Northwest, North, South, Central Plateau, Southeast, and Artibonite.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9352

**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
9352	5238.07	U.S. Agency for International Development	World Concern	5156	4156.07		\$420,000
5238	5238.06	U.S. Agency for International Development	World Concern	4156	4156.06		\$555,405

**Targets**

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	10,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	2,500	False

**Indirect Targets**

## Target Populations

### General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

### Other

Religious Leaders

## Coverage Areas

Artibonite

Sud

Centre

Nord

Ouest

Sud-Est

Nord-Ouest

**Table 3.3.02: Activities by Funding Mechanism**

**Mechanism ID:** 4125.08

**Prime Partner:** PLAN International

**Funding Source:** GHCS (State)

**Mechanism:** NGO Alliance

**USG Agency:** U.S. Agency for International Development

**Program Area:** Abstinence and Be Faithful Programs

**Budget Code:** HVAB

**Program Area Code:** 02

**Activity ID:** 5234.08

**Planned Funds:** \$350,000

**Activity System ID:** 17220

**Activity Narrative:** Integrated Activity Flag: This activity is linked to Activity IDs 10665.08, 11181.08 and 10129.08.

**SUMMARY:**

FY08 activities will maintain success with the one-to-one youth peer messages with high risk, out of school and in school youth. Activities with migrant populations will be increased, Geographically, services will expand into underserved rural areas not before reached through prevention programming. These activities are split funded 20% OP, 80% AB.

**BACKGROUND:**

This program is ongoing, having begun during FY06. The program operates in the North East region of Haiti, which has a population of 300,000 and is one of the most underserved and rural departments in Haiti. As a result, this department faces multiple factors with regards to transmission of HIV including high rates of mobility across the border contributing to prostitution and transactional sex; high levels of poverty; illiteracy in more than half the residents; and stigma. The program is implemented through sub-partners: Centres pour le Développement et la Santé (CDS) operating in rural Ouanaminthe; Fondation Pour la Santé Reproductrice et l'Education Familiale (FOSREF) operating in urban Fort Liberte ; and Volontariat Pour le Développement d'Haïti (VDH) operating in urban Ouanaminthe. For Fiscal Year (FY) 2008, VDH will work with Promoteurs Objectif ZEROSIDA (POZ) to expand AB services into the more rural communes of Trou du Nord, Terrier Rouge and Caracol in partnership with the Ministry of Education.

**ACTIVITIES AND EXPECTED RESULTS:**

Activity 1: PLAN will expand on its peer education for adult migrant populations (especially men) which began in FY07, by adding more peer educators to target this population. The main themes addressed include sexual responsibility, high-risk sexual behaviors, fidelity, and the importance of CT. An additional 50 migrants will be trained as peer educators who will conduct activity sessions bi-weekly for other migrants, adding to the 100 trained in FY07. Songs, sketches, mini-films, mimes, jingles will be produced and disseminated in public parks, public transportation stations, and other gathering places addressing themes on HIV/AIDS prevention. Activities will be organized during regional celebrations and during cockfights addressing the same themes. Community dialogues, debates and forums will be organized in areas and sites where migrants are frequent visitors. Key themes such as sexual responsibility for men, sexual violence against women, risk of concurrent partnerships, and advantages of fidelity will be discussed. Referrals to counseling and testing, condom outlets, and care and treatment services will be provided.

Activity 2: Sub-Partners VDH and POZ will train additional Youth Peer Educators (YPEs), focusing on rural and underserved areas of Trou du Nord, Terrier Rouge and Caracol. YPEs will operate either within their schools or their communities to implement HIV/AIDS activities that will help them develop behavior change strategies to manage their risk of infection. YPEs will provide counseling to their peers on abstinence, including secondary abstinence, personal risk assessment, and reducing sexual partners. Referrals will be made to STI treatments, CT, OVC programs, and condom outlets and family planning services when appropriate. By the end of COP08 20 YPEs will be identified for the three rural communes. Each YPE is expected to reach at least 30 of his or her peers (YPEs will be equally represented among the sexes). Thus, among the total of 20 rural YPE's, and the 100 YPEs previously trained, 3600 youth will be reached with AB messages.

Activity 3: New Anti-AIDS clubs will be established in rural underserved areas. These will follow the model of the 10 clubs established in FY07 which was developed by FOSFER and encourages youth to take ownership in planning and designing club activities. YPEs will organize periodic information sessions around key topics to promote abstinence and being faithful messages. These meetings will provide youth with a venue for discussing HIV topics such as risky behaviors, "sugar daddies", abstinence, secondary abstinence, fidelity, sexual health and hygiene, self esteem and gender, correcting myths around HIV transmission, and providing referrals to condom outlets when appropriate, CT, care or support services to reduce stigma and discrimination. The clubs will serve to reinforce positive behavior change and identify "youth champions" who can be role models for their peers to reduce HIV infection among youth. It is anticipated that up 300 youth will be reached through the Anti-AIDS clubs.

Activity 4: FOSREF and VDH will also hold large group rallies twice a year in rural areas surrounding patron saints days and special HIV/AIDS days (such as World AIDS Day). More frequent rallies and events such as sports play-offs, theatrical presentations, etc. will be held in urban areas. The events will be run in partnership with all the consortium members; and the organization assigned to the area will take the lead in the coordination of all partner activities for the particular event. These rallies will have messages that promote healthy behavior decisions in the direction of abstinence and/or being faithful. It is estimated that 20,000 individuals will be reached through rallies in COP08.

**EMPHASIS AREAS:**

Training  
Information, Education, and Communication  
Community Mobilization/Participation  
Development of Networks

**TARGETS:**

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB):

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful: 7000

Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful: 260

**TARGET POPULATIONS;**

Youth  
Migrant Workers  
Men

**KEY LEGISLATIVE ISSUES:**

**Activity Narrative:** Gender equality issues  
Stigmatization of HIV/AIDS

**COVERAGE AREAS:**  
Communes Fort Liberté, Ferrier, Ouanaminthe, Trou du Nord, Terrier Rouge, Caracol, Capotille, Mont  
Organisé, and Carice.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9781

**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
9781	5234.07	U.S. Agency for International Development	PLAN International	5138	4125.07	NGO Alliance	\$299,000
5234	5234.06	U.S. Agency for International Development	PLAN International	4125	4125.06	NGO Alliance	\$370,000

**Targets**

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	7,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	260	False

**Indirect Targets**

**Target Populations**

**Special populations**

Most at risk populations

Street youth

## Coverage Areas

Nord-Est

**Table 3.3.02: Activities by Funding Mechanism**

**Mechanism ID:** 3323.08

**Prime Partner:** Management Sciences for Health

**Funding Source:** GHCS (State)

**Budget Code:** HVAB

**Activity ID:** 9791.08

**Activity System ID:** 17188

**Mechanism:** Basic Health Services

**USG Agency:** U.S. Agency for International Development

**Program Area:** Abstinence and Be Faithful Programs

**Program Area Code:** 02

**Planned Funds:** \$0

**Activity Narrative:** Integrated Activity: This activity is linked to Activity IDs 9683.08, 9937.08, 9937.08, 10109.08, 12430.08, 12421.08, 17789.08, 4347.08 and 9676.08.

**SUMMARY:** Management Sciences of Health (MSH), the institutional contractor for USAID's integrated health services umbrella mechanism, will receive prevention funds to target at-risk adults and youth with abstinence and be faithful (AB) prevention messages. These targeted efforts will continue to ensure sustainable interventions for promoting prevention activities through the local non-governmental organizations (NGOs) that receive funding under MSH's umbrella mechanism. Umbrella mechanisms provide the administrative structure and management capacity to build strong local institutions and generate involvement of local NGOs and CBOs through direct technical assistance and funding by the lead partner. Building on past investments to strengthen the capacity of the network of health NGOs in Haiti, the USG will provide support to include HIV/AIDS prevention into the provision of a basic package of health services for vulnerable groups in Haiti. The NGO sub partners form a network of nearly 100 service delivery sites that provide access to basic health services to nearly 3.2 million people. Another 30 public sector service delivery sites are supported under this project to assist the MOH in hard-to-reach communities throughout the country. This program is 50-50 split funded with AB and OP funds.

#### BACKGROUND

With last year's successful elections, the new government has signaled a strong desire to improve basic social services throughout Haiti, including attention to HIV/AIDS prevention. The new government's program recognizes that in order to respond to basic health needs, more efforts are required to encourage the involvement of NGOs and the private sector. As a result, the GOH has indicated support for continuing to forge public private partnerships in the rebuilding of Haiti's health sector and the delivery of basic services. Many of USAID's existing NGO partners are in a strategic position to better integrate Being Faithful messages targeted to couples, men engaging in high risk sex with multiple partners, and sexually active youth between 15-24 years of age. Many of these NGOs already have organized programs through mother's clubs, father's clubs, youth associations and have expressed interest in incorporating HIV/AIDS prevention methods. Recent DHS data on HIV prevalence and behavioral determinants point to the need to target parts of the country with the highest HIV/AIDS prevalence rates, such as Nippes, North and the North East Regional Departments, the latter on the border with the Dominican Republic, with the most frequently used border crossing.

#### ACTIVITIES AND EXPECTED RESULTS

**ACTIVITY 1:** MSH will provide 15 NGOs funding to conduct advocacy activities among community leaders to change community norms in supporting messages to reduce risky sexual behavior. Community leaders, church members, adult volunteers and parents will be trained in planning and implementing abstinence and behavior change programs within their ongoing health and community development programs. Up to 30 adult leaders will be trained (2 from each NGO) who will in turn train up to 20 adults peer educators within their NGO network for a total of 300 adults trained. Adult peer educators will provide information, education and communication services to their peers, including: counseling for discordant couples, promoting messages on mutual fidelity, monogamy, partner reduction and personal risk assessment. Referrals for HIV counseling and testing (CT) will be promoted so adults can know their status and focus on behaviors to reduce chances of being infected or transmitting HIV to others. During community events, discussions will be held around gender based violence, transactional sex, couple communications and messages which increase community advocacy and support changes in community norms for reducing high risk behavior. Over 6,000 adults will be reached through this activity.

**Activity 2:** A special focus will be placed on "Being Faithful" interventions which target men where they commonly congregate, such as brothels, sporting events, pubs, clubs, community and social events. Again, efforts will be undertaken to target USAID's network of father's clubs, as well as men through male networks of local celebrities, entertainers, artisans, and transportation networks. Messages targeting these male groups will reinforce themes of fidelity, partner reduction, avoidance of commercial sex and linkages to condom outlets. The needs of HIV discordant couples will be addressed through targeted counseling and education as well as referrals to CT. Counseling and behavior change education on prevention of transmission for HIV positive persons, "prevention for positive" will be an integral part of all prevention efforts. Efforts will be made to train male adult leaders and youth, to better target messages to men in supporting behavior change and reducing the spread of HIV.

**ACTIVITY 3:** Support will be given to youth focused NGOs to accelerate abstinence and being faithful programs for youth, most of them out of school and working in the informal sector. Specifically, up to 20 youth peer/counselors (per 15 NGO/CBOs) will be trained for a total of 300 youth who will target their peers with be faithful and risk reduction messages. It is anticipated that these youth will be identified from the existing NGO network receiving funding under MSH, such as youth groups and clubs, local musician networks, sporting associations, local civic associations and community groups. Many of these networks are in security "hot spots" (areas inaccessible due to violence and instability in the past few years) and are targets for USAID's new three-year strategy to support the Government of Haiti in its rebuilding efforts. It is anticipated that civil society groups will promote youth in the planning, design and implementation of training and outreach efforts in order to maximize youth ownership and buy-in. Following training, youth peer educators will conduct outreach activities during community events such as carnival, World AIDS Day, sporting tournaments, youth camps, music jamborees and activities frequented by youth. It is anticipated that each peer educator will reach about 50 peers each during the period for a total of 15,000 youth reached with AB messages. Sexually active youth will be referred to condom outlets, CT, and linkages to other USAID reproductive health services, including family planning.

**ACTIVITY 4-** MSH will work with the organized groups of traditional faith leaders to develop and implement prevention activities. According to the last DHS there is a 12% prevalence rate among Haitian traditional faith parishioners. MSH will perform an assessment to determine the behaviors that lead to high transmission rates within this population in order to best develop messages and activities to reach this group. MSH will work with the leaders to develop HIV/AIDS ABC messaging most appropriate for the population according to risky behaviors identified within the target population. Know your status messages will be stressed in this population as well, with referrals to CT locations. It is anticipated that 20 traditional faith healers will be trained as educators and leaders, and will promote ABC within their communities for a total of 2000 traditional faith practitioners reached.

Emphasis Areas:

Community Mobilization/Participation20-60

**Activity Narrative:** Information, Communication, Education20-60  
 Development of Network/Linkages/Referral Systems 10-40  
 Local Organization Capacity Development 10-40

**TARGETS:**

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB):

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful: 23,000

Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful: 620

**Target Populations:**

Street Youth  
 Out of school youth  
 Couples  
 Men  
 Women

**Coverage Areas:**

National

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9791

**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
9791	9791.07	U.S. Agency for International Development	Management Sciences for Health	5146	3323.07	Basic Health Services	\$440,000

**Targets**

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	23,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	620	False

**Indirect Targets**

## Target Populations

### General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

### Special populations

Most at risk populations

Street youth

**Table 3.3.02: Activities by Funding Mechanism**

**Mechanism ID:** 5276.08

**Prime Partner:** Education Development Center

**Funding Source:** GHCS (State)

**Budget Code:** HVAB

**Activity ID:** 9790.08

**Activity System ID:** 17172

**Mechanism:** Education Partner

**USG Agency:** U.S. Agency for International Development

**Program Area:** Abstinence and Be Faithful Programs

**Program Area Code:** 02

**Planned Funds:** \$150,000

**Activity Narrative:** Integrated Activity: This activity links to Activity ID 11179.08.

**SUMMARY:** In FY 2008, the USG will provide funds to the Haiti Out-of-School Youth Livelihood Initiative (IDEJEN), implemented by the Education Development Center, to target high risk out-of-school youth ages 15-24 with HIV/AIDS prevention messages integrated into their ongoing livelihoods program. IDEJEN will continue an established collaboration with the Foundation for Reproductive Health and Family Education (FOSREF), Management and Resources for Community Health (MARCH) and Fondation pour le Developement et l'Encadrement de la Famille Haitienne (FONDHEF). IDEJEN will initiate new partnerships to provide technical assistance in developing prevention strategies. Partnership building, capacity building of CBOs and the engagement of adult stakeholders such as parents and teachers are also key elements of the approach. IDEJEN will collaborate with its partners to reach out-of-school youth including OVC, restavek (marginalized domestic servants) and street youth ages 10-24 with a focus on youth ages 15-19. Peer educators will provide at-risk youth with referral information to counseling and testing (CT), sexually transmitted infection (STI) treatment and condom outlets. This program is funded with 75% AB funding and 25% OP funds.

**BACKGROUND:** The IDEJEN program, funded by the USAID Education program has been implemented by the Education Development Center since 2003. IDEJEN works through community based youth-serving organizations (CBOs) through a sub-grant program and strengthens them to deliver much-needed education and job and life skills training. IDEJEN has developed an innovative program for out of school youth from marginalized pockets of Haitian society. Each CBO is provided with technical assistance in organizing the community, conducting community assessments and planning the program to maximum participation by parents/guardians and the youth themselves. This is an attempt to help communities drive out gang activity, take back their neighborhoods and empower out of school youth. CBOs are encouraged to work directly with the local authorities, MOH Departmental Directors, the Ministry of Youth and Social Affairs, and PEPFAR partners to ensure integration of prevention efforts targeting high risk youth 15-24 years of age. IDEJEN began initially with 650 youth between 15 to 20 years of age in three target zones— Port-au-Prince slum areas in the West Regional Department, Jeremie (peri-urban) in Grande Anse Regional Department and Mirebalais (rural) in the Center Regional Department. IDEJEN provides non formal basic education and vocational training to at-risk youth who have had no or limited primary education.

**ACTIVITIES AND EXPECTED RESULTS:**

**Activity 1:** With technical assistance, adult leaders, parents and program monitors will be trained to incorporate HIV/AIDS ABC prevention messages into their on-going life skills programs. AB and OP funds will be used to purchase HIV/AIDS materials and equipment for the peer education and outreach program.

**Activity 2:** Establishment of a youth HIV/AIDS peer education and counseling program. This activity will help each CBO to add an HIV/AIDS prevention peer education module into the ongoing training focused on high risk youth. Currently, the vocational training courses offered include sewing, plumbing, electrical works, auto repair, handicrafts, and processing of local agricultural products. This year a peer education component will be added. IDEJEN will hire a local HIV/AIDS Prevention Coordinator to plan and implement the peer education component. IDEJEN will select up to 200 youth leaders to be trained as Youth Peer Educators for HIV/AIDS Prevention. The IDEJEN Field Monitors will undergo a training of trainers (TOT) course and in turn be responsible for training the Youth Peer Educators with assistance from PEPFAR partners. Training will include information on HIV/AIDS transmission and prevention, sexual health and reproduction, self-risk assessment, developing risk reduction strategies, alcohol and drug abuse. In FY08, approximately 200 youth will be trained as Youth Peer Educators who will, in turn, reach about 3,500 youth with AB or ABC prevention messages.

Monitoring and Evaluation of these activities including data collection, use, quality and feedback will also be a continued and focused effort in FY08.

**Emphasis Areas:**

Community Mobilization/Participation 10-50  
Local Organization Capacity Development 10-50

**Targets:**

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB): N/A

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful: 3,500

Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful: 200

**Target Populations:**

Street Youth  
Children and Youth (not OVC)  
Out-of-School Youth  
Marginalized Domestic Servants

**Coverage Areas:**

West  
Grande Anse  
Central

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9790

**Related Activity:**

### Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28895	9790.28895.09	U.S. Agency for International Development	Education Development Center	11767	5276.09	EDC - IDEJEAN	\$150,000
9790	9790.07	U.S. Agency for International Development	Education Development Center	5276	5276.07	Education Partner	\$150,000

### Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	3,500	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	200	False

### Indirect Targets

### Target Populations

#### Special populations

Most at risk populations

Street youth

### Coverage Areas

Centre

Grand-Anse

Ouest

Table 3.3.02: Activities by Funding Mechanism

**Mechanism ID:** 3143.08

**Mechanism:** SmartWorks

**Prime Partner:** Academy for Educational Development

**USG Agency:** Department of Labor

**Funding Source:** GHCS (State)

**Program Area:** Abstinence and Be Faithful Programs

**Budget Code:** HVAB

**Program Area Code:** 02

**Activity ID:** 11058.08

**Planned Funds:** \$0

**Activity System ID:** 17157

**Activity Narrative:** Integrated Activities: This activity links to 6383.08

Summary:

The world of work is an ideal environment to reach large numbers of adults with HIV/AIDS prevention interventions. Providing access at the workplace to HIV/AIDS prevention information, as well as referrals to counseling and testing, HIV care and treatment services is an efficient and cost-effective way to prevent infections and to identify large numbers of persons in need of multiple HIV/AIDS services. SMARTWork and its "tripartite" alliance of labor unions, private sector employers, and Haitian ministries of health, education, and labor will reach large numbers of Haitian employees with HIV/AIDS risk elimination approaches emphasizing partner reduction, mutual monogamy, alcohol and drug abuse, 'know your status' messages.

During FY08, AED SMARTWork will implement the recommendations from the internal assessment conducted in August 2007 which recommends that SMARTWork implement an exit strategy that would build a legacy of enhanced capacity, particularly in the field of BCC and preventive education. Thus, in FY08 SMARTWorks will coordinate closely with local organizations' training or other services to build local capacity to provide prevention training in the workplace. In addition, SMARTWork will focus on building capacity within the existing enterprises to build in-house capacity for these enterprises to continue their HIV/AIDS prevention and education activities focusing on fidelity and reduction of partners within this population.

These activities are split funded 25% AB, 75% OP.

Background:

Initiated in 2002, Strategically Managing AIDS Responses Together in the Workplace (SMARTWork) fosters social dialogue around workplace HIV/AIDS prevention at national and enterprise levels, as well as stigma and discrimination reduction. Taking a bipartite (business-labor) approach at the enterprise level and a tripartite (business-labor-government) approach at the national level, SMARTWork aims to reduce HIV transmission through effective prevention programs, and encourage policies that provide for workplace protection and human rights of individuals affected and infected by HIV.

SMARTWork aims to target its efforts using evidence based strategies to respond to the epidemic. The workplace is a critical channel to provide HIV/AIDS prevention interventions. SMARTWork does this through workshops, outreach, and special events using a core group of trainers and outreach workers to deliver messages that foster fidelity, partner reduction, and condom use. Complementing and reinforcing these messages are workplace policies, IEC materials, and referrals to CT, STI, and care and treatment services.

Activities:

SMARTWork will continue their on-going activities focused on HIV/AIDS prevention within the workplace; but in FY08, activities will strive to build in-house capacity and ownership of the HIV/AIDS prevention program within local NGO's. In addition, activities will be executed in conjunction with established local NGO's working within the factories in order to transition the work from AED to local partners. It is recommended AED SMARTWork follow the assessments recommendation conducted in 2007 which determined that the current team of educators could be transferred to the VCT partners which next year will receive no direct funding from Smartwork but rather direct funding from PEPFAR. The educators could enhance pre-and post-test counseling by a wider array of preventive and educational activities addressing issues such as stigma. They could also work to enhance the capacity of those in the workplace to carry out independent educational activities so increasing autonomy and long-term sustainability of HIV prevention within the workplace.

1. On-site Prevention workplace activities: SMARTWork will train local Haitian NGO's (e.g. Bernard Mevs, City Meds) to conduct on-site workplace prevention education sessions for employees and management and train a cadre of peer prevention educators in each participating workplace. Communication messages and materials will be designed so as to target specific HIV/AIDS prevention needs of segments of the workforce, depending on their occupations, ages, gender and other risk factors.

This work will be carried out in factories and with worker unions, and will be a continuation of SMARTWork's program from previous years. A key component of the intervention will be messages of fidelity and reduction of partners, as well as encouraging workers and their partners to know their status, and to increase their access to HIV testing and counseling. For those testing positive or in need of STI treatment or treatment of opportunistic infections, referral mechanisms will be in place so that employees can easily go to sites where quality HIV/AIDS and STI care and treatment services are available, and reproductive health services may be accessed. These activities will be linked to PEPFAR supported CT sites and CT will be provided at Union events by City Med clinic.

Female focused activities: Similar to efforts with men, SMARTWork will work to build upon our experience with female workers to target them with key IEC messages that emphasize women's empowerment and usage of condoms and key negotiation strategies to protect themselves from HIV transmission.

2. Leveraging Union Partnerships: SMARTWork will continue to provide technical and financial assistance to Haitian Union confederations: CTH, OGITH and CATH to establish union-based prevention activities using union gatherings and written communication materials to expand SMARTWork's efforts to reach all 10 Haitian Departments. Unions have shown great progress towards achieving targets and SMARTWork will continue to engage with union leaders and their members as a primary channel for conducting behavior change outreach activities. Special focus will be given to incorporating these activities into ongoing union training programs, and building union capacity to develop their own HIV/AIDS prevention programs.

Emphasis Areas % Of Effort:

Information, Education and Communication 10 - 50

Training 10 - 50

Workplace Programs 51 - 100

Targets:

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB):

**Activity Narrative:** Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful: 1,500

Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful: 25

Target Populations:

Business community/private sector

Factory workers (Parent: Business community/private sector)

Unions

Key Legislative Issues:

Addressing male norms and behaviors

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 11058

**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
11058	11058.07	Department of Labor	Academy for Educational Development	5111	3143.07	SmartWorks	\$50,000

**Targets**

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	1,500	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	25	False

**Indirect Targets**

**Coverage Areas**

Nord

Ouest

**Table 3.3.02: Activities by Funding Mechansim**

**Mechanism ID:** 4712.08

**Mechanism:** Track 1 ABY: Scaling-Up Together We Can, Peer Education Program

**Prime Partner:** American Red Cross

**USG Agency:** U.S. Agency for International Development

**Funding Source:** Central GHCS (State)

**Program Area:** Abstinence and Be Faithful Programs

**Budget Code:** HVAB

**Program Area Code:** 02

**Activity ID:** 8099.08

**Planned Funds:** \$380,297

**Activity System ID:** 17160

**Activity Narrative:** The Scaling-Up Together We Can (TWC) project uses three outreach strategies—curriculum based interventions, peer to peer outreach, and edutainment events—to provide Haitian youth with knowledge and essential skills to avoid HIV infection. Partnership building, capacity building of the Haitian Red Cross (HRC), and the engagement of adult stakeholders such as parents and teachers are also key elements of the project.

TWC is a Track 1 ABY (abstinence and be faithful for youth) program active in two other countries (Tanzania and Guyana) in addition to Haiti. The project has been operational in Haiti since June 2004 and works in close collaboration with the Haitian Ministry of Health (MOH) and National AIDS Program (UCC) and has recently established a partnership with the Haitian Ministry of Youth. TWC is implemented in Haiti by the HRC which is a local (indigenous) organization. The activities in this country funded narrative are new and represent an expanded technical and partnership role for the American and Haitian Red Cross Societies. The project addresses gender issues through assuring 50% of its staff from project coordinators to peer educators are female. Curriculum and adult outreach interventions directly address cross-generational sex, multiple sex partner and early sexual initiation norms and behaviors. The project is currently seeking to improve female youth's access to life and job skills.

#### ACTIVITIES AND EXPECTED RESULTS:

**ACTIVITY 1:** Haitian youth in other areas of the country should benefit from TWC HIV prevention messages. In 2007 the ARC and HRC propose work to support indigenous NGO and CBO networks that target out-of-school youth. Both Red Cross Societies will provide technical assistance to USAID's Education Project, (IDEJEN) to incorporate HIV/AIDS prevention activities into their ongoing program which includes job and life skills. ARC will work through their Haitian Red Cross counterpart organization to roll out the TWC curriculum which is being successfully utilized in Haiti. ARC and HRC will provide training of trainers to IDEJEN to assist it in establishing a peer education program. To maximize the impact of this training, ARC and HRC will assist IDEJEN by further adapting the TWC curriculum for low literate youth incorporating innovative, yet evidenced-based approaches to reach out of school youth including role-plays, theater skits, games and other highly participatory interventions. In this manner, ARC and HRC will utilize TWC's participatory, skill building approach to introduce HIV prevention activities through IDEJEN's network of 12 CBOs. Technical assistance will be provided to 20 IDEJEN field managers to gain skills in the technical areas and learn effective approaches for promoting abstinence and being faithful to youth between the ages of 10-24. IDEJEN Field Managers will be trained in all components of the TWC curriculum which emphasizes abstinence (including secondary abstinence), being faithful to one's partner, and other healthy behaviors including condom use for high risk youth in accordance with Emergency Plan guidelines.

Both Red Cross Societies will also assist IDEJEN in the training of 60 adult stakeholders and adult volunteers in IDEJEN and its CBO network. This technical assistance will enable education managers and CBOs to better increase their skills in planning and implementing HIV/AIDS prevention programs within their ongoing vocational training programs for out of school youth. Improvements in programming will promote messages among partners to support interventions which reduce risky behavior and reduce HIV/AIDS transmission.

**ACTIVITY 2:** The HRC will benefit from job skills training manuals and methodologies currently used by IDEJEN. This will help the HRC further reduce the incidence of HIV among its in and out of school youth beneficiaries by better addressing economic factors influencing behavioral risk factors of Haitian youth. These objectives will be accomplished through the sharing of documents, lessons learned, observational visits to IDEJEN sponsored cyber centers, as well as through training that can be included as part of the TOT training outlined in Activity 1 above. ARC, HRC and IDEJEN will also examine approaches for linking HRC youth beneficiaries to IDEJEN sponsored cyber cafes and job and life skill trainings. The targets are to train 20 Field Managers as TOTs in establishing peer education program for promoting prevention through abstinence and/or being faithful and 60 adult leaders/volunteers in community mobilization for gaining parent involvement and community support for IDEJEN's CBO network in HIV/AIDS prevention activities..

These results contribute to the Emergency Plan 2-7-10 goals by preventing new HIV infections among Haitian youth through the improvement of knowledge, attitudes and skills pertaining to HIV/AIDS. The project addresses gender issues through assuring 50% of its staff from project coordinators to peer educators are female. Curriculum and adult outreach interventions directly address cross-generational sex, multiple sex partner and early sexual initiation norms and behaviors. The project is currently seeking to improve female youth's access to life and job skills.

#### HQ Technical Area:

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 8099

**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21636	8099.21636.09	U.S. Agency for International Development	American Red Cross	9383	4712.09	Track 1 ARC - TWC	\$756,350
8099	8099.07	U.S. Agency for International Development	American Red Cross	4712	4712.07	Track 1 ABY: Scaling-Up Together We Can, Peer Education Program	\$265,994

**Targets**

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	58,500	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	N/A	True

**Indirect Targets**

**Target Populations**

**Special populations**

Most at risk populations

Street youth

**Other**

Orphans and vulnerable children

## Coverage Areas

Nord

Nord-Est

Ouest

Sud-Est

Nippes

**Table 3.3.02: Activities by Funding Mechansim**

**Mechanism ID:** 4730.08

**Prime Partner:** Food for the Hungry

**Funding Source:** Central GHCS (State)

**Budget Code:** HVAB

**Activity ID:** 8153.08

**Activity System ID:** 17174

**Mechanism:** Track 1 ABY:Healthy Choices for Life

**USG Agency:** U.S. Agency for International Development

**Program Area:** Abstinence and Be Faithful Programs

**Program Area Code:** 02

**Planned Funds:** \$690,000

**Activity Narrative: SUMMARY:**

FH proposes to train community and religious leaders, volunteers, health workers, married couples, and teachers to clearly articulate traditional, community, and faith-based values regarding prevention and establish preventative HIV education programs for children and youth. Trainings and prevention education programs based on abstaining and being faithful will promote behavior change, raise awareness, reduce stigma, and empower beneficiaries to make good life choices. The emphasis areas include training (major: 40%), mobilizing the community (major: 45%), linking with other sectors (minor: 15%), providing information/education/communication (minor: 10%), ensuring quality assurance (minor: 10%), and providing strategic information (minor: 10%). The primary target populations are orphan and vulnerable children (OVC), street children, local youth, religious leaders, community leaders, parents of local youth. The coverage area includes the North West, North, Antimonite, Central Plateau, South, South East, West, Nippes and Grande Anse departments.

**BACKGROUND:**

This activity proposes to expand on the current PEPFAR-funded COP 07 Track 1 ABY activities carried out by AERDO in Haiti. Each partner agency will work with the Haiti Ministry of Health (MOH) at the community level, and World Concern, the lead agency of AERDO in Haiti, will also coordinate with the MOH at the national level. AERDO's current Track 1 ABY activities are gender balanced as at least 50% of the beneficiaries are female. Access to ABY information will be given through Youth to Youth (Y2Y) groups to reinforce their capacity to initiate behavior changes for healthier lives. Prevention messages will also be disseminated through Public Service Announcements (PSA) and other broadcast outlets. All these activities will be channeled through local partners.

**ACTIVITIES AND EXPECTED RESULTS:****ACTIVITY 1**

FH will continue to train religious leaders, volunteers, married couples, and mentors in being sexually faithful. This will enable married or long term relationship couples to appropriately address issues such as risk factors, sex, economics, and faithfulness. Promoters will conduct initial trainings. Each trained adult will, in turn, reach additional beneficiaries with FH's ABC awareness curricula. The Awareness Campaign will be a continuous process throughout the project in order to recruit the subsequent cohorts of beneficiaries. Promoters will continue to train religious leaders, teachers, community leaders and local volunteers and to reinforce the role of parents and other protective and supportive influences. Monthly meetings will empower parents to protect children and youth against premature, transactional, and cross generational sex, violence and coercion. PEPFAR funds will be used to recruit and train local leaders, recruit youth into Y2Y groups, conduct ABY programming and to sponsor community events that will further disseminate accurate information about HIV prevention. During the current funding year, 10,034 individuals have been reached through this activity.

**ACTIVITY 2**

The second activity is to establish preventive HIV education programs using drama, music, cultural events and sporting contests. AERDO will emphasize abstinence and behavior change for children and youth and recruit the third cohort of Y2Y groups. Working with local churches and schools, staff promoters will each train youth leaders in preventative HIV education. These youth leaders will, in turn, train additional youth for a total of 75,336 youth. Promoters will finalize training of the second cohort of Y2Y beneficiaries, and will continue to use the World Relief curricula "Choose Life" manual. Upon successful completion of the preventive education program, all cohorts will be provided with pledge cards, offering youth participants the opportunity to commit to abstinence and/or faithfulness. Youth leaders and youth group members will be encouraged to share lessons learned with their parents and caregivers. In addition, radio and TV PSAs based on the Year 1 Barrier Analysis will be produced and broadcasted and promoters will give prevention messages at youth camps. Lastly, marches will be organized during special events (e.g. Memorial Day, International AIDS day, Valentine's Day and Carnival) in coordination with PEPFAR partners and the MOH. During the current funding year, 76,409 individuals have been reached through this activity.

These activities relate to PEPFAR's 2-7-10. Stigma and discrimination will be reduced through the HIV/AIDS training on transmission and prevention. Community leaders will also raise awareness about cross-generational and transactional sex to reduce coercion and violence, thereby helping to avert new infections. These activities will expand upon the FY07 targets of 126,435 reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful and 42,671 individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful.

**EMPHASIS AREAS:**

Training (major: 40%), community mobilization (major: 45%)  
linkage with other sectors (minor: 15%)  
information/education/communication (minor: 10%)  
quality assurance (minor: 10%)  
strategic information (minor: 10%)

**TARGETS:**

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB):

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful: 75,336, 50-50 male female.

Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful: 30,500

**TARGET POPULATIONS:**

Youth  
Parents  
Religious Leaders  
Community Leaders

**KEY LEGISLATIVE ISSUES:**

**Activity Narrative:** Male norms and behaviors  
Stigma and discrimination  
cross-generational and transactional sex to reduce coercion and violence

**COVERAGE:**  
North West, North, Antimonite, Central Plateau, South, South East, West, Nippes and Grande Anse  
departments

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 8153

**Related Activity:**

#### Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28928	8153.28928.09	U.S. Agency for International Development	Food for the Hungry	11775	4730.09	Track 1 Healthy Choices for Life	\$534,207
8153	8153.07	U.S. Agency for International Development	Food for the Hungry	4730	4730.07	Track 1 ABY:Healthy Choices for Life	\$295,770

#### Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	75,336	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	30,500	False

#### Indirect Targets

340,000 indirect beneficiaries reached through media.

#### Target Populations

##### Special populations

Most at risk populations

Street youth

##### Other

Orphans and vulnerable children

## Coverage Areas

Artibonite

Centre

Nord

Nord-Ouest

Sud

Sud-Est

Grand-Anse

Nippes

Nord-Est

**Table 3.3.02: Activities by Funding Mechanism**

**Mechanism ID:** 3136.08

**Prime Partner:** Foundation for Reproductive  
Health and Family Education

**Funding Source:** GHCS (State)

**Budget Code:** HVAB

**Activity ID:** 11059.08

**Activity System ID:** 17175

**Mechanism:** N/A

**USG Agency:** HHS/Centers for Disease  
Control & Prevention

**Program Area:** Abstinence and Be Faithful  
Programs

**Program Area Code:** 02

**Planned Funds:** \$400,000

**Activity Narrative:** Integrated Activity: This activity links to Activity IDs 5434.08, 10126.08, 3903.06, 10663.08.

**SUMMARY:**

This project is the continuation of the FY07 FOSREF AB activities which are included and supported by the National AIDS Strategic Plan of the Ministry of Health (MOH). This program will continue to support comprehensive HIV/AIDS prevention programming with emphasis on AB, and to support interventions for youth and men at risk. Expansion of activities with adult men will occur in FY08. This activity is closely coordinated with Global Funded sites to avoid duplication. This program is split funded, 40% AB and 60% OP funds.

**BACKGROUND:**

The activities will continue to target sexually active youth that are tested in the FOSREF centers and will emphasize Secondary Abstinence in this high risk youth population as the best strategy to "stay negative." FOSREF will expand their program with men, particularly those who have very high risk sexual behavior, and will continue to address messages of being faithful. For FY08, FOSREF will utilize the findings of the PLACE study which showed strategies to address overpopulated, suspected high transmission areas in Carrefour and communal sections in Artibonite and the North to better target their youth services. These activities will be linked to USG supported on-site CT. These activities will continue in the following departments: Artibonite, North, North-East, West, South, and South East.

**ACTIVITIES AND EXPECTED RESULTS:**

Activity 1: IN FY08, FOSREF will expand its outreach with male clients of commercial sex workers and unemployed men. In FY07, the program provided peer education for clients of commercial sex workers and unemployed men. In FY08 FOSREF will increase the number of peer educators trained to work with clients and fixed partners of the CSWs. The main themes that will be addressed include reduction of concurrent partnerships, high-risk sexual behaviors, fidelity, and the importance of CT. The program will use songs, sketches, mini-films, mimes, and jingles as well as peer to peer IEC. These will be produced and disseminated in public parks, public transportation stations, in front of bars, brothels, on beaches. Activities will be organized during regional celebrations and during cockfights addressing the same themes. Community dialogues, debates and forums will be organized in areas and sites where men are frequent visitors, with media coverage of the debates by the community radio stations, addressing the same themes which will be coordinated with all BCC prevention partners through the PEPFAR BCC TWG. The program will conduct interventions in the media discussing similar messages; which will be followed up with skill-building sessions by the peer educators that build on and reinforce the theme of the media messages. The men will be referred to USG supported CT at FOSREF's CT sites.

Activity 2: FOSREF will address the needs of high risk, sexually active youth. In FY08 FOSREF will utilize the findings of the PLACE study to target the most at risk youth in densely populated, underserved areas. The project will continue work in close collaboration with youth associations in the most marginalized areas around the centers. The program will promote peer dialogue addressing themes such as: secondary abstinence (promotion of CT services and secondary abstinence post testing), being faithful, perception of risk, partner reduction, negotiation skills, gender equity, self-esteem, and sexual violence. Peer educators will refer youth to FOSREF's USG supported youth centers for testing and treatment of sexually transmitted infections, CT, and other reproductive health services. These youth centers will make referrals to care, support, and treatment services when needed.

The program will continue to emphasize the post-test clubs that deliver messages about secondary abstinence. The program will also train street youth in HIV/AIDS prevention using the adapted educational material elaborated by FOSREF. In order to reach street youth not participating in the clubs, youth club members will conduct skits and dramas monthly to encourage safe sexual behaviors. New for FY08, FOSREF will host 'competitions' amongst the different youth clubs, this will allow the youth clubs to interact with one another and showcase their skits to each other and the community at large. Linking activities with the PEPFAR Behavioral Change Communication Task Working Group (PEPFAR BCC TWG), FOSREF will organize media programs to address themes against sexual violence, cross generational sex, promotion of secondary abstinence, importance of CT and knowing one's status, and staying negative. The program will continue to emphasize the use of adapted skits, jingles, radio talk shows with the community groups that will be produced and coordinated with all prevention partners. The program will reinforce the social opportunities for the most vulnerable kids, including street kids and kids involved in gang activities. FOSREF will provide basic short technical trainings (e.g. mechanics, handcrafting, floral arts, masonry, carpentry, sewing, arts-and-crafts, and computers); elementary classes for literacy; and support for school reintegration of secondary school kids who have abandoned school. The program will link with rehabilitation programs for young girls, and also with other education and micro-finance programs supported by USAID/Haiti.

**EMPHASIS AREAS:**

Community Mobilization/ Participation 10-50  
Information, Education and Communication 10-50  
Development of Network / Linkages / Referral Systems 10-50  
Training 10-50  
Linkages with Other Sectors and Initiatives 10-50  
Local Organizational Capacity Development 10-50

**TARGETS:**

# of individuals reached through community outreaches that promote HIV/AIDS prevention through Abstinence and / or Being Faithful: 7,700

# of individuals trained to promote HIV/ AIDS prevention through Abstinence and / or Being Faithful: 150

**TARGET POPULATIONS:**

Out-of-school youth  
Community-based organizations  
Street youth  
Secondary school students  
Men (including men of reproductive age)

**KEY LEGISLATIVE ISSUES:**

**Activity Narrative:** Addressing male norms and behaviors  
COVERAGE AREAS: Artibonite, North, North East, West, South, South East

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 11059

**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28902	11059.2890 2.09	HHS/Centers for Disease Control & Prevention	Foundation for Reproductive Health and Family Education	11769	3136.09	FOSREF	\$400,000
11059	11059.07	HHS/Centers for Disease Control & Prevention	Foundation for Reproductive Health and Family Education	5123	3136.07		\$200,000

**Targets**

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	7,700	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	150	False

**Indirect Targets**

**Target Populations**

**Special populations**

Most at risk populations

Street youth

## Coverage Areas

Artibonite

Nord

Nord-Est

Ouest

Sud

Sud-Est

HMBL - Blood Safety

Program Area: Medical Transmission/Blood Safety

Budget Code: HMBL

Program Area Code: 03

**Total Planned Funding for Program Area: \$3,500,000**

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

**Program Area Context:**

In 2006-2007 the National Blood Safety Program (NBSP) in Haiti expanded the national blood collection and distribution network from 16 to 30 sites. The volume of blood available for transfusion also increased, with 8308 units collected in the first six months of 2007. This represents 61% of the total number of units collected in 2006, and puts the blood service on target to produce more than 16,000 units of blood in calendar year 2007. Still, for a population of approximately 8.5 million with an estimated annual demand of approximately 25-30,000 units, additional work is required to increase the donor pool and remove barriers that prevent patients from accessing the blood that is available.

In FY08 PEPFAR will continue to support the Ministry of Health's National Blood Safety Management Unit which administers the NBSP. The management unit serves as the secretariat for the National Blood Safety Committee which is mandated with developing national guidelines on the clinical use of blood. The NBSP provides funds to three sub-partners (PSI, GHESKIO and the Haitian Red Cross) to attain the following program goals: (1) increasing the blood supply through the recruitment of voluntary, non-remunerated donors (VNRD); (2) gaining a better understanding of what motivates voluntary blood donors in the Haitian context; (3) ensuring that all units collected are screened for HIV, HBsAG, HCV, VDRL, and HTLV 1-2 at a central laboratory; (4) ensuring the proper storage and transportation of blood; and (5) reducing the barriers facing patients to access available blood. Through a sub-contract with the Haitian Red Cross, the Management Unit will, in FY08, work to increase the availability of safe blood through a national network of blood collection centers and blood banks. This network will link the 30 blood collection and banking centers to each other, to the hospitals they supply, and to the central laboratory in the capital, Port-au-Prince. PEPFAR will support the implementation of appropriate technologies to improve communications and cold-chain logistics throughout the network. Emphasis will continue to be placed on seeking renewable energy sources to support the cold chain infrastructure. It is hoped that the use of alternative energy sources will have a positive follow-on effect for the sustainability of these programs. Support will also continue in the area of expanding mobile blood collection which has been successful in increasing the proportion of donations from unpaid volunteers. Mobile units have also been instrumental in filling shortfalls in collections from fixed sites during periods of political instability. The management unit will also continue to coordinate with the Global Fund, which contributes funds to the HRC for blood collection and screening. In FY08, the management unit will actively seek additional sources of funding to complement PEPFAR funds. In FY06 and FY07 joint work plans (GF and PEPFAR) were developed to track separate funding by activity, this collaboration will continue in FY08. In FY07 the NBSP began procuring laboratory supplies through SCMS. This relationship has helped streamline the program's supply chain and reduce overall procurement costs and will also continue in FY08.

The NBSP will continue its relationship with Population Services International (PSI) in FY08. PSI, a specialist in social marketing, will continue to support mobile and fixed location blood drives with print, broadcast and other marketing materials. Current marketing activities in conjunction with mobile blood collections have increased the percentage of voluntary blood donation from 5.4% in 2004 to more than 47% in the first 6 months of 2007. These activities will be supported and expanded in FY08. PSI will also work with the NBSP and the HRC to recruit donors from communities not currently targeted by the communications strategy, e.g., neighborhoods, health facilities, schools, and businesses near two new satellite blood collection centers that are planned for Port-au-Prince.

GHESKIO will continue to be supported by the NBSP to provide QA/QC for the blood screening laboratory.

In FY07, Emergency Plan funds were used to renovate the National Blood Center laboratory, which is operated by the Haitian Red Cross. (Work on the renovation began in the second half of calendar year 2007.) When complete, this renovation will allow the HRC and NBSP to increase the production of blood products (e.g., platelets) and speed turnaround time for test results. Improving access to blood products will improve transfusion options for physicians who have been trained in the appropriate use of blood in prior years of the project. Reducing Haiti's dependence on whole blood will also increase the overall availability of blood since up to 1.5 units of blood products can be fractionated from a single unit of whole blood.

As noted above, the NBSP will support the HRC to relocate its main blood collection center from its headquarters in downtown Port-au-Prince to two satellite sites closer to the communities where blood donors live and work. This relocation will, it is hoped, increase the volume of blood collected in the capital, which supplies more than half of the national blood supply. The vacated space in the headquarters building will be taken over by the HRC laboratories, which perform HIV, HbsAG, HCV, VDRL and HTLV screening on every unit of blood collected by the 16 collection posts in the national network. The expanded lab space will allow the HRC to screen more blood and return results to the 16 regional blood banks in a timelier manner. The expansion will also allow the HRC to separate and supply the national network with more blood products (e.g., platelets). As the hub of the blood distribution network, the HRC laboratory will strengthen existing relationships with private sector couriers to ensure that blood samples from the regional collection posts continue to be delivered on time and in a manner that preserves the cold chain.

With support from PAHO, the HRC and NSBP will develop a long-term training plan for laboratory technicians and physicians. This training will be accomplished through new Twinning relationships with universities and other expert groups (e.g., American Red Cross).

The HRC, and not the MOH, holds overall responsibility for the blood supply under a 1986 law; with the initiation of PEPFAR funds to the MOH for blood safety, the HRC and the MOH have worked toward improving their coordination and communication, and have been successful in coordinating their administrative activities. In 2005 the Ministry of Health started the legislative process with the interim government to draft new legislation that would reassert the ministry's regulatory authority over the whole blood service. The legislation, which is currently under review by parliament, would continue to recognize the HRC as the primary implementing partner. It is hoped the new law will be passed in calendar year 2007.

Lastly, as the volume of safe blood increases in Haiti, additional resources will be devoted to identifying and removing barriers to access. Currently, links between blood banks and hospital wards are weak, and family members are usually charged with ensuring that blood is delivered from the blood bank to a ward. Training and logistical advice will be provided by PAHO and CDC to help address some of the issues (e.g., a lack of funds to pay for transportation or an ice chest) that prevent family members from delivering blood in a timely manner. It is also hoped the NSBP will also benefit in 2007 from an energy needs assessment by the USAID energy team based in Washington.

Targets:

Number of service outlets/programs carrying out blood safety activities: 38

Number of individuals trained in blood safety: 300

## **Program Area Downstream Targets:**

3.1 Number of service outlets carrying out blood safety activities

38

**Custom Targets:****Table 3.3.03: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 4738.08	<b>Mechanism:</b> Track 1 Blood Safety
<b>Prime Partner:</b> Ministre de la Sante Publique et Population, Haiti	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> Central GHCS (State)	<b>Program Area:</b> Medical Transmission/Blood Safety
<b>Budget Code:</b> HMBL	<b>Program Area Code:</b> 03
<b>Activity ID:</b> 8160.08	<b>Planned Funds:</b> \$2,400,000
<b>Activity System ID:</b> 17196	

**Activity Narrative:** SUMMARY: The project's main objective is to provide a safe and adequate blood supply to people living in Haiti's 10 Departments. All program activities are coordinated by the Ministry of Health's National Blood Safety Program (NBSP) through a national network of Blood Service outlets. At the end of FY07 this network consisted of 31 service units nationwide, including the National Blood Center (NBC) in Port-au-Prince.

BACKGROUND: Since 1986, the Haitian Red Cross (HRC) has been mandated by law to manage the blood transfusion system in Haiti. However, in 2004 only about 9,000 units of blood were available for transfusion for a population of approximately 8.5 million. This shortfall indicated a significant need to strengthen the blood service to meet the demand, estimated at between 20,000 and 40,000 units per year. To address this issue, the NBSP was established with PEPFAR support. Within the MOH the National Blood Management Unit was established to administer the program. The National Blood Safety Committee was established to develop national policies and guidelines. The Haitian blood system is comprised of a network of 18 blood collection and distribution centers supported by a central laboratory and 12 blood banks or blood depots (projected end of FY07). The goals of the program include (1) To increase the proportion of blood donated by volunteer, non-remunerated donors (VNRD); (2) to ensure that 100% of all donated units are adequately screened for HIV, HBsAG, HCV, syphilis, and HTLV 1-2; and (3) to ensure proper storage, transportation, and distribution of blood under cold chain conditions. The NBSP has sub-contracts with the HRC to manage the collection, screening and distribution network; with Population Services International (PSI) for donor recruitment support; and with GHESKIO for laboratory QA/QC.

ACTIVITIES AND EXPECTED RESULTS: The following activities will contribute to the PEPFAR 2-7-10 goals by reducing the incidence of transfusion-associated HIV infections. They will also strengthen the overall health sector through training, QA/QC oversight, and outreach activities to build public trust in the MOH.

Activity 1: Continue to implement the Quality Management System throughout the national blood service network and ensure that samples from all blood collected by the 18 blood collection units and mobile blood drives are screened for HIV, HBsAG, HCV, syphilis (VDRL), and HTLV 1-2 in a timely manner with adequate quality controls.

Activity 2: Expand the national blood service network from 31 to 38 service units by establishing 7 new blood depots. These depots will supply blood to local and/or regional hospitals. Increasing the availability of blood at peripheral hospitals will improve access to blood transfusion services for the community. We expect greater access to blood transfusion will have a positive impact on patient survival rates, especially for women and children. Work to expand the network will also include an initiative to strengthen the logistical network between peripheral sites and the National Blood Center laboratory in Port-au-Prince. All laboratory testing will continue to be done at the NBC, which was renovated with FY07 funds.

Activity 3: Strengthening the relationships between the Haitian Red Cross, PSI and the MOH's health promotion department to develop a large network of public "ambassadors" (promoteurs) to assist the blood service to recruit and retain VNRD. These individuals will help promote voluntary blood donation in their communities. This work will contribute to the blood service's goal of increasing the proportion of blood collected from VNRD from 40% to 80%. As the proportion of VNRD increases, the prevalence of HIV and other transfusion-transmissible infections is expected to continue decreasing from its current rate of 4% (all TTI).

Activity 4: Launching the National Blood Distribution Network. This system will improve the management of safe blood stocks, decrease blood wastage (e.g., sites with low stocks of certain blood types will use the network to identify excess stocks at nearby sites), and improve the public's access to safe blood. Improved communication, via conventional voice (i.e., cellular) and new e-mail systems, will enable relevant stock data to be shared in a timely manner. The MOH will achieve cost efficiencies by reducing the amount of blood lost to spoilage. Patients will benefit from an increased availability of blood throughout the network. The electronic communication network will be phased-in using appropriate technologies (e.g., local internet service providers instead of VSAT).

Activity 5: Strengthen links with other program areas. This work will ensure that advances in blood safety contribute to national public health goals. Priority will be given to regions or facilities with high rates of maternal mortality, as identified by the MOH division of family health. The blood service will also strengthen its referral system to ensure that donors who test positive for HIV or other infectious markers receive appropriate follow-up testing (VCT) and/or care and treatment. The blood service will also share guidelines and experiences with the National Public Health reference laboratory on testing methods and with the Expanded Program on Immunization (EPI) on ways to strengthen the national blood cold chain.

Activity 6: Begin implementing a solar energy strategy in part of the national blood service network. This strategy will help address a chronic lack of electrical power throughout the network. Some technical assistance in the area of solar and other energy options will be provided by USAID.

Activity 7: Increase the number of units of blood collected, especially from repeat VNRD. The goal is to collect 24,000 units of whole blood. Half of these units will be fractionated into blood products (e.g., platelets, fresh frozen plasma). Recruiting a larger pool of voluntary blood donors who donate several times a year will ultimately reduce mobilization costs and decrease the prevalence of TTI in the donor pool.

Activity 8: Continue training physicians, nurses and other clinical staff (e.g., midwives) in the proper clinical use of blood. In the first three years of the project, training focused on staff in the departmental hospitals. The training program will now be expanded to all clinical professionals in the departments who interact with the blood service. Training will also target blood bank managers to ensure that barriers to patient access are identified and removed. Additional training will be held within hospitals to strengthen hemovigilance committees. Reducing unnecessary blood transfusions will avoid unnecessary blood shortages. Removing barriers to patient access (e.g., requiring patients to provide their own cold boxes) will improve the public's trust in the blood service.

Activity 9: Monitoring and Evaluation. Information collected via the National Blood Distribution Network database will be constantly monitored and studied for trends. These data will be used to improve the program or blood transfusion practices in Haiti. Data will also be used to inform donor recruitment efforts.

Activity 10: Sustainability. Continue to advocate for increased funding from the national treasury. Diversifying the National Blood Safety Program's funding sources (currently dominated by PEPFAR) will ensure the long-term sustainability of the safe blood initiative in Haiti, and help Haiti reach its goal of eliminating patient fees for blood. These fees currently present a barrier to access for many poor Haitians. The NBSP will also continue to advocate for final passage of the new blood service legislation now before the Haitian parliament.

EMPHASIS AREAS:

Training

Network Development



**Activity Narrative:** Integrated Activity Flag: This activity is linked to Activity IDs 5471.08, 18849.08, 10353.08 and 4350.08. Blood safety activities are closely integrated with the Injection Safety and Laboratory Infrastructure program areas. Blood Safety also has linkages to maternal health aspects of the PMTCT program area; social mobilization activities in the Condoms and Other Prevention program area; patient referral systems and confidentiality issues under Counseling and Testing; and data collection and management under Strategic Information.

**Summary:**

The National Blood Safety Program (NBSP) will contract with SCMS to manage funds designated for the procurement of laboratory supplies and equipment. These supplies will be used by the Haitian Red Cross, which manages the National Blood Center laboratory, to screen every unit of blood collected nationwide (approximately 20,000 units/year) for HIV, HCV, HBV, syphilis, and HTLV-1 and 2. Additional supplies will be procured through this mechanism to support a network of 16-20 blood collection centers and blood banks around the country. Other supplies may be procured through SCMS to support a public health evaluation on the prevalence of malaria causing parasites and dengue fever viruses in donated blood.

**Background:**

The Haitian Red Cross has historically procured all of its own supplies, however in FY07, this responsibility was transferred to SCMS. This decision was taken in the interest of integrating the blood safety program's procurement system with the SCMS-supported system in place to support other PEPFAR activities in Haiti. To date, SCMS has supported the National Blood Safety Program with a laboratory supply needs assessment and filled the program's first procurement order in FY07.

**Activities:**

SCMS will receive and process orders for supplies from the Haitian Red Cross and the National Blood Safety Program in support of PEPFAR blood safety activities in Haiti. SCMS will further support the delivery of these supplies to Haiti (customs clearance, warehousing on arrival) and their distribution to the Haitian Red Cross or the National Reference Laboratory, if and where appropriate. The NBSP may also use some of the funds allocated to SCMS to request training in logistics, stock, and supply chain management strategies.

**EMPHASIS AREAS:**

Network Development  
Procurement/Commodities

**TARGETS:**

Number of service outlets/programs carrying out blood safety activities: 38  
Number of individuals trained in blood safety: N/A

**TARGET POPULATIONS:**

General Population  
Host Country Government Workers  
Health Care Providers

**COVERAGE AREAS:**

National

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 11057

**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28662	11057.2866 2.09	U.S. Agency for International Development	Partnership for Supply Chain Management	11697	6101.09	Track 1 SCMS - Blood Safety	\$1,100,000
11057	11057.07	U.S. Agency for International Development	Partnership for Supply Chain Management	6101	6101.07	Track 1.0 Blood Safety	\$600,000

## Targets

Target	Target Value	Not Applicable
3.1 Number of service outlets carrying out blood safety activities	14	False
3.2 Number of individuals trained in blood safety	N/A	True

## Indirect Targets

**Table 3.3.03: Activities by Funding Mechanism**

**Mechanism ID:** 4737.08

**Prime Partner:** World Health Organization

**Funding Source:** Central GHCS (State)

**Budget Code:** HMBL

**Activity ID:** 8159.08

**Activity System ID:** 17247

**Mechanism:** Track 1 Blood Safety

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Program Area:** Medical Transmission/Blood Safety

**Program Area Code:** 03

**Planned Funds:** \$500,000

**Activity Narrative:** INTEGRATED ACTIVITY FLAG:

Blood safety activities are integrated with the Injection Safety and Laboratory Infrastructure program areas. Blood Safety also has linkages to maternal health aspects of the PMTCT program area; social mobilization activities and prevention program area; patient referral systems and confidentiality issues under Counseling and Testing; and data collection and management under Strategic Information.

**SUMMARY:**

Overall Activities: WHO/PAHO provides technical assistance and training to the Haitian Ministry of Health/National Blood Safety Program (MOH/NBSP) and its partners (e.g., the Haitian Red Cross). This technical assistance covers all areas related to the development and implementation of a safe national blood system, including strategies for donor mobilization and recruitment, blood collection, laboratory screening, use of the cold chain to distribute blood and blood products and in clinical use of blood to reduce risk of unnecessary blood transfusions.

Emphasis Areas: WHO/PAHO provides technical support to the MOH/NBTP in all 17 Emergency Plan Emphasis areas. In FY08, this support will focus on ensuring quality throughout the blood collection, testing, processing, distribution, and transfusion system. PAHO will also work with SCMS on appropriate procurement choices for equipment and consumables. Supervision will place special emphasis on lab technicians engaged in the fractionation of whole blood into blood products. The NBC laboratory expanded and renovated in FY07 will allow the NBSP to substantially increase the production of fractionated units.

Primary Target Populations: Training of MOH/NBSP-NBC staff (donor recruitment and mobilization; laboratory QA/QC laboratory best practices; clinical use of blood; program administration), MOH clinical staff (clinical use of blood), Community leaders (donor recruitment and mobilization; social marketing) and the general population for general blood transfusion information,

Coverage Area: Nationwide.

**BACKGROUND:**

In Haiti, PAHO's Blood Service Program works with the National Blood Safety Program (NBSP), created by the Ministry of Health in 2004. The NBSP manages the national blood system in conjunction with the Haitian Red Cross, which currently holds the legislative mandate to supervise blood services activities in Haiti.

PAHO has provided technical assistance to the MOH throughout the development of the NBSP, and continues to work to strengthen the fledgling blood service's policies, guidelines and systems. PAHO coordinates its activities with the NBSP and tailors its training activities to respond to needs identified by the MOH/NBSP. PAHO's training activities are planned, organized and conducted by a PAHO blood transfusion consultant based in Haiti, in coordination with PAHO headquarters, the NBSP and local partners (e.g., Population Services International (PSI), the Haitian Red Cross). When appropriate, international and local experts are invited to lead these trainings.

The PAHO technical assistance program for blood safety contributes to PEPFAR's broader gender goals in Haiti through its work to reduce maternal mortality during childbirth. PAHO's training for nurses, phlebotomists and laboratory technicians also has had a positive impact on the professional development of Haitian women working in the healthcare field.

**ACTIVITIES AND EXPECTED RESULTS:**

**Activities:**

In COP 08, WHO/PAHO will continue to provide technical assistance to the MOH/NBTP in Haiti in the following areas:

1. Develop and advise on the implementation of new strategies to recruit and retain voluntary, non-remunerated blood donors (VNRD). The NBSP's goal in this area is to collect 100% of its blood from VNRD by 2010. (NBSP currently collects approximately 40% of its blood from VNRD, up from 5% in 2004.) PAHO will work with MOH/NBSP, HRC and PSI to strengthen the network of blood donor recruiters. Recruiters will be trained in the latest recruitment strategies. This will contribute to the NBSP's goal of collecting 100% of its blood from VNRD by 2010.
2. Support NBSP policies to ensure free access to blood for patients in public hospitals. PAHO will provide training and on-site supervision in logistics, stock management and timely delivery strategies to ensure a stable and consistent blood supply in Haiti. This training will help the MOH/NBSP to establish a national monitoring system and reduce the number of blood units lost to spoilage or improper storage. The enhanced system will also improve the delivery of blood to urgent cases and lead to a reduction in mortality due to a lack of blood, e.g., maternal hemorrhaging during childbirth. The monitoring system will enable relevant stock data to be shared throughout the NBTP network in a timely manner.
3. Support the development and strengthening of the NBSP's network of blood collection units, blood banks, and blood transfusion centers. This support will focus on ensuring the efficient transfer of blood samples to the NBC lab for testing; the return of blood test results to donors; the appropriate collection and management of patient data; routine and emergency communication between the NBSP headquarters and the rest of the network; and a strong logistics service that respects international cold-chain requirements for blood and reagents. PAHO will provide technical assistance and advice to the MOH/NBSP to develop and implement a QA/QC system throughout the NBSP's national network. Monitoring and evaluation (M&E) will continue for network sites where QA/QC was implemented in 2006. PAHO will work closely with USG partners and MOH/NBSP to conduct solar electrification assessments throughout the NBSP network to ensure a sustainable power supply for the blood cold chain.
4. PAHO will continue to play a key role in supervising and strengthening the NBTP's quality management program nationwide. PAHO will hold quarterly evaluation workshops for MOH/NBSP staff and relevant partners. The workshops are designed to identify best practices in use in the NBSP network and to address program areas/activities that may not be sustainable.
5. Training for physicians, nurses and allied healthcare workers in best practices and the appropriate clinical use of blood. PAHO will conduct training workshops for clinicians on the appropriate use of blood. PAHO will also support MOH/NBSP efforts to establish effective communication and coordination between clinicians and blood services.
6. PAHO will provide technical advice, as needed, to ensure renovation work begun in FY07 at the NBC is completed. PAHO input will include technical advice on the selection of standardized equipment and materials, especially in the NBC laboratory.
7. PAHO will provide technical input into the development of a national hemovigilance system. The PAHO consultant will support NBSP staff in the implementation of blood transfusion committees at hospitals conducting blood transfusion. The consultant will also provide technical assistance to analyze and develop action plans based on data collected through the hemovigilance system.
8. PAHO will continue its work with the MOH/NBSP/NBC to strengthen Haiti's national sustainability strategy. This will include working with the CDC project officer in Atlanta to diversify the sources of external financing available to NBSP.

**EMPHASIS AREAS:**

**Activity Narrative:** Training  
 Network Development  
 Community Mobilization  
 Policy and Guidelines  
 Quality Assurance/Quality Improvement Support Supervision  
**TARGETS:**  
 Number of service outlets/programs carrying out blood safety activities: N/A  
 Number of individuals trained in blood safety: 250  
**TARGET POPULATIONS:**  
 General Population  
 Host Country Government Workers  
 Health Care Providers  
**COVERAGE AREAS:**  
 National

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 8159

**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28954	8159.28954.09	HHS/Centers for Disease Control & Prevention	World Health Organization	11786	4737.09	Track 1 PAHO - Blood Safety	\$500,000
8159	8159.07	HHS/Centers for Disease Control & Prevention	World Health Organization	4737	4737.07	Track 1 Blood Safety	\$400,000

**Targets**

Target	Target Value	Not Applicable
3.1 Number of service outlets carrying out blood safety activities	14	False
3.2 Number of individuals trained in blood safety	300	False

**Indirect Targets**

HMIN - Injection Safety

Program Area: Medical Transmission/Injection Safety

Budget Code: HMIN

Program Area Code: 04

**Total Planned Funding for Program Area: \$1,621,170**

Estimated PEPFAR contribution in dollars	\$0
Estimated local PPP contribution in dollars	\$0

**Program Area Context:**

The Safe Injection Project, commonly known by the abbreviated project name Making Medical Injections Safer (MMIS), started in Haiti in 2004 with President's Emergency Plan for AIDS Relief (PEPFAR) funds. The main goal of this project is HIV/AIDS prevention through promotion of safe injections by implementing the three-step strategy recommended by Safe Injection Global Network (SIGN): change behavior of health care workers and patients to ensure safe injection practices; ensure availability of equipment and supplies; and manage waste safely and appropriately.

An assessment of injection safety and waste management issues was conducted in Haiti in 2004, and found a lack of national norms and standards for injection safety. The assessment revealed the following major injection safety issues including: unmotivated, untrained staff unaware of injection risk; a lack of injection materials; reuse of syringes for patients as a cost saving measure; lack of infrastructure for waste collection, treatment and disposal, including no municipal waste disposal and few working incinerators which resulted in waste accumulation on health facility grounds; and a lack of supervision of health facilities. To address these issues, the USG has implemented a program aimed at addressing these vast weaknesses in injection safety in Haiti. To prevent medical transmission of HIV and other bloodborne diseases, the USG began a program aimed at safely disposing of medical waste, particularly sharps waste resulting from injections. To reduce disease transmission via contaminated healthcare waste the USG has used innovative approaches, supportive supervision and coordination with key partners at both strategic and operational levels to improve Haiti's healthcare waste management systems.

To facilitate immediate disposal of needles and syringes after injection administration, locally manufactured wall-mounted devices were produced and distributed to USG-supported facilities. The wall-mounted devices allow safety boxes to be placed between every two beds in the clinical wards and in every room where injections are provided. This cost-effective approach reduces the opportunity for needlestick injuries by shortening the distance between the injection provider and the safety box. Currently, three facilities in Haiti: Food for the Poor, Haitian University Hospital (HUEH), and Citymed Hospital, are using the wall-mounted devices. Supervision visits in the fall of 2006 were conducted after the wall-mounted safety boxes were put in place and revealed continued challenges related to waste management, particularly in regards to the proper use of safety boxes. Incorrect assemblage and improper usage of the safety boxes, as well as limited regard for scheduled pick-up, were observed during the supervision.

To address these issues, USG supported campaigns to emphasize the importance of good waste management practices and how to properly assemble and use safety boxes. As an initial step to engage management, administrative staff and health care workers, the program requested reports on each facility's waste management needs and solicited feedback regarding the wall-mounted safety boxes. Using the information gathered from the reports, supervision visits were conducted regular meetings were held to provide support to the coordination teams at each facility. The coordination teams were then better able to train health workers on the appropriate use of the safety boxes and provide appropriate supervision. For FY08, safety boxes will be provided to seven additional sites.

The MMIS also collaborated with hospital management staff at the Food for the Poor Hospital to develop a community-based waste management plan. Community members were integrated into the local waste management committee, which determined the process for incineration and the timeframe for burning filled safety boxes. Community members also participated in a workshop to discuss how the facility's waste management system could be improved. In addition, the program incorporated a behavior change communications approach to reach often low-literacy waste handlers. A picture book was developed, pre-tested and finalized demonstrating proper waste management procedures to ensure safe disposal of health care waste.

To address the need for regulation of waste management, the USG supported the creation of a national committee for the security of injections which meets monthly. Under this committee, three major strategic documents have been produced: the National Policy, the Norms and Standards and the National Strategic Plan for Injection Safety. The committee has also provided collaboration for the implementation of an incinerator program funded by United Nations Children's Fund (UNICEF).

Training on injection safety and sharps waste management has been conducted in all antiretroviral therapy (ART) partner sites. Trainings have included health workers, nurses, sanitary officers, maintenance workers, waste management personnel, and nurse aides.

To address the issue of lack of incinerators, the USG has worked in collaboration with MOH, and assisted in the implementation of an incinerator program supported by UNICEF. Implementation strategy included: criteria for incinerator installation, site sampling and mapping, assessment of 40 facilities, selecting the sites and participation with UNICEF in the procurement process. Twenty-five sites have been chosen based on the criteria determined by the MOH, UNICEF and PEPFAR; and ten incinerators are currently in Haiti and are scheduled to be installed in October-December of 2007; the initial ten will be installed in 7 departments. Procurement and installation of the remaining 15 incinerators will occur in FY08.

The USG has supported advocacy efforts for reduction of unnecessary injection, in favor of auto-disposable syringes and also the adequate disposal of sharps and the new norms and standards.

This includes development and distribution of behavior change communication materials (posters, leaflets and audio messages) to promote better understanding and awareness of risks related to unsafe injection practices and poor management of sharps waste.

The MMIS program has achieved great success. In Haiti the average number of medical injections per person per year is 3.3. Currently, the percentage of people whose last injection was with a single use sterile syringe (from a new, unopened package) is 95.5%. In FY 2007 the USG Team scaled up the program coverage to reach six of Haiti's ten departments. To date, 88 facilities in Haiti have Safe Injection programs. In FY 2008, the USG will build on past successes while increasing the project's expansion to national coverage. The scaling-up process will include training in all of Haiti's 10 regions, and wall-mounted safety boxes will be provided to an additional 7 facilities. The target populations for interventions are health workers and other hospital/clinic staff to improve the safety of medical injections and waste management. Interventions for patients and communities targeting behavior change will continue in areas where health facilities have already received training and supplies. Based on information gathered in FY07, the project will develop strategies to address the safety of injections in the informal sector.

#### **Program Area Downstream Targets:**

4.1 Number of individuals trained in medical injection safety

3000

#### **Custom Targets:**

**Table 3.3.04: Activities by Funding Mechanism**

**Mechanism ID:** 4736.08

**Prime Partner:** John Snow, Inc.

**Funding Source:** Central GHCS (State)

**Budget Code:** HMIN

**Activity ID:** 8158.08

**Activity System ID:** 17186

**Mechanism:** Track 1 Injection Safety

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Program Area:** Medical Transmission/Injection Safety

**Program Area Code:** 04

**Planned Funds:** \$1,621,170

**Activity Narrative:** SUMMARY: The main goal of this project is to reduce the transmission of HIV/AIDS by promoting safe injections through implementing the three-part strategy recommended by the Safe Injection Global Network (SIGN): 1) Change behavior of health care workers and patients to ensure safe injection practices and reduce demand for unnecessary injections, 2) Ensure availability of safe injection equipment and supplies, 3) Manage sharps waste safely and appropriately. In FY08, JSI will expand the program to nationwide coverage.

BACKGROUND: The Safe Injection project started in Haiti in July 2004 with funds from PEPFAR. This project is commonly known by the abbreviated project name Making Medical Injections Safer (MMIS). The main goal of this project is to reduce the transmission of HIV/AIDS by promoting safe injections through implementing the three-part strategy recommended by the Safe Injection Global Network (SIGN). An assessment of injection safety and waste management issues was conducted in 2004, and the results revealed that there were no norms and standards for injection safety. Specifically, the problems were associated with the following identified issues: non-motivated, non-trained staff unaware of the risk associated with unsafe injections; lack of injection materials in health facilities; lack of infrastructure for waste collection, treatment and disposal which included no municipal waste disposal, and lack of supervision of health facilities.

These factors resulted in waste being accumulated on the grounds of the health facilities because of a lack of knowledge, lack of high performance incinerators, and lack of transportation and a municipal waste disposal system. Since the initiation of the PEPFAR funding for safe injections, JSI has been working to address the identified issues through training health care workers regarding safe disposal of shapes waste, distribution of wall mounted disposal boxes, supporting and strengthened the MOH to develop regulations, coordinating installation of incinerators throughout Haiti, and implementing a behavior change communication program targeted at health care workers and clients to reduce the demand for unnecessary injections.

#### ACTIVITIES AND EXPECTED RESULTS

The strategy for 2008 will be to strengthen what has been done in previous years while increasing the project's expansion to national coverage. This year MMIS will work in all ten (10) departments of Haiti.

Activity 1: Strengthen the MSPP's (Ministry of Health) capacity to implement safe and necessary injections as a quality standard in the curative sector. JSI will support dissemination of policies and norms, provision of technical and financial support to the National Task Force/MOH to conduct periodic meetings and field visits for supervision, improvement of awareness and advocacy for safe injection practices. Training will be conducted with health personnel and support staff in all health facilities at the departmental level. The training will cover safe injection practices, use of safe injection devices, improved waste logistics management training as well as interpersonal communication. Training will be conducted on a large scale in order to achieve nationwide coverage. Thus training will be conducted with, training of trainers, students at INSHAC and Nursing schools, prescribers, frontline health care providers, waste handlers, and supply managers in the four departments not yet covered.

Activity 2: Planning workshops will be conducted at the departmental level in the expansion departments (Artibonite, centre, Nord-Oeust and Oust) to improve injection safety and waste management in the facilities. This activity aims at designing and implementing plans for training roll out, supervision, logistics and supply (mainly syringes and safety boxes), BCC and sharp waste disposal. In FY08, MMIS will distribute wall-mounted safety boxes to an additional 7 sites.

Activity 3: Implementation of a behavioral change strategy to reduce unnecessary injections and promote safe injection practices. BCC materials produced during the FY07 will be disseminated. They were elaborated with the participation of BCC staff in all 10 departments. They consist of flyers, posters, radio and TV messages.

Activity 4: Strengthening systems to improve waste management in target areas. MMIS will continue to promote the need for a national waste management plan, will work with target department for the elaboration of waste management departmental plan, will help build two waste storage sites, will work with MOH and UNICEF for the installation of the new incinerators and ensure that the staff is properly trained to use them correctly.

Activity 5: Improvement of the logistics system for continuous supply of injection supplies: Procurement of injection safety materials for FY08 through the centrally-funded pooled procurement of MMIS, allocation of basic injection safety and waste disposal materials and equipment to all partner facilities, periodic collection of consumption data of IS materials, distribution of IS materials according to the national distribution plan of IS materials, and addressing specific implementation problems such as how to continue provision of essential materials to facilities. MMIS will work with the MOH procurement authorities to improve the logistics information system, MMIS will continue to sensitize the private sector suppliers and import authorities to the issues associated with injection safety equipment, and promote national procurement of safe injection equipment through partnership with the MOH, USG, PAHO and other donors and development partners.

#### EMPHASIS AREAS:

Commodity procurement

Logistics

IEC

Training

#### TARGETS:

1500 persons trained in Injection Safety (Prescriptions: Doctors and Nurses; Injection Providers: Nurses; Phlebotomists: Nurses and Laboratory Workers and Waste Handlers)

COVERAGE AREAS: National

#### HQ Technical Area:

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 8158

**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28957	8158.28957.09	HHS/Centers for Disease Control & Prevention	John Snow, Inc.	11788	4736.09	Track 1 JSI - Injection Safety	\$410,265
8158	8158.07	HHS/Centers for Disease Control & Prevention	John Snow, Inc.	4736	4736.07	Track 1 Injection Safety	\$0

**Targets**

Target	Target Value	Not Applicable
4.1 Number of individuals trained in medical injection safety	3,000	False

**Indirect Targets**

**Coverage Areas**

- Artibonite
- Grand-Anse
- Nord
- Nord-Est
- Sud
- Sud-Est
- Nippes

**HVOP - Condoms and Other Prevention**

Program Area: Condoms and Other Prevention Activities  
 Budget Code: HVOP  
 Program Area Code: 05

**Total Planned Funding for Program Area: \$3,300,000**

Amount of total Other Prevention funding which is used to work with IDUs \$0

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

**Program Area Context:**

**Program Area: Condoms and Other Prevention**

**Budget:**

**Program Area Narrative:**

Haiti has the highest rates of HIV infection in Latin America and the Caribbean and suffers the greatest burden of HIV in the Western Hemisphere. Haiti's generalized epidemic is fueled by poverty, high illiteracy rates, political instability and inadequate health and social services for the 8.5 million inhabitants of the country. The prevalence of HIV was estimated to be 3.8% by the last UNAIDS report and 2.2% by the latest Demographic Health Survey (DHS). According to the WHO, an estimated 280,000 people are living with HIV/AIDS in Haiti.

The most common mode of transmission for HIV in Haiti is heterosexual contact, with women comprising half of the infections. Knowledge of HIV/AIDS in the country is very high, and while erroneous ideas regarding modes of transmission persist amongst the general population, knowledge of prevention methods (abstinence, fidelity and condom use) is high as well. Yet, Haiti has a declining age of sexual debut, more than half of all men report engaging in sexual activity outside of their committed relationship, and condom use is very low.

Data from the Demographic and Health Survey (DHS) 2005 shows that condom use in Haiti has decreased. Indeed, data indicates that while 98% of never married women are sexually active, condom use among this group is barely 30%. In addition, condom use among youth (15-24) is even lower, putting them at risk for both HIV and unwanted pregnancy. Thus, in FY 08, a major focus of the USG PEPFAR team will be on condoms- procurement, distribution, and behavior change. While condoms will be stressed, ABC programming will be strongly encouraged in FY08 with 8 of the prevention partners receiving both AB and OP funds.

The only other source of non-commercial condoms in Haiti besides PEPFAR is United National Population Fund (UNFPA), which donates 24,000,000 per year for the MOH Family Planning Program. A recent assessment carried out by the USAID-supported Deliver Project ascertained that 38,580,000 condoms will be needed in 2008 to satisfy the needs of the national family planning and AIDS prevention programs. In FY 08, PEPFAR funds will be used to make up the gap between what UNFPA donates and the projected need. Through a recently established condom distribution working group at the MOH, collaboration with the UNFPA and the MOH will be strengthened to ensure that sufficient condoms are available through social marketing outlets, public sector and NGO hospitals and clinics and NGO community support and care programs. In related activities, PEPFAR will provide funding to PSI for social marketing and demand creation among at-risk populations and to other NGOs that create demand and distribute no-logo condoms.

In FY07, the USG PEPFAR team created a Behavior Change Communication Task Working Group (BCC TWG) for all of the PEPFAR prevention partners- AB, OP, Track 1, and NPI. This group held a retreat in May, during which the group mapped all prevention activities in the country funded by PEPFAR. This activity was a result of a recommendation by a 2006 Technical Assistance (TA) review; information from the mapping process highlighted an unequal distribution in OP programming between urban to rural areas, as well as the need to direct OP programming toward high risk adult males. In FY08, through PSI and MSH, condom outlets will be increased, focusing on a more balanced distribution throughout the country. 40 new condom outlets will be opened in FY08, 4 per department. These outlets will be established in rural or underserved areas of the country.

PEPFAR will continue and expand its work among high risk groups. Funding will be provided to POZ to assist them in finalizing and opening an additional MSM prevention, care and treatment clinic in Haiti in order to expand programming within this group. CSW clinics around the country, run by FOSREF, will continue to provide peer to peer outreach, condoms, counseling and testing, and STI diagnosis and treatment. These clinics also offer educational training courses for CSW's to build skills in areas other than commercial sex work. In FY08, PEPFAR will expand work with male clients of CSW's, with outreach to the clients through peer to peer counseling, referrals to USG supported counseling and testing will be provided as well as condoms. Work with the migrant population will be expanded in FY08 through programming by PLAN; additional migrants will be trained as peer educators on ABC messages in order to reach more of this high risk population. A new program in FY 2008 will focus on PLWHA, ITECH will translate, reproduce, and train counselors and social workers on the use of CDC's "HIV Prevention within the Care and Treatment Setting". Additionally, work with the general adult male population will be expanded in FY08 through partners such as MSH, the TBD BCC partner, and others. This work will stress the important of consistent condom use, as well as other 'B' prevention messages; will integrate behavior change activities into their programs to move beyond raising knowledge of HIV/AIDS. Referrals to CT will be stressed by all OP partners in FY08.

As the USG Team shifts the prevention portfolio from a high risk youth focused plan to a more balanced approach across generations, 'BC' messages will be emphasized, especially among the adult male population. With HIV rates peaking in women age 30-34, and men age 40-44, it is important to put heavy emphasis on the sexually active population in Haiti in order to promote behavior change. FOSREF, MSH, PLAN, and the TBD communications partner will all shift their programs to include more targeting of adult populations, mainly men, migrant workers, and clients of commercial sex workers. Geographic expansion of activities will occur in FY08 as well, as MSH targets adults in rural and underserved areas, the TBD communications partner expands programming into Nippes, POZ expands into the south, and Plan expands the work with migrant workers, mainly men, on the Northeastern boarder of Haiti and the Dominican Republic. In addition, other prevention messages will focus on risk reduction messages through media messages, and will be reinforced by interpersonal counseling techniques to encourage personal risk assessment skills among the sexually active.

**Program Area Targets:**

Number of targeted condom service outlets: 660

Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful: 508,175

Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful: 3,165

**Program Area Downstream Targets:**

5.1 Number of targeted condom service outlets	660
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	508175

5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful

3165

**Custom Targets:**

**Table 3.3.05: Activities by Funding Mechanism**

**Mechanism ID:** 5276.08

**Prime Partner:** Education Development Center

**Funding Source:** GHCS (State)

**Budget Code:** HVOP

**Activity ID:** 11179.08

**Activity System ID:** 17173

**Mechanism:** Education Partner

**USG Agency:** U.S. Agency for International Development

**Program Area:** Condoms and Other Prevention Activities

**Program Area Code:** 05

**Planned Funds:** \$50,000

**Activity Narrative:** Integrated Activity: This activity links to Activity ID 9790.08.

**SUMMARY:** In FY 2008, the USG will provide funds to the Haiti Out-of-School Youth Livelihood Initiative (IDEJEN), implemented by the Education Development Center, to target high risk out-of-school youth ages 15-24 with HIV/AIDS prevention messages integrated into their ongoing livelihoods program. IDEJEN will continue an established collaboration with the Foundation for Reproductive Health and Family Education (FOSREF), Management and Resources for Community Health (MARCH) and Fondation pour le Developpement et l'Encadrement de la Famille Haitienne (FONDHEF). IDEJEN will initiate new partnerships to provide technical assistance in developing prevention strategies. Partnership building, capacity building of CBO's and the engagement of adult stakeholders such as parents and teachers are also key elements of the approach. IDEJEN will collaborate with its partners to reach high risk out-of-school youth including OVC, restavek (marginalized domestic servants) and street youth ages 10-24 with a focus on youth ages 15-19, many of whom are sexually active. Peer educators will provide at-risk youth with relevant referral information to key AIDS services provided by other partners including HIV counseling and testing (CT), sexually transmitted infection (STI) treatment and condom outlets. Three-quarters of this program is funded with AB funds.

**BACKGROUND:** The IDEJEN program, funded by the USAID Education program has been implemented by the Education Development Center since 2003. IDEJEN works through community based youth-serving organizations (CBOs) through a sub-grant program and strengthens them to deliver much-needed education and job and life skills training. IDEJEN has developed an innovative program for out of school youth from marginalized pockets of Haitian society. Each CBO is provided with technical assistance in organizing the community, conducting community assessments and planning the program to maximum participation by parents/guardians and the youth themselves. This is an attempt to help communities drive out gang activity, take back their neighborhoods and empower out of school youth. CBOs are encouraged to work directly with the local authorities, MOH Departmental Directors, the Ministry of Youth and Social Affairs, and PEPFAR partners to ensure integration of prevention efforts targeting youth 15-24 years of age. IDEJEN began initially with 650 youth between 15 to 20 years of age in three target zones—Port-au-Prince slum areas in the West Regional Department, Jeremie (peri-urban) in Grande Anse Regional Department and Mirebalais (rural) in the Center Regional Department. IDEJEN provides non formal basic education and vocational training to at-risk youth who have had no or limited primary education.

**ACTIVITIES AND EXPECTED RESULTS:**

**Activity 1:** With technical assistance, adult leaders, parents and program monitors will be trained to incorporate HIV/AIDS ABC prevention messages into their on-going life skills programs. AB and OP funds will be used to purchase HIV/AIDS materials and equipment for the peer education and outreach program.

**Activity 2:** Establishment of a youth HIV/AIDS peer education and counseling program.

This activity will help each CBO to add an HIV/AIDS prevention peer education module into the ongoing training. Currently, the vocational training courses offered include sewing, plumbing, electrical works, auto repair, handicrafts, and processing of local agricultural products. This year a peer education component will be added. IDEJEN will hire a local HIV/AIDS Prevention Coordinator to plan and implement the peer education component. IDEJEN will select up to 200 youth leaders to be trained as Youth Peer Educators for HIV/AIDS Prevention. The IDEJEN Field Monitors will undergo a training of trainers (TOT) course and in turn be responsible for training the Youth Peer Educators with assistance from PEPFAR partners. Training will include information on HIV/AIDS transmission and prevention, sexual health and reproduction, self-risk assessment, developing risk reduction strategies, alcohol and drug abuse, and consistent and correct condom use. In FY08, approximately 200 youth will be trained as Youth Peer Educators who will, in turn, reach about 3,500 youth with ABC prevention messages.

Monitoring and Evaluation of these activities including data collection, use, quality and feedback will also be a continued and focused effort in FY08.

**Emphasis Areas:**

Community Mobilization/Participation: 10-50  
Information, Education and Communication: 10-50  
Linkages with other sectors and Initiatives: 10-50  
Local Organization Capacity Development: 10-50  
Training: 10-50

**Targets:**

Number of targeted condom service outlets: N/A

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful: 875

Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful: 50

**Target Populations:**

Street Youth  
Out-of-School Youth

**Coverage Areas:**

National

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 11179

**Related Activity:**

### Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28896	11179.2889 6.09	U.S. Agency for International Development	Education Development Center	11767	5276.09	EDC - IDEJEAN	\$50,000
11179	11179.07	U.S. Agency for International Development	Education Development Center	5276	5276.07	Education Partner	\$50,000

### Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	875	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	50	False

### Indirect Targets

### Target Populations

#### Special populations

Most at risk populations

Street youth

**Table 3.3.05: Activities by Funding Mechanism**

**Mechanism ID:** 3323.08

**Mechanism:** Basic Health Services

**Prime Partner:** Management Sciences for Health

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** Condoms and Other Prevention Activities

**Budget Code:** HVOP

**Program Area Code:** 05

**Activity ID:** 9937.08

**Planned Funds:** \$0

**Activity System ID:** 17189

**Activity Narrative:** Integrated Activity: This activity is linked to Activity IDs 9683.08, 9791.08, 18959.08, 10109.08, 12421.08, 12430.08, 17789.08, 4347.08 and 9676.08.

**SUMMARY:** Management Sciences for Health (MSH) was awarded USAID's new basic health services contract in 2007 for a period of three years, thus allowing them to continue the work of its Non-governmental Organization (NGO) health service delivery network in prevention education to target groups at high risk for HIV/AIDS. The NGO sub-partners form a network of nearly 100 service delivery sites that provide access to basic health services to nearly 3.2 million people. Another 30 public sector service delivery sites are supported under this project to assist the MOH in hard-to-reach communities throughout the country. USG will support these civil society NGOs that can be mobilized to quickly launch condom outlets and other prevention activities in some of the insecure "hot spots" targeting underserved most at risk population (MARPs) groups. Prevention activities will target parts of the country with the highest HIV prevalence rates and support NGOs and CBOs in the network to target these high risk groups. The 2005 Demographic and Health Survey (DHS) data suggest that while knowledge in ways to prevent HIV transmission is high—over 90%, condom use is low—30% and accompanied by high risk sexual activity. Partners will work with marginalized communes, peri-urban areas and secondary cities where major pockets of high risk activity take place to institute additional condom outlets. Training of network members will include building skills in risk self assessment, condom negotiation, counseling and testing and linkages to CT, raising issues related to gender and sexual violence and changing social norms. In 2008, NGO partners will sharpen the targeting of prevention efforts to five key MARP groups: sexually active youth aged 15 to 24; couples; men engaging in high risk sex; migrant/border populations, and traditional faith leaders. This program is 50-50 split funded with AB and OP funds.

**BACKGROUND:** Historically there have been only a few strong and widely recognized Haitian NGOs with the managerial and technical capacity to implement effective prevention and behavior change programs targeting specific high-risk populations. In FY 2006, PEPFAR leveled the playing field by expanding the use of the USAID umbrella NGO mechanism, the previous MSH contract, to strengthen the capacity of new smaller, nascent Haitian NGOs, CBOs, Faith-based Organizations (FBOs) and private sector entities to contribute to prevention efforts for targeted populations that typically engage in high-risk behavior. With the recent successful elections, the new government has signaled a strong desire to improve basic social services throughout Haiti, including attention to HIV/AIDS prevention and supporting public private partnerships in the rebuilding of Haiti's health sector. The condom activities and other prevention efforts in this activity are in line with this vision. Sub-partner NGOs working under the USAID umbrella mechanism will target parts of the country with the highest HIV prevalence rates, such as Nippes, the North and the North East Regional Departments, the latter on the border with the Dominican Republic, with the most frequently used border crossing.

#### ACTIVITIES & EXPECTED RESULTS

**Activity 1:** Support will be provided for advocacy and education by NGO and CBO partners to address key prevention themes, such as promotion of correct and consistent condom use, adoption of personal risk reduction strategies, encouraging HIV CT among MARPs and prevention education for people living with HIV/AIDS (PLWHA). These themes will be addressed in the following types of activities: 1) training in advocacy techniques for community leaders, 2) training of peer educators and counselors, 3) emphasis on "know your status" messages and 4) ensuring that there are effective referral systems between CT services and other HIV/AIDS care and treatment services for sexually active youth, couples and men. More aggressive targeting of prevention messages and condom social marketing to MARPs will be done through USAID civil society networks.

**Activity 2:** A special focus will be placed on interventions which target men where they commonly congregate, such as brothels, sporting events, bars, clubs, community and social events. If possible special efforts will be made to reach unemployed young men, street traders, members of the informal sector, and divorced men. Efforts will be undertaken to target USAID's network of father's clubs, as well as men through male networks of local celebrities, entertainers, artisans, and transportation networks. Messages targeting these male groups will reinforce themes of fidelity, partner reduction, avoidance of commercial sex, gender violence, alcohol and drug use, as well as condom use. The needs of HIV discordant couples will be addressed through targeted counseling and education as well as referrals to CT services and HIV care and treatment counseling on prevention of transmission for HIV positive persons, stigma reductions and "prevention for positive" will be an integral part of all prevention efforts. Linkages will be made with the USAID-supported social marketing program to increase condom use among MARP groups. It is anticipated that each NGO partner will train up to 10 male peer educators each to target up to 50 peers each with messages to reduce risky behavior and promote condom use, for a total of 7,500 males reached.

**Activity 3:** Many of these organizations work in socially and politically unstable "hot spots" (areas inaccessible due to violence and instability in the past few years). As PEPFAR enters its fifth year, efforts will be made to create synergies with USAID's education, governance, food security and economic growth initiative to increase prevention messages and positive behavior change among high risk groups. In particular, linkages will be made with USAID job creation program to target 15-24 year olds. Funds will support start up, training and materials to target messages to adolescents and youth through youth groups and clubs; local musician networks, sporting associations, local civic associations and community groups. Special efforts will be made to better target 15-24 year olds to increase awareness of personal risk, reduce the number of sexual partners, address gender and transactional sex and increase correct condom use. Particular focus will be placed on providing women with access to programs that address violence and sexual coercion. Up to 15 civil society organizations or networks will receive small grants to undertake condom and other prevention activities. Up to 150 youth peer educators (10 per NGO) will be trained to reach 50 peers each for a total of 7,500 youth reached with messages on correct and consistent condom use, if appropriate. Referrals will be made to urge counseling and testing and linkages for care and support.

**ACTIVITY 4-** MSH will ensure continuous supply of condoms within areas of each department that has limited condom service delivery available. The first step consists of conducting a situation analysis in the communities with the involvement of existing MSH community organizations. Results of the situation analysis will allow MSH and community organizations to search for ways to improve the availability and accessibility of condoms. MSH will identify community members and organizations willing to become promoters of condom use and managers of condom outlets. Four condoms outlets will be created in each underserved area. This initiative will be linked to other PEPFAR partners conducting social marketing of condoms or free condom distribution and the Ministry of Health (MOH). Those who are willing to become managers of condom outlets will receive training and technical support to manage the outlets. 40 individuals from different organizations will be trained, 40 additional condom outlets will be created.

**ACTIVITY 5-** MSH will work with the organized groups of traditional faith leaders to develop and implement prevention activities. According to the last DHS there is a 12% prevalence rate among Haitian traditional faith parishioners. MSH will work with the leaders to develop HIV/AIDS ABC messaging most appropriate

**Activity Narrative:** for the population according to risky behaviors identified within the target population. MSH will perform an assessment to determine the behaviors that lead to high transmission rates within this population in order to best develop messages and activities to reach this group. MSH will work with the leaders to develop HIV/AIDS ABC messaging most appropriate for the population according to risky behaviors identified within the target population. Know your status messages will be stressed in this population as well, with referrals to CT locations. It is anticipated that 20 traditional faith healers will be trained as educators and leaders, and will promote ABC within their communities for a total of 2000 traditional faith practitioners reached.

**Emphasis Areas:**

Community Mobilization/Participation 20-60  
 Information, Communication, Education 20-60  
 Development of Network/Linkages/Referral Systems 10-40  
 Local Organization Capacity Development 10-40

**TARGETS:**

# of targeted condom service outlets: 40  
 # of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior changes beyond Abstinence and/ or Being faithful: 17,000  
 # of individuals trained to promote HIV/AIDS prevention through other behavior changes beyond Abstinence and/ or Being faithful: 360

**Target Populations:**

Street Youth  
 Out of school youth  
 Couples  
 Men  
 Women

**Coverage Areas:**

National

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9937

**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
9937	9937.07	U.S. Agency for International Development	Management Sciences for Health	5146	3323.07	Basic Health Services	\$300,000

**Targets**

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	17,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	360	False

**Indirect Targets**

## Target Populations

### General population

Adults (25 and over)

Men

Adults (25 and over)

Women

### Special populations

Most at risk populations

Street youth

**Table 3.3.05: Activities by Funding Mechanism**

**Mechanism ID:** 3136.08

**Prime Partner:** Foundation for Reproductive  
Health and Family Education

**Funding Source:** GHCS (State)

**Budget Code:** HVOP

**Activity ID:** 5434.08

**Activity System ID:** 17176

**Mechanism:** N/A

**USG Agency:** HHS/Centers for Disease  
Control & Prevention

**Program Area:** Condoms and Other  
Prevention Activities

**Program Area Code:** 05

**Planned Funds:** \$600,000

**Activity Narrative:** Integrated Activity: This activity links to Activity IDs 11059.08, 10126.08, 3903.06, 10663.08.

**SUMMARY:**

This activity is carried out to support continuation and expansion of a comprehensive HIV/AIDS prevention program targeting the commercial sex workers (CSWs) and their clients, and to support interventions for youth, men, and women at risk. The program is a continuation of a FY 2007 activity and is supported by the National AIDS Strategic Plan of the Ministry of Health (MOH). This activity is closely coordinated with Global Fund sites to avoid duplication. This program is split funded with 40% AB and 60% OP funds.

**BACKGROUND**

This program is a continuation of a COP07 activity funded by PEPFAR, and it is part of the mandate of FOSREF in the National AIDS Strategic Plan of the Ministry of Health of Haiti. All the activities of the program will be implemented and executed directly by FOSREF. This program will put special emphasis on key issues such as: HIV prevention activity for the most high risk groups of women in the country (CSWs), violence against women, social rehabilitation for CSWs to help them abandon prostitution, expansion of prevention programming for male clients of CSW's, and an HIV prevention program for the most at risk youth in Haiti. These activities will be linked to USG supported on-site CT. These activities will continue in the following departments: Artibonite, North, North-East, West, South, and South East.

**ACTIVITIES AND EXPECTED RESULTS:**

**Activity 1: Commercial Sex Worker Centers:** For FY08, the program will continue to provide behavior change communication (BCC) messages to promote condoms and other prevention activities through seven "Lakay" CSW centers in the South, South East and West Departments. Of the 7 centers, 2 are supported by the Global Fund, and five are USG funded. This activity will continue to compliment those centers funded by Global Fund. At the Lakay centers, awareness and skill building sessions are conducted during the daytime with CSWs focused on various subjects including: sexually transmitted infections (STI), consistent and correct condom use with all partners, "no condom-no sex" messages, negotiation skills, "know your risk/know your status" messages, dangers of HIV risk related to alcohol and drugs, and "go get tested" messages. All the USG funded Lakay centers provide access to clinical and laboratory diagnosis and treatment of STIs for CSWs and their clients. CSWs have access to trained physicians/gynecologists who conduct gynecological examinations and lab tests. CSWs will receive treatment for STIs and other reproductive tract infections and have access to family planning methods.

Additionally, in FY08 FOSREF will continue to reinforce its "Other Choice program" through the CSW centers. This program offers a variety of training courses to provide alternative sources of income for CSW. A number of options, including computers, floral art/paper, dance, hair, beauty and skin care, sewing/embroidery, theater, and basic literacy courses will be available at the seven centers. CSWs attending the trainings will build skills, self-esteem, self-empowerment, and will learn about alternative ways to earn an income and abandon prostitution. The program will offer links to micro-finance and general literacy programs. New to the program in FY08 will be the establishment of an 'alumnae program' which will match former graduates of the "Other Choice Program" who have been successful in securing jobs with current students in the course for mentoring and networking opportunities.

**Activity 2: Commercial Sex Worker Outreach:** Building on FY07 results, in FY08 FOSREF will continue to train CSW peer educators to work with CSWs and their clients in brothels, hotels and bars. CSWs trained as outreach workers will conduct evening activities, called "Virées Nocturnes", for those CSWs who do not access the centers during the day. During those contacts, outreach workers will distribute materials and brochures promoting safe sex to encourage safe sexual behavior among prostitutes and clients and facilitate interactive skills-building sessions where issues can be discussed in more depth with CSW who do not frequent the FOSREF clinics in the daytime. The program will deliver more than 600,000 Condoms to the CSWs and to the clients of the CSWs.

**Activity 3: Clients of CSW's and Men:** In FY08, FOSREF will expand its outreach with male clients of commercial sex workers and men by increasing the number of peer educators trained to work with clients and partners of the CSWs. The main themes that will be developed include correct and consistent condom use, reduction of concurrent partnerships, sexual violence against women, alcohol and drug abuse, high-risk sexual behaviors, STI's, and the importance of CT. Men will be targeted in areas where they frequent, and the outreach program will continue to deliver messages through songs, sketches, mini-films, mimes, and jingles particularly in public parks, public transportation stations, in front of bars, brothels, and on beaches. Awareness activities will be organized during regional celebrations and during cockfights addressing the same themes. Community dialogues, debates and forums will be organized in areas and sites where men are frequent visitors, with media coverage of the debates by the community radio stations, addressing the same themes which will be coordinated with all BCC prevention partners through the PEPFAR BCC TWG. The program will conduct interventions in the media discussing similar messages; which will be followed up with skill-building sessions by the peer educators that build on and reinforce the theme of the media messages. Condoms will be provided to clients of CSW's, and USG supported CT will be available for adult men at FOSREF's CT sites.

**Activity 4: Sexually Active Youth:** FOSREF will continue to address the needs of sexually active youth, particularly at the community level. In FY07, FOSREF hired a Youth Coordinator who planned and designed programs targeting 15-24 year olds; and trained youth as peer educators. Utilizing the PLACE study, FOSREF will better address the underserved areas (geographical Gaps), and will better target the programs to reach the most at risk youth in the communities. In this context, the program will continue to work in close collaboration with youth associations in the most marginalized areas around the centers. The program targets the most vulnerable kids, including street kids and kids involved in gang activities and refers them to the FOSREF centers.

The peer educator program will continue in FY08. The peers educators will increase their community work, and will continue to promote peer dialogue addressing themes such as perception of risk, negotiation skills, gender equity, self-esteem, correct and consistent condom use, alcohol and drugs, and sexual violence, and know your risk/know your status. The program will refer youth to FOSREF's youth centers for STI treatment, CT and other reproductive health services (USG and Global Fund supported). Post-test clubs will also be established and the messages described above will be discussed during these meetings. The program will continue to address and inform the street youth, through monthly skits and dramas that will be conducted to encourage safe sexual behaviors. FOSREF will continue to organize media programs to address themes against sexual violence, cross generational partners, consistent and correct condom use, get tested and stay negative messages, alcohol and drug messages, and decision making skills. Skits, jingles, a radio talk show with the community groups will be produced and coordinated with other prevention partners.

For FY08, FOSREF will emphasize the vocational training programs, and will continue to deliver short technical trainings in many technical fields (e.g. mechanics, handcrafting, floral arts, masonry, carpentry, sewing, arts-and-crafts, and computers); elementary classes for literacy; and support for school

**Activity Narrative:** reintegration of secondary school kids who have abandoned school. The program will link with rehabilitation programs for young girls who are engaging in transactional sex, and also with other education and micro-finance programs supported by USG/Haiti.

**EMPHASIS AREAS:**

Community Mobilization/ Participation 10-50  
Information, Education and Communication 10-50  
Training 10-50

Human Resources 51-100

**TARGETS:**

# of targeted condom service outlets: N/A

# of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior changes beyond Abstinence and/ or Being faithful: 403,200

# of individuals trained to promote HIV/AIDS prevention through other behavior changes beyond Abstinence and/ or Being faithful: 1,075

**TARGET POPULATIONS:**

Adults  
Commercial Sex Workers  
Children and Youth (non-OVC)  
Men (including men of reproductive age)  
Partners /clients of CSWs

**KEY LEGISLATIVE ISSUES:**

Increasing women's access to income and productive resources  
Increasing gender equity in HIV/AIDS programs  
Reducing violence and coercion  
Wrap arounds  
Microfinance /Microcredit

**COVERAGE AREAS:**

West – North – South-East – Artibonite – North-East – South

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9281

**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28903	5434.28903.09	HHS/Centers for Disease Control & Prevention	Foundation for Reproductive Health and Family Education	11769	3136.09	FOSREF	\$600,000
9281	5434.07	HHS/Centers for Disease Control & Prevention	Foundation for Reproductive Health and Family Education	5123	3136.07		\$475,000
5434	5434.06	HHS/Centers for Disease Control & Prevention	Foundation for Reproductive Health and Family Education	3136	3136.06		\$592,000

**Targets**

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	403,200	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	1,075	False

## Indirect Targets

## Target Populations

### General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Adults (25 and over)

Men

Adults (25 and over)

Women

### Special populations

Most at risk populations

Persons in Prostitution

## Coverage Areas

Ouest

Nord

Sud-Est

Artibonite

Nord-Est

Sud

**Table 3.3.05: Activities by Funding Mechanism**

**Mechanism ID:** 3143.08

**Prime Partner:** Academy for Educational  
Development

**Mechanism:** SmartWorks

**USG Agency:** Department of Labor

**Funding Source:** GHCS (State)

**Program Area:** Condoms and Other  
Prevention Activities

**Budget Code:** HVOP

**Program Area Code:** 05

**Activity ID:** 6383.08

**Planned Funds:** \$0

**Activity System ID:** 17158

**Activity Narrative:** Integrated Activity: This activity links to Activity ID 11058.08

Summary:

The world of work is an ideal environment to reach large numbers of adults with HIV/AIDS prevention interventions. Providing access at the workplace to HIV/AIDS prevention information, as well as referrals to counseling and testing, care and treatment services is an efficient and cost-effective way to prevent infections and to identify large numbers of persons in need of multiple HIV/AIDS services. SMARTWork and its "tripartite" alliance of labor unions, private sector employers, and Haitian ministries of health, education, and labor will reach large numbers of Haitian employees with HIV/AIDS risk elimination approaches emphasizing partner reduction, mutual monogamy, alcohol and drug abuse, 'know your status' messages, and correct and consistent condom use to promote behavior change and other prevention strategies. During FY 2008, AED SMARTWork will implement the recommendations from the internal assessment conducted in August 2007 which recommends that SMARTWork implement an exit strategy that would build a legacy of enhanced capacity, particularly in the field of BCC and preventive education. Thus, in FY08 SMARTWorks will coordinate closely with local organizations' training or other services to build local capacity to provide prevention training in the workplace. In addition, SMARTWork will focus on building capacity within the existing enterprises to build in-house capacity for these enterprises to continue their HIV/AIDS prevention and education activities.

These activities are split funded 25% AB, 75% OP.

Background:

Initiated in 2002, Strategically Managing AIDS Responses Together in the Workplace (SMARTWork) fosters social dialogue around workplace HIV/AIDS prevention at national and enterprise levels, and fosters stigma and discrimination reduction. Taking a bipartite (business-labor) approach at the enterprise level and a tripartite (business-labor-government) approach at the national level, SMARTWork aims to reduce HIV transmission through effective prevention programs, and encourage policies that provide for workplace protection and human rights of individuals affected and infected by HIV.

SMARTWork aims to target its efforts using evidence based strategies to respond to the epidemic. The workplace is a critical channel to provide HIV/AIDS prevention interventions. SMARTWork does this through workshops, outreach, and special events using a core group of trainers and outreach workers to deliver messages that foster fidelity, partner reduction, and condom use. Complementing and reinforcing these messages are workplace policies, IEC materials, condom distribution, and referrals to CT, STI, and care and treatment services.

Activities:

SMARTWork will continue their on-going activities focused on HIV/AIDS prevention within the workplace; but in FY08, activities will strive to build in-house capacity and ownership of the HIV/AIDS prevention program within local NGO's. In addition, activities will be executed in conjunction with established local NGO's working within the factories in order to transition the work from AED to local partners. It is recommended AED SMARTWork follow the assessments recommendation conducted in 2007 which determined that the current team of educators could be transferred to the VCT partners which next year will receive no direct funding from SMARTWork but rather direct funding from PEPFAR. The educators could enhance pre-and post-test counseling by a wider array of preventive and educational activities addressing issues such as stigma. They could also work to enhance the capacity of those in the workplace to carry out independent educational activities so increasing autonomy and long-term sustainability of HIV prevention within the workplace.

1. On-site Prevention workplace activities: SMARTWork will train local Haitian NGO's (e.g. Bernard Mevs, City Meds) to conduct on-site workplace prevention education sessions for employees and management and train a cadre of peer prevention educators in each participating workplace. Communication messages and materials will be designed so as to target specific HIV/AIDS prevention needs of segments of the workforce, depending on their occupations, ages, gender and other risk factors.

This work will be carried out in factories and with worker unions, and will be a continuation of SMARTWork's program from previous years. A key component of the intervention will be to encourage workers and their partners to know their sero-status, and to increase their access to HIV testing and counseling. For those testing positive or in need of STI treatment or treatment of opportunistic infections, referral mechanisms will be in place so that employees can easily go to sites where quality HIV/AIDS and STI care and treatment services are available, and reproductive health services may be accessed. These activities will be linked to PEPFAR supported CT sites and CT will be provided at Union events by City Med March.

Female focused activities: Similar to efforts with men, SMARTWork will work to build upon our experience with female workers to target them with key IEC messages that emphasize women's empowerment and usage of condoms and key negotiation strategies to protect themselves from HIV transmission.

2. Leveraging Union Partnerships: SMARTWork will continue to provide technical and financial assistance to Haitian Union confederations: CTH, OGITH and CATH to establish union-based prevention activities using union gatherings and written communication materials to expand SMARTWork's efforts to reach all 10 Haitian Departments. Unions have shown great progress towards achieving targets and SMARTWork will continue to engage with union leaders and their members as a primary channel for conducting behavior change outreach activities. Special focus will be given to incorporating these activities into ongoing union training programs, and building union capacity to develop their own HIV/AIDS prevention programs.

Emphasis Areas % Of Effort:

Information, Education and Communication 10 - 50

Training 10 - 50

Workplace Programs 51 - 100

Targets:

# of targeted condom service outlets: 10 enterprises

Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful: 4500

Number of individuals trained to promote HIV/AIDS prevention prevention through other behavior change beyond abstinence and/or being faithful: 75

Target Populations:

Business community/private sector

Factory workers (Parent: Business community/private sector)

Unions

Key Legislative Issues:

Addressing male norms and behaviors

Coverage:

West

**HQ Technical Area:**  
**New/Continuing Activity:** Continuing Activity  
**Continuing Activity:** 9260  
**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
9260	6383.07	Department of Labor	Academy for Educational Development	5111	3143.07	SmartWorks	\$300,000
6383	6383.06	Department of Labor	Academy for Educational Development	3143	3143.06	SmartWorks	\$350,000

**Targets**

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	10	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	4,500	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	75	False

**Indirect Targets**

**Coverage Areas**

Ouest

**Table 3.3.05: Activities by Funding Mechansim**

<b>Mechanism ID:</b> 1419.08	<b>Mechanism:</b> USAID/GAC/HQ
<b>Prime Partner:</b> US Agency for International Development	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Condoms and Other Prevention Activities
<b>Budget Code:</b> HVOP	<b>Program Area Code:</b> 05
<b>Activity ID:</b> 5476.08	<b>Planned Funds:</b> \$350,000
<b>Activity System ID:</b> 17236	

**Activity Narrative:** This activity is linked to activity ID 18953.08.

**SUMMARY:** With FY 2008 funds, USAID's Central Contraceptive Logistics unit will continue to provide condoms for both social marketing and free distribution that will complement the condom donations by UNFPA to the MOH.

**BACKGROUND:** Data from the Demographic and Health Survey (DHS) 2005 shows that condom use in Haiti has decreased. Indeed, data indicates that while 98% of never married women are sexually active, condom use among this group is barely 30%. In addition, condom use among youth (15-24) is even lower, putting them at risk for both HIV and unwanted pregnancy. Based on this evidence, USAID will continue to procure condoms. The only other source of non-commercial condoms in the country is UNFPA, which donates 24,000,000 per year for the MOH Family Planning Program. A recent assessment carried out by the USAID-supported Deliver Project ascertained that 38,580,000 condoms will be needed in 2008 to satisfy the needs of the national family planning and AIDS prevention programs. PEPFAR funds will be used to make up the gap between what UNFPA donates and the projected need. Through a recently established condom distribution working group at the MOH, collaboration with the United National Population Fund (UNFPA) and the MOH will be strengthened to ensure that sufficient condoms are available through social marketing outlets, public sector and NGO hospitals and clinics and NGO community support and care programs. In related activities, PEPFAR provides funding to PSI for social marketing and demand creation among at-risk populations and to other NGOs that create demand and distribute no-logo condoms.

**ACTIVITY:** 2,001,000 Pante-brand male condoms will be provided to Population Services International (PSI), the NGO implementing condom social marketing in Haiti and 14,700,000 no-logo male condoms will be provided for distribution to PEPFAR-supported public sector sites and NGOs. Additionally, 42,000 female condoms will be provided for both the social marketing project and for free distribution, primarily among commercial sex workers, the primary population group that uses female condoms regularly.

**Emphasis Areas:**

Commodity Procurement  
Development of Network/Linkages/Referral System  
Information, Education, and Communication  
Strategic Information (M&E, IT, Reporting)

**Targets:**

Number of targeted condom service outlets: 650

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful

Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful

**Target Populations:**

Adults  
Commercial Sex Workers  
Discordant couples  
Men who have sex with Men  
Street Youth  
Military Personnel  
Mobile populations  
Refugees/internally displaced persons  
Truck Drivers  
People living with HIV/AIDS  
Seafarers/Port and dock workers  
Secondary school students  
University students  
Migrants/migrant workers  
Out-of-school youth  
Partners/clients of CSW  
Transgender individuals  
Police officers/Uniformed services  
**Coverage Areas:**  
National

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9346

**Related Activity:**

### Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28936	5476.28936.09	U.S. Agency for International Development	US Agency for International Development	11780	11780.09	Central Contraceptive Logistics	\$375,000
9346	5476.07	U.S. Agency for International Development	US Agency for International Development	5152	1419.07	USAID/GAC/HQ	\$75,000
5476	5476.06	U.S. Agency for International Development	US Agency for International Development	3418	1419.06	USAID/GAC/HQ	\$390,000

### Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	650	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	N/A	True
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	N/A	True

### Indirect Targets

### Target Populations

#### Special populations

Most at risk populations

Men who have sex with men

Most at risk populations

Street youth

#### Other

People Living with HIV / AIDS

**Table 3.3.05: Activities by Funding Mechansim**

**Mechanism ID:** 4125.08

**Prime Partner:** PLAN International

**Funding Source:** GHCS (State)

**Mechanism:** NGO Alliance

**USG Agency:** U.S. Agency for International Development

**Program Area:** Condoms and Other Prevention Activities

**Budget Code:** HVOP

**Program Area Code:** 05

**Activity ID:** 11181.08

**Planned Funds:** \$75,000

**Activity System ID:** 17221

**Activity Narrative:** Integrated Activity Flag: This activity is linked to Activity IDs 5234.08, 10665.08 and 10129.08.

**SUMMARY:** For COP 08, implementation of Project SHINE activities will continue in the North East Department bordering the Dominican Republic. This department has the second highest prevalence rate of 2.7% (Haiti 2005 DHS) and a highly mobile population. An increasing focus for COP 08 is the expansion of access in rural areas to other prevention methods. These methods not only complement the AB work that will continue throughout the department but will expand to out of school youth through provision of other prevention services within clubs and other venues. Plan will expand its work with migrant workers, through its consortium partners and with agencies supported by USAID working in the Dominican Republic. These activities are split funded 20% OP, 80% AB.

**BACKGROUND:** USG support to the Plan International Consortium's Project SHINE was initiated with an award in FY 2006 as a result of a competitive process. The North East Department has a population of approximately 350,000 persons and covers six health districts (UCS). It is one of the most underserved and rural departments in Haiti with limited health facilities. As a result, there are multiple factors leading to high rates of HIV transmission. They include 1) a high level of mobility across the border contributing to prostitution and transactional/commercial sex including teen prostitution; 2) high levels of poverty ; 3) illiteracy that affects 52% of the population; and 4) severe stigma prevents people from seeking to know their status and being willing to care for HIV positive family members. With investments, Plan has been able to establish partnerships and mobilize its network to initiate activities within the department as well as cross-border activities to promote behavior change among in and out of school youth. During COP 08, the increasing awareness and the reduction in stigma associated with HIV infection will result in increased demand for HIV services. One of the prevention services predicted to increase is the demand for condoms, both as a prevention strategy and where linked to increased demand for testing among sexually active populations.

**ACTIVITIES AND EXPECTED RESULTS:**

**Activity 1:** PLAN will expand on its peer education for adult migrant populations (especially men) which began in FY07, by adding more peer educators to target this population. The main themes addressed include sexual responsibility, high-risk sexual behaviors, fidelity, and the importance of CT. An additional 50 migrants will be trained as peer educators who will conduct activity session's bi-weekly for other migrants, adding to the 100 trained in FY07. Songs, sketches, mini-films, mimes, jingles will be produced and disseminated in public parks, public transportation stations, and other gathering places addressing themes on HIV/AIDS prevention. Activities will be organized during regional celebrations and during cockfights addressing the same themes. Community dialogues, debates and forums will be organized in areas and sites where migrants are frequent visitors. Key themes such as sexual responsibility for men, sexual violence against women, risk of concurrent partnerships, and correct and consistent condom use will be discussed. Referrals to counseling and testing and care and treatment services will be provided.

**Activity 2:** Sub-Partners VDH and POZ will train additional YPEs, focusing on rural and underserved areas of Trou du Nord, Terrier Rouge and Caracol. YPEs will operate either within their schools or their communities to implement HIV/AIDS activities that will help them develop behavior change strategies to manage their risk of infection. YPEs will provide counseling to their peers on secondary abstinence, personal risk assessment, reducing sexual partners, and correct and consistent condom use when appropriate. Referrals will be made to STI treatments, CT, OVC programs, and family planning services when appropriate. By the end of COP08 20 YPEs will be identified for the three rural communes. Each YPE is expected to reach at least 15 of his or her peers (YPEs will be equally represented among the sexes). Thus, among the total of 20 rural YPE's, and the 100 YPEs previously trained, 1800 youth will be reached with OP messages.

**Activity 3:** New Anti-AIDS clubs will be established in rural underserved areas. These will follow the model of the 10 clubs established in FY07 which was developed by FOSFER and encourages youth to take ownership in planning and designing club activities. YPEs will organize periodic information sessions around key topics to promote being faithful and consistent and correct condom use messages. These meetings will provide youth with a venue for discussing HIV topics such as risky behaviors, "sugar daddies", secondary abstinence, fidelity, sexual health and hygiene, self esteem and gender, correcting myths around HIV transmission, and providing referrals CT, care or support services to reduce stigma and discrimination. The clubs will serve to reinforce positive behavior change and identify "youth champions" who can be role models for their peers to reduce HIV infection among youth. It is anticipated that up 300 youth will be reached through the Anti-AIDS clubs.

**Activity 4:** FOSREF and VDH will also hold large group rallies twice a year in rural areas surrounding patron saints days and special HIV/AIDS days (such as World AIDS Day). More frequent rallies and events such as sports play-offs, theatrical presentations, etc. will be held in urban areas. The events will be run in partnership with all the consortium members; and the organization assigned to the area will take the lead in the coordination of all partner activities for the particular event. It is estimated that 20,000 individuals will be reached through rallies in COP08.

**EMPHASIS AREAS:**

Training  
Information, Education, and Communication  
Community Mobilization/Participation  
Development of Networks

**TARGETS:**

# of targeted condom service outlets: N/A

# of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior changes beyond Abstinence and/ or Being faithful: 2100

# of individuals trained to promote HIV/AIDS prevention through other behavior changes beyond Abstinence and/ or Being faithful: 70

**TARGET POPULATIONS;**

Youth  
Migrant Workers  
Men

**KEY LEGISLATIVE ISSUES:**

Gender equality issues  
Stigmatization of HIV/AIDS

**COVERAGE AREAS:**

Communes Fort Liberté, Ferrier, Ouanaminthe, Trou du Nord, Terrier Rouge, Caracol, Capotille, Mont Organisé, and Carice.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 11181

**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
11181	11181.07	U.S. Agency for International Development	PLAN International	5138	4125.07	NGO Alliance	\$50,000

**Targets**

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	2,100	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	70	False

**Indirect Targets**

**Target Populations**

**General population**

Ages 15-24

Men

Adults (25 and over)

Men

**Special populations**

Most at risk populations

Street youth

**Table 3.3.05: Activities by Funding Mechanism**

**Mechanism ID:** 52.08

**Prime Partner:** Population Services International

**Mechanism:** Condom Social Marketing

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** Condoms and Other  
Prevention Activities

**Budget Code:** HVOP

**Program Area Code:** 05

**Activity ID:** 5296.08

**Planned Funds:** \$800,000

**Activity System ID:** 17224

**Activity Narrative:** Integrated Activity Flag: This activity is linked to Activity ID 18956.08.

**SUMMARY:** Recent data from the DHS 2005-2006 indicates consistent low condom use in Haiti. In addition, findings from the Measuring Access and Performance (MAP) study conducted by PSI in 2006 revealed distinct disparities in condom coverage and accessibility among the geographic regions. The PSI/Haiti program has used this evidence to develop a strategy that will ensure condoms are widely available across different geographical regions of the country, specifically to high-risk groups. PSI will use behavior change communication (BCC) messages that will positively influence underlying barriers to condom use. This program will promote improved social marketing and distribution capacity, as well as enhancing PSI/Haiti's support and coordination with commercial and public sector distributors of condoms. To evaluate progress, a follow-up MAP study will be required in 2008 (to be jointly funded by USAID and the Global Fund). The specific groups targeted under this program include: Commercial Sex Workers; youth (15-24yrs); and sexually active men in the general population (25-49yrs).

**BACKGROUND:** PSI/Haiti has a condom social marketing and distribution program previously funded by PEPFAR. PSI seeks to provide affordable, high-quality condoms to segments of the population that are not effectively served by public and commercial sector sources. These condoms are branded and sold at highly-subsidized prices using commercial distribution systems across the country. This strategy is supported by the Ministry of Health as a means of ensuring condom availability throughout Haiti. PSI has partnered with UNFPA and other partners to support the Ministry of Health in developing a national condom distribution system for targeted populations. PSI will also continue to work with the Ministry of Health and with other donors to reinforce branded communications campaigns aimed at increasing demand, addressing barriers to condom use, and emphasizing the dual use of condoms for HIV/AIDS protection and avoiding unwanted pregnancies among young, high risk women through linkages with USAID's population program.

Table 1: MAP Study Regions and Coverage of Pantè, Reyalite condoms by PSI region

Regions	Departments	Population (2003)	population%	of Total Area	Density hab/km2	Coverage of Pantè	Coverage of Reyalite
REGION I	West	810 726	33.614	768	975%	25%	
REGION III	Artibonite	1 706 549	20.427	222	570%	30%	
Centre							
REGION IV	North	1 131 428	13.513	929	450%	<20%	
North-East							
REGION V	Artibonite	705 552	8.411	622	045%	25%	
North-West							
REGION VI	South-East	997 909	11.914	724	545%	25%	
West							
Nippes							
REGION VII	South	1 021 586	12.217	920	675%	20%	
Grand'Anse							
Nippes							
TOTAL	8 373 750	1001001	879	52.1%	9.7%		

**ACTIVITY 1:** Nationally, Pantè is available in about half of all sampled areas (52.1%). Access to any type of male condom is 60% for the entire the population. There are however large differences from one region to another and coverage is generally lower in rural (39.5%) than in urban centers (66.7%). PEPFAR will support enhancing the effectiveness of condom promotion and distribution through the private sector. In FY08, PSI will increase the percentage of outlets that stock socially marketed condoms by 10% over FY06 levels by strategically deploying sales agents throughout the departments, doubling the number of condom outlets nationwide. Approximately 6 million male condoms and 60,000 female condoms will be distributed. Special attention will be given to targeting outlets in rural departments and hot zones (an area where there is a concentration of hotspots and where a significant number of high-risk groups are present).

During promotional events, agents will conduct condom demonstration sessions where messages about condom efficacy, risk reduction, and correct and consistent condom use will be emphasized. The brand campaign will be reinvigorated taking into account the 2006 TRaC study results on brand appeal. TV and radio spots will be broadcast over at least 4 stations in each department. Billboards and murals also will be designed and selectively placed for increased visibility. Messages will be coordinated at the PEPFAR BCC Task Working Group with other BCC prevention partners to ensure consistent messages from all partners. In addition, PSI will scale up the distribution of condoms through NGOs and other institutional partners who have access to Most at Risk Persons (MARPS) who are otherwise difficult to reach. A solid partnership will be developed through trainings on behavior change social marketing and regular supervision visits of those partners who assist PSI in referring people to condom points of sale and creating new outlets.

**ACTIVITY 2:** Support and technical assistance will be provided to improve coordination with public sector condom distribution. This assistance will improve the coordination of condom distribution with the public sector and ensure that all market segments - including people living with HIV/AIDS (PLWHA) - have access to condoms from the appropriate source. PEPFAR will support the development of networks and linkages between condom social marketing, the private sector, and the public sector (primarily UNFPA and the Ministry of Health) to increase condom distribution coverage and efficiency throughout Haiti.

**ACTIVITY 3:** In 2008, PEPFAR will support increasing demand and use of condoms among Most at Risk Persons (MARPS) and integration of target group specific behavior change messages based on 2006 TRaC and PEER studies.

**CSWs:** PSI/Haiti currently uses a network of 20 peer educators and supervisors in the greater metropolitan areas of Grande Anse and Artibonite through support from KfW and the Global Fund. In FY08, PSI anticipates training 10 new peer educators and reaching 3000 CSWs through IPC activities. Peer education activities will focus efforts on self-efficacy, risk perception and attitudes towards condoms. We will continue to partner with FOSREF as a referral service to CSWs for medical services such as HIV/AIDS testing and IST treatment.

**Youth:** Working in collaboration with FOSREF, PSI currently has 100 peer educators working with in-school and out-of-school youth. This program is funded by KfW and the Global Fund. PSI will use COP08 funds to train 60 new in-school youth peer educators on the importance of delayed sexual debut, adopting safe sexual behaviors such as condom use and personal risk assessment. Support will be provided to assist in organizing education and entertainment activities as well as promotion activities during special events (i.e

**Activity Narrative:** World AIDS Day, World Youth Day, Carnival, etc) that draw large crowds teeming with youth. These activities will be supported by youth-friendly mass media campaigns. The Youth TRaC study results will also be integrated into the design of peer education and mass media communications activities. It is estimated that the expanded peer educator activities will reach over 2,000 youth directly.  
 Men and the General Population: Given that Haiti has a "mixed" epidemic, the social marketing program will strategically target condom prevention messages to both men and the general population. This year, the social marketing component will continue to increase condom use among most at risk populations, especially men with multiple partners. In FY08, PEPFAR will satisfy the need to better target men and young boys with messages to increase the correct and consistent condom use and reduce high risk sex. Prevention messages will include personal risk assessment, partner reduction, condom use, intergenerational sex, gender based violence and women empowerment issues. PSI will continue to broadcasts selected mass media (TV, radio, wall painting) campaigns and organize mass events (i.e Carnival, Patron Saints Days and Music Festivals) targeted to men in the general population. It is anticipated that over 20,000 men will be reach through this activity.

**EMPHASIS AREAS:**

Commodity Procurement  
 Community mobilization/Participation  
 Information/Education/Communication

**TARGETS:**

Number of targeted condom service outlets: 600  
 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through behavior change beyond abstinence and/or being faithful: 50,000  
 Number of individuals trained to promote HIV/AIDS prevention through other behavior changes beyond abstinence and/or being faithful: 70

**TARGET POPULATIONS:**

General Public  
 Women  
 Men  
 Youth  
 Adults  
 High Risk Populations  
**KEY LEGISLATIVE ISSUES**  
**COVERAGE**  
 Nationwide

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9322

**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
9322	5296.07	U.S. Agency for International Development	Population Services International	5139	52.07	USAID/GAC/HQ	\$625,000
5296	5296.06	U.S. Agency for International Development	Population Services International	3405	52.06	USAID/GAC/HQ	\$675,000

**Targets**

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	600	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	50,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	70	False

## Indirect Targets

## Target Populations

### General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

### Special populations

Most at risk populations

Persons in Prostitution

**Table 3.3.05: Activities by Funding Mechanism**

**Mechanism ID:** 1390.08

**Prime Partner:** Promoteurs Objectif Zéro Sida  
(Promoteurs de l'Objectif Zéro Sida)

**Funding Source:** GHCS (State)

**Budget Code:** HVOP

**Activity ID:** 5436.08

**Activity System ID:** 17225

**Mechanism:** HHS/GAC/Local

**USG Agency:** HHS/Centers for Disease  
Control & Prevention

**Program Area:** Condoms and Other  
Prevention Activities

**Program Area Code:** 05

**Planned Funds:** \$300,000

**Activity Narrative:** Integrated Activity Flag: This activity is linked to Activity IDs 4497.08, 18709.08 and 9364.08.

Summary: Support will be provided to Promoteurs Objectif Zérosida (POZ) in order strengthen interpersonal counseling and services to PLWHA and increase condoms and other prevention services to men who have sex with men (MSM). Activities will provide comprehensive psycho-social counseling and prevention services and STI treatment for those living in high risk situations and vulnerable to acquiring HIV/AIDS. POZ is in an excellent position to link HIV counseling and testing with information dissemination and psycho-social, care, support and treatment through its centers and outreach network. The primary emphasis of the activity is to reduce HIV transmission among MSM, and those engaged in high-risk behavior, and to minimize the impact of HIV within HIV-positive MSM by working through its center and community level activities. This year emphases will be put on: partner notification and referral services; support groups and empowerment activities; and greater involvement of the beneficiaries in promotional and educational activities. In addition, greater efforts will be made to strengthen linkages with PEPFAR supported ARV sites, and to reduce stigma and discrimination of MSM's access to HIV services. The activities will be carried out in some cities from West department (Port-au-Prince, Pétiön-ville, Leogâne, Croix des Bouquets) and one city in North Department. Cap-Haitien.

Background: Promoteurs Objectif Zérosida (POZ) established a social center in Port-au-Prince in FY06 for its clients, mainly MSM and PLWHA's and their families. This center addresses prevention, treatment and Care issues for men who engage in high risk behavior, especially the MSM population. To minimize the social impact of HIV infection among this target group, POZ provides comprehensive support including prevention activities, behavior change and community outreach activities, messages for safer sex practices, partner reduction, condom use, pre and post-test counseling, HIV tests, basics lab tests, treatment of STI, OI, access to care through partnership with specialized NGO's and home visits.

Activities and Expected Results

Activity 1: The POZ Testing Care and Support Centers and in the will continue to provide a safe, confidential and comfortable environment where individuals can meet, come to ask questions, receive IEC material and condoms and be involved in discussion groups around HIV prevention, treatment and care issues. A trained counselor will provide prevention education to MSMs and PLWHA clients. CDC's "HIV Prevention within the Care and Treatment Setting" will be utilized. The center will offer continuous counseling for the high risk group of men enrolled in the program. POZ will also continue pre and post test counseling and ensure confidential consultations on the complexities of HIV positive clients and the stigma and discrimination surrounding MSMs. A psychologist will assist the counselor in counseling and case management of MSMs and PLWHA clients. Special efforts will be made to assist high risk clients in developing personal risk reduction plans and practicing safe sexual behaviors. POZ will work through their established social network of MSM to develop an awareness campaign for the centers. In addition, as a way to reach more MSM to refer them to the centers, the project team will visit groups not yet approached: traditional healers, prisons, security agencies, NGO's. Advocacy and information of the center will also occur within PEPFAR supported care and treatment centers to reduce MSM barriers to care due to stigma.

Activity 2: POZ will expand its prevention with MSMs. Efforts will be expanded to increase contacts within male groups in places such as clubs, men's associations, hotels, prisons and other places where men engage in high risk activities; and to move beyond awareness of HIV and prevention methods, and focus on behavior change activities within this population. "MSM" targeted materials will include: pamphlets and flip charts will cover a wide range of topics such as HIV transmission, personal risk assessment, signs and symptoms of STI and safe sex practices such correct condom use, and lubricants. Peers providing outreach will visit night clubs, bars, areas where MSM engage in commercial sex, and other areas where MSMs congregate; peers will meet monthly with the project coordinator and the community agents to discuss methods of outreach, and improve peers outreach skills. During these encounters, outreach will be focused on behavior change activities regarding reducing high risk behavior, correct and consistent condom use, and encouraging clients to know their status. During outreach, POZ staff will refer clients to the POZ centers for further counseling, CT, STI and syphilis diagnosis and treatment. HIV positive persons will be referred for ARV services and treatment of opportunistic infections. Prevention for positive will also be a key message for HIV positive clients. It is anticipated that 25,000 condoms will be distributed by POZ.

EMPHASIS AREAS:

Development of Networks/Linkages/Referral Systems

Education/Communication/Information

Local Organization Development

TARGETS:

# of targeted condom service outlets: 10

# of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior changes beyond Abstinence and/ or Being faithful: 5,500

# of individuals trained to promote HIV/AIDS prevention through other behavior changes beyond Abstinence and/ or Being faithful: N/A

TARGET POPULTIONS:

MSM

KEY LEGISLATIVE ISSUES:

Reducing stigma

COVERAGE AREAS:

West and North Department

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9327

**Related Activity:**

### Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28932	5436.28932.09	HHS/Centers for Disease Control & Prevention	Promoteurs Objectif Zéro Sida (Promoteurs de l'Objectif Zéro Sida)	11779	1390.09	POZ	\$300,000
9327	5436.07	HHS/Centers for Disease Control & Prevention	Promoteurs Objectif Zéro Sida (Promoteurs de l'Objectif Zéro Sida)	5141	1390.07	HHS/GAC/Local	\$200,000
5436	5436.06	HHS/Centers for Disease Control & Prevention	Promoteurs Objectif Zéro Sida (Promoteurs de l'Objectif Zéro Sida)	3416	1390.06	HHS/GAC/Local	\$76,000

### Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	10	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	5,500	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	N/A	True

### Indirect Targets

### Target Populations

#### Special populations

Most at risk populations

Men who have sex with men

### Coverage Areas

Ouest

Nord

Table 3.3.05: Activities by Funding Mechanism

**Mechanism ID:** 3142.08

**Mechanism:** ITECH

**Prime Partner:** University of Washington

**USG Agency:** HHS/Health Resources  
Services Administration

**Funding Source:** GHCS (State)

**Program Area:** Condoms and Other  
Prevention Activities

**Budget Code:** HVOP

**Program Area Code:** 05

**Activity ID:** 18077.08

**Planned Funds:** \$50,000

**Activity System ID:** 18077

**Activity Narrative:** As a new activity in FY08, ITECH will implement CDC's training course "Prevention within the Care and Treatment Setting" course. This will train counselors and social workers to utilizing CDC's module to implement prevention with positives within the care and treatment facilities. ITECH will be responsible for ensuring the materials are culturally appropriate for use in Haiti, will translate all materials, and will conduct the trainings. CDC will give TA before and during the training.

This activity is linked to activity ID 9725.08, 17889.08, 18950.08, 4617.08, 3910.08, 3886.08, 5463.08, 12424.08, 12420.08.

**BACKGROUND:**

HIV prevention efforts have primarily focused on HIV-negative individuals; but in countries like Haiti, where the main mode of transmission is heterosexual, it demands greater attention on prevention for HIV-positive individuals. The HIV Prevention in Care and Treatment Settings was adapted by the CDC from Partnerships in Health. This evidence-based intervention resulted in a decrease in reported sexual risk behaviors among HIV-positive patients who received brief prevention messages from their healthcare providers.

**ACTIVITIES AND EXPECTED RESULTS:**

Activity 1: ITECH will adopt, translate, and reproduce the training and program implementation toolkit "Prevention within the Care and Treatment Setting". This toolkit was developed by CDC and field tested in FY06 with select PEPFAR partners. ITECH will adopt each portion of the materials (training, implantation tools, etc) to ensure they are culturally appropriate for use in Haiti, and will translate them into Haitian Creole. They will reproduce the toolkit for use in 30 care and treatment centers.

Activity 2: ITECH will conduct the training module of the toolkit for counselors and social workers who work within the selected care and treatment centers. Two counselors/social workers from 30 centers will be trained for a total of 60 trained. The training course will take 2 days, and will end with a certification of training and distribution of materials for implementation. ITECH will be responsible for oversight of the counselors/social workers to ensure that they are implemented the course, and to provide feedback and clarification on implementation. CDC will provide TA before and during the training course. As a result of this activity, 60 counselors/social workers will be trained and will provide prevention within the care and treatment setting, reaching 15,000 HIV positive individuals.

**EMPHASIS AREA:**

Training 10-50

Information, Education and Communication 10-50

**TARGETS:**

# of targeted condom service outlets: N/A

# of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior changes beyond Abstinence and/ or Being faithful: 15,000

# of individuals trained to promote HIV/AIDS prevention through other behavior changes beyond Abstinence and/ or Being faithful: 60

**TARGET POPULATIONS:**

Healthcare providers

PLWHA

**COVERAGE AREAS:**

Nationwide

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

## Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	15,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	60	False

## Target Populations

### Other

People Living with HIV / AIDS

**Table 3.3.05: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 9392.08	<b>Mechanism:</b> School Curriculum
<b>Prime Partner:</b> American Institutes for Research	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Condoms and Other Prevention Activities
<b>Budget Code:</b> HVOP	<b>Program Area Code:</b> 05
<b>Activity ID:</b> 18079.08	<b>Planned Funds:</b> \$125,000
<b>Activity System ID:</b> 18079	

**Activity Narrative:** Integrated Activity: This activity links to Activity ID 17891.08.

**SUMMARY:** In FY 2008, the USG will award a contract for the management of the USAID Basic Education Project. The Mission's new program in basic education will support two program components: 1) Improve Equitable Access to Quality basic Education; and 2) Strengthen Public Sector Executive Function of the Ministry of Education. The Basic Education Project will link with other Mission programs in the education, health, democracy and governance, and economic growth sectors. Linkages will include the HIV/AIDS Program, Microfinance Program, Food Security Program, Human Rights and Civil Society Programs, and Programs supporting Populations at Risk. Given the upcoming procurement process and the variables associated with the start-up of activities, targets posted below are subject to change. This program is split funded 25% OP and 75% AB.

**BACKGROUND:** A key component of PEPFAR's prevention programs is awareness building and education of children and adolescents around HIV/AIDS. This is accomplished through programs implemented through local NGOs, such as FOSREF, VDH, Plan International, American Red Cross, World Concern and World Relief that reach youth in after-school programs, church youth groups, youth clubs, scouts and young farmers associations and other youth groups. PEPFAR is planning to support the efforts of the Multisectoral Committee for an Integrated National School Health Program that brings together key NGOs working with youth, the Ministry of Education, the Ministry of Women's Affairs and the Ministry of Health to develop and implement a broad-based, multifaceted approach to reaching children and youth. The component of this effort that PEPFAR will be supporting is the strengthening of the Family Health curriculum for schools (grades one through nine) to include more AIDS prevention information and to address stigma and discrimination issues attached to AIDS. This will be done in age-appropriate messages and materials. An important adjunct intervention to the curriculum improvement will be sensitizing and training teachers and school administrators about AIDS and about their own prejudices and possible stigmatizing attitudes and behaviors.

The Ministry of Education's (MENFP) Health, Nutrition and Education Unit, also known as the School Health Unit, aims to expand the scope and coverage of the national school health program that had thus far been focused on school feeding and deworming. Of particular interest is the incorporation of HIV/AIDS, other sexually transmitted infections (STI) and reproductive health into school health curricula, as called for in the MENFP's "Sectoral Strategic Plan for the Fight against HIV/AIDS in Education", developed in 2000, although HIV/AIDS was considered the starting point for expansion of school health to a wider set of topics and issues. Work was begun, but never completed, on the development of a Family Life Education curriculum that included material on HIV/AIDS, STIs and prevention of unwanted pregnancies. In 2005-2006, another initiative was undertaken by the MENFP School Health Unit to introduce AIDS prevention in schools, in partnership with UNESCO and two local NGOs, FOSREF and VDH, using an extra-curricular approach of awareness building by peer educators, public events, workshops and televised debates. The one-year pilot project was completed and the MENFP is seeking funds to implement the activities in a larger number of schools.

In an attempt to address the curriculum development and teacher training issues and to begin to come up with an integrated school health strategy, the MENFP and the Ministry of Health (MOH) organized a Workshop on Integrated School Health in October 2006. This was the springboard for the creation of the Multisectoral Committee on Integrated School Health which has as its objective the development of a school health strategy and curriculum that covers a broad range of topics and interventions. HIV/AIDS and STIs is one of the topics. On the health side of the picture, the National Program for the Fight against AIDS has just completed a Five Year Multi-Sectoral Strategic Plan that includes an important role for the education sector in light of numerous studies that show that age-appropriate education in primary schools has the potential of giving youth the knowledge, attitudes and skills necessary to make a difference in whether or not they will be infected by HIV during their lifetimes.

#### ACTIVITIES AND EXPECTED RESULTS

##### Activity 1: MENFP's School Health Unit Strengthened to Support HIV/AIDS Prevention Education

The newly reinvigorated School Health Unit in the MENFP has, among its mandates, to revitalize school health and nutrition programs in Haiti's schools. The Unit is a key member of the GOH Multisectoral Committee on Integrated School Health. In an attempt to expand its scope of activities beyond traditional school feeding and nutrient provision, the School Health Unit will develop a strategic plan for school health encompassing a fuller range of health-related interventions, including age-appropriate school curricula for prevention of HIV/AIDS and addressing stigma and discrimination issues related to the disease. A situation analysis and review of existing HIV/AIDS prevention curricula and materials currently used in basic education (grades one through nine) will be conducted. These curricula and materials are currently used by NGOs, PVOs, churches, and Haitian educational organizations. Training and material support will be provided to staff in the MENFP School Health Unit to strengthen their capacity to support the delivery of HIV/AIDS prevention education in the schools. Deliverables may include a situation analysis and review of existing materials. Background research will be conducted on international best practices in HIV/AIDS prevention education in schools as a contribution to the National Strategy on School Health and Nutrition.

##### Activity 2: HIV/AIDS Prevention Curriculum in Grades One through Nine Developed and Pilot-Tested

Based on the results obtained in the background research phase outlined in activity 1, the contractor will support the development of curricula and materials for use in HIV/AIDS prevention and stigma reduction education in grades one through nine of formal education. Care will be taken to ensure that messages are age-appropriate, particularly with funding in the Condoms and Other Prevention technical area. Materials will be pilot-tested in HBE project and other target schools before wider implementation. Deliverables over the long term of the project include the development of the curricular framework and materials, training for teachers and school personnel, and the pilot-testing of materials in project target schools and other schools identified by MENFP. The final materials will be printed and distributed for wider implementation followed by an impact evaluation

#### Emphasis Areas:

Information, Education, and Communication

Training

Targets:

Number of targeted condom service outlets: N/A

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful: 2,000

Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful: 100

Target Populations:

In school youth

Out-of School youth

**Activity Narrative:** Parents  
 Teachers  
 School Administrators  
 Coverage Areas:  
 Nationwide

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

**Targets**

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	2,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	100	False

**Table 3.3.05: Activities by Funding Mechansim**

**Mechanism ID:** 9391.08

**Prime Partner:** Family Health International

**Funding Source:** GHCS (State)

**Budget Code:** HVOP

**Activity ID:** 18080.08

**Activity System ID:** 18080

**Mechanism:** FHI

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Program Area:** Condoms and Other Prevention Activities

**Program Area Code:** 05

**Planned Funds:** \$250,000

**Activity Narrative:** This activity is linked to activity ID 17911.08, 18947.08, 17899.08, 18954.08, 18847.08.

NOTE: This is a continuing activity and was performed by Family Health International in previous Fiscal Years.

SUMMARY: PEPFAR will support activities to prevent HIV/AIDS and STI transmission among the police officers of the Haitian National Police (HPN), customs and immigration officers by focusing on partner reduction and being faithful to one's partner, and correct and consistent condom use as the most effective prevention behavior among sexually active adults. In 2008, a to-be-determined (TBD) contractor will train peers and will be used to increase self-risk assessment and developing behavior change strategies in partner reduction, fidelity, changing social norms such as in the reduction of domestic abuse and increase in partner communications, and utilizing on site USG supported counseling and testing services in precincts, customs and immigration offices. Audience specific messages will be targeted at the uniformed services, especially men, to promote healthy sexual behaviors. The peer educators will expand their geographical scope in FY08 to reach all 10 departments of Haiti.

In addition, advocacy activities will be implemented among directors of the police, customs and immigration in order to integrate HIV prevention messages into the basic training curriculum for uniform services and promote other prevention activities throughout the forces. Training will be implemented with the HPN and the United National Stabilization Mission in Haiti (MINUSTAH). The UNAIDS HIV/AIDS training curriculum has been adapted for use in implementing this activity. 15% of this activity is funded through the AB budget, and 85% through the OP.

BACKGROUND: In FY05, Family Health International, (FHI), in collaboration with MINUSTAH, trained 150 police officers of the HPN in the West, South, South-East, and North Regional Departments. In FY06 and FY07, FHI continued these activities in these four departments and trained an additional 150 police officers as peer educators. Over the past several years, FHI has increased collaboration with the HPN and UN to promote messages for increasing HIV/AIDS activities among the police.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Using the UNAIDS HIV/AIDS training curriculum and related materials which were adapted for the HPN in FY07, prevention will continue to be incorporated into the basic training curriculum of the national police academy. In FY07, 10 HPN Trainers were trained on the implementation of the curriculum; technical assistance will be provided to the HPN Health Unit trainers in FY08 to refresh their skills in utilizing the HIV/AIDS curriculum. HPN Trainers will be trained in focusing on topics such as partner reduction, correct and consistent condom use, changing social norms (e.g. reduction of domestic abuse), discussing various means of entertainment, importance of partner communications, drug and alcohol abuse, and utilizing on-site USG supported counseling and testing services. Messages will also be tailored to meet the needs of women in the uniformed services since they are the minority.

ACTIVITY 2: Follow up training and supervision will be provided to 300 police peer educators trained in FY05 - FY07 to improve their interpersonal communication and counseling skills; 75 new police peer educators will be trained in FY08. The increase in peer educators in FY08 will allow for expansion of the peer-to-peer police educators into all 10 departments in Haiti. After training, Peer Educators will conduct outreach to their peers with target messages to promote behavior change such partner reduction, correct and consistent condom use, and CT testing. Peer educators will ensure police know where local condom outlets are in the community. The TBD contractor will make regular supervisory visits to oversee the police peer education program and provide technical assistance to improve outreach activities. Technical assistance will also be provided to utilize innovative models to build HIV risk assessment and strategies to change their behaviors during mobilization session. During these sessions service men and women will be encouraged to know their status, inform them of where they can find services and assist them in developing personal risk reduction plans to increase protective behaviors. Peer educators will also discuss issues related to sexual violence and gender issues, couple communication and increased responsibility among males in reducing risky behavior and HIV transmission. It is anticipated that police will target messages to promote OP behaviors, to approximately 3,000 of their peers.

Activity 3: The TBD contractor will continue advocating for appropriation and promotion of the HIV/AIDS program within the headquarters (PNH, Customs and Immigration). Quarterly meetings will be held to build upon awareness raised in FY07 of the need for better integration and support of the program within the PNH network. Main issues to be addressed include anti-discrimination and anti-stigma policies within the workforce. It is anticipated all 10 departmental heads will participate, and assist with the peer training in their department.

Monitoring and Evaluation of these activities including data collection, use, quality and feedback will also be a continued and focused effort in FY08.

Emphasis Areas:

Community Mobilization/Participation  
Development of Network/Linkages/Referral Systems  
Information, Education and Communication  
Training  
Workplace Programs

TARGETS:

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and being faithful: 3,000

Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful: 75

Target Population:

Adults  
Police Officers  
Uniformed Services

Key Legislative Issues:

Addressing male norms and behaviors

Coverage Areas:

National

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

### Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	3,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	75	False

### Target Populations

#### General population

Adults (25 and over)

Men

Adults (25 and over)

Women

**Table 3.3.05: Activities by Funding Mechanism**

**Mechanism ID:** 8719.08

**Prime Partner:** Management Sciences for Health

**Funding Source:** GHCS (State)

**Budget Code:** HVOP

**Activity ID:** 19568.08

**Activity System ID:** 19568

**Mechanism:** Leadership, Management and Sustainability Project

**USG Agency:** U.S. Agency for International Development

**Program Area:** Condoms and Other Prevention Activities

**Program Area Code:** 05

**Planned Funds:** \$550,000

**Activity Narrative:** PROGRAM AREA: Condoms & Other Prevention (HVOP)

**SUMMARY:** The Leadership, Management and Sustainability (LMS) Program, through support from USAID, will provide assistance in capacity building to a number of NGO partners involved in HVOP activities as well as support to capacity building in establishing a national procurement and logistics system. LMS will continue to provide assistance to FOSREF to provide access to services for sexually transmitted infections (STIs), HIV/AIDS, and sexual and reproductive health, at the institutional and community levels, to the youth of Cité Soleil. The program plans to reduce by 50% the HIV prevalence in the population of Cité Soleil and particularly among the youth in this area. In addition, the program will offer other alternatives to the youth of Cité Soleil. This program is funded through 50% HVOP, 25% HVCT, 15% HVAB, and 10% HBHC funding, and a description of this activity can also be found under those program areas.

AED's SmartWork Project has ended and USAID is phasing out AED's involvement with the work itself in an effort to consolidate its BCC prevention strategy and provide technical assistance through fewer partners. Because the local organizations that are working in this area also need a certain amount of capacity building at the same time as being able to quickly get on track for future sustainability, USAID is supporting LMS to integrate this activity into its ongoing technical assistance and capacity building to the local organizations that are well-placed to do AIDS in the workplace interventions and have been working with SmartWork project personnel, training materials, and BCC materials. These activities are funded through 50% AB and 50% HVOP, and a description of these activities can be found under both program areas.

**BACKGROUND:** In Haiti, youth, who represent more than 50% of the population, are the most vulnerable groups for HIV/AIDS and unwanted pregnancies, with a high incidence of clandestine abortions. FOSREF has a mandate from the Ministry of Health and Population (MSPP) to deliver youth-focused sexual and reproductive health and HIV/AIDS services to youth nationwide. In this context, FOSREF has identified key cities in the country where specific programs for youth must be implemented to meet the unmet needs of young people for sexual and reproductive health and HIV/AIDS prevention. To date, FOSREF has created and implemented a network of 15 youth centers in many cities. During the last four years, FOSREF has identified areas in the marginalized segments of the large cities, particularly in the Metropolitan areas of Port-au-Prince, where there are no existing youth services. Cité Soleil is one of these areas, representing one of the largest challenges in terms of unmet needs of youth for sexually transmitted infections, HIV/AIDS, sexual violence, and other sexual and reproductive health matters. Young people have been victims of gang activities that have reduced them to an almost hostage-like situation. Based on recent official information from the Ministry of the Interior, the Director of the National Police, and from the UN Peace Keeping Forces (MINUSTAH), the security situation in Cité Soleil has improved enough to begin to target services to the population in this area.

Initiated in 2002, Strategically Managing AIDS Responses Together in the Workplace (SMARTWork) fosters social dialogue around workplace HIV/AIDS prevention at national and enterprise levels, as well as stigma and discrimination reduction. Taking a bipartite (business-labor) approach at the enterprise level and a tripartite (business-labor-government) approach at the national level, SMARTWork has aimed at reducing HIV transmission through effective prevention programs, and has encouraged policies that provide for workplace protection and human rights of individuals affected and infected by HIV. The workplace is a critical channel to provide HIV/AIDS prevention interventions. SMARTWork intervenes through workshops, outreach, and special events using a core group of trainers and outreach workers to deliver messages that foster fidelity, partner reduction, and condom use. Complementing and reinforcing these messages are workplace policies, IEC materials, and referrals to CT, STI, and care and treatment services.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

**Table 3.3.05: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 8889.08	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> American Red Cross	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Condoms and Other Prevention Activities
<b>Budget Code:</b> HVOP	<b>Program Area Code:</b> 05
<b>Activity ID:</b> 19569.08	<b>Planned Funds:</b> \$150,000
<b>Activity System ID:</b> 19569	

## Activity Narrative: SUMMARY:

The activities in this country-funded concept paper are new, and represent both an expansion in geographic and programmatic scope. Specifically, the proposed interventions entail:

- (1) Increasing demand for and access to condoms by working with Population Services International (PSI), communities and other partners to:
  - a) increase reliable supply of condoms through the local private and public sector outlets
  - b) supply free condoms through Together We Can (TWC) project activities including community edutainment events
  - c) better integrate a Behavior Change Communication (BCC) approach around condoms into TWC programming through disseminating Haitian Red Cross (HRC) Information Communication & Education (IEC) materials in coordination and harmonization with partner organizations

## BACKGROUND:

Recommendations from “Preventing HIV/AIDS in Young People: A Systematic Review of the Evidence from Developing Countries, UNAIDS Inter-agency Task Team on People (World Health Organization: Geneva, 2006) and continual review of the Haitian TWC program context, suggest that encouraging adult-child communication on sex and contraception, working with others to strengthen and improve access to condoms and quality of coverage in project areas, and partnering with USAID-funded agencies engaged in mass media and other forms of BCC will better enable youth (and adults) to protect themselves against HIV/AIDS. We will use the existing TWC network to implement these additional activities as it is expanded into two new geographical areas where condom coverage is under 50% while HIV prevalence is 1-3%. This expansion includes a more complete TWC model that includes two new activities: adult-youth communication training and reliable free condom distribution via trusted peer networks and other interventions to improve condom supply.

## ACTIVITIES AND EXPECTED RESULTS

Activity 1: Addition of condoms to current ABY program of condoms and improved BCC messaging around, in order to increase the demand for and reliable supply of condoms in underserved project sites.

Since the program’s inception, the American Red Cross and its implementing partner, the Haitian Red Cross, have provided complete information to its youth beneficiaries in accordance with Emergency Plan ABC guidance. In particular, the curriculum directly addresses multiple sex partners, and early sexual initiation norms and behaviors. Additionally, activities on individual and peer attitudes towards condoms, condom negotiation, and proper condom usage are built in. The TWC program is currently finalizing its newly revised Haitian curriculum, which incorporates further enhancements including the addition of risk factors relating to cross-generational and transactional sex, and greater emphasis on each youth participant individually practicing self-efficacy building exercises linked to the use of condoms.

The new curriculum features referrals to condoms sales points combined with ‘take-home assignments’ where beneficiaries locate and visit these sales points and other reproductive and sexual health services in their communities. However, research (specifically from PSI’s MAP Survey) as well as feedback from project participants and key informants have pointed to limited coverage, quality of coverage and access to condoms as barriers to condom use, particularly in the rural communities it serves. The American Red Cross proposes to enter into partnership with the main condom distributor in Haiti - PSI - to investigate the demand and access issues in project areas, and agree upon area-specific strategies for condom distribution that may include:

- 1) facilitating community meetings to determine appropriate actions and actors to ensure a regular local supply of condoms
- 2) HRC TWC staff and peer educators monitoring and feeding back to PSI its own supply (where applicable) and that of its referral sites (private sales points as well as free distribution venues) in project areas
- 3) distributing free condoms during TWC events – curriculum-based training, community edutainment and mobilization events, follow up events etc.
- 4) making free condoms available at Red Cross offices in target areas

ARC hopes to greatly enhance several protective factors for sexually active and high risk youth. At the branch level, HRC will work with PSI to facilitate a planning process for the dissemination of condoms and BCC materials (by conducting community meetings with the participation of community councils, HRC branch staff, volunteers, and potential private sector and CSO partners who together can determine the best approach for making condoms available to the community).

Additionally, Peer Educators (PE) will increase self-efficacy of TWC participants by providing reliable sources for male condoms and BCC messages at TWC sessions, follow up activities, community mobilization and edutainment events. Where needed, condoms will be distributed as part of a knowledge and skill-building activity that advocates the twin TWC messages of risk reduction and risk elimination through promoting ABC approaches to prevent HIV, STIs, and unintended pregnancy/parenthood. By doing so, PEs, while typically at least 3 years older than the youth they target, will be promoting positive peer norms and support for condom and contraceptive use, a positive determinant for condom use, and a protective factors against HIV, STIs, and unintended pregnancy and parenthood.

Condom availability and distribution during TWC sessions and activities and through local Red Cross branches enhances the deficient local supply as well as the perceived self-efficacy of participants to secure condoms, thereby increasing uptake. Regular monitoring of both local condom supply, ruptures and availability of youth friendly distribution points in our rural target areas will not only help our internal distribution and referral system but also be communicated to PSI which will assist them and other partners to respond to the 2006 MAP recommendation to improve monitoring. This feedback loop coupled with the facilitation of community planning sessions through the HRC will enable PSI to identify or strengthen local “point of sale” partners and social marketers for underserved rural regions.

## SUMMARY

**Activity Narrative:**

This activity contributes to the Emergency Plan 2-7-10 goals by preventing new HIV infections among Haitian youth and adults through the improvement of knowledge, attitudes, and skills pertaining to HIV/AIDS, as well as access to services and commodities.

**TARGETS:**

Number of targeted condom service outlets at HRC branches

Over 610,000 condoms distributed to high-risk youth and adults.

\*Please note that these numbers are IN ADDITION TO the number of beneficiaries reached in the COP08 central funded activity narrative through core TWC activities.

**LEGISLATIVE ISSUES**

Activities in the proposed expansion branches will be implemented as described in the COP08 central funded activity narrative (activities 1-3). These community-based activities will address the following issues of legislative interest: gender equity, male norms and behaviors, female access to income and productive resources, and stigma and discrimination. They will also benefit from additional condom outreach and BCC/IEC materials if funding is secured for these interventions.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

HBHC - Basic Health Care and Support

Program Area: Palliative Care: Basic Health Care and Support

Budget Code: HBHC

Program Area Code: 06

**Total Planned Funding for Program Area: \$10,650,000**

Estimated PEPFAR contribution in dollars	\$0
Estimated local PPP contribution in dollars	\$0
Estimated PEPFAR dollars spent on food	\$825,000
Estimation of other dollars leveraged in FY 2008 for food	\$73,000

**Program Area Context:**

As of March 2007, approximately 65,000 people living with HIV/AIDS (PLWHA) have received basic palliative care and support from the United States Government (USG) team partners. This number represents approximately 30% of the estimated 200,000 HIV infected persons in Haiti. With Fiscal Year (FY) 2007 resources, the USG Team expects to reach 83,000 PLWHA by the end of September 2007 and 96,500 by the end of September 2008, with three to five percent of this total being children. The program focus is to provide clinical, home based care as well as psychological and social-economic support to PLWHA enrolled at counseling and testing (CT), prevention of mother-to-child transmission (PMTCT), anti-retroviral (ARV) treatment and tuberculosis (TB) sites.

For three years the priority in clinical care has been to provide laboratory and clinical assessment and follow up for all PLWAs detected through the system to prevent and treat opportunistic infection (OI), to screen for TB, and to ascertain the optimal time for ARV initiation according to national guidelines. To this end, resources have been provided through the five care and treatment networks—Groupe Haitien d'Etude du Darcome de Kaposi et des Infections Opportunistes (GHESKIO), Partners in Health (PIH),

Ministry de Sante Publique et Population (MSPP), AIDSRelief and Management Sciences for Health (MSH)—and the three TB networks (International Child Care, Centre Pour Le Développement et la Santé (CDS) and the Cooperative for American Relief Everywhere (CARE))—to reinforce 85 sites (including seven TB sites) throughout the country with trained clinical and community personnel, basic laboratory testing (including CD4), patient monitoring tools (chart, register), and regular supplies of laboratory commodities and drugs for opportunistic infections (OI).

In FY 2007, resources for clinical palliative care have been expanded to two additional networks: Foundation for Reproductive Health and Family Education (FOSREF) and Promoteurs Objectif ZEROSIDA (POZ). These networks specialize in prevention services for youth and men who have sex with men (MSM) respectively in order to meet specific needs for these high risk groups. This year the program will add 18 new palliative care sites, for a total of 103. Additional program activities this year will include reinforcing a package of clinical care services with nutritional assessments and distribution of food and micronutrients as a prescription, and with end of life issues such as pain management according to national norms and protocols. Linkages are being reinforced between palliative care services and ARV and TB services to ensure a continuum of care to PLWHA eligible for highly active antiretroviral therapy (HAART) or diagnosed with TB.

For home based care, the priority is to build a bridge between the sites and households in order to 1) track HIV patients (including pregnant women and children) enrolled at these sites, 2) provide minimal care, prevention, and counseling services at home according to national norms, 3) monitor their adherence to treatment and 4) make referrals to clinics when necessary. Over the years, the package of home based care has varied from one network to another. PIH has an important network of community personnel known as accompagnateurs (companions) that deliver comprehensive directly observed therapies (DOTs), HAART, social support, and prevention services integrated with TB, Sexually Transmitted Infections, child survival, and maternal care. In MSH and AIDSRelief networks, HIV home based care, which consists of tracking patients and limited prevention and education activities, has been delivered through their community maternal and child survival program. Networks with no other community program hire specialized health agents to perform tracking and provide limited HIV care at home.

With 2007 resources, efforts are being made to standardize and reinforce the package of home based care with minimum counseling, support, and prevention services that will include distribution of condoms, Oral Rehydration Solution (ORS) and pain killers, education directed toward the family for best health and nutrition practices, and for positive attitude based on national guidelines.

For psychological support, efforts were made to make psychologists available at most ARV sites. These mental health personnel help reduce denial and improve adherence to treatment by PLWHA. All of the networks around ARV sites have taken steps to create PLWHA support groups and are structured to provide emotional support to PLWHA and their families, promote positive attitudes and reduce stigma.

For socio-economic support services, most of the sites have been reinforced with social workers to assess the needs of PLWHAs enrolled in care and provide them with a package of support as needed either directly or through community based organizations (CBO). Five PLWHA support groups have been reinforced to become well structured associations to deliver socio-economic support services, such as food, micro-credit, and a transit house. The package has varied from one network to another. In PIH's network, the package is very comprehensive while other networks have provided only fees for transportation and a hygiene kit

With 2007 resources, the USG team is taking steps to address the limited access to social services, food, and a community preventive care package experienced by PLWAs to date. In each of Haiti's 10 regional departments, a lead CBO will work through local CBOs and with the VCT and treatment sites to deliver a package of psycho-social and preventive care services to identified PLWHAs and their families. The program will integrate this package with orphan and vulnerable children (OVC) services to offer a family-centered approach. It will include: distribution of food through linkages with Title II food programs, commodities for safe drinking water, hygiene kits, bed nets for malaria prevention in linkages with the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) and the Ministry of Health (MOH) partners, psychological and counseling support services through PLWHA support groups, etc. In addition, the USG team will support the creation of five new PLWHA associations and will provide additional support to existing PLWHA groups and associations around service sites.

With FY 2007 resources, the USG team is assessing the feasibility of partnering with a food processing company to produce a fortified, precooked food product for distribution to PLWHA, by prescription, at the clinic. Program staff have identified a local food processing site to make it available through different sites for malnourished PLWHA including children.

With FY 2008 resources the USG will continue to support the same package of clinical, psychological, home based and socio-economic services as is being reinforced this year to reach close to 122, 000 patients by September 09. The point of entry for these patients will continue to be the system of care. The number of sites offering clinical care will be expanded to 130, including 20 TB sites. More linkages will be reinforced with the food program and economic growth program to make jobs available to PLWHA to improve their economic situation and reduce stigma. Linkages will also be established with churches to provide more spiritual care. As the guidelines for Palliative Care are being developed, more efforts will be made to rationalize the use of resources to embrace and expand the most sustainable approaches and strategies. Training tools will be developed and training for community palliative care will be institutionalized.

The main partners for this program will be MOH, PIH, GHESKIO, Catholic Relief Service (CRS) AIDS Relief, FOSREF, POZ, and Management Sciences for Health (MSH). Five main community based organizations (CBOs)—CRS, Cooperative for American Relief Everywhere (CARE), WORLD Concern, Plan International, and Family Health International (FHI)—will implement community care in all 10 departments. The program will procure laboratory supplies and equipment as well as OI drugs and preventive care commodities through the Partnership for Supply Chain Management. POZ will continue supporting PLWHA support groups. FHI will support the MOH to adapt guidelines and training tools for community palliative care while capacity will be developed at Haitian Institute for Community Health (INHSAC) to perform training in this area. Food and Nutrition Technical Assistance (FANTA) will receive support for the development of a nutrition strategy for PLWHA, while a to-be-announced partner will implement a pilot program of local processed food for malnourished PLWHA.

**Program Area Target:**

Number of service outlets providing HIV-related palliative care (excluding TB/HIV): 130  
Number of individuals provided with HIV-related palliative care (excluding TB/HIV): 122,000  
Number of individuals trained in clinical care: 300  
Number of individuals trained in community palliative care: 800

**Program Area Downstream Targets:**

6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	130
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	127000
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	7912

**Custom Targets:**

**Table 3.3.06: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 8721.08	<b>Mechanism:</b> USAID/Haiti Economic Growth Office Grant
<b>Prime Partner:</b> International Organization for Migration	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Palliative Care: Basic Health Care and Support
<b>Budget Code:</b> HBHC	<b>Program Area Code:</b> 06
<b>Activity ID:</b> 19576.08	<b>Planned Funds:</b> \$800,000
<b>Activity System ID:</b> 19576	
<b>Activity Narrative:</b> The International Organization on Migration (IOM) has a five-year grant from USAID/Haiti's Economic Growth Office to provide jobs for vulnerable populations in six "hot-spot" areas of Haiti: Port-au-Prince, Les Cayes, Petit Goave, St. Marc, Gonaives and Cape Haitian. Rapidly rising food prices are compounding the already chronic food insecurity for the 80% of Haitians that have less than \$2.00 a day to spend on life's necessities. The Haiti PEPFAR Program is putting \$1,000,000 into the IOM jobs creation and agricultural infrastructure improvement program in order to allow persons living with HIV/AIDS (PLWHA) and their families as well as families caring for OVC to take part in the program. The cash income will allow the families to purchase food and the agricultural infrastructure improvement activities for which they will get their day labor salaries (improved family garden plots, irrigation canals, soil erosion control structures, garden terracing on hill-sides and ravines) will result in a more long-term impact on household food production.	
<b>HQ Technical Area:</b>	
<b>New/Continuing Activity:</b> New Activity	
<b>Continuing Activity:</b>	
<b>Related Activity:</b>	

**Table 3.3.06: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 5392.08	<b>Mechanism:</b> FANTA
<b>Prime Partner:</b> Academy for Educational Development	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Palliative Care: Basic Health Care and Support
<b>Budget Code:</b> HBHC	<b>Program Area Code:</b> 06
<b>Activity ID:</b> 18983.08	<b>Planned Funds:</b> \$150,000
<b>Activity System ID:</b> 18983	

**Activity Narrative:** Summary:

There are over 190,000 people living with HIV (PLHIV) in Haiti. As of March 2007, 10,000 HIV-positive individuals were receiving anti-retroviral therapy (ART) and over 50,000 have received palliative care. Haiti suffers from high rates of malnutrition (e.g. 24 percent of children under the age of five are stunted, 22 percent are underweight, and 16 percent of women are too thin (BMI<18.5)), which can worsen the impact of HIV and pose significant challenges to care and treatment. HIV and malnutrition interact in a vicious cycle that is exacerbated by and results in reduced food intake, increased energy needs and poor nutrient absorption.

Strong food and nutrition intervention can help alleviate this cycle by improving food intake/utilization, immune response, management of symptoms, response to treatment, nutritional status, and quality of life and productivity. Recognizing the critical role food and nutrition can play in effective responses to HIV, USAID Haiti is working with a number of partners to strengthen food and nutrition interventions.

In Haiti, deterioration of nutritional status due to HIV is aggravated by the poor socio-economic condition and food insecurity. In addition, people living with HIV (PLHIV) placed on ART need food to tolerate their medication and are at risk of developing metabolic complications from the medications. Some of these complications may be ameliorated with appropriate food and nutrition interventions.

By September 2008, PEPFAR Haiti expects to enroll 100,000 PLHIV in palliative care through a continuum of care at the clinical, community, and home levels. PEPFAR Haiti aims to increase capacity at all of these levels to provide high quality food and nutritional care and support for PLHIV enrolled in care. In order to do this, PEPFAR Haiti will build on activities started in COP 2007 to develop 1) a national food, nutrition, and HIV strategy, 2) national guidelines, 3) a training plan for food and nutritional care and support capacity building and, 4) the design and implementation of a food production intervention to strengthen therapeutic and supplementary feeding of PLHIV, pregnant and lactating women and OVC.

The USAID/Government of Haiti/FANTA follow-on project will provide technical assistance for these efforts by:

- 1) Providing ongoing technical support for the national technical working group (TWG) comprised of stakeholders from the Haitian Government, United States Government, implementing partners, United Nations agencies and other donors to plan and coordinate food, nutrition, and HIV activities in the country.
- 2) Providing ongoing technical support for food production for the HIV context and for therapeutic and supplementary feeding of the President's Emergency Plan for AIDS Relief (PEPFAR) priority target groups.
- 3) Producing a training manual on food, nutrition, and HIV for training of service providers in food and nutritional care and support. Existing training materials from other countries (e.g. Rwanda, Kenya) will be adapted and refined for the Haiti context. Initial training of trainers and HIV service providers will also be implemented.
- 4) Producing materials to support nutrition counseling and assessment (e.g. counseling cards, BMI charts, etc.) for PLHIV at both the clinical and community levels.
- 5) Technical assistance to HIV care and treatment facilities and sites to support the integration of nutrition assessment and counseling into HIV services and the integration of nutrition information into the flow of data in the facility.

While the primary entry point for food and nutrition services will be HIV treatment facilities, the capacities of community- and home-based care services will also be built to provide nutrition education and counseling. Linkages between facility-based and community-based programs will be established, as well as linkages to programs providing food assistance and livelihoods support, where possible. These activities follow PEPFAR policy guidance on the use of PEPFAR funds to support food and nutrition interventions.

These activities will strengthen the quality of care and treatment services supported by PEPFAR and will increase the number of PLHIV that PEPFAR is reaching with nutritional care and support. It is expected that approximately 30 trainers of service providers will receive training in nutrition and HIV, approximately 100 service providers will receive training in nutrition and HIV, and approximately 85 service outlets will provide nutritional care and support.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

**Target Populations**

**Other**

People Living with HIV / AIDS

**Table 3.3.06: Activities by Funding Mechanism**

**Mechanism ID:** 3684.08

**Prime Partner:** International Child Care

**Funding Source:** GHCS (State)

**Budget Code:** HBHC

**Activity ID:** 18985.08

**Activity System ID:** 18985

**Mechanism:** N/A

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Program Area:** Palliative Care: Basic Health Care and Support

**Program Area Code:** 06

**Planned Funds:** \$400,000

**Activity Narrative:** SUMMARY: With Fiscal Year (FY) 2008 resources, ICC will provide, through Grace Children's Hospital, comprehensive medical services, psychosocial support, and follow-up to 3000 HIV/AIDS patients living in the metropolitan area by the end of September 2009. This program will be linked with the TB/HIV, ARV, CT, and PMTCT services that Grace Children's Hospital is expanding. It will be also linked to other community-based programs that are being offered through community based organizations (CBO) in the same geographic area. The target populations include people living with HIV/AIDS and their families. BACKGROUND: ICC has been a key player in the system of care in Haiti. They are well known for their important role in supporting the TB program in Haiti throughout the country. Through Grace Children's Hospital, an affiliated non-governmental organization (NGO) hospital, ICC has been providing specialized TB care, integrated with primary and general care for both adult and children, with support from USAID and the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM). Since the launch of the President's Emergency Plan for AIDS Relief (PEPFAR), the United States Government (USG) has been providing resources to ICC to integrate HIV in its network of TB sites. Resources were also given to support integrated basic care and anti-retroviral (ARV) services at Grace Children's Hospital and to implement a pilot model of HIV pediatric care. So far this program has been very successful in enrolling 1,000 patients in care; 300 HIV positive pregnant women in PMTCT; 400 patients, including 100 children in treatment; and 150 HIV patients in TB treatment services. The USG believes these results will further increase with FY 2007 resources, while steps are being taken to improve the quality of the clinical based programs nationwide through a better system of QA/QI.

In FY 2008 the USG will continue to provide resources through ICC to make Grace Children's hospital a center of excellence for integrated TB/HIV, palliative care, and ARV services. For basic care, the focus will be to provide clinical, psychological, nutrition, and laboratory assessment and follow up to 3000 patients to prevent and treat opportunistic infection (OI) and malnutrition, and to monitor the optimal time for providing highly active antiretroviral therapy (HAART). ICC will establish strong links with ARV and TB services provided at Grace Children's Hospital to ensure continuum of care for those in need of HAART and TB care. ACTIVITIES AND EXPECTED RESULTS:

Activity 1: Through Grace Children's Hospital, all patients testing positive will be enrolled in clinical palliative care. Thereafter, they will receive access to laboratory, clinical, nutrition, and psycho-social assessments, and follow up services to prevent and treat opportunistic infections, malnutrition, and pain and symptom management. Additionally, ICC will monitor the optimal time for providing HAART and create a supportive environment for adherence to long term follow up and care. Funding will be used to staff each palliative care site with a multi-disciplinary health care team, including physicians, nurses, psychologists, social workers, counselors, nutritionists, community health workers, and laboratory technicians. Emphasis will be put on training health nurses to play a key role in providing these services (see MSFP palliative care narrative). Funding will support enhancements of infrastructure, equipment, materials, and supplies for service organizations at clinics, laboratories, and pharmacies. ICC will conduct these activities in conjunction with Supply Chain Management System which will provide laboratory reagents and commodities and opportunistic infection drugs.

Activity 2: Human capacity building:

ICC will ensure that clinical and community staff at Grace Children's Hospital receives continuous training, supervision, and QA/QI assistance to acquire and maintain necessary skills in HIV/AIDS care and treatment. Emphasis will be put this year on training health professionals in nutrition assessment, follow up, and recuperation to make sure that all sites are integrated with nutrition services. ICC will work with GHESKIO, INSHAC, and MOH to achieve these goals (see aforementioned organization's narratives). To sustain a workforce of the highest quality at Grace Children's, ICC will continue to support the technical team for the TB/HIV program.

Activity 3: Social support services:

Special attention will be given to the need for social support for patients enrolled in the palliative care program. Funding will allow Grace Children's Hospital to hire a social work team lead by a social worker that will be in charge of assessing the social needs of all PLWHAs and provide them social support services. Sites will provide direct support (e.g. fees for services such as delivery, hospitalization, x-ray) and for transportation to appointments. Patients will also be referred to the PLWHA association and community based organizations (CBO) in charge to offer community palliative care services in the metropolitan area. A social worker will be added to the ICC team to provide program oversight.

Activity 4: Home based care

ICC will increase the number of community health workers at Grace Children Hospital to accommodate scale-up of palliative care services. The community workers will be in charge of tracking patients (including pregnant women enrolled in PMTCT and infected and exposed children), provide at home adherence support, provide health education on best health and nutrition practices, counseling for positive behavior, distribution of care and preventive commodities such as condoms, ORS, symptom and pain medications according to the guidelines. Community workers will be trained in symptom recognition, and syndromic treatment and rapid assessment of psychosocial problem of patient.

Activity 5: Psychological support

Funding will be used to make psychologists available at Grace Children's Hospital to provide support to PLWHA to reduce denial, assist in psychological assessment and follow up, and to prepare for HAART if needed. Funding will also be used to continue to support PLWHA support groups around each site to create a supportive environment for treatment adherence and stigma reduction. In addition, local community leaders, traditional healers, and religious leaders will be incorporated to encourage and enhance support of patients within the community. ICC will work with other CBOs to continue to penetrate the religious sector in an effort to bring HIV/AIDS and treatment awareness to the forefront in churches and religious groups and to get them involved in providing spiritual care to patients.

TARGETS

Number of health professionals trained: 150

Number of patients enrolled in care: 7,000

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

### Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	20	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	7,000	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	150	False

### Target Populations

#### Other

People Living with HIV / AIDS

**Table 3.3.06: Activities by Funding Mechanism**

**Mechanism ID:** 8317.08

**Prime Partner:** World Hope International

**Funding Source:** Central GHCS (State)

**Budget Code:** HBHC

**Activity ID:** 18987.08

**Activity System ID:** 18987

**Mechanism:** New Partner Initiative

**USG Agency:** Department of State / Office of the U.S. Global AIDS Coordinator

**Program Area:** Palliative Care: Basic Health Care and Support

**Program Area Code:** 06

**Planned Funds:** \$0

**Activity Narrative:** This activity is linked to activity ID 19011.08, 18989.08.

HPH Partners will increase access to basic health care and support for people living with HIV/AIDS (PLWHA) as well as respond, as feasible, to the needs of the whole household. Field staff will be trained to respect patient autonomy, privacy, and cultural values and to work to enhance quality of life for PLWHA and their families. In addition, the field staff will teach family members how to provide basic care. This will reduce ostracism and make the care of PLWHA both on-going and sustainable. Through home based care, the program will deliver a full range of services: clinical care, psychological care, spiritual care (e.g. use of life maps), and social care. HPH Partners will focus on providing care to people affected by HIV or TB but will not provide treatment for TB. Using regional guides for prevention and care resources, HBC staff will connect beneficiaries to area resources.

**BACKGROUND:**

These activities represent a fuller development and extension of an initiative begun during the last four months of 2007 under the New Partner's Initiative with USAID administered President's Emergency Plan for AIDS Relief (PEPFAR) funds. Implementation of BHCS activities is being carried-out by six partners (as originally described) under the guidance and support of WHI.

**ACTIVITIES AND EXPECTED RESULTS:**

Key activities include:

1. Identification of clients through community networks, mobile and free standing clinics, community events, tuberculosis directly observed therapy (TB-DOT) programs, youth to youth (Y2Y) groups, and other community and faith-based organizations, schools, and churches.
  2. Training and retraining for field staff in: clinical care services (as needed), home visit scheduling and recordkeeping, psychosocial support, and counteracting caregiver burnout. Field staff will also receive a list of prevention and care resources to which they can connect clients and their families.
  3. Weekly home visits (will be made more frequently as necessary). Visit records will be maintained and stored in a confidential location.
  4. Linkages to supplementary care services including "prevention for positives".
- Participants will be considered reached when they have received clinical care services.

**EMPHASIS AREAS:**

Community Mobilization/Participation 15 - 20%  
Development of Network/Linkages/Referral Systems 15 - 20%  
Information, Education and Communication 10 - 15%  
Linkages with Other Sectors and Initiatives 25 - 35%  
Training 20 - 25%  
Food/Nutrition Support 10 - 15%

**TARGETS:**

Number of individuals provided with general HIV-palliative care including TB/HIV  
6,384 (3,192 Male/3,192 Female)

Anticipated breakout by Department = Artibonite (756); Central Plateau (966); West (1890); South (1722); and South East (1050)

**TARGET POPULATIONS:**

PLWHA or TB  
HIV/AIDS-affected families  
Community and religious leaders  
Community and faith-based organizations  
Health care providers  
Providers of related and beneficial prevention and care resources

**KEY LEGISLATIVE ISSUES:**

Increasing gender equity by targeting women and collecting data to show breakdown of women and men receiving BHCS care

Addressing male norms and behaviors through outreach, education and support of PLWHA  
Reducing violence and coercion through outreach, addressing stigma, and support activities for PLWHA and caregivers

**COVERAGE AREAS:**

BHCS programs in the West and South East, launched in 2007, will be extended into Artibonite, Central Plateau and South by 2008.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

**Emphasis Areas**

New Partner Initiative (NPI)

**Food Support**

**Public Private Partnership**

**Table 3.3.06: Activities by Funding Mechanism**

**Mechanism ID:** 1390.08

**Prime Partner:** Promoteurs Objectif Zéro Sida  
(Promoteurs de l'Objectif Zéro Sida)

**Funding Source:** GHCS (State)

**Budget Code:** HBHC

**Activity ID:** 4497.08

**Activity System ID:** 17226

**Mechanism:** HHS/GAC/Local

**USG Agency:** HHS/Centers for Disease  
Control & Prevention

**Program Area:** Palliative Care: Basic Health  
Care and Support

**Program Area Code:** 06

**Planned Funds:** \$650,000

**Activity Narrative:** SUMMARY: The project proposes to expand its best practices model of accompaniment to empower people living with HIV/AIDS (PLWHA) in nine geographical areas of Haiti: West, South, North East, South East and North and Grand-Anse, Artibonite, North East and Nippes. It will help to create and strengthen grassroots groups of PLWHA and peers leaders to become more self supportive and therefore capable of adopting safe sexual behaviors and contributing to the reduction of the current HIV rate. This project is an expansion and continuation of a POZ model accompaniment of PLWHA and their families in which the services will allow clients to learn appropriate coping strategies in a supportive environment. POZ will continue to upgrade three palliative care sites that were launched last year: one located in Montrouis integrated in a community CT clinic, two other integrated in MSM clinics.

#### BACKGROUND:

The HIV/AIDS epidemic has a tremendous impact on Haitian communities. There is an estimated 200,000 persons living with HIV/AIDS (PLWHA) and 18,000 orphans of whom very few have access to basic care and support services. In spite of major efforts supported by public and private groups to create and build capacity of health staff and public awareness, strong stigma associated with the disease still exist and often leaves PLWHA isolated from family and community support systems.

POZ opened its doors in Port-au-Prince, Haiti in 1995 with the mission to reduce the prevalence of HIV in Haiti. It quickly developed into an institution that champions the cause of the PLWHA through advocacy, awareness, and in particular PLWHA psychosocial support. POZ's major focus has been to implement PLWHA support groups throughout the country. So far, over 50 support groups have been created in four geographic areas with emphasis on empowering PLWHA to become spokesmen and women, and on promoting positive attitude regarding care and treatment. Many organisations now use POZ-trained and empowered PLWHA as facilitators in their programs. Four of these support groups have been reinforced to become PLWHA associations with the capacity to manage funding, to provide palliative care services and to participate in social mobilization and income generating activities. In addition POZ has been very active in implementing activities to reduce stigma with focus on training health professionals and community leaders in the fight against stigma. All health professionals in 25% of the sites have benefited from this training as well as community leaders living around these sites using national guidelines and curricula that POZ has developed in coordination with the Ministry of Health (MOH) and major stakeholders.

POZ has been managing four CT sites: one in Montrouis integrated with a model of community mobilization and support services, two in Port-au-Prince and one in Cap-Haïtien. One of the two in Port-au-Prince and the one in Cap-Haitian are targeting Men having Sex with Men (MSM). With existing resources, the CT site in Montrouis and the two MSM sites are being reinforced to provide clinical palliative care.

With Fiscal Year (FY) 2008 resources, POZ will continue to support the expansion of implementation of PLWHA support groups around all the HIV sites to create a supportive environment for them to reduce stigmatization, to promote positive attitudes, and to foster their adherence to treatment. To this end, POZ will essentially play a lead role in building capacity at the sites to organize these support groups. POZ will continue to reinforce the four existing PLWHA associations (1 in the South, 1 in the West and 2 in the North) and will create two others in Grand'Anse and the South East. Each association will receive six types of training: Advocacy, Leadership, Communication, Adherence / Commitment, Basic knowledge in HIV/AIDS, Micro credit

POZ will continue to expand in coordination with the MOH departmental directorates the training of health professionals and community leaders in stigma reduction ensuring that most of sites benefit from this training thru a strategy of training of trainers. They will continue to strengthen the three palliative care sites with a full package of clinical care in referral with ARV to ensure continuum of care.

#### ACTIVITY AND EXPECTED RESULTS

ACTIVITY 1: POZ will support training of 60 social workers and site managers on how to organize and animate support groups for PLWHA and affected families enrolled at their sites POZ will also expand training against stigmatization to reach 600 new health professionals in 20 sites and 300 community leaders around the sites. For these trainings POZ will use the training of trainers use the national tools and guidelines that they have developed in collaboration with MOH. Funding will be used to support training logistic costs and supervision of support group activities. Funding will also be used to organize regular departmental and local meetings on the progress of this program.

ACTIVITY 2: POZ will continue to provide technical assistance and financial support to help building administrative and institutional capacity to six associations of PLWHA in the following areas: managing small grants, project writing; organizational assessment, strategic planning meeting and program development; partnership in mobilizations and support activities for advocacy and support of the PLWHA

ACTIVITY 3: POZ will continue to strengthen its palliative care sites in Port au Prince, Montrouis, and Cap-Haïtien to provide clinical and home based care to PLWAs enrolled at these sites. All will receive access to laboratory, clinical, nutrition, psycho-social assessment and follow up services to prevent and to treat opportunistic infection, malnutrition, to manage pain and symptoms, to monitor optimal time to provide HAART and create a supportive environment for adherence to long term follow up and care. Funding will be used to enhance infrastructure and strengthen both clinical and community staff in order to meet scale up need with emphasis on nurses to play a greater role in providing clinical care. Through the community personnel home based care will be reinforced around these sites to provide at PLWHA homes a package of preventive care, counseling and education services. POZ will support around these sites support groups and will provide technical oversight, supervision and monitoring of activities..

ACTIVITY 4: The International AIDS Candlelight Memorial is a yearly event that reaches millions of people in Haiti since 2001. POZ is the sole coordinator of this event partnering with more than 50 NGO, local grassroots, Christian churches, to bring awareness and support to PLWHA. Year 2009, POZ hopes to conduct short training sessions for Candlelight coordinators to educate them about planning community memorials, community mobilization, and advocacy. All members will grant seeds money to conduct this event in their areas of mobile.

Activity 5: POZ will strengthen its capacity to plan, and supervise activities. Funding will be used to hire and train new staff in psycho-social support and management. POZ will implement two regional offices: one in

**Activity Narrative:** the North and one in the South to provide proximity technical assistance.

**TARGETS**

- At least 3,000 PLWHA and affected families in targets areas will be supported and trained;
- Train 150 PLWHA on leadership, communication and basic HIV/AIDS facts;
- 60 support groups and 40 groups for accompaniment and technical assistance established and from across six (6) departments to meet monthly;
- Upgrading two (2) clinics to become official to deliver palliative care and create one (1) at Domus Mariae;
- 1,500 patients treated for IO and others STI and MSM;
- 2 million Christians, religious and community members reached during mass Candlelight event, and civic gatherings;
- 18 field agents to be trained for planning and organizing training sessions for PLWHA's in six (6) departments;
- 15 social workers trained to continue development and maintenance of local support group;
- Technical assistance to build up institutional capacity of 6 PLWHA associations in 6 departments;
- Economical support to families and PLWHA

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9326

**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28933	4497.28933.09	HHS/Centers for Disease Control & Prevention	Promoteurs Objectif Zéro Sida (Promoteurs de l'Objectif Zéro Sida)	11779	1390.09	POZ	\$520,000
9326	4497.07	HHS/Centers for Disease Control & Prevention	Promoteurs Objectif Zéro Sida (Promoteurs de l'Objectif Zéro Sida)	5141	1390.07	HHS/GAC/Local	\$650,000
4497	4497.06	HHS/Centers for Disease Control & Prevention	Promoteurs Objectif Zéro Sida (Promoteurs de l'Objectif Zéro Sida)	3416	1390.06	HHS/GAC/Local	\$330,000

**Targets**

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	3	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	3,000	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	350	False

**Target Populations**

**Other**

People Living with HIV / AIDS

## Coverage Areas

Nord  
Nord-Est  
Sud-Est  
Ouest  
Nippes  
Artibonite  
Grand-Anse  
Nord-Ouest  
Sud

**Table 3.3.06: Activities by Funding Mechanism**

**Mechanism ID:** 4125.08  
**Prime Partner:** PLAN International  
**Funding Source:** GHCS (State)  
**Budget Code:** HBHC  
**Activity ID:** 10129.08  
**Activity System ID:** 17222

**Mechanism:** NGO Alliance  
**USG Agency:** U.S. Agency for International Development  
**Program Area:** Palliative Care: Basic Health Care and Support  
**Program Area Code:** 06  
**Planned Funds:** \$300,000

**Activity Narrative: SUMMARY:**

Plan International will continue to support the United States Government's (USG) effort to scale up community palliative care services in the North East Department to people living with HIV/AIDS (PLWHA) and their families. Plan International will build on the SHINE project they launched in Fiscal Year (FY) 2006 in this department. SHINE provides integrated prevention and community support services to PLWHA through a partnership between key stakeholders (CDS, FOSREF, POZ and VDH). Plan will strengthen the referral system between the CT, TB/HIV, PMTCT and treatment sites that are being expanded through this department and the community based organizations (CBO) in order to offer a package of preventive care, socio-economic, nutrition support, and spiritual care to enrolled PLWHA.

**BACKGROUND:**

Plan Haiti has been working for over 15 years with a variety of partners in the North East Department to establish available basic health, educational, and financial services for all residents in its zones of intervention. In FY 2006, Plan launched, with support from the President's Emergency Plan for AIDS Relief (PEPFAR), the SHINE project in the North East Department. In partnership with MOH departmental directorate and with CDS, VDH, FOSREF and POZ, SHINE expands HIV counseling and testing services integrated with psycho-social support and prevention services to PLWHA.

In FY 2007, as the USG expanded the package of community palliative care to PLWHA, USG decided to channel resources to those detected and enrolled in the North East Department through Plan International building on their experience in implementing the SHINE project. The overall strategy is to create in the North East Department through local CBOs, points of service where PLWHA enrolled at all HIV sites (CT, PMTC, TB/HIV, clinical care and ARV) could be referred for nutrition, socio-economic and spiritual support services. So far, Plan International has worked with the MOH, its SHINE partners, and other key stakeholders to broaden guidelines which define the package of community palliative care and the best strategies and mechanisms to start delivering it.

With FY 2008 resources, Plan International will focus on expanding current activities to provide all PLWHA enrolled at the HIV sites with a more substantial package of community support as defined by the guidelines. These activities will be implemented in a manner complimentary to current OVC programming for a family centered approach. They will be implemented in linkages with those supported directly through CDS to expand CT, PMTCT, TB/HIV programs (see CDS narratives) as well as through POZ to reinforce psychological support through creating PLWHA support and associations and stigma reduction (see POZ narratives). Plan will also strengthen links with HIV sites where PLWHA are enrolled in care, identifying other local CBOs, grassroots organizations, and PLWHA associations through which resources could be channeled to expand services and to connect PLWHA to Title II food, economic growth partners and church groups to provide them with food, job and income generating activities, and spiritual support based on needs assessment.

**ACTIVITIES AND EXPECTED RESULTS:**

**ACTIVITY 1:** Plan International will continue to link PLWHA and infected/affected children living with HIV/AIDS who have been detected and enrolled in VCT, PMTCT, clinical care and treatment sites with local CBOs and other community resources through which PLWHA and their children can access community services. Plan will build on referral tools and systems that they are being developed with existing resources. FY 2008 funding will be used to continue strengthening this referral system by allocating resources to cover transport fees for PLWHA and their families to go to CBO points of services and to organize regular departmental coordination meetings between stakeholders.

**Activity 2:** Funding will be used to reinforce Plan International capacity to continue strengthening its main points of direct delivery of community services throughout the North East Department. These points of services will be adequately staffed with trained support and psycho-social staff, as well as with facilitators who will continue to work with their counterpart at the sites to recruit PLWHA, establish their needs and those of their families, including nutrition and socio-economic needs and to provide them with community services. The community based information system which is being developed and rolled out through Plan International's point of service this year will be reinforced next year to establish a good track record of patients enrolled and services offered.

**Activity 3:** Plan International will identify around the HIV sites other local CBOs through which the community palliative care package could be expanded. Emphasis will be put on identifying PLWHA support groups and associations that are being expanded and reinforced and on grassroots organizations with relevant experience in providing support to PLWHA or involved in other social support services. Funding will be used to provide the aforementioned organizations with financial, training, and technical assistance to upgrade them and make them capable of offering community support services in networking with the HIV sites and other key stakeholders.

**Activity 4:** Plan will use funding to make available to PLWHA through the different points of service a package of prevention, social support, and education services as directed by the guidelines. Plan will distribute safe water products, including drinking water bottles, procured through the Supply Chain Management System, to PLWHA. They will also work with the Global Fund to Fight AIDS, Tuberculosis and Malaria and MOH partners to distribute treated bed nets to PLWHA, pregnant women, and children under five for malaria prevention. Resources will be used to cover school fees for infected and affected children, and a transit house for PLWHA lodging (should resources permit) based on needs assessment. Staff from the points of services will be trained through INSHAC to provide counseling on HIV prevention, including couple and family counseling, in order to promote HIV testing within the family, reduce stigma, and to promote positive attitudes toward infected person in the family.

**Activity 5:** Plan International and its network of local CBOs will continue to establish strong linkages with the Title II food partners to make food available to PLWHA and their families based on nutrition needs assessment established at the sites and the CBO points of services. This will complement efforts being made at the sites to assess nutritional needs of PLWHA and to provide food as a prescription to those that are malnourished. Plan International will link their points of service with church groups to provide spiritual care to patients, particularly those enrolled in end of life care. They will also establish linkages with partners involved in economic growth programs to enroll PLWHA in micro-credit and job creation activities. Funding will be used to cover transportation and logistic costs to make food available at the points of services.

Funding will be used to train religious leaders and church groups to support PLWHA and their families and to cover their transportation costs to visit PLWHA. Resources will also be used to provide guaranteed funds to make micro-credit funds accessible to PLWHA.

**TARGETS:**

Number of people being tested in COP08: 44,000

Number of people testing positive: 1250

Number of people agreeing to seek palliative care services: 1000

Number of affected people being provided with palliative care services: 5000

**Activity Narrative:** Number of PLWHA support groups formed: 5  
 Number of PLWHAs offered microcredit: 100.  
 Number of PLWHA receiving water vessels and chlorine: 2000  
 Number of PLWHA receiving mosquito nets for malaria prevention 2500

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10129

**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
10129	10129.07	U.S. Agency for International Development	PLAN International	5138	4125.07	NGO Alliance	\$300,000

**Targets**

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	N/A	True
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	N/A	True
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	50	False

**Target Populations**

**Other**

People Living with HIV / AIDS

**Coverage Areas**

Nord-Est

**Table 3.3.06: Activities by Funding Mechansim**

**Mechanism ID:** 3831.08

**Mechanism:** N/A

**Prime Partner:** Partnership for Supply Chain Management

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** Palliative Care: Basic Health Care and Support

**Budget Code:** HBHC

**Program Area Code:** 06

**Activity ID:** 5471.08

**Planned Funds:** \$150,000

**Activity System ID:** 17215

**Activity Narrative:** INTEGRATED ACTIVITY FLAG: This activity is linked to Activity IDs 11057.08, 18849.08, 10353.08 and 4350.08.

This activity also relates to PFSCM's Activity Narratives for commodity procurement under Laboratory Infrastructure and to HIV/AIDS Treatment: ARV Drugs.

#### SUMMARY:

Activities are carried out to guarantee the availability of Opportunistic Infections Drugs and other commodities needed for the care and support of PLWHAs enrolled in care, including those on ARVs and around 5% of children. The list of drugs include (i) prophylaxis drugs such as INH and Vitamin B6, Cotrimoxazole and multivitamins, (ii) other antibiotics, antifungal and anti-parasitic drugs for treatment of the most common infections in HIV/AIDS patients, (iii) supportive drugs for symptoms such as fever, cough, diarrhea, headache, and pain. The primary emphasis areas for these activities are commodity procurement and logistics. Specific target populations include People Living with HIV/AIDS, HIV positive pregnant women, HIV positive infants and children. The activities will be carried out at all PEPFAR partner sites across the country in all ten geographical departments.

#### BACKGROUND:

This activity is part of an ongoing PEPFAR initiative started in FY 2006 by the PFSCM and now working in over twenty countries including the fifteen PEPFAR focus countries and also working with other non-PEPFAR and collaborating partners. Haiti is the one country to have a fully established PFSCM office that offers all services and activities related to the supply chain management of all HIV/AIDS commodities from forecasting to procurement, storage and distribution with a strong technical assistance component. The activities are keyed to assist the Haitian MOH in reaching the national objectives of care and support to all HIV positive patients. The aim is to provide an uninterrupted supply of the required OI and STI drugs for the sites that are ART and Palliative Care designated sites according to the national norms and guidelines. PFSCM will train key personnel in the management of those commodities. A more comprehensive list of drugs, made available in FY2007 through this funding to respond to the growing needs of palliative care of the HIV positive patients, will be updated on a regular basis through the HIV/AIDS Drugs Technical Working Group (TWG) established by the USG PEPFAR team in 2007.

#### ACTIVITIES AND EXPECTED RESULTS:

We will carry out five activities in this Program Area:

**ACTIVITY 1:** Since 2004, PEPFAR and Global Fund have been providing palliative drugs and supplies for PLWHAs. Through intensive efforts and scale up, a larger number is having access to care and support. With improved tools for forecasting and need assessment, more persons will benefit from this activity and more drugs addressing a continuously updated standard list of health problems will be available. We will also include INH for prophylaxis of tuberculosis for up to 60,000 by September 2009.

**ACTIVITY 2:** Because the health problems addressed by these drugs are also pathologies seen in non-HIV patients, the procurement planning and inventory tracking and utilization monitoring are rendered more complex. SCMS will take every step possible to ensure the adherence to the PEPFAR principles in making the purchased products available to those intended in the program. Also, we will coordinate with our Global Fund counterparts in terms of timing of orders and quantities of purchase. The continuing activity will aim to provide palliative care and OI drugs, taking into account Global Fund stocks, for 125,000 patients by September 2009.

**ACTIVITY 3:** Within this activity, SCMS will operate a single coordinated commodity procurement and management plan with the other stakeholders involved in OI drugs procurement, mainly the Global Fund, in support of a national system that the MOH is attempting to put in place. Sharing of complete patient data on each individual treatment site, along with drug budgets and procurement plan will improve the quality of available information and the management of the supply chain. SCMS will provide technical assistance and periodic formal training in logistics and stock management with emphasis on HIV commodities. We will also continue to conduct continuous on site training, assistance follow up to training and supervision of stock activities. These activities will encompass MOH-managed public sites and NGO-operated sites. SCMS will provide computerized reports of commodity needs projections for each site, and for the national level, including all commodity sources. This activity will contribute to improved palliative care and treatment services throughout all PEPFAR partners supported sites.

**ACTIVITY 4:** PFSCM will implement and operate a single data collection tool for patient and drug consumption management. Since FY 2006 and in the first part of FY 2007, SCMS/Haiti staff in collaboration with the software developers and managers at MSH/CPM in Arlington has updated the ADT software (SIMPLE) to be able to integrate Opportunistic Infections Drugs and patient data. It will be implemented at all new sites during FY 2008. It will allow for accurate and current data on type, frequency and most frequently used treatments for opportunistic Infections, thus contributing to a better management of drugs and their availability at all times.

#### TARGETS: By September 2009

Purchase OI drugs for up to 125,000 people,  
Purchase INH prophylaxis for up to 60,000 people,  
Train 100 persons in logistics management,  
Provide quarterly commodity consumption data report.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9333

**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28663	5471.28663.09	U.S. Agency for International Development	Partnership for Supply Chain Management	11698	3831.09	SCMS	\$2,000,000
9333	5471.07	U.S. Agency for International Development	Partnership for Supply Chain Management	5145	3831.07		\$2,400,000
5471	5471.06	U.S. Agency for International Development	Partnership for Supply Chain Management	3831	3831.06		\$1,315,313

**Targets**

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	N/A	True
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	N/A	True
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	N/A	True

**Indirect Targets**

**Target Populations**

**Other**

Pregnant women

People Living with HIV / AIDS

**Table 3.3.06: Activities by Funding Mechanism**

**Mechanism ID:** 4156.08

**Mechanism:** N/A

**Prime Partner:** World Concern

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** Palliative Care: Basic Health Care and Support

**Budget Code:** HBHC

**Program Area Code:** 06

**Activity ID:** 10111.08

**Planned Funds:** \$800,000

**Activity System ID:** 17245

**Activity Narrative:** This activity is linked to activity ID 5238.08, 5411.08.

World Concern Development Organization (WCDO) will continue to establish and strengthen referral systems for People Living with HIV/AIDS (PLWHA) in the West Department of Haiti to increase access to services, expand current community situational analysis, scale-up community services available to PLWHA, strengthen PLWHA associations, provide preventative care packages to PLWHA households, and strengthen the economic coping capacities of households affected by HIV/AIDS. The emphasis areas are community mobilization (major: 55%), development of network/linkages/referral systems (minor: 45%), training (minor: 30%), food and nutrition (minor: 20%), local organization capacity development (minor: 30%), quality assurance (minor: 10%), and linkages with other sector initiatives (minor: 35%). The primary target populations are PLWHA, HIV/AIDS-affected families, public sector hospitals and clinics, community-based organizations, volunteers, women (including those of reproductive age), religious leaders, and public and private health care workers. The coverage area is the West Department.

**BACKGROUND:**

In Fiscal Year (FY) 2007, the United States Government expanded the package of community palliative care to PLWHA by channeling resources to each of the 10 departments through one community based organization (CBO) that is in charge of planning and implementing this program in coordination with the Ministry of Health (MOH) departmental directorate, local CBOs and grassroots organizations. The overall strategy is to refer all PLWHAs enrolled in care at all HIV sites to the points of service put in place by the CBOs in order to provide them with community and socio-economic support. World Concern Development Organization (WCDO), the lead agency of the Association of Evangelical Relief and Development Organizations (AERDO) HIV/AIDS Alliance (AHA) was given FY 2007 resources to serve as the central CBO for the West Department where they expect to target about 10,000 PLWHA. WCDO has chosen to channel resources and implement its activities primarily through three partners: CRWRC (spell out), SA (spell out), and FOCAS (spell out) affiliated to AERDO.

Although the program has yet to be implemented because of FY 2007 funding delays, WCDO has worked with the MOH, its three partners, and other key stakeholders to broaden guidelines which define the package of community palliative care. They have also worked with different HIV sites in the West Department where PLWHAs are being enrolled in care to establish the best strategies and mechanisms to deliver the community care package. Based on these strategies, three points of services established through WCDO and its partners will start providing community services soon.

With FY 2008 resources, WCDO will expand current activities to provide all PLWHA enrolled at the voluntary counseling and testing (VCT), tuberculosis (TB)/HIV, preventing mother to child transmission (PMTCT), clinical and anti-retroviral (ARV) services in the West Department with a more substantial package of community support as defined by the guidelines. These activities will be implemented in a manner complimentary to current OVC programming for a family centered approach. WCDO will continue to work in coordination with its partners to focus on improving linkages with HIV sites where PLWHA are enrolled in care, identifying other local CBOs, grassroots organizations, and PLWHA associations through which resources could be channeled to expand services and on connecting PLWHA to Title II food and economic growth partners. Additionally, WCDO will work to link PLWHA with church groups to provide them with food, job and income generating activities, and spiritual support based on needs assessment.

**ACTIVITIES AND EXPECTED RESULTS:**

**ACTIVITY 1:** WCDO and its partners will continue to link PLWHA and infected/affected children living with HIV/AIDS who have been detected and enrolled in VCT, PMTCT, clinical care and treatment sites (particularly public hospitals and clinics), with local CBOs and other community resources through which PLWHA and their children can access community services. They will build on referral tools and systems that they are being developed with existing resources. FY 2008 funding will be used to continue strengthening this referral system by allocating resources to cover transport fees for PLWHAs and their families to go to the CBO points of services and to organize regular departmental coordination meetings between stakeholders.

**Activity 2:** Funding will be used to reinforce WCDO and its co-partners (CRWRC, SA and FOCAS) capacity to continue strengthening their main points of direct delivery of community services throughout the West Department. These points of services will be adequately staffed with trained support and psycho-social staff, as well as with facilitators who will continue to work with their counterpart at the sites to recruit PLWHAs, establish their needs and those of their families, including nutrition and socio-economic needs and to provide them with community services. The community based information system which is being developed and rolled out through WCDO and its co-partners this year will be reinforced next year to establish a good track record of patients enrolled and services offered.

**Activity 3:** Next year WCDO will identify around its sites other local CBOs through which the community palliative care package could be expanded. Emphasis will be put on identifying PLWHA support groups and associations that are being expanded and reinforced and on grassroots organizations with relevant experience in providing support to PLWHA or involved in other social support services. WCDO will use funding to provide the aforementioned organizations with financial, training, and technical assistance to upgrade them and make them capable of offering community support services in networking with the HIV sites and other key stakeholders.

**Activity 4:** WCDO will use funding to make available to PLWHA through the different points of services a package of prevention, social support, and education services as directed by the guidelines. WCDO will distribute to PLWHA safe water products, including drinking water bottles, they will procure through the Supply Chain Management System. WDCO will also work with the Global Fund to fight AIDS, Tuberculosis and Malaria and MOH partners to distribute treated bed nets to PLWHA, pregnant women, and children under five for malaria prevention according to national guidelines. Resources will be used to cover school fees for infected and affected children, and a transit house for PLWHA lodging (should resources permit) based on needs assessment. Staff from the points of services will be trained through Institute Haitien de Santé Communautaire (INSHAC) to provide counseling on HIV prevention, including couple and family counseling, in order to promote HIV testing within the family, reduce stigma, and to promote positive attitudes toward infected person in the family.

**Activity 5:** WCDO and its partners will continue to establish strong linkages with the Title II food partners to make food available to PLWHA and their families based on nutrition needs assessment established at the sites and the CBO points of services. This will complement efforts being made at the sites to assess nutritional needs of PLWHA and to provide food as a prescription to those that are malnourished. WDCO and its partners will link their points of service with church groups to provide spiritual care to patients, particularly those enrolled in end of life care. They will also establish linkages with partners involved in economic growth programs to enroll PLWHA in micro-credit and job creation activities. Funding will be used

**Activity Narrative:** to cover transportation and logistic costs to make the food available at the points of services. Funding will be used to train religious leaders and church groups to support PLWHA and their families and to cover their transportation costs to visit PLWHA. Resources will also be used to provide guaranteed funds to make micro-credit funds accessible to PLWHA.

**EMPHASIS AREAS:**

Community mobilization (major: 55%), development of network/linkages/referral systems (minor: 20%), training (minor: 20%), food and nutrition (minor: 15%), local organization capacity development (minor: 15%), and quality assurance (minor: 10%) linkages with other sector initiatives (minor: 25%)

**TARGETS:**

For the year ending September 30, 2008, AERDO seeks to reach the following targets: six service outlets providing HIV-related palliative care; 10,000 individuals provided with HIV-related palliative care and 112 individuals trained to provide HIV-related palliative care.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10111

**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
10111	10111.07	U.S. Agency for International Development	World Concern	5156	4156.07		\$800,000

**Targets**

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	N/A	True
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	N/A	True
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	112	False

**Target Populations**

**Other**

People Living with HIV / AIDS

**Coverage Areas**

Ouest

**Table 3.3.06: Activities by Funding Mechansim**

**Mechanism ID:** 45.08

**Mechanism:** N/A

**Prime Partner:** World Vision International

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** Palliative Care: Basic Health Care and Support

**Budget Code:** HBHC

**Program Area Code:** 06

**Activity ID:** 12363.08

**Planned Funds:** \$100,000

**Activity System ID:** 17250

**Activity Narrative:** This activity is linked to activity ID 18065.08, 12363.08, 8155.08, 18065.08.

**SUMMARY:** This intervention is designed to improve the well-being and quality of life of people living with HIV/AIDS (PLWHA) living in the areas of VCT/PMTCT/ARV sites supported by the PEPFAR program where World Vision implements programs. World Vision will provide a package of community palliative care services that will be integrated with OVC services to offer a comprehensive range of services based on a family-centered approach. The program will reach 6,000 PLWHA and their families by September 2008 and 8,000 by September 2009. The interventions will take place in that part of the West Department not covered by World Concern Development Organization (WCDO) and its partners, and in part of the Central Plateau Department not covered by Partners in Health (PIH). Community palliative care support will be provided by WCDO which serves as the chief community based organization (CBO).

**BACKGROUND:** This intervention is the extension of the President's Emergency Plan for AIDS Relief (PEPFAR)-funded SAFENET Plus program approved in Fiscal Year (FY) 2006. SAFENET Plus targets OVC who receive care and support to improve their well-being and quality of life. Through this program, World Vision will support the United States Government's (USG) efforts to expand the package of community palliative care to PLWHA by channeling resources to each of the 10 departments through a main CBO which is in charge of planning and implementing this program in coordination with the Ministry of Health (MOH) departmental directorate, local CBOs, and grassroots organizations.

Three nongovernmental organizations (NGOs) will implement the project: World Vision, acting as a principal recipient; Save the Children, acting as a sub-recipient; and Management and Resources for Community Health (MARCH), acting as a sub-recipient. Activities will be carried out in World Vision's Area Development Projects (ADP) and in the intervention areas of the sub-recipients. The SAFENET Plus program will work with HIV sites where PLWHA are identified to enroll them in community palliative care in integration with OVC's program activities.

#### ACTIVITIES AND EXPECTED RESULTS.

Activity 1: Funding will be used to reinforce World Vision and its partners' capacity to strengthen their chief points of direct community service delivery. These points of services will be adequately staffed with trained support and psycho-social staff, as well as with a facilitator who will continue to work with their site counterpart to recruit PLWHA, establish their needs and those of their families, and to provide community services. The community based information system which is being developed and rolled out through CBOs this year, will be reinforced next year to establish a good record of patient enrollment and services offered. Activity 2: World Vision and its partners will continue to establish a link with HIV sites located in their catchment areas to identify PLWHA and to provide a basic package of services through their points of service. Sites in the West include: Hopital de Petit Goave, Centre de Sante Croix des Bouquets, Centre Mennonite Crx des Bouquets, POZ et Clinique St Paul Montrouis, SADA (Matheux, Belanger), Pierre Payen. Additional sites, located in the Center Department include Maissade, Mirebalais, Saut-d'Eau, Savanette, Thomassique, and Thomazeau. Services will include distribution of safe water products, and drinking water bottles procured through SCMS. World Vision, in coordination with the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) and Ministry of Health partners, will also deliver treated bed nets to PLWHA, and pregnant women and children under five for malaria prevention. World Vision will use resources to cover school fees for infected and affected children, transit house for PLWHA, and lodging (should resources permitted) based on needs assessment. INSHAC will train points of service staff to provide counseling on HIV prevention, including couple and family counseling, in order to promote HIV testing within the family, reduce stigma and to promote positive attitudes towards infected family members. Activity 3: World Vision and its partners will continue to establish strong links with Title II Food partners to make food available to PLWHA and their families based on nutrition needs assessment established at the sites and the CBO points of services. This will complement efforts being made at the sites to assess the nutrition needs of PLWHA and to provide food as a prescription to the malnourished. World Vision and its partners will link their points of service with church groups to provide spiritual care to patients, particularly those enrolled in end of life care. They will also establish relationships with partners involved in economic growth programs to enroll PLWHA in micro-credit and job creation activities. Funding will be used to cover transportation and logistic costs to make food available at the points of services. Funding will be used to train religious leaders and church groups to support PLWHA and their families and to cover transportation costs to visit PLWHA. Resources will also be used to provide guaranteed funds to make micro-credit funds accessible to PLWHA.

#### EMPHASIS AREAS:

Community mobilization (major: 55%), development of network/linkages/referral systems (minor: 20%), training (minor: 20%), food and nutrition (minor: 15%), local organization capacity development (minor: 15%) and quality assurance (minor: 10%) linkages with other sector initiatives (minor: 25%)

#### TARGETS:

Number of health professionals trained: 60

Number of PLWAs enrolled in community palliative care: 8,000

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 12363

**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12363	12363.07	U.S. Agency for International Development	World Vision International	5159	45.07		\$75,000

**Emphasis Areas**

**Food Support**

Estimation of other dollars leveraged in FY 2008 for food \$27,000

**Public Private Partnership**

**Targets**

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	N/A	True
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	7,000	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	200	False

**Indirect Targets**

**Target Populations**

**Other**

People Living with HIV / AIDS

**Coverage Areas**

Centre

Ouest

**Table 3.3.06: Activities by Funding Mechansim**

**Mechanism ID:** 3314.08

**Prime Partner:** Catholic Relief Services

**Funding Source:** GHCS (State)

**Budget Code:** HBHC

**Activity ID:** 4496.08

**Activity System ID:** 17166

**Mechanism:** AIDS Relief

**USG Agency:** HHS/Health Resources  
Services Administration

**Program Area:** Palliative Care: Basic Health  
Care and Support

**Program Area Code:** 06

**Planned Funds:** \$200,000

**Activity Narrative:** SUMMARY: AIDSRelief Consortium will expand palliative care to include comprehensive medical services, psychosocial support, and follow-up for 15,000 patients by the end of year five. Development of networks and linkages will be encouraged with other community-based clinical programs and with government-supported programs in the geographic departments served by AIDSRelief. The target populations include people living with HIV and AIDS and their families. The coverage area includes the communes of Gonaïves, Gros Morne, and Deschapelles in the Artibonite; Fond-des-Nègres in the Nippes; Fond-des-Blancs in the South; Léogane in the West; Pilate and Milot in the North, and all new sites to be assessed. BACKGROUND: AIDSRelief has been providing palliative care and ARV drugs in Haiti since 2004, through support from the President's Emergency Plan for AIDS Relief (PEPFAR). AIDSRelief recognized the need to develop a comprehensive and public health approach to palliative care integrated with existing health systems and the continuum of care for chronic, life threatening illnesses. HIV/AIDS has become a manageable chronic disease. In the coming year, AIDSRelief will provide an integrative continuum of care (including the need for improvements in pain and symptom management) according to the diverse settings, clinical management strategies, and disease stages relevant to palliative care in HIV disease. With existing resources, eight sites have been reinforced with integrated VCT, ARV, PMTCT and palliative care services. So far 6,000 have been enrolled in clinical care. With Fiscal Year (FY) 2008 resources, AIDSRelief will reinforce the existing eight sites and will expand palliative care services to three new sites by September 2009 to reach a total of 11 palliative care sites in integration and/or in networking with the ARV sites. AIDSRelief is committed to working with the government of Haiti (and other implementing partners) and is an active member of the Ministry of Health's care and treatment cluster, which has responsibility to define the national strategy for HIV/AIDS care.

#### ACTIVITIES AND EXPECTED RESULTS:

##### Activity 1: Service Organization:

AIDSRelief will ensure that all patients testing positive at any AIDSRelief hospital or at any of the satellite health centers in their regional networks will be enrolled in clinical palliative care. As a result, they will receive access to laboratory, clinical, nutrition, psycho-social assessment and follow up services. The program will use FY 2008 funding 1) to staff each site with a multi-disciplinary health care team, including physicians, nurses, psychologists, social workers, counselors, nutritionists, community health workers, and laboratory technicians (see laboratory narrative); 2) to support the organization of health services, including patient monitoring, laboratory for basic and CD4 testing, dispensation of opportunistic infection treatment and prophylaxis, pain and symptom management, long-term patient follow-up and prescription of food to malnourished PLWHAs, and; 3) to perform refurbishing at the sites to enhance laboratory capacity, drug storage, and clinical management. This will be done in integration with Supply Chain Management Services which is responsible for providing laboratory reagents, commodities, and OI drugs

##### Activity 2: Human capacity building:

The program will continue training to ensure the clinical staff maintains skills in the care and treatment of people infected with HIV/AIDS. This year the focus will be on training health professionals in nutrition assessment, follow-up and recuperation to make sure that all sites are integrated with nutrition services. The capacity to provide quality health care at the local level will depend on the skills maintained by the medical staff at each health center. To sustain a workforce of highest quality, AIDSRelief will provide on-going training and technical support on a quarterly basis. Similar technical support will be available to support staff including pharmacists, laboratory technicians, and monitoring and evaluation specialists.

##### Activity 3: Social support services:

Special attention will be given to the need for social support for patients enrolled in the palliative care program. Funding will enable AIDSRelief to hire at each site a social work team led by a social worker that will be in charge of assessing the social needs of all people living with HIV/AIDS (PLWHA) and help them receive access to social support services. Direct support will be provided through the sites (e.g. fees for services—delivery, hospitalization, x-ray etc) and for transportation to appointments. The program will also refer patients to the PLWHA association and community based organization in charge to provide community palliative care through a family centered approach. This will allow patients to gain access to a broader package of social and economical support services (see AERDO, CRS, TBD, and Plan activity narratives for palliative care). A social worker or psychologist who will focus on the counseling needs of staff at the AIDSRelief hospitals and clinical satellites will be added to the AIDSRelief team.

##### Activity 4: Home based care

AIDSRelief will increase the number of community health workers to accommodate scale-up at each AIDSRelief points of service. The community workers will be in charge of tracking patients (including pregnant women enrolled in PMTCT and infected and exposed children), provide at home adherence support, health education on best health and nutrition practices, counseling for positive behavior, distribution of care, and preventive commodities such as condom, Oral Re-hydration Solution, pain medications according to the guidelines and make appropriate referrals. The program will hire nursing supervisors at each site to support the community workers with symptom recognition, and syndromic treatment, particularly when they have patients experiencing health or psychosocial problems.

##### Activity 5: Psychological support

Funding will be used to hire, at minimum, a psychologist at each center of excellence to provide support to PLWHA in order to reduce denial and assist in psychological assessment and follow up and on preparedness for highly active antiretroviral therapy and chronic follow up and treatment. AIDSRelief will continue to support each site PLWHA support groups to create a supportive environment for treatment adherence and stigma reduction. In addition, local community leaders, traditional healers, and religious leaders will be incorporated to encourage and enhance support of patients within the community. AIDSRelief will continue to penetrate the religious sector in an effort to bring HIV/AIDS and treatment awareness to churches and religious groups and to get them involved in providing spiritual care to patients.

#### HQ Technical Area:

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9269

**Related Activity:**

### Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27499	4496.27499.09	HHS/Health Resources Services Administration	Catholic Relief Services	11444	3314.09	AIDS Relief	\$200,000
27498	4496.27498.09	HHS/Health Resources Services Administration	Catholic Relief Services	11444	3314.09	AIDS Relief	\$300,000
9269	4496.07	HHS/Health Resources Services Administration	Catholic Relief Services	5117	3314.07	AIDS Relief	\$250,000
4496	4496.06	HHS/Health Resources Services Administration	Catholic Relief Services	3314	3314.06	AIDS Relief	\$600,000

### Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	11	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	13,800	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	600	False

### Target Populations

#### Other

People Living with HIV / AIDS

### Coverage Areas

Artibonite

Nord

Ouest

Sud

Nippes

Table 3.3.06: Activities by Funding Mechanism

**Mechanism ID:** 3136.08

**Mechanism:** N/A

**Prime Partner:** Foundation for Reproductive Health and Family Education

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Palliative Care: Basic Health Care and Support

**Budget Code:** HBHC

**Program Area Code:** 06

**Activity ID:** 10126.08

**Planned Funds:** \$300,000

**Activity System ID:** 17177

**Activity Narrative:** Summary: Clinical palliative care linked with home based care at FOSREF's counseling and testing (CT) sites serving marginalized communities will be expanded from the metropolitan area in the West Department to two additional departments, namely the South and South East. FOSREF will continue to integrate the program with prevention and CT activities targeting high-risk groups, youth, and prostitutes. The program will continue to offer more comprehensive HIV services to the target population—PLWHA that are detected at all FOSREF centers in the three departments.

**BACKGROUND:**

This program will continue to address the needs of the PLWHA tested at FOSREF centers and those from PLWHA partner associations. FOSREF will continue to integrate palliative care in its network to provide a better continuum of care to PLWHA and also an incentive to encourage people to get tested. The Centre de Gynécologie Préventive et D'Education Familiale ([CEGYPEF]/Port-au-Prince) in the metropolitan area has been upgraded to provide clinical palliative care in Fiscal Year (FY) 2007 and will reinforce its two satellites in Solino and Christ Roi in FY 2008. This package will include clinical and home-based care (HBC) services and will include networking with the other FOSREF CT sites in the area and with existing anti-retroviral (ARV) sites in the Ministry of Health (MOH) and GHESKIO networks located in the area where PLWHA eligible for HAART will be referred for anti-retroviral treatment (ART). FOSREF will develop linkages with the Association of Evangelical Relief and Development Organizations HIV/AIDS Alliance (or "the Alliance" AERDO), the main community-based organization (CBO) through which the USG will channel resources to provide community palliative care to PLWHAs in the West Department.

**ACTIVITIES AND EXPECTED RESULTS:**

The proposed program will allow FOSREF to provide standard palliative care in a network of six FOSREF centers to address specific needs of youth and CSW groups served through these centers. Services provided to patients will be patient- and family-centered and will optimize quality of life by active anticipation, prevention, and treatment of suffering through respectful and trusting relationships formed with an interdisciplinary team throughout the continuum of illness, addressing physical, intellectual, emotional, social, and spiritual needs and facilitating patient autonomy, access to information and choice by providing relief from pain and other distressing symptoms.

Activity 1: FOSREF will use funding to maintain three sites – upgraded with COP 2007 resources – and two other sites in order to assess the clinical status of patients and to provide opportunistic infection (OI) treatment and prophylaxis, nutritional assessments, counseling and support according to national norms and protocols. Patients will also benefit from long-term follow-up to determine the optimal time to begin ART and to refer them to ARV sites.

Activity 2: FOSREF will expand its network of community workers around the three existing and new sites to ensure the delivery of a package of care at home to enrolled PLWHAs. Home visits will be realized to track patients and provide counseling services regarding HIV positive prevention and best health practices.

Activity 3: A system of reference and counter-reference with the ARV sites located in the three targeted departments will be put in place in order to refer PLWHA eligible for ARV. FOSREF will continue to offer tracking, adherence support, and basic home-based care for the ARV patients. FOSREF will also ensure that enrolled PLWHA will get access to psycho-social and preventive care services at the community level, including psychological and spiritual care to patients, support system to help patients live as actively as possible and to help the family cope during the patient's illness and in their own bereavement.

Activity 4: FOSREF will continue to reinforce its technical and logistical capacity to supervise daily program activities and to coordinate with the Haitian Group for the Study of Kaposi's Sarcoma and Opportunistic Infections (GHESKIO) and Partners in Health (PIH) the training of the different categories of staff at the five sites in clinical and home-based care using national norms and protocols.

Activity 5: FOSREF will organize post-test clubs and support groups for PLWHA, involving HIV (+) youth in decision-making for positive prevention. PLWHA will be trained as peers in communication skills, HIV/AIDS prevention. Trained PLWHA will have a key role in executing, monitoring and in evaluating activities of the project. They will be involved with the other community health workers and the health providers at center level, in the screening of HIV (+) people presenting early signs or symptoms of opportunistic infections.

**EMPHASIS AREAS:**

Community Mobilization/ Participation 10-50  
Development of Network / Linkages/ Referral Systems 10-50  
Food/Nutrition 10-50  
Training 10-50

**TARGETS:**

# of services outlets providing HIV related Palliative care (Excluding TB/HIV) : 5  
# of individuals provided with HIV related Palliative care (Excluding TB/HIV) : 2,000  
# of individuals trained to provide HIV related Palliative care (Excluding TB/HIV) : 60  
2,000 PLWHAs (and their families) will be supported  
100 % of the PLWHAs needing ARV treatment will receive it  
300 Peers PLWHAs will be trained

**TARGET POPULATIONS:**

PLWHA, Community Based Organizations, PLWHA associations.

**KEY LEGISLATIVE ISSUES:**

Food, Stigma and Discrimination.

**COVERAGE AREAS:**

West, South, South East Departments

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

Continuing Activity: 10126

Related Activity:

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28904	10126.28904.09	HHS/Centers for Disease Control & Prevention	Foundation for Reproductive Health and Family Education	11769	3136.09	FOSREF	\$200,000
10126	10126.07	HHS/Centers for Disease Control & Prevention	Foundation for Reproductive Health and Family Education	5123	3136.07		\$250,000

**Targets**

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	5	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	2,000	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	60	False

**Target Populations**

**Other**

People Living with HIV / AIDS

**Coverage Areas**

Ouest  
Sud  
Sud-Est

**Table 3.3.06: Activities by Funding Mechansim**

**Mechanism ID:** 5541.08

**Mechanism:** N/A

**Prime Partner:** Catholic Relief Services

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** Palliative Care: Basic Health Care and Support

**Budget Code:** HBHC

**Program Area Code:** 06

**Activity ID:** 10123.08

**Planned Funds:** \$0

**Activity System ID:** 17170

**Activity Narrative:** Integrated Activity: This activity links to Activity IDs 17930.08 and 10667.08.

**SUMMARY:**

This activity will provide a comprehensive package of community-based care and support for adults with HIV/AIDS and will be integrated with existing clinical and government-supported programs providing services in VCT, OVC, and PMTCT in the selected target area. Main emphasis areas include: community mobilization, development of referral systems/linkages; information, education and communication, linkages with other sectors, training and food nutrition support. Through this program, CRS will provide the physical, nutritional, psychosocial, legal, and spiritual support to people living with HIV/AIDS (PLWHA). The primary target population is PLWHA and their families. The geographic coverage area includes the Nippes, South, Grande Anse, Artibonite, and Northwest Departments.

**BACKGROUND:**

This program will build on work CRS is slated to perform in community-based palliative care financed through COP 2007. CRS will work in collaboration with the local Ministry of Health (MSPP) structures and will coordinate with the Government of Haiti (GOH) hospitals on-going care and treatment programs across five departments: North West, Artibonite, Nippes, Grand'Anse and South. Additionally, CRS will work closely with 20 rural health centers and hospitals currently providing HIV services across these departments. CRS will directly implement activities in the southern peninsula and will partner with other community based organizations (CBOs) in Artibonite and Northwest. CRS will link activities with its Mother and Child Health and Nutrition (MCHN) and HIV/TB feeding component of the multi-year assistance program (MYAP) in the South, and COP 2008 funded OVC and TB programs slated for implementation in the same five geographic areas. Volunteer community health workers (CHWs) participating in the MYAP and volunteer PLWHA will be the primary providers of community-based palliative care. Additionally, the program will focus on involving male volunteers in HIV support groups and home-based care activities.

**ACTIVITIES AND EXPECTED RESULTS:**

**ACTIVITY 1:** CRS and its partners will continue to link PLWHA and infected/affected children living with HIV/AIDS who have been detected and enrolled in VCT, PMTCT, clinical care and treatment sites with local CBOs and other community resources. FY 2008 funding will be used to continue strengthening this referral system by allocating resources to cover transport fees for PLWHA and their families to visit the CBO points of services and to organize regular departmental coordination meetings between stakeholders.

**Activity 2:** Funding will be used to reinforce CRS and partner organizations' capacity to continue strengthening in each of the five department served points of direct delivery of community services. These points of service will be staffed with trained support and psycho-social staff, as well as with a facilitator who will continue to work with their counterpart at the sites to recruit PLWHA, establish their needs and those of their families, including nutrition and socio-economic needs and to provide them with community services. CHWs participating in the MYAP will be linked to these points of services to build a bridge between the points of service, sites, and the families. The community based information system which is being developed and rolled out through CRS's points of service this year will be reinforced next year to get a good track record of patients enrolled and of services offered.

**Activity 3:** To make services more accessible to PLWHA, CRS and its partners will identify other local CBOs through which the community palliative care package could be expanded. Emphasis will be put on identifying PLWHA's support groups and associations that are being expanded and reinforced, and on grassroots organizations with relevant experience in providing support to PLWA or involved in other social support services. CRS will use funding to provide these local CBOs with resources (financial, training, and technical assistance) so that they can upgrade and become capable of offering community support services in networking with HIV sites and other key stakeholders.

**Activity 4:** CRS and its partners will make a package of prevention, social support, and education services available to PLWHA through the different points of services. They will distribute safe water products, and drinking water bottles that will be procured through Supply Chain Management System (SCMS) to PLWHA. They will also work with the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) and MOH partners to distribute treated bed nets to PLWHA, pregnant women, and to children under five for malaria prevention. Resources will be used to cover school fees for infected and affected children, a transit house for PLWHA, lodging (should resources permit) based on a needs assessment. Staff from the points of services and the MYAP community health workers will be trained through Institute Haitien de Santé Communautaire (INSHAC) to provide education on best health practices and counseling on HIV prevention, including couple and family counseling, in order to promote HIV testing within the family, reduce stigma, and to promote positive attitudes towards infected family members.

**Activity 5:** Funding will be used to provide psychological and spiritual support to PLWHA by training local authorities and religious leaders, and PLWHA groups on how to support PLWHA and their families. Religious patients will also benefit from spiritual counseling from trained religious leaders. Community leaders will receive guidance on how to protect the rights of affected families, particularly affected women, and ensure that the will of PLWHA concerning disposition of their property and care for their children will be addressed after they die.

**ACTIVITY 6:** CRS and partners will increase economic opportunities for PLWHA--particularly women-headed households, widows, and pregnant women--by providing support for income generating activities. PLWHA support groups will receive training in self-help group savings methodologies, project design and management, organization, and small business skills. CRS will also assist support groups in the development of bi-laws leading to their legal recognition as associations. CRS will seek linkages with micro-finance institutions in the Development Alternative In Macrofinance and Small Enterprise (DAI/MSME) network to improve access to micro-credit (key legislative issue: wrap around). Increased savings and access to credit will improve the resiliency of PLWHA and their affected families by allowing them to build up assets.

**ACTIVITY 7:** Activity seven will focus on providing nutritional support through linkages with Food for Peace (FFP) Title II programs and public-private partnerships. Through CRS's Title II funded MYAP, CRS will provide supplemental feeding rations to households with PLWHA enrolled in care and treatment based on nutrition assessment. Targeting for supplemental feeding will prioritize: symptomatic PLWHA, PLWHA on ARV treatment, PLWHA approaching end-of-life, and HIV infected mothers and children.

**Activity 8:** Through a partnership with Meds for Kids, CRS will procure a Ready-to-Use Therapeutic Food (RUTF) called Medika Mamba (similar to Plumpy Nut) to severely malnourished PLWHA adults and children. CRS will also procure a blended fortified flour specific to the nutritional needs of HIV+ pregnant

**Activity Narrative:** and lactating mothers and their children aged six to 24 months. CRS will be in charge of the distribution of these foods to the various networks that will make them available to malnourished PLWHAs (adults and children). This will be linked to the activities undertaken at the sites to assess and monitor the nutritional status of PLWHA to educate and counsel PLWHA in nutrition, hygiene, and sanitation. All nutritional support interventions will closely adhere to HIV nutrition guidelines established by WHO, FANTA, OGAC, HRSA, and the Haitian MSPP.

**EMPHASIS AREAS:**

Training 51-100%  
 Community mobilization 10-50%  
 Information, Education and Communication 10-50%  
 Linkages with other sectors 10-50%  
 Food/Nutrition support 51-100%  
 Development of referral systems/linkages 10-50%

**TARGETS:**

10 service outlets providing HIV-related palliative care  
 19,526 individuals provided with HIV-related palliative care  
 560 individuals trained to provide HIV palliative care  
 400 individuals trained in HIV-related stigma and discrimination reduction

**TARGET POPULATIONS:**

Community leaders, religious leaders; People living with HIV/AIDS; Caregivers; Widows; HIV-positive pregnant women; other health care workers (CHWs); Community-based organizations (PLWHA support groups/associations).

**KEY LEGISLATIVE ISSUES:**

Stigma and discrimination; gender; nutritional support; micro-finance

**COVERAGE AREAS:**

Nippes, South, Grande Anse, Artibonite, and Northwest Departments

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10123

**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
10123	10123.07	U.S. Agency for International Development	Catholic Relief Services	5541	5541.07		\$2,365,000

**Emphasis Areas**

**Food Support**

Estimated PEPFAR dollars spent on food \$825,000  
 Estimation of other dollars leveraged in FY 2008 for food \$46,000

**Public Private Partnership**

## Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	N/A	True
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	N/A	True
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	960	False

## Target Populations

### Other

People Living with HIV / AIDS

## Coverage Areas

Sud

Nippes

Artibonite

Grand-Anse

Nord-Ouest

**Table 3.3.06: Activities by Funding Mechansim**

**Mechanism ID:** 9391.08

**Prime Partner:** Family Health International

**Funding Source:** GHCS (State)

**Budget Code:** HBHC

**Activity ID:** 18947.08

**Activity System ID:** 18947

**Mechanism:** FHI

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Program Area:** Palliative Care: Basic Health Care and Support

**Program Area Code:** 06

**Planned Funds:** \$900,000

**Activity Narrative: BACKGROUND:**

In Fiscal Year (FY) 2007, the United States Government (USG) expanded the package of community palliative care by channeling resources to the 10 departments through a main CBO that will take the lead in planning and implementing this program with MOH departmental directorates, local CBOs, and grassroots institutions. The overall strategy is to refer all PLWHA enrolled in care at all HIV sites to the points of service established by CBOs in order to provide them community and socio-economic support. Family Health International (FHI) was given FY 2007 resources to be the central CBO for the North and South East Departments. Last year, FHI was given funds to work with the MOH and other CBOs selected to develop norms and guidelines for this program. Although the program has not yet been implemented because of delays in receiving FY 2007 funding, a document detailing guidelines that defines the package of community palliative care and strategies to deliver has been developed.

Since the launch of PEPFAR in Haiti, FHI has been a key partner in helping expand CT, care and treatment as well as social mobilization programs, from policy development to implementation of activities at some sites. With PEPFAR support, FHI launched a model of community CT services in Laborde (South Department), Ti Descayettes and Campeche (West Department) two years ago. With FY 2007 resources, two of these institutions (Ti Descayette and Laborde) are being reinforced to offer integrated palliative care in order to reach 600 PLWA and their families.

With FY 2008 resources, a TBD contractor will reinforce its role as the central CBO in the North and South East Departments of Haiti to continue delivering community palliative care in these areas. As the central CBO, the contractor will focus on making links with the HIV sites where PLWHA are enrolled in care, identifying local CBOs, grassroots organizations and PLWHA associations through which resources could be channeled around these sites, expanding the package of services to target all PLWHA enrolled in care in these two departments, connecting PLWHA to Title II food and economic growth programs to provide them with food, and income generating activities based on needs assessment.

**ACTIVITIES AND EXPECTED RESULTS**

**ACTIVITY 1:** Funding will be used to continue upgrading the two palliative care sites (Ti Descayettes and Laborde) to reach 600 patients. All patients will receive access to laboratory, clinical, nutrition, and psycho-social assessments and follow up services to prevent and treat opportunistic infections. Additionally, the contractor will provide access to services to address malnutrition, to manage pain and symptoms, to monitor optimal time for HAART and to create a supportive environment for adherence to long term follow up and care. Funding will be used to enhance infrastructure and strengthen both clinical and community staff with an emphasis on nurses so that they may play a greater role in providing clinical care. Through the community, home based care will be reinforced around these sites to provide PLWHA a package of preventive care, counseling and education services. The contractor will support groups and will provide technical oversight, supervision, and monitoring of activities.

**Activity 2:** The contractor will continue to work with the MOH and other CBOs to reinforce all policy aspects of the program. As guidelines are being developed, validated and disseminated this year, training and supervision tools in coordination with I-TECH (see I-TECH PC activity narrative) will be next year's focus. The contractor will participate in all task force activities aimed at implementing these tools.

**Activity 3:** The TBD contractor will use resources to maintain and expand office spaces in the North and South East Departments. These offices will be adequately staffed with trained support and psycho-social staff, as well as with facilitators who are to work with their counterparts at the sites to recruit PLWHA, establish the social needs of the PLWHA's family and to deliver a package of community palliative care services. After the expansion, the contractor's departmental offices will have the capacity to provide service either directly or to channel resources and coordinate activities through local CBOs linked to this program based on PLWHA needs and geographic location. The community based information system, which is in development, will be put in place through these offices so that the contractor can provide a track record of patients enrolled and services offered.

**Activity 4:** To facilitate access and to provide services closer to the population, the contractor will identify local CBOs with the capacity to deliver the community palliative care package. Emphasis will be put on PLWA support groups and associations that are being expanded and reinforced and on organizations with relevant experience in providing support to PLWA and/or other social support. Through subcontracts with local CBOs, the contractor will provide financial and technical assistance to upgrade them and provide them with the tools to offer community support services to PLWA with emphasis on training (e.g. stigma reduction, best health practices and HIV prevention.)

**Activity 5:** The contractor will make available through its offices and local CBOs a package of prevention, nutrition and socio-economic, and education services (see program narrative for details on the package) as directed by the guidelines. Most of the commodities for the prevention package, such as insecticide treated nets, safe water products, drinking water bottles and hygiene kits, will be procured by SCMS (see SCMS narrative). The education materials will be provided by the TBD contractor for community mobilization (see TBD activity narrative). Food will be made available through the Food Title partner. Through this funding, the contractor will make available resources to cover school fees, and transit housing for PLWA.

**Activity 6:** The success of this program will depend upon strong relationships that the contractor and its local CBO network will continue to establish with HIV sites and community support organizations. For example, Title II Food program partners will continuously work with HIV sites to update the lists of PLWA enrolled in care to get them enrolled in community support services. Formal agreements and referrals will be established between the contractor and community support organizations to ensure quality and continuity of services. For example, the contractor and its CBO will provide guaranty/warranty funds for micro-credit. They could also provide funding for transportation fees for churches groups that will conduct home visits to PLWA and their families.

**EMPHASIS AREAS:**

- Community mobilization/Participation
- Development of Network/linkages/referral systems
- Human resources
- Linkages with other sector and initiatives

**Activity Narrative:** - Local organization capacity development  
 - Food nutrition and support

**TARGETS FY 2008**

- 3 new sites providing palliative care
- 15,000 individuals provided with community palliative care
- 600 individuals provided with clinical palliative care
- 100 individuals trained/recycled to provide palliative care

**COVERAGE AREAS**

- West, North, South and South East Departments

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

**Targets**

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	3	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	600	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	100	False

**Coverage Areas**

Nord-Est

Sud-Est

Ouest

Sud

**Table 3.3.06: Activities by Funding Mechansim**

**Mechanism ID:** 3315.08

**Mechanism:** N/A

**Prime Partner:** Groupe Haitien d'Etude du Sarcome de Kaposi et des Infections Opportunistes

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Palliative Care: Basic Health Care and Support

**Budget Code:** HBHC

**Program Area Code:** 06

**Activity ID:** 18948.08

**Planned Funds:** \$200,000

**Activity System ID:** 18948

**Activity Narrative:** NOTE: Although GHESKIO has not provided an activity narrative for Palliative Care: Basic Health Care and Support in previous years' COPs, they have been providing such care routinely. Thus, this activity narrative does not reflect a new activity, but rather further refinement of the Haiti PEPFAR program management.

**Integrated Activity:** This activity links to Activity IDs 17920.08, 15465.08, 4601.08, 4341.08 and 9672.08. **Summary:** Activities are carried out to support the effort of sites enrolling patients to be placed on highly active antiretroviral therapy (HAART). The primary emphases of these activities include training, human resources and (doing what to the infrastructure? Strengthening it, perhaps?) infrastructure. Specific target populations include adults and children infected with HIV and not yet placed on anti-retroviral therapy (ART.) The activities will be carried out in the Ministry of Health /GHESKIO/ President's Emergency Plan for AIDS Relief (PEPFAR)'s network of 14 sites and will be linked with counseling and testing (CT), preventing mother to child transmission (PMTCT), tuberculosis (TB)/HIV, anti-retroviral (ARV) services, and human capacity building that is being also supported through this network

#### BACKGROUND:

GHESKIO is one of the two lead non-governmental organizations (NGOs)—the other one is Partners in Health (PIH)—that have launched an integrated model of HIV services in Haiti. With PEPFAR, the United States Government (USG) decided to build on its success to expand HIV services throughout the country. Through GHESKIO, 12 sites, including four major departmental hospitals, have been reinforced to offer integrated CT, PMTCT, TB/HIV, ARV as well as palliative care services, provided in conjunction with the Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM). GHESKIO has ensured that all HIV positive patients detected through its CT network gain access to clinical, biological, nutritional, and psycho-social assessments and services, as well as long term follow up to determine the optimal time for HAART. So far, 44,600 patients have been enrolled in palliative through the GHESKIO network. These activities are essential to keeping active the cohort of HIV infected adults and children. Service providers will encourage patients diagnosed with HIV to continue to attend regular clinic visits and maintain their link with the community.

With Fiscal Year 2008 resources, GHESKIO will expand its network to 16 institutions and will continue to strengthen palliative care services to reach about 10,000 additional patients with particular emphasis on expanding nutrition services and building the capacity of nurses to play a greater role in the provision of services.

#### ACTIVITIES AND EXPECTED RESULTS:

GHESKIO will carry out four separate activities in this Program Area:

**ACTIVITY 1:** In integration with GFATM resources, GHESKIO will use PEPFAR funding to provide the non-ART package of services including, diagnostic, treatment and prevention of opportunistic infections, diagnostic and treatment of sexually transmitted infections, care of ART related illness (i.e., diabetes, arterial hypertension), nutrition assessment and recuperation (if needed), psycho-social assessment and support. All of the network's facilities will offer this package of care. Funding will support enhancement of infrastructure, procurement of necessary drugs, diagnostic materials, hospital staff training in providing specific care, and hospital supervisory staff training to ensure a minimum standard of quality of services.

**ACTIVITY 2:** Encourage building of support groups at each site and regrouping patients on ART and those enrolled in palliative care. Meetings between these groups' members will serve as a forum for sharing experiences and encouraging interactive communication between care providers and patients. Meetings will be held once to twice a month depending on the number of patients enrolled at each site, Funding will be used to provide patients with transportation fees, (I am not sure to whom these services are to be provided) refreshing, collation, and education materials.

**ACTIVITY 3:** GHESKIO will increase the number of community health workers to accommodate scale-up at each of its palliative care sites. The community workers will be in charge of tracking patients (including pregnant women enrolled in PMTCT and infected and exposed children), provide at home adherence support, health education on best health and nutrition practices, counseling for positive behavior, distribution of care, and preventive commodities such as condom, ORS, symptom and pain medications according to the guidelines. Resources will be used to pay their (whose? Patients or community health workers?) transportation fees.

**ACTIVITY 4:** Strengthening interventions to maintain patient's adherence to ART treatment. Funding will help sites provide patients fees for transportation, phone cards, and educational materials. Patients will be referred to community based organizations to gain access to a broader package of social support services such as school fees for children, nutrition support, etc.

#### EMPHASIS AREAS:

Development of Network/Linkages/Referral Systems  
Community Mobilization/Participation  
Training

#### TARGETS:

1. 16 of GHESKIO's sites will offer palliative service care to PLWA.  
2. 57,000 new patients will be enrolled in palliative care  
3. Number of individuals trained: 100.

#### TARGET POPULATIONS:

Persons living with AIDS

#### HQ Technical Area:

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

**Targets**

<b>Target</b>	<b>Target Value</b>	<b>Not Applicable</b>
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	16	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	57,000	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	100	False

**Target Populations**

**Other**

People Living with HIV / AIDS

**Table 3.3.06: Activities by Funding Mechansim**

**Mechanism ID:** 3142.08

**Prime Partner:** University of Washington

**Funding Source:** GHCS (State)

**Budget Code:** HBHC

**Activity ID:** 18950.08

**Activity System ID:** 18950

**Mechanism:** ITECH

**USG Agency:** HHS/Health Resources  
Services Administration

**Program Area:** Palliative Care: Basic Health  
Care and Support

**Program Area Code:** 06

**Planned Funds:** \$450,000

**Activity Narrative:** I-TECH will develop a training package of palliative care, home-based care, nutrition services, as well as management and leadership of community-based HIV/AIDS service organizations (ASOs). I-TECH will collaborate with the non-governmental training center Institut Haitien de Santé Communautaire (INHSAC) to provide training and technical assistance for institutional development of ASOs in all departments in Haiti.

**BACKGROUND:**

Since 2004, I-TECH has supported INHSAC to develop an integrated HIV counseling curriculum. I-TECH has produced a video drama on anti-retroviral therapy (ART) adherence issues (Chans), in partnership with a local video production company (Agence des Jeunes Producteurs) formed and staffed by PLWHA. I-TECH supported dissemination of this film through media television screenings, distribution to partner organizations working in HIV/AIDS, and through 15 facilitated screening sessions for PLWHA and youth groups. Working with local experts from several partner training institutions, I-TECH included a module on psychosocial support, case management, and adherence support strategies within the national anti-retroviral drugs/opportunistic infection (ARV)/(OI) curriculum, validated and disseminated in 2007. In 2007-08, I-TECH plans to add modules on nutrition and palliative care for Version 2 of the national ARV/OI curriculum.

**ACTIVITIES AND EXPECTED RESULTS:**

**ACTIVITY 1:** In consultation with partners including MSPP, INHSAC, Partners in Health (PIH), Family Health International (FHI), Foundation for Reproductive Health and Family Education (FOSREF), and PLWHA associations and service organizations (ASON, POZ), I-TECH will inventory existing training resources available in Haiti related to palliative care, home-based care, nutrition, and management and leadership, and assess training needs of ASOs. I-TECH will work with these partners to define the desired contents of a unified training package to support all aspects of institutional capacity development for ASOs, including both programmatic/technical content and management domains. In this process, I-TECH will bring to bear technical expertise on theoretically-grounded, innovative strategies for training, with methods and materials that are appropriate to desired competencies. I-TECH will also share examples of related materials from other resource-limited settings, for potential translation and adaptation to Haiti. I-TECH will define a detailed work plan for development of the various elements of the training package, including plans for further formative evaluation of certain elements of the training package. For example, for any video products within the training package, I-TECH will review scripts and story boards with stakeholders (focusing on the national MSPP technical advisory group on IEC (spell out), the Cluster CCC (spell out)) and/or focus groups prior to filming, to assure that the final materials produce appropriately emphasize key messages, are culturally relevant, and are appropriate to the Haitian context.

I-TECH will provide external technical expertise for developing various elements of the training package, as needed. Specifically, I-TECH will engage a specialist in HIV and nutrition to inform the content of material on nutrition, according to international nutrition guidelines, as appropriate for Haiti. I-TECH will also engage a specialist in management and leadership of community-based organizations.

**ACTIVITY 2:** I-TECH will contract with training partner INSHAC to conduct regional trainings using the training package, for personnel from ASOs and other community-based organizations in each department. I-TECH will complete a training of trainers (TOT) with INSHAC trainers, using I-TECH trainers and external technical experts to deliver the TOT. INHSAC will deliver a pilot training in one department using the completed training package, and I-TECH will use the findings from the pilot to refine the training package. INSHAC will deliver the training package to the remaining departments. I-TECH and INSHAC will collaborate to provide quarterly follow-up technical assistance visits to the primary ASO identified in each department, with coaching in management and leadership and program domains. I-TECH and INSHAC will also organize and sponsor an annual conference for the regional ASOs to share best practices and lessons learned. The quarterly coaching visits and the annual conference will support the ASOs to develop as strong regional organizations capable of fostering linkages between local initiatives in a variety of sectors (microfinance, nutrition, agricultural development, etc.) and patient support initiatives that are capable of building programmatic expertise in HIV/AIDS issues across these local networks and capable of advocacy for PLWHA.

**EMPHASIS AREAS:**

Information/education/communication (Major) 51%-100%  
Training 10%-50%  
Local Organization Capacity Development 10%-50%  
Community Mobilization/Participation 10%-50%  
Linkages with Other Sectors and Initiatives 10%-50%

**TARGETS:**

1. Train at least 100 personnel from community-based AIDS service organizations in programmatic and management excellence.
2. Capacity development for 10 AIDS service organizations in each department.

**TARGET POPULATIONS:**

People affected by HIV/AIDS, including PLWHA and OVC  
Special populations, including most at risk populations  
Groups/organizations, including community-based organizations, faith-based organizations, and non-governmental organizations

**COVERAGE AREAS:** All geographic regions receiving PEPFAR support for HIV care and treatment services.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

## Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	1	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	500	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	100	False

**Table 3.3.06: Activities by Funding Mechanism**

**Mechanism ID:** 1419.08

**Mechanism:** USAID/GAC/HQ

**Prime Partner:** US Agency for International Development

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** Palliative Care: Basic Health Care and Support

**Budget Code:** HBHC

**Program Area Code:** 06

**Activity ID:** 18953.08

**Planned Funds:** \$200,000

**Activity System ID:** 18953

**Activity Narrative:** SUMMARY: With FY 2008 funds, USAID's Central Contraceptive Logistics unit will continue to provide condoms for both social marketing and free distribution that will complement the condom donations by UNFPA to the MOH.

BACKGROUND: Data from the Behavior Surveillance Survey (BSS) 2006 shows that condom use among the targeted at-risk populations in Haiti is still low. Indeed, the reported percentage of risky behavior practiced in the past 12 months is as follows: 55% for female sex workers (SW), 70% for the group of men having sex with men (MSM), 6% for men in uniform (Police), 5% for the migrants men, 3% for the male street youth (YS). Percentages for migrant women and public vehicle drivers were less than 1%. Based on this evidence, USAID will continue to procure condoms. A recent assessment carried out by the USAID-supported Deliver Project ascertained that 38,580,000 condoms will be needed in 2008 to satisfy the needs of the national family planning and AIDS prevention programs. UNFPA, The only other source of non-commercial condoms in the country donates 24,000,000 per year for the MOH Family Planning Program. PEPFAR funds will be used to make up the gap between what UNFPA donates and the projected need. Some 14,700,000 no-logo male condoms will be provided for distribution to PEPFAR-supported public sector sites and NGOs.

Through a recently established condom distribution working group at the MOH, collaboration with the United National Population Fund (UNFPA) and the MOH will be strengthened to ensure that sufficient condoms are available through social marketing outlets, public sector and NGO hospitals and clinics and NGO community support and care programs. In related activities, PEPFAR provides funding to Population Services International (PSI), the NGO implementing social marketing and demand creation among at-risk populations and to other NGOs that create demand and distribute no-logo condoms.

2,001,000 Pante-brand male condoms and 42,000 female condoms will be provided for both the social marketing project and for free distribution, primarily among commercial sex workers, the primary population group that uses female condoms regularly.

ACTIVITY1: PEPFAR aims to provide some 4,000,000 no-logo male condoms for community based prevention and awareness increase activities targeting especially the at-risk populations. No Pante-brand male condoms will be financed as PSI current supply is estimated sufficient to cover the social marketing program need. However, some 150,000 of female will be procured to assure uninterrupted availability at the social marketing channel, for free distribution and at the commercial sex workers level.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

## Target Populations

### Special populations

Most at risk populations

Injecting drug users

Most at risk populations

Men who have sex with men

Most at risk populations

Street youth

Most at risk populations

Incarcerated Populations

Most at risk populations

Military Populations

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

**Table 3.3.06: Activities by Funding Mechanism**

**Mechanism ID:** 8311.08

**Prime Partner:** ServeHAITI, Inc

**Funding Source:** Central GHCS (State)

**Budget Code:** HBHC

**Activity ID:** 18986.08

**Activity System ID:** 18986

**Mechanism:** New Partner Initiative

**USG Agency:** Department of State / Office of the U.S. Global AIDS Coordinator

**Program Area:** Palliative Care: Basic Health Care and Support

**Program Area Code:** 06

**Planned Funds:** \$0

**Activity Narrative:** Integrated Activity Flag: This activity is linked to Activity IDs 18982.08, 19059.08, 19010.08 and 19004.08. Patients known to be HIV+ will be seen at the health center for follow up every three months until they are considered to have end-stage AIDS or have failed anti-retroviral therapy (ART). At that time community health workers (CHWs) will provide follow up visits and palliative services in order to minimize discomfort in traveling to the health center from their homes. A social worker will be hired to perform psychosocial assessments of all people living with HIV/AIDS (PLWHA) at the time of diagnosis, and with the support of CHWs, identify available resources such as provision of potable water, opportunities for financial support/micro-lending, improvement of nutritional status, improvements to housing facilities, and educational opportunities for children of PLWHA.

**BACKGROUND:**

ServeHAITI, Inc. has been involved in the Grand-Bois Region for the past ten years and in that time has built a health center and implemented a point of use water filtration system project. ServeHAITI was awarded funds from the President's Emergency Plan for AIDS Relief (PEPFAR) in January 2007. Workplan approval was received June 29, 2007. All activities will be implemented directly by ServeHAITI, Inc. Future plans include coordination with Save the Children and the Ministry of Health clinic in Cornillon. Project activities will take place throughout the entire Grand-Bois region. Counseling and testing activities will be conducted at the St. Vincent DePaul Health Center.

**ACTIVITIES AND EXPECTED RESULTS:**

We will carry out three activities in this program area.

**ACTIVITY 1:** Once a person is identified as HIV+, a project social worker will complete a psychosocial assessment of the individual and their family to determine both short term and long term resource needs.

**Activity 2:** The social worker, with the assistance of CHWs, will assist families with support services such as provision of potable water, opportunities for financial support/micro-lending, improvement in nutritional status, improvements to housing facilities, educational opportunities for children of PLWHA, and referral to a neighboring health center for anti-retroviral (ARV) services.

**Activity 3:** All patients Identified as HIV+ will receive follow up every three months at the health center. These visits will monitor the patient's health at the time of the visit and address any specific medical issues. Once a patient is determined to have end stage AIDS, CHWs will provide follow up home visits and palliative care services in order to minimize discomfort for the patient.

These results contribute to the PEPFAR 2-7-10 goals by improving access to and quality of CT services in order to identify HIV positive persons and increase the number of persons receiving ARV services.

**EMPHASIS AREAS:**

Commodity Procurement 10%-50%

Development of Network/Linkages/Referral Systems 51%-100%

Linkages with other sectors and initiatives 51%-100%

**TARGETS:**

1 service outlets providing counseling and testing according to national and international standards

1200 pregnant women counseled and tested for HIV and having received their test results

96 pregnant women provided with a complete course of antiretroviral prophylaxis for PMTCT

4 persons trained in counseling and testing according to national and international standards

**TARGET POPULATIONS:**

Pregnant women

**KEY LEGISLATIVE ISSUES:**

Stigma and discrimination

Wrap around

**COVERAGE AREAS:** Grand-Bois region

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

**Emphasis Areas**

New Partner Initiative (NPI)

**Food Support**

**Public Private Partnership**

## Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	1	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	200	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	10	False

**Table 3.3.06: Activities by Funding Mechanism**

**Mechanism ID:** 3323.08

**Prime Partner:** Management Sciences for Health

**Funding Source:** GHCS (State)

**Budget Code:** HBHC

**Activity ID:** 10109.08

**Activity System ID:** 17190

**Mechanism:** Basic Health Services

**USG Agency:** U.S. Agency for International Development

**Program Area:** Palliative Care: Basic Health Care and Support

**Program Area Code:** 06

**Planned Funds:** \$250,000

**Activity Narrative:** SUMMARY: The USAID bilateral health program supports Management Sciences for Health (MSH) to implement its maternal and child survival, reproductive health, and tuberculosis programs, working through a network of non-governmental organizations (NGOs) to offer health care services in Haiti: hospitals, health centers, dispensaries and community networks covering one fourth of the Haitian population. The United States Government (USG) has taken steps to build on this network to integrate HIV services, including palliative care basic care. With Fiscal Year (FY) 2008 resources, the USG will continue to expand palliative care through this network to reach 8,000 people living with HIV/AIDS PLWHAs in linkages with counseling and testing (CT), ARV, tuberculosis (TB)/HIV and PMTCT services.

BACKGROUND: With FY 2005 and FY 2006 President's Emergency Plan for AIDS Relief (PEPFAR), the USG has taken a series of steps to wrap around the USAID bilateral integrated health program, in order to integrate HIV services, including CT, PMTCT, TB/HIV, basic palliative care, and antiretroviral medication (ARVs) into primary health care services. These NGO points of service are dispersed throughout the 10 regional departments of the country and serve about 25% of the population. As such, they represent a good network to expand HIV services throughout Haiti. Most of these points of services are currently offering CT services, and 30% - 40% of them have maternity wards which deliver PMTCT services.

Twenty of the most important MSH health facilities are being reinforced to offer a well structured package of palliative care. This package includes clinical care to prevent and treat opportunistic infections (OI), to monitor the optimal time for highly active antiretroviral therapy (HAART) integrated with home-based care, and psycho-social support services building on the important child survival and maternal health community network program. As of March 2007, about 5,000 PLWHA have received palliative care services in this network.

With FY 2008 resources, MSH will continue to build on these efforts to reinforce and expand palliative care services in existing twenty sites to reach 8,000 PLWHA.

#### ACTIVITIES AND EXPECTED RESULTS:

##### Activity 1: Service Organization:

MSH will ensure that all patients testing positive at any of MSH's points of service are enrolled in clinical palliative care and therefore get access to laboratory, clinical, nutrition, psycho-social assessment and follow up. Funding will be used: 1) to staff each site with a multi-disciplinary health care team, including physicians, nurses, psychologists, social workers, counselors, nutritionists, community health workers, and laboratory technicians (see laboratory narrative); 2) to support the organization of health services: patient monitoring, laboratory for basic and CD4 testing, dispensation of opportunistic infection treatment and prophylaxis, pain and symptom management, long-term patient follow-up and prescription of food to malnourished PLWHA; 3) to refurbish laboratories to enhance workspace, drug storage, and clinical management. This will be done in concert with the Supply Chain Management System that is responsible for providing laboratory reagents, commodities and OI drugs

##### Activity 2: Human capacity building:

MSH will continue training to ensure that the clinical staff maintains skills in the care and treatment of people infected with HIV/AIDS. The emphasis will be put this year on training health professionals in nutrition assessment, follow up, and recuperation to make sure that all sites are integrated with nutrition services. The capacity to provide quality health care at the local level will depend upon the skills maintained by the medical staff at each health center. More focus will be put this year on training nurses to play a greater role in clinical management of PLWHA according to norms. To sustain a workforce of the highest quality, MSH will provide on-going training and technical support on a regular basis.

##### Activity 3: Social support services:

Special attention will be given to the need for social support for patients enrolled in the palliative care program. Funding will enable MSH to hire at each site a social work team lead by a social worker that will be in charge of assessing the social needs of all PLWHA and help them to gain access to social support services. Direct support will be provided through the sites, for example, fees for services (delivery, hospitalization, and x-ray) and for transportation to appointments. Patients will be referred to the PLWHA association and community based organization in charge to provide community palliative through a family centered approach to gain access to a broader package of social and economical support services (see Association of Evangelical Relief and Development Organizations, Catholic Relief Services, Family Health International and Plan activity narratives for palliative care).

##### Activity 4: Home based care

MSH will increase the number of community health workers to accommodate scale-up at each of its points of service. The community workers will be in charge of tracking patients (including pregnant women enrolled in PMTCT and infected and exposed children), providing at home adherence support and health education on best health and nutrition practices, counseling for positive behavior, distributing care and preventive commodities such as condom, ORS, pain medications according to the guidelines, and making appropriate referrals. Community workers will be trained on symptom recognition, and syndromic treatment, particularly when they have patients experiencing health or psychosocial problems.

##### Activity 5: Psychological support

Funding will be used to hire psychologists at structured palliative care site to provide support to PLWHA to reduce denial, assist in psychological assessments, follow up, and on preparedness for HAART and chronic follow up and treatment. MSH will continue to provide support around each site's PLWHA support groups to create a supportive environment for treatment adherence and stigma reduction. In addition, local community leaders, traditional healers, and religious leaders will be incorporated to encourage and enhance support of patients within the community. MSH will work in collaboration with religious sector to provide spiritual care to patients.

##### TARGETS:

Target Sept. 2008 Feb. 2009 Sept. 2009

LPTF 20

PWLHA receiving Palliative Care

8,000

Persons trained in Palliative Care 600

Gender Equity:

**Activity Narrative:** The program will target women as well as men. A particular emphasis will be placed on women from the PMTCT program.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10109

**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27507	10109.27507.09	U.S. Agency for International Development	Management Sciences for Health	11445	3323.09	SDSH	\$200,000
27506	10109.27506.09	U.S. Agency for International Development	Management Sciences for Health	11445	3323.09	SDSH	\$100,000
10109	10109.07	U.S. Agency for International Development	Management Sciences for Health	5146	3323.07	Basic Health Services	\$200,000

**Targets**

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	20	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	10,000	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	600	False

**Target Populations**

**Other**

People Living with HIV / AIDS

**Table 3.3.06: Activities by Funding Mechansim**

**Mechanism ID:** 3337.08

**Prime Partner:** Partners in Health

**Funding Source:** GHCS (State)

**Budget Code:** HBHC

**Activity ID:** 4501.08

**Activity System ID:** 17209

**Mechanism:** PIH

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Program Area:** Palliative Care: Basic Health Care and Support

**Program Area Code:** 06

**Planned Funds:** \$250,000

**Activity Narrative:** The activities in this program seek to optimize quality of life for HIV-infected patients and their families and to prevent the transmission of HIV and other sexually transmitted infections (STIs). Palliative care will be conducted within PIH/ZL's "four pillars" model for implementing a comprehensive HIV program in the context of primary care: 1) HIV prevention and care, including voluntary counseling and testing (VCT); 2) detection and treatment of tuberculosis (TB) and other opportunistic infections; 3) detection and treatment of sexually transmitted infections (STIs); and 4) women's health and prevention of mother-to-child transmission (PMTCT) of HIV services. The primary emphasis areas for these activities are human resources, infrastructure, and training, linkages with other sectors and initiatives, and community mobilization/participation. The primary target population for palliative care is people affected by HIV/AIDS and prevention activities for the general population.

Activities will be carried out at eight sites in the Central Department of Haiti (Belladère, Boucan Carré, Cange, Cerca La Source, Hinche, Lascahobas, Thomonde, and Savanette) and three sites in the Artibonite Department (Desdunes, Petite Rivière, and St. Marc). Activities in St. Marc will be carried out in collaboration with the Hôpital St. Nicholas (HSN) and Services de Santé de Premier Echelon (SSPE). Certain activities will also be carried out at health posts in Segur and Jean Denis.

The PIH/ZL HIV Equity Initiative has relied on sustained funding from the Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM), as well as the President's Emergency Plan for AIDS Relief (PEPFAR), to operate over the past five years. Our GFATM Round 1 grant ends December 2007. PIH/ZL has recently submitted a rolling continuation channel (RCC) application to the Haiti HIV CCM (spell out). Among other critical costs, this application includes the anti-retroviral (ARV) medications for all patients discussed herein. If this co-financing is not received, PIH/ZL will have to readjust the targets listed in this narrative and to reduce the number of service outlets.

#### BACKGROUND:

PIH/ZL's palliative care activities, including prevention, are part of a comprehensive HIV prevention and treatment program started by PIH/ZL in 1998; expanded through the public sector beginning in 2002 in partnership with the Haitian Ministry of Public Health and Population (MSPP) and with funds from the GFATM and further expanded to Hinche, Cerca La Source, Petite Rivière and St. Marc with the support of PEPFAR in the COP 2005, 2006, and 2007. Since 2004, the program has been a collaboration between these four key partners—PIH/ZL, MSPP, GFATM, and PEPFAR. Since 2005, work in the Artibonite region has been strengthened by involving several non-governmental organizations (NGO) partners in St. Marc—SSPE, Promotion Objectif Zerosida (POZ), and La Fondation Esther Boucicaul Stanislas (FEBS)—and in Petite Rivière—Centre Medical Charles Colimon (CMCC), a Medécins Sans Frontières (MSF)-affiliated institution. In August 2007, with the decrease in services provided by MSF, PIH/ZL will assume responsibility for all services and supplies provided at CMCC.

For a decade, PIH/ZL's palliative care activities have been delivered by complementing a high standard of clinical care with a strong community-based network of accompagnateurs. As a routine part of ARV services, all patients are seen daily in their homes by their accompagnateur. These visits also serve as opportunities to monitor outcomes and provide palliative services. If patients experience side effects, advanced disease, or other barriers to positive outcomes, the accompagnateur addresses the situation either directly or through a referral to a clinic. If the accompagnateur sees other health problems developing in the household, such as a sudden weight loss of a family member, they will bring that individual in for treatment.

Additionally, PIH/ZL oversees an extensive array of context-specific HIV prevention and general health education activities. Such projects include outreach sessions at schools, churches, clinics, and community gatherings, and at meetings for employees, community health workers, and TB and HIV patients.

PIH/ZL is committed to a long-term partnership with MSPP, and in all of the activities described; PIH/ZL is dedicated to strengthening the public sector by training local staff, including MSPP health workers.

#### ACTIVITIES AND EXPECTED RESULTS:

##### ACTIVITY 1: General Clinical Care

The first activity is to provide general clinical care for HIV-infected adults and children and their families. This care—provided in the health facility, at home, and through mobile clinics—is conducted within PIH/ZL's "four pillars" model for implementing a comprehensive HIV program in the context of primary care, as described above. This funding will support the infrastructure and human resources necessary for providing clinical services to an increased number of HIV-infected patients. These funds will also support the ongoing training of the clinical staff in effective palliative care strategies. Medical and laboratory commodities and supplies needed to provide general clinical care for HIV-infected patients and their families are supported by GFATM, PIH's unrestricted funds, and in-kind donations.

##### ACTIVITY 2: Accompagnateur Employment and Training

The second activity is employment and training of PIH/ZL's accompagnateurs. In 2008, we expect that more than 200 new accompagnateurs will be hired to provide services to an increasing number of HIV-positive patients. Accompagnateurs, through their provision of community-based supervision and monitoring, are the backbone of PIH/ZL's ARV services. Funding will also be used to provide accompagnateurs with ongoing trainings in the delivery of palliative care. Accompagnateurs will make the link between clinical services and the community services.

##### ACTIVITY 3: Social and Psychological Support

The third activity involves providing social and psychological support to HIV patients and their families based on needs assessments conducted by program doctors and social workers. This support includes monthly patient meetings, support groups, and individual psychosocial support. This program will be strengthened in 2008 with the hiring of additional social workers to support HIV-infected patients in the Central and Artibonite Departments. A preventive package (safe water, condoms, and insecticide treated nets in areas where malaria is endemic) will be provided. Access to family planning services will be facilitated and food support will be provided for families in need. The program will also provide links to micro credit and income generating activities.

##### ACTIVITY 4: Financial Assistance for Transportation

The fourth activity is to provide financial support to HIV patients and their families. This support includes assistance with school fees, housing, food, and transportation to/from the health facility. In the last year, more than 40,000 social assistance stipends were provided to HIV-positive patients and their families. This assistance was supported with funding from PEPFAR, PIH's unrestricted funds, and private donors.

The proposed activities address gender issues by mitigating the burden of care on women and girls by linking care programs with resources such as psychosocial support groups and assistance with the provision of school fees, food and transportation.

All palliative care activities and results contribute to the PEPFAR 2-7-10 goals by providing comprehensive care to HIV-infected individuals.

**Activity Narrative:** ACTIVITY 5: Prevention

Noyeau Educatif Communautaire (NEC) specializes in community outreach and education, including radio broadcasting of prevention and other health messages; the production and distribution of a variety of educational materials (including pamphlets, calendars, etc.); and community gatherings at which prevention and other health messages are emphasized. PIH/ZL promotes and provides condoms (provided by MSPP, in-kind donations purchased with private funds) free of charge at all PIH clinical sites and at mobile clinics and community events, and infection detection and treatment of STIs. Funding for this activity will specifically be used for NEC activities, salary support of medical and administrative personnel who conduct and supervise STI screening, treatment, and prophylactic ART, as well as the organization and execution of community events (including World TB Day and World AIDS Day) where prevention messages are emphasized. This activity addresses key legislative issues of stigma and discrimination.

By empowering both men and women to make informed choices about their sexual behavior, prevention activities will address the following areas of legislative interest: increasing gender equity in HIV/AIDS programs, male norms and behaviors, and reducing violence and coercion.

Prevention activities will contribute to the world-wide PEPFAR objective of averting seven million new infections.

**EMPHASIS AREAS:**

Human Resources 10-50%  
 Infrastructure 10-50%  
 Training 10-50%  
 Linkages with Other Sectors and Initiatives 10-50%  
 Community Mobilization/Participation 10-50%

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9318

**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27515	4501.27515.09	HHS/Centers for Disease Control & Prevention	Partners in Health	11446	3337.09	PIH	\$200,000
27514	4501.27514.09	HHS/Centers for Disease Control & Prevention	Partners in Health	11446	3337.09	PIH	\$200,000
9318	4501.07	HHS/Centers for Disease Control & Prevention	Partners in Health	5137	3337.07	PIH	\$300,000
4501	4501.06	HHS/Centers for Disease Control & Prevention	Partners in Health	3337	3337.06	PIH	\$900,000

**Targets**

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	14	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	16,000	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	2,000	False

## Coverage Areas

Artibonite

Centre

**Table 3.3.06: Activities by Funding Mechanism**

**Mechanism ID:** 3125.08

**Prime Partner:** Ministre de la Sante Publique  
et Population, Haiti

**Funding Source:** GHCS (State)

**Budget Code:** HBHC

**Activity ID:** 5472.08

**Activity System ID:** 17198

**Mechanism:** National AIDS Strategic Plan

**USG Agency:** HHS/Centers for Disease  
Control & Prevention

**Program Area:** Palliative Care: Basic Health  
Care and Support

**Program Area Code:** 06

**Planned Funds:** \$1,100,000

**Activity Narrative:** Integrated Activity: This activity is linked to Activity IDs 3851.08,3918.08, 3912.08, 4348.08, 5412.08, 3902.08 and 12376.08.

**SUMMARY.** The Ministry of Health (MOH) will sustain the provision of a basic package of palliative care services within a network of 30 public sites including dispensaries, community hospitals, departmental hospitals and University Hospital spread across the 10 geographical departments of the country. In Fiscal Year (FY) 2008 efforts will be devoted to: (i) ensuring that the ratio of clinical personnel per patient is adequate, (ii) hiring more social workers and community health workers (iii) creating more people living with HIV/AIDS (PLWHA) supports groups, and (iv) continuing to subsidize patients for hidden costs linked to the access to services. The program will focus on: (i) expanding capacity of palliative care sites to perform follow up of stable patients on anti-retroviral (ARV) services, (ii) developing a post graduate nurse practitioner program, and (iii) creating at the regional level capacity to provide training in basic community care and support to community health workers. The emphasis areas for this component are: (i) community mobilization and, (ii) human resource development. The primary targets are the 15,000 patients expected to be served by this network in FY 2008.

**BACKGROUND.** The President's Emergency Plan for AIDS Relief (PEPFAR) funds a network of public health sites through a variety of funding mechanisms. In FY 2006 and FY 2007, many of these sites have become voluntary counseling and testing (VCT) sites though United States Government (USG) support. The 25 sites currently functional out the 30 planned for FY 2007 have tested 45,466 patients from October 2006 to May 2007 and have enrolled 6,958 patients over two years of providing services. One of the challenges to the program has been retaining positive patients after they are screened. For instance 58% of the 4,665 patients who tested positive from October 2006 to May 2007 have been enrolled into care. This suggests interventions are needed not only at the site level, but also at a broader level to remove some of the structural constraints that affect the provision of care, generally. Indeed, the fact that providers of care, so far, remain restricted only to physicians (who are in short supply) limit the number of providers available to provide care. The re-introduction of community health agents in the public sector, after more than 30 years, has provided the sites with increased capacity to reach patients within their families and their communities. However, there are very few places where community health agents can receive training and acquire the competencies needed to do their job. The Ministry of Health (MOH) is ready to take the necessary steps in FY 2008 to address those structural problems by, for instance, initiating a nurse practitioner program to prepare nurses to head services at the peripheral sites, and by creating capacity to train health workers in several departments.

#### ACTIVITIES AND EXPECTED RESULTS.

**Activity 1:** Provision of field support to 30 sites to enhance their clinic-based activities for management of OIs through appropriate diagnosis and treatment, and organization of nutrition and psychological support services. These sites include: three large university hospitals, nine geographical departmental hospitals, and multiple community hospitals and health centers. The sites are expected to provide services to a network of 15,000 patients. Funding will cover the cost for a trained multidisciplinary team composed of physicians (only for large sites), dedicated nurses, social workers, laboratory technicians, and community health workers. The funding will also support basic office and medical equipment, supplies, and utilities such as water, communication, and power. Some refurbishing will be allowed especially to enhance laboratory capacity, drug storage, and clinical management.

**Activity2:** PLWHA retention package: Across the board, the attrition of patients enrolled in care remained fairly high (about 40%). The program this year will try to address some of the contributing factors in a discrete fashion by earmarking funding destined to these activities so that they are not used for other priorities at the facilities. Social workers, who are directly in contact with patients, will trigger the expenses. This component will cover the: (i) the multiplication of PLWHA support groups so that at least 80% of patients can join those groups. It has been noted that participation in support groups has improved patient adherence to treatment as well as their acceptance of the disease. However, limited resources has only allowed each site to constitute, on average, three groups of 25 patients, (ii) subsidies for travel cost for patients and their accompagnateurs when they visit the clinic, and (iii) subsidies for additional costs related to laboratory and medical procedures not covered directly by the program, but which are necessary.

**Activity 3:** Home based care: MSPP will increase the number of community health workers to accommodate a scale-up of care to patients at each of the sites within its network. The community workers will be in charge of tracking patients (including pregnant women enrolled in PMTCT and infected and exposed children), provide at home adherence support, health education on best health and nutrition practices, counseling for positive behavior, distribution of care and preventive commodities such as condom, ORS, and pain medications, according to the guidelines, and to make appropriate referrals. Appropriate training will be provided to the community workers on symptom recognition, and syndromic treatment, particularly when they have patients experiencing health or psychosocial problems.

**Activity 4:** Development of a post graduate nurse practitioner training program. Currently nurses are the most vital and the most stable element of the program with functions varying from site managers, counselors, nursing care, to drug dispensers. The majority live in the communities where they work and represent six to eight times the number of physicians available nationwide. Having nurses trained as practitioners would rapidly increase access to services. There is also need to improve skills in nutrition assessment and management of malnourished PLWHA. Nurses would not only provide palliative care services, but would also provide primary clinical management of stable ARV patients under the oversight of their referral centers. This will increase the operational capacity of the ARV sites, which are overburdened currently, to recruit and treat more patients. The curriculum of the course is in development by ITECH and the Ministry of Health would support training logistics, which would take place at two of the university hospitals: Hopital Universaire d'Etat de haiti (HUEH) and Hopital La Paix. One hundred nurses would be trained at an average cost of US \$ 800 per nurse. A total of \$800,000 would cover living stipends of the fellows.

**Activity 5:** Development of capacity at the regional level to train community health workers. Community health workers (CHW), under the supervision of the social worker, serve as the principal liaison between the health facility and PLWHA. They usually conduct home visits of PLWHA, ensure adherence to drug regimens, provide advice on personal care, identify or help develop self-support groups to which PLWHAs could be enrolled, help plan community meetings to dispel myths about HIV and combat stigma, refer PLWHAs needing acute care to the nearest health facility, and refer PLHWAs in need of economic or nutritional support to the appropriate agency. Initially, when there were only two training models on which to build—GHESKIO and PIH—training was limited. However, there are now centers of excellence in each

**Activity Narrative:** departmental directorate, and it is possible to tap into existing teaching capacities and train community health agents locally. Four hundred CHWs would be trained.

**Targets.**

Number of service outlets providing HIV-related care palliative care: 30  
 Number of individuals provided with HIV-related care and support (excluding TB): 12,000  
 Number of individuals trained to provide HIV-related palliative care: 500  
 Emphasis areas:  
 Development of networks/linkages/Referral systems: 70%  
 Linkages with other sectors/initiatives: 20%  
 Training: 10%

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9314

**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28655	5472.28655.09	HHS/Centers for Disease Control & Prevention	Ministre de la Sante Publique et Population, Haiti	11696	3125.09	National AIDS Strategic Plan	\$150,000
28654	5472.28654.09	HHS/Centers for Disease Control & Prevention	Ministre de la Sante Publique et Population, Haiti	11696	3125.09	National AIDS Strategic Plan	\$500,000
9314	5472.07	HHS/Centers for Disease Control & Prevention	Ministre de la Sante Publique et Population, Haiti	5134	3125.07	National Plan Mechanism	\$800,000
5472	5472.06	HHS/Centers for Disease Control & Prevention	Ministre de la Sante Publique et Population, Haiti	3125	3125.06		\$600,000

**Targets**

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	30	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	12,000	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	500	False

**Table 3.3.06: Activities by Funding Mechansim**

**Mechanism ID:** 8719.08

**Mechanism:** Leadership, Management and Sustainability Project

**Prime Partner:** Management Sciences for Health

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** Palliative Care: Basic Health Care and Support

**Budget Code:** HBHC

**Program Area Code:** 06

**Activity ID:** 19577.08

**Planned Funds:** \$350,000

**Activity System ID:** 19577

**Activity Narrative:** PROGRAM AREA: Palliative Care: BHC&S (HBHC)

**SUMMARY:** The Leadership, Management and Sustainability (LMS) Program will receive support from USAID to work with partners to develop their capacity to serve People Living with HIV/AIDS (PLHWA). LMS will continue to work with the Maison l'Arc-en-Ciel (MAEC) to expand the number of OVCs and PLWHA families impacted by MAEC's outreach program to metropolitan Port-au-Prince's children infected/affected by HIV/AIDS and to build on a model MAEC has begun to develop for community mobilization using a large group of community-based organizations (CBOs) in the Frères and Croix des Bouquets areas. Through this support, MAEC will continue to increase its caseload from its present 286 families and 572 children/youth to 367 families and 873 children/youth through identification and referral by MAEC partners such as Cornell-GHESKIO. MAEC will create support groups of PLWHA and non-infected CBO volunteers for its families in these two zones. The families will receive tangible services such as health care, training, nutritional support, and school fees as well as participate in MAEC's peer home visiting program that has had an important effect on bolstering self-esteem and reviving hope among its families. This support offers MAEC the opportunity to extend its model into Cité Soleil, probably the neediest area in the exceptionally resource-poor country. In summary, the MAEC activities consist of two main activities: care and support of OVCs and their families; and a community-level partnership with international, local, and CBOs to support PLWHA families while working to prevent HIV infection and reduce stigmatization. LMS will help strengthen the leadership and management skills of the MAEC support groups and increase the involvement and capacity of the staff towards a common sustainable goal and lasting impact of the program. This program is funded through 75% HKID and 25% HBHC funding, and a description of these activities can be found under both program areas.

In addition, LMS will continue support to FOSREF to provide access to services for sexually transmitted infections (STIs), HIV/AIDS, and sexual and reproductive health, at the institutional and community levels, to the youth of Cité Soleil. The program plans to reduce by 50% the HIV prevalence in the population of Cité Soleil and particularly among the youth in this area. In addition, the program will offer other alternatives to the youth of Cité Soleil. This program is funded through 50% HVOP, 25% HVCT, 15% HVAB, and 10% HBHC funding, and a description of this activity can also be found under those program areas.

**BACKGROUND:** MAEC is a Haitian non-profit NGO that began work in the Port-au-Prince area in July 1996 with the opening of the first residential care and treatment facility in Haiti for children orphaned or affected by AIDS. MAEC began a non-residential program in 1998 and provided monthly medical visits and other activities for children as well as a dry food ration for the family and regular home visits by social workers and auxiliary nurses. The participating families live in some of the most HIV-affected areas of the country, the metropolitan Port-au-Prince communes of Carrefour, Croix des Bouquets, Cité Soleil, Delmas, Pétienville (including Frères), Port-au-Prince, and Tabarre. Families living in an impoverished area with at least one HIV+ child or a child who had lost at least one of his or her parents to the disease were eligible to receive care. As the program has expanded since 2002, through partnerships with Plan Haiti, FHI, and UNICEF, MAEC was able to add an outreach center that houses classrooms for children and heads of families, provides medical and psychological consultations as well as cultural activities, etc. Food is provided by partners CRS and WFP. Community mobilization activities were added through the use of elected mothers who were trained and able to provide home visits even during times of instability in the country.

FOSREF has a mandate from the Ministry of Health and Population (MSPP) to deliver youth-focused sexual and reproductive health and HIV/AIDS services to youth nationwide. In Haiti, youth, who represent more than 50% of the population, are the most vulnerable groups for HIV/AIDS and unwanted pregnancies, with a high incidence of clandestine abortions. In this context, FOSREF has identified key cities in the country where specific programs for youth must be implemented to meet the unmet needs of young people for sexual and reproductive health and HIV/AIDS prevention. To date, FOSREF has created and implemented a network of 15 youth centers in many cities. During the last four years, FOSREF has identified areas in the marginalized segments of the large cities, particularly in the Metropolitan areas of Port-au-Prince, where there are no existing youth services. Cité Soleil is one of these areas, representing one of the largest challenges in terms of unmet needs of youth for sexually transmitted infections, HIV/AIDS, sexual violence, and other sexual and reproductive health matters. Young people have been victims of gang activities that have reduced them to an almost hostage-like situation. Based on recent official information from the Ministry of the Interior, the Director of the National Police, and from the UN Peace Keeping Forces (MINUSTAH), the security situation in Cité Soleil has improved enough to begin to target services to the population in this area.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

HVTB - Palliative Care: TB/HIV

Program Area:

Palliative Care: TB/HIV

Budget Code:

HVTB

Program Area Code:

07

**Total Planned Funding for Program Area:           \$3,500,000**

Estimated PEPFAR contribution in dollars	\$0
Estimated local PPP contribution in dollars	\$0
Estimated PEPFAR dollars spent on food	\$0
Estimation of other dollars leveraged in FY 2008 for food	\$0

**Program Area Context:**

The national incidence of tuberculosis (TB) in Haiti is 132/100,000 in 2006, down from 180/100,000 in 1995. There is an estimated 20% seroprevalence of HIV in TB patients. This situation is aggravated by a growing number of multi-drug resistant TB (MDRTB) cases in the country. Although the prevalence of MDRTB in Haiti is not known it is, however, potentially a very serious problem as the neighboring Dominican Republic (DR) has the highest rates of MDRTB in the Caribbean, while Haiti has the highest seroprevalence rates of HIV/AIDS in the region. Since 1998, the Minister of Health (MOH) has embraced the directed observed treatment short-course (DOTS) strategy in order to strengthen the national TB program. In partnership with three non-governmental organizations (NGOs), International Child Care (ICC), Cooperative for American Relief Everywhere (CARE) and Center for Development and Health (CDS), the Ministry of Health (MOH) has taken steps to implement TB/DOTS clinics in all 10 geographical departments in Haiti.

In addition efforts were made to improve the management capacity of the TB program at central and departmental levels by putting in place national systems for planning, monitoring, quality assurance/quality improvement (QA/QI) and logistics. Recently the TB MOH central staff has been reinforced with a TB/HIV coordinator. So far, there are 200 DOT/TB clinics throughout the country. Many of these clinics are integrated in facilities with other health services and primary health care programs; however, very few of them (about 8) are stand alone TB clinics with no other health services. The United States Agency for International Development (USAID) and the Global Funds (GF) are major donors for this TB program. Most of their resources are channeled through the three NGOs (ICC, CARE and CDS) that provide direct support for services at the TB clinics as well as technical management support to the MOH. In addition, the MOH has established a system of QA/QI for TB testing thru the National Reference Lab and ICC. There is limited infrastructure capacity compared to needs as the Haitian Group for the Study of Kaposi's Sarcoma and Opportunistic Infections (GHESKIO) is the only setting in Haiti that can perform TB culture, and, Partners In Health (PIH) the only NGO providing treatment for MDRTB patients.

Since 2005, the USG Team has been taking steps to reinforce TB/HIV program building on the national TB/DOTS program and the successful implementation of counseling and testing (CT), HIV clinical care and ARV services throughout the country. This takes advantage of the fact that most of the facilities with HIV care and ARV sites offer TB services. The overall strategy has been to integrate TB screening and prophylaxis in all HIV care services thru the different HIV care and treatment networks, to integrate HIV testing and care in TB services thru the TB networks and to establish linkages between the TB and HIV services to establish a continuum of care for co-infected patients based on the national norms. This strategy has been implemented with few efforts and resources in facilities where both TB and HIV services co-exist. In fact most of the HIV sites have been reinforced to perform TB screening with Purified Protein Derivative (PPD) testing and to provide isoniazid (INH) prophylaxis according to national protocols. In TB clinics with no HIV services, more efforts and more resources were needed to integrate there a package of CT and HIV care services and to refer patients in need of highly active antiretroviral therapy (HAART) to ARV sites. So far throughout the country seven (7) of these TB clinics have been reinforced with this package thru ICC. Seven additional ones will be targeted with Fiscal Year 07 resources to bring the total to fourteen (14), with emphasis on those with high volume of TB patients. Actually forty two HIV sites are offering TB treatment services.

As a result of these efforts, thru the care and treatment and TB networks about 60 sites are offering TB/HIV services. But given the weakness in the monitoring of the TB/HIV program, the results and outcomes regarding TB/HIV care are not very well documented. In general most of patients enrolled in care in major sites have been screened with TB. Close to 3000 HIV patients have been treated for TB. From October 2005 to February 2006, of the 1,134 TB patients registered in the ICC TB clinics with counseling and testing services, 1,019 were screened for HIV and 220 tested positive. Nineteen of these (8.6%) were placed on ARV treatment.

With Fiscal Year (FY) 2007 resources, the United States Government (USG) decided to strengthen the TB/HIV program by ensuring that all HIV patients enrolled in care at every site receive access to TB screening as well as needed prophylaxis and treatment. Emphasis was placed this year on establishing chest X-ray diagnosis capacity in at least 20 public sites to improve TB screening and diagnosis. A better referral system will be established between HIV and TB wards to improve care for co-infected patients. A total of fourteen TB clinics with no HIV services will be reinforced with the package of testing, CT, and HIV basic care while 58 HIV sites will offer TB treatment services. In collaboration with GHESKIO, a leading Haitian HIV care and treatment institution, the USG has taken steps to implement a center of excellence in TB/HIV at Sigueneau Hospital, specializing in TB care, to deliver state of the art training in TB/HIV for all the other networks and, in collaboration with the Global Fund, to expand MDRTB services at this site. In FY 2007, efforts are also being made to establish TB culture, initiate monitoring of drug resistance, and reinforce the system of QA/QI for TB testing thru the National Reference Laboratory. In addition, the program will develop and implement tools to improve monitoring of the outcomes of patients with co-infection.

With FY 2008 resources, the USG will continue to expand ongoing activities and address major issues. These include the absence of TB infection control activities and full integration of TB/HIV in the national HIV QA/QI system and in pediatric care, as well as the lack of a decentralized capacity to perform TB culture and monitor resistance. The USG will work closely with MOH, the Global Fund and key leading TB NGOs (ICC, CARE, and CDS) and leading HIV networks, such as MOH, GHESKIO, PIH, AIDSRelief and MSH, to address these gaps. TB/HIV programs and activities are in accordance with national policies. Strategies to diagnose and manage co-infection TB/HIV are an integral part of the HIV National Strategic Plan.

At the policy level, the USG will ensure that norms and protocols for TB/HIV are fully integrated in HIV training curricula. A particular emphasis will be placed on reviewing and updating protocols and guidelines for infection control, TB/HIV pediatric care and monitoring of TB drug resistance. At the program level, emphasis will be placed on improving coordination, planning and monitoring of TB/HIV programs through the lead TB and HIV NGOs and the MOH. Additionally, the program will focus on improving management at the departmental level and integrating the overall USG effort to decentralize PEPFAR planning and coordination. The program will expand training on TB/HIV co-infection through Sigueneau Hospital, the TB/HIV center of excellence. The logistics of key laboratory commodities and drugs will be improved thru the Supply Chain Management System (SCMS) with funds allocated for this purpose. Monitoring tools will be in place in concert with the electronic medical record (EMR) and the QA/QI system that are being enrolled in the HIV sites with the technical support of HIVQUAL.

At the operational level, HIV care and treatment sites will continue to receive support to screen (with both PPD and chest X-ray) all HIV positive patients for TB and to provide TB treatment and prophylaxis as needed in integration with TB services. Efforts will be made to ensure that TB/HIV is fully integrated in pediatric care as this is being expanded. Eleven additional TB sites with no HIV services will be targeted throughout the country for integration with CT and HIV basic care services while 65 HIV sites will offer TB treatment services. In addition to Sigueneau, a new TB/HIV center of excellence for training and QA/QI will be created through Grace Children's Hospital. A system to track suspected TB drug resistance cases, to collect sputum specimens from these cases and to process them to the National Lab for TB culture and resistance testing will be implemented at all the HIV/TB sites (see Laboratory section). TB infection control measures will be enrolled according to national norms in all major hospitals next year.

The main partners for this program will be: 1) the lead TB NGOs ICC and a new TBD partner; 2) Grace Children's Hospital through ICC to become a new center of excellence, and; 3) the lead HIV care and treatment NGOs to maintain TB screening, prophylaxis and treatment for HIV patients in their respective networks. The National Reference Laboratory (see Laboratory section) will receive funding for expansion of TB culture diagnosis and drug resistance testing that will be initiated this year in order to monitor TB drug resistance throughout the country. SCMS will continue to manage the logistics of drugs and laboratory commodities while the MOH will receive support to continue ensuring coordination at both central and departmental levels of the program.

**Program Area Downstream Targets:**

7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	6450
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	225
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	12000

**Custom Targets:**

**Table 3.3.07: Activities by Funding Mechansim**

<b>Mechanism ID:</b> 3125.08	<b>Mechanism:</b> National AIDS Strategic Plan
<b>Prime Partner:</b> Ministre de la Sante Publique et Population, Haiti	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Palliative Care: TB/HIV
<b>Budget Code:</b> HVTB	<b>Program Area Code:</b> 07
<b>Activity ID:</b> 12376.08	<b>Planned Funds:</b> \$500,000
<b>Activity System ID:</b> 17199	

**Activity Narrative:** Integrated Activity: This activity is linked to Activity IDs 3851.08, 5472.08, 3912.08, 4348.08, 5412.08, 3902.08 and 3918.08.

**SUMMARY:** With the President's Emergency Plan for Aids Relief (PEPFAR) Fiscal Year (FY) 2008 resources, the Ministry of Health (MOH) will reinforce and expand the tuberculosis (TB) HIV program by improving the policy environment in order to strengthen existing programmatic activities and to address some critical gaps such as TB resistance, TB infection control, and integration of TB/HIV in pediatric care (see program narrative). Through these changes, the MOH will improve its capacity to coordinate the TB/HIV program at central and departmental levels in coordination with other key TB lead non-governmental organizations (NGOs). The MOH will also focus on expanding TB/HIV activities in its network of public sites. These resources will be integrated with those allocated by the United States Government (USG) to the MOH to expand counseling and testing (CT), PMTCT, palliative care, and ARV services at the same sites and to strengthen policies. This program is built on Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) resources allocated to support the TB/DOTS program.

#### **BACKGROUND**

The MOH is the primary regulatory entity for health care service delivery in Haiti, including HIV and TB services. It is also the most important provider of health services, with a network of dispensaries, community hospitals, regional departmental hospitals, and university hospitals. Most of these facilities serve big cities and the poorest segment of the population who are at higher risk for HIV and TB. With support from PEPFAR, counseling and testing (CT), and care and treatment services have been implemented in a network of about 20 public facilities, including the two major university teaching hospitals where pre-service training for HIV care and treatment has been integrated. All of these sites have been integrated with TB/HIV with emphasis on TB screening, prophylaxis, and treatment for HIV positive patients.

For the TB program, the MOH, despite its chronic structural weaknesses, has always played a productive leadership role in management and coordination with the support of the lead TB NGOs such as International Child Care, (ICC) CARE, and Centre Pour Le Développement et la Santé (CDS). The NGOs have a TB coordination unit at the central level that has a representative in each region of the country and is overseeing program planning, implementation, and monitoring. Recently this unit has been reinforced with a TB/VIH coordinator. Over the last two years, the United States Government has progressively taken steps to reinforce the regulatory and coordination roles of the MOH in HIV activities by providing resources to strengthen the management unit of HIV, epidemiology at both central and departmental levels. This year a team of data managers and HIV program coordinators has been hired in each department to reinforce departmental coordination.

With FY 2008 resources, MSPP will continue to integrate and expand through this network's TB screening, prophylaxis, and treatment. Additional focus will be put on reinforcing the MOH leadership in TB/HIV program management at central and departmental level in integration with other PEPFAR funded activities and in coordination with the GFATM.

#### **EXPECTED RESULTS AND ACTIVITIES**

**ACTIVITY 1:** The MOH will reinforce the existing 20 sites and 10 new sites (to be added next year) of its network to perform TB screening, prophylaxis, and treatment for HIV positive individuals. Next year, MSPP will focus on HIV positive children as pediatric care in being expanded through this network. TB Infection control measures as well as TB drug resistance monitoring will be implemented in this network according to national norms and protocols. Resources will be used to build human capacity, reinforce infrastructure, including laboratory (based on needs assessment) and to ensure adequate provision of PPD test and related commodities and INH for prophylaxis (see SCMS activity narrative). The program will train health professionals at Siguenau Hospital in the hospital's pursuit to become a TB/HIV center of excellence (see GHESKIO activity narrative). Building on activities planned this year, MOH will continue to expand x-ray capacity in the network of public sites by providing equipment, related materials and commodities and by reinforcing human resources in order to improve TB screening. This will complement sputum smear diagnosis capacity implemented at all TB sites through the TB/DOTS program financed by the GFATM.

**ACTIVITY 2:** MSPP will use PEPFAR resources to strengthen human resources and logistics at the TB central unit and departmental levels to work with other key lead TB NGOs—International Child Care, CARE, Centre Pour Le Développement et la Santé, and Groupe Haitien d'Etude du Darcome de Kaposi et des Infections Opportunistes—in order to continue strengthening the coordination and monitoring of the TB/HIV program. Needs assessment will be done at each department to determine gaps in human and logistics capacity. National tools for TB/HIV monitoring will be developed and integrated for HIV care and treatment that is being developed this year.

**ACTIVITY 3:** In coordination with leading NGOs, the MOH will take a lead role in developing and/or updating appropriate norms, protocols, guidelines, and training tools for TB/HIV with emphasis on TB infection control, TB HIV pediatric care, and monitoring TB drug resistance. PEPFAR resources will be used in integration with those from the GFATM to support necessary workshops, international technical support, multiplication, and dissemination of these documents.

**ACTIVITY 4:** The MOH will also take the lead through its central TB unit and in coordination with the National Reference Laboratory to elaborate and implement a national plan for monitoring TB drug resistance. Resources will be allocated to train human resources, manage specimens to refer to specialized laboratories as well as for tracking and referral of patients with suspected TB drug resistance.

**ACTIVITY 5:** The MOH will ensure linkages of this TB/HIV program to other HIV related activities particularly care and treatment and community palliative care programs that are being reinforced.

**Targets:**

Number of sites providing TB/HIV: 30

Number of professionals trained in TB/HIV: 50

Number of HIV patients screened for TB: 10,000 (10% children)

Number of HIV patients treated for TB: 500

Number of HIV patients on INH prophylaxis: 1,000

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 12376

**Related Activity:**

### Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28656	12376.2865 6.09	HHS/Centers for Disease Control & Prevention	Ministre de la Sante Publique et Population, Haiti	11696	3125.09	National AIDS Strategic Plan	\$400,000
12376	12376.07	HHS/Centers for Disease Control & Prevention	Ministre de la Sante Publique et Population, Haiti	5134	3125.07	National Plan Mechanism	\$300,000

### Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	17	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	520	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	N/A	True
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	2,000	False

**Table 3.3.07: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 3337.08	<b>Mechanism:</b> PIH
<b>Prime Partner:</b> Partners in Health	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Palliative Care: TB/HIV
<b>Budget Code:</b> HVTB	<b>Program Area Code:</b> 07
<b>Activity ID:</b> 9673.08	<b>Planned Funds:</b> \$200,000
<b>Activity System ID:</b> 17210	

**Activity Narrative:** INTEGRATED ACTIVITY FLAG: This activity is linked to Activity IDs 9682.08, 4501.08, 18974.08, 9363.08, 10668.08 and 17784.08.

**SUMMARY:** Tuberculosis (TB) is the most common and deadly opportunistic infection in Haiti and remains rampant among HIV positive patients and their families due to chronic malnutrition, HIV, and overcrowded living conditions. The proposed activities described below are aimed to strengthen and expand the Partners In Health/Zanmi Lasante (PIH/ZL) capacity to detect, prevent, and treat TB infection for HIV positive patients. The program will conduct TB/HIV activities within PIH/ZL's "four pillars" model for implementing a comprehensive HIV program in the context of primary care: 1) HIV prevention and care, including voluntary counseling and testing (CT); 2) detection and treatment of tuberculosis (TB) and other opportunistic infections (OIs); 3) detection and treatment of sexually transmitted infections (STIs) and; 4) women's health and prevention of mother-to-child transmission (PMTCT) of HIV services. The primary emphasis areas for these palliative care TB/HIV activities are human resources, infrastructure, training, and quality assurance and supportive supervision. The primary target populations for these TB activities are people living with HIV/AIDS, including HIV positive infants and children.

Activities will be carried out at eight sites in the Central Department of Haiti (Belladère, Boucan Carré, Cange, Cerca La Source, Hinche, Lascahobas, Thomonde, and Savanette) and three sites in the Artibonite Department (Desdunes, Petite Rivière, and St. Marc). Activities in St. Marc will be carried out in collaboration with the Hôpital St. Nicholas (HSN) and Services de Santé de Premier Echelon (SSPE). Certain activities will also be carried out at health posts in Segur and Jean Denis.

The PIH/ZL HIV Equity Initiative has relied on sustained funding from the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), as well as the President's Emergency Program For AIDS Relief (PEPFAR), to operate over the past five years. Our GFATM Round 1 grant ends in December 2007. We have recently submitted a Rolling Continuation Channel (RCC) application to the Haiti HIV Country Coordination Mechanism (CCM). Among other critical costs, this application includes the antiretroviral (ARV) medications for all patients discussed herein. If this co-financing is not received, we will need to adjust all targets listed here, including a reduction in the number of service outlets.

**BACKGROUND:**

PIH/ZL's TB prevention and treatment activities date back to the efforts of community health workers in the early 1980s. Experience with directly observed therapy (DOT) in the context of TB treatment was instrumental to the design of PIH/ZL's HIV treatment program. TB activities are fully integrated into the comprehensive HIV prevention and treatment program started by PIH/ZL in 1998; expanded through the public sector beginning in 2002 in partnership with the Ministry of Health (MOH) and with funds from GFATM; and further expanded to Hinche, Cerca La Source, Petite Rivière and St. Marc with the support of PEPFAR in the COP 2005, 2006, and 2007. Since 2004, the program has been a collaboration between four key partners—PIH/ZL, MOH, GFATM, and PEPFAR. Since 2005 work in the Artibonite region has been strengthened by involving several NGO partners in St. Marc—SSPE, Promotion Objectif Zerosida (POZ) and, La Fondation Esther Boucicault Stanislas (FEBS)—and in Petite Rivière (Centre Medical Charles Colimon (CMCC), a Médecins Sans Frontières (MSF)-affiliated institution). In August 2007, with the decrease in services provided by MSF, PIH/ZL will assume responsibility for all services and supplies provided at CMCC.

PIH/ZL is committed to a long-term partnership with MOH, and in all of the activities described, PIH/ZL is dedicated to strengthening the public sector by training local staff, including MOH health workers.

**ACTIVITIES AND EXPECTED RESULTS:**

**ACTIVITY 1: Detection, Treatment, and Prophylaxis:** The first activity is detection of treatment and prophylaxis for TB among HIV-infected individuals served at PIH/ZL's sites. As HIV treatment in the context of primary care is delivered at an increasing number of sites and locations, strengthening and expanding PIH/ZL's capacity to detect, treat, and prevent TB/HIV co-infection will be essential to the well-being of our patients. In the last year, PIH/ZL provided prophylactic TB therapy to more than 250 HIV-positive individuals. The additional clinical human resources supported by this funding will allow for greater clinical and programmatic focus on this essential component of HIV care. Funding will also support TB/HIV-related laboratory capacity and the maintenance of necessary infrastructure.

**ACTIVITY 2: Training:** As PIH/ZL will be providing comprehensive HIV care to a significantly increased number of patients in several new locations in 2008, the second activity is the training of providers in the prevention and treatment of TB for HIV-infected individuals. Clinicians and accompagnateurs will receive training on the management of TB/HIV co-infection during regularly held meetings. Moreover, selected clinicians and community health workers from all PIH/ZL sites will participate in more formal classroom-based trainings and clinic- and community-based practicums that address TB identification, treatment, and prevention strategies for HIV-infected individuals.

**ACTIVITY 3: HIV Testing for TB Patients:** Tuberculosis is the leading HIV-associated OIs for patients in resource-poor settings and the most common cause of death in HIV-positive persons worldwide. The presence of TB increases HIV replication and hastens the progression of AIDS. In light of the interaction between TB and HIV, the clinical guidelines adopted by PIH/ZL recommend that all patients with tuberculosis be offered HIV testing and counseling.

As with all PIH/ZL palliative care, the above activities strive to ensure that an equitable number of women and men receive treatment. In improving the health of HIV-infected patients, we strive to enable their full participation in society at every level and to reduce the stigma and discrimination associated with HIV status. The above activities and results contribute to the PEPFAR 2-7-10 goals by providing comprehensive care to HIV+ individuals.

**TARGETS:**

As indicated above, the HIV Equity Initiative is a collaborative program. For this reason, the targets listed in these sections are for the project as a whole, regardless of co-financing arrangements. PIH/ZL defers to PEPFAR and GFATM to determine the most appropriate means to allocating these accomplishments to the various donor agencies, if necessary to avoid duplication in reporting (This issue should be discussed and resolved with the USG SI Advisor to determine the best way to avoid duplication but also to make sure that PEPFAR funded targets are reported accurately).

September 2009:

Number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting: 12

Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease: 400

Number of HIV-infected clients given TB preventive therapy: 275

Number of TB patients tested for HIV: 1,775

Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected

**Activity Narrative:** individuals (diagnosed or presumed): 100

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9673

**Related Activity:**

#### Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27516	9673.27516.09	HHS/Centers for Disease Control & Prevention	Partners in Health	11446	3337.09	PIH	\$200,000
9673	9673.07	HHS/Centers for Disease Control & Prevention	Partners in Health	5137	3337.07	PIH	\$450,000

#### Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	12	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	400	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	100	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	4,000	False

#### Target Populations

##### Other

People Living with HIV / AIDS

#### Coverage Areas

Artibonite

Centre

**Table 3.3.07: Activities by Funding Mechanism**

**Mechanism ID:** 6218.08

**Mechanism:** National Laboratory

**Prime Partner:** Ministre de la Sante Publique et Population, Haiti

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Palliative Care: TB/HIV

**Budget Code:** HVTB

**Program Area Code:** 07

**Activity ID:** 12374.08

**Planned Funds:** \$800,000

**Activity System ID:** 17205

**Activity Narrative:** INTEGRATED ACTIVITY FLAG: This activity is linked to Activity ID 12429.08.  
This activity relates to partnerships with the United States Government (USG) partners in Laboratory Infrastructure

**SUMMARY:** The activities included in this project relate to establish TB laboratory testing facility at the National Public Health Laboratory (NPHL) for TB culture and drug resistance to Mycobacterium Tuberculosis, hiring staff, training plus maintain its infrastructure.

**Background:** The NPHL was established in 2006. Laboratory space was allocated for its TB laboratory. However, this laboratory is still empty and is only functioning as a TB slides QA/QC rereading operation. Diagnosis of TB by sputum smear microscopy is useful as a screening test, but it has some limitation as it can only detect 70% of TB cases. TB suspected cases with clinical symptoms but TB smear negative should be further investigated and diagnosed by culture and/or radiology. There were numerous reports on multiple drug resistance to Mycobacterium Tuberculosis globally including Dominican Republic, Haiti's neighboring country that caused deaths. Co-infection of TB and HIV is common occurring. Multiple drug resistance to TB is a public health threat. Currently, the Ministry of Health, (NPHL) does not have capacity to conduct TB culture or performing MTB drug resistance and/or drug susceptibility testing. There is an urgent need to set up such facility at the NPHL to provide TB laboratory services to TB/HIV patients.

In FY 2008, the USG will take steps to address this gap by allocating resources to the MOH to set up culture and resistance testing at the National Laboratory.

**Activity 1:** The NPHL will strengthen its capacity by setting up a TB laboratory with culture facility to establish reference methods for culture identification and drug sensitivity and/or resistance Mycobacterium Tuberculosis at the NPHL. Supply Chain Management (PFSCM) will procure TB culture laboratory equipment, specific equipment and lab supplies to establish TB culture and drug resistance testing for the NPHL. The NPHL will subcontract local company to improve its TB laboratory infrastructure in order to meet laboratory safety standard requirements, and to install lab equipment so that the TB culture laboratory will be ready for operation. The NPHL will primarily work with French speaking TB lab consultants hired by the American Society of Microbiology (ASM) in order to start up and implement the project. In COP 08, the NPHL has a goal to conduct 1000 TB cultures and detection of MDRTB and XDRTB drug resistance for clinical decision-making and drug resistance surveillance.

**Activity 2:** The NPHL will provide to 80 lab personnel at PEPFAR supported laboratories (ARV, and palliative care labs) a refresher training course to conduct TB smear diagnosis. In addition, the NPHL will train 40 lab personnel at TB clinics to conduct HIV rapid testing. This number of lab personnel is already included and described in the NPHL narrative in the Lab Infrastructure program area.

**Activity 3:** The NPHL will continue to establish and expand an integrated quality assurance program of TB smear diagnosis and HIV testing at 180 TB clinics nationwide. The QA/QC activities will include regular supervisory visits, EQA TB smear diagnosis panel test development and proficiency testing, TB slides rereading, and trouble shootings.

**Activity 4:** The NPHL will hire five TB laboratory in-country personnel and four supportive personnel to work together with ASM consultants to establish the TB laboratory to implement the above described activities.

**TARGETS:**

- 1 TB culture lab established at the NPHL with facility to perform TB culture and TB drug resistance testing
- 80 lab personnel of USG-supported ARV and palliative care sites trained for TB smear diagnosis
- The national TB EQA TB smear diagnosis strengthened and continued
- 9 staff hired for the TB laboratory activities and the national TB smear diagnosis QA/QC program

Emphasis areas: healthcare worker  
Quality control/quality assurance  
TB/HIV diagnosis  
Clinical services

Coverage - national

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 12374

**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28874	12374.2887 4.09	HHS/Centers for Disease Control & Prevention	Ministre de la Sante Publique et Population, Haiti	11753	6218.09	National Laboratory	\$800,000
12374	12374.07	HHS/Centers for Disease Control & Prevention	Ministre de la Sante Publique et Population, Haiti	6218	6218.07	National Lab Mechanism	\$300,000

**Table 3.3.07: Activities by Funding Mechansim**

**Mechanism ID:** 3323.08

**Prime Partner:** Management Sciences for Health

**Funding Source:** GHCS (State)

**Budget Code:** HVTB

**Activity ID:** 9676.08

**Activity System ID:** 17191

**Mechanism:** Basic Health Services

**USG Agency:** U.S. Agency for International Development

**Program Area:** Palliative Care: TB/HIV

**Program Area Code:** 07

**Planned Funds:** \$300,000

**Activity Narrative:** SUMMARY: The United States Agency for International Development (USAID) bilateral health program supports a contractor to implement the project for maternal and child survival, reproductive health, and tuberculosis (TB) programs working through a network of non-governmental organizations (NGOs) to offer health care services in Haiti. As Management Sciences for Health (MSH) will expand HIV palliative care to include comprehensive medical services, psychosocial support, and follow-up in this network, it will ensure that HIV patients get access to tuberculosis (TB) screening, prophylaxis, and treatment and that TB patients detected in TB wards get access to counseling services and HIV care in this network.. Development of networks and linkages will be encouraged with other HIV clinical and community-based programs supported by the President's Emergency Plan for AIDS Relief (PEPFAR) through MSH. The target populations include people living with HIV/AIDS and their families. The coverage area includes all ten geographic departments where USAID has implemented its bilateral health program.

BACKGROUND: With Fiscal Year (FY) 2005 and FY 2006 PEPFAR resources, the United States Government (USG) has taken a series of steps to wrap around the Health System 2007 (HS2007) integrated health program, to integrate HIV services such as counseling and testing (CT), prevention of mother-to-child transmission (PMTCT), and TB/HIV, basic palliative care, and antiretroviral (ARVs) into HS2007's primary health care services. These NGO points of service are dispersed throughout the country's 10 regional departments and serve about 25% of the population. As such, they represent a good network to expand HIV services throughout Haiti. Most of these points of services are currently offering CT services and 30% - 40% have maternity wards which are delivering PMTCT services. Twenty of these institutions are offering clinical palliative care while four offer ARV treatment services. Most of these HIV palliative care and treatments sites are offering also TB services with support from Global Funds and USAID. With few resources, efforts were made to integrate TB/HIV activities in MSH network, focusing on TB screening, prophylaxis, and treatment for HIV patients, on integrating counseling in TB wards and on establishing referrals between the TB and HIV services at these sites to provide continuum of care to co-infected patients according to norms..

While MSH is taking steps to expand its network of HIV services to enroll at least 15,000 HIV patients in care, there is a need to continue expanding the TB/HIV program through this network by improving screening capacity, reinforcing linkages with TB services for TB treatment as needed, integrating this program into pediatric care, reinforcing TB infection control measures, and by monitoring TB drug resistance. In addition, MSH is committed to working in collaboration with the government of Haiti and other key HIV and TB implementing partners to define national policies and strategies for the program.

**EXPECTED RESULTS AND ACTIVITIES**

ACTIVITY 1: MSH will continue to reinforce its network of HIV sites to perform TB screening, prophylaxis, and treatment for HIV positive individuals. Next year, MSH will emphasize HIV positive children as pediatric care in being expanded through this network. TB infection control measures and TB drug resistance monitoring will be implemented in this network according to national norms and protocols. Resources will be used to build human capacity, to reinforce infrastructure (including laboratory) and to ensure adequate provision of purified protein derivative (PPD) test and related commodities and isoniazid (INH) for prophylaxis (see SCMS activity narrative). Based on needs assessment, the major hospitals will be reinforced with chest x-ray capacity, including equipment and related materials and commodities to improve TB screening. This will complement sputum smear diagnosis capacity implemented at all the TB sites through the TB/Directed Observed Treatment Short-Course (DOTS) program financed by the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM).

ACTIVITY 2: PEPFAR resources will be used to strengthen human resources and logistics of the MSH Haiti headquarters and quality assurance/quality improvement (QA/QI) team to work with the MOH's central and departmental levels and other lead TB NGOs—International Child Care (ICC), Cooperative for American Relief Everywhere (CARE), and the Centre Pour Le Développement et la Santé and Groupe Haitien d'Etude du Darcome de Kaposi et des Infections Opportunistes (GHESKIO)—to coordinate and monitor the TB/HIV program. In addition, health professionals from the MSH network will be trained in TB/HIV at Siguenau Hospital that is being reinforced thru GHESKIO to become a center of excellence in TB/HIV care and treatment.

ACTIVITY 3: MSH will participate, along with the Ministry of Health (MOH) and other lead TB NGOs, in developing and/or updating norms, protocols, and guidelines and training tools for TB/HIV with emphasis on TB infection control, TB HIV pediatric care and on monitoring of TB drug resistance. MSH will use PEPFAR resources to disseminate these documents and implement these TB/HIV activities in the MSH network.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9676

**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27508	9676.27508.09	U.S. Agency for International Development	Management Sciences for Health	11445	3323.09	SDSH	\$200,000
9676	9676.07	U.S. Agency for International Development	Management Sciences for Health	5146	3323.07	Basic Health Services	\$100,000

## Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	10	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	750	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	N/A	True
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	N/A	True

## Target Populations

### Other

People Living with HIV / AIDS

**Table 3.3.07: Activities by Funding Mechansim**

**Mechanism ID:** 3684.08

**Prime Partner:** International Child Care

**Funding Source:** GHCS (State)

**Budget Code:** HVTB

**Activity ID:** 5301.08

**Activity System ID:** 17185

**Mechanism:** N/A

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Program Area:** Palliative Care: TB/HIV

**Program Area Code:** 07

**Planned Funds:** \$1,000,000

**Activity Narrative:** INTEGRATED ACTIVITY FLAG: This activity is linked to Activity IDs 18985.08, 18973.08, 18957.08 and 17929.08.

**SUMMARY:** With additional resources, International Child Care (ICC) will continue to support the national effort to strengthen and expand the Tuberculosis (TB)/ HIV program throughout the country. Building on the successful implementation of the TB/Directly Observed Treatment Short-Course (DOTS) program and a large network of HIV care and treatment services, ICC will focus on strengthening and expanding HIV counseling and testing (CT) services as well as care and treatment services within its network of TB clinics with no HIV services. ICC will focus on those clinics with high volumes of TB patients to ensure that all TB patients enrolled in these clinics get access to HIV screening and care as needed. ICC will also support implementation of a TB/HIV center of excellence at Grace Children's Hospital for training and quality assurance/quality improvement (QA/QI). ICC will provide technical support to the MOH to develop national norms, guidelines, and tools to build human capacity, improve monitoring (including drug resistance) for the TB/HIV program and to implement TB infection control measures.

**Background:**

Over the last 30 years ICC has been a key partner of the Ministry of Health (MOH) in the fight against TB in Haiti. Since 1995, ICC has played an important role in rolling out the TB/DOTS strategy adopted by the MOH, and providing support to implement TB/DOTS services in five departments (North, South, South East, West, and Central Plateau), and the overall management of the program in planning, training, monitoring, supervision, and logistics. ICC is operating through an important network of hospitals, health centers, and few stand alone TB clinics. One of them, Grace Children's Hospital located in the Port-au-Prince-metropolitan area, specializes in providing TB care, particularly to children and provides such care to a large number of patients in integration with other primary health care services. This hospital has the potential to serve as a center of excellence for training and QA/QI.

Since 2005, the United States Government (USG) elected to build on ICC expertise and its network of TB clinics to implement TB/HIV services. TB clinics located in the five other departments where ICC does not have a presence have been supported through the two other lead TB non-governmental organizations (NGOs), Cooperative for American Relief Everywhere (CARE) and the Centre Pour Le Développement et la Santé (CDS). The main focus of ICC has been to integrate CT services as well as HIV basic care in the TB clinics with no HIV services and to establish referrals with antiretroviral (ARV) services for co-infected patients in need of highly active antiretroviral treatment (HAART). In TB clinics where HIV services have not been integrated, ICC has made the effort to link them with HIV sites in the same area to provide HIV services to TB patients. This activity has been linked with other USG efforts to integrate, through care and treatment HIV networks, CT services in TB wards located in facilities offering both HIV and TB services.

To date, through the ICC network, seven TB sites have been reinforced to provide HIV counseling, testing, and basic care services. With Fiscal Year (FY) 2007 resources, the USG expects to expand this effort to 14 sites (including seven new). So far, through ICC, close to 2,000 TB patients (out of a total of about 12,000 detected and treated thru the ICC network this year) have access to HIV screening. Among them, close to 400 were HIV positive and enrolled in care while 200 have been treated with ARV. In addition, ICC, together with the other lead TB NGOs, has played an important role in developing tools for TB/HIV monitoring. ICC has also developed the capacity, through a mobile team, to perform supervision and QA/QI for TB/HIV.

With FY 2008 resources, the USG will continue to build on the ICC TB network to expand and reinforce TB/HIV services. Due to the poor performance of CARE in integrating TB/HIV in its network, the USG has requested ICC to expand its activities in CARE TB network sites in four departments (Grand'Anse, Artibonite, Nippes and North West). The other 10th department (North East) will be supported thru Center for Development and Health (CDS). Through ICC six additional TB sites will be targeted this year for reinforcement and integration with CT and HIV basic care services. In addition, ICC will continue to build a strong referrals system in each department between the other TB sites that do not have HIV services with HIV sites located in their target areas. In addition, ICC will continue to play a major role in policy development, human capacity building by providing hands on training, supervision and QA/QI for the program through their mobile team that will be reinforced with trained health professionals in TB/HIV care. ICC will also assist Grace Children's Hospital to become a TB/HIV center of excellence (COE) that will have the logistic and human resources capacity to train health professionals in TB/HIV for the care and treatment networks. This effort will add to the effort initiated at Sigueneau Hospital thru GHESKIO to make it also a center of excellence for training.

**Expected results:** Through ICC, 10,000 TB patients (representing 66% of expected TB patients throughout the nation) will obtain access to HIV screening services. We expect that 20% (2000) will be HIV positive and will enroll in care while 5% (500) will enroll in ARV.

**Activity 1:** ICC will allocate resources to support service organizations at 20 TB clinics (including six new) with the highest volume of TB patients throughout 9 department service area. ICC will use these resources to hire at each site the range of human resources personnel (counselors, physicians, community and social workers), reinforce infrastructure (including laboratory) to deliver counseling services and HIV palliative care, including clinical and community follow up. ICC will also reinforce in coordination with the national lab and Supply Chain Management System (SCMS) laboratory capacity at each site so that laboratory personnel are able to perform CD4 testing to detect co-infected patients in need of ARV. These 20 TB sites will be part of the palliative care network sites that will benefit support for opportunistic infections (OIs) through SCMS -- (see SCMS narrative) and support social services through the community-based organizations (CBOs) that are offering these services in the different departments.

**Activity 2:** ICC will establish linkages between the 20 targeted TB sites and the ARV sites in their catchment area to ensure continuum of care for co-infected patients in need of HAART. ICC will also establish referrals between other TB clinics where HIV services are not integrated and existing CT sites to allow access to HIV screening for TB patients detected at these sites. ICC will allocate resources to cover transportation costs as well as accompaniment for these patients to the CT sites.

**Activity 3:** ICC will continue to support a mobile team to monitor and supervise the TB/HIV program. Resources will be used to hire and train a team of specialized counselors, physicians, data managers, and

**Activity Narrative:** social workers in TB/HIV and to support their travel to different sites.

Activity 4: ICC will participate in all national efforts to further develop and review the norms, protocols, guidelines, and training tools for TB/HIV with emphasis on those related to TB infection control and drug resistance, TB/HIV pediatric care, and program monitoring. Resources will be used for the dissemination of these documents through the ICC network. ICC will be responsible for implementing and monitoring infection control measures in its sites according to national norms and guidelines. ICC will also participate in the national plan of monitoring of TB drug resistance by allocating resources to the sites for tracking of suspected TB drug resistance cases, collect of sputum specimens from these cases and processing of these specimens to the National Lab for culture and resistance testing.

Activity 5: ICC will focus on reinforcing Grace Children's Hospital so that it can become a COE. This will complement GHESKIO's (another COE) efforts to establish Sigueneau Hospital as a COE as well. Resources will be allocated to Grace Children's Hospital to hire a specialized team of nurses, physicians, social workers, and data managers that GHESKIO will train as trainers. This team will be responsible for training providers at Grace Children on TB/HIV in addition to the training undertaken thru GHESKIO. .

Targets:

Number of service outlets providing treatment for tuberculosis (TB) TO HIV-infected individuals (diagnosed or presumed) in a palliative care setting (a subset of all palliative care outlets): 20

Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease (a subset of all served with palliative care): 2,000 (Male: 1000, Female: 1,000)

Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed). (A subset of all trained): 25

Emphasis area: Strategic information management, training, human resources, infrastructure, development of network/linkages/referral systems, community mobilization/participation, QA/QI.

Targeted Populations:

Key legislative Issues:

Coverage Areas: North, South, South East, West, Nippes

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9286

**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28872	5301.28872.09	HHS/Centers for Disease Control & Prevention	International Child Care	11752	3684.09	ICC	\$850,000
9286	5301.07	HHS/Centers for Disease Control & Prevention	International Child Care	5127	3684.07		\$910,000
5301	5301.06	HHS/Centers for Disease Control & Prevention	International Child Care	3684	3684.06		\$375,000

## Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	20	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	2,400	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	25	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	4,000	False

## Coverage Areas

Artibonite  
 Centre  
 Grand-Anse  
 Nippes  
 Nord  
 Nord-Ouest  
 Ouest  
 Sud  
 Sud-Est

**Table 3.3.07: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 3315.08	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> Groupe Haitien d'Etude du Sarcome de Kaposi et des Infections Opportunistes	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Palliative Care: TB/HIV
<b>Budget Code:</b> HVTB	<b>Program Area Code:</b> 07
<b>Activity ID:</b> 9672.08	<b>Planned Funds:</b> \$600,000
<b>Activity System ID:</b> 17180	

**Activity Narrative: INTEGRATED ACTIVITY FLAG:**

The activity described below relates to the provision of antiretroviral (ARV) treatment services and technical assistance (TA) to the national laboratory's quality assurance/quality control (QA/QC) program in monitoring and evaluating performance of healthcare providers. This activity is linked to other program areas funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM). This activity links to Activity IDs 17920.08, 8948.08, 15465.08, 4601.08 and 4341.08.

**SUMMARY:**

With Fiscal Year (FY) 2008 resources, GHESKIO will continue to integrate TB screening, prophylaxis, and treatment in its network of HIV clinics and pursue the development of Siguenau Hospital, a stand alone TB center, to become a national center of excellence for TB/HIV. As a center of excellence, Siguenau will have the capacity to offer antiretroviral therapy (ART), provide care to patients with multidrug-resistant tuberculosis (MDRTB), and train personnel to manage and care for patients co-infected with tuberculosis and HIV, requiring ART. Siguenau Hospital will be the second site in Haiti capable of offering care to patients with MDRTB. These activities will focus on community mobilization and participation, development of network and referral centers, human resources, logistics, needs assessment, policy and guidelines, supervision for quality assurance/quality control/quality improvement (QA/QC/QI), and training. The program will target TB clients attending Siguenau Hospital and other patients with TB/HIV requiring highly active antiretroviral treatment (HAART) and hospitalization. In addition, health professionals from different TB and HIV networks will access TB/HIV training through Siguenau Hospital. The program will also integrate these with other HIV related activities [antiretroviral treatment (ART), palliative care, counseling and testing (CT), and prevention of Mother-to-Child Transmission (PMTCT)] supported by the President's Emergency Plan for AIDS Relief (PEPFAR) and GFATM through GHESKIO and other key lead HIV and TB partners.

**BACKGROUND:**

GHESKIO is one of the two lead non-governmental organizations (NGOs)—the other is Partners in Health (PIH)—that has an integrated model of HIV services in Haiti. With existing resources, GHESKIO is expanding its integrated model to 16 sites, including four major public departmental hospitals. Nine of these sites offer also TB services (with support from the Global Fund and USAID). With few resources, efforts were made to integrate TB/HIV activities in GHESKIO network, focusing on TB screening, prophylaxis, and treatment for HIV patients, on integrating counseling in TB wards and on establishing referrals between the TB and HIV services at these sites to provide care to co-infected patients. As TB/HIV care for children and protocols for infection control and monitoring of TB drug resistance has been integrated in the two main GHESKIO centers in Port-au-Prince, they are yet to be implemented in the rest of the network.

Siguenau is a TB stand alone public hospital located in the West Department. One year ago, with support from PEPFAR and GFATM it started offering CT services. This hospital is ideally located to serve as a referral center for HIV infected patients with TB requiring HAART and for those with MDRTB. The treatment of patients co-infected with HIV and TB is complicated and requires an experienced team. At present, there is no standardized treatment for such patients. Studies done at GHESKIO centers show: 1) over one third of persons receiving counseling and testing for HIV and have a cough have active TB, 2) up to 50% of TB patients seen at the GHESKIO facility were HIV infected, and 3) in Port-au-Prince, up to 10% of HIV positive patients who were never treated for TB may develop associated MDRTB. The West Department, where Siguenau Hospital is located, is the most populated region in Haiti and has the highest prevalence of TB in the country. At present, GHESKIO is the only facility in Haiti that offers a complete laboratory diagnosis for TB including MDRTB. The PIH clinic in Cange is the only facility in Haiti that offers care for patients with MDRTB. Because the PIH site in Cange is far from Port-au-Prince, most patients diagnosed at GHESKIO with MDRTB do not want to travel so far to receive inpatient therapy for two years. Strategies to diagnose and manage co-infection TB/HIV are an integral part of the National Strategic Plan.

**ACTIVITES AND EXPECTED RESULTS:**

**ACTIVITY 1:** GHESKIO will continue to reinforce its network of HIV sites to perform TB screening, prophylaxis, and treatment for HIV positive individuals. GHESKIO will focus on HIV positive children as pediatric care in being expanded through this network. TB infection control measures as well as TB drug resistance monitoring will be implemented in this network according to national norms and protocols. Resources will be used to build human capacity, reinforce infrastructure, and to ensure adequate provision of purified protein derivative (PPD) test and related commodities and Isoniazid (INH) for prophylaxis (see SCMS activity narrative). Based on needs assessment, the major hospitals will be reinforced with chest x-ray capacity, including equipment and related materials, and commodities to improve TB screening. This will complement sputum smear diagnosis capacity implemented at all TB sites through the TB/Directly Observed Treatment Short-Course (DOTS) program financed by GFATM.

**ACTIVITY 2:** With FY 2008 funds, GHESKIO will reinforce Siguenau hospital with a multidisciplinary team of doctors, nurses, pharmacists, social workers, laboratory technicians, and field workers to maintain and expand ARV services to TB patients.

**ACTIVITY 3:** GHESKIO will continue to reinforce Siguenau Hospital to become a training center in the management of TB/HIV co-infection, identification, and referral of MDRTB. Resources will be allocated to provide training classrooms, equipment and materials as well as logistic costs for participants. GHESKIO will coordinate this activity with other network TB and HIV clinics to allow healthcare providers from these clinics to access this training.

**ACTIVITY 4:** GHESKIO will procure necessary reagents and supplies needed to diagnose MDRTB in patients who fail conventional TB therapy. GHESKIO will assist in expanding Siguenau Hospital's capacity so that it can become a specialized, national reference center providing care to patients with MDRTB. GHESKIO will assign two of its clinicians, recently trained at the New York City Health Department in the management of patients with MDRTB, to Siguenau Hospital.

**ACTIVITY 5:** GHESKIO's TB specialists will participate in the MOH effort to establish national guidelines for the management of TB/HIV co-infection.

**TARGETS:**

Number of service outlets providing treatment for tuberculosis (TB) TO HIV-infected individuals (diagnosed or presumed) in a palliative care setting (a subset of all palliative care outlets) : 10

Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease (a subset of all served with palliative care): 520

Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed). (A subset of all trained): 150

**Activity Narrative:** Number of HIV patients screened for TB: 7,500.  
 Number of HIV patients on INH prophylaxis: 3,000  
 Number of TB patients tested for TB drug resistance: 100  
 Number of TB patients treated for MDRTB: 12

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9672

**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27487	9672.27487.09	HHS/Centers for Disease Control & Prevention	Groupe Haitien d'Etude du Sarcome de Kaposi et des Infections Opportunistes	11443	3315.09	GHESKIO	\$620,000
9672	9672.07	HHS/Centers for Disease Control & Prevention	Groupe Haitien d'Etude du Sarcome de Kaposi et des Infections Opportunistes	5124	3315.07		\$500,000

**Targets**

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	10	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	900	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	100	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	1,000	False

**Target Populations**

**Other**

Orphans and vulnerable children

**Coverage Areas**

Ouest

**Table 3.3.07: Activities by Funding Mechanism**

**Mechanism ID:** 8311.08

**Mechanism:** New Partner Initiative

**Prime Partner:** ServeHAITI, Inc

**USG Agency:** Department of State / Office of the U.S. Global AIDS Coordinator

**Funding Source:** Central GHCS (State)

**Program Area:** Palliative Care: TB/HIV

**Budget Code:** HVTB

**Program Area Code:** 07

**Activity ID:** 19004.08

**Planned Funds:** \$0

**Activity System ID:** 19004

**Activity Narrative:** Integrated Activity Flag: This activity is linked to Activity IDs 18986.08, 19059.08, 19010.08 and 18982.08. All Patients known to be HIV+ will be seen at the health center for follow up every three months and will be screened regularly for symptoms of active TB. Patients with highly suspicious symptoms and/or radiographic, microscopic, or serum evidence of TB will be treated with a four drug regimen recommended by the World Health Organization (WHO).

**BACKGROUND:**

ServeHAITI, Inc. has been involved in the Grand-Bois Region for the past ten years and in that time has built a health center and implemented a point of use water filtration system project. ServeHAITI was awarded PEPFAR funding in January 2007. Workplan approval was received June 29, 2007. All activities will be implemented directly by ServeHAITI, Inc. Future plans include coordination with Save the Children and the Ministry of Health Clinic in Cornillon. Project activities will take place throughout the entire Grand-Bois region. Counseling and testing activities will be conducted at the St. Vincent DePaul Health Center.

**ACTIVITIES AND EXPECTED RESULTS:**

We will carry out one activity in this Program Area.

**ACTIVITY 1:** Once a person is identified as HIV+, regular follow up visits to the clinic will be scheduled every three months. During follow up visits Patients with highly suspicious symptoms and/or radiographic, microscopic, or serum evidence of TB will be treated with a four drug regimen recommended by the World Health Organization (WHO).

These results contribute to the PEPFAR 2-7-10 goals by improving access to and quality of CT services in order to identify HIV positive persons and increase the number of persons receiving ARV services.

**EMPHASIS AREAS:**

Commodity Procurement 51%-100%

Development of Network/Linkages/Referral Systems 51%-100%

Training 10%-50%

**TARGETS:**

35 individuals provided with HIV related palliative Care including those HIV infected individuals who received clinical prophylaxis and/or treatment for TB

4 persons trained to provide TB treatment and/or clinical prophylaxis to HIV infected individuals according to national and international standards.

**TARGET POPULATIONS:**

People living with HIV/AIDS

**KEY LEGISLATIVE ISSUES:**

Stigma and discrimination

**COVERAGE AREAS:** Grand-Bois region

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

**Emphasis Areas**

New Partner Initiative (NPI)

**Food Support**

**Public Private Partnership**

## Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	1	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	30	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	N/A	True
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	N/A	True

**Table 3.3.07: Activities by Funding Mechanism**

**Mechanism ID:** 3314.08

**Prime Partner:** Catholic Relief Services

**Funding Source:** GHCS (State)

**Budget Code:** HVTB

**Activity ID:** 18706.08

**Activity System ID:** 18706

**Mechanism:** AIDS Relief

**USG Agency:** HHS/Health Resources Services Administration

**Program Area:** Palliative Care: TB/HIV

**Program Area Code:** 07

**Planned Funds:** \$50,000

**Activity Narrative:** INTEGRATED ACTIVITY FLAG: TB/HIV care is part of a comprehensive package of care and treatment services for adults and children with HIV/AIDS. AIDSRelief will integrate this activity with its palliative care, ARV services, OVC, PMTCT, and counseling and testing (CT) activities and narratives. This activity links to Activity IDs 9671.08, 17796.08, 5305.08, 17898.08, 18988.08, and 4496.08.

**SUMMARY:** AIDSRelief will expand palliative care to include comprehensive medical services, psychosocial support, and follow-up for 12,000 patients by the end of year five. It will ensure that all HIV patients get access to TB screening, prophylaxis, and treatment through its network. AIDSRelief will encourage development of networks and linkages with other HIV clinical and community-based programs supported by the President's Emergency Program for AIDS Relief (PEPFAR) through AIDSRelief. The target populations include people living with HIV/AIDS and their families. The coverage area includes the communes of Gonaïves, Gros Morne, and Deschapelles in the Artibonite; Fond-des-Nègres in the Nippes; Fond-des-Blancs in the South; Léogane in the West; Pilate and Milot in the North, and all new sites to be assessed.

**BACKGROUND:** AIDSRelief has been providing palliative care and ART in Haiti since 2004, through support from PEPFAR (Track 1.0 and COP 2006). So far, a network of eight public and non-governmental organization (NGO) hospitals has been reinforced to provide HIV care and treatment. This year and next AIDSRelief will expand this network to provide care to 12,000 HIV patients. Many of these sites also offer TB services with Global Fund and USAID support. Taking advantage of the co-location of HIV and TB services thru its network of sites, AIDSRelief has taken steps to integrate TB/HIV in these sites focusing on offering TB screening, prophylaxis to HIV positive patients, integrating CT in the TB wards at these sites and making referrals between the HIV and TB services for continuum of care for co-infected individuals, according to norms.

AIDSRelief recognized the need to continue expanding the TB/HIV program through its sites by improving screening capacity, reinforcing linkages with TB services for TB treatment as needed, integrating this program into pediatric care, reinforcing TB infection control measures, and by monitoring TB drug resistance. AIDS/Relief will focus its effort on developing a comprehensive and public health approach for TB/HIV and palliative care integrated with existing health systems and the continuum of care for HIV patients. AIDSRelief is committed to working in collaboration with the government of Haiti and other key HIV and TB implementing partners to define national policies and strategies for the program.

#### EXPECTED RESULTS AND ACTIVITIES

##### ACTIVITY 1:

AIDS/Relief (AR) will continue to reinforce its network of HIV sites to perform TB screening, prophylaxis, and treatment for HIV positive individuals. Emphasis will be put next year on HIV positive children as pediatric care is being expanded through this network. TB infection control measures as well as TB drug resistance monitoring will be implemented in this network according to national norms and protocols. AR will also reinforce CT services in TB wards at its sites. Resources will be used to build human capacity, to reinforce infrastructure (including laboratory), and to ensure adequate provision of PPD test and related commodities and INH for prophylaxis (see SCMS activity narrative). Based on needs assessment, the major hospitals will be reinforced with chest x-ray capacity, including equipment and related materials and commodities to improve TB screening. This will complement sputum smear diagnosis capacity implemented at all TB sites through the TB/DOTS program financed by the Global Fund to Fight AIDS, Tuberculosis and Malaria.

**ACTIVITY 2:** PEPFAR resources will be used to strengthen human resources and logistics of AIDSRelief's Haiti headquarters, the QA/QI team to work with the Ministry of Health (MOH) at the central and departmental levels, and other lead TB NGOs—International Child Care, CARE, Centre Pour Le Développement et la Santé, and Groupe Haitien d'Etude du Darcome de Kaposi et des Infections Opportunistes (GHESKIO)—to coordinate and monitor the TB/HIV program. In addition, health professionals from AIDSRelief's network will be trained in TB/HIV at Siguenu Hospital. This hospital is being reinforced by GHESKIO to become a center of excellence.

**ACTIVITY 3:** AIDSRelief will participate, along with the MOH and other lead TB NGOs, in developing and/or updating norms, protocols, and guidelines and training tools for TB/HIV with an emphasis on TB infection control, TB/HIV pediatric care, and on monitoring TB drug resistance. AIDSRelief will use PEPFAR resources to disseminate these documents and implement TB/HIV activities in the AIDSRelief network.

##### Targets:

Number of service outlets providing treatment for tuberculosis (TB) TO HIV-infected individuals (diagnosed or presumed) in a palliative care setting (a subset of all palliative care outlets) : 9

Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease (a subset of all served with palliative care): 600

Number of HIV patients screened for TB: 10,000 (10% children)

Number of HIV patients on INH prophylaxis: 1,000

#### HQ Technical Area:

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

## Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	9	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	600	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	N/A	True
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	N/A	True

## Target Populations

### Other

People Living with HIV / AIDS

## Coverage Areas

Artibonite

Nippes

Nord

Ouest

Sud

HKID - OVC

Program Area: Orphans and Vulnerable Children

Budget Code: HKID

Program Area Code: 08

**Total Planned Funding for Program Area: \$8,605,826**

Estimated PEPFAR contribution in dollars	\$0
Estimated local PPP contribution in dollars	\$0
Estimated PEPFAR dollars spent on food	\$825,000
Estimation of other dollars leveraged in FY 2008 for food	\$73,000

### Program Area Context:

Starting in Fiscal Year (FY) 2007 and increasingly in FY 2008, the United States Government's team will work with partners to

offer a package of direct support to OVC with the goal of reaching at least three services or more per child as opposed to only one or two services as occurred in FY 2006. Children receiving multiple services either primary or supplemental direct support will be counted once to avoid double-counting. Efforts will be made so that all children born from HIV infected parents are identified, tested, and enrolled as OVC and offered a full package of services whether infected or exposed. Wrap around activities by voluntary counseling and testing (VCT), prevention of mother to child transmission (PMTCT), anti-retroviral therapy (ART), and tuberculosis (TB)/HIV sites are being provided by most non-governmental organizations (NGOs). These NGOs are providing services for OVC and community based palliative care, including food assistance/security, making feasible an integrated approach and delivery of a continuum of services including home based visits.

The family centered approach in community based palliative care activities for people living with HIV/AIDS (PLWHA) enable the OVC to benefit from key interventions such as access to safe water at the household level, insecticide treated nets in areas where malaria is still endemic and food support for OVC and caregivers as well as linkages to micro-credit activities for families or caregivers of OVC, providing income generation potential for poor families.

In FY 2008, all departmental hospitals will be able to early diagnose and provide care and treatment to HIV infected children [see Pediatric AIDS activity under care and treatment program area]. Basic child survival interventions for OVC under five years of age, following the OGAC/President's Emergency Program for AIDS Relief's (PEPFAR) preventive package of care for children 0-14 are being applied in all programs recognizing the mortality risk of children born to HIV positive parents in a country with a high infant and under-five years of age mortality rate. Access to IMCI (Integrated Management of Childhood Illnesses) and basic pediatric care (immunization, vitamin A supplementation, de-worming, and growth curve control) will be assured as well as access to education and vocational training, food and nutrition support, psychosocial support, shelter and income generating activities. Because of the greatest health and nutritional vulnerability in children under two years of age, access to basic health services is emphasized. Nonetheless, the provision of basic preventive and clinical health care for OVC will be assured from birth through adolescence.

Counseling and support of HIV positive mothers regarding infant feeding options is a FY 2007 activity under PMTCT and will continue as such in FY 2008 [see Infant and Young Child Feeding activity under the PMTCT program]. These activities are in line with World Health Organization (WHO) guidelines and PEPFAR guidance. Lactating mothers will be counseled to exclusively breastfeed infants up to six months of age and to continue to breastfeed, with the introduction of complementary foods, up to 24 months of age unless/until it is acceptable, feasible, affordable, safe and sustainable (AFASS) to wean early. HIV-exposed infants should be PCR-DNA tested six weeks following weaning to confirm HIV status. From weaning up to two years of age, clinics will provide, by prescription, a monthly supply of a blended enriched food for infants. It is recognized that this period of vulnerability requires strong preventive as well as curative approach to nutrition and health. Food insecurity is a major problem in Haiti where, according to the last U.S. Department of Human Services (2005-2006), 24% of children under five years of age suffer from chronic malnutrition. The USG Team has been working closely with Title II PL-480 partners and the World Food Programme to address the issue of food support to vulnerable PLWHA families, including OVC older than 24 months, at the household level. The USG Team has led the promotion of ready-to-use therapeutic feeding (RUTF) to care for severe malnutrition.

With UNICEF collaboration, some NGOs have been using a peanut-based RUTF, Plumpy Nut, in a pilot phase. A facsimile of Plumpy Nut, Medika Mamba, is currently prepared in Haiti and has been tested for nutrient composition and food safety by Cornell University. It has the endorsement of Nutriset France, the producer of Plumpy Nut. Such RUTFs have demonstrated their effectiveness in community therapeutic care (CTC) of severely malnourished HIV-infected and -exposed children, eliminating the costs of extended hospitalizations and allowing these children to return home to continue nutritional rehabilitation with RUTF rather than traditional therapeutic milk (F100) within facilities.

In FY 2008, partners will increase their support to provide access to basic primary education for OVC. Opportunities for secondary and vocational training for youth will be emphasized. Education is a key element to assure that OVC will be able in the future to make a living by themselves.

Since FY 2007, services to OVC is available nationwide. A mapping exercise is underway (with technical assistance from OGAC) to identify eventual gaps to be filled. Regular meetings aiming at avoiding duplication and overlap activities between partners working in close location have been held. This is important since the number of NGOs providing services for OVC has steadily increased. From two NGOs in 2004 to 11 in FY 2007, NGOs are providing services to OVC, including World Hope International, the most recent partner under the New Partners Initiative. Two additional NGOs are providing technical assistance on OVC training and curricula as well as monitoring and data quality.

In FY 2008, the USG Team, in close collaboration with UNICEF, the Ministry of Health (MOH), and the Ministry of Social Affairs will work to promote passing laws for inheritance rights of orphans, access to birth certificates, HIV testing of HIV/AIDS orphans and formalizing the responsibilities of those with guardianship of HIV/AIDS orphans. Debates between stakeholders started in 2006 regarding these issues but concrete steps need to be taken in order to provide legal protections to this vulnerable group. The issue of birth certificates is critical in a country where 75% of deliveries are done at home and births are not reported to local authorities and properly registered. OVC are made more vulnerable by precluding them from legal rights to inheritance. All partners working on OVC activities will take this into account during the FY 2007 and will be reinforced during FY 2008. Finalization of a national plan on OVC with input from PEPFAR/Haiti is expected in early 2008. Forty percent of the population is less than 15 years of age. According to the latest Demographic and Health Survey (DHS), 21% of children under 18 years of age are either orphans or vulnerable children, and of those, an estimated 200,000 to 300,000 are orphans due to HIV/AIDS.

Street children which constitute a vulnerable group in the cities particularly in Port-au-Prince have been targeted again in FY 2008. Efforts started in FY 2007 with World Concern and the Salesian Congregation in Port-au-Prince will be strengthened in FY 2008. The random violence that has prevailed in Haiti for the last two years has left a number of kids in the streets making them vulnerable to unsafe sex and abuse.

Lastly, gender inequalities are another important issue that will be addressed by partners by providing young girls access to education and vocational training.

offer a package of direct support to OVC with the goal of reaching at least three services or more per child as opposed to only one

**Program Area Downstream Targets:**

8.1 Number of OVC served by OVC programs	57593
*** 8.1.A Primary Direct	34555
*** 8.1.B Supplemental Direct	23038
8.2 Number of providers/caregivers trained in caring for OVC	13940

**Custom Targets:**

**Table 3.3.08: Activities by Funding Mechansim**

<b>Mechanism ID:</b> 3314.08	<b>Mechanism:</b> AIDS Relief
<b>Prime Partner:</b> Catholic Relief Services	<b>USG Agency:</b> HHS/Health Resources Services Administration
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Orphans and Vulnerable Children
<b>Budget Code:</b> HKID	<b>Program Area Code:</b> 08
<b>Activity ID:</b> 17898.08	<b>Planned Funds:</b> \$600,000
<b>Activity System ID:</b> 17898	

**Activity Narrative:** INTEGRATED ACTIVITY FLAG: This activity also relates to AIDSRelief activity narratives in voluntary counseling and testing (VCT), prevention of mother to child transmission (PMTCT), palliative care, and HIV services. It is linked to other institutional and community services, such as the child survival programs. This activity links to Activity IDs 9671.08, 17796.08, 5305.08, 18988.08, 18706.08, and 4496.08.

**SUMMARY:** During the fourth funding year, AIDSRelief will pay particular attention to infants and children infected with and affected by HIV and AIDS. AIDSRelief will also ensure that all local partner treatment facilities (LPTFs) offer adequate pediatric palliative care to children. The primary emphasis areas for these activities are community mobilization, commodity procurement, linkages with other sectors and activities, training, human resources, and infrastructure. Specific target populations include HIV positive infants and children, caregivers, and HIV affected families. The community support activities will be carried out in seven AIDSRelief sites (St Boniface Hospital in the South department, Ste Croix Hospital and the Rosalie Rendue Health center in the West department, HAS and Missionaries of Charity in the Artibonite, Hôpital Esperance and Hôpital Sacre Cœur in the North Department); and accessed through other partners in the Haut Artibonite (Gros Morne and Gonaives) and in Fond des Nègres.

**BACKGROUND:** AIDSRelief has been providing palliative care to children in Haiti since 2004, through support from the President's Emergency Plan for AIDS Relief (PEPFAR). The AIDSRelief consortium is currently providing anti-retroviral therapy (ART) services and HIV care to children in the eight supported LPTFs. Catholic Relief Services, the lead agency in the consortium, has extensive experience in the care of orphans and vulnerable children (OVC) and is also a grantee for OVC track 1 funds through PEPFAR. CRS, with the Minister of Health (MOH) and the Minister of Social Affairs, was an active organizer of this year's first national forum on OVC with the objective of defining a national framework for the support to OVC from HIV. During year five, AIDSRelief will expand HIV pediatric care and support to the community. This expansion of OVC services will take place in the eight current AIDSRelief sites and in two additional faith based organizations (FBOs). Activities will be implemented directly by the AIDSRelief network and local partners. Particular attention will be paid to vulnerable children and youth, particularly girls under the age of 14 years. At least 10% of AIDSRelief's care and treatment clients will be children.

#### ACTIVITIES AND EXPECTED RESULTS:

There are four separate activities in this Program Area.

##### Activity 1:

Orphans and vulnerable children will be identified through the PMTCT programs, hospital-based pediatric services, and community outreach programs. Using counseling techniques appropriate for children and families, HIV testing will be offered to children at risk. Anti-retroviral (ARV) services will be offered to seropositive children who are medically eligible for these services. HIV-infected and exposed children will have special access to wrap-around services, such as nutrition support, immunizations, and integrated management of childhood illness (IMCI), palliative care (prophylaxis and treatment of opportunistic infections), and laboratory monitoring, through child survival programs at the LPTF. It is expected that 100% of all seropositive infants and children and those exposed will be enrolled in care.

Activity 2 Caregivers, community health workers (CHWs) and PLWHAs will be trained to recognize medical complications experienced by HIV infected children and refer them to the facility, if necessary. Periodic trainings will be conducted for parents—and reinforced through post pharmacy counseling—to ensure that they are properly providing correct doses to infants. AIDSRelief's adherence and support of OVC will incorporate phased adherence trainings designed to address HIV from infant care, adolescence, and through young adulthood. Psychosocial support will also be available for affected families. Home-based care will be provided on a regular basis to children with HIV and AIDS, to improve children's access to services. This care will focus on social support and the health needs of the entire family, and it will include food and nutrition support, patient and family education.

Activity 3: Caregivers, CHWs and PLWHAs will be trained specifically to sensitize communities about destigmatization through increased testing and treatment of children. Children infected with and affected by HIV will be the main target population. The strategy will include linking with schools, churches, children's home groups and community leaders through "Community Health Days." This initiative will help alleviate the burden of stigma while including the community as the main host. Specific communities for enrolling this strategy will be defined post the mapping exercise that AIDSRelief is currently conducting. AIDSRelief will provide education on ways to spread prevention message in communities and schools. Each community will have knowledge surveys conducted to properly quantify the need and later the impact community mobilization has had. This is also an opportunity to disseminate prevention messages through peer to peer contact.

Activity 4: Training for people living with HIV and AIDS as well as community health workers and clinical staff will be provided to ensure high quality care and follow-up for children with HIV and AIDS. In Year five, AIDSRelief will conduct a Pediatric HIV counseling workshop. This workshop will sensitize clinical staff to the unique challenges of pediatric care and treatment. The skills they will gain will increase capacity among hospital staff and improve services to children. During Year five, additional training will be required, as the number of community health workers and counselors will increase significantly. Basic training for pediatric HIV care will be provided for all new staff, and HIV and AIDS updates will be scheduled on a regular basis for all AIDSRelief hospitals.

**Activity Narrative:****TARGETS:**

Targets Sept. 2009  
 OVC served by OVC Programs 1,200  
 OVC Referred for ARV Services  
 400  
 Providers/caretakers trained in OVC Care 3,500

**Target Populations:**

HIV infected and affected children  
 Caregivers (of OVC and PLWHAs)  
 HIV/AIDS affected families  
 Orphans and Vulnerable children  
 Community based organizations

Key Legislative issue:  
 Increasing gender equity in HIV AIDS  
 Stigma and discrimination  
 Food  
 Education  
 Microfinance/microcredit

**Coverage areas**

South, West, Artibonite, Nippes

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

**Targets**

<b>Target</b>	<b>Target Value</b>	<b>Not Applicable</b>
8.1 Number of OVC served by OVC programs	1,200	False
8.1.A Primary Direct	N/A	True
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	3,500	False

**Target Populations****Other**

Orphans and vulnerable children

## Coverage Areas

Artibonite

Sud

Nord

Ouest

**Table 3.3.08: Activities by Funding Mechanism**

**Mechanism ID:** 9391.08

**Prime Partner:** Family Health International

**Funding Source:** GHCS (State)

**Budget Code:** HKID

**Activity ID:** 17899.08

**Activity System ID:** 17899

**Mechanism:** FHI

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Program Area:** Orphans and Vulnerable Children

**Program Area Code:** 08

**Planned Funds:** \$600,000

**Activity Narrative:** This activity is linked to activity ID 17911.08, 18080.08, 18947.08, 18954.08, 18847.08.

This is a continuing activity.

The President's Emergency Plan for AIDS Relief's (PEPFAR) Fiscal Year (FY) 2008 funds for Orphan and Vulnerable Children (OVC) will be used by TBD to address the community-based care component of the program and will support activities targeting OVC related to HIV/AIDS in the South East and North departments. This intervention will aim at improving the well being of OVC related to HIV/AIDS through increasing accessibility to school, prevention and curative health care services, economic opportunity and psychosocial support. Additionally, the program will train care givers and aid families to acquire minimum basic needs such as beds, mattresses, sheets, tables etc. Collaborative partners will be the Ministry of Social Welfare (MSW) – IBESR ( Social Welfare Institute ) and Ministry of Health (MSPP)/ North and South East Regional directorates.

#### BACKGROUND

TBD's mandate in FY 2005 was to work in four departments (South, South East, North and Grand-Anse.) with the staff of the Ministry of Social Work at the central and regional level and train them on orphan care and strengthen psychosocial services for OVC. Over 150 IBESR staff members were trained in HIV/AIDS basic information and children's rights and benefits. They were also given awareness sessions on potential links between MSW systems and the health system for the benefit of OVC. Additionally, 1300 OVC were supported (scholarship, training etc) in FY 2005.

For FY 2006, TBD continued its basic health care and support activities focused on OVC related to HIV/AIDS in the South and South East departments. Thus far in 2007, TBD has worked in the area of OVC around a network of four health centers in the South East department. TBD's efforts to date have been successful. The lessons learned from this project taught us how to apply what we did in one area to the entire system. TBD proposes to continue the project in the South East and to extend it in the North in FY 2008.

#### ACTIVITIES AND EXPECTED RESULTS

Activity 1: In FY 2007 TBD worked in four sites in the South East and will extend this activity in FY 2008 to four sites in the North, mainly through the social service structure existing at those new sites (social workers and community health agents). The goal is to identify dependants of PLWHA in orphanages and those attending voluntary counseling and testing (VCT) and anti-retroviral (ARV) clinics, post test clubs, and PLWHA Association meetings in order to enroll them in the program. TBD will continue to train and mentor social workers and community health agents based at the site to equip them to address OVC related issues. TBD will maintain contact with established community organizations working in other domains to educate them to identify and refer OVC to the sites.

Activity 2: In collaboration with the departmental directorates of the Ministry of Health and Population (MSPP) in the South East and North, some sites of services in strategic areas will be created in the North and continue in the South East to deliver a package of community based services. TBD will work with local organizations (e.g., post test clubs, support groups, PLWHA Association) to establish outlets for the provision of a package of psychosocial and material support to OVC. TBD will hire trained personnel at each new delivery point to manage the operations, organize the delivery of services and engage other specific manpower based on the nature of services they will deliver. A core set of services will be provided at each facility and will include psychosocial support for OVC and their families or caregivers, educational activities for groups, school fees, support for birth registration, and referral for prevention and curative health care services.

Activity 3: In each department, a link will be created between the local organization that provided services to OVC, the health site and birth register office working in the coverage area to provide prevention services (e.g., immunizations), curative care (e.g., opportunistic infections) and birth certificates to those in need. Linkages will also be created between the local organization and Title II program and micro-finance institutions to cover other basic needs.

Activity 4: In collaboration with the MSW, MOH/ South East, and the North directorates department, trainings session will be organized for those responsible for orphanages as well as those employed as orphanage caregivers. .

Emphasis areas:

Community Mobilization/Participation

Development of Network/Linkages/Referral Systems

Training

Linkages with others Sectors and Initiatives

#### TARGETS:

3000 OVC supported/served

500 providers/caretakers trained

Targets Populations:

Community Based Organizations

Orphans and Vulnerable Children

Caregivers

Key Legislative issue:

Increasing gender equity in HIV AIDS

Stigma and discrimination

Food

Education

Microfinance/microcredit

Coverage Areas:

Southeast and North

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

## Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	3,000	False
8.1.A Primary Direct	N/A	True
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	500	False

## Target Populations

### Other

Orphans and vulnerable children

## Coverage Areas

Nord

Sud-Est

**Table 3.3.08: Activities by Funding Mechansim**

**Mechanism ID:** 8719.08

**Mechanism:** Leadership, Management and Sustainability Project

**Prime Partner:** Management Sciences for Health

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** Orphans and Vulnerable Children

**Budget Code:** HKID

**Program Area Code:** 08

**Activity ID:** 19583.08

**Planned Funds:** \$550,000

**Activity System ID:** 19583

**Activity Narrative:** PROGRAM AREA: Orphans & Vulnerable Children: (HKID) - LMS: US 550,000

**SUMMARY:** The Leadership, Management and Sustainability (LMS) Program will receive support from USAID to work with partners to build their capacity to provide services to Orphans and Vulnerable Children. Specifically, LMS will continue to work with the Maison l'Arc-en-Ciel (MAEC) to expand the number of OVCs and PLWHA families impacted by MAEC's outreach program to metropolitan Port-au-Prince's children infected/affected by HIV/AIDS and to build on a model MAEC has begun to develop for community mobilization using a large group of community-based organizations (CBOs) in the Frères and Croix des Bouquets areas. Through this support, MAEC will continue to increase its caseload from its present 286 families and 572 children/youth to 367 families and 873 children/youth through identification and referral by MAEC partners such as Cornell-GHESKIO. MAEC will create support groups of PLWHA and non-infected CBO volunteers for its families in these two zones. The families will receive tangible services such as health care, training, nutritional support, and school fees as well as participate in MAEC's peer home visiting program that has had an important effect on bolstering self-esteem and reviving hope among its families. This support offers MAEC the opportunity to extend its model into Cite Soleil, probably the neediest area in the exceptionally resource-poor country. In summary, the MAEC activities consist of two main activities: care and support of OVCs and their families; and a community-level partnership with international, local, and CBOs to support PLWHA families while working to prevent HIV infection and reduce stigmatization. LMS will help strengthen the leadership and management skills of the MAEC support groups and increase the involvement and capacity of the staff towards a common sustainable goal and lasting impact of the program. This program is funded through 75% HKID and 25% HBHC funding, and a description of these activities is included in both program areas.

**BACKGROUND:** MAEC is a Haitian non-profit NGO that began work in the Port-au-Prince area in July 1996 with the opening of the first residential care and treatment facility in Haiti for children orphaned or affected by AIDS. MAEC began a non-residential program in 1998 and provided monthly medical visits and other activities for children as well as a dry food ration for the family and regular home visits by social workers and auxiliary nurses. The participating families live in some of the most HIV-affected areas of the country, the metropolitan Port-au-Prince communes of Carrefour, Croix des Bouquets, Cite Soleil, Delmas, Pétionville (including Frères), Port-au-Prince, and Tabarre. Families living in an impoverished area with at least one HIV+ child or a child who had lost at least one of his or her parents to the disease were eligible to receive care. As the program has expanded since 2002, through partnerships with Plan Haiti, FHI, and UNICEF, MAEC was able to add an outreach center that houses classrooms for children and heads of families, provides medical and psychological consultations as well as cultural activities, etc. Food is provided by partners CRS and WFP. Community mobilization activities were added through the use of elected mothers who were trained and able to provide home visits even during times of instability in the country.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

**Table 3.3.08: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 8720.08	<b>Mechanism:</b> USAID/Haiti Economic Growth Office Grant
<b>Prime Partner:</b> International Organization for Migration	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Orphans and Vulnerable Children
<b>Budget Code:</b> HKID	<b>Program Area Code:</b> 08
<b>Activity ID:</b> 19584.08	<b>Planned Funds:</b> \$200,000

**Activity System ID:** 19584

**Activity Narrative:** The International Organization on Migration (IOM) has a five-year grant from USAID/Haiti's Economic Growth Office to provide jobs for vulnerable populations in six "hot-spot" areas of Haiti: Port-au-Prince, Les Cayes, Petit Goave, St. Marc, Gonaives and Cape Haitian. Rapidly rising food prices are compounding the already chronic food insecurity for the 80% of Haitians that have less than \$2.00 a day to spend on life's necessities. The Haiti PEPFAR Program is putting \$1,000,000 into the IOM jobs creation and agricultural infrastructure improvement program in order to allow persons living with HIV/AIDS (PLWHA) and their families as well as families caring for OVC to take part in the program. The cash income will allow the families to purchase food and the agricultural infrastructure improvement activities for which they will get their day labor salaries (improved family garden plots, irrigation canals, soil erosion control structures, garden terracing on hill-sides and ravines) will result in a more long-term impact on household food production.

**HQ Technical Area:**  
**New/Continuing Activity:** New Activity  
**Continuing Activity:**  
**Related Activity:**

**Table 3.3.08: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 45.08	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> World Vision International	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Orphans and Vulnerable Children
<b>Budget Code:</b> HKID	<b>Program Area Code:</b> 08
<b>Activity ID:</b> 10655.08	<b>Planned Funds:</b> \$125,000
<b>Activity System ID:</b> 17251	

**Activity Narrative:** SUMMARY. Haiti's HIV/AIDS crisis is poised to rob a generation of young people of their parents, their childhood and a normal transition to adulthood with parental guidance and care. Because of AIDS, orphans have lost their parent(s) and many more are at risk of losing them. To address the needs of these orphans and other children made vulnerable by HIV, a consortium of organizations including World Vision (WV), Management Resources for Community Health (MARCH), and Save the Children (SC) has proposed the SAFENET1 Plus Program. The managed care concept which Safenet represents will target orphans and other vulnerable children and enroll them into a package of services that will reach 9000 children by September 2009.

Background. The SAFENET Plus program's primary goal is to improve the well-being and quality of life of OVC and other children made vulnerable by HIV. These children will be formally enrolled and offered a package of services that combine the reach and power of proven medical and social interventions, care and support of 9000 enrolled orphans and vulnerable children (OVC) by September 2009. Besides OVC, the project will seek to improve the well-being and quality of life of people living with AIDS. To achieve this, the consortium will build on the extensive community infrastructure of SC and WV already reaching 355,000 people and MARCH's community-based services to 250,000 people in the Central and West Departments, to provide this package. Current involvement with families and communities will facilitate enrollment of target groups and a quick scale-up. The technical capacity of civil society organizations will be improved for better care and support to target groups. The resilience of HIV/AIDS-affected families will improve through increased access to livelihood and food security. Gender equity, stigma reduction, advocacy, partnership with people living with HIV/AIDS (PLWHA) associations, and multi-sectoral approaches will enhance sustainability of interventions in the two departments.

ACTIVITIES AND EXPECTED RESULTS. Little information is available to determine the best options for OVC in Haiti, but it is known that a large number (at least 25%) fall under the "vulnerable" category. About 15% of this subgroup consists of single or double orphans, and estimates show that 48% of them may be related to HIV. SAFENET Plus will expand services and support of OVC families, focusing on psychosocial support while providing key interventions to orphans in Central and West Departments and the most vulnerable in both departments. To achieve this, SAFENET Plus will build on child sponsorship programs in the Central Department and La Gonâve. With community support, staff will conduct a needs assessment to identify/enroll OVC and their families, and to understand the local "safety net" in place.

Activity 1. Provision of a wide net of psychosocial support to children and youth in their communities through clubs and other recreational and supportive activities. These will be located within well-established community structures, such as schools, churches, or community centers to facilitate long-term sustainability. A modest sum of money will be invested in the activities so that the community can eventually take them on at little cost. Club leaders, especially youth from within the communities, will be taught simple art, music, or drama projects that they can implement at little cost. Proven effective measures such as drawing and drama will be used to help enrolled children confront and resolve difficult situations in their lives. Each enrolled OVC will receive at least one home visit by the field animator or the social worker. However, OVC with specific problems (recent loss of a parent, chronic illness, pregnancy, etc.) will be visited as often as necessary. An OVC service package will be provided to enrollees.

Activity 2. For children in orphanages, SAFENET Plus will seek out opportunities to involve them and youth in community-based activities wherever possible. These activities will have the goal of social integration and development of life skills needed to transition OVC out of institutions to socially integrated living, and will work with orphanage staff to apply approaches wherever appropriate and feasible. The initial geographic focus for this program will be in the West Department where there are many functioning orphanages. SAFENET Plus will work with them specifically on issues related to child protection, children rights, psychosocial support, and basic health care training, including personal hygiene.

Activity 3. Provision of health care, social services, and support to education. The package includes: 1) an enrollment card and identification; 2) psychosocial counseling; 3) psychosocial support for caregivers; 4) payment for school fees and/or educational materials; 5) referral to basic health care services and ARV services for pediatric HIV/AIDS. (Facilities managed by the partners will be first to provide this care.); 6) training of teachers, parents, community leaders, teachers and caregivers of OVC; 7) health and sexual education; 8) referral to Abstinence and Healthy Choices for Youth (ABY) for older OVC and; 9) linkage with economic development activities to provide job opportunities for the oldest OVCs or the most needy parents of OVCs.

Gender Equity: The score system used to enroll the OVCs gives some priority to girls. However, the enrolled OVCs will be given the same opportunities without any difference related to gender. However, a particular focus will be put on women-headed households as children may be more vulnerable because of economic deprivation.

Sustainability will be addressed by developing a sense of empowerment for community to provide more supportive care and support environment for OVC. This will be achieved through training of care givers, with the ultimate goal being to develop permanent community capacity for cohesive community response on behalf of affected households. This will translate into heightened community and social mobilization, with advocacy at all levels to leverage community and institutional inputs across sectors.

Expected results. This program contributes to the overall world-wide PEPFAR objectives by identifying individuals who are made vulnerable by HIV and providing them with support services, thus ensuring a better quality of life.

#### Targets.

Number of service outlets providing OVC-related services: 11

Number of OVC receiving care and support: 9000 (September 2009); 10000 (September 2010)

Number of individuals trained to provide OVC care and support: 1700. (Sept 09); 2200 (Sept 2010)

Emphasis areas:

Development of networks/linkages/Referral systems	30%
Education, Health and Psychosocial support	40%
Linkages with other sectors/initiatives	20%
Training	10%

#### Target Populations:

HIV infected and affected children

Caregivers (of OVC and PLWHAs)

**Activity Narrative:** HIV/AIDS affected families

Orphans and Vulnerable children

Community based organizations

Key Legislative issue:  
 Increasing gender equity in HIV AIDS  
 Stigma and discrimination  
 Food  
 Education  
 Microfinance/microcredit

Coverage areas : Central and West departments

**HQ Technical Area:****New/Continuing Activity:** Continuing Activity**Continuing Activity:** 10655**Related Activity:****Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
10655	10655.07	U.S. Agency for International Development	World Vision International	5159	45.07		\$725,000

**Emphasis Areas****Food Support**

Estimation of other dollars leveraged in FY 2008 for food \$27,000

**Public Private Partnership****Targets**

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	9,000	False
8.1.A Primary Direct	N/A	True
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	1,700	False

**Indirect Targets**

## Target Populations

### Other

Orphans and vulnerable children

## Coverage Areas

Centre

Ouest

**Table 3.3.08: Activities by Funding Mechanism**

**Mechanism ID:** 4735.08

**Prime Partner:** World Concern

**Funding Source:** Central GHCS (State)

**Budget Code:** HKID

**Activity ID:** 8157.08

**Activity System ID:** 17243

**Mechanism:** Track 1 OVC: Community-based Care of OVC

**USG Agency:** U.S. Agency for International Development

**Program Area:** Orphans and Vulnerable Children

**Program Area Code:** 08

**Planned Funds:** \$388,088

**Activity Narrative: SUMMARY:**

The proposed activities are to enable households, families, churches, and communities to provide support to children orphaned or affected by HIV/AIDS. AERDO will work closely with local partners to develop community-based OVC support interventions that respond to their psychosocial needs, strengthens the economic coping capacities of caregivers, links children and families to available health and social services, and provides food contributions, and trains caregivers and children in basic hygiene and disease prevention. Trainings in and the use of curricula such as "Our Children" will serve to raise awareness of OVC issues, reduce stigma, and empower communities to support and nurture OVC. The emphasis areas are community mobilization (major: 55%), training (minor: 20%), linkages with other sectors and initiatives (minor: 20%), needs assessment (minor: 10%), quality assurance (minor: 10%), strategic information (minor: 10%), local organizational capacity development (minor: 15%) and food/nutrition (minor: 10%). The primary target populations are OVC, caregivers (including PLWHA caregivers), faith-based organizations (FBOs), community-based organizations (CBOs), volunteers, community leaders and religious leaders. The coverage area is the West, South, Northwest, Nippes, Artibonite, and North Departments.

**BACKGROUND:**

This activity is expanding on the current President's Emergency Plan for AIDS Relief (PEPFAR)-funded COP 2907 Track 1 OVC activities carried out by AERDO in Haiti. Each partner agency will work with the Haiti Ministry of Health (MOH) at the community level, and World Concern Development Organization (WCDO)—lead agency; will also coordinate with the MOH at the national level. Implementing the program are CRWRC, OB, SA, WH and WR. All are NGOs. WCDO and implementing sub partners will bolster the economic abilities of OVC households through micro-credit, and activities will be monitored to ensure females are at least 50% of the beneficiaries. In addition, sensitization trainings will highlight the unique needs and vulnerabilities of female OVC.

**ACTIVITIES AND EXPECTED RESULTS:**

**ACTIVITY 1:** Strengthen 440 caregivers (including elderly caregivers) supporting 4,300 OVC. An inventory will be completed to identify the OVC households that will be included in the program; beneficiaries will include households with OVC under five years of age. A select number of OVC households will receive training in basic business skills and receive small start up capital. Selection will be based on an assessment of the individual caregiver's experience, ability, and capacity to run a small business or income generating activity. Basic farming resources will also be distributed, along with trainings in effective farming practices. OVC households will be linked to essential health and social services where available. Caregivers will be trained in basic hygiene and disease prevention. AERDO will link voluntary counseling and testing/preventing mother to child transmission/anti-retroviral services (VCT/PMTCT/ARV) sites to OVC households, and will accept referrals from these sites. De-worming medications and Vitamin-A supplements will be given to all OVC households. In addition, trained volunteers will teach caregivers about the legal rights of OVC, including inheritance rights. Volunteers will also provide psychosocial care to all OVC. PEPFAR funds will be used to recruit and train local caregivers. During the current funding year, WCDO has strengthened 763 caregivers supporting 2,915 OVC.

**ACTIVITY 2:** AERDO will recruit, mobilize and strengthen local partners (churches, FBOs, and CBOs) into the program. These local partners will be supported in the development and maintenance of their own OVC programs. These community-driven OVC programs will be encouraged to establish caregivers' care groups that will further strengthen caregivers supporting OVC. In addition, OVC will receive nutritional support and local volunteers will serve as mentors/role models. Trained volunteers will regularly visit OVC households, including child-headed households, to assess needs, provide psychosocial support and aid to meet basic needs. PEPFAR funds will be used to recruit and train local partners. During the current funding year, WCDO has enabled 22 local organizations and 67 churches to develop and maintain their own OVC support programs.

**ACTIVITY 3:** Increase the capacity of older children (aged 15 to 17) to meet their own needs. This will include training and mentoring older OVC in animal husbandry and household farming. PEPFAR funds will be used to conduct trainings and provide small capital (e.g. goats). During the current funding year, WCDO has assisted 191 older OVC to meet their needs.

**ACTIVITY 4:** Ensure access to vocational or formal education for OVC. This activity will be conducted in selected cases and based on need. AERDO will work with local schools—assisting OVC to attend school or receive vocational training. PEPFAR funds will be used for school supplies, uniforms, and fees.

**ACTIVITY 5:** Raise awareness among families, churches, communities and society in general to create an environment that enables support for OVC. AERDO will enable community and religious leaders to clearly articulate traditional and faith-based values regarding care of OVC. Curriculums such as "Our Children" will sensitize and enable local leaders to communicate the needs of OVC including issues of social abuse, child slavery (restavek), adoption, child trade, stigmatization, and legal rights. Broadcast media will highlight the treatment of OVC and provide a context for reflection and discussion. PEPFAR funds will be used to conduct trainings and to produce/broadcast Public Service Announcements (PSA).

In regard to the issues of U.S. Legislative interest, please note that for every activity, we will track the number of OVC who are female so that at least 50% of the beneficiaries are girls. OVC female caregivers will also have access to income and productive resources through the availability of microfinance and income generation in the form of goat loans. Stigma and discrimination will be reduced through sensitivity trainings provided to the local organizations working with the OVC, as well as the HIV/AIDS training on transmission and prevention which will demystify and destigmatize the disease. Stigma associated with HIV/AIDS will also be reduced through the use of mass media campaigns.

A public/private partnership is possible because MedPharm is providing anti-parasite medications (valued at US\$5.288 per tab) and Vitamin A supplements, so that OVC and their caregivers can receive this treatment to boost their nutrition.

These activities relate to the PEPFAR 2-7-10 goals by providing care and support to OVC and their households. These activities will expand upon the Fiscal Year (FY) 2007 targets of 4,130 OVC served by OVC programs and 1,570 providers/caretakers trained in caring for OVC. WCDO fully expects to reach all targets by September 30, 2008.

**EMPHASIS AREAS:**

Community mobilization (major: 55%), training (minor: 20%), linkages with other sectors and initiatives (minor: 20%), needs assessment (minor: 10%), quality assurance (minor: 10%), strategic information (minor: 10%), local organizational capacity development (minor: 15%) and food/nutrition (minor: 10%)

**TARGETS:**

For the year ending September 30, 2009, WCDO plans to reach the following targets: 440 caregivers strengthened to support 4,300 OVC (50/50 male/female) affected by HIV/AIDS. \*\*\*These targets are estimates based on FY 2007 semi-annual actuals, so numbers may be adjusted for the FY 2008 Annual Work Plan.

**Activity Narrative:**

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 8157

**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28968	8157.28968.09	U.S. Agency for International Development	World Concern	11797	4735.09	Track 1 WC - OVC	\$750,000
8157	8157.07	U.S. Agency for International Development	World Concern	4735	4735.07	Track 1 OVC: Community-based Care of OVC	\$1,214,070

**Targets**

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	4,300	False
8.1.A Primary Direct	N/A	True
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	440	False

**Indirect Targets**

**Target Populations**

**Other**

Orphans and vulnerable children

## Coverage Areas

Artibonite

Nord

Nord-Ouest

Ouest

Sud

Nippes

**Table 3.3.08: Activities by Funding Mechanism**

**Mechanism ID:** 4156.08

**Prime Partner:** World Concern

**Funding Source:** GHCS (State)

**Budget Code:** HKID

**Activity ID:** 5411.08

**Activity System ID:** 17246

**Mechanism:** N/A

**USG Agency:** U.S. Agency for International  
Development

**Program Area:** Orphans and Vulnerable  
Children

**Program Area Code:** 08

**Planned Funds:** \$750,000

**Activity Narrative:** The proposed activities in this narrative will enable households, families, churches and communities to provide support to children orphaned or made vulnerable by HIV/AIDS. The Association of Evangelical Relief and Development Organizations (AERDO) will work closely with local partners (including assigned health centers) to develop community-based OVC support interventions that respond to their psychosocial needs, strengthens the economic coping capacities of caregivers, links children and families to available health and social services, provides food contributions, and trains caregivers and children in basic hygiene and disease prevention. Trainings in and the use of curricula such as "Our Children" will serve to raise awareness of OVC issues, reduce stigma, and empower communities to support and nurture OVC. The emphasis areas include: community mobilization (major: 55%), training (minor: 20%), linkages with other sectors and initiatives (minor: 20%), needs assessment (minor: 10%), quality assurance (minor: 10%), strategic information (minor: 10%), local organizational capacity development (minor: 15%), and food/nutrition (minor: 10%). The primary target populations are OVC, caregivers, people living with HIV and AIDS, street children, faith-based organizations (FBOs), community-based organizations (CBOs), volunteers, community leaders and religious leaders. The coverage area is the West Department.

**BACKGROUND:**

This activity is expanding on the current President's Emergency Program for AIDS Relief (PEPFAR)-funded COP 2007 OVC activities carried out by AERDO in Haiti. Each partner agency will work with the Haiti Ministry of Health (MOH) at the community level and WCDO will coordinate with the MOH at the national level. Implementing the program are WCDO (lead agency), SA, WH, CRWRC, and FOCAS. WCDO and implementing sub partners will bolster the economic abilities of OVC households through micro-credit and activities will be monitored to ensure females are at least 50% of the beneficiaries. In addition, sensitization trainings will highlight the unique needs and vulnerabilities of female OVC.

**ACTIVITIES AND EXPECTED RESULTS:**

**ACTIVITY 1:** Enable community organizations (churches, FBOs and CBOs) to develop and maintain their own OVC support programs. AERDO will identify the most appropriate churches, CBOs, and PLWHA associations located around the PEPFAR-supported sites in the West to work as local partners. These organizations, with mentoring by AERDO's technical staff, will visit the sites and make joint assessments of the OVC at each site. The sites targeted in the West Department will include six (to be determined) from the following list: Groupe Haitien d'etudes du Sarcome de Kaposi et des infections Opportunistes (GHESKIO), Hopital de l'Universite d'Etat (HUEH), Hopital de Carrefour, Hopital Petits Freres et Soeurs, International Child Care (ICC), Institute of Infectious Disease & Reproductive Health (IMIS), Grace Children's Hospital and two other undetermined hospitals. PEPFAR funds will be used to recruit and train local partners. During the current funding year, AERDO has enabled 80 local organizations to develop and maintain their own OVC support programs.

**ACTIVITY 2:** Link children and families to essential health and social services where available. Select essential health and social services, based on an assessment of need, will be provided to OVC. These may include: psychosocial support for OVC, their families and caregivers; educational and nutritional support; transportation costs for access to health care, schools or other basic services and; support for birth registration. Additional services may be provided based on an assessment of specific needs within the community and the capacity of the local partners. Funding will also be used to support fees for health services and drugs when necessary. AERDO will link counseling and testing (CT), PMTCT and anti-retroviral (ARV) sites to orphanages and OVC households through a community-based network. Caregiver, OVC, and parent of people living with HIV/AIDS (PLWHAs) will be supported to increase treatment adherence. Mobile clinics in remote areas and rally posts will provide care and support to OVC.

**ACTIVITY 3:** Provide contributions of food to OVC. Local churches, CBOs, and FBOs will use local contributions to meet the identified OVC's food needs to the extent possible. With FANTA guidance, OVC will have routine clinical assessment of nutritional status especially children under five years, and dietary assessments will be conducted to determine which OVC are most in need and explore ways to provide them with nutritional support. Food by prescription at the clinics will address the needs of malnourished OVC.

**ACTIVITY 4:** Train local volunteers to provide support and home visits to OVC. Three hundred trained volunteers will visit HIV-affected caregiver and child-headed households on a regular basis to check on their status. Efforts will be made to ensure that all pregnant women are referred for HIV testing and that the HIV-positive women are enrolled in PMTCT services, including postpartum care. Newborns from the sero-positive mothers will be referred to HIV/AIDS service delivery sites for testing, general pediatric care and follow up, and enrolled in the OVC program. AERDO will document the visits made, the status of the OVC households, and any resulting interventions. Family members not already tested for AIDS will be encouraged to get tested. Midwives, as available, will be involved in the process of community based care. Three hundred volunteers and 25 field staff will be trained in grief and trauma counseling to provide psychosocial care during the home visits to OVC. During the current funding year, AERDO has reached 417 volunteers through this activity.

**ACTIVITY 5:** Train and support OVC caregivers. Community health issues such as prevention of HIV/AIDS, malaria and cholera; clean water; sanitation; bed nets and personal hygiene will be addressed. Micro-finance training will be provided, based on existing programs. Once selected for the program, caregivers will participate in an intensive, two-day training session which will be followed-up by monthly meetings, monitoring and retraining as needed. Caregivers will be encouraged to create cooperative activities. Start-up capital will be provided on a pilot basis to those groups presenting the most viable ideas for an income-generating initiative. This would include economic strengthening through trainings in basic business and provisions of start-up capital to selected families. During the current funding period, AERDO has reached 1,455 caregivers through this activity.

**ACTIVITY 6:** Partner with Salesian to support Lakay, a program for street children. This partnership started in FY 07 will: i) reinforce the training program, strengthen the behavior change and risk reduction of those children, organize HIV-AIDS oriented entertainment activities at the school facility and outside of school to reach street children not enrolled in school, provide psycho-social, access to health care and material support to those vulnerable children. AERDO will link the children to collaborating ARV sites and ensure that agreements reached with food programs will cover the Salesian Congregation.

As a gender issue, OVC female caregivers will have access to income and productive resources through the availability of microfinance and income generation in the form of goat loans. Stigma and discrimination will be reduced through sensitivity trainings provided to local organizations working with OVC, as well as HIV/AIDS training on transmission and prevention which will demystify and destigmatize the disease.

[Legislative interest: note--for every activity, we will track the number of OVC who are female so that at least

**Activity Narrative:** 50% of the beneficiaries are girls].

A public/private partnership is possible because MedPharm is providing anti-parasite medications (valued at US\$5.288 per tablet) and Vitamin A supplements, so that OVC and their caregivers can receive this treatment to boost their nutrition. In total, AERDO is providing a cost share of 52% for OVC activities. These activities relate to the PEPFAR 2-7-10 goals by providing care and support to OVC and their households. These activities will expand upon the Fiscal Year 2007 targets of 4,500 OVC served by OVC programs and 900 providers/caretakers trained in caring for OVC. AERDO fully expects to reach these targets by September 30, 2008.

**EMPHASIS AREAS:**

Community mobilization (major: 55%), training (minor: 20%), linkages with other sectors and initiatives (minor: 20%), needs assessment (minor: 10%), quality assurance (minor: 10%), strategic information (minor: 10%), local organizational capacity development (minor: 15%) and food/nutrition (minor: 10%)

**TARGETS:**

For the year ending September 30, 2009, AERDO plans on reaching the following targets: 1,700 caregivers strengthened to support 5,000 OVC (50/50 male/female) affected by HIV/AIDS.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9353

**Related Activity:**

#### Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
9353	5411.07	U.S. Agency for International Development	World Concern	5156	4156.07		\$625,000
5411	5411.06	U.S. Agency for International Development	World Concern	4156	4156.06		\$505,000

#### Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	5,000	False
8.2 Number of providers/caregivers trained in caring for OVC	1,700	False

#### Indirect Targets

## Target Populations

### Special populations

Most at risk populations

Street youth

### Other

Orphans and vulnerable children

People Living with HIV / AIDS

Religious Leaders

## Coverage Areas

Ouest

**Table 3.3.08: Activities by Funding Mechansim**

**Mechanism ID:** 4125.08

**Prime Partner:** PLAN International

**Funding Source:** GHCS (State)

**Budget Code:** HKID

**Activity ID:** 10665.08

**Activity System ID:** 17223

**Mechanism:** NGO Alliance

**USG Agency:** U.S. Agency for International Development

**Program Area:** Orphans and Vulnerable Children

**Program Area Code:** 08

**Planned Funds:** \$200,000

**Activity Narrative: SUMMARY:**

During COP 2008, stigma reduction will continue to be the primary focus within the North East Department. The involvement of communities in destigmatization activities will provide the impetus to identify and support OVC in the North East Department. The program will expand from the 500 OVC supported in COP 2007 to 1000 in COP 2008. Project SHINE will work through a range of centers including the 30 children's clubs supported by Plan Haiti, the youth clubs that Fondation Pour la Santé Reproductrice et l'Education Familiale (FOSREF) and Volontariat Pour le Développement d'Haïti (VDH) will establish, and the work of Promoteurs Objectif ZEROSIDA (POZ) in partnership with the Ministry of Health (MOH) in Trou du Nord, Terrier Rouge and Caracol. Each agency will teach its youth leaders how to identify children under stress and how to guide them to support using games and crafts as play therapy. The clubs will also teach children about good citizenship, mutual caring and support, and encourage acceptance of vulnerable or already marginalized children. As people living with HIV/AIDS (PLWHA) become more comfortable with revealing their serostatus to their families, more direct OVC identification and support will be initiated. Sub-partners FOSREF and VDH will be tasked with identifying and mentoring vulnerable youth in Fort Liberté and Ouanaminthe respectively. Activities will be expanded from the Unité Communale de Santé (UCS) of Fort Liberté (communes Fort Liberté and Ferrier) and the communes of Ouanaminthe and Capotille to also include the communes of Mont Organisé and Carice, which will then permit full coverage of the UCS of Ouanaminthe. Project SHINE will initiate OVC activities in Trou du Nord, Terrier Rouge, and Caracol. In addition to increasing the number of children being supported, the program will emphasize community and municipal mobilization and participation, linkages/other sector initiatives, and strategic information management to increase support for OVC.

**BACKGROUND:**

This program area is beginning its second year of operation and will build on experiences from COP 2007.

**ACTIVITIES AND EXPECTED RESULTS:**

Activity 1: Plan Haiti will begin with a more general approach to identifying children under stress as well as teaching communities and children about basic values that will help prevent discrimination and stigmatization. Using the over 30 established children's clubs, Project SHINE will enlist the help of a psychologist to train club leaders to identify and support vulnerable children up to age 14 who show signs of stress. Using games, drama, and art, they will help these young people deal with stress while encouraging good citizenship, and mutual support and acceptance to help promote non marginalizing behavior within the communities. Plan Haiti will invite the families of any identified OVC to receive more direct services such as health care and support for school attendance.

FOSREF will work with the youth of Fort Liberté 14 years and older to identify any that are particularly vulnerable, orphaned, or otherwise demonstrate severe stress. VDH will do similar work in Ouanaminthe and POZ in Trou du Nord. Each identified youth will be assigned to a mentor who will provide close, one-on-one support to help them learn how to solve problems and positively handle difficult situations. Plan expects to identify 40 additional youth in each area, which in addition to those identified in COP 2006 and COP 2007, will result in the program supporting 200 youth.

Activity 2: Plan Haiti will work at the community level with FOSREF and VDH supporting stressed youth in the urban areas. POZ will work with PLWHA brought into care through the Voluntary Counseling and Testing/Anti-retroviral (VCT/ARV) sites (including the seropositive pregnant women in the PMTCT programs) to identify their OVC family members. POZ will also work with Centres pour le Développement et la Santé (CDS) staff to identify and support tuberculosis (TB) patients and their OVC children. As these PLWHA/TB patients become comfortable enough to disclose their illness (TB patients can confront stigmatization similar to PLWHA), their children will receive direct support while their parents receive treatment. Plan Haiti will link OVC to MCH activities as well as immunization, Vitamin A supplementation, growth curve monitoring, and de-worming. Whenever pediatric AIDS services are available at the Fort Liberté Hospital, OVC from seropositive patients will be referred for early diagnosis and care and treatment. The Plan led consortium and its sub-partners will form a committee to determine the best methods to manage identified OVC (e.g. determining the most effective packages of services to provide and identifying which member should provide those services). The package will be based on the principle of helping PLWHA and their OVC offspring normalize their daily life while seeking ways to ensure primary schooling for the younger children and professional training for the youth. Ensuring primary health care for all OVC children/youth and family members will be emphasized. The committee will formalize a referral/counter-referral mechanism to ensure that all OVC, particularly girls, receive care and they receive the same services. Lastly, Plan will also link OVC and their families with food support from the World Food Program.

Activity 3: Expansion and management of the existing database will occur through COP 2008 under the management of the lead OVC organization. Plan will use a variety of methods to track progress in this area including, the committee, the package of services, and the database with its system of referral/counter-referral. This will result in the inclusion of more children as identified through the different mechanisms. Areas of legislative interest include gender equity, influencing cultural norms and behaviors among children and youth, wrap around services, and stigma and discrimination reduction via activities at the children's clubs and youth centers.

Funding from the President's Emergency Plan for AIDS Relief (PEPFAR) will be used to identify and support OVC through the children's clubs as well as to run the mentoring program for vulnerable youth. Destigmatization will be particularly emphasized in all program areas. Sustainability will be sought through the use of low-cost but effective interventions that are designed to cover the most vulnerable members of the target population even if financial support should become limited. Plan will seek to diversify its funding base and encourage its sub-partners to do likewise in order to avoid the sudden loss of financial support for which a programmatic adjustment cannot be made. Lastly, the program will strive to build ongoing OVC support through the children's clubs as well as wider community involvement as the level of stigmatization declines. This program area is designed to help meet the PEPFAR goal of caring for 10 million persons impacted by HIV/AIDS including OVC.

**Targets:**

Children identified through clubs and VCT centers: 1000

Providers/Caregivers trained in caring for OVC: 60

**Target Populations:**

HIV infected and affected children

Caregivers (of OVC and PLWHAs)

**Activity Narrative:** HIV/AIDS affected families

Orphans and Vulnerable children

Community based organization

Key Legislative issue:  
 Increasing gender equity in HIV AIDS  
 Stigma and discrimination  
 Food  
 Education  
 Microfinance/microcredit

Geographical coverage: North East

**HQ Technical Area:****New/Continuing Activity:** Continuing Activity**Continuing Activity:** 10665**Related Activity:****Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
10665	10665.07	U.S. Agency for International Development	PLAN International	5138	4125.07	NGO Alliance	\$200,000

**Targets**

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	1,000	False
8.1.A Primary Direct	N/A	True
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	60	False

**Indirect Targets****Target Populations****Other**

Orphans and vulnerable children

## Coverage Areas

Nord-Est

**Table 3.3.08: Activities by Funding Mechanism**

**Mechanism ID:** 3142.08

**Prime Partner:** University of Washington

**Funding Source:** GHCS (State)

**Budget Code:** HKID

**Activity ID:** 12420.08

**Activity System ID:** 17229

**Mechanism:** ITECH

**USG Agency:** HHS/Health Resources  
Services Administration

**Program Area:** Orphans and Vulnerable  
Children

**Program Area Code:** 08

**Planned Funds:** \$750,000

**Activity Narrative:** This activity is linked to activity ID 9725.08, 17889.08, 18950.08, 3910.08, 18077.08, 4617.08,3886.08, 5463.08, 12424.08.

**SUMMARY:**

I-TECH will add training on effectively working with orphans and vulnerable children (OVC) and their caregivers to a standardized training package for clinic and community-based personnel. In partnership with the non-governmental training center Institut Haitien de Santé Communautaire (INHSAC), I-TECH will train at least 400 social workers, community health agents, community based organizations (CBO) and non-governmental organization (NGO) staff, and community leaders from across Haiti's 10 departments, using the standardized training package. I-TECH will also provide on-going technical assistance to 10 regional HIV/AIDS service organizations (ASOs) for institutional development and leadership with respect to OVC services.

**BACKGROUND:**

In 2007, I-TECH received "PlusUp" funding to develop a standardized training package related to OVC, and to conduct training of training (TOT) sessions with partners intervening in this domain. To advance this goal, I-TECH will use the "PlusUp" funds to fund technical assistance and training from two of its existing partners in Haiti: the University of Medicine and Dentistry of New Jersey's Francois Xavier Bagnaud Center (FXB), and INHSAC. FXB will develop a standardized training package focused on: community mobilization to identify and refer OVC; psychosocial issues for OVC by age, gender, and caregiver status (covering trauma, grief and loss, and self-esteem issues); effective programmatic strategies to meet basic OVC needs (food/nutrition, shelter and care, protection and human rights, health care, education, and economic support); creating effective community linkages with faith communities, small business/micro-credit, schools, etc. and; empowering caregivers and OVC peer leaders. The training package will be targeted to social workers and community agents, and will use culturally-relevant content and engaging adult learning methodologies. FXB has long-standing experience in developing psychosocial training materials for pediatric HIV care providers in the United States (US) and international settings, and for global pediatric clinical trials training programs.

I-TECH, FXB, and INHSAC will collaborate to carry out two training of trainers sessions on the training package, reaching at least 60 trainers from INHSAC, the Ministries of Health, Education and Social Affairs, and from other organizations involved in OVC support, such as Family Health International, World Vision, Care International, and the Association of Evangelical Relief and Development Organizations HIV/AIDS Alliance.

With COP 2008 resources, I-TECH will build on this experience by adding to the training package and extending training to clinic and community-based personnel who work with OVC and their caregivers.

**ACTIVITIES AND EXPECTED RESULTS:**

**ACTIVITY 1:** I-TECH will partner with FXB to enhance the basic OVC training package by adding a fully-developed module on nutrition for children and adolescents with HIV (age six months – 18 years). While attention has been given to developing Haiti-specific infant feeding guidelines and training, there is a lack of national HIV and nutrition guidelines for older children and adolescents. FXB has leading expertise in nutrition across the pediatric age spectrum which they have used to shape US guidelines and have provided technical assistance in settings in Africa and South America. I-TECH will link with the Food and Nutrition Technical Assistance Project (FANTA) and the Infant and Young Child Nutrition Program (IYCN) projects to avoid duplication.

I-TECH will also supplement the training package by producing a drama or set of trigger films on OVC themes which can be used to shape attitudes and skills among professional and volunteer "helpers" and caregivers. I-TECH will work with a local video production company, Agence des Jeunes Producteurs, formed and staffed by young PLWHA, which helped I-TECH produce the Creole-language ARV drama Chans. I-TECH will review scripts and story boards with stakeholders (including organizations working with OVC) and target audience focus groups prior to filming, to ensure that the final materials produced appropriately emphasize key messages, are culturally relevant, and are appropriate to the Haitian context.

**ACTIVITY 2:** I-TECH will contract with training partner INSHAC to conduct regional trainings using the training package, reaching social workers, community health agents, CBO and NGO staff, community leaders, and OVC and caregiver peer educators in each department. I-TECH will recruit and hire an OVC training specialist who will reinforce the INHSAC training team in planning, delivering, and evaluating the trainings. This OVC training specialist will be based in the I-TECH office, and will be jointly supervised by I-TECH and FXB. The training team will deliver one to two pilot trainings in one department, and use the findings to refine the training package. The team will deliver the training package to the remaining departments, reaching at least 40 participants per department.

The training team will also collaborate to provide quarterly follow-up technical assistance visits to the main regional HIV/AIDS ASO in each department, with coaching in effective strategies to identify and serve OVC. With other stakeholders, including various Ministries and UNICEF, I-TECH will co-sponsor an annual conference on OVC issues to share best practices in serving this population. This strategy will link with I-TECH's efforts in institutional development of community-based palliative care services. The departmental training sessions, the quarterly coaching visits, and the annual conference will support departmental ASOs to develop as strong regional organizations with programmatic expertise in OVC issues, capable of building linkages with caregivers and community groups to nurture the healthy development, education, economic support, and social support for this most vulnerable population.

**EMPHASIS AREAS:**

Training 51%-100%  
Information/education/communication 10%-50%  
Local Organization Capacity Development 10%-50%  
Community Mobilization/Participation 10%-50%  
Linkages with Other Sectors and Initiatives 10%-50%

**TARGETS:**

1. Training of at least 400 personnel from community-based AIDS service organizations, clinics, and community-based organizations in caring for OVC.
2. Capacity development for 10 AIDS service organizations in each department.

**TARGET POPULATIONS:**

People affected by HIV/AIDS, including PLWHA and OVC

Special populations, including most at risk populations

Groups/organizations, including community-based organizations, faith-based organizations, and non-

**Activity Narrative:** governmental organizations  
**COVERAGE AREAS:** All geographic regions receiving PEPFAR support for HIV care and treatment services.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 12420

**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28670	12420.2867 0.09	HHS/Health Resources Services Administration	University of Washington	11700	3142.09	ITECH	\$350,000
12420	12420.07	HHS/Health Resources Services Administration	University of Washington	5151	3142.07	ITECH	\$250,000

**Targets**

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	N/A	True
8.1.A Primary Direct	N/A	True
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	400	False

**Target Populations**

**Other**

Orphans and vulnerable children

People Living with HIV / AIDS

**Table 3.3.08: Activities by Funding Mechansim**

**Mechanism ID:** 3323.08

**Mechanism:** Basic Health Services

**Prime Partner:** Management Sciences for Health

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** Orphans and Vulnerable Children

**Budget Code:** HKID

**Program Area Code:** 08

**Activity ID:** 12421.08

**Planned Funds:** \$300,000

**Activity System ID:** 17192

**Activity Narrative: SUMMARY:**

MSH implements an integrated country-wide maternal and child health program through a network of non-governmental organizations (NGOs). Since 2006, MSH has brought these services to neglected, remote, and hard to reach areas. With PEPFAR funding, MSH is also providing services at PMTCT, voluntary counseling and test (VCT), and anti-retroviral services (ARV) sites. MSH will capitalize on the mobilization of a vast array of community health workers and traditional birth attendants to develop a tracking system for enrolled HIV positive pregnant women and their newborns. Families receiving palliative care will be also identified, and through home visits vulnerable children affected by or infected with HIV will receive a package of services including access to basic child health services, referral to pediatric AIDS care and treatment, psychosocial support, support for education and vocational training, facilitation for birth registration and access to income generating activities for their families. MSH will also work in Cite Soleil, a slum area of Port au Prince, with a network of NGOs with experience in the prevention, care, and treatment of HIV infected children and care of orphans and vulnerable children (OVC).

**BACKGROUND:** The MSH program will identify orphans and vulnerable children from families receiving palliative care in their network and enroll them in the OVC program. MSH will link new OVC activities with existing President's Emergency Plan for AIDS Relief (PEPFAR) and maternal and child health interventions in the targeted area.

Cite Soleil, with a population estimated around 300,000, has been out of reach for health programs for two years. Political violence, widespread insecurity, random killing, kidnappings, and a surge in gang rape have characterized this area designated by the United Nations as a "hot zone" thus out of reach of public health workers. The public health community suspects this area has a high prevalence of sexually transmitted infection. This slum was stabilized in 2007 and MSH with the support of three NGOs, is funded by PEPFAR help identify HIV positive adults and newborns, provide access to education, psychosocial support to adolescents, referrals to pediatric AIDS care and treatment centers for children and adolescents eligible for anti-retroviral therapy (ART), as well as care for orphans and vulnerable children. MSH with its partner organizations will strengthen OVC interventions in the area in 2008.

**ACTIVITIES AND EXPECTED RESULTS:**

**Activity 1.** MSH will identify all newborns from HIV positive mothers and enroll them as either exposed or infected OVC. MSH, which is engaged in maternal and child health (MCH) activities, will provide services related to immunization, Vitamin A supplementation, and de-worming and other preventive care package interventions (safe water, ITNs, and ORT supplementation for treatment of acute diarrhea). Through its community network, MSH will link OVC to clinical care where testing will be performed and access to ART to those eligible provided. MSH will also work with Title II partners and the World Food Program for the families with OVC to have access to food.

**Activity 2.** MSH will provide training for its community workers and health personnel in OVC care. MSH will provide OVC caregivers training in areas related to psychosocial support for OVC. Prevention messages and recreational activities will be organized in order to help the children cope with their environment. MSH will assist OVC to obtain birth registration, a key impediment in obtaining inheritance rights for those children.

**Activity 3.** - MSH will provide school fees for children six to 12 years of age to attend primary school. MSH will focus on gender issues with the goal of having at least 50% of the OVC girls in primary schools. MSH will also provide access to vocational training for OVC aged 15 to 18 years of age.

**Activity 4.** MSH will work with FOSREF and Arc en Ciel at the Filles de la Charité Health Center in Cite Soleil. With these subgrantees MSH will identify newborns from HIV positive women, elder orphans and vulnerable children and provide them MCH services. Access to ARV will be provided by referrals to a pediatric AIDS health center. Grace Children's Hospital, a pediatric AIDS center, will offer clinical support. FOSREF will play a key role in developing prevention and education messages to adolescents infected or vulnerable. Maison Arc en Ciel has important expertise in providing shelter for orphans and vulnerable children. This NGO has won a best practice award in this field.

Emphasis Areas  
Development of network / Linkages/Referral Systems  
Human resources  
Needs Assessment  
Training  
Strategic Information

**Target:**

Number of OVC served: 3000

Number of providers/caregivers trained in caring for OVC: 300

**Target Populations:**

HIV/AIDS –affected families  
Orphans and vulnerable children  
People living with HIV/AIDS  
Girls (Parent: Children and youth (non-OVC)  
HIV positive pregnant women (Parent: People living with HIV/AIDS)  
Key legislative issue  
Increasing gender equity in HIV/AIDS programs  
Stigma and discrimination

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 12421

**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27509	12421.2750 9.09	U.S. Agency for International Development	Management Sciences for Health	11445	3323.09	SDSH	\$300,000
12421	12421.07	U.S. Agency for International Development	Management Sciences for Health	5146	3323.07	Basic Health Services	\$625,000

**Targets**

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	3,000	False
8.1.A Primary Direct	N/A	True
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	300	False

**Target Populations**

**General population**

Children (under 5)

    Girls

Children (5-9)

    Girls

Ages 10-14

    Girls

**Other**

People Living with HIV / AIDS

**Coverage Areas**

Ouest

**Table 3.3.08: Activities by Funding Mechansim**

**Mechanism ID:** 3337.08

**Prime Partner:** Partners in Health

**Mechanism:** PIH

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Orphans and Vulnerable  
Children

**Budget Code:** HKID

**Program Area Code:** 08

**Activity ID:** 10668.08

**Planned Funds:** \$900,000

**Activity System ID:** 17211

**Activity Narrative:** Integrated Activity Flag: This activity is linked to Activity IDs 9682.08, 4501.08, 18974.08, 9363.08, 17784.08 and 9673.08.

The activities described below are carried out to support orphans and vulnerable children (OVC) through four components: reinforcing existing primary/ambulatory care to increase capacity for identification of children infected or affected by HIV; providing nutritional support; providing psychosocial support; and providing social assistance. These OVC activities will be conducted within PIH/ZL's "four pillars" model for implementing a comprehensive HIV program in the context of primary care: 1) HIV prevention and care, including voluntary counseling and testing (VCT); 2) detection and treatment of tuberculosis (TB) and other opportunistic infections; 3) detection and treatment of sexually transmitted infections (STIs) and; 4) women's health and prevention of mother-to-child transmission (PMTCT) of HIV services. The primary emphasis areas for these activities are linkages with other sectors and initiatives, human resources, and food/nutrition support. Specific target populations include OVC, caregivers of OVC, and HIV/AIDS-affected families. Activities will be carried out at eight sites in the Central Department of Haiti (Belladère, Boucan Carré, Cange, Cerca La Source, Hinche, Lascahobas, Thomonde, and Savanette) and three sites in the Artibonite Department (Desdunes, Petite Rivière, and St. Marc). Activities in St. Marc will be carried out in collaboration with the Hôpital St. Nicholas (HSN) and Services de Santé de Premier Echelon (SSPE). Certain activities will also be carried out at health posts in Segur and Jean Denis.

The PIH/ZL HIV Equity Initiative has relied on sustained funding from the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), as well as the President's Emergency Plan for AIDS Relief (PEPFAR), to operate over the past five years. Our GFATM Round 1 grant ends December 2007. We have recently submitted a rolling continuation channel (RCC) application to the Haiti HIV Multisector Consultative Council (CCM). Among other critical costs, this application includes the anti-retroviral (ARV) medications for all the patients discussed herein. If PIH/ZL does not receive this co-financing, we will need to adjust all targets listed here, including reducing the number of service outlets.

#### BACKGROUND:

PIH/ZL's orphans and vulnerable children (OVC) activities are part of a comprehensive HIV prevention and treatment program started by PIH/ZL in 1998; expanded through the public sector beginning in 2002 in partnership with the Haitian Ministry of Public Health and Population (MSPP) and with funds from GFATM; and further expanded to Hinche, Cerca La Source, Petite Rivière and St. Marc with the support of PEPFAR in the COP 2005, 2006, and 2007. Since 2004, the program has been a collaboration among these four key partners—PIH/ZL, MSPP, GFATM, and PEPFAR. Since 2005, work in the Artibonite region has been strengthened by involving several NGO partners in St. Marc—SSPE, Promotion Objectif Zerosida (POZ), La Fondation Esther Boucicault Stanislas (FEBS)—and in Petite Rivière—Centre Medical Charles Colimon (CMCC), a Médecins Sans Frontières (MSF)-affiliated institution. In August 2007, with the decrease in services provided by MSF, PIH/ZL will assume responsibility for all services and supplies provided at CMCC.

PIH/ZL has long provided social assistance to vulnerable and HIV-affected children. In 2004, PIH/ZL officially launched its Program on Social and Economic Rights (POSER) for HIV-infected patients and their families. Similarly, educational assistance to OVC has been a component of the PIH/ZL project for over a decade; in 2005 we expanded school fee assistance and formalized documentation and long-term follow-up for this project in the Central Department.

Over the past two years, PIH/ZL has continued to strengthen our programming in the areas of nutritional and psychosocial support, with a particular emphasis on OVC. PIH/ZL has initiated and scaled-up a pediatric malnutrition program that includes the use of locally prepared Ready to Use Therapeutic Food (RUTF). Additionally, a total of 500 OVC and their HIV-positive parents or caretakers have been enrolled in a pilot psychosocial support intervention focused on coping strategies for dealing with stigma, grief and loss; identification of depression; and disclosure of HIV status to family members.

In OVC activities and all others, PIH/ZL is committed to a long-term partnership with the Ministry of Health (MSPP) and to strengthening the public sector by training local staff, including MSPP health workers.

#### ACTIVITIES AND EXPECTED RESULTS:

##### ACTIVITY 1: Palliative Care to OVC

This activity aims to increase capacity at health centers to identify children infected or affected by HIV. Significant numbers of children are seen at the clinics and rally posts and they are many lost opportunities for identification of HIV infected children. PIH will emphasize on this entry door. Health services will be reinforced for all children, thereby increasing the capability for identification of children infected with and affected by HIV. Services include promotion of vaccination and well-child visits in the context of the comprehensive care that is currently provided at each PIH/ZL site. This funding will support the personnel and supplies necessary to serve an increasing number of children in general and OVC specifically.

##### ACTIVITY 2: Provision of Food

The second activity is to support social workers and companions in evaluating the nutritional needs of HIV-affected children and their families. Identification of children at risk will be strengthened by training companions to determine children's need for nutritional supplementation through nutritional assessment. Companions will also ensure adequate follow-up and growth monitoring of at-risk children in order to prevent relapse into malnutrition.

##### ACTIVITY 3: Provision of Psychosocial Support

The third activity is to employ and train social workers, thereby strengthening the provision of psychosocial support services to OVC. Social workers will offer psychosocial support groups as well as individual counseling for those who cannot benefit from group activities (specifically, those who have not disclosed their HIV status) to children affected by HIV and their HIV-positive parents or caretakers. Moreover, the social workers will promote a prevention curriculum as a means of reducing the chances of OVC themselves becoming HIV-infected.

##### ACTIVITY 4: Social Assistance

The fourth activity seeks to provide social assistance to OVC and their families, including school fees (a major barrier to school attendance). Scholarships of approximately \$25 will be provided annually to more than 2,000 HIV-positive parents to assist with the cost of their children's schooling, expanding upon the social assistance provided by PIH/ZL in past years. The World Food Program and private funders have partnered with PIH/ZL to provide these "wrap-around" services.

##### ACTIVITY 5: Expansion of OVC Services to the Artibonite department

The fifth activity is the provision of the full package of OVC services described above (palliative care, food, psychosocial support, and social assistance) to three communities in the Artibonite: Desdunes, Petite Rivière, and St. Marc. Last year, we provided comprehensive support to more than 5,000 OVC in the

**Activity Narrative:** Central Department. In 2008, we hope to support an additional 3,000 OVC at our sites in the Artibonite. This will require hiring social workers and companions to ensure the development of OVC services at each site. In addition to supporting the human resources and infrastructure required to provide such services in the Artibonite, funding will be used to help establish a standardized system for tracking all OVC at all our sites in the Artibonite and Central Departments.

These OVC activities mitigate the burden of care on women and girls by linking care programs with resources such as psychosocial support groups, the school canteen program, and provision of school fees and food. In paying school fees, we are ensuring that children and adolescents, especially girls, are able to remain in school.

**EMPHASIS AREAS:**

Linkages with Other Sectors and Initiatives 50-100%

Human Resources 10-50%

Food/Nutrition Support 10-50%

**TARGETS:**

As indicated above, PIH/ZL considers our HIV Equity Initiative as a collaborative program with a number of partners. For this reason, the targets listed in these sections are for the project as a whole, regardless of co-financing arrangements. PIH/ZL defers to PEPFAR and GFATM to determine the most appropriate means to allocating these accomplishments to the various donor agencies, if necessary to avoid duplication.

September 2008

Orphans and vulnerable children served by OVC programs: 8,250

OVC referred to a treatment program: 50

Providers/caretakers trained in caring for OVC: 50

**TARGET POPULATIONS:**

Orphans and Vulnerable Children; Caregivers of OVC; HIV/AIDS-affected families

**KEY LEGISLATIVE ISSUES:**

Gender; Wrap Around; Stigma and Discrimination

**COVERAGE AREAS:** Central Department (Belladère, Boucan Carré, Cange, Cerca La Source, Hinche, Lascahobas, Thomonde, and Savanette), and Artibonite Department (Desdunes, Petite Rivière and St. Marc). Service outlets in St. Marc include HSN and SSPE.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10668

**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27517	10668.27517.09	HHS/Centers for Disease Control & Prevention	Partners in Health	11446	3337.09	PIH	\$850,000
10668	10668.07	HHS/Centers for Disease Control & Prevention	Partners in Health	5137	3337.07	PIH	\$550,000

**Targets**

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	8,250	False
8.1.A Primary Direct	N/A	True
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	50	False

## Indirect Targets

## Target Populations

### Other

Orphans and vulnerable children

## Coverage Areas

Artibonite

Centre

**Table 3.3.08: Activities by Funding Mechanism**

**Mechanism ID:** 8317.08

**Prime Partner:** World Hope International

**Funding Source:** Central GHCS (State)

**Budget Code:** HKID

**Activity ID:** 18989.08

**Activity System ID:** 18989

**Mechanism:** New Partner Initiative

**USG Agency:** Department of State / Office of the U.S. Global AIDS Coordinator

**Program Area:** Orphans and Vulnerable Children

**Program Area Code:** 08

**Planned Funds:** \$0

**Activity Narrative:** This activity is linked to activity ID 19011.08, 18987.08.

**SUMMARY:**

HPH orphan and vulnerable children (OVC) activities address the physical, social, emotional, and intellectual needs of OVC, with emphasis given to emotional and intellectual support for OVC and caregivers. This emphasis is realized, in large part, by sensitizing the entire community—community and religious leaders, caregivers, and community members—to the needs of the OVC; and, empowering churches, community and faith based organizations (C/FBOs), and schools to have their own OVC programs to assist local OVC with basic needs. Effectiveness also necessitates responding to the physical, social, intellectual, and emotional health needs of OVC and caregivers through educational assistance, agriculture/nutrition projects, social clubs with emotional care component, literacy classes, and other caregiver support.

In this program area, as in all others, HPH will leverage linkages with its other programmatic initiatives. Prevention activities will help to identify OVC and address stigma; as appropriate OVC and caregivers will be encouraged to be tested and receive counseling; and, OVC will be connected to other care and social service programs.

**BACKGROUND:**

These activities represent a fuller development and extension of an initiative begun during the last four (4) months of 2007 under the New Partner's Initiative (NPI) with funding from the President's Emergency Plan for AIDS Relief (PEPFAR) administered by USAID. Implementation is being carried-out by the original seven (7) partners under the guidance and support of World Hope International (WHI).

**ACTIVITIES AND EXPECTED RESULTS:**

The first necessary activity of HPH Partners is to harness the energy of churches, schools, and other community- and faith-based organizations to identify and serve vulnerable OVC/families. These outreach activities also identify potential caregivers who can be trained, equipped, and resourced to support OVC. As their primary activity in serving OVC and caregivers, HPH programs will emphasize education. OVC infected or affected by HIV will benefit from school fees for primary education or vocational training depending on their age group. Literature demonstrates the correlation between education and HIV prevention—as education increases, the likelihood of becoming infected decreases. In addition, increasing literacy of caregivers for OVC involved in programs increases their potential to stay in school. HPH will continue to utilize skilled professional volunteers to provide teacher training, as occurred in the fourth quarter of 2007, as country conditions allow.

HPH Partners will also invest in agriculture and nutrition programs as they have been shown to improve food security and are a key recommendation for OVC in Haiti. HPH will also link with Title II (PL-480) partners and the World Food Program to address the food insecurity issue in families with greater risk and vulnerability.

Support clubs (social/homework) for OVC will also be established to help meet the social and emotional needs of children who have often been ostracized and wounded by loss. Emotional support is also provided to caregivers (in part to address stress and burnout). Experience has taught that OVC care suffers unless caregivers receive this kind of emotional support.

HPH will also provide increased access to health care to its OVC population. OVC will be referred to clinics for basic pediatric care (immunization, Vit A. Supplementation, de-worming, growth curve follow-up etc.). HIV infected children will be referred to health centers where they can be treated for opportunistic infections and put on pediatric ART when eligible.

OVC goals will be considered reached when they receive two of the above services. Caregiver goals will be considered reached when they receive one of the above services.

**EMPHASIS AREAS:**

Community Mobilization/Participation	20 - 25%
Development of Network/Linkages/Referral Systems	10 - 15%
Information, Education and Communication	15 - 20%
Linkages with Other Sectors and Initiatives	25 - 35%
Training	15 - 20%
Food/Nutrition Support	10 - 15%

**TARGETS:**

9,843 (4,921 male/4,922 female) OVC who are served.

3,282 caregivers/caretakers trained in caring for OVC

Anticipated breakout by Department = Artibonite (1722); Central Plateau (1491); West (4158); South (3948); and South East (1806)

**TARGET POPULATIONS:**

OVC

HIV/AIDS-affected families

Community and religious leaders

Community and faith-based organizations

Providers of related and beneficial prevention and care resources

Educational Institutions & teachers

Experienced teachers who are equipped/resourced to train other school teachers

**KEY LEGISLATIVE ISSUES:**

Increasing gender equity by targeting women and collecting data to show breakdown of women and men receiving OVC care

Addressing male norms and behaviors through OVC education and support

Reducing violence and coercion through outreach, addressing stigma, and support activities for OVC and caregivers

**COVERAGE AREAS:**

OVC programs in the West and South East, launched in 2007, will be extended into Artibonite, Central Plateau and South during 2008.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

**Emphasis Areas**

New Partner Initiative (NPI)

**Food Support**

**Public Private Partnership**

**Targets**

<b>Target</b>	<b>Target Value</b>	<b>Not Applicable</b>
8.1 Number of OVC served by OVC programs	9,843	False
8.1.A Primary Direct	N/A	True
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	3,282	False

**Table 3.3.08: Activities by Funding Mechanism**

**Mechanism ID:** 4733.08

**Prime Partner:** Catholic Relief Services

**Funding Source:** Central GHCS (State)

**Budget Code:** HKID

**Activity ID:** 8156.08

**Activity System ID:** 17163

**Mechanism:** Track 1 OVC: Support to OVC Affected by HIV/AIDS

**USG Agency:** U.S. Agency for International Development

**Program Area:** Orphans and Vulnerable Children

**Program Area Code:** 08

**Planned Funds:** \$167,738

**Activity Narrative:** Integrated Activity: This activity links to Activity ID 8162.08.

**SUMMARY:** This activity will continue to provide orphans and vulnerable children (OVC) in the Nippes Department access to three main services including psychosocial support, education assistance, and economic strengthening interventions. In addition, CRS partnering with the Bethel Clinic of the Salvation Army will extend to HIV/AIDS infected and affected OVC and their families, other types of support including infrastructure improvement interventions. This OVC activity complements other institutional and community services funded by CRS and USAID, including the Safety Net interventions and Health programs (e.g., tuberculosis and pediatric HIV/AIDS programs).

**BACKGROUND:**

With the support of the President's Emergency Plan for AIDS Relief (PEPFAR) and the United States Government Title II resources, the CRS/OVC program has been working to improve care and support offered to children and youth affected by HIV/AIDS in five regions of Haiti since 2004. During the past three and half years, the program reached nearly 10,000 OVC sheltered in institutions (orphanages, street kids centers, specialized homes for children with reduced capacity, day centers for children in domesticity, etc.) located in the South, South East, Grande Anse, West and Nippes Departments. CRS has extensive experience in the care of orphans and vulnerable children; they have been implementing children safety net programs for more than 30 years in Haiti.

The PEPFAR-OVC Track I program which implemented the first half of its five-year cycle exclusively at the institutional level, took a new turn in Fiscal Year (FY) 2007 initiating a community-based approach in several communes of the Nippes Department. In FY 2008, CRS through its Bethel partner, will focus and scale-up its activities in the Nippes reaching HIV/AIDS infected/affected children, 0-18 years of age, living in the communes of Fond des Negres, Miragoane, Petite Riviere, L'Azile, Anse a Veau and in Petit-Goave (West Department). Primary school aged boys and girls will receive tuition fees and school supplies. Fifteen to 18 year old boys and girls will have increased access to quality vocational/professional training. Age-appropriate HIV/AIDS education, children's rights, health hygiene, and nutrition knowledge will be extended to all participating OVC, their caregivers, and to leaders in their communities. Psychosocial support will be provided to infected children and their parents/caregivers, as the interventions will target the family as a whole. Families/caregivers will benefit as well from economic strengthening programs including vegetable gardens and other income generation schemes. Through integrated efforts (ART/OVC), CRS supported OVC will benefit from expanded HIV pediatric care and support at the Bethel ART Point of Service. Community development interventions will also be achieved in terms of infrastructure rehabilitation and water sanitation projects.

In FY 2007, CRS and the Institut du Bien-Etre Social (IBESR), the local government body in charge of OVC, combined efforts to support OVC institutions providing them with financial and legal support. This collaboration will further develop in FY 2008, as a public-private platform of OVC actor institutions/stakeholders will be set up by UNICEF and CRS to address OVC rights.

**ACTIVITES AND EXPECTED RESULTS:**

**ACTIVITY 1: Psychosocial support**

Vulnerable children will be identified through the hospital-based pediatric services, people living with HIV/AIDS (PLWHA) receiving palliative care/ARV treatment at Bethel clinic in Fond des Negres and from their community outreach programs throughout the Nippes. OVC families and caregivers will receive training in PSS (psychosocial support), making them better equipped to assist and protect the children in their care. Infected/affected children will receive one-on-one counseling by trained and experienced field monitors. Family counseling will be accessible to targeted families with limited coping capacity. Peer support groups will be formed, creating forums for OVC to express their grief, doubts and fears and build together hope for the future. Through the kids clubs, OVC will also benefit from Life Skills training.

**ACTIVITY 2: Education assistance**

One of the greatest challenges presented by the AIDS pandemic is sustaining children's education as economic conditions decline. Boys and girls, age six to 12 years old will benefit from primary school support and 15-18 year old boys and girls will receive scholarships of six months and one year to attend a vocational/professional school. OVC from eight to 18 years of age will be trained in HIV/AIDS prevention care, health, hygiene and nutrition and children rights.

**ACTIVITY 3: Economic strengthening**

Caregivers will receive basic training in small enterprise development and management. They will receive technical and financial assistance from CRS/OVC team to put together small income generating schemes, such as vegetable gardens, animal raising, food transformation, tailor shops, etc.

**Emphasis Areas % of Effort**

Community Mobilization/Participation	10-50
Development of Network /linkages/Referral Systems	10-50
Information/Education/Communication	10-50
Infrastructure	10-50
Linkages with other Sectors and Initiatives	10-50
Local Organization Capacity Development	10-50
Training	10-50
Monitoring and Evaluation and Reporting	10-50

**Targets**

Target	Target value
Number of OVC served by OVC Programs	3,500
Number of providers/caretakers trained in caring for OVC	300

**Target Populations**

- Community Leaders
- Community-based organizations
- Children and Youth
- Religious leaders
- Key Legislative Issues
- Increasing Gender equity in HIV/AIDS programs
- Stigma and discrimination
- Education
- Microfinance/Microcredit
- Increasing OVC access to income and productive resources
- Coverage Areas

**Activity Narrative:** Nippes  
West

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 8156

**Related Activity:**

#### Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28966	8156.28966.09	U.S. Agency for International Development	Catholic Relief Services	11795	4733.09	Track 1 CRS - OVC	\$587,346
8156	8156.07	U.S. Agency for International Development	Catholic Relief Services	4733	4733.07	Track 1 OVC: Support to OVC Affected by HIV/AIDS	\$0

#### Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	3,500	False
8.1.A Primary Direct	N/A	True
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	300	False

#### Indirect Targets

#### Target Populations

##### Other

Orphans and vulnerable children

#### Coverage Areas

Ouest

Nippes

**Table 3.3.08: Activities by Funding Mechanism**

**Mechanism ID:** 3136.08 **Mechanism:** N/A  
**Prime Partner:** Foundation for Reproductive Health and Family Education **USG Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State) **Program Area:** Orphans and Vulnerable Children  
**Budget Code:** HKID **Program Area Code:** 08  
**Activity ID:** 10663.08 **Planned Funds:** \$400,000

**Activity System ID:** 17178

**Activity Narrative:** SUMMARY:

This activity seeks to expand FOSREF's program for Orphans and Vulnerable Children (OVC). The primary emphasis areas for this activity are community mobilization/participation, information, education and communication, and training. Specific target populations include street kids and children affected or infected by HIV/AIDS. The activities will be carried out in five departments within Haiti: the South, South East, Grande Anse, Nippes and West with particular attention given to the cities of Les Cayes, Jacmel, Jérémie, Miragoane and Port-au-Prince (three sites) and their surrounding communes.

**BACKGROUND**

This activity is the continuation of the FOSREF OVC program started in Fiscal Year (FY) 2007 and will continue to extend its OVC services in other departments of the country. All activities in the program will be implemented and executed directly by FOSREF. This program will put special emphasis on key issues related to OVC and will have a strong community level focus.

**ACTIVITIES AND EXPECTED RESULTS:**

Activity 1: Peer education for street kids. Training sessions for OVC peers will be organized at the center level in all of FOSREF's seven youth centers within its five department service areas, as well as in shelters, meeting points, and institutions that work with street kids. These training sessions will cover interpersonal communication techniques, perception of risk level, negotiation skills, sexually transmitted infection (STI) and HIV/AIDS prevention and life skills. Training sessions on STI/HIV/AIDS prevention will be held weekly at the center and community level.

Activity 2: Provision of psychosocial and educational support. - The program will provide psychosocial support to OVC at the center and community level and for individual families. The program will also provide school fees for children age five to 18 years old and support for school materials and uniforms.

Activity 3: Special sessions for girls. - Specific individual or group education sessions will be organized for OVC girls on self-esteem, negotiation skills, life sk

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10663

**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28905	10663.28905.09	HHS/Centers for Disease Control & Prevention	Foundation for Reproductive Health and Family Education	11769	3136.09	FOSREF	\$400,000
10663	10663.07	HHS/Centers for Disease Control & Prevention	Foundation for Reproductive Health and Family Education	5123	3136.07		\$300,000

## Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	4,500	False
8.1.A Primary Direct	N/A	True
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	600	False

## Target Populations

### Special populations

Most at risk populations

Street youth

## Coverage Areas

Grand-Anse

Sud

Sud-Est

Nippes

Ouest

**Table 3.3.08: Activities by Funding Mechanism**

**Mechanism ID:** 5541.08

**Prime Partner:** Catholic Relief Services

**Funding Source:** GHCS (State)

**Budget Code:** HKID

**Activity ID:** 10667.08

**Activity System ID:** 17167

**Mechanism:** N/A

**USG Agency:** U.S. Agency for International Development

**Program Area:** Orphans and Vulnerable Children

**Program Area Code:** 08

**Planned Funds:** \$0

**Activity Narrative: SUMMARY:**

This activity will provide a comprehensive package of community-based care and support for orphans and vulnerable children (OVC) infected/affected by HIV and AIDS and will be integrated with existing clinical programs providing services in voluntary counseling and testing (VCT), anti-retroviral therapy (ART) and palliative care in the Nippes, South, Grande Anse, Artibonite, and Northwest Departments. Main emphasis areas include: 1) Improving services to OVC, including addressing psychosocial needs, child rights protection, and legal and economic support after the death of a parent; 2) improving OVC's access to health services; 3) improving community capacity to address the needs of OVC's parents and foster families; and 4) linking institutions to communities. Areas of priority are: community mobilization/partnership, information, education and training. CRS with health partner institutions will conduct activities in several communes of the Nippes and South Departments. This activity will be closely integrated and managed within CRS's Community Based Palliative Care activity to be implemented in the same geographic areas. Children of people living with HIV (PLHIV) participating in the palliative care activity will be closely targeted. Food support provided through Title II in the South will be linked to HIV affected families whose members will include OVC.

**BACKGROUND:**

The CRS/OVC program has been working to improve the care and support offered to children and youth affected by HIV/AIDS in five regions of Haiti since 2004 with the support of the President's Emergency Plan for AIDS Relief (PEPFAR). In Fiscal Year (FY) 2007, CRS/OVC initiated a community-based approach in several communes of the Nippes Department. During the FY 2008 funding period, CRS will expand community support for OVC and ensure that children living in the communes of the Nippes, South, Grande Anse, Artibonite and Northwest Departments have access to comprehensive HIV/AIDS services. CRS will work in collaboration with local health structures currently providing clinical HIV services across the five departments. CRS will work closely with 20 selected rural health centers currently providing HIV services in the surrounding communities of Les Cayes, Miragoane, Jeremie, Gonaives, and Port-de-Paix. CRS will implement activities through its community networks and through the Caritas/South youth network, a faith-based organization. CRS through its partners' field trainers, its community health workers (CHWs) and other human resources will help create links between the sites and the communities. Identifying and monitoring the OVC infected with or affected by HIV/AIDS will be facilitated by zeroing in around the health sites. CRS will provide a comprehensive package of education, access to health care and psychosocial support in these areas. Particular attention will be paid to protecting the rights of and providing income-generating opportunities to orphans, infected children and those living with people living with HIV/AIDS. Additionally, selected communities will benefit from water/sanitation and infrastructure improvement projects.

**ACTIVITIES AND EXPECTED RESULTS:**

**ACTIVITY 1:** CRS will improve psychosocial (PSS) services for OVC boys and girls aged eight to 18 years. These children will be identified through the hospital-based pediatric services, PLWHA receiving palliative care/ARV treatment at the selected partner health centers, as well as from their community outreach programs throughout the Nippes and South Departments. OVC and their families and caregivers will receive training in PSS from experienced staff and will receive counseling to help them manage and restore/build self esteem, and develop social and coping skills. Family counseling will be accessible to targeted families with limited coping capacity. Peer support groups will be formed, creating forums for OVC to express their grief, doubts, and fears and build together hope for the future. Prevention messages will address specific situations that these children face that make them more vulnerable than other children to becoming infected.

Economic support will be extended in the form of income generation schemes such as animal raising, small vegetable gardens, fruit transformation projects, etc. to children whose lost their parents to HIV/AIDS and who are currently living with infected parents or caregivers.

**ACTIVITY 2:** CRS will ensure that OVC's access to health services is improved by increasing the capacity of community members, especially caregivers, to care for HIV infected and affected children and by enrolling OVC in primary health care services at the health center partner institutions.

Education assistance will be extended to OVC boys and girls. Children, ages six to 12 years old will benefit from primary school support and youth from 15-18 years old scholarships of six months and one year to attend a vocational/professional school.

Nutritional assistance will be provided to HIV affected families with OVC through the Title II funded MYAP in the South Department. Orphaned OVC will continue to receive food support following the death of HIV infected parents.

**ACTIVITY 3:** Field agents/trainers from the health centers partner institutions and community health workers (CHWs) will be trained to sensitize and educate the general population about HIV/AIDS to reduce discrimination and stigmatization and to promote respect for the rights of OVC and PLWHAs. Community leaders, teachers, school directors, service providers and church leaders will also be trained in order to reduce stigma experienced by PLWHAs, especially children. Community and foster care will be promoted.

Selected communities will benefit from water/sanitation and infrastructure rehabilitation projects.

**ACTIVITY 4:** CRS will continue to provide support to Caritas, a Catholic NGO, in the implementation of their HIV/AIDS strategy, focalizing on OVC through training support for priests and program managers in the care and support of OVC.

**EMPHASIS AREAS:**

Training/Education 10-50%  
Community mobilization 10-50%  
Information, Education and Communication 10-50%  
Linkages with other sectors 10-50%  
Local Organization Capacity Development 10-50%

**Activity Narrative:**

## TARGETS:

## TARGET:TARGET VALUE

Number of OVC served by OVC programs 5,000  
 Number of providers/caregivers trained in caring for OVC1,108

## TARGET POPULATIONS:

Children and youth  
 Community leaders  
 Religious leaders  
 Community-based organizations  
 Faith-based organizations

## KEY LEGISLATIVE ISSUES:

Stigma and discrimination  
 Education  
 Microfinance/Microcredit  
 Increasing girls' access to education

## COVERAGE AREAS:

Nippes, South, Grande Anse, Artibonite, and Northwest Departments

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10667

**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
10667	10667.07	HHS/Health Resources Services Administration	Catholic Relief Services	5117	3314.07	AIDS Relief	\$600,000

**Emphasis Areas****Food Support**

Estimated PEPFAR dollars spent on food \$825,000  
 Estimation of other dollars leveraged in FY 2008 for food \$46,000

**Public Private Partnership**

**Targets**

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	5,000	False
8.1.A Primary Direct	N/A	True
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	1,108	False

**Indirect Targets**

**Target Populations**

**Other**  
Orphans and vulnerable children

**Coverage Areas**

Sud  
Nippes

**Table 3.3.08: Activities by Funding Mechansim**

<b>Mechanism ID:</b> 52.08	<b>Mechanism:</b> Condom Social Marketing
<b>Prime Partner:</b> Population Services International	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Orphans and Vulnerable Children
<b>Budget Code:</b> HKID	<b>Program Area Code:</b> 08
<b>Activity ID:</b> 19580.08	<b>Planned Funds:</b> \$300,000
<b>Activity System ID:</b> 19580	

**Activity Narrative:** Diarrhea is with acute respiratory infections the two most important causes of infant mortality in Haiti. In the context of HIV/AIDS, infectious diarrhea is even more of a concern in a country where according to EMMUS/DHS 2005 – 2006, 67 % of the population does not have access to treated water. Jointly with CDC technical assistance and USAID funding, PSI has developed and is actually social marketing a product for safe water named Dlo La Vi (water for life) which is to be used at household for the family.

Leveraging on the fact that the Dlo La Vi product is already available in Haiti and promoted by NGO partners in maternal and child health interventions, PEPFAR is setting aside additional funds for PSI to make this product available to children infected and affected by HIV/AIDS and their families. This approach will mitigate stigmatization and help reduce diarrhea incidence in the population of PLWHA. PSI will provide Dlo La Vi through PEPFAR NGO partners conducting community based palliative care and OVC activities.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

**Table 3.3.08: Activities by Funding Mechanism**

**Mechanism ID:** 8724.08

**Mechanism:** USAID/Haiti's Democracy and Governance Office/ Civil Society Responsibility Project

**Prime Partner:** Pact, Inc.

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** Orphans and Vulnerable Children

**Budget Code:** HKID

**Program Area Code:** 08

**Activity ID:** 19582.08

**Planned Funds:** \$100,000

**Activity System ID:** 19582

**Activity Narrative:** USAID Haiti's Civil Society Responsibility Project

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

HVCT - Counseling and Testing

Program Area: Counseling and Testing

Budget Code: HVCT

Program Area Code: 09

**Total Planned Funding for Program Area: \$5,050,000**

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

**Program Area Context:**

From October 2006 to July 2007, approximately 225,868 people nationwide accessed HIV counseling and testing (CT) services supported by a combination of USG and Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) funds. Adding to the previous year's total, 17.6% of the adult population has now been tested since the program's inception (using 618,140 tests performed/3,540,000 adult people and assuming a single test per person). In order to reach the United States Government (USG) team's September 2009 antiretroviral (ARV) treatment target of 25,000, approximately 348,000 additional individuals will need to be tested (this figure assumes that eight percent of people tested will be found positive and that 25% of those who test positive will need ARVs, based on previous years' data). This includes the upstream 77,000 patients tested by the 15 sites in the GHESKIO network which is heavily supported by PEPFAR in other areas.

National HIV testing algorithms call for the use of rapid tests in all CT centers with same day results. With Fiscal Years (FY) 2004 through 2007 resources, the USG has enabled testing capacity (refurbishing of physical infrastructure, purchase of equipment, supplies and furniture, training of staff) in 118 sites (with 12 new sites added in the 2nd quarter of FY 2007). From October 2006 to July 2007, these sites have tested an average of 22,586 people per month. Ten of the planned FY 2007 sites are not yet operational. FY 2008 funding will support the establishment of 20 additional sites for a September 2008 target of 148 sites. With FY 2005 funding, 100,000 HIV test kits were procured through the University of Maryland and distributed to test sites by a local I-Tech team. For FY 2006 and FY 2007 the Partnership for Supply Chain Management (PFSCM) took over the procurement and distribution of test kits (Determine, Capillus and/or OraQuick) to all USG-supported sites, and in FY2008 they will continue this activity.

Rather than support widespread promotion of CT services to the general population, the USG will continue to focus in FY 2008 on specific populations most likely to become HIV infected. In addition to those with high-risk behavior such as commercial sex workers (CSWs) and their clients and partners, men who have sex with men (MSM), men away from home for work (migrant workers, distance truck, and bus drivers) and uniformed servicemen, CT services will be promoted among sexually active youth and young adults, particularly in areas of the country with the highest HIV prevalence rates. Additionally, provider-initiated CT is regularly offered in an opt-out strategy in key hospital wards and antenatal services. The 118 USG supported CT sites are located in all 10 regional departments of the country, ensuring broad national geographic coverage. Although some of these sites also receive GFATM support, close coordination ensures that there is no duplicative funding of test kits or operational support. Because of the strong tendency to seek only care at institutions, approximately 90% of CT services are provider-initiated, routine testing in clinical settings, from large hospitals to community and rural clinics. Efforts will be deployed this year to reinforce the presence of trained lay counselors and increase access to counseling services at these clinics to increase opportunities for any site user to opt out if desired. Furthermore, mobile testing services will be offered as a strategy.

Clinic-based services provide CT services using an opt-out strategy, in individual departments of hospitals, focusing on wards with high-risk patients such as tuberculosis or sexually transmitted infection (STI) units and prevention of mother-to-child HIV transmission (PMTCT) services. HIV-positive persons identified in individual hospital departments are referred and accompanied to the HIV/AIDS care and treatment center in the hospital where palliative care and, at some sites, ARV treatment is available. This is part of the USG team's overarching strategy to ensure maximum integration of AIDS services within one facility or among a group of linked facilities. Thus, CT services will be integrated into facilities in the five USG partner facility networks: GHESKIO (Groupe Haitien d'Etude du Sarcome de Kaposi et des Infections Opportunistes), Partners in Health (PIH), Catholic Relief Services (CRS), Management Sciences for Health (MSH) and the Ministry of Health (MoH).

In FY 2008, although the focus of support will be to strengthen existing sites, 20 new locations, linked directly to treatment and care facilities, will be established in key underserved areas in the Grande Anse, South, South East North West and North East Regional Departments. However, in 2007 loss to follow-up was recognized as a significant problem and steps to rectify this were begun. Major efforts in 2008 will be undertaken to ensure that HIV-positive persons are systematically referred to and enrolled in the HIV/AIDS integrated care and treatment services as currently 37% of persons testing positive in the CT services are not being enrolled in prevention of mother-to-child transmission (PMTCT) or HIV/AIDS integrated care and treatment programs. Partner efforts will focus on increased use of escort services for referrals, increased use of patient pairing with an accompagnateur or individual from a post-test club or association for persons living with HIV/AIDS (PLWHA), and hiring of social workers to reinforce psychosocial support and to ensure that HIV positive persons are effectively enrolled in services. Additional training and increased supervision of the counselors in CT services will also strengthen the referral of HIV positive persons to care and treatment. The Haitian Institute for Community Health (INHSAC), a local training organization, in partnership with International Training and Education Center on HIV (I-TECH) will conduct refresher courses for current counselors in CT sites and train new counselors. Counseling for special situations (pregnant women, discordant couples, teen-agers) will be emphasized and counselors will be aware of Prevention for Positives testing recommendations. Furthermore, an in depth counseling module will be introduced this year for social workers and psychologists to give them the skills to deal with issues such as partner referrals, family support, and OVC. Regular post-training supervision visits to ensure quality assurance and continuous quality improvement (QA/QI) will be carried out by I-TECH and INHSAC staff. Each CT site will be formally linked to a PMTCT or an AIDS integrated care and treatment site with referral systems and procedures clearly outlined so that all identified HIV+ persons are enrolled in follow-on care. Additionally, counselors will systematically include information on family planning (FP) and sexually transmitted infections (STI) and refer clients to FP and STI services when appropriate. It is expected that by increasing communication to FP and STI service delivery points follow up of HIV positive individuals will be strengthened.

For those populations outside the clinic environment, the USG supports client-initiated CT in community outreach efforts to persons engaging in high-risk behaviors (CSWs, truck and bus drivers, MSM, sexually-active youth, Haitian National Police). CT services for MSM and other persons with high risk behavior that seek anonymity are offered at several CT sites around the country by partner Promoteurs Objectif Zerosida (POZ). Sexually-active adolescents and youth have access to CT services in a network of youth centers run by the Foundation for Reproductive Health and Family Education (FOSREF). FOSREF's specially-trained counselors provide age-appropriate education and counseling and refer positive individuals to HIV/AIDS integrated care and treatment services and HIV+ pregnant youth to comprehensive PMTCT sites. Currently, all CT sites use standard paper registry forms and report monthly on the internet-based reporting system (MESI) set up by the USG team.

Important policy issues addressed in FY 2006 and continuing as issues in FY 2007 are the determination of legal authority for authorizing testing for a child doubly orphaned and the formulation of clear guidelines for opt-out HIV testing procedures that will maximize opportunities to identify HIV+ persons without jeopardizing individual rights.

## Program Area Downstream Targets:

9.1 Number of service outlets providing counseling and testing according to national and international standards	187
9.3 Number of individuals trained in counseling and testing according to national and international standards	997
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	348000

## Custom Targets:

**Table 3.3.09: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 3314.08	<b>Mechanism:</b> AIDS Relief
<b>Prime Partner:</b> Catholic Relief Services	<b>USG Agency:</b> HHS/Health Resources Services Administration
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Counseling and Testing
<b>Budget Code:</b> HVCT	<b>Program Area Code:</b> 09
<b>Activity ID:</b> 5305.08	<b>Planned Funds:</b> \$350,000
<b>Activity System ID:</b> 17168	
<b>Activity Narrative:</b>	
<p><b>Integrated Activity:</b> This activity links to Activity IDs 9671.08, 17796.08, 18988.08, 17898.08, 18706.08, and 4496.08.</p> <p><b>SUMMARY:</b> Counseling and testing (CT) is provided at all AIDSRelief sites as part of a comprehensive package for care, treatment and support for people living with HIV/AIDS (PLWHA). Activities to support CT include: provision of comprehensive CT services at hospital clinics and satellite clinics; training and supervision of counselors and community health workers (CHW's) in CT; support of CT activities at all AIDSRelief health facilities; and, community mobilization. The primary emphasis areas for these activities are: community mobilization, training, network development, human resource development, food nutrition support, quality assurance, quality improvement, and supportive supervision. The specific target populations will be: women of reproductive age, youth, truck drivers, sexual partners and children of seropositive persons, tuberculosis (TB) patients, sexually transmitted infection (STI) patients, and adults and children with clinical evidence of AIDS. The activities will be conducted in the communes of Gros-Morne, Fond des Blancs, Fond des Nègres, Leogane, Pilate, Milot, Deschapelles and Gonaives. People with high-risk behaviors and sexually-active youth will be motivated to attend CT clinics during community mobilization. In addition, AIDSRelief will conduct training in CT activities, in collaboration with Ministry of Health (MOH) and the Haitian Institute for Community Health (INHSAC). The MOH, Unité de Coordination Central (UCC) and Regional Health Departments are supportive of the project.</p> <p><b>ACTIVITIES AND EXPECTED RESULTS:</b> Activity 1: AIDSRelief will provide CT services at the 8 hospital clinics and satellite clinics in its network, 7 Catholic mission hospitals and 1 public regional hospital, and will establish 4 additional CT services at satellite health centers linked to these hospitals.</p> <p>Activity 2: AIDSRelief will provide necessary training and will supervise counselors and CHW in CT. In collaboration with MOH and the USG-supported CT training program at INHSAC (see I-TECH activity narrative in CT), AIDSRelief will ensure that quality counseling and testing will be provided to the population seeking care at its facilities. In November 2005, 25 nurses were trained in CT through PEPFAR funding. Refresher trainings will be conducted during FY 2007 and follow-up will take place during technical assistance visits. All training will emphasize counseling and referrals for family planning and other reproductive health services.</p> <p>Activity 3: AIDSRelief will support post-test activities (Post-test Clubs) at all of its health facilities to both seropositive and seronegative persons. AIDSRelief will provide education, psychosocial and logistical support to clients, clinic staff and CHWs in order to decrease stigmatization and discrimination experienced by PLWHA. In addition, AIDSRelief will ensure that all seropositive persons are registered in HIV care programs.</p> <p>Activity 4: AIDSRelief will support community mobilization in order to decrease stigma and misinformation regarding HIV and to increase the number of persons accessing CT centers. This activity will raise the awareness of community leaders, CHWs, traditional birth attendants, health agents, teachers, pregnant women, youth, people with risk behaviors, driver's syndicates and the general population about HIV/AIDS and the importance of VCT. Particular emphasis will be placed on integrating traditional birth attendants and community health agents into mobilization efforts. This activity was previously conducted and funded with private funds at Milot, Gros-Morne, Fond des Blancs, and Pilate and with USG funds at Léogane and Fond des Nègres.</p> <p>Activity 5: AIDSRelief will strengthen the capacity of the regional hospital in Gonaives to become a center of excellence by supporting a working network of all CT sites around AIDSRelief-supported hospitals in the Artibonite and Nippes Regional Departments.</p>	

## HQ Technical Area:

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9267

**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27502	5305.27502.09	HHS/Health Resources Services Administration	Catholic Relief Services	11444	3314.09	AIDS Relief	\$510,000
9267	5305.07	HHS/Health Resources Services Administration	Catholic Relief Services	5117	3314.07	AIDS Relief	\$250,000
5305	5305.06	HHS/Centers for Disease Control & Prevention	Catholic Relief Services	3434	1579.06	AIDS Relief	\$0

**Targets**

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	11	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	30	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	39,000	False

**Target Populations**

**Other**

People Living with HIV / AIDS

**Coverage Areas**

Artibonite

Nippes

**Table 3.3.09: Activities by Funding Mechanism**

**Mechanism ID:** 3136.08

**Mechanism:** N/A

**Prime Partner:** Foundation for Reproductive Health and Family Education

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Counseling and Testing

**Budget Code:** HVCT

**Program Area Code:** 09

**Activity ID:** 3903.08

**Planned Funds:** \$500,000

**Activity System ID:** 17179

**Activity Narrative:** Integrated Activity: This activity links to Activity IDs 5434.08, 10126.08, 11059.06, 10663.08. Summary: This project activity supports the continuation and the expansion of the FY07 FOSREF comprehensive voluntary counseling and testing for HIV (VCT) interventions included an organized testing and referral system for HIV-positive commercial sex workers (CSWs), HIV-positive youth, HIV-positive men, and HIV-positive pregnant women and also post-test clubs. This activity will continue to deliver high quality VCT services to the CSWs, to the Youth, to the men and to pregnant women. The primary emphasis areas for these activities are training, human resource development and infrastructure development. Specific target populations include CSWs and their clients; youth aged 15 – 24 years, men, and pregnant women.

#### BACKGROUND

The program will continue to deliver the VCT services in the same sites of FY07 and will extend and reinforce the VCT services in other FOSREF VCT sites, and will implement 2 new VCT sites for the youth at risk. The Activities targeting CSWs will be carried out in USG-supported FOSREF centers for CSWs located in many cities (reference to the Departments: Coverage areas and in the CSWs centers mainly funded by the Global Funds and that receive support from PEPFAR (Intrnats , tests VCT etc...)). Activities targeting youth will be carried out in 15 existing FOSREF youth centers located in 9 geographical departments, and 2 new other ones in 2 very marginalized areas, where a lot of veev high risk youth live. Activities targeting men will continue to be focused on specific sub-populations including men with multiple partners, men with high-risk sexual behavior, clients of prostitutes, and single men. These activities will continue to be carried out in the following departments: West, particularly the metropolitan region; South; North; Nippes; North East; South East; North West and Artibonite departments considered as the ones having most of the men with higher risk. Program activities for pregnant women will continue to be delivered in the three FOSREF adult sites located in the metropolitan area and sub-urban, marginalized areas, of the West Department. The activities are a continuation of USG-supported FOSREF activities funded in FY07. Haiti's national HIV operational plan includes FOSREF's counseling and testing services.

#### ACTIVITIES AND EXPECTED RESULTS:

Activity 1: FOSREF will provide VCT services to CSWs in 10 sites. The CSWs trained peers will continue to be fully involved in the counseling process as key actors. FOSREF will continue to promote VCT services and availability of mobile VCT services at fixed points of prostitution including brothels and bars. The supply of condoms at recruiting/gathering points for potential clients of prostitutes (e.g. bars, restaurants, bus stations, and garages) will continue as a key intervention of the program. FORSEF will conduct HIV awareness sessions for the clients of CSWs in an effort to discourage them from engaging in high risk sexual behaviors. Those HIV-positive CSWs will be integrated in support activities that will promote positive prevention, care and support. HIV-positive CSWs also will be integrated into antiretroviral treatment (ART) programs or palliative care and support, as appropriate (See also: FOSREF Palliative Care narrative and ARV Services narrative). HIV-negative CSWs will be integrated in the Stay Negative program, and 100% condom use program, and will receive secondary abstinence messages.

Activity 2: FOSREF will continue to reinforce and enhance the delivery of VCT services to youth in 15 specialized youth centers/clinics. The program will be extended by the implementation of 2 new VCT/youth sites. The 2 new centers will use the same strategies and activities that are in used in the existing youth centers reinforced by the program. The strategy of VCT services that are delivered by trained youth facilitators/counselors will be maintained. Youth aged 15 to 24 years will continue to receive VCT-related services, integrated with other reproductive health services such as diagnosis and treatment of sexually transmitted infections (STIs), services that are available at the Youth centers. Both HIV-positive and HIV-negative youth will be integrated in post-test clubs which will function as psycho-social support groups. The VCT services will be supported by a community program organized by trained youth. An outreach network of youth facilitators will organize community activities that promote the VCT services and other related services among the youth. They will also promote post-test secondary abstinence, which is the key strategy of the Stay Negative program for HIV-negative youth. HIV-positive youth will also be referred to organized care and support services and antiretroviral treatment (ART)

The program will continue to encourage HIV-negative youth to be enrolled in post-test clubs that will help them to maintain their negative serostatus. The youth of the Youth VCT centers which are already linked with existing Prevention of Mother-to-Child Transmission (PMTCT) and ART sites will continue to work as peer counselors, companions (accompaniers) for pregnant women, patients on ART, or people living with HIV/AIDS (PLWHA) receiving palliative care. These youths also will collaborate with community health workers at the HAART sites to help identify orphans and vulnerable children (OVCs). FOSREF youth centers also will counsel youth referred by the "high risk sexually active program" for STI diagnosis and treatment, VCT services and post-test clubs services, and special services for victims of sexual violence (gender equity aspect ) Those services will be available in all the FOSREF youth centers. The program will also deliver mobile VCT services to youth in marginalized areas and in rural areas where there is no clinic available. It is important to signalize that the Youth Clubs will be emphasized and reinforced for FY08, and the youth will have access to many other social clubs.

Activity 3: FOSREF will continue to deliver VCT services to CSW and their clients through mobile VCT services that travel to fixed points of commercial sex work including brothels and bars. FOSREF will maintain a constant availability of condoms at client recruiting/gathering points (bars, restaurants, bus stations, garages). In addition, FOSREF will conduct HIV awareness sessions with clients of CSWs in VCT sessions to encourage them to stop engaging in unsafe sexual behaviors. Clients of CSWs will receive also STIs diagnosis and treatment.

Activity 4: The program will continue to counsel pregnant women regarding PMTCT during prenatal visits at the 3 adult FOSREF reproductive health Centers and will ensure that HIV+ women are formally enrolled in a PMTCT site in their community that offers a comprehensive package of PMTCT services. The information sessions will cover HIV counseling and testing during pregnancy for all pregnant mothers, and also for all women in the waiting rooms of those centers providing integrated sexual and reproductive health services. Key activities of the program will be: education and sensitization of all women attending the Centers (sessions of education will target mainly the pregnant women during prenatal clinic activities), education and sensitization sessions for clients in the community during outreach activities, and PTMCT club activities. Services provided will include: information and education; clinical VCT services; psychological and nutritional support; development of a strong referral system for HIV-positive mothers; and training.

**Activity Narrative:** EMPHASIS AREAS:  
 Infrastructure 10-50  
 Information, Education and Communication 10-50  
 Training 10-50  
 Human Resources 10-50  
 Development of Network / Linkages / Referral Systems 10-50

**TARGETS:**

# of services outlets providing counseling and testing according to national and international standards : 27

# of individuals who receive counseling and testing for HIV and receive their test results: 25.500

# of individuals trained in Counseling and testing according to National and international standards: 45

a) For CSWs:

5.500 CSWs tested for HIV

100% of HIV (+) CSWs referred for ARV services

10 CSW centers sites offering VCT services

b) For youth at risk

16.500 youth tested for HIV

100% of youth tested HIV (+) referred for ARV services

100% youth tested integrated in post-test club activities

15 youth centers reinforced in VCT Services (+ 2 new youth centers)

2 VCT trucks offering mobile VCT services

c) For pregnant women

2.500 pregnant women tested in the program

7.000 women informed in the community about PMTCT

45 service providers trained in PMTCT

3 functional sites offering PMTCT services

100 patients and families receiving nutritional support

100% of referred HIV positive pregnant women delivering

With medical assistance

d) For Men: 3.500 Men will be tested for HIV

**TARGET POPULATIONS:**

Adults

Commercial Sex Workers

Children and Youth (non-OVC)

HIV positive pregnant women

**KEY LEGISLATIVE ISSUES:**

Gender Equity- Food

**COVERAGE AREAS:**

West – North – South-East – Artibonite – North-East – Nippes- South -Grande Anse- North-West

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9280

**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28906	3903.28906.09	HHS/Centers for Disease Control & Prevention	Foundation for Reproductive Health and Family Education	11769	3136.09	FOSREF	\$400,000
9280	3903.07	HHS/Centers for Disease Control & Prevention	Foundation for Reproductive Health and Family Education	5123	3136.07		\$280,000
3903	3903.06	HHS/Centers for Disease Control & Prevention	Foundation for Reproductive Health and Family Education	3136	3136.06		\$200,000

## Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	27	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	45	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	25,500	False

## Target Populations

### General population

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

### Other

Pregnant women

## Coverage Areas

Artibonite

Nord

Sud-Est

Nord-Est

Nippes

Nord-Ouest

Sud

**Table 3.3.09: Activities by Funding Mechanism**

**Mechanism ID:** 9391.08

**Mechanism:** FHI

**Prime Partner:** Family Health International

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Counseling and Testing

**Budget Code:** HVCT

**Program Area Code:** 09

**Activity ID:** 18954.08

**Planned Funds:** \$250,000

**Activity System ID:** 18954

**Activity Narrative:** This activity is linked to activity ID 17911.08, 18080.08, 18947.08, 17899.08, 18847.08.

These activities have been performed by Family Health International, subcontracted to MSPP, National Plan during FY2007. Steps have been taken to have a mechanism in place to continue these activities in FY2008

**SUMMARY:**

Activities in this program seek to further expand counseling and testing (C&T) services at three existing community-based programs and resume those services at the Haitian National Police (PNH). Although implementing sites will receive varying amounts of support depending on needs and prior performance, overall activities will include: refurbishing work space, hiring and training counselors and social workers, procuring basic office equipment, setting up escort services for referrals, organizing people living with HIV/AIDS (PLWHA) support groups, mobilizing the community, and working to achieve service QA/QC. The major emphasis areas for these activities are community mobilization; training, strengthening human resources and infrastructure. Specific targets include general population and men in uniform (military).

**BACKGROUND:**

For the past two years FHI has provided field support to three grass root community-based programs by enabling them to add a C&T component to other ongoing educational and development activities. This pilot experience has shown how communities with high stigma practices can widely accept HIV testing when testing activities are supported by strong community mobilization and awareness campaign.

FHI has worked with the Haitian National Police (PNH) to support prevention activities during the past two years, while the counseling and testing services component was developed through another mechanism. In Fiscal Year 2008 the United States Government team will take steps to create more synergy in activities developed in partnership with the police by streamlining the supporting mechanisms.

**ACTIVITIES AND EXPECTED RESULTS:**

TBD will conduct the following activities in this program area.

**Activity 1: Reactivation of Counseling and Testing services at the Haitian National Police:** TBD will conduct a quick assessment to evaluate previous efforts and identify areas where reinforcement is needed. TBD will enter into a sub-agreement with the PNH to support testing for active duty officers and for candidates since each year the organization screens thousands of new candidates. This agreement should allow the PNH to: refurbish spaces at its fixed testing posts, accommodate ad-hoc counseling and testing services during the enrollment process, and hire additional contractual counselors during the enrollment process, train new counselors or provide refresher training to old ones, recruit social workers and psychologists, deliver organization-wide promotional activities for counseling and testing, and create post test- clubs. TBD expects to reactivate at least two former fixed posts in the metropolitan area, while creating a new post in the North. It is expected that 3000 current active duty officers and new enrollees will be counseled and tested at the PNH.

**Activity 2: Reinforcement of Counseling and testing services at the three community-based programs.** In addition to elements already in place that provide pre and post test counseling, emphasis will be put this year on (i) reinforcing mechanisms to retain patients once they test positive, and reduce attrition occurring through the referral process, and (ii) setting up better partner referral services to limit the transmission of the disease within families and communities. To accomplish this, resources will be devoted to: (i) hiring social workers and community health workers to beef up psychosocial support provided at the testing facility as well as at home to patients and to reach out to their families and partners, (ii) providing escort services and supporting transportation costs when patients are referred to care facilities, (iii) expanding post test clubs and PLWA groups to a 90% participation goal, (iii) reinforcing community mobilization activities to promote services and mitigate stigmatization within the communities. TBD expects to test 2000 people in each community.

**Emphasis areas**

Community Mobilization/Participation  
Development of Network/Linkages/Referral Systems  
Local organization Capacity Development  
Human resources and infrastructure  
Training

**TARGETS:**

6 sites providing voluntary counseling and testing  
8000 persons counseled and tested  
50 functional post test clubs  
50 Service providers trained/recycled  
Target Populations  
General populations

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

**Targets**

<b>Target</b>	<b>Target Value</b>	<b>Not Applicable</b>
9.1 Number of service outlets providing counseling and testing according to national and international standards	6	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	50	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	8,000	False

**Target Populations**

**General population**

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

**Special populations**

Most at risk populations

Military Populations

**Table 3.3.09: Activities by Funding Mechansim**

**Mechanism ID:** 7722.08

**Mechanism:** N/A

**Prime Partner:** Population Services International

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Counseling and Testing

**Budget Code:** HVCT

**Program Area Code:** 09

**Activity ID:** 18956.08

**Planned Funds:** \$300,000

**Activity System ID:** 18956

**Activity Narrative:** Integrated Activity Flag: This activity is linked to Activity ID 5296.08.

Summary: In Fiscal Year (FY) 2008, Population Services International (PSI) will continue to provide mobile voluntary counseling and testing (VCT) services and activities in partnership with local organizations. These local organizations will promote the VCT services for the scheduled VCT days and PSI/H will provide technical support, as well as carry out the VCT and referrals for care and support. PSI will scale up its VCT media campaign to reach the target audiences.

Background: During COP 2007, PSI was responsible for coordinating the training of counseling staff and pre and post test counseling sessions at the Haitian National Police Academy clinic as well as developing a mobile testing team. In 2006, 1,615 clients used mobile VCT services during a six-month pilot phase. Of the new police recruits, 1,330 were counseled and tested. PSI increased local capacity to provide quality VCT services by training 10 counselors and seven police peer educators. In FY 2008 PSI will emphasize mobile VCT activities.

Activity 1: PSI will continue to increase the number of individuals who access mobile VCT services. The mobile VCT team consists of at least three counselors, two laboratory technicians and one driver/assistant. PSI is responsible for ensuring that members of the team are adequately trained for their respective jobs. PSI will work with INHSAC to provide refresher courses for their mobile team members. In FY 2008, at least 3,000 clients will receive mobile VCT (target groups include youth, couples, and vulnerable groups). PSI will develop tracking and follow up procedures to ensure that all persons identified as being positive are enrolled in a Palliative Care program. This will include the provision of an escort for the patient to the preferred Palliative Care site. At least 90% of patients who test positive for HIV will be referred and followed up at the appropriate palliative care and/or anti-retroviral (ARV) services site.

Activity 2: In FY 2008, PSI will increase the number of individuals reached through VCT communications and outreach programs. PSI will continue to design media campaigns and promotional materials (TV, radio, posters, brochures etc) for target populations.

**EMPHASIS AREAS:**

Training (major area) 51%-100%

Quality assurance/quality improvement/supportive supervision 10%-50%

Development of network/linkages/referral systems 10%-50%

Information/education/communication 10%-50%

**TARGETS**

•Number of service outlets providing counseling and testing according to national or international standards = 1

•Number of individuals who received counseling and testing for HIV and received their test results = 5,000

**TARGET POPULATIONS:**

HIV positive pregnant women

HIV positive infants and children

Special populations

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

**Targets**

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	1	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	N/A	True
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	5,000	False

**Table 3.3.09: Activities by Funding Mechanism**

**Mechanism ID:** 3684.08

**Mechanism:** N/A

**Prime Partner:** International Child Care

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Counseling and Testing

**Budget Code:** HVCT

**Program Area Code:** 09

**Activity ID:** 18957.08

**Planned Funds:** \$100,000

**Activity System ID:** 18957

**Activity Narrative:** Grace Children's Hospital has been receiving assistance from PEPFAR under the umbrella of Management Sciences for Health, thus this is not a new activity, but the growth of a sub-partner to full partner status as ICC has been receiving funds in previous years for TB activities.

Integrated Activity: This activity is linked to Activity IDs 18985.08, 18973.08, 17929.08 and 5301.08.

SUMMARY :

International Child Care is an NGO that runs Grace Children's Hospital (GCH) in Port au Prince and provides support to 137 stand-alone TB clinics. Grace Children's Hospital has been receiving support from PEPFAR in previous years as part of the MSH umbrella. In 2008, however, due to the demonstrated quality work, ICC will receive funding directly from USG for GCH and 7 of the 137 TB clinics. This funding will expand the current counseling and testing program and offer to every patient at GCH and TB clinics, quality counseling and testing services, including palliative care and ARVs at GCH. To successfully achieve this goal, the focus will be on strengthening, creating or modifying the following: community mobilization / participation, information, education and communication. The project will improve the level of care and services that are provided to those living in the Delmas municipality. GCH implemented the 100% provider-initiated (i.e. all providers offer testing to all patients) strategy from January-March 2007 and increased the number of tested persons from an average of 500 at the beginning of the program to 2,173 in May 2007. During the same period, the number of HIV positive patients increased from 70 to 140. This same strategy will be initiated in 2008 at 7 of the 137 TB clinics supported by ICC.

BACKGROUND:

GCH began a voluntary counseling and testing (VCT) program in August 2003, although counseling and testing services were available for pregnant women, TB patients, and other patients with sexually transmitted diseases toward the end of 1990. GCH is one of the most frequented health facilities in the country. It receives references for multiple HIV related service issues including VCT, Palliative Care and anti-retroviral (ARV) services from a number of different health centers. GCH coordinates their interventions and programs with a wide range of other organizations including other PEPFAR partners. With all health care providers offering HIV testing to all patients, GCH greatly increased the number of diagnosed HIV positive patients.

ACTIVITY I

ICC will expand Counseling and Testing services at GCH, and make counseling and testing services readily available to all people visiting the hospital. In order to provide adequate space for this activity, GCH will need to renovate three additional rooms to accommodate HIV patients using the hospital.

ACTIVITY II

ICC will work with GCH to promote community mobilization, such that GCH is recognized as the area leader in issues related to HIV testing and care. Emphasis will be placed on messages addressing gender equity, stigma, and discrimination. To facilitate service utilization, GCH will provide quick and easy access to transportation, and provide support to patients living in slum areas.

ACTIVITY III

ICC will emphasize tuberculosis, HIV/ AIDS and TB/ HIV problems through meetings at GCH as well as 7 TB clinics using community groups, schools, churches, and mass media. They will produce informational materials focusing on making behavioral changes. These sites will produce didactic material and use audiovisual equipment in waiting rooms to facilitate the transmission of information. Lastly, GCH will renovate its' waiting room to better accommodate its clients.

EXPECTED RESULTS

TARGETING TO:

Conduct HIV testing for 30, 000 people (5000 children/parents and 25000 adults) and provide 30,000 individual post-test counseling.

Train in counseling 49 medical and paramedical staff: 7 physicians, 21 nurses, 18 auxiliary-nurses, 2 counselors, 1 psychologist.

Train in HIV testing 5 lab-technicians and 5 bacilloscopists.

Continuing education to 16 counselors, four lab-technicians, 35 visiting-nurses, 27 field agents, 35 health collaborators.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

## Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	20	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	177	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	13,000	False

**Table 3.3.09: Activities by Funding Mechanism**

**Mechanism ID:** 3323.08

**Prime Partner:** Management Sciences for Health

**Funding Source:** GHCS (State)

**Budget Code:** HVCT

**Activity ID:** 18959.08

**Activity System ID:** 18959

**Mechanism:** Basic Health Services

**USG Agency:** U.S. Agency for International Development

**Program Area:** Counseling and Testing

**Program Area Code:** 09

**Planned Funds:** \$650,000

**Activity Narrative:** SUMMARY: USAID Haiti implements an integrated maternal and child survival program through a network of nongovernmental organizations (NGOs). This program that used be called the Health Systems 2007 (HS-2007) has just been renewed for five years on the name of Health for Development and Stability in Haiti (HDSH). Both HS2007 and HDSH have been and will be implemented by Management Sciences for Health (MSH) as the main Contractor. With the President's Emergency Plan for AIDS Relief (PEPFAR) USG provided resources to MSH to add HIV activities that include counseling and testing (CT), PMTCT, palliative care and anti-retroviral (ARV) services. In 2008, MSH will continue to maintain and reinforce VCT services in its network institutions with emphasis on opt-out, provider-initiated counseling and testing. Efforts will be deployed to expand services at institutions that operate at multiple points of service to cover both referral and peripheral centers.

BACKGROUND: Over the last three years, VCT services have been implemented in 33 of the USAID network NGOs: From October 2006 to August 2007 they have tested 43,964 people with an average of 3,996 people a month. With 8,28% of people testing positive, the proportion of positive people tested in the network remains above the national average, indicating that the program covers areas with most at risk population. The number of people tested by sites through Counseling and Testing outside PMTCT services have yet to reach its potential (100 people tested per site per month) when considering the fact that the sites where the program takes place are secondary and primary health care centers with significant attendance. The reason is that VCT has for long evolved in Haiti as a by-product of the PMTCT program and has only recently started to gear toward an opt-out approach. Therefore the focus in FY08 will be on making counseling and testing services widely available to all walk-in and in-ward patients at all the facilities where the services are offered in the network. Furthermore, since most of the MSH collaborating sub partners have strived over the years to expand MCH services in their coverage areas through rally and fixed posts, efforts will be deployed in FY08 to integrate counseling services in the package offered at the fixed posts.

Activity 1: Field support to CT services at 33 existing sites with emphasis on integrating fully CT into the routine clinical services offered to all patients and providing more partner referral services and couple and family counseling. Emphasis will be put on communicating test results the same day and on providing escort services systematically to positive patients when they are referred within and outside facilities. Funding should serve to cover salaries of current and additional counselors and phlebotomists, hire facilitators to provide escort services to patients when they test positive, hire social workers at important sites to reinforce the psychosocial support provided to patients after testing.

Activity 2: Expansion of CT services at 44 selected fixed posts already offering the package of MCH care: Since FY07 some of the MSH collaborating partners have expanded C&T services to fixed posts operating in their neighborhood and providing already the package of maternal and child care services, leveraging thereby both MCH and PEPFAR resources to open access to services for hard to reach population. In FY08 emphasis will be on making available at the fixed post resources to provide escort services to patients and cover their transportation cost at their initial visit when referred for patient care at the referral center. Attention will also be paid on ensuring that basic information system are in place to collect data from the fixed posts and aggregate them with those of the parent-organization.

**EMPHASIS AREAS:**

Community mobilization /Participation 20%-50%

Training 20%-50%

Quality assurance/quality improvement/supportive supervision 10%-50%

Development of network/linkages/referral systems 10%-50%

Information/education/communication 10%-50%

**TARGETS:**

Number of service outlets providing counseling and testing according to national or international standards = 33

- Number of individuals who received counseling and testing for HIV and received their test results = 51,000

- Nb of individuals trained =

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

## Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	33	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	N/A	True
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	51,000	False

## Coverage Areas

Artibonite  
 Grand-Anse  
 Nord  
 Nord-Est  
 Nord-Ouest  
 Ouest  
 Sud  
 Sud-Est

**Table 3.3.09: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 3337.08	<b>Mechanism:</b> PIH
<b>Prime Partner:</b> Partners in Health	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Counseling and Testing
<b>Budget Code:</b> HVCT	<b>Program Area Code:</b> 09
<b>Activity ID:</b> 9363.08	<b>Planned Funds:</b> \$350,000
<b>Activity System ID:</b> 17212	

**Activity Narrative:** Integrated Activity Flag: This activity is linked to Activity IDs 9682.08, 4501.08, 18974.08, 17784.08, 10668.08 and 9673.08.

The activities described below are carried out to support comprehensive counseling and testing services, and to ensure training and supervision for voluntary counseling and testing (VCT) and sexually transmitted infection (STI) detection and management. PIH/ZL will conduct these counseling and testing activities within its "four pillars" model for implementing a comprehensive HIV program in the context of primary care: 1) HIV prevention and care, including voluntary counseling and testing (VCT); 2) detection and treatment of tuberculosis (TB) and other opportunistic infections; 3) detection and treatment of sexually transmitted infections (STIs); and 4) women's health and prevention of mother-to-child transmission (PMTCT) of HIV services. The primary emphasis areas for these activities are human resources, infrastructure, and training. Specific target populations include adults and most at risk populations, particularly out-of-school youth, street youth, and migrants, as well as orphans and vulnerable children and people living with HIV/AIDS (PLWHA).

PIH/ZL will carry out activities at eight sites in the Central Department (Belladère, Boucan Carré, Cange, Cerca La Source, Hinche, Lascahobas, Thomonde, and Savanette) and three sites in the Artibonite Department (Desdunes, Petite Rivière, and St. Marc). PIH/ZL will collaborate with Hôpital St. Nicholas (HSN) and Services de Santé de Premier Echelon (SSPE) to carry out activities in St. Marc. Certain activities will also be carried out at health posts in Segur and Jean Denis.

The PIH/ZL HIV Equity Initiative has relied on sustained funding from the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), as well as the President's Emergency Plan to Fight AIDS Relief (PEPFAR), to operate over the past five years. Our GFATM Round 1 grant ends December 2007. We have recently submitted a rolling continuation channel (RCC) application to the Haiti HIV CCM. Among other critical costs, this application includes the anti-retroviral (ARV) medications for all patients discussed herein. If this co-financing is not received, PIH/ZL will need to adjust all targets listed here and may include a reduction in the number of service outlets.

#### BACKGROUND:

PIH/ZL's VCT activities are part of a comprehensive HIV prevention and treatment program started by PIH/ZL in 1998; expanded through the public sector beginning in 2002 in partnership with the Haitian Ministry of Public Health and Population (MSPP) and with funds from the GFATM; and further expanded to Hinche, Cerca La Source, Petite Rivière and St. Marc with the support of PEPFAR in the COP 2005, 2006, and 2007. Since 2004, the program has been a collaboration between these four key partners—PIH/ZL, MSPP, GFATM, and PEPFAR. Since 2005, work in the Artibonite region has been strengthened by involving several NGO partners in St. Marc, Promotion Objectif Zerosida (POZ), and La Fondation Esther Boucicault Stanislas (FEBS)—and in Petite Rivière, Centre Medical Charles Colimon (CMCC), a Médecins Sans Frontières (MSF)-affiliated institution. In August 2007, with decreases in services provided by MSF, PIH/ZL will assume responsibility for all services and supplies provided at CMCC.

One of the most daunting challenges facing HIV scale-up projects in impoverished rural settings is that of case detection: identifying HIV-positive people for enrollment in treatment. Because the public sector has a meager budget and is able to provide little in the way of primary health care services, many public clinics in Haiti stand empty. In this context, there is minimal uptake of VCT for HIV. Without reinforcing primary health care or integrating HIV casefinding and treatment within expanded services, initial efforts to find HIV cases will be unsuccessful. For example, freestanding VCT was initiated in the capital of the Central Department, Hinche, by the MSPP in January 2003; in the first year of the program, only 43 patients were tested. The PEPFAR-backed ZL initiative in Hinche began in March 2004. In the first year of joint operations, 5,884 patients were tested; of these, 435 were positive, and 310 were started on ART.

PIH/ZL is committed to a long-term partnership with MSPP, and in all of the activities described, PIH/ZL is dedicated to strengthening the public sector by training local staff, including MSPP health workers.

#### ACTIVITIES AND EXPECTED RESULTS:

##### ACTIVITY 1: VCT in the Central Department

The first activity is to continue providing comprehensive opt-out VCT services in PIH/ZL's health facilities and via mobile clinics. This activity will build on last year's success in providing VCT to more than 55,000 individuals. With this renewed funding, PIH/ZL will increase and improve efforts to provide VCT to Haiti's most marginalized groups, including migrants and vulnerable children. In order to reach these high-risk groups, PIH/ZL will initiate a series of activities, including additional mobile clinics, a site-wide community outreach campaign, and greater programmatic and staff focus on identifying and treating pediatric HIV cases (including PCR HIV testing for all orphans less than 18 months of age).

##### ACTIVITY 2: Scale-up VCT in the Artibonite

The second activity is to continue to scale-up access to VCT in the Artibonite region. In 2008, PIH/ZL will expand VCT services within a primary care setting at the public health centers in St. Marc, Desdunes, and Petite Rivière, as well as at two health posts in the Petite Rivière health care network, Segur and Jean Denis. HIV-positive individuals in Segur and Jean Denis will be referred to CMCC in Petite Rivière for treatment, as needed. Funding for VCT scale-up will be used to renovate, equip, and supply the sites listed above, as well as train clinicians in VCT practice.

Results of these two activities will contribute to the PEPFAR 2-7-10 goals by improving access to and quality of VCT services in order to identify HIV-positive persons and increase the number of persons receiving ARV services.

##### ACTIVITY 3: Detection, Prevention and Treatment of STIs

The third activity, detection, treatment and prevention of sexually-transmitted infections, is a core component in PIH/ZL's comprehensive model of care. We will maintain the infrastructure to detect and manage STIs at our sites in the Central Plateau and will grow this capacity at the health centers in Petite Rivière, Desdunes, and St. Marc. This will require training of the clinical staff (both ZL and MSPP employees) at these newer sites to ensure effective STI detection and treatment.

In these activities, PIH/ZL will strive to ensure that an equitable number of women and men receive treatment.

#### EMPHASIS AREAS:

Human Resources 51-100%

Infrastructure 10-50%

Training 10-50%

#### TARGETS:

As indicated above, PIH/ZL considers our HIV Equity Initiative as a collaborative program. For this reason, the targets listed in these sections are for the project as a whole, regardless of co-financing arrangements. PIH/ZL defers to PEPFAR and GFATM to determine the most appropriate means to allocating these accomplishments to the various donor agencies, if necessary to avoid duplication in reporting

September 2009:

**Activity Narrative:** Number of service outlets providing counseling and testing according to national and international standards: 14  
 Number of individuals who received counseling and testing for HIV and received their test results: 56,000  
 Number of individuals trained in counseling and testing according to national and international standards: 220  
**TARGET POPULATIONS:**  
 Adults; Most at risk populations; OVC  
**COVERAGE AREAS:** Central Department (Belladère, Boucan Carré, Cange, Cerca La Source, Hinche, Lascahobas, Thomonde, and Savanette), and Artibonite Department (Desdunes, Petite Rivière and St. Marc). Service outlets in St. Marc include HSN and SSPE. Additional service outlets for this activity include health posts in Segur in Jean Denis.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9363

**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27518	9363.27518.09	HHS/Centers for Disease Control & Prevention	Partners in Health	11446	3337.09	PIH	\$450,000
9363	9363.07	HHS/Centers for Disease Control & Prevention	Partners in Health	5137	3337.07	PIH	\$250,000

**Targets**

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	14	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	220	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	56,000	False

**Target Populations**

**Other**

Orphans and vulnerable children

**Coverage Areas**

Artibonite

Centre

**Table 3.3.09: Activities by Funding Mechansim**

**Mechanism ID:** 3125.08

**Prime Partner:** Ministre de la Sante Publique  
et Population, Haiti

**Funding Source:** GHCS (State)

**Budget Code:** HVCT

**Activity ID:** 3902.08

**Activity System ID:** 17200

**Mechanism:** National AIDS Strategic Plan

**USG Agency:** HHS/Centers for Disease  
Control & Prevention

**Program Area:** Counseling and Testing

**Program Area Code:** 09

**Planned Funds:** \$1,000,000

**Activity Narrative:** Integrated Activity: This activity is linked to Activity IDs 3851.08, 5472.08, 3912.08, 4348.08, 5412.08, 3918.08 and 12376.08.

**Activity Narrative:**

**SUMMARY:** With Fiscal Year (FY) 2008 resources, the United States Government (USG) plans to strengthen the capacity of the Ministry of Health (MOH) and continue to expand counseling and testing (CT) services to patients seen at hospitals using a provider-oriented approach to optimize the potential for testing patients. Currently, MoH has 25 active sites and is expected to have 30 sites by the end of FY2007. This support will enable expansion to 40 sites. Particular consideration will be given to: (i) training a generation of lay-counselors to counsel at public health sites so that more people can get access to counseling services, (ii) providing health center users more opportunities for exposure to prevention messages, especially those that test negative, (iii) decentralizing capacity to carry out training and quality assurance and quality control (QA/QC) for counseling and testing at the department level. The emphasis areas for this component are: (i) community mobilization and, (ii) human resources as some tasks will be shifted from health care personnel to lay-counselors. The primary targets are the 700,000 users of services that on average attend these facilities each year. These sites are spread across the 10 geographical departments of the country and includes three major teaching hospitals, 10 referral regional hospitals and various community hospitals

**BACKGROUND**

The MOH is the prime regulatory entity for health care service delivery in Haiti, including HIV services. It is also the most important provider of health services with a network of dispensaries, community hospitals, regional departmental hospitals and three university hospitals. During FY 2007, many of these hospitals and health centers have established CT services with USG support. Currently 25 of the main public sites receive this support through a direct cooperative agreement with the MOH managed by an executing unit under the supervision of the central level, five other major department hospitals receive support through other USG mechanisms. This year, all public sites will receive funding under the MoH cooperative agreement as this mechanism has matured and shown capacity to play the fiduciary role for the entire network. From October 2006 to May 2007, this network of public sites have tested 45,466 people and detected 4,068 HIV + patients.

For the most part, counseling services at the health institutions have been provided by health care providers, thus considerably limiting access. This year the task will be shared with lay counselors at the peripheral sites where the work load of health care providers is enormous. To increase access to training, more capacity will be created at the regional level. The lack of logistics for training at the local level has limited capacity to train personnel at all sites in counseling activities.

**ACTIVITIES AND EXPECTED RESULTS:**

**Activity 1:** Expansion of counseling and testing services to 10 new sites. This will be done as part of an effort to fill gaps in coverage identified by the departmental directorates, especially in the West Department where there are very few sites in the region sharing borders with the Dominican Republic (Fonds Parisein, Ghanthier, Thomazeau). Moreover, the departmental directorates are currently engaged, with the help of the USG team, in a process of assessing coverage and laying out departmental plans. This has led to the identification of new sites with high potential. We estimate that an initial investment of US \$70,000 per site for a total of \$700,000 could enable the new sites to: (i) carry out needed renovations, (ii) procure office and lab equipment, (iii) ensure promotion of services within the institutions and in the neighboring communities, (iv) procure equipment and materials for promotional activities (TV, VCR), (v) hire lay-counselors, phlebotomists and community health agents, (vi) procure critical utilities such as gas for refrigerators, and (vii) organize post tests clubs and PLWA support groups. This does not include the cost of test kits.

**Activity 2:** Field support to CT services at 30 existing sites, including six public sites currently funded under other mechanisms (Justinien-Cap, HIC-Cayes, St Antoine-Jeremie, St Michel-Sud Est, Gonaives-Artibonite, Petit Goave- Ouest). This activity will emphasize fully integrating CT into routine clinical services offered to all patients and providing more partner referral services as well as couple and family counseling. We will continue to carry out pre- and post-test counseling at various wards, and test results communicated the same day. Funding will cover salaries of current counselors and phlebotomists, hire lay counselors, and procure critical utilities. **Activity 3:** In-service training and QA/QC for counseling at the departmental level. In FY 2006 and FY 2007 several resource persons from various departments completed their training of trainers, using the teach-back method. However, further iterations of the expected cascade never took place because the resources to sustain the logistics for the sessions were not planned. By allocating US \$150,000 to each of the 10 departments, for a total of US \$ 1,500,000, it will possible to: (i) equip existing facilities, such as the nursing school in the Southern Department and Grande Anse or the Department in the South East to hold regional training sessions. Some renovation might be needed to support rapid test training at those locations (e.g. adding sinks, counters), (ii) provide available training materials at the regional level, (iii) support the logistics of theoretical and practicum sessions and, (iv) support the cost of QA/QC activities that the department directorates will carry out throughout the year. Training will be directed at health centers' staff, residents in transit in the departments and lay counselors. ITECH/INHSAC will provide technical assistance to the departments to strengthen the training and QA/QC activities of the department (see ITECH proposal on Counseling and Testing).

**EMPHASIS AREAS:**

Community mobilization /Participation 20%-50%

Training 20%-50%

Quality assurance/quality improvement/supportive supervision 10%-50%

Development of network/linkages/referral systems 10%-50%

Information/education/communication 10%-50%

**TARGETS:**

Number of service outlets providing counseling and testing according to national or international standards = 40

- Number of individuals who received counseling and testing for HIV and received their test results = 47,000

- Nb of individuals trained = 200

**TARGET POPULATIONS:**

Health care workers

People affected by HIV/AIDS

HIV positive pregnant women

HIV positive infants and children

Special populations

**COVERAGE AREAS:** All geographic regions receiving PEPFAR support for HIV care and treatment

**Activity Narrative:** services.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9309

**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28657	3902.28657.09	HHS/Centers for Disease Control & Prevention	Ministre de la Sante Publique et Population, Haiti	11696	3125.09	National AIDS Strategic Plan	\$700,000
9309	3902.07	HHS/Centers for Disease Control & Prevention	Ministre de la Sante Publique et Population, Haiti	5134	3125.07	National Plan Mechanism	\$1,050,000
3902	3902.06	HHS/Centers for Disease Control & Prevention	Ministre de la Sante Publique et Population, Haiti	3125	3125.06		\$100,000

**Targets**

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	40	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	200	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	47,000	False

**Table 3.3.09: Activities by Funding Mechansim**

**Mechanism ID:** 3142.08

**Mechanism:** ITECH

**Prime Partner:** University of Washington

**USG Agency:** HHS/Health Resources Services Administration

**Funding Source:** GHCS (State)

**Program Area:** Counseling and Testing

**Budget Code:** HVCT

**Program Area Code:** 09

**Activity ID:** 12424.08

**Planned Funds:** \$900,000

**Activity System ID:** 17231

**Activity Narrative:** This activity is linked to activity ID 9725.08, 17889.08, 18950.08, 3910.08, 18077.08, 4617.08,3886.08, 5463.08, 12420.08.

I-TECH will establish a subcontract with the Institut Haitien de Santé Communautaire (INHSAC) to provide training in voluntary counseling and testing (VCT) (including rapid testing) and psychosocial support services for 250 health workers throughout Haiti. With technical assistance from I-TECH on tools and curriculum development, INHSAC will also train and support a network of personnel to provide supportive supervision to VCT providers.

**BACKGROUND:**

In 2004-05, I-TECH supported INHSAC to develop a HIV counseling curriculum covering VCT, anti-retroviral therapy (ART) adherence, stigma and discrimination, changing male norms and behaviors for risk reduction, counseling victims of sexual abuse and violence, couples counseling, and other areas (key legislative interest areas). INHSAC completed a training of the trainer (TOT) session for 20 trainers, and completed training 181 health workers. Under COP 2006, INHSAC received funding directly from the United States Government (USG) to train 50 health care workers in HIV counseling, focusing on institutions working with vulnerable populations such as community social workers, police, and truck drivers. In 2007, I-TECH renewed its partnership with INHSAC to deliver three training courses: 1) a one-week course on pre- and post-test counseling and rapid HIV testing for 150 health workers from VCT scale-up sites; 2) a two-week in-depth course on integrated HIV counseling for 50 counselors, social workers, and other personnel responsible for psychosocial support programs in clinic and community-based settings; and 3) a two-week preventing mother to child transmission (PMTCT) course for 55 providers at PMTCT scale-up sites. INSHAC is continuing its collaboration with the National Public Health Reference Library (LNSP) for experienced laboratory trainers to deliver the rapid testing portion of training during the one-week VCT courses. At the same time, INHSAC is developing its capacity to directly provide rapid test training by hiring two laboratory trainers and renovating a training room in their Port-au-Prince training center to support rapid test training (adding sinks, counters, etc.). As INHSAC assumes responsibility for this portion of training, the LNSP will continue to partner with INHSAC in a quality assurance role. I-TECH is providing technical assistance to INHSAC in strengthening the content and presentation of its training materials, to address areas of improvement noted in earlier use of the materials—such as including content on orphan and vulnerable children (OVC) in the integrated HIV counseling curriculum, and improving organization of participant manuals.

**ACTIVITIES AND EXPECTED RESULTS:**

**ACTIVITY 1:** I-TECH will continue collaborating with INHSAC to plan, deliver, monitor, and evaluate VCT training for 200 personnel in clinic and community-based VCT settings. INHSAC will advocate for the recruitment and training of PLWHA as counselors. I-TECH will support INHSAC to customize the training package for personnel from community-based confidential and anonymous test sites and/or for personnel working in opt-out programs in clinic settings, if needed. I-TECH and INHSAC will also review the curriculum package to be sure it reflects the best practices in service delivery to most at risk populations. INHSAC will continue to collaborate with the LNSP as it provides quality oversight of rapid test training and applies QA/QC protocols at trainee sites.

**ACTIVITY 2:** INHSAC will provide in-service training (a three week course) on in-depth psychosocial support to PLWHA and their families for 100 counselors, social workers, and other key personnel from clinic and community-based care and treatment programs. INHSAC will also provide advanced-skills update training to 60 personnel who have already participated in a basic psychosocial support course. I-TECH will provide technical assistance to INHSAC to further refine the curricula for the basic and update courses to include newly-developed materials, in areas such as prevention for positives and working with victims of sexual assault.

**ACTIVITY 3:** INHSAC will implement a supportive supervision program, focusing on reinforcing counseling skills. The program will involve a group of approximately 30 VCT and HIV counseling trainees (three per department), who demonstrated excellence and leadership during training. I-TECH will provide technical assistance to INHSAC to develop standardized supervision tools and to design a curriculum on quality standards, supervision skills, motivating staff, documenting feedback, handling stress and burn-out, and other areas. Following training as supportive supervisors, these personnel will visit trainee sites, observe their peers in practice, provide supportive feedback, and report to INHSAC on their findings. Prior to including candidates in the supportive supervisor training, INHSAC will coordinate with employers to release the relevant personnel during one week per quarter to provide supportive supervision to other trainees. INHSAC will provide planning and coordination of supportive supervision visits, and will provide output-based stipends and travel expenses for the supportive supervisors. INHSAC will make at least two site visits per department to oversee the program, and will convene the group on a semi-annual basis to identify commonly-observed problems and strategies for improvement. INHSAC will continue to link with the National Public Health Reference Laboratory (LNSP), which is responsible for the HIV rapid testing QA/QC protocol, to assure technical supervision on rapid testing for INHSAC trainees.

This activity contributes to PEPFAR 2-7-10 goals by supporting workforce capacity to provide high-quality HIV prevention, testing, and care services.

**EMPHASIS AREAS:**

Training (major area) 51%-100%  
Quality assurance/quality improvement/supportive supervision 10%-50%  
Development of network/linkages/referral systems 10%-50%  
Information/education/communication 10%-50%

**TARGETS:**

- 1.Improved knowledge, skills, and attitudes in VCT (pre- and post-test counseling and rapid testing) for 200 health care workers.
- 2.Improved knowledge, skills, and attitudes for in-depth psychosocial support services for 180 health care workers.
- 3.Supportive supervision encounter to at least 200 trainees following training.

**TARGET POPULATIONS:**

Health care workers  
People affected by HIV/AIDS  
HIV positive pregnant women  
HIV positive infants and children

**Activity Narrative:** Special populations  
**COVERAGE AREAS:** All geographic regions receiving PEPFAR support for HIV care and treatment services.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 12424

**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28671	12424.28671.09	HHS/Health Resources Services Administration	University of Washington	11700	3142.09	ITECH	\$700,000
12424	12424.07	HHS/Health Resources Services Administration	University of Washington	5151	3142.07	ITECH	\$400,000

**Targets**

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	1	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	200	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	2,500	False

**Table 3.3.09: Activities by Funding Mechansim**

**Mechanism ID:** 1390.08

**Mechanism:** HHS/GAC/Local

**Prime Partner:** Promoteurs Objectif Zéro Sida (Promoteurs de l'Objectif Zéro Sida)

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Counseling and Testing

**Budget Code:** HVCT

**Program Area Code:** 09

**Activity ID:** 9364.08

**Planned Funds:** \$200,000

**Activity System ID:** 17227

**Activity Narrative:** Integrated Activity Flag: This activity is linked to Activity IDs 4497.08, 18709.08 and 5436.08.  
Summary: POZ will conduct VCT in four sites of which two are stand-alone facilities in Port au Prince, one is in a clinic in Montrouis (a high risk community serving as a rest area by long distance drivers) and the fourth is a community health center located in Lafosette, an overpopulated, vulnerable area in Cap Haitian. Activities in this program will be carried out to support expansion of comprehensive counseling and testing services to high risks behavior groups such as men having sex with men (MSM), young adults in vocational school, and communities along the routes of long distance drivers. Services in this project will include: providing counseling during both pre and post testing; increasing outreach activities, including additional field promoters to identify more clients among targeted groups, and supervising and training VCT counselors for increasing quality of services. These services are in line with the national HIV/AIDS plan and requested by the Ministry of Health's (MOH) public teams.

Background: POZ began counseling and testing services in 2002 at the Centre of Education and Counseling Services named CESAC, using a concept of integrated HIV/AIDS case management promoted by POZ. Funded by the Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM), these VCT activities provided a continuum of community care service which has been very successful in getting people living with HIV/AIDS (PLWHA) out of isolation and empowering them to live full lives. POZ has become a unique institution in Haiti, providing services to a highly underserved population (MSM), in addition to their community clinics. In 2004 the President's Emergency Plan for AIDS Relief (PEPFAR) provided funds to procure test kits and medical materiel for laboratory screening. POZ will focus on the areas around Port au Prince, Montrouis, and Cap Haitian where high risk behavior groups are meeting in order to promote the VCT services.

Activities and Expected Results: POZ will perform two activities in this program area:

Activity 1: POZ will provide comprehensive counseling and testing services through both stand-alone locations in Port au Prince, and integrated VCT service at the POZ community health centers in Montrouis and Cap Haitian. Pre and post HIV test counseling will be provided by trained counselors at each center. Blood samples will be drawn and the test conducted on-site with results given the same day. Individuals who test positive will be registered for follow-up service. The follow-up counseling program will meet the needs of PLWHA, their partner(s), family members, and friends. Services provided will include: follow-up individual counseling, family counseling, partner notification, condom distribution, and support group activities. Regular clients will be assigned a single counselor who will be responsible for managing his/her case. While the majority of funding to support the centers will come from GFATM, PEPFAR will provide testing kits, renovation of working space, laboratory equipment, energy power, two additional laboratory technicians, and two field promoters to expand the services.

Activity 2: POZ will ensure the provision high quality HIV testing and counseling services to clients visiting these centers by working with partners who will provide supervision and monitoring of services. With PEPFAR funding, POZ expects to provide continuous training to counselors, monitor performance and efficiency of services through supervision, and reinforce norms & procedures. POZ will start this activity in 2008 in concert with its partners. They include--GHESKIO, Partners in Health, Centre Domus Mariae, and a to-be-determined partner.

These results contribute to the PEPFAR 2-7-10 goals by improving access to and quality of VCT services to identify HIV positive persons and increase the number of persons receiving ARV treatment.

Targets

- 4 outlets services providing counseling and testing according to national standards—two in Port au Prince and one in Montrouis, and one in Cap Haitien;
- 4000 test and counseling sessions per year;
- 25 counselors trained;
- 24 supervision visits /year.

Emphasis Areas %

Community Mobilization/Participation20

Development of Network/Linkage/Referrals system10

Linkages with others sectors10

Local organization capacity Development30

Training30

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9364

**Related Activity:**

### Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28934	9364.28934.09	HHS/Centers for Disease Control & Prevention	Promoteurs Objectif Zéro Sida (Promoteurs de l'Objectif Zéro Sida)	11779	1390.09	POZ	\$200,000
9364	9364.07	HHS/Centers for Disease Control & Prevention	Promoteurs Objectif Zéro Sida (Promoteurs de l'Objectif Zéro Sida)	5141	1390.07	HHS/GAC/Local	\$75,000

### Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	4	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	25	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	4,000	False

### Target Populations

#### Special populations

Most at risk populations

Men who have sex with men

Most at risk populations

Street youth

### Coverage Areas

Ouest

Artibonite

**Table 3.3.09: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 8719.08	<b>Mechanism:</b> Leadership, Management and Sustainability Project
<b>Prime Partner:</b> Management Sciences for Health	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Counseling and Testing
<b>Budget Code:</b> HVCT	<b>Program Area Code:</b> 09
<b>Activity ID:</b> 19586.08	<b>Planned Funds:</b> \$300,000

**Activity System ID:** 19586

**Activity Narrative:** The intention for this funding was to continue supporting the local Johns Hopkins University Center for Communication (JHUCCP) Program team and their activities in AIDS prevention communication, education and community mobilization. The mechanism that was expected to be available for this support (a follow-on project to the JHUCCP centrally funded agreement with USAID that ended in mid 2007) is not available as the current implementing institution for that project decided not to pick up the local Haiti project. The program and activities remain the same but the mechanism being used to channel the funds to the local team and thus ensure continuity of programming is the Leadership, Management and Sustainability (LMS) Project, managed by Management Sciences for Health mechanism.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

**Table 3.3.09: Activities by Funding Mechanism**

**Mechanism ID:** 8311.08

**Mechanism:** New Partner Initiative

**Prime Partner:** ServeHAITI, Inc

**USG Agency:** Department of State / Office of the U.S. Global AIDS Coordinator

**Funding Source:** Central GHCS (State)

**Program Area:** Counseling and Testing

**Budget Code:** HVCT

**Program Area Code:** 09

**Activity ID:** 19010.08

**Planned Funds:** \$0

**Activity System ID:** 19010

**Activity Narrative:** Integrated Activity Flag: This activity is linked to Activity IDs 18982.08, 18986.08, 19059.08 and 19004.08. SUMMARY: Comprehensive counseling and testing services will be promoted by traveling prevention teams (TPTs) and community health workers (CHWs) funded by the President's Emergency Plan for AIDS Relief (PEPFAR). Counseling and testing (C&T) activities will be conducted at the St. Vincent DePaul Health Center. Patients will be counseled that testing is a routine part of their health care and therefore HIV test are done on all patients unless they chose to decline testing. The primary emphasis areas for these activities are training, human resources, and infrastructure. Specific target populations include adults (both men and women), pregnant women, and migrant workers. The activities will be carried out by ServeHAITI in the Grand-Bois region. BACKGROUND: ServeHAITI, Inc. has been involved in the Grand-Bois Region for the past ten years and in that time has built a health center and implemented a point of use water filtration system project. This project was awarded PEPFAR funding in January 2007. Workplan approval was received June 29, 2007. All activities will be implemented directly by ServeHAITI, Inc. Future plans include coordination with Save the Children and the Ministry of Health Clinic in Cornillon. Project activities will take place throughout the entire Grand-Bois region. Counseling and testing activities will be conducted at the St. Vincent DePaul Health Center. ACTIVITIES AND EXPECTED RESULTS: We will carry out one activity in this Program Area. ACTIVITY 1: This activity is related to prevention activities which will promote counseling and testing. Comprehensive counseling and testing will be conducted for adults visiting the St. Vincent DePaul Health Center. Patients will be informed that testing is a part of routine medical checks conducted at the clinic and then counseled regarding the importance of HIV testing. Each patient will have the opportunity to be tested or opt out of testing. Routine counseling and testing will be offered to pregnant women and TB patients. This funding will go specifically to support procurement of test kits, renovation of the health center to include laboratory space, and staff training in providing counseling and testing. These results contribute to the PEPFAR 2-7-10 goals by improving access to and quality of CT services in order to identify HIV positive persons and increase the number of persons receiving ARV services. EMPHASIS AREAS:  
Commodity Procurement 51%-100%  
Community Mobilization/Participation 10%-50%  
Development of Network/Linkages/Referral Systems 10%-50%  
Training 10%-50%  
TARGETS:  
1 service outlets providing counseling and testing according to national and international standards  
3600 persons counseled and tested for HIV and having received their test results  
4 persons trained in counseling and testing according to national and international standards  
TARGET POPULATIONS:  
Doctors  
Nurses  
Other health care workers  
Pregnant women  
Adults  
Migrant workers  
KEY LEGISLATIVE ISSUES:  
Stigma and discrimination  
COVERAGE AREAS: Grand-Bois region

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

**Emphasis Areas**

New Partner Initiative (NPI)

**Food Support**

**Public Private Partnership**

## Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	1	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	N/A	True
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	3,600	False

**Table 3.3.09: Activities by Funding Mechanism**

**Mechanism ID:** 8317.08

**Prime Partner:** World Hope International

**Funding Source:** Central GHCS (State)

**Budget Code:** HVCT

**Activity ID:** 19011.08

**Activity System ID:** 19011

**Mechanism:** New Partner Initiative

**USG Agency:** Department of State / Office of the U.S. Global AIDS Coordinator

**Program Area:** Counseling and Testing

**Program Area Code:** 09

**Planned Funds:** \$0

**Activity Narrative:** This activity is linked to activity ID 18989.08, 18987.08.

**SUMMARY:** Haitian Partners for Health (HPH), a sub-partner of World Hope International (WHI), counseling and testing activities are aimed at increasing participation in CT by discordant couples, their family members, youth and other at-risk persons. CT activities leverage HPH prevention activities (including community/recreational events), HPH orphan and vulnerable children (OVC) programming, and palliative care (HBHC) initiatives to promote the importance and value of getting tested for HIV. Sensitizing community and religious leaders, including addressing stigma, is critical to the success of CT activities and is integrated into all HPH programmatic activities. In each targeted community, appropriate prevention and care resources are identified and listed in order to be used in pre- and post-test counseling.

**BACKGROUND:** CT activities are the last-developing programmatic dimension of WHI's three-year grant under the New Partner's Initiative with PEPFAR funding administered by USAID. During the final four (4) months of 2007 activities focused on partner training, sensitization initiatives, and development of referral listings. Implementation of CT activities is being carried-out by five Partners (as originally described) under the guidance and support of WHI.

**ACTIVITIES AND EXPECTED RESULTS:** There are four primary activities in the CT program:

- 1.Utilizing an assessment questionnaire to determine the quality of services offered in order to determine CT sites for HPH activities.
- 2.Sensitizing community and religious leaders to CT, including explanation of CT and its benefits and the barriers to CT, including stigma. This is an ongoing activity integrated into all program areas.
- 3.Recruiting for CT utilizing existing mobile and free-standing clinics, community events, Y2Y groups, home based care (HBC) visits and other C/FBOs, schools, and churches. This is an ongoing activity integrated into all program areas.
- 4.Developing a referral listing of appropriate prevention and care resources to be used in pre- and post-test counseling and other events.

CT is also seen as the entry point for prevention services for those engaging in high risk behavior and entry point for care and support for those who test positive. Whenever possible, partners will be encouraged to test together to avoid inter-couple violence, break stigma, and enable partners who test positive to enter care together. HPH will look for community role models to talk about and/or role model going for CT as it is highly effective in breaking stigma and promoting CT within communities. Sensitization of leaders, communities and populations will be context-driven highlighting the benefits to the targeted audience. CT will be confidential and compassionate and give PLWHA an action-based response to addressing their illness. Whenever possible, mental health services will be made available post-test to help buffer shock and depression. Linkages to care and prevention will be discussed at post-test counseling and a follow-up appointment will be recommended.

**EMPHASIS AREAS:**

Commodity Procurement < 5%  
Community Mobilization/Participation 30 - 40%  
Development of Network/Linkages/Referral Systems 15 - 20%  
Information, Education and Communication 30 - 40%  
Linkages with Other Sectors and Initiatives 10 -15%

**TARGETS:**

4,400 (2,205 male/2,205 female) who receive HIV counseling and testing and receive their results.  
Anticipated breakout by Department = Artibonite (672); Central Plateau (462); West (1470); South (1050); and South East (756)

**TARGET POPULATIONS:**

Community and religious leaders  
Community and faith-based organizations  
Youth and other at-risk persons  
Providers of testing services that meet requisite standards  
Providers of related and beneficial prevention and care resources

**KEY LEGISLATIVE ISSUES:**

Increasing gender equity by targeting women and collecting data to show breakdown of women and men receiving counseling and testing activities  
Addressing male norms and behaviors through counseling  
Reducing violence and coercion through counseling

**COVERAGE AREAS:**

Extend coverage in West and South East. Launch activities in Artibonite, Central Plateau and South.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

## Emphasis Areas

New Partner Initiative (NPI)

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	N/A	True
9.3 Number of individuals trained in counseling and testing according to national and international standards	N/A	True
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	4,400	False

### HTXD - ARV Drugs

Program Area: HIV/AIDS Treatment/ARV Drugs

Budget Code: HTXD

Program Area Code: 10

**Total Planned Funding for Program Area: \$2,862,679**

### Percent of Total Funding Planned for Drug Procurement

Amount of Funding Planned for Pediatric AIDS \$1,565,561

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

### Program Area Context:

The President's Emergency Plan for AIDS Relief (PEPFAR) and the Global Fund (GF) have been supporting HIV/AIDS care and treatment services in Haiti for the past 4 years through public, private and faith-based institutions. Although there are some indications that HIV prevalence in Haiti is on a downward trend, Haiti remains the country with the highest HIV prevalence in Latin America and the Caribbean. To date, over 12,000 Haitian patients are on antiretroviral (ARV) treatment.

By September 2008 (with FY 2007 funds) the USG, in collaboration with the GF, will supply long-term ART to 18,000 people and to 23,000 by September 2009. In addition, antiretroviral prophylaxis will be provided to 2,663 pregnant women and drugs for palliative care and opportunistic infection treatment to over 94,000 in FY 09. Of the 40 sites providing ARV treatment in the country at the end of FY 07, the PEPFAR Program provided the drugs for 27 sites and the GF provided drugs for 17 sites. Four of the sites receive ARV drugs from both PEPFAR and GF programs. For these sites, GF supplies the first line regimens and PEPFAR provides the second and third line regimens and pediatric AIDS drugs. The proportional split of ARV drug procurement for Haiti is approximately 50% by the USG and 50% by the GF. This proportional split has remained approximately the same in FY 2006 and FY 2007 and is expected to continue in 2008. There is careful monitoring of drug procurement and distribution between the PEPFAR team and the GF team to avoid duplication of resources and reporting. The number of sites for which PEPFAR provides ARV is expected to increase to 41 by September 2008 using FY 2007 funds, and to 46 by Sept 2009, using FY 2008 funds. In addition, plans are to reinforce as needed all previously established sites. The focus on pediatric AIDS services, began in FY 2006, will continue through 2008 as the USG Team will increase supply and access to pediatric drugs. Furthermore, as recommended, PEPFAR plans to procure adequate supplies of second line ARV drugs for patients, as needed.

The Partnership for Supply Chain Management (PFSCM) is responsible for procurement, warehousing and distribution of the PEPFAR provided drugs, with the exception that Catholic Relief Services does the forecasting and distribution of ARVs to their seven sites funded under the AIDS Relief Project.

With FY 2008 funds, the USG, through PFSCM, will ensure availability of ARV drugs at 41 sites in accordance with the Ministry of Health (MOH) guidelines and the GF, through a second AIDS grant under Round 5, will continue to supply drugs to their 17 sites. PEPFAR and GF drug logistics teams will continue to maintain close collaborative planning and monitoring of drug distribution. The September 2009 targets for the country, as well as for PEPFAR, are 23,000 persons on ART and 2,663 pregnant women supplied with prophylactic ART. The focus of the USG efforts in drug procurement and supply chain management with FY 2008 funds will be:

- continued coordinated commodity procurement and management system in support of the MOH's National AIDS Program, integrating the GF procurement system and coordinating with the CRS AIDS Relief distribution system.
- improving the quality of available information and the management of the supply chain;
- continued monitoring of adequate use of HIV commodities;
- periodic training in logistics and stock management with emphasis on HIV commodities, continuous onsite in-service training, supervision and technical assistance on stock management;
- continuous active delivery of stock to sites;
- improving the provision of computerized reports of commodity needs projections for sites and for the national level including all commodity sources; and
- providing appropriate technical assistance to the MOH on review of HIV/AIDS protocol and norms and continued reinforcement of regional departmental and central warehouses to improve cold chain requirements and storage conditions.

Funding from FY 2007 is being used to reduce the redundancy of AIDS commodities procurement and logistics in the country by working with the MOH to strengthen its procurement and distribution system and procedures. The USG is working toward this goal, with PFSCM as the main partner. In FY 2008, the PFSCM will continue to be responsible for the warehousing and distribution of HIV commodities and will use one of the partners, the Freight and Logistics Group, to provide technical assistance to assess the various options for short and long term indigenous solutions to national warehousing and distribution systems. It will include recommendations on solutions to track stock movement.

The Essential Medicines Program (PROMESS), a World Health Organization and other United Nations stakeholders' project, was established over 10 years ago. However, it has not been able to effectively and definitively address issues such as the lack of a national entity responsible for warehousing and distribution of drugs and medical supplies to the whole health network. A major drawback to the PROMESS system is that while its mandate is procurement and warehousing, it does not distribute commodities to hospitals and other health delivery sites, nor does it undertake use assessments and forecasting exercises to establish future needs. The establishment of a distribution system of drugs and laboratory supplies became a major challenge with the increasingly difficult conditions of 2004 and a number of institutions established their own mini-networks to circumvent this problem. The USG Team has taken the leadership in providing a single procurement and distribution agent for HIV-related commodities, and is committed to working with the Government of Haiti to transfer these skills to the local partners.

The USG has played a leadership role in advocating for a national forecasting of ARV needs for the country. In the absence of a national ART scale-up plan, the USG Team and the Global Fund, the two major providers of ARV drugs in the country, meet on a regular basis with the MOH to exchange information and data to ensure that ARV drugs are available in the country for all existing patients, taking also into account the scale up strategy as well as the national objectives and the individual project treatment goals. The concerted effort includes all implementing partners receiving funds for ARV services through PEPFAR, Global Fund or other donors.

According to the USG database, 98.2% of all ARV patients nationally are on four first-line regimens: AZT/3TC/ EFV; AZT/3TC/NVP; D4T/3TC/EFV and D4T/3TC/NVP, thus using the five drugs: AZT, 3TC, D4T, EFV and NVP. USG procurement efforts will concentrate on these four drugs as well as some second line and alternate regimens to take into account the potential need for changing treatment regimens as more patients may develop severe side effects or resistance to one or more drugs or class of drugs. All purchased drugs will have to be approved or tentatively approved by the Food and Drug Administration.

**Program Area Downstream Targets:**

**Custom Targets:**

**Table 3.3.10: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 3831.08	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> Partnership for Supply Chain Management	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> HIV/AIDS Treatment/ARV Drugs
<b>Budget Code:</b> HTXD	<b>Program Area Code:</b> 10
<b>Activity ID:</b> 4350.08	<b>Planned Funds:</b> \$2,560,000
<b>Activity System ID:</b> 17216	

**Activity Narrative:** INTEGRATED ACTIVITY FLAG: This activity is linked to Activity IDs 5471.08, 18849.08, 10353.08 and 11057.08.

This activity also relates to PFSCM's Activity Narratives for commodity procurement under Laboratory Infrastructure and to Palliative care: Basic health care and support.

#### SUMMARY:

Activities are carried out to provide best quality ARV drugs and other HIV commodities through assessment of needs, forecasting, purchasing, shipping, warehousing and distribution of the commodities. Infrastructure, technical assistance and capacity building of clinics in logistics management complete the scope of activities. The primary emphasis areas for these activities are commodity procurement, logistics and infrastructure. Specific target populations include People living with HIV/AIDS, HIV positive pregnant women, HIV positive infants and children, public and NGO health workers, pharmacists and nurses. The activities will be carried out at selected sites across the country in all ten geographical departments.

#### BACKGROUND:

This project is part of an ongoing PEPFAR initiative started in FY 2006 and now working in over twenty countries including the fifteen focus countries and other non-PEPFAR and collaborating partners. Haiti is the one country to have a fully established PFSCM office and to offer all services and activities related to the supply chain management from forecasting to procurement, storage and distribution with a strong technical assistance component. The activities are keyed to assist the Haitian MOH in reaching the national objectives of care and support to HAART patients. The aim is to provide an uninterrupted supply of ARVs and related HIV for all designated sites according to the national norms and guidelines. PFSCM will train key personnel in the management of those commodities.

The need of drugs assessment process through quarterly quantification will be ongoing and a better determination of the procurement of ARVs and its timing will be improved constantly. The implementation of new sites will continue and will cover NGO and public clinics, part of the PEPFAR network.

#### ACTIVITIES AND EXPECTED RESULTS:

We will carry out three separate activities in this Program Area.

##### ACTIVITY 1: Procurement of ARVs

PEPFAR has established itself as a major ARV supplier to Haiti's PLWHA along with the Global Fund. The constant supply of most regimens ensured a better scale up rate and increased the chances of reaching the nationally set objectives. Some partners are still using a large spectrum of regimens making procurement planning and inventory tracking more complicated. SCMS will procure only those drugs included in the national treatment guidelines, are registered in the country and are FDA approved or tentatively approved. SCMS will make every effort to coordinate timing and quantities of ordering with the Global Fund counterparts. The Global fund is still moving with its plans to centralize all ARV procurement away from its sub-recipients to a single purchase and distribution system, using PROMESS, the MOH essential drug procurement and warehousing program, as their purchasing agent. SCMS will continue to provide a unique, national forecasting that is updated quarterly and will make every effort to work with the MOH and the Global Fund systems to have one purchasing, planning and execution system for ARV drugs for the country. This will facilitate planning, procurement and reduce double reporting on patients, thus decreasing MOH and donor redundancy. SCMS will purchase ARVs also for pediatric and PMTCT patients using the revised national norms for both these categories.

This funding will go specifically to support procurement of ARV drugs to adults, children and pregnant women. This activity will build on PEPFAR's success in maintaining, since 2006, a stock of ARVs sufficient for the needs of ART patients without interruption. The continuing activity will aim to provide ARVs, taking into account Global Fund stocks, for 25,000 patients by September 2009.

##### ACTIVITY 2: Logistics

Within this activity, SCMS will operate a single coordinated commodity procurement and management plan with the other stakeholders involved in ARV procurement, mainly the Global Fund. Sharing of complete patient data on each individual treatment site, along with drug budgets and procurement plan will improve the quality of available information and the management of the supply chain.

SCMS will provide technical assistance to the MOH at the National AIDS Control Program for ongoing coordination of procurement planning and stock management. We will provide periodic formal training in logistics and stock management with emphasis on HIV commodities. We will also continue to conduct continuous on site training, assistance follow up to training and supervision of stock activities. These activities will encompass public, MOH's, sites and NGO-operated sites with an objective of fifty sites across the country.

SCMS will provide computerized reports of commodity needs projections for each site, and for the national level, including all commodity sources. Quarterly, SCMS will update commodity needs forecasting based on monthly stock and patient data. This activity will contribute to improved ARV supply chain and treatment services throughout all treatment centers countrywide.

New technological solutions, developed by PFSCM, pilot tested during FY07 will be implemented on a larger scale among partners and stakeholders to improve speed, accuracy of the reporting process and better information sharing on patients and stocks.

One hundred employees- pharmacists, nurses, health workers- in the public and NGO sector will receive formal training in HIV commodity management as well as training in a computerized inventory management system.

##### ACTIVITY 3: Infrastructure

SCMS will continue to provide renovations to the selected sites across the country as well as the necessary equipment and furniture to warehouses and dispensing areas. Specific activities and the appropriate

**Activity Narrative:** funding are listed under the activity narrative: infrastructure.  
 The central warehouse will be fully operational and will accommodate all ARV drugs for the national PEPFAR program in accordance with the recommendations from the Fuel and Logistics Group. We will operate a warehouse with a constant and reliable power supply, safe and controlled environment as well as adequate cold chain equipment.

**TARGETS:**

Purchase ARVs for up to 25,000 people,  
 Train 100 persons in logistics management,  
 Improve the infrastructure of 20 sites across the country.

**COVERAGE AREAS:**

National

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9332

**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28664	4350.28664.09	U.S. Agency for International Development	Partnership for Supply Chain Management	11698	3831.09	SCMS	\$4,600,000
9332	4350.07	U.S. Agency for International Development	Partnership for Supply Chain Management	5145	3831.07		\$6,400,000
4350	4350.06	U.S. Agency for International Development	Partnership for Supply Chain Management	3831	3831.06		\$7,084,293

**Indirect Targets**

**Target Populations**

**Other**

People Living with HIV / AIDS

**Table 3.3.10: Activities by Funding Mechansim**

<b>Mechanism ID:</b> 4734.08	<b>Mechanism:</b> Track 1 ARV
<b>Prime Partner:</b> Catholic Relief Services	<b>USG Agency:</b> HHS/Health Resources Services Administration
<b>Funding Source:</b> Central GHCS (State)	<b>Program Area:</b> HIV/AIDS Treatment/ARV Drugs
<b>Budget Code:</b> HTXD	<b>Program Area Code:</b> 10

**Activity System ID:** 17164**Activity Narrative:** INTEGRATED ACTIVITY FLAG: This activity links to Activity ID 8156.08.**SUMMARY:**

The overall goal of the AIDSRelief ARV services and supply chain, in collaboration with the Partnership for Supply Chain Management (PFSCM), is to ensure that the necessary infrastructure, systems and skills are in place for efficient forecasting, procurement, warehousing and distribution of high quality, safe and effective ARVs plus related health supplies to the various local partner clinics and hospitals (LPTF) and the effective monitoring of their use. Target populations include adults, infants, children, and youth infected with HIV, who seek medical services at any AIDSRelief hospital. Emphasis areas include commodity procurement, local organization capacity development, logistics, infrastructure, and training. AIDSRelief will continue to use its significant experience to maintain supply chain capacity at the LPTF level. AIDSRelief is expected to scale up from 8 to 12 ARV sites and 20 palliative care/PMTCT sites.

**BACKGROUND:**

During Years 1-3, ARV drug management under AIDSRelief program was an activity carried out in collaboration with the WHO/PAHO PROMESS Program, which supports other government drug management activities in Haiti. As of FY 07, this activity has been transferred to PFSCM, which is mandated for procurement, customs clearance, warehouse and distribution.

**ACTIVITIES AND EXPECTED RESULTS**

The following specific activities related to ARV drug management will be undertaken:

**Activity 1:**

- Strengthen local capacity in the area of pharmaceutical management and support.
- Train and mentor key pharmacy personnel in order to strengthen their skills and improve their capabilities in drug forecasting, quantification, ordering, inventory management, drug information management, drug utilization monitoring and rational drug use.
- Continue computerization of drug dispensing records at LPTF pharmacies through the SIMPLE software.
- Promote best practices in pharmacy management. Key pharmacy staff will visit other LPTFs to exchange lessons learned and adopt best practices. This initiative to improve learning is also part of an overall staff retention strategy.

**Activity 2:**

- Maintain structural improvements made in YR4 for the current 8 existing facilities to improve drug storage and management of drug stocks, and continue improvement in Yr 5, as necessary.
- Assess the potential new sites for refitting to increase storage space and to accommodate site scale-up.

**Activity 3:**

- Collaborate with other stakeholders involved with HIV/AIDS care in order to continue to improve efficiency.
- Collaborate with SCMS Project and the Government of Haiti to strengthen supply chain and pharmacy management capacity of AIDSRelief's LPTF.
- Conduct joint training sessions, sharing of materials, joint planning and regular meetings in order to ensure harmonization of different systems and to ensure that in-country supply chain systems are prioritized, strengthened and that overall pipeline for supply of ARVs continues without interruption.

**Activity 4:**

- Distribute ARVs of highest quality through its eight clinical facilities and potential sites.
- In keeping with PEPFAR's goal of clinical excellence, AIDSRelief will ensure patients uninterrupted access to treatment.
- Continue to increase enrollment; improved pharmacy management and infrastructure will be prepared to accommodate program expansion.

**Activity 5:**

- Maintain sites drug therapeutic committees (DTC) formed in YR4 to monitor clinical, drug utilization and rational drug use in order to enhance community adherence and community care at the LPTF level.
- Ensure linkages between site pharmacy personnel in order to enhance greater adherence and treatment support.

**HQ Technical Area:****New/Continuing Activity:** Continuing Activity**Continuing Activity:** 8162**Related Activity:**

## Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28967	8162.28967.09	HHS/Health Resources Services Administration	Catholic Relief Services	11796	4734.09	Track 1 AIDS Relief	\$302,679
8162	8162.07	HHS/Health Resources Services Administration	Catholic Relief Services	4734	4734.07	Track 1 ARV	\$302,679

## Target Populations

### Other

People Living with HIV / AIDS

## Coverage Areas

Artibonite

Centre

Sud

Nippes

HTXS - ARV Services

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

**Total Planned Funding for Program Area: \$29,060,000**

Amount of Funding Planned for Pediatric AIDS	\$2,473,500
Estimated PEPFAR contribution in dollars	\$0
Estimated local PPP contribution in dollars	\$0
Estimated PEPFAR dollars spent on food	\$0
Estimation of other dollars leveraged in FY 2008 for food	\$0

## Program Area Context:

The USG has built on the successful implementation of the two models of HIV/AIDS care and treatment—Partners in Health (PIH) and the Haitian Group for the Study of Kaposi's Sarcoma and Opportunistic Infections (GHESKIO)—to reinforce and expand ARV services in Haiti. Thirty-two sites provide ARV treatment (ART) in the country through the PIH and GHESKIO networks and three additional networks, Catholic Relief Service Consortium (CRSC), Management Sciences for Health, the contractor for USAID's child survival program, and the Ministry of Health (MOH). The PIH network includes one center of excellence and eight peripheral

sites located in the Center Regional Department and the Artibonite Regional Department. The GHESKIO network consists of one large reference center located in Port-au-Prince and 14 peripheral sites throughout the country. The CRSC network includes eight sites in three regional departments while MSH's network has four private sector institutions. In addition, the Ministry of Health (MOH) has launched ARV services in the Haiti's largest University Teaching Hospital (HUEH), located in Port-au-Prince.

The other major source of donor support for ARV services is the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) which provides resources for the purchase of ARV drugs (see ARV Drug Program Narrative) and ARV service delivery for PIH and GHESKIO. The USG provides substantial service delivery support to all ARV sites in the country and approximately 60% of the ARVs in Haiti. The USG team coordinates planning, monitoring, and reporting closely with the GFATM to ensure implementing partners are not receiving duplicate funding for the same purpose and to ensure consistency in reporting.

With existing resources, the United States Government (USG) team is expanding ARV services to reach 42 sites by September 2007 through the different networks. The rationale for the development and expansion of sites is to provide coverage to all 10 regional departments and to include large public departmental hospitals that serve the country's urban areas where most people living with HIV/AIDS (PLWHA) are concentrated as well as to make services available at the border with the Dominican Republic (DR). Counseling and testing (CT) and PMTCT services are the entry points for patient enrollment in ARV services. Patient eligibility for ART is based on clinical and laboratory (including CD4 assessments) results. Patients also receive psycho-social assessment and support. To ensure adherence to ART, the program has continuously built a reliable pharmacy system and a community support system based on family or paid accompagnateurs (companions). Patient monitoring is conducted using an electronic data base system that is in use in 60% of the ARV service sites in the country.

The USG Team has supported infrastructure development, training of personnel in all categories at both the clinical and community level and improved drug management and information systems at all sites, particularly in the public hospitals. In addition, the USG Team has allocated resources through PIH and GHESKIO to train health professionals in ART and to ensure quality assurance/quality improvement (QA/QI) of the program throughout the country. International Training and Education Center on HIV (I-TECH) has received support to work in coordination with MOH and major stakeholders to develop national guidelines and training tools for adult and pediatric treatment, clinical mentoring at HUEH and GHESKIO, and pre-service training. New York AIDS Institute was recently provided resources to plan and launch, with MOH and key stakeholders, a quality management system in Haiti using HIVQUAL tools. Two regional centers of excellence are being created through the South and North departmental hospitals with the capacity to perform training and supervision for the peripheral sites. In addition, the USG team has ensured a regular supply of drugs based on realistic projections and needs assessments, including 10% of the second-line regimen. In FY 2007 the USG Team has expanded pediatric treatment in all the networks while efforts are being made to make available at GHESKIO and the National Reference Lab PCR. In many instances, this investment of resources has been made jointly with the GFATM through a well-coordinated collaboration which has had a very positive impact on the national program.

To date, close to 12,000 PLWHAs were enrolled on ART throughout the country, including approximately 700 children. The USG expect that close to 18,000 will be enrolled by September 2008 and 23,000 by September 2009. It was demonstrated that most of the patients adhered to treatment, based on the number of visits and pill counts. A substantial improvement in patient condition based on the analysis of mean CD4 has also been reported.

However, few challenges remain in order to reach the USG's ARV treatment targets for Haiti. There is still a need to further strengthen human resources and infrastructure at ARV service sites. A few additional sites will be needed to expand services. The management of the program, particularly training and QA/QI activities, must continue to be strengthened and decentralized for effective scale up of ARV services nationwide. This can be accomplished through the creation of additional regional centers of excellence. The national guidelines for care and treatment were just reviewed needs dissemination. Because the ARV program is now four years old, there is an increasing need to monitor drug resistance and to make more second-line regimen drugs available. Finally, in order to expand child care and treatment, pediatric AIDS diagnosis must be expanded to the regional centers.

With FY 2008 resources, the program will have 23,000 PLWHA enrolled in ARV treatment. At the service delivery level, the USG team will continue to reinforce existing networks and expand the program to five new sites, with emphasis on infrastructure and human capacity building, focusing on nurses to play a greater role in providing treatment services. A new network will be created through the Center for Development and Health (CDS), a USAID supported NGO that has launched two ARV sites in the North East Department (which shares a border with the DR) in integration with an important TB and child survival program. Through International Child Care, a lead NGO in TB program, the USG will reinforce Grace Children's Hospital serving a large population in the metropolitan area, to become a new center of excellence with integrated TB/HIV and ARV services. Linkages with PLWHA support groups and community organizations in charge of providing psycho-social support to patients will be strengthened. More emphasis will be placed on nutrition monitoring, counseling and support of PLWHA [See Palliative Care narrative]. In addition, pediatric treatment services will be strengthened. Protein 24 antigen (P24Ag) assay capability will be expanded to three regional centers of excellence to complement the effort to make PCR capability available this year. [See Laboratory Infrastructure narrative].

At the program level, the USG team will ensure a regular supply of ARV drugs, including 20% of second line regimen, and will pursue the rolling out of the electronic medical records to reach all ARV sites [See Strategic Information narrative] for monitoring patients, site and program performance. The USG will continue to build human capacity through training, clinical mentoring and QA/QI. Two additional regional centers: the North East and the South East Departmental Hospitals will be reinforced to become centers of excellence to pursue the decentralization of the care delivery system. The USG will continue to roll out a national QA/QI system with substantial involvement of the MOH.

At the policy level, the USG team will support the MOH and key stakeholders to disseminate the treatment guidelines that were recently reviewed and ensured that the training tools are consistent with these new guidelines. The USG team also will build on I-TECH's experience to continue reinforcing pre-service training at the State University teaching hospitals and the Colleges of Medicine.

Partners for this program will be the lead institutions of the different treatment networks, PIH, GHESKIO, CRSC, MOH, MSH, CDS, and ICC. Networks will receive resources to reinforce and improve services at the site level, including the creation of the centers of excellence. PIH and GHESKIO will continue to be the main partners for in-service training and QA/QI. I-TECH will continue pre-service training, clinical mentoring for adult and pediatric treatment and support the creation of the centers of excellence through twinning programs with Miami, Washington, New Jersey and Cornell Universities. New York AIDS Institute will receive resources to reinforce and standardize the national QA/QI system and the Partnership for Supply Chain Management will receive support for drug procurement and management.

**Program Area Target:**

Number of service outlets providing antiretroviral therapy  
40  
 Number of individuals who ever received antiretroviral therapy by the end of the reporting period  
31250  
 Number of individuals receiving antiretroviral therapy by the end of the reporting period  
25,000  
 Number of individuals newly initiating antiretroviral therapy during the reporting period  
5,500  
 Total number of health workers trained to deliver ART services, according to national and/or international standards  
2,402

**Program Area Downstream Targets:**

11.1 Number of service outlets providing antiretroviral therapy 46  
 11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period 8784  
 11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period 35813  
 11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period 28650  
 11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards 1285

**Custom Targets:**

**Table 3.3.11: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 8343.08	<b>Mechanism:</b> HIV/QUAL
<b>Prime Partner:</b> New York AIDS Institute	<b>USG Agency:</b> HHS/Health Resources Services Administration
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> HIV/AIDS Treatment/ARV Services
<b>Budget Code:</b> HTXS	<b>Program Area Code:</b> 11
<b>Activity ID:</b> 19060.08	<b>Planned Funds:</b> \$300,000
<b>Activity System ID:</b> 19060	

**Activity Narrative:** Background

The USG uses HIVQUAL's program to provide support to the MOH and the President's Emergency Plan for AIDS Relief's (PEPFAR) partners to develop a standard system of QA/QI to improve the quality of HIV care in the country. Activities will expand upon the HIVQUAL-Haiti work which began in Fiscal Year (FY) 2007 to reach 20 sites. HIVQUAL will expand the program in FY 2008 to 60 new sites. The overarching goal of HIVQUAL is to facilitate the development of a national HIV quality management program that is operated and directed by the Ministry of Health. The program is designed to improve the quality of care and services provided to people living with HIV.

Program staff is identified within MOH to manage HIVQUAL in partnership with the CDC team, with mentoring and guidance from the US-based HIVQUAL team. The project is implemented through HIVQUAL-International which is supported by the New York State AIDS Institute, and through its administrative and fiscal managing agent, Health Research, Inc.

The goal of HIVQUAL is to allow health services and individual health care providers to engage in a participatory process of quality improvement based on evidence and data collected locally by their own teams. Using the HIVQUAL model, Health Units, districts, provinces and the MOH at the central level will be able to gauge the quality of services provided to the HIV+ population using indicators based on national guidelines and to propose feasible and sustainable strategies to improve quality through implementation of these established standards of treatment and care. As directed by the MOH, HIVQUAL will be implemented in health care facilities and in coordination with all implementing partners.

Activities and expected results

Activity 1: Established indicators measure key elements of HIV care, including continuity of care, access to antiretroviral therapy and CD4 monitoring, TB screening, prevention education and adherence assessment. The specific emphasis of this activity is at the clinic-level, adapting the methods of quality improvement to each organization's particular systems and capacities. An assessment tool to measure the capacity of the quality management program at each facility is used and will both measure the growth of quality management activities as well as guide the coaching interventions. Aggregated facility-specific data can provide population-level performance data that indicates priorities for national quality improvement activities and campaigns.

Activity 2: The unique approach of HIVQUAL-Haiti is that it targets regional networks of providers who are engaging in quality improvement activities that enables them to work together to address problems that are unique to each area, including, for example, human resource shortages and coordination of care among multiple agencies. Quality improvement training will be conducted for groups of providers. The project will work in partnership with all treatment partners who will help disseminate quality improvement strategies and activities throughout their networks.

Activity 3: The USG HIVQUAL team will build quality improvement coaching skills among MOH staff and providers in Haiti and provide advanced level trainings for sites as well as basic trainings for new participants. Mentoring of Haiti-based HIVQUAL staff will continue throughout the activity. Work will continue in close partnership with the Ministry of Health, CDC-Haiti, and implementing partners. One of the goals for 2008 will be to identify a lead staff person in the MOH to assume direction for the project. HIVQUAL will provide travel funds for this individual and other selected MOH staff to the US for an intensive mentoring program in New York (AIDS Institute) and California where the US-based QI lead is located. Additional staff for the activity will be recruited as necessary although efforts will be directed to promote sustainability through building capacity for management in direction within the MOH.

Activity 4: Funding supports the activities of the US-based HIVQUAL team to provide mentoring, travel to Haiti for mentoring visits and site visits to introduce the tools and techniques of quality improvement and quality management. Training in the methods of quality improvement and assessment of quality management programs will be provided at central and regional levels.

Targets:

60 sites reinforced with HIVQUAL

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

**Table 3.3.11: Activities by Funding Mechansim**

**Mechanism ID:** 3684.08

**Mechanism:** N/A

**Prime Partner:** International Child Care

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** HIV/AIDS Treatment/ARV Services

**Budget Code:** HTXS

**Program Area Code:** 11

**Activity ID:** 18973.08

**Planned Funds:** \$0

**Activity System ID:** 18973

**Activity Narrative:** NOTE: This is not a new activity. In previous COPs, funding for Grace Children's Hospital was provided through the umbrella organization, Management Sciences for Health, even though CDC has a COAG with ICC. This year, funding will be provided directly for Grace Children's Hospital through ICC, so this is not a new activity.

Integrated Activity: This activity is linked to Activity IDs 18985.08, 17929.08, 18957.08 and 5301.08.

**SUMMARY:** With Fiscal Year (FY) 2008 resources, ICC will contribute to the expansion of ARV services through Grace Children's Hospital, launched three years ago with funding from the President's Emergency Plan for AIDS Relief (PEPFAR) to reach 1,000 people living with HIV/AIDS (PLWHA) by the end of September 2009 in the Port-au-Prince metropolitan. This program will be linked with the TB/HIV, palliative care, CT, and PMTCT services that Grace Children's Hospital is expanding. It will be also linked to other community-based programs (CBO) that are being offered through CBOs in the same geographic area. The target populations include people living with HIV/AIDS and their families.

**BACKGROUND:** ICC is a key player in the system of care in Haiti. They are well known for their important role in supporting the TB program throughout Haiti. Through Grace Children's Hospital, an affiliated non-governmental organization (NGO) hospital, ICC provides specialized TB care, integrated with primary and general care for both adult and children, with support from USAID and the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM). Since the launch of PEPFAR, the United States Government (USG) has provided resources to ICC to integrate HIV in its network of TB sites. Resources are also given to support integrated basic care and anti-retroviral (ARV) services at Grace Children's Hospital and to implement a pilot model of HIV pediatric care. So far this program has been very successful in enrolling 1,000 patients in care; 300 HIV positive pregnant women in PMTCT; 400 patients, including 100 children in treatment; and 150 HIV patients in TB treatment services. The USG believes these results will further increase with FY 2007 resources, while steps are being taken to improve the quality of clinical based programs nationwide through a better system of QA/QI.

In FY 2008, the USG will continue to provide resources through ICC to make Grace Children's Hospital a center of excellence for integrated TB/HIV, CT, PMTCT, palliative care, and ARV services in the metropolitan area. This effort will complement other efforts made through GHESKIO and the MOH to establish a network of institutions (among the biggest ones with high volume of patients) offering integrated ARV to three million people. Through this program, ICC will continue to ensure—through Grace Children's Hospital—that all HIV positive people eligible for ARV treatment receive access to clinical, biological, nutritional and psycho-social assessments and services, using CT, PMTCT and basic care services as a means of enrolling patients. ICC will continue to build on its important TB program at Grace Children's Hospital to deliver ARV services to TB patients in need of these services. ICC will continue to strengthen its model of pediatric care to become a training center for this program. Lastly, ICC will also continue to build on Grace Children's Hospital's child survival program—supported by USAID—which covers about 100,000 people. As the ARV program will be expanded in FY 2008, ICC will place more emphasis on quality improvement to ensure the best quality of care to patients.

**ACTIVITIES AND EXPECTED RESULTS:**

Activity 1: Funding will be used to maintain and expand at Grace Children's Hospital, a multidisciplinary staff of physicians, nurses, psychologists, social workers, counselors, nutritionists, community health workers and laboratory technicians. Resources will also be used to support enhancement of infrastructure, equipment, materials and supplies for service organizations at clinics, laboratories, and the pharmacy and for X-ray service. This will be done in integration with other resources allocated for CT, PMTCT, TB/HIV and basic care service through ICC for Grace Children's Hospital. Linkages will be established with SCMS to provide ARV drugs, laboratory reagents, and commodities.

Activity 2: ICC will reinforce its capacity with treatment and psycho-social specialists to oversee and provide supervision to the program in integration with other HIV services. ICC will receive additional support from GHESKIO for training and mentoring on best practices for providing HAART to TB patients. These specialists will ensure that the clinical and community staff receive continuous training to acquire and maintain necessary skills in the care and treatment of people infected with HIV/AIDS. They will also help to address patients' medical and psycho-social problems that require expert intervention at ARV sites.

Activity 3: Linkages will be maintained between the ARV services and the CT, basic care, PMTCT and TB services to ensure a continuum of care to patients. In addition, these ARV services will be linked to CBOs and PLWHA support groups to provide integrated community support for patients enrolled in treatment.

Activity 4: Funding will be used to strengthen the pediatric ward to expand ARV pediatric care and treatment services building on the pilot experience launched at Grace Children's Hospital two years ago. Human and logistic capacity will be reinforced at this ward to offer hands on training for other institutions.

Activity 5: ICC will also include on its team data quality managers that will work in coordination with MOH, CDC, and HIVQUAL to integrate in its TB/HIV network, tools to assess quality data and a process of continuing QA/QI.

**TARGETS:**

Number of patients ever received ARV: 1300

Number of patients active on ARV: 1000

Number of outlet offering ARV services: 1

Number of health professionals trained in pediatric care: 20

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

**Targets**

<b>Target</b>	<b>Target Value</b>	<b>Not Applicable</b>
11.1 Number of service outlets providing antiretroviral therapy	1	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	110	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	750	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	600	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	20	False

**Coverage Areas**

Ouest

**Table 3.3.11: Activities by Funding Mechansim**

**Mechanism ID:** 3337.08

**Prime Partner:** Partners in Health

**Funding Source:** GHCS (State)

**Budget Code:** HTXS

**Activity ID:** 18974.08

**Activity System ID:** 18974

**Mechanism:** PIH

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Program Area:** HIV/AIDS Treatment/ARV Services

**Program Area Code:** 11

**Planned Funds:** \$5,375,000

**Activity Narrative:** Integrated Activity Flag: This activity is linked to Activity IDs 9682.08, 4501.08, 17784.08, 9363.08, 10668.08 and 9673.08.

The activities described below are carried out to maintain access to antiretroviral therapy (ARV) for existing patients, expand access to anti-retroviral (ARV) services to additional HIV-infected people in the Central and Artibonite Departments of Haiti, and to train health workers in all aspects of HIV care and treatment. PIH/ZL will conduct ARV treatment and training activities within its "four pillars" model for implementing a comprehensive HIV program in the context of primary care: 1) HIV prevention and care, including voluntary counseling and testing (VCT); 2) detection and treatment of tuberculosis (TB) and other opportunistic infections; 3) detection and treatment of sexually transmitted infections (STIs); and 4) women's health and prevention of mother-to-child transmission (PMTCT) of HIV services. The primary emphasis areas for the proposed activities are human resources, infrastructure, and training. The primary target populations for these activities are people living with HIV/AIDS (including HIV-positive infants and children), health care providers, community-based organizations and non-governmental organizations (NGO).

Activities will be carried out at eight sites in Haiti's Central Department (Belladère, Boucan Carré, Cange, Cerca La Source, Hinche, Lascahobas, Thomonde, and Savanette) and two sites in the Artibonite Department (Petite Rivière, and St. Marc). Activities in St. Marc will be carried out in collaboration with the Hôpital St. Nicholas (HSN) and Services de Santé de Premier Echelon (SSPE). Certain activities will also be carried out at health posts in Segur and Jean Denis.

The PIH/ZL HIV Equity Initiative has relied on sustained funding from the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), as well as the President's Emergency Program for AIDS Relief (PEPFAR), to operate over the past five years. Our GFATM Round 1 grant ends in December 2007. We have recently submitted a rolling continuation channel (RCC) application to the Haiti HIV CCM. Among other critical costs, this application includes the ARV medications for all patients discussed herein. If this co-financing is not received, PIH/ZL will need to adjust all targets listed here, including, perhaps, a reduction in the number of service outlets.

#### BACKGROUND:

PIH/ZL's ARV treatment and training activities are part of a comprehensive HIV prevention and treatment program started by PIH/ZL in 1998; expanded through the public sector beginning in 2002 in partnership with the Haitian Ministry of Public Health and Population (MSPP) and with funds from GFATM; and further expanded to Hinche, Cerca La Source, Petite Rivière and St. Marc with the support of PEPFAR in the FY 2005, 2006, and 2007. Since 2004 the program has been a collaboration between these four key partners—PIH/ZL, MSPP, GFATM, and PEPFAR. Since 2005, work in the Artibonite region has been strengthened by involving several NGO partners in St. Marc (SSPE, Promotion Objectif Zerosida (POZ), and La Fondation Esther Boucicault Stanislas (FEBS)) and in Petite Rivière (Centre Medical Charles Colimon (CMCC), a Médecins Sans Frontières (MSF)-affiliated institution). In August 2007, with the decrease in services provided by MSF, PIH/ZL will assume responsibility for all services and supplies provided at CMCC.

All symptomatic or at-risk individuals as well as all pregnant women seeking care at PIH/ZL clinics are offered voluntary counseling and testing for HIV. Upon identification of HIV-positive status, a patient is referred to the HIV public health nurse and HIV program nurse, who performs further post-test counseling, assists the patient in identifying at-risk partners or family members, arranges for a CD4 count and other laboratory tests, and schedules subsequent follow-up visits. All HIV-positive patients are followed monthly by a trained HIV/TB physician. At each visit, patients are evaluated for HIV disease progression, tuberculosis and other opportunistic infections, and general health and well-being. When indicated, prophylaxis, treatment, and social services are provided; palliative care given; and antiretroviral therapy (ART) initiated. All PIH/ZL patients who are placed on ART are assigned a community health worker, called an accompagnateur, who provides essential psychosocial support to patients and their families in addition to daily directly observed ART. The accompagnateur also notifies clinic staff if a patient experiences side effects or new symptoms. All care and treatment is provided free of charge to the patient.

PIH/ZL is committed to a long-term partnership with MSPP, and in all of the activities described, PIH/ZL is dedicated to strengthening the public sector by training local staff, including MSPP health workers.

#### ACTIVITIES AND EXPECTED RESULTS:

##### ACTIVITY 1: Patient Maintenance

The first activity is to maintain individuals currently on antiretroviral therapy (ART) by improving program retention and enhancing clinical follow-up. Funding will be used to employ accompagnateurs and accompagnateur supervisors and to support monthly trainings, ensuring a strong network of community lay personnel trained in ARV management and adherence strategies. Funding will also support laboratory capacity, supplies, and infrastructure required for ARV service delivery at each PIH/ZL site. Procurement of ARV medications for HIV-infected individuals is supported by GFATM. As of May 2007, PIH/ZL has more than 2,700 patients on ARV treatment and is actively scaling-up efforts to provide ARV services to additional patients in the Artibonite sites.

##### ACTIVITY 2: Treatment of HIV-Positive Infants and Children

The second activity is to provide ART to pediatric patients in the appropriate formulations, including syrup for infants. Support groups for HIV-positive mothers will be strengthened to improve treatment adherence and program retention. This funding will also support staff resources and the supplies necessary to provide care for an increasing number of pediatric patients.

##### ACTIVITY 3: Case Detection and Enrollment

The third activity is to enroll additional patients on ART. In 2008, with the support of GFATM, PIH/ZL plans to begin providing comprehensive HIV care in two new sites (Savanette and Desdunes) as well as to expand services at two health posts (Segur and Jean Denis in the Petite Rivière health care network). At the same time, PIH/ZL will aggressively seek to increase enrollment among the most marginalized and high-risk groups in its catchment area. PIH/ZL hopes to build upon the success of the past 12 months in which approximately 900 patients were newly enrolled on ART. This funding will allow PIH/ZL to renovate and equip public facilities at the expansion sites listed above and will also be used for comprehensive and on-going training of clinical staff and accompagnateurs.

**Activity Narrative:** ACTIVITY 4: Training Healthcare Providers

In addition to providing direct services, PIH/ZL is committed to sharing and leveraging our experience by providing ongoing training to healthcare workers across Haiti. PIH/ZL's efforts to train health workers in the delivery of ARV services have expanded significantly in the past years. In 2004, with support from PEPFAR and in collaboration with the International Training and Education Center on HIV/AIDS (I-TECH) and the Caribbean HIV/AIDS Regional Training Initiative (CHART), PIH/ZL opened a National Training Center (NTC) with facilities in Hinche and Cange. In the past year, PIH/ZL has trained hundreds of health workers in Haiti in all aspects of HIV care and treatment. This funding will support personnel and infrastructure requirements to strengthen the training program at Hinche as well as cover the direct costs of training sessions: participant transport, trainer and participant per diems, and materials production.

In these activities, PIH/ZL will strive to ensure that an equitable number of women and men receive treatment. These above activities will contribute to the PEPFAR 2-7-10 goals by increasing the number of individuals on ARV treatment and by expanding the capacity of individuals and organizations in Haiti to initiate and manage ART treatment, avert new HIV infection, and provide care for an increased number of HIV+ patients.

EMPHASIS AREAS:  
 Human Resources 51-100%  
 Infrastructure 10-50%  
 Training 10-50%

**HQ Technical Area:****New/Continuing Activity:** New Activity**Continuing Activity:****Related Activity:****Targets**

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	10	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	1,650	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	6,875	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	5,500	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	220	False

**Target Populations****Other**

People Living with HIV / AIDS

**Coverage Areas**

Artibonite

Centre

**Table 3.3.11: Activities by Funding Mechanism**

**Mechanism ID:** 3314.08

**Prime Partner:** Catholic Relief Services

**Funding Source:** GHCS (State)

**Budget Code:** HTXS

**Activity ID:** 18988.08

**Activity System ID:** 18988

**Mechanism:** AIDS Relief

**USG Agency:** HHS/Health Resources  
Services Administration

**Program Area:** HIV/AIDS Treatment/ARV  
Services

**Program Area Code:** 11

**Planned Funds:** \$3,065,000

**Activity Narrative:** SUMMARY: AIDSRelief Haiti is a comprehensive program currently providing anti-retroviral therapy (ART) to 2029 people (May 2007) in eight treatment facilities. Target populations include adults, infants, children, and youth infected with HIV, who seek medical services at any AIDSRelief hospital. Emphasis areas include human resources, local organization capacity development, logistic support and training. Community mobilization and the development of networks, linkages, and referral systems will also be critical components of the AIDSRelief program. AIDSRelief will review its performance through the QA/QI process to ensure implementation of best practices in each clinical program. The coverage area for this program include the communes of Fond-des-Nègres (Nippes); Fond-des-Blancs (Sud); Léogane (Ouest); Deschappelles, Gonaives, Gros Morne (Artibonite); Pilate, Milot (Nord).

BACKGROUND: AIDSRelief (AR) has provided ARV services in Haiti since 2004, through support from Track 1.0 and funding from the President's Emergency Plan for AIDS Relief (PEPFAR). AIDSRelief is a five-member consortium, led by Catholic Relief Services (CRS), and includes three faith-based organizations, a medical institution that is recognized as a world leader in HIV/AIDS care, research and program development, and an international development company that specializes in the design and implementation of public health and social programs. All members of the AIDSRelief Consortium have a shared mission to provide quality medical care to individuals living with HIV/AIDS. AIDSRelief Haiti works within seven faith-based hospitals and one public hospital.

Since the launch of AR activities in Haiti, it has been able to implement eight ARV sites in four geographic departments, including the main public departmental hospital in Gonaives. This program has built on CT, PMTCT, TB and HIV basic care already implemented at these sites through PEPFAR, the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), and core funds from members of the AR consortium. AR has used funding to build infrastructure, logistic and human capacity to implement ARV services at these sites. Through the consortium, technical assistance and QA/QI have been provided to ensure quality of services.

A significant proportion of AIDSRelief patients are women; therefore this program will integrate with other clinical programs that reach out to women including PMTCT, OB/GYN, and maternal and child health (MCH) programs. Women and girls who are victims of sexual assault are a special target population for AIDSRelief. AIDSRelief will work in close collaboration with the government of Haiti. AIDSRelief is an active member of the Ministry of Health's (MOH) care and treatment cluster that has responsibility to define the national strategy for HIV/AIDS care.

#### ACTIVITIES AND EXPECTED RESULTS:

Activity 1: AIDSRelief will continue its plan to provide durable, high-quality anti-retroviral therapy (ART), according to Haiti's national guidelines. During COP 2008, each hospital will scale up the enrollment of anti-retroviral (ARV) clients through expanded hospital-based and community-based VCT services that target patients at highest risk for HIV, and through referrals from clinical programs such as TB treatment programs. These activities will be accomplished through the development of an integrated approach to services at each AIDSRelief hospital, and through collaboration with other stakeholders such as the MOH, the United States Government (USG) team, and other PEPFAR awardees. AIDSRelief will strengthen its regional approach to ART in the Artibonite by expanding its support for Gonaives' Hôpital La Providence as a regional center of excellence. Similar regional approaches will be maintained in the South and the North, where AIDSRelief has multiple clinical sites that are strategically placed.

Activity 2: Training and capacity building in eight clinical centers will continue with support from COP 2008. Continued clinical technical assistance and mentoring for in-country caregivers will be expanded in Year four to build capacity of in-country clinicians, and to strengthen the skills of other members of the multi-disciplinary team, including counselors and treatment support staff, and technical staff (e.g. pharmacists, lab technicians). This training will provide an opportunity for continued clinical technical assistance that will be sustainable over time.

Upon receiving their training, these clinicians will provide strong leadership for AIDSRelief Haiti's eight clinical centers. These clinicians will be responsible for monthly medical supervision and training for hospital-based physicians, clinical officers, and nurses. AIDS seminars and updates will be held quarterly at each hospital. These seminars will focus on treatment challenges and knowledge deficits identified by physicians on the in-country team. In addition, training will present new approaches to care and treatment based upon best practices and research findings in HIV/AIDS.

Activity 3: AIDSRelief partners will strengthen local organizational capacity in the areas of hospital management, finance, and fund-raising in order to ensure long-term sustainability of ARV services. AIDSRelief will collaborate with other stakeholders to provide critical linkages that ensure sustainable quality ART.

Activity 4: AIDSRelief Haiti expects that at least 10% of the AIDSRelief patients will be within the pediatric age group. Pediatric ART training will be provided for the eight AIDSRelief hospitals. Additional training and support will be made available for pediatric counseling and treatment support. AIDSRelief will seek to identify infected children through its expanded work with women enrolled in PMTCT and through close collaboration with in-patient pediatric programs. Early diagnosis of HIV infection in HIV-exposed infants will be provided in order to increase access to antiretroviral treatment. Infant feeding counseling will also be provided to caregivers for an informed option and appropriateness choice of alimentation.

Activity 5: COP 2008 funding will support patient monitoring and management (PMM) tools at the community and the institutional level to improve the program's ability to track patient care. At the community level, treatment support teams will use these tools to ensure 95-100% patient adherence to ART. These treatment teams will be led by a nurse supervisor and/or a counselor at each hospital.

AIDSRelief will work with MOH, CDC and HIVQUAL to improve each hospital's QA/QI system during Year four. QA/QI assessments will provide clinical, laboratory, and behavioral monitoring of the patient. The QA/QI program and PMM will be used to improve patient care, and to identify areas within the ART program that need strengthening.

**Activity Narrative:** AIDSRelief-Consella Futures will provide TA and training to build capacity of LPTF staff responsible for data collection and analysis. Activities will include: complete adoption of government revised PMM systems; joint supervision and TA with government M & E agency (IHE); analysis of required indicators requested by LPTF, CCT and funding agencies; training on generation of programmatic indicators to produce the required reports on an accurate and timely basis that meet data quality standards. Constella Futures will carry out regular site visits and reviews to ensure quality data and data validation.

Activity 6: AIDSRelief will provide training for all members of its multi-disciplinary team in the management of PEP (post-exposure prophylaxis). The team will develop skills in care, treatment, and support for women following rape and services will be available at all times in each AIDSRelief hospital. Post-exposure prophylaxis will be made available, in addition to HIV testing. Long-term follow-up for these women will include psychological support, laboratory testing, and medical treatment. Similar services will be available at all times for staff where there is the potential for occupational HIV exposure at an AIDSRelief hospital or at one of AIDSRelief's satellite health centers.

**TARGETS**

Targets Sept.2008Targets Feb. 2009Targets Sept. 2009  
 LPTFs providing ART999  
 Adults on ART320040004400  
 Children receiving ARV375450500

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

**Targets**

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	8	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	990	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	6,125	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	4,900	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	50	False

**Coverage Areas**

- Artibonite
- Nippes
- Nord
- Ouest
- Sud

**Table 3.3.11: Activities by Funding Mechansim**

**Mechanism ID:** 3125.08

**Prime Partner:** Ministre de la Sante Publique  
et Population, Haiti

**Funding Source:** GHCS (State)

**Budget Code:** HTXS

**Activity ID:** 5412.08

**Activity System ID:** 17201

**Mechanism:** National AIDS Strategic Plan

**USG Agency:** HHS/Centers for Disease  
Control & Prevention

**Program Area:** HIV/AIDS Treatment/ARV  
Services

**Program Area Code:** 11

**Planned Funds:** \$7,800,000

**Activity Narrative:** SUMMARY: Through a cooperative agreement (CoAg) with the Ministry of Health (MOH), the United States Government (USG) team in Haiti will support the scale up of on-going ARV services at the State University Teaching Hospital (HUEH) and five other major public sites: La Paix Hospital (a new university teaching hospital) serving the large commune of Delmas, Sainte Therese Hospital in the Nippes Regional Department, Immaculee Conception Hospital and Jean Rabel Hospital in the North West Regional Department, and Isaie Jeanty Hospital (another University teaching hospital) in the West Department. The major focus of this activity will be to support the overall service organization at these sites to deliver quality treatment services. These resources will continue to be integrated with those allocated through International Training and Education Center on HIV (I-TECH) to support technical assistance and clinical mentoring at the HUEH and Isaie Jeanty as well as with those allocated through the MOH to support CT, PMTCT, and palliative care services at the four targeted public sites. In addition, Isaie Jeanty, HUEH and La Paix, as University Teaching Hospitals, will serve as venues to train interns and residents on HIV treatment. With these resources, the MOH will directly manage six of the forty-one anti-retroviral (ARV) sites which will be in place by the end of September 2008. The other thirty-five sites are being supported through the Haitian Group for the Study of Kaposi's Sarcoma and Opportunistic Infections (GHESKIO), Partners in Health (PIH), AIDS/Relief Consortium, Management Science for Health (MSH), and I-TECH. MOH will continue to be supported to play its critical role in creating a good policy environment and coordinator of the program.

BACKGROUND: Over the last three years, the publicly-managed sites have increasingly become the major focus of the USG effort to expand clinical and ARV services. Most of these sites serve large and needy high-risk populations in the urban and metropolitan area. The major departmental hospitals have been supported through GHESKIO, PIH and, more recently AIDS/Relief, to deliver all clinic-based services (CT, PMTCT, clinical care and anti-retroviral treatment [ART]) in integration with other support from the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM). Many deficiencies in these hospitals led to multiple challenges to the implementation of services at these public sites; however, the USG was able to allocate the necessary resources to make this approach successful.

Over the last two years, the USG has provided resources directly to the MOH through a cooperative agreement (CoAG) with CDC to implement ARV services in six publicly managed sites, including HUEH, the biggest university teaching hospital in the country. These resources have been complementary with other resources provided to the MOH to support a network of 20 institutions to provide integrated CT, PMTCT, TB/HIV and basic care.

Because of the delay in receiving FY 2007 resources, most activities planned this year to strengthen the MOH network have just begun. This includes the launch of 10 new palliative care sites (for a total of 20), and the expansion of ARV services to Isaie Jeanty, one of the largest maternity wards in the country. The new launch of ARV services in the four other publicly managed hospitals are on track as planned. These include: Sainte Therese and Immaculee Conception/Port-de-Paix hospitals, which are departmental hospitals located in departments with the highest prevalence of HIV; Jean Rabel Hospital, which is located in the very hard-to-reach North West Regional Department and is in need of more accessible ARV services; and La Paix Hospital serving Delmas and Tabarre communes. HUEH, in spite of many challenges, including numerous personnel strikes that has jeopardized its ability to provide services, was able to commence delivering ARV services. This facility has also benefited from resources from GFATM which was used to support expansion of counseling and community outreach activities. HUEH is enrolling a mean of 30 ARV patients each month. In coordination with I-TECH, the MOH has recently launched a new in-service training center at HUEH that will complement GHESKIO and PIH's ARV service delivery training capacity.

MOH has also has support to reinforce its logistic and human capacity at central and departmental levels to play a greater role in coordinating the program. Through HIVQUAL and CDC, and with the support of major stakeholders, the MOH has started to strengthen the national system of QA/QI. MOH plans to use experts from HUEH and the regional centers of excellence to be the technical arms through which QA/QI activities could be implemented.

FY 2008 resources will be used to maintain all these activities with particular emphasis on rolling out a good QA/QI system. MOH will ensure that national norms and procedures are followed for the delivery of continuous quality of HIV treatment across all the networks.

ACTIVITIES AND EXPECTED RESULTS: Activity 1: The MOH will continue to build on resources allocated for other program activities such as CT, PMTCT, and palliative care, to enhance infrastructure, provide medical equipment and materials (including laboratory), hire additional clinical personnel (physicians, nurses, psychologists, counselors and social workers), and support additional community personnel to expand ARV services at HUEH and at other ARV sites in the network. Training and refresher courses will be realized for the personnel of the MOH network at HUEH. Resources will be used to continue supporting the current successful models of treatment which are based on high-quality clinical and lab assessments of patients to determine ARV eligibility; high-quality counseling and education of patients, family members and "accompagnateurs;" and on a high-quality pharmacy and community support plan to ensure adherence to treatment.

Activity 2: The MOH will continue to build on resources available through I-TECH for clinical mentoring, training and technical assistance to reinforce the teaching of HIV treatment protocols for interns and residents at the three teaching hospitals--HUEH and Isaie Jeanty and La Paix. MOH will provide resources to enhance training capacity and support logistic equipment and materials costs. Continuing education sessions will be held for the staff to keep them abreast of new developments in ART care relevant to their functions.

Activity 3: Strengthen referral linkages. In the different areas where the five MOH sites are located, there are a number of private and public hospitals offering voluntary counseling and testing (VCT) services. The MOH will establish a referral system between these peripheral sites and the ARV sites to ensure a continuum of care to patients. In addition, these ARV sites will be linked to the community-based organizations (CBO) and People living with HIV/AIDS (PLWHA) support groups to provide integrated community support for patients enrolled in treatment.

Activity 4: At the MOH Central Office, a multidisciplinary team (clinician, counselor, social worker and lab

**Activity Narrative:** technician) will be established to coordinate the program. With the technical support of CDC and HIVQUAL, MOH will build his capacity to expand the national system of QA/QI that will be launched this year. Funding will also be used to disseminate the national treatment guidelines that were updated this year.

Targets:

Number of interns and residents trained (pre-service training): 350  
 Number of health professionals trained (in service training): 100  
 Number of PLWA actively enrolled in ARV: 2300

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9313

**Related Activity:**

#### Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28659	5412.28659.09	HHS/Centers for Disease Control & Prevention	Ministre de la Sante Publique et Population, Haiti	11696	3125.09	National AIDS Strategic Plan	\$400,000
28658	5412.28658.09	HHS/Centers for Disease Control & Prevention	Ministre de la Sante Publique et Population, Haiti	11696	3125.09	National AIDS Strategic Plan	\$6,600,000
9313	5412.07	HHS/Centers for Disease Control & Prevention	Ministre de la Sante Publique et Population, Haiti	5134	3125.07	National Plan Mechanism	\$4,645,000
5412	5412.06	HHS/Centers for Disease Control & Prevention	Ministre de la Sante Publique et Population, Haiti	3125	3125.06		\$300,000

#### Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	6	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	1,650	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	5,000	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	4,000	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	450	False

#### Target Populations

##### Other

People Living with HIV / AIDS

## Coverage Areas

Nord-Est

**Table 3.3.11: Activities by Funding Mechanism**

**Mechanism ID:** 3323.08

**Prime Partner:** Management Sciences for Health

**Funding Source:** GHCS (State)

**Budget Code:** HTXS

**Activity ID:** 4387.08

**Activity System ID:** 17194

**Mechanism:** Basic Health Services

**USG Agency:** U.S. Agency for International Development

**Program Area:** HIV/AIDS Treatment/ARV Services

**Program Area Code:** 11

**Planned Funds:** \$2,750,000

**Activity Narrative:** SUMMARY: USAID Haiti implements an integrated maternal and child survival program through a network of non-governmental organizations (NGOs). This program, which was formerly named the Health Systems 2007 (HS-2007), was recently renewed for five years. Its new project name is Health for Development and Stability in Haiti (HDSH) and will be implemented by Management Sciences for Health (MSH). Through the President's Emergency Plan for AIDS Relief (PEPFAR), the United States Government (USG) provided resources to MSH for the HS-2007 program to wrap around the integrated health program and add HIV activities, including counseling and testing (CT), PMTCT, palliative care, and anti-retroviral (ARV) services. MSH will continue to maintain and reinforce ARV services in its network of HDSH NGO institutions, with emphasis on improving the quality of care.

BACKGROUND: Over the last three years, five USAID network NGOs have implemented ARV services. The NGOs include, MARCH (Management and Resources for Community Health [MARCH] Hospital in the Central Plateau; Beraca Hospital in the North West; Grace Children's in the West Department; Communauté de Bienfaisance de Pignon [CBP] Hospital in the North Department; and Fort-Liberté in the North East Department. With Fiscal Year (FY) 2007 resources, these services are being expanded to Ounaminthe Hospital, another NGO institution. With the addition of Ounaminthe, the total number of ARV sites supported through the MSH network is six. This represents a good start to the 41 ARV institutions that the USG plans implement by September 2008.

The USG expects to implement the additional targeted ARV sites through existing partners, such as PIH, GHESKIO, MSPP etc. The USG has provided resources around existing child survival programs at all six sites to implement the model of ARV care based on good assessments of patients (clinical and laboratory), regular patient follow up, good pharmacy plans, and community support for adherence to treatment. Further, the entry to ARV services has been through VCT, PMTCT, palliative and TB care programs that are being reinforced at these sites. Resources were given to strengthen human resources, enhance infrastructure, and support minimal social costs for patients. In addition, resources were allocated to Haitian Group for the Study of Kaposi's Sarcoma and Opportunistic Infections (GHESKIO) to support training and quality assurance as well as quality control (QA/QC/QI) at those which have implemented electronic medical records (EMR) and automated drug management systems. To date, the MSH network has enrolled close to 1000 patients in ARV services.

In FY 2008, the USG will integrate the two ARV sites in the North East, the public hospitals in Fort-Liberté and Ounaminthe, under a new network institution that will be selected through a competitive process that CDC will launch to issue a cooperative agreement (CoAG) with this institution. This institution should have experience implementing integrated health programs in public sector hospitals in the North East Department and should be knowledgeable and capable in addressing cross border issues, as this regional department is situated on the Dominican border. Additionally, ICC—as the parent institution—will provide Grace Children's Hospital resources directly from ICC for TB/HIV activities. This approach will ensure better integration of the USG effort to make Grace Children's Hospital a solid center of excellence for integrated ARV and TB/HIV care. The USG team expects this action to reduce the MSH network of ARV services to three institutions: MARCH, BERACA and CBP. This reduction will provide MSH the opportunity to focus in depth on these three sites to continue aiding them in providing quality ARV services in integration with CT, PMTCT, HIV/TB, and basic care that will be expanded at these sites.

ACTIVITY AND EXPECTED RESULTS: Activity 1: To meet scale needs at the three targeted sites, MSH will continue to reinforce overall service organization to make available a better package of human resources (clinical and community), and better infrastructure at clinic and community levels. Emphasis will be placed on allocating more physicians, psychologists, and social and community workers, and to complete necessary infrastructure renovations. The USG team also expects an initiation and/or improvement in pediatric treatment services. Home-based care will be reinforced to ensure better tracking of patients and to provide some basic follow up of treatment at home as well as support to people living with HIV/AIDS (PLWHA) and their families.

Activity 2: MSH will support logistics and provide materials and supplies needed for home-based care and tracking of patients.

Activity 3: MSH will coordinate the program and provide technical assistance to the sites to ensure that the services are well organized and are able to respond to the model of care through regular visits. MSH will also provide onsite training of staff at the sites. MSH will hire and support appropriate staff to oversee this program and to coordinate with MOH, HIVQUAL, and other stakeholders, the rolling out an improved system of QA/QI in the network.

Activity 4: MSH will establish a referral system between the three ARV sites and other peripheral CT and basic care sites to ensure a continuum of care to patients detected at these peripheral sites. In addition, these ARV sites will be linked to the community-based-organizations and PLWHA support groups to provide integrated community support for patients enrolled in treatment.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10203

**Related Activity:**

### Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27512	4387.27512.09	U.S. Agency for International Development	Management Sciences for Health	11445	3323.09	SDSH	\$450,000
27511	4387.27511.09	U.S. Agency for International Development	Management Sciences for Health	11445	3323.09	SDSH	\$2,100,000
10203	4387.07	U.S. Agency for International Development	Management Sciences for Health	5146	3323.07	Basic Health Services	\$1,975,000
4387	4387.06	U.S. Agency for International Development	Management Sciences for Health	3124	3124.06	HS2007	\$700,000

### Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	2	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	550	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	1,625	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	1,300	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	20	False

### Coverage Areas

Centre  
 Nord  
 Nord-Est  
 Nord-Ouest  
 Ouest

**Table 3.3.11: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 3315.08	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> Groupe Haitien d'Etude du Sarcome de Kaposi et des Infections Opportunistes	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> HIV/AIDS Treatment/ARV Services
<b>Budget Code:</b> HTXS	<b>Program Area Code:</b> 11

**Activity ID:** 4341.08

**Planned Funds:** \$6,620,000

**Activity System ID:** 17181

**Activity Narrative: SUMMARY:**

Through activities listed in this project GHESKIO will contribute to the United States Government's (USG) effort to provide treatment to people with HIV/AIDS (PLWHA) by maintaining and strengthening anti-retroviral (ARV) services in a national network of public and private health facilities and by building human capacity for the overall program. The major focus will be: 1) reinforcing technical, infrastructure, human and administrative capacity of the 16 institutions in the GHESKIO network for the provision of ARV care; 2) training providers; 3) supervising quality assurance (QA), quality control (QC) and quality improvement(QI) of ARV services; 4) maintaining Immaculee Conception hospital, the South Regional Hospital as a Center of Excellence; and 5) building capacity of St Michel Hospital, the South East Departmental Hospital to become a center of excellence.

Areas of emphasis for these activities will include: community mobilization and participation; reinforcement of existing network and referral systems; human resources; infrastructure development; development of local organizations capacity; development of network/linkages/referral systems; information, education and communication (IEC); linkage with other sectors and initiatives; development of guidelines; quality assurance, quality improvement and supportive supervision; and strategic information and training.

Specific target population identified will be PLWA, HIV positive infants and adolescents from 0 to 14 years, affected relatives, HIV positive pregnant women and different category of care providers.

**BACKGROUND:**

GHESKIO has been one of the two lead non-governmental organizations (NGO) that has an integrated (integrated with STI, TB, CT, PMTCT) model of anti-retroviral (ARV) services and basic care. Over past last three years, the USG has provided resources to GHESKIO to expand this integrated model in a network of 16 sites, including four of the largest departmental public hospitals and a large stand alone tuberculosis (TB) facility. This program was built on previous efforts to implement CT, PMTCT and basic care services – the entry point for enrolling patients on ARV—at the 16. All 16 sites have been reinforced with infrastructure, laboratory equipment, and a multidisciplinary team of clinicians, nurses, counselors, pharmacists, community and social workers as well as with medical equipment, electronic medical records, drug storage capacity and SI tools to provide quality care. Based on the pilot experience of launching ARV pediatric care in the main GHESKIO center in Port-au-Prince, efforts were since last year, to expand this program throughout the network. Efforts are being made to strengthen one of the South's departmental hospitals, Immaculee Conception Hospital, to become a center of excellence where training, supervision, and QA/QI could be decentralized. Nearly 5000 patients have been placed on ARV through the GHESKIO network so far.

The USG team has mandated GHESKIO to train healthcare providers nationwide for the ARV program and to support the Minister of Health's (MOH) ARV certification process using national guidelines and updated training. To date, GHESKIO has trained a total of 425 health professionals. As ARV services are expanded and reinforced and because of a significant turnover of personnel, there is a continuous need to train and provide refresher courses on ARV at GHESKIO. There is also a growing need to train nurses to play a greater role in the provision of ARV services as well.

USG has also required GHESKIO to provide QA/QC/QI to 22 sites, some of which are outside of the GHESKIO network. GHESKIO has formed three mobile multidisciplinary teams of clinicians, pharmacists, and others to make regular supervision visits. There is a need to continue strengthening this activity to implement a QA/QI system through which data could be generated and used to improve quality at the patient, site, and program level.

With Fiscal Year 2008 funding GHESKIO will continue to strengthen its integrated model of ARV services in its network of 16 sites, including its main site in Port-au-Prince, to continue enrolling new patients on ARV, with the goal being to reach 10,000 patients by the end of September 2008 and 14,000 patients by the end of September 2009. If obtained, these numbers will contribute to more than half of PEPFAR's targets for the country. These sites will also focus on improving quality of care and adherence to treatment, and on expanding pediatric treatment. GHESKIO will build the capacity at Hospital Saint Michel, the South East departmental hospital to become a new center of excellence. GHESKIO will continue to train health care professionals on ARV with an emphasis on training nurses. GHESKIO will work with MOH, CDC and other stakeholders to improve the system of QA/QI with standardized indicators and with a focus on continuous improvement of care for twenty-two (22) sites (14 in the MOH-GHESKIO network and eight in other networks: Bethel, Gonaives, MARCH, Beraca, HAS, CBP, Grace Children's Hospital and Ouanaminthe). This effort will be integrated with activities supported by the GFATM through GHESKIO.

**ACTIVITIES AND EXPECTED RESULTS:**

**ACTIVITY 1:** Funding will be used to strengthen GHESKIO's headquarters to continue providing technical, administrative, and accounting assistance to its network of 16 sites in integration with GFATM resources. These sites are: GHESKIO-INLR, Les Cayes, Jeremie, Jacmel, Cap-Haitienne, Fame Pereo, IMIS, Bombardopolis, Food for the Poor, Hopital de la Communauté Haitienne, Petit Goave, Hospital Bernard Mews, La Gonave and Fermathe. GHESKIO's headquarters will provide oversight and monitoring of the project.

**Activity 2:** GHESKIO will use funding to cover additional renovation, equipment, and personnel needed for expansion of services at the 16 sites. Emphasis will be put next year on pediatric wards to ensure they have adequate space, equipment, and personnel to enhance ARV pediatric services. Special attention will also be given to improve laboratory services for ARV care to make available at all major sites automated equipment for the dosage of CD4, hematology and blood chemistry (see laboratory narratives). Linkages will be established with Supply Chain Management System to ensure adequate supply of drugs as well as with CBOs and PLWA support group organization to provide community support to maintain patient adherence to treatment.

**Activity 3:** GHESKIO will expand its training infrastructure, staff, and equipment to train and provide refresher courses on ARV to close to 400 health professionals nationwide through all the networks. Funding

**Activity Narrative:** will be used to cover materials, per diem, and logistic costs for the trainees.

ACTIVITY 4: GHESKIO will maintain and expand supervision and on site training for ART services at 22 main sites supported by PEPFAR for QA/QC/QI using a national framework and tools that MOH, CDC, and key stakeholders have started to develop. This will be supported through three mobile teams. The main items covered by this funding will include: support for mobile teams, per diem, lodging, logistics for visits, materials for supervision and training. A quality manager team will be created at GHESKIO to oversee the QA/QI system.

ACTIVITY 5: Funding will be used to make St Michel Hospital, the South East departmental hospital a center of excellence for the South East Department. This new activity is necessary to continue the decentralization of ARV services and to serve as a model for extending services to peripheral sites. In this capacity, St Michel Hospital will be a regional reference and training center, offering training sessions and supervision for peripheral centers in their area of influence.

**TARGETS:**

- 1- Two (200) health providers from PEPFAR sites will be trained in ART management, and 100 others will receive refresher courses.
- 2- Fourteen (14) health facilities from the MOH/GHESKIO network will offer ART to patients, including children throughout a national network.
- 3- Supervision visits for QA/QC/QI will occur in twenty-two (22) PEPFAR funded sites.
- 4- Hospital St Michel of Jacmel will serve as the Center of Excellence for the South-East Department, capable of offering training and supervision to peripheral sites.
- 5-The objective is to provide and maintain ART care to 14,050 patients including 3,564 new patients during this period.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9282

**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27489	4341.27489.09	HHS/Centers for Disease Control & Prevention	Groupe Haitien d'Etude du Sarcome de Kaposi et des Infections Opportunistes	11443	3315.09	GHESKIO	\$600,000
27488	4341.27488.09	HHS/Centers for Disease Control & Prevention	Groupe Haitien d'Etude du Sarcome de Kaposi et des Infections Opportunistes	11443	3315.09	GHESKIO	\$6,200,000
9282	4341.07	HHS/Centers for Disease Control & Prevention	Groupe Haitien d'Etude du Sarcome de Kaposi et des Infections Opportunistes	5124	3315.07		\$5,150,000
4341	4341.06	HHS/Centers for Disease Control & Prevention	Groupe Haitien d'Etude du Sarcome de Kaposi et des Infections Opportunistes	3315	3315.06		\$4,200,000

## Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	16	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	3,300	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	14,375	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	11,500	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	200	False

## Target Populations

### Other

People Living with HIV / AIDS

## Coverage Areas

Nord-Ouest

Grand-Anse

Nord

Ouest

Sud

Sud-Est

**Table 3.3.11: Activities by Funding Mechansim**

**Mechanism ID:** 3142.08

**Prime Partner:** University of Washington

**Funding Source:** GHCS (State)

**Budget Code:** HTXS

**Activity ID:** 5463.08

**Activity System ID:** 17232

**Mechanism:** ITECH

**USG Agency:** HHS/Health Resources Services Administration

**Program Area:** HIV/AIDS Treatment/ARV Services

**Program Area Code:** 11

**Planned Funds:** \$2,750,000

**Activity Narrative:** This activity is linked to activity ID 9725.08, 17889.08, 18950.08, 3910.08, 18077.08, 4617.08,3886.08, 12424.08, 12420.08.

**SUMMARY:**

I-TECH will provide clinical mentorship, training and technical assistance for high quality HIV care and treatment across the network of PEPFAR-supported ART scale-up sites. I-TECH will also support staffing and clinic operating costs at Hopital Nos Petits Freres et Soeurs (NPFs) in Port-au-Prince and Hôpital Universitaire Justinien (HUU) in Cap Haitien.

**BACKGROUND:**

Since 2004, I-TECH has partnered with University of Miami and HUU to extend HIV clinical care and to serve as a regional center for training and technical assistance in the North Department. Also since 2004, I-TECH has partnered with Cornell University to place full-time resident technical advisors at les Centres GHESKIO, in support of its training and mobile supervision teams. Since 2005, I-TECH has supported 2 full-time clinical mentors for the National University Hospital (HUEH), Haiti's largest facility and primary teaching hospital, to support ARV scale-up. Since 2005, I-TECH has partnered with the University of Medicine and Dentistry of New Jersey-Francois Xavier Bagnaud Center (FXB) to provide HIV pediatric guidelines development and clinical training to 3 pediatric hospitals. I-TECH's contract with one pediatric site, NPFs, for ARV service delivery, also began in 2005. I-TECH's ARV services extension involves both public and NGO-sector facilities, and I-TECH has collaborated closely with National and Departmental Ministry of Health (MSPP) counterparts in realizing these programs. Through these activities, as of May 2007, I-TECH has supported extension of HIV clinical services to approximately 600 patients (with 150 on ART) at HUEH, approximately 1700 patients (with 600 on ART) at HUU, and approximately 170 patients (with 65 on ART) at NPFs.

**ACTIVITIES AND EXPECTED RESULTS:**

**ACTIVITY 1:** I-TECH will continue its contract with University of Miami to extend HIV care and treatment services in the North Department and to consolidate HUU as a Regional Center of Excellence for HIV Clinical Training. Through a subcontract with HUU to support personnel, supplies and materials, and patient support services, UM will extend HIV care and treatment to 2500 patients, with 1000 on ART. UM will provide on-going supervision of within the Family Practice Center (FPC) at HUU, the primary site for outpatient HIV care, and will provide mentorship and leadership in coordinating program activities within other units of HUU, including the Preventive Medicine Service, which is responsible for community-based care services and ART adherence support. UM will also plan, deliver, monitor, and evaluate HIV clinical training for health care workers including: 12 family practice residents in a 3-year residency program; at least 20 providers from VCT/PMTCT scale-up sites in 6-week intensive clinical courses; 15 advanced nurses; and 175 students, interns, and North Department providers in basic HIV courses. Finally, UM will provide on-site training and technical assistance for launch of at least 5 new VCT/PMTCT/palliative care scale-up sites, and will supervise at least 15 sites within the North Department's HIV care referral network.

**ACTIVITY 2:** I-TECH will continue its contract with Cornell for placement of one HIV clinical specialist (MD) and one senior laboratory specialist (MD, PhD) at GHESKIO. GHESKIO is responsible for training, on-site technical assistance, and quality assurance to 14 ARV scale-up sites in Haiti. Cornell advisors will reinforce GHESKIO in addressing advanced HIV care issues (resistance, adherence, chronic illnesses associated with greater survival, integrated care spanning adult, pediatric and PMTCT services), and in implementing new laboratory technologies for surveillance of drug resistance in Haiti. Cornell will assist GHESKIO trainers to improve HIV clinical training courses, will carry out monthly site visits with mobile supervision teams, and will provide monthly in-service sessions for GHESKIO colleagues. Finally, the Cornell advisors will provide technical expertise to the MSPP in developing national care and treatment guidelines, protocols and standard operating procedures (SOPs), and training curricula..

**ACTIVITY 3:** I-TECH will continue to lead improvements in quality of care and access to HIV services at HUEH, through placement of 5 full- and part-time HIV clinical mentors. Mentors will complete patient rounds, chart reviews, and case conferences with residents, interns, and medical students in the infectious disease unit and the pediatric units of HUEH, with emphasis on ART management, TB/HIV co-infection, OI prevention, etc. I-TECH will support French translation of the I-TECH Clinical Mentoring Toolkit and will produce a trigger video on skills for quality clinical mentoring/practicum training. To support professional development among lead trainers at HUEH, I-TECH will sponsor 6 people (I-TECH clinical mentors and HUEH counterparts) to attend the annual I-TECH Clinical Summit or other external study tour.

I-TECH will also collaborate with the Center for Information and Training in Health Administration (CIFAS), an MSPP training unit co-located at HUEH, to continue to provide 3-week theoretical and practical training sessions for junior and mid-level providers from throughout Haiti. I-TECH will also assist CIFAS to launch a 3-, 6- and 12-month competitive fellowship programs for junior physicians (20 per year). Fellows will spend mornings on the wards and in outpatient clinics managing HIV+ patients, including patients with TB/HIV co-infection, and afternoons rotating through other services or in seminars related to best clinical practice, management and leadership skills, quality improvement strategies, and other topics. I-TECH clinical mentors and curriculum developers will collaborate to apply Version 2.0 of the national ARV/OI curriculum, to expand the module on OI and TB management, and to adapt and apply other material from a successful 1-year fellowship program coordinated by the I-TECH India program. I-TECH will also cover living stipends for the fellows.

**ACTIVITY 4:** I-TECH will continue its nursing initiative at HUEH, with the goals of enhancing the role of nurses within HIV care team and of training advanced practice nurses capable of providing primary clinical management of stable HIV patients. I-TECH will hire a second HIV nurse mentor, to join the one hired in 2007. Both will collaborate with nursing supervisors at HUEH to deliver theoretical training sessions on HIV patient management, patient education, nutrition, and other topics for nurses from all service units at HUEH. The nurse mentors will also supervise nursing students completing rotations in the HIV outpatient clinic. I-TECH will work with the leadership of HUEH to continuously evaluate the role of nurses relative to care protocols and patient flow patterns, to optimize the level of responsibility of nurses and improve patient care. I-TECH will also initiate a training program for 15 nurse fellows to complete a 6-week course in advanced

**Activity Narrative:** nursing. Participants will be drawn from scale-up sites throughout Haiti, where health care human resources are lacking, and where nurses must step into a lead role in managing HIV patients. The program will include one-week of on-site mentoring for the nurses back at their clinic sites. I-TECH will fund partner UM to conduct a parallel program at HUU in Northern Haiti, and will support 2 annual exchange visits between leads of the 2 programs to share experiences and lessons learned.

ACTIVITY 5: I-TECH will contract with FXB and NPFS for pediatric HIV clinical training and extension of ARV services. FXB will support the MSPP to develop a national pediatric and PMTCT services scale-up plan, to complement the National HIV Strategic Plan for 2007-11. FXB will also assist MSPP on update and dissemination of the national pediatric care and treatment guidelines, with a new module on case finding and other support tools such as a pocket reference guide. FXB will also continue a Haiti listserv and newsletter for quarterly pediatric HIV updates. FXB will provide on-going quarterly clinical mentorship visits in the pediatric and OB/GYN units of 4 public-sector hospitals in the South, Grand Anse, South East and North Departments. These visits will focus pediatric case finding, linkages with PMTCT programs, multidisciplinary team approaches, advanced issues in pediatric care, and quality improvement planning. FXB will also provide technical assistance to NPFS to serve as a national Center of Excellence (COE) in pediatric HIV clinical training. Finally, FXB will conduct a systematic evaluation of on-the-job practices of clinicians who participated in clinical mentoring or study tour activities.

NPFS will expand its cohort of pediatric HIV patients to approximately 420 patients (with 210 on ART) by March 2009, and will provide VCT services to approximately 2,500 children and family members. NPFS services are offered without charge to patients, and include clinical monitoring of infants and children with HIV, hospitalization, monthly home visits for infants and children on ART, and psychosocial support services. As a national COE, NPFS will partner with I-TECH on a program to host up to 20 providers for theoretical and clinical practicum training at NPFS and HUEH.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9343

**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28672	5463.28672.09	HHS/Health Resources Services Administration	University of Washington	11700	3142.09	ITECH	\$2,000,000
9343	5463.07	HHS/Health Resources Services Administration	University of Washington	5151	3142.07	ITECH	\$2,300,000
5463	5463.06	HHS/Health Resources Services Administration	University of Washington	3142	3142.06	ITECH	\$1,505,000

**Targets**

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	1	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	149	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	313	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	250	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	300	False

## Coverage Areas

Ouest

Nord

Nord-Est

**Table 3.3.11: Activities by Funding Mechanism**

**Mechanism ID:** 3141.08

**Prime Partner:** US Centers for Disease  
Control and Prevention

**Funding Source:** GHCS (State)

**Budget Code:** HTXS

**Activity ID:** 10242.08

**Activity System ID:** 17239

**Mechanism:** N/A

**USG Agency:** HHS/Centers for Disease  
Control & Prevention

**Program Area:** HIV/AIDS Treatment/ARV  
Services

**Program Area Code:** 11

**Planned Funds:** \$300,000

**Activity Narrative:** Program area: ARV services  
Funding Mechanism: HHS  
Partner: Center for Diseases Control and Prevention  
Level of funding:\$

Summary: With Fiscal Year (FY) 2008 funding, CDC will continue to strengthen the system of HIV care and treatment in Haiti by focusing on assisting the Ministry of Health (MOH) and stakeholders, to plan, coordinate and supervise different QA/QI programs. This activity will build on CDC's efforts to hire care and treatment and information technology (IT) regional specialists. This activity will also add to the MOH's efforts to provide human resources and logistic support to reinforce departmental directorates for better coordination and supervision at the departmental level. Allocated resources will be used to hire CDC regional specialists, as well as to cover logistic costs and per diem for their travel and participation in training (both within and outside of the country).

**Background:**

As the treatment program is expanded, the United States Government (USG) is reinforcing coordination, supervision and QA/QI at all levels. Resources are given to the MOH departmental directorates to build a team that could oversee and supervise the treatment program at the departmental level. Regional hospitals are being reinforced with mobile teams that the USG expects to become the technical arm of the departmental directorates in mentoring and supervising peripheral sites. In addition, HIVQUAL has provided resources to work with the MOH to launch a standard national system of QA/QI with adequate tools to collect data and ensure continued improvement in the provision of treatment services. CDC will reinforce, at the departmental level, the technical capacity for coordination, training, and mentoring particularly in the regional public departmental hospitals which suffer from serious lack of human resources.

So far, three physicians, specialized in internal medicine, have been hired to fill the care and treatment specialist positions in three departments (South, Grand'Anse and South East) working under the supervision of the CDC/Haiti care and treatment specialist. These regional specialists have been very active in making rounds within the internal medicine and infectious disease units of HIV care at the departmental hospitals. They are providing technical support (hands on training and supervision) to expand care and treatment to satellite sites and are working with the departmental staff to coordinate the program. As the QA/QI program is rolled out through HIVQUAL, these specialists will play an important role in its implementation. Treatment program funds have been used to support the costs of in-country travel for these specialists. Funds have also been used to support training costs outside of the country as well.

With FY 2008 resources, three new treatment regional specialists will be hired and based in three additional departments: North, Artibonite and North West. The resources planned through this activity narrative will be used to cover salaries of the six regional specialists as well as their travel costs for supervising and participating in training in and outside of the country for continuing education purposes. Part of these resources will be used also to cover travel costs for health professionals from the MOH and other partners who will be invited to participate in PEPFAR's international gatherings.

**ACTIVITIES and EXPECTED RESULTS**

ACTIVITY 1: Funding will support salaries of the six care and treatment specialists (three old and three new), as well as their logistic costs and per diem for in-country travel for supervising and mentoring activities, and for international travel to participate in international conference and training. Logistic support will include procurement and maintenance of new vehicles that will be assigned to each department.

ACTIVITY 2: Funding will be used to support international travel for guest partners to participate in international conferences and trainings.

ACTIVITY 3: Resources will be used to procure training material and equipment to support training sessions held by the regional specialists.

ACTIVITY 4: CDC will ensure linkages of these activities to those supported by PEPFAR and the Global Fund to improve coordination at central and departmental levels and HIVQUAL to expand in Haiti a national QA/QI system for care and treatment.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10242

**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27478	10242.27478.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	11439	11439.09	CDC - Adult Treatment	\$300,000
10242	10242.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5154	3141.07		\$905,000

**Targets**

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	N/A	True
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	N/A	True
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	N/A	True
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	N/A	True

**Table 3.3.11: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 8723.08	<b>Mechanism:</b> USAID/Haiti's Democracy and Governance Office/ Civil Society Responsibility Project
<b>Prime Partner:</b> Pact, Inc.	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> HIV/AIDS Treatment/ARV Services
<b>Budget Code:</b> HTXS	<b>Program Area Code:</b> 11
<b>Activity ID:</b> 19588.08	<b>Planned Funds:</b> \$100,000
<b>Activity System ID:</b> 19588	
<b>Activity Narrative:</b> USAID Haiti's Civil Society Responsibility Project	
<b>HQ Technical Area:</b>	
<b>New/Continuing Activity:</b> New Activity	
<b>Continuing Activity:</b>	
<b>Related Activity:</b>	

Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Area Code: 12

**Total Planned Funding for Program Area: \$8,400,000**

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

**Program Area Context:**

Laboratory infrastructure in Haiti is very weak. Although there is a National Public Health Laboratory (NPHL) within the Ministry of Health (MoH), it suffers from a lack of trained personnel and equipment. In addition, the unexpected death of the director left the national laboratory program without leadership during parts of 2006 and 2007. The new director, with the assistance of the USG team, is, however, taking steps to make NPHL the lead institution for laboratory issues throughout Haiti. To this end, NPHL has begun development of a new 5-year strategic plan to cover the years 2008-2012. The USG team is working closely with NPHL in this effort in order to provide support to those services and facilities consistent with both the national and PEPFAR strategies.

The Haitian public health laboratory network includes NPHL, laboratories at Departmental and District hospitals as well as laboratories at health care facilities throughout the country, albeit linkages between these facilities have been weak. In addition, there are laboratories managed by the private sector, which have well-trained staff and better infrastructure than their public sector counterparts. Haiti also has strong non-governmental institutions (NGOs) such as the Haitian Group for the Study of Kaposi's Sarcoma and Opportunistic Infections (GHESKIO) Center, which offers more sophisticated laboratory tests including HIV ELISA, western blot, automated CD4 counts and viral load determinations and serves as a reference laboratory for the country. The USG team has been instrumental in linking NPHL and GHESKIO together in order to provide in-country technical assistance and expertise to more peripheral elements of the national public health laboratory network.

By the end of 2007, the USG Haiti Team will have supported the NPHL and 133 healthcare institutions. These include five reference laboratories; nine departmental hospitals; 69 public and private referral hospitals; 24 healthcare centers; and 27 VCT centers. The USG team supported NPHL by helping to establish the first national QA/QC program for HIV rapid testing, and confirming the role of NPHL in providing supervision to the public health laboratory network. In addition, PEPFAR has supported the development of a national training center for laboratory science at NPHL as well as beginning development of a Laboratory Information Management System (LIMS) that will interface with information management systems already in place in Haiti (such as the electronic medical record and the Monitoring Evaluation System Interface, the epidemiologic surveillance system used for HIV/AIDS in Haiti).

At the departmental level, PEPFAR supports automated CD4s, blood chemistry and hematology assessments at sites that provide anti-retroviral medications (ARVs). Laboratories at centers that provide only palliative care services offer simpler manual methods for CD4, blood chemistry and hematology. However, improvement of Haiti's laboratory infrastructure continues to be a challenge for the USG team due to 1) shortage of skilled lab personnel, 2) lack of essential infrastructure needed for laboratory such as stabilized electricity, a clean water supply, appropriate mechanisms to manage biological waste, equipment maintenance, inadequate or poorly designed laboratory space, 3) lack of logistics support; and 4) low income and lack of professional stature of lab personnel.

The USG team does and will address some of these issues by the following: 1) Continuing to work with the Partnership for Supply Chain Management (PFSCM) as the sole procurement agent for laboratory commodities, including reagents and laboratory equipment. PFSCM is also committed to working with the MOH on a sustainable and secure national procurement and distribution system in order to improve Haitian capacity for moving medical materials. 2) In 2007, possible solutions to energy needs will be assessed by the USAID Energy Assessment team and recommendations will be implemented in 2008 (see Policy Analysis and Other Systems Strengthening). 3) The USG team will facilitate linkages with the Injection Safety program to coordinate policy development and training in safe laboratory practices areas relevant to both programs. 4) PEPFAR funds will also be used to help develop human laboratory capacity by initiating an "internship" program whereby selected medical technology students will be given an additional year of training at the bench (literally) in selected laboratories throughout the country. This one-on-one mentorship, which is not currently a component of the medical technology schools in country, is expected to provide not only better trained individuals, but a greater sense of professionalism and a career network. In addition, the USG team will continue to work with the two medical technology schools in country to strengthen their overall curriculum and provide more hands-on laboratory experience. In addition, the USG team will facilitate discussions with both the Ministry of Education and the MoH to explore accreditation issues

In FY 2008, the USG will expand support of the overall NPHL QA/QC program for HIV, TB, rapid syphilis testing and CD4 counts. In addition, the USG team will strengthen bench capacity of the NPHL by establishing TB culture and TB drug resistance monitoring (see TB/HIV program) and PCR testing for early infant diagnosis. PEPFAR will support establishment of a biomedical engineering unit at NPHL to provide and develop equipment repair and maintenance capacity within Haiti.

At the departmental level, major emphasis will be placed on strengthening clinical labs and improving clinical laboratory services relevant to HIV/AIDS care and treatment. PEPFAR, NPHL and GHESKIO will work together to provide training, refresher courses and supervision to laboratories at all levels. The USG team will work with PFSCM to ensure that laboratories at all levels have adequate reagents and materials that are not in danger of outdating. Rapid syphilis testing will be initiated at all levels of HIV testing facilities. Lastly, diagnostic capacity for non-tubercular, opportunistic infections will be increased by improving bacteriology and parasitology laboratories at three departmental level hospitals.

The USG Team coordinates with multiple international donors including World Health Organization (WHO/PAHO in TB/HIV drug resistance surveillance), the Global Fund (procurement of reagents for HIV rapid testing and ARV drugs), and UNICEF (pediatric diagnosis of HIV infection).

#### **Program Area Downstream Targets:**

12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	64
12.2 Number of individuals trained in the provision of laboratory-related activities	459
12.3 Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	644360

**Custom Targets:**

**Table 3.3.12: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 3141.08	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> US Centers for Disease Control and Prevention	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Laboratory Infrastructure
<b>Budget Code:</b> HLAB	<b>Program Area Code:</b> 12
<b>Activity ID:</b> 9923.08	<b>Planned Funds:</b> \$150,000
<b>Activity System ID:</b> 17240	

**Activity Narrative: INTEGRATED ACTIVITY FLAG:**

This activity also relates to the Ministry of Health (MOH) and the National Public Health Laboratory (NPHL) narratives in Laboratory Infrastructure, and to the following President's Emergency Plan for AIDS Relief (PEPFAR) program areas conducted by the Association of Public Health Laboratories (APHL) and the United States Agency for International Development's (USAID) Energy team: prevention of mother to child transmission (PMTCT), anti-retroviral (ARV) Services, palliative care, and counseling and testing (CT).

**SUMMARY:** This activity will strengthen the Ministry of Health's (MOH) national laboratory network capacity by helping to establish pediatric diagnostic testing using 2 methods: the standard dried blood spot polymerase chain reaction (DBS PCR) and the alternative ultra-sensitive protein 24 (p24) antigen assay. CDC will also help establish a quality assurance/quality control program (QA/QC) for such testing as well as provide assistance in selecting/developing the laboratory information management system (LIMS). The Laboratory Technical Working Group at the Office of the Global AIDS Coordinator (OGAC) led by CDC Global AIDS Program (GAP) International Laboratory Branch and other United States Government (USG) senior staff recommends the use of DBS PCR (Amplicor Deoxyribonucleic acid (DNA) PCR) testing for early infant diagnosis (EID). This recommendation was endorsed by the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF)/CDC in May 2006.

**ACTIVITY AND EXPECTED RESULTS:**

**Activity 1:** At no direct cost to the USG Haiti, the CDC/GAP International Laboratory Branch at the CDC HQ will continue to provide technical assistance to Groupe Haitien d'Etude du Darcome de Kaposi et des Infections Opportunistes (GHESKIO), NPHL and Partners in Health (PIH) laboratory personnel to monitor the performance of the partners in conducting EID by DBS PCR test, as well as the ultra-sensitive p24 antigen tests. GHESKIO, the NPHL, and the PIH lab staff will continue to receive refresher training for method validation, data analysis, results reporting, and troubleshooting. GHESKIO, NPHL and PIH will enroll in the CDC QA/QC proficiency testing program for EID by DBS PCR, run by CDC Atlanta laboratories. CDC Atlanta will also provide oversight to the NPHL /ASCP QA/QC program in CD4, hematology and blood chemistry and assist the NPHL and to oversee the International Training and Education for HIV (I-TECH) LIMS program (computer and paper-based reporting system) at 10 ARV sites. The involvement of CDC Atlanta will help to standardize laboratory program activities globally.

**Activity 2:** CDC/Haiti will support five staff from NPHL and/or the public health laboratory network to attend a two-week study tour at selected institutions in HIV/AIDS related laboratory subjects. CDC will support an additional five national laboratory network staff for an external study tour on maintenance and repair of automated and basic laboratory instruments. CDC will support the USG laboratory team staff to travel within the country for supervisory visits, and to monitor and evaluate the progress of the program. Given the weak human capacity in clinical laboratory science, CDC/Haiti recognizes the value of hands-on learning gained through site visits to laboratories with similar conditions. CDC/Haiti thus will support the NPHL laboratory network staff and USG laboratory staff to attend scientific workshops, conferences and/or site visits to similar PEPFAR countries.

**Activity 3:** This funding supports CDC/Haiti's full time, US direct hire (USDH) Laboratory Section Chief. This is not a "new position" but rather a change of hiring mechanisms for the person who is currently in the position.

**TARGETS:**

- One GHESKIO, one NPHL and one PIH lab staff trained in early infant diagnosis
- Three pediatric diagnosis labs established and operated in the country.
- GHESKIO, the NPHL and PIH participated in the DBS PCR QA/QC program
- Laboratory Information System program guided and implemented
- Ten members of NPHL and its laboratory network and the USG laboratory team trained in laboratory methods and participated HIV-related laboratory scientific conferences
- One Laboratory Section Chief (USDH) hired

**EMPHASIS AREAS:**

- NPHL and ASCP activities for QA/QC in CD4, hematology and blood chemistry
- NPHL and I-TECH activities for LIS (computer and paper based)
- Early Infant Diagnosis (Implementation in the country)

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9923

**Related Activity:**

### Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27479	9923.27479.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	11440	11440.09	CDC - Lab	\$150,000
9923	9923.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5154	3141.07		\$298,000

### Targets

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	N/A	True
12.2 Number of individuals trained in the provision of laboratory-related activities	13	False
12.3 Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	N/A	True

### Target Populations

#### General population

Children (under 5)

Boys

Children (under 5)

Girls

#### Other

People Living with HIV / AIDS

**Table 3.3.12: Activities by Funding Mechanism**

**Mechanism ID:** 3314.08

**Prime Partner:** Catholic Relief Services

**Funding Source:** GHCS (State)

**Budget Code:** HLAB

**Activity ID:** 17796.08

**Activity System ID:** 17796

**Mechanism:** AIDS Relief

**USG Agency:** HHS/Health Resources Services Administration

**Program Area:** Laboratory Infrastructure

**Program Area Code:** 12

**Planned Funds:** \$75,000

**Activity Narrative:** Integrated Activity: This activity links to Activity IDs 9671.08, 18988.08, 5305.08, 17898.08, 18706.08, and 4496.08.

**SUMMARY:**

Funds will be used to provide sufficient laboratory working bench space and purchase equipment needed for improvement of laboratory infrastructure,. A functional laboratory is critical to support persons living with HIV/AIDS (PLWHA). Laboratory workers will be hired and trained to service the laboratory.

**BACKGROUND:**

**ACTIVITES AND EXPECTED RESULTS:**

AIDS Relief proposes to carry out the following activities activity in this Program Area.

**ACTIVITY 1:** AIDS Relief will prepare 2 laboratories within its network to provide ARV laboratory services for PLWHAs under ART. With the availability of new testing such as automated CD4 counts, blood chemistry and hematology certain laboratory systems requirements have to be met. Using local companies, AIDS Relief will procure and install basic items essential for improving laboratory infrastructure including laboratory bench space, working hand-wash basin, office space for lab management, storage, and blood collection area. AIDS Relief will procure, install and secure sets of inverters and batteries ensuring constant electrical supply to the laboratories as well as a water tank, pump and water to ensure constant water supply. AIDS Relief will procure and install gas refrigerators and provide gas tanks, maintain and service gas refrigerators at the laboratories to ensure that refrigerators are operating well, maintaining essential laboratory test kits at recommended temperature.

**ACTIVITY 2:** Partner will hire additional lab for those ARV laboratories (1 per site) in order to carry out extra laboratory testing work load for people living with HIV/AIDS. The hired lab technicians will be trained by the AIDS Relief Laboratory specialist staff for laboratory testing, QA/QC, good lab practices and lab management following the norms established by the National Public Health Laboratory.

These results contribute to the PEPFAR 2-7-10 goals by improving access to and quality of laboratory services in order to identify HIV positive persons and increase the number of persons receiving ARV services.

**EMPHASIS AREAS:**

Infrastructure 51%-100%

Human capacity development 10%-50%

**TARGETS:**

2 Lab technicians hired

2 laboratories to perform HIV-testing and CD4

2 laboratories improved its infrastructure

**TARGET POPULATIONS:**

People living with HIV/AIDS

Laboratory Workers

**COVERAGE AREAS:** national

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

**Targets**

<b>Target</b>	<b>Target Value</b>	<b>Not Applicable</b>
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	N/A	True
12.2 Number of individuals trained in the provision of laboratory-related activities	2	False
12.3 Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	N/A	True

## Target Populations

### Other

People Living with HIV / AIDS

**Table 3.3.12: Activities by Funding Mechanism**

**Mechanism ID:** 7723.08

**Prime Partner:** The American Society for  
Microbiology

**Funding Source:** GHCS (State)

**Budget Code:** HLAB

**Activity ID:** 17799.08

**Activity System ID:** 17799

**Mechanism:** Lab Technical Assistance

**USG Agency:** HHS/Centers for Disease  
Control & Prevention

**Program Area:** Laboratory Infrastructure

**Program Area Code:** 12

**Planned Funds:** \$300,000

**Activity Narrative:** INTEGRATED ACTIVITY FLAG:

This activity applies to partnerships with the United States Government's (USG) partners in counseling and testing (CT), palliative care, and anti-retroviral (ARV) services.

**SUMMARY:** The activities included in this project seek to strengthen the National Public Health Laboratory (NPHL) and the Ministry of Health by establishing a standard tuberculosis (TB) culture laboratory to offer TB culture diagnosis and drug susceptibility testing (DST) for TB/HIV patients. The activities also seek to improve the quality of TB diagnostic services at the national level by strengthening the national TB smear diagnosis QA/QC program.

**BACKGROUND:** The American Society for Microbiology (ASM) is the oldest and largest single life science membership organization in the world. Its membership has grown to more than 43,000 members including over 5,000 clinical laboratory microbiologists and immunologists. ASM recruits experienced laboratory microbiologists from within its membership to assist with international laboratory capacity building efforts and strengthening of scientific knowledge worldwide.

**ACTIVITIES AND EXPECTED RESULTS:**

Objective 1: Improve human resource capacity for TB culture and drug susceptibility testing (DST).

Activity 1: ASM will visit to evaluate and plan technical assistance for TB culture/DST and AFB microscopy services in Haiti.

An ASM program manager will travel to Haiti for one week and meet with key stakeholders to strategically plan for next steps and evaluate ASM's ongoing technical assistance. This activity, typically, is combined with a site assessment; however, WHO/PAHO has already conducted such an assessment. As a result, ASM will use the data from the WHO/PAHO assessment to further delineate a strategic plan for supporting the national TB laboratory network.

Activity 2: Provide guidance for development of physical laboratory infrastructure for TB culture and DST.

ASM will provide technical assistance to the NPHL to develop a TB culture facility. A primary consultant will provide onsite project management for two, one-month trips, and offsite management, including overseeing equipment and material procurement activities and renovation following-up. This will include assisting a Haitian laboratory staff person with management of physical laboratory infrastructure requirements (power, water supply, etc), air ventilation system, laboratory equipment requirements and installation, and local contractors and public authorities.

Activity 3: Provide onsite training of the National Public Health laboratory staff in TB culture/DST

ASM will hire TB lab consultants, one primary and one additional consultant, to provide onsite training and supervision for TB culture and DST at the NPHL TB laboratory. This includes a two-month trip by the primary consultant and two, two-month trips by a second consultant. These consultants will cover issues of TB culture and DST, respectively.

Activity 4: Training of laboratory staff in laboratory workflow/management

ASM will support and train two senior staff members from the National Public Health Laboratory. They will travel to a TB culture laboratory outside of Haiti for a period of three weeks for training in the operation of a high-volume TB reference laboratory.

Objective 2: Improve quality of laboratory services.

Activity 1: Assist with strengthening the national TB microscopy QA program. ASM will provide a technical expert to assist the NPHL to strengthen the national TB microscopy QA/QC program. This includes three, one-month consultant trips.

Targets:

1. Assess the national laboratory TB program
2. Develop one physical infrastructure of a TB culture laboratory
3. A functioning NPHL TB culture laboratory which provides TB culture and DST testing services
4. Train four staff
5. Strengthen the national laboratory TB microscopy QA/QC program

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

## Targets

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	N/A	True
12.2 Number of individuals trained in the provision of laboratory-related activities	4	False
12.3 Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	N/A	True

**Table 3.3.12: Activities by Funding Mechanism**

**Mechanism ID:** 15.08

**Prime Partner:** Association of Public Health Laboratories

**Funding Source:** GHCS (State)

**Budget Code:** HLAB

**Activity ID:** 3916.08

**Activity System ID:** 17652

**Mechanism:** HHS/APHL/HQ

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Program Area:** Laboratory Infrastructure

**Program Area Code:** 12

**Planned Funds:** \$550,000

**Activity Narrative:** SUMMARY: The Association of Public Health Laboratories (APHL) will provide technical assistance to the United States Government (USG) team to support three critical activities: 1) strengthening laboratory quality assurance/quality control (QA/QC) efforts; 2) strengthening laboratories services at the care and treatment sites as well as at the National Public Health Laboratory (NPHL); and 3) improving laboratory infrastructure (facility design and equipment validation, operation and maintenance). APHL will use technical and scientific experts from its staff, public health laboratory members and technical consultants to provide effective and timely assistance to the USG team.

BACKGROUND: APHL has been actively working in Haiti since 2003 implementing the President's Emergency Plan for AIDS Relief (PEPFAR) objectives. Previous activities have included providing technical assistance for 1) implementing HIV Rapid Testing throughout the departments in Haiti 2) establishing a national QA/QC program for HIV rapid testing, 3) writing standard operating procedures for laboratory testing to support HIV/AIDS diagnosis and treatment, 4) coordinating and training laboratory personnel and 5) assisting the USG team with launching of laboratories to provide services for voluntary counseling and testing (VCT), palliative care and anti-retroviral (ARV) services.

**ACTIVITIES AND EXPECTED RESULTS:**

In Fiscal Year (FY) 2008, APHL will support the USG team strategy for strengthening laboratory infrastructure in Haiti by conducting the activities described below.

Activity 1: APHL will provide technical assistance to the USG team and the Ministry of Health (MOH) in coordination with the Centers for Disease Control and Prevention (CDC) Haiti office to strengthen laboratory infrastructure capacity. APHL will provide experts to assist NPHL to expand its national QA/QC program in HIV rapid testing and syphilis rapid testing..

Activity 2: APHL will provide two additional consultants to the NPHL and its network to conduct activities in the following areas: 1) basic laboratory management, including rotating laboratory stock, staff development and management, result reporting to clinicians among other topics as needed; 2) assessment and recommendations for potential laboratory space at proposed care and treatment sites; 3) transfer of assessment techniques and knowledge to NPHL staff to build local capacity for functional laboratory design; 4) continued assistance to the NPHL in planning, coordinating and providing training in HIV/AIDS related laboratory techniques; 5) assist the NPHL to launch laboratory services for VCT, palliative care and ARV services at peripheral facilities; 6) provide assistance in setting up bacteriology laboratories at NPHL and three departmental hospital labs, including advise on culture and identification techniques and needed training for staff.

**TARGETS:**

8 Technicians trained in laboratory techniques.

**EMPHASIS AREAS:**

- Logistics
- Training
- Needs assessment
- Quality assurance / quality improvement and supportive supervision

**TARGET POPULATIONS:**

- Lab workers
- Host country government workers

**Coverage:**

- National

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9263

**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28610	3916.28610.09	HHS/Centers for Disease Control & Prevention	Association of Public Health Laboratories	11684	15.09	APHL	\$500,000
9263	3916.07	HHS/Centers for Disease Control & Prevention	Association of Public Health Laboratories	5114	15.07	HHS/APHL/HQ	\$249,000
3916	3916.06	HHS/Centers for Disease Control & Prevention	Association of Public Health Laboratories	3148	15.06	HHS/APHL/HQ	\$0

**Targets**

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	N/A	True
12.2 Number of individuals trained in the provision of laboratory-related activities	8	False
12.3 Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	N/A	True

**Table 3.3.12: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 3337.08	<b>Mechanism:</b> PIH
<b>Prime Partner:</b> Partners in Health	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Laboratory Infrastructure
<b>Budget Code:</b> HLAB	<b>Program Area Code:</b> 12
<b>Activity ID:</b> 17784.08	<b>Planned Funds:</b> \$75,000
<b>Activity System ID:</b> 17784	

**Activity Narrative:** This activity is a continuing activity, however, PIH performed this activity in a different program area--ARV Services.

Integrated Activity Flag: This activity is linked to Activity IDs 9682.08, 4501.08, 18974.08, 9363.08, 10668.08 and 9673.08.

**SUMMARY:**

Funds will be used to provide sufficient laboratory bench space and purchase non-medical laboratory equipment (such as furniture, sinks, etc) needed for improvement of laboratory infrastructure. A functional laboratory is critical needed to support persons living with HIV/AIDS (PLWHA). Laboratory technicians will also be hired and trained.

**BACKGROUND:**

**ACTIVITES AND EXPECTED RESULTS:**

Partners in Health (PIH) proposes to carry out the following activities in this Program Area.

**ACTIVITY 1:** PIH will prepare 2 additional laboratories to provide ARV level laboratory services for PLWHAs on ART. As sites upgrade from providing only Palliative Care level services to being able to follow patients on ARVs certain laboratory systems requirements have to be met. While SCMS will procure medically oriented equipment and supplies, this funding will enable PIH to procure basic items essential for improving laboratory infrastructure. A laboratory will be refitted to provide laboratory bench space, working hand-wash basin, office space for lab management, storage, and blood collection area. Using local companies, PIH will procure, install and secure sets of inverters and batteries ensuring constant electrical supply to the laboratories as well as procure and install a water tank and water pump to ensure constant water supply. PIH will subcontract local companies to provide gas tanks, maintain and service gas refrigerators at the laboratories to make sure that refrigerators are operating well in order to keep essential CD4 and other laboratory test kits cold.

**Activity 2:** PIH will hire additional lab personnel for ARV laboratories (1 per site) in order to carry out extra laboratory testing work load for people living with HIV/AIDS. The hired lab technicians will be trained by the National Public Health Laboratory staff for laboratory testing, QA/QC, good lab practices and lab management. There will be no cost for training since the NPHL will cover the expenses of training

These results contribute to the PEPFAR 2-7-10 goals by improving access to and quality of laboratory services in order to identify HIV positive persons and increase the number of persons receiving ARV services.

**EMPHASIS AREAS:**

Infrastructure 51%-100%

Human capacity development 10%-50%

**TARGETS:**

2 Lab technicians hired

2 laboratories to perform HIV-testing and CD4

2 laboratories improved its infrastructure

**TARGET POPULATIONS:**

People living with HIV/AIDS

Laboratory Workers

**COVERAGE AREAS:** national

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

## Targets

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	2	False
12.2 Number of individuals trained in the provision of laboratory-related activities	N/A	True
12.3 Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	N/A	True

## Target Populations

### Other

People Living with HIV / AIDS

**Table 3.3.12: Activities by Funding Mechansim**

<b>Mechanism ID:</b> 3323.08	<b>Mechanism:</b> Basic Health Services
<b>Prime Partner:</b> Management Sciences for Health	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Laboratory Infrastructure
<b>Budget Code:</b> HLAB	<b>Program Area Code:</b> 12
<b>Activity ID:</b> 17789.08	<b>Planned Funds:</b> \$95,000
<b>Activity System ID:</b> 17789	

**Activity Narrative:** These activities are continuing activities as MSH performed them in a different program--ARV Services.

Integrated Activity: This activity is linked to Activity IDs 9683.08, 9791.08, 9937.08, 10109.08, 12421.08, 12430.08, 18959.08, 4347.08 and 9676.08.

**SUMMARY:**

Funds will be used to provide sufficient laboratory working bench space and purchase equipment needed for improvement of laboratory infrastructure. A functional laboratory is critical to support persons living with HIV/AIDS (PLWHAs). Laboratory workers will be hired and trained to service the laboratory.

**BACKGROUND:**

**ACTIVITIES AND EXPECTED RESULTS:**

MSH proposes to carry out the following activities activity in this Program Area.

**ACTIVITY 1:** MSH will prepare 3 laboratories at its site to provide ARV laboratory services for PLWHAs under ART. When new testing for example CD4 testing, blood chemistry and hematology will be offered at ARV laboratory, certain laboratory systems requirements have to be met. MSH will procure basic items essential for improving laboratory infrastructure. A laboratory will be refitted to provide laboratory bench space, working hand-wash basin, office space for lab management, storage, and blood collection area. MSH will procure, install and secure sets of inverters and batteries ensuring constant electrical supply to the laboratories. MSH will procure and install water tank and water pump to ensure constant water supply. MSH will subcontract local companies to provide gas tanks, maintain and service gas refrigerators at the laboratories to make sure that refrigerators are operating well in order to keep essential CD4 and other laboratory test kits cold. MSH will subcontract local companies in order to implement the tasks described above.

**Activity 2:** MSH will hire additional laboratory workers for those ARV laboratories (1 per site) in order to carry out extra laboratory testing work load for people living with HIV/AIDS. The hired lab technicians will be trained by the National Public Health Laboratory staff for laboratory testing, QA/QC, good lab practices and lab management. There will be no cost for training since the NPHL will cover the expenses of training. In addition, MSH will hire a local laboratory specialist in order to supervise laboratory activities within MSH network that is supported by PEPFAR.

These results contribute to the PEPFAR 2-7-10 goals by improving access to and quality of laboratory services in order to identify HIV positive persons and increase the number of persons receiving ARV services.

**EMPHASIS AREAS:**

Infrastructure 51%-100%

Human capacity development 10%-50%

**TARGETS:**

3 Lab technicians hired

3 laboratories to perform HIV-testing and CD4

3 laboratories improved its infrastructure

**TARGET POPULATIONS:**

People living with HIV/AIDS

Laboratory Workers

**COVERAGE AREAS:** national

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

## Targets

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	3	False
12.2 Number of individuals trained in the provision of laboratory-related activities	N/A	True
12.3 Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	N/A	True

## Target Populations

### Other

People Living with HIV / AIDS

**Table 3.3.12: Activities by Funding Mechansim**

<b>Mechanism ID:</b> 3142.08	<b>Mechanism:</b> ITECH
<b>Prime Partner:</b> University of Washington	<b>USG Agency:</b> HHS/Health Resources Services Administration
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Laboratory Infrastructure
<b>Budget Code:</b> HLAB	<b>Program Area Code:</b> 12
<b>Activity ID:</b> 3886.08	<b>Planned Funds:</b> \$535,000
<b>Activity System ID:</b> 17233	

**Activity Narrative: SUMMARY:**

I-TECH will extend implementation of a laboratory information management system (LIMS) within the network of United States Government-supported anti-retroviral therapy (ART) sites. I-TECH will also support professional development for laboratory personnel through advanced training opportunities and through capacity-building activities with the national Association of Laboratory Technicians.

**BACKGROUND:**

In 2007, I-TECH initiated the process of identifying an appropriate LIMS for Haiti. In June, in collaboration with a laboratory specialist from CDC's Global AIDS Program, I-TECH completed an initial visit to Haiti to review with stakeholders the process of requirement gathering and LIMS selection. The process will roughly follow the Association of Public Health Laboratories (APHL)/PEPFAR Guidebook for Implementation of Laboratory Information Systems in Resource Poor Settings. I-TECH is planning a detailed assessment of work- and information-flow at various levels of laboratories for August 2007, followed by a national consensus meeting to validate requirements in September 2007. I-TECH will evaluate existing commercial and non-commercial LIMS systems against the Haiti-specific requirements and recommend a system for implementation. To meet COP 2007 deliverables, I-TECH will support implementation of the LIMS in three to four sites through hardware and software installation and user training. I-TECH will also develop an interface between the LIMS and the national Minister of Health and Population's (MSPP) HIV Electronic Medical Record (EMR), a system in use in 24 sites with records for approximately 8,000 patients as of June 2007. I-TECH has worked closely with CDC and MSPP since 2005 to develop and implement the EMR system.

In 2007, I-TECH hosted a 10-week course through the University of Washington's Laboratory Technologist Training Program for four Haitian laboratory professionals, and will sponsor personnel from the LNSP to attend training in use and maintenance of the PointCare automated CD4 analyzer, in Boston. I-TECH will also provide external technical assistance to develop and deliver a lab equipment upkeep and maintenance course to be integrated into the standardized pre-service lab curriculum.

**ACTIVITIES AND EXPECTED RESULTS:**

**ACTIVITY 1:** I-TECH will continue collaboration with CDC/Haiti, CDC/GAP Atlanta, and Haiti MSPP to extend the LIMS from the initial three to four sites to a total of 10 sites by March 2009. I-TECH will continue to coordinate with the selected LIMS vendor or developer to address feedback from users at the initial sites to improve the system for the Haiti context. I-TECH will procure and install necessary hardware (servers, backup power supplies, local area networks, etc.) for new implementation sites, in collaboration with CDC's Regional Information Officers (RIOs) and site members. I-TECH will deploy four in-country staff members (one part-time Health Information Systems program manager, one part-time Laboratory Advisor, one IT Technical Advisor, and one full-time LIMS trainer) in support of implementation. I-TECH will develop a training module on the LIMS system and implement workshops for users at new sites. I-TECH staff will then provide follow-up on-site training and technical assistance for successful use of the system. Training and technical assistance will emphasize use of the LIMS tool to improve quality of lab services and to aid decision-making for laboratory program management. Through an on-going partnership with the University of Washington's Clinical Informatics Research Group and expert consultants, I-TECH will provide technical support to Haiti staff and partners, coordinate with the system vendor or developer, assure reliable interface between the LIMS and EMR system, and guide on-going system maintenance.

**ACTIVITY 2:** I-TECH will provide technical assistance to the MSPP National Public Health Reference Laboratory (LNSP) in collaboration with CDC in the development of standardized paper-based tools for lab information management. These tools will complement the LIMS in sites where resources or infrastructure are not available to support use of an electronic LIMS. Such tools are needed to support best practices and to improve the efficiency of information management at sites, which in many cases use improvised hand-written laboratory order slips, laboratory results forms, results registers and logs, etc. I-TECH will collaborate with the LNSP to print and disseminate standardized tools to all concerned sites, and to provide training to laboratory personnel on their use.

**ACTIVITY 3:** I-TECH will support professional development of laboratory personnel in Haiti by offering advanced training opportunities. These opportunities for professional growth and mastery of new skills represent an important strategy for promoting job satisfaction and retention of personnel. Training activities will include replication of three regional workshops on Laboratory Management and Leadership, in partnership with APHL for 36 laboratory directors.

**ACTIVITY 4:** I-TECH will also promote the laboratory technician profession in Haiti through a partnership with the Haitian Association of Laboratory Professionals. I-TECH will provide technical assistance and funding to the Association to develop and disseminate a quarterly newsletter and to host an annual conference. The goal of both activities will be to provide scientific updates, and to instill a culture of professional excellence. I-TECH will assist the Association to sponsor an award for professional excellence, with a structured application and selection process, and donations of laboratory equipment to be made to the two national laboratory schools in honor of the awardees.

**EMPHASIS AREAS:**

Strategic information/HMIS (Major) 51%-100%  
Infrastructure 10%-50%  
Development of network/linkages/referral systems 10%-50%  
Human resources 10%-50%  
Training 10%-50%

**TARGETS:**

- Extension of LIMS meeting Haiti's functional specifications at laboratories for 14 ARV sites, including hardware and software installation.
- Workshop and on-site training of at least 10 people per site in use of the LIMS.
- Standardized paper-based tools for laboratory information management (order slips, individual patient results records, testing, and results registries), for dissemination by NPHL.
- Laboratory Management and Leadership workshops reaching 36 lab directors
- Quarterly professional newsletter to reach 200 providers, and annual laboratory conference reaching 100

**Activity Narrative:** people.

TARGET POPULATIONS:  
General population  
People affected by HIV/AIDS  
Health care providers, especially laboratory workers  
MSPP staff  
Groups/organizations which provide laboratory services

COVERAGE AREAS: All geographic regions receiving PEPFAR support for HIV testing and clinical services.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9340

**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28673	3886.28673.09	HHS/Health Resources Services Administration	University of Washington	11700	3142.09	ITECH	\$400,000
9340	3886.07	HHS/Health Resources Services Administration	University of Washington	5151	3142.07	ITECH	\$544,000
3886	3886.06	HHS/Health Resources Services Administration	University of Washington	3142	3142.06	ITECH	\$1,000,000

**Emphasis Areas**

Construction/Renovation

Human Capacity Development

\* Training

\*\*\* In-Service Training

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

**Food Support**

**Public Private Partnership**

## Targets

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	N/A	True
12.2 Number of individuals trained in the provision of laboratory-related activities	136	False
12.3 Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	N/A	True

## Target Populations

### General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

**Table 3.3.12: Activities by Funding Mechanism**

**Mechanism ID:** 3831.08

**Mechanism:** N/A

**Prime Partner:** Partnership for Supply Chain Management

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** Laboratory Infrastructure

**Budget Code:** HLAB

**Program Area Code:** 12

**Activity ID:** 10353.08

**Planned Funds:** \$2,900,000

**Activity System ID:** 17218

**Activity Narrative:** INTEGRATED ACTIVITY FLAG: This activity is linked to Activity IDs 5471.08, 18849.08, 11057.08 and 4350.08.

This activity also relates to PFSCM's Activity Narratives for procurement under Palliative care: Basic health care and support and Medical Transmission / Blood Safety and encompasses the laboratory commodities of other PEPFAR program areas such as HIV/AIDS Treatment: ARV Services, Palliative Care: TB/HIV, Counseling and Testing, Prevention of Mother to Child Transmission (PMTCT).

#### SUMMARY:

Activities are carried out to guarantee the availability of laboratory equipment and commodities including HIV and syphilis rapid tests, CD4 tests and controls, Hematology reagents and controls, Murex, Enzyme-Linked ImmunoSorbent Assay (ELISA), Western Blot HIV tests, Polymerase Chain Reaction (PCR) tests as well as the corresponding supplies needed throughout the above-mentioned integrated program areas. The list of needed commodities relate to (i) tests, (ii) confirmatory testing, reagents and supplies for diagnosis and enrollment of patients under the VCT, PMTCT, Pediatric diagnosis, laboratory support for HIV positive patients enrolled in HAART as well as quality assurance (QA) and quality control (QC), (iii) basic items needed for laboratory, dispensing and storing infrastructure improvements. Other than the medical equipment and the HIV commodities, SCMS will provide shelving and storage cabinets as needed. The primary emphasis area for these activities is commodity procurement including equipment, distribution as well as managing a central warehouse. This activity targets the general population, those HIV patients receiving care and treatment and laboratory workers at the Ministry of Health's National Public health laboratories (NPHL) and individual laboratories and dispensing facilities at approximately eighty selected United States Government supported sites.

#### BACKGROUND:

In FY 2006, the University of Maryland was responsible for assessing the needs, quantifying, and procuring lab commodities. Under a subcontract to PFSCM until September 2007, the International Training and Education Center for HIV (I-TECH) has been responsible for distribution and providing technical assistance for the laboratory departments within the health centers throughout the country for the USG Team. The PFSCM activities are keyed to assist the USG, the MSPP and other PEPFAR partners to reach the PEPFAR targets by provision of lab equipment, and commodities. The aim is to ensure continuous availability of rapid tests, other tests, reagents and related essential laboratory commodities and functioning equipment intended to the target population.

#### ACTIVITIES AND EXPECTED RESULTS:

**ACTIVITY 1:** Procurement of laboratory commodities for the national public health laboratory and its network as well as the NGO sites supported by the PEPFAR program in Haiti.

In close collaboration with CDC/Haiti and Haiti's National Public Health Laboratory (NPHL), PFSCM will assess needs, quantify, procure and distribute HIV commodities and basic lab supplies; procure lab equipment; provide technical assistance for the departmental laboratories and health centers across the country in managing and rational utilization of their supplies; to train lab technicians across the PEPFAR sites in HIV commodity management with emphasis on lab tests, reagents and supplies (how many? There is no # of people who will be trained in the target. If you don't plan to train there is no need to put this sentence in. But if you do, then add the number in this paragraph and in the target section. Thanks). The lab commodities will be procured based on targets and program areas that include counseling and testing (pregnant women, adults, and TB/HIV patients), palliative care for TB/HIV, pediatric care and treatment, ARV services, and reinforcing the national laboratory infrastructure and systems.

Commodity needs for Counseling and testing for 360,000 individuals (120,000 under the PMTCT activity and 240,000 under the VCT activity) include HIV and syphilis rapid tests, reagents for HIV and syphilis QA/QC, general lab supplies, basic lab equipment, infrastructure, and shipment cost.

For pediatric diagnosis, the estimated number of babies to be tested by dried blood spot PCR or p24 is 6,000. PFSCM will procure PCR test kits, general PCR, and p24 lab equipment and supplies and DBS collection supplies.

PFSCM will procure laboratory equipment to set up a TB culture and drug resistance testing laboratory at the NPHL. We will also purchase PPD and AFB smear microscopy for the TB/HIV activity.

Palliative Care laboratory activities will include procurement of test kits and supplies to perform 120,000 tests including CD4 manual tests and controls; basic hematology testing; basic manual chemistry tests such as SGOT, SGPT, Creatinine and the corresponding controls. 10 new palliative care sites will be fitted during the period. Bacteriology equipment will be purchased for the national lab as well as three regional reference labs.

At the ARV sites, which have level III labs, the PFSCM will procure reagents and controls to monitor HIV/AIDS patients receiving ART, up to 25,000 by September 2009. The testing include CD4 (PointCare / FacsCount), hematology (Sysmex), blood chemistry (Reflotron), AFB, PPD and other simple diagnostic reagents for opportunistic infections. Five sets of automated lab equipment (PointCare, Sysmex, and Reflotron) will be procured for new ARV sites.

For strengthening laboratory infrastructure and systems, PFSCM will procure reagents, test kits, 4 sets of ARV equipment (for training and back up), 4 freezers (-70C), basic equipment for repair and back up and lab supplies necessary for training 230 lab personnel and healthcare workers in lab-related subjects at the national lab.

**Activity Narrative:** ACTIVITY 2: Managing a central warehouse for all PEPFAR HIV commodities and operating a distribution network.

After securing and renovating a central warehouse, corresponding to the accepted standards for such facility during the COP 2007, SCMS will continue to manage that facility ensuring quality and security for HIV commodities purchased and stored by PFSCM and maintaining the chain of custody of the commodities. PFSCM will coordinate and deliver all HIV commodities and basic lab items to USG-supported laboratories.

ACTIVITY 3: Reporting

SCMS will carry all reporting activities on usage data for all commodities purchased within the SOW of this program area and share the gathered information with the USG team and other key partners.

TARGETS:

Procure:

- 1.HIV and Syphilis rapid test kits and lab commodities to test 360,000 individuals
- 2.Equipment, reagents and supplies to retest 5% of blood samples of the above target at VCT sites for QA/QC purposes
- 3.Equipment, reagents and supplies to test 6000 babies born from HIV-positive mothers
- 4.Lab Equipment and supplies for TB culture and drug resistance testing
- 5.Lab commodities to monitor 25,000 HIV/AIDS patients receiving ARV
- 6.Lab commodities to provide basic health care for 125,000 PLWHA
- 7.Lab commodities to train 360 lab personnel at the NPHL and GHESKIO
- 8.Equipment items for 40 level 1 lab (VCT)
- 9.Equipment items for 10 level 2 labs (Palliative Care)
- 10.Equipment items for 5 level 3 labs (ART)
- 11.4 sets of ARV automated lab equipment for the national lab for training and back up replacement
- Train XXX lab personnel in HIV commodities management

TARGET POPULATION:

General Population  
 PLWHA  
 Lab workers at PNHL and other Public and Partners' Labs  
 Other MOH Staff

COVERAGE AREAS:

National

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10353

**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28665	10353.28665.09	U.S. Agency for International Development	Partnership for Supply Chain Management	11698	3831.09	SCMS	\$6,050,000
10353	10353.07	U.S. Agency for International Development	Partnership for Supply Chain Management	5145	3831.07		\$2,500,000

**Targets**

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	N/A	True
12.2 Number of individuals trained in the provision of laboratory-related activities	N/A	True
12.3 Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	644,360	False

**Target Populations**

**General population**

- Children (under 5)
  - Boys
- Children (under 5)
  - Girls
- Children (5-9)
  - Boys
- Children (5-9)
  - Girls
- Ages 10-14
  - Boys
- Ages 10-14
  - Girls
- Ages 15-24
  - Men
- Ages 15-24
  - Women
- Adults (25 and over)
  - Men
- Adults (25 and over)
  - Women

**Other**

People Living with HIV / AIDS

**Table 3.3.12: Activities by Funding Mechansim**

**Mechanism ID:** 3315.08

**Prime Partner:** Groupe Haitien d'Etude du Sarcome de Kaposi et des Infections Opportunistes

**Mechanism:** N/A

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Budget Code:** HLAB

**Activity ID:** 4601.08

**Activity System ID:** 17182

**Program Area:** Laboratory Infrastructure

**Program Area Code:** 12

**Planned Funds:** \$388,000

**Activity Narrative:** INTEGRATED ACTIVITY FLAG: This activity is also related to the following PEPFAR program areas conducted by GHESKIO: Counseling and testing, HIV care and treatment (ARV drugs and services), and palliative care for HIV/TB. PMTCT services are also supported by the Global Fund. This activity links to Activity IDs 17920.08, 15465.08, 18948.08, 4341.08 and 9672.08.

**SUMMARY:** The goal of these activities is to strengthen National Public Health Laboratory (NPHL) capacity by providing continuing technical assistance in the areas of Dried Plasma Spot (DPS) Quality Assurance for HIV antibody testing, whole blood syphilis testing and early infant diagnosis through p24 testing. GHESKIO will also support laboratories at PMTCT, VCT, ARV, and palliative care sites through training and technical assistance in diagnostic tests used for diagnosis and follow up. The main emphasis for these activities is continued training, technical assistance for quality assurance/quality control and equipment maintenance for GHESKIO laboratories. These activities will involve NPHL, GHESKIO, and designated sites. The specific target population includes public and private health care workers nationwide.

**BACKGROUND:** Many activities in 2008 are a follow up of activities conducted in 2007 as part of NPHL's objective to develop and provide QA/QC services to sites providing HIV-related testing in Haiti. Through these activities, GHESKIO will continue to build the NPHL's capacity by mastering and transferring to NPHL the capacity for HIV screening using DPS (re-testing activity). These activities will improve the capacity of NPHL to provide quality control of laboratory results in healthcare facilities nationwide.

#### ACTIVITIES AND EXPECTED RESULTS

**ACTIVITY I:** GHESKIO will conduct a training of trainers (TOT) for the use of whole blood syphilis rapid testing for 10 NPHL staff and 6 GHESKIO mobile team technicians. These trainees will then assist the NPHL to conduct syphilis whole blood rapid testing training for 150 health workers.

**ACTIVITY II:** This activity is to conduct a competency assessment twice a year for 150 healthcare workers with the collaboration of NPHL on DPS processing and HIV whole blood testing. It will build on the previous year's activity to assist NPHL in the implementation of the DPS HIV testing. Corrective action and retraining based on the results will be provided. GHESKIO mobile team will only be in charge of the assessment of the healthcare workers of GHESKIO network. NPHL will be responsible for the MOH network.

**ACTIVITY III:** GHESKIO will provide QA/QC assistance in whole blood rapid syphilis testing to NPHL and the MOH lab network.

**ACTIVITY IV:** GHESKIO will prepare a 1-week refresher workshop for the 10 trainers of the NPHL trained during the COP07 activities. These trainers had previously been trained in CD4 T-cell count determination by flow cytometry, ELISA, Western Blot, and p24 antigen assay. During this refresher workshop, the skills of these trainers will be assessed and new recommendations will be made to the NPHL based on the trainers' performance.

**ACTIVITY V:** GHESKIO will train 8 national lab staff in diagnosis of opportunistic infections, TB culture, TB drug resistance testing, bacteriology and parasitology testing (4 weeks) in collaboration with American Society of Microbiology (ASM) and Association of Public Health Laboratories (APHL) who will provide on-site technical assistance to the national lab for TB, bacteriology, and parasitology. This joint effort is aimed to enable the national lab to function in these laboratory areas in a timely manner.

**ACTIVITY VI:** In collaboration with the USG team, NPHL, and Partners In Health (PIH), GHESKIO/IMIS will develop the polymerase chain reaction (PCR) test for HIV in infants, using dried blood spot (DBS) technology. GHESKIO anticipates testing 2,500 infants born to HIV-infected mothers. In order to perform this new technique, three laboratory technicians will be hired and trained. Supplies and reagent will be procured and provided by SCMS. Funds requested for this activity are for personnel to perform this technique and transportation of specimens from sites to GHESKIO/IMIS

**ACTIVITY VII:** With the support of the CDC GAP International lab branch GHESKIO will participate in performance evaluation of the three (3) laboratories (GHESKIO/IMIS, NPHL, and PIH) expected to be trained during 2007 in DBS-PCR for early infant diagnosis of HIV. Corrective action and troubleshooting will be conducted. GHESKIO, NPHL and PIH will participate in a proficiency testing program provided by WHO and CDC.

**ACTIVITY VIII:** GHESKIO will develop drug resistance testing capacity to monitor HIV/AIDS patients receiving ART by following the WHO/CDC criteria and monitoring treated patients. Based on preliminary data at GHESKIO, we anticipate that 5% per year of the patients receiving antiretroviral therapy (ART) will meet WHO eligibility criteria for ART failure. We will collect and freeze plasma specimens from an estimated 500 patients who meet WHO criteria for failure in order to perform HIV drug resistance testing. Two laboratory technicians will be hired and trained by GHESKIO senior staff to perform this technique.

**ACTIVITY IX:** As part of patient care and in collaboration with the NPHL, GHESKIO will evaluate the p24 antigen test as a surrogate for viral load to monitor patients receiving ART. Monitoring HIV-infected patients receiving ART and determining ART failure in the absence of viral load technology is becoming an increasingly challenging task facing Haitian clinicians. Current viral load technologies are expensive and require well-trained staff, running water and a reliable electrical supply that are not available in resource-limited countries. The modified p24 assay offers a simpler alternative to viral load tests. GHESKIO has already implemented and validated the assay for the diagnosis of HIV infection in infants (George et al. J Clin Microbiol accepted for publication in October 2007). We plan to correlate the results of the p24 assay established at GHESKIO with the results of viral load tests performed in 200 HIV-infected patients receiving ART. Two NPHL staff will be trained by GHESKIO in the performance of the p24 assay.

**ACTIVITY X:** GHESKIO will provide laboratory support for four ART sites in its network. These sites are La Gonâve, Hôpital Communauté Haïtienne, Eliazar Germain, and Fermathe. GHESKIO will play an active role by improving laboratory infrastructure, upgrading the facility, and hiring additional lab staff to make laboratories at these facilities ready for becoming ARV sites.

**ACTIVITY XI:** GHESKIO will hire 2 biomedical engineers assisted by 2 electricians. It is anticipated that this staff will receive training supported by CDC/Haiti on maintenance, repair and troubleshooting of mechanical

**Activity Narrative:** and automated analyzers used in the network (Point Care, Sysmex, Reflotron). This staff will be available to assist the national lab biomedical engineer unit providing services as deemed necessary.

ACTIVITY XII: GHESKIO will develop a protocol for maintenance of basic laboratory equipment (refrigerator, freezer, microscope, pipette, timer, centrifuge, etc) including preparation of instrument records, maintenance and troubleshooting log, daily-weekly-monthly maintenance schedule, instrument information record, and temperature monitoring charts to be used by labs in the GHESKIO network. This protocol will be shared with the NPHL and the rest of the national laboratory network in order to put this protocol in use nationwide.

ACTIVITY XIII: GHESKIO will train 2 laboratory technicians per site in the network (total of 32 technicians) to perform instrument check and preventive maintenance. GHESKIO will send its Biomedical engineering staff to assist the national lab with the training of lab equipment maintenance at the national lab.

ACTIVITY XIV: NPHL will be in charge of equipment maintenance of the Ministry of Health (MOH) Network. The GHESKIO maintenance staff will serve as a backup for the National Laboratory and will be responsible for maintenance and service of equipment in the GHESKIO network. Twice a year, GHESKIO staff will verify the equipment maintenance activities in the GHESKIO laboratory network including equipment cleaning adjustment and replacement of parts, functional checks, temperature recording, troubleshooting activities, calibration of equipment and record verification. GHESKIO and NPHL maintenance staff will communicate regularly to share experiences, skills and knowledge in this area.

ACTIVITY XV: GHESKIO will acquire one additional blood chemistry instrument to increase the capacity of the laboratory and for better follow up of patients receiving ART.

RESULTS: These results will contribute to the President Emergency Program for AIDS Relief (PEPFAR) "2-7-10 goals" by improving and maintaining the capacity of the National Public Health Laboratory and the national laboratory network to provide quality laboratory results in healthcare facilities nationwide.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9283

**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27490	4601.27490.09	HHS/Centers for Disease Control & Prevention	Groupe Haitien d'Etude du Sarcome de Kaposi et des Infections Opportunistes	11443	3315.09	GHESKIO	\$400,000
9283	4601.07	HHS/Centers for Disease Control & Prevention	Groupe Haitien d'Etude du Sarcome de Kaposi et des Infections Opportunistes	5124	3315.07		\$400,000
4601	4601.06	HHS/Centers for Disease Control & Prevention	Groupe Haitien d'Etude du Sarcome de Kaposi et des Infections Opportunistes	3315	3315.06		\$0

## Targets

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	0	False
12.2 Number of individuals trained in the provision of laboratory-related activities	68	False
12.3 Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	N/A	True

**Table 3.3.12: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 3125.08	<b>Mechanism:</b> National AIDS Strategic Plan
<b>Prime Partner:</b> Ministre de la Sante Publique et Population, Haiti	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Laboratory Infrastructure
<b>Budget Code:</b> HLAB	<b>Program Area Code:</b> 12
<b>Activity ID:</b> 3918.08	<b>Planned Funds:</b> \$300,000
<b>Activity System ID:</b> 17202	

**Activity Narrative:** Integrated Activity: This activity is linked to Activity IDs 3851.08, 5472.08, 3912.08, 4348.08, 5412.08, 3902.08 and 12376.08.

**SUMMARY:**

Funds will be used to provide sufficient laboratory working bench space and purchase equipment needed for improvement of laboratory infrastructure,. A functional laboratory is critical to support persons living with HIV/AIDS (PLWHAs). Laboratory technicians will also be hired and trained.

**BACKGROUND:**

**ACTIVITES AND EXPECTED RESULTS:**

The MSPP National Plan proposes to carry out the following activities activity in this Program Area.

**ACTIVITY 1:** The MSPP National Plan will prepare 10 laboratories within its network to provide basic palliative care and/or ARV laboratory services for PLWHAs. With the addition of new laboratory testing methods (eg CD4 counts, hematology or clinical chemistry tesing, either manual or automated) certain laboratory systems requirements have to be met. Usng local companies, MSPP will procure and install basic items essential for improving laboratory infrastructure including laboratory bench space, working hand -wash basin, office space for lab management, storage, and blood collection area. The MSPP National Plan will procure, install and secure sets of inverters and batteries ensuring constant electrical supply to the laboratories as well as a water tank and water pump to ensure constant water supply. The MSPP National Plan will subcontract local companies to procure gas refrigerators, provide gas tanks, maintain and service gas refrigerators at the laboratories to make sure that refrigerators are operating well in order to keep essential CD4 and other laboratory test kits cold.

**ACTIVITY 2:** The MSPP National Plan will hire additional lab for those ARV laboratories (1 per site) in order to carry out extra laboratory testing work load for people living with HIV/AIDS. The hired lab technicians will be trained by the National Public Health Laboratory staff for laboratory testing, QA/QC, good lab practices and lab management. There will be no cost for training since the NPHL will cover the expenses of training

These results contribute to the PEPFAR 2-7-10 goals by improving access to and quality of laboratory services in order to identify HIV positive persons and increase the number of persons receiving ARV services.

**EMPHASIS AREAS:**

Infrastructure 51%-100%

Human capacity development 10%-50%

**TARGETS:**

3 Lab technicians hired

10 laboratories to perform HIV-testing and CD4

10 laboratories improved its infrastructure

**TARGET POPULATIONS:**

People living with HIV/AIDS

Laboratory Workers

**COVERAGE AREAS:** National

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9311

**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
9311	3918.07	HHS/Centers for Disease Control & Prevention	Ministre de la Sante Publique et Population, Haiti	5134	3125.07	National Plan Mechanism	\$0
3918	3918.06	HHS/Centers for Disease Control & Prevention	Ministre de la Sante Publique et Population, Haiti	3125	3125.06		\$430,000

## Targets

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	10	False
12.2 Number of individuals trained in the provision of laboratory-related activities	N/A	True
12.3 Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	N/A	True

## Target Populations

### Other

People Living with HIV / AIDS

**Table 3.3.12: Activities by Funding Mechansim**

<b>Mechanism ID:</b> 6218.08	<b>Mechanism:</b> National Laboratory
<b>Prime Partner:</b> Ministre de la Sante Publique et Population, Haiti	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Laboratory Infrastructure
<b>Budget Code:</b> HLAB	<b>Program Area Code:</b> 12
<b>Activity ID:</b> 12429.08	<b>Planned Funds:</b> \$2,610,000
<b>Activity System ID:</b> 17206	

**Activity Narrative:** INTEGRATED ACTIVITY FLAG: This activity is linked to Activity ID 12374.08. This activity relates to partnerships with the United States Government (USG) partners in Counseling and Testing (CT), Prevention of Mother-to-Child Transmission (PMTCT), Tuberculosis (TB)/HIV, Palliative care, and anti-retroviral (ARV) services.

**SUMMARY:** The activities in this project are related to building laboratory infrastructure in Haiti through strengthening the capacity of the National Public Health Laboratory (NPHL) and its network. Funding will be used to continue and expand the national laboratory quality assurance and quality control program (QA/QC) in HIV and syphilis rapid testing as well as ARV and palliative care lab services. In addition, NPHL will establish bacteriology and parasitology laboratory expertise for HIV/AIDS related opportunistic infections, and establish a biomedical engineering service unit. PEPFAR funding also serves to help support NPHL infrastructure, establish and maintain a repository for surveillance specimens, enable early infant diagnosis of HIV by PCR and p24 antigen techniques, train laboratory staff; integrate the NPHL activities with the department of epidemiology; and hire staff.

**Background;** Accurate test results are very critical for public health. With help from the USG team, Haiti has established a functional regulatory body (NPHL) to evaluate laboratory performance in the country. COP 08 activities are consistent with NPHL and MSPP mission. All activities will be implemented by NPHL employees, with technical assistance from Haitian Group for the Study of Kaposi's Sarcoma and Opportunistic Infections (GHESKIO), USG and other PEPFAR-supported partners.

#### ACTIVITIES AND EXPECTED RESULTS:

**Activity 1:** NPHL will expand its QA/QC program for HIV and syphilis rapid testing. A combination of QC activities will be conducted: 1) use of a standardized logbook for recording information at VCT centers; 2) regular supervisory sites visits to 133 VCT sites to track and monitor laboratory testing data on HIV and syphilis; 3) Data quality assessments will use a standardized tool; 4) refresher courses on QA of rapid HIV and syphilis testing; 5) for new VCT sites, 5% of samples will be retested by NPHL for the first three months; and 6) participation of all VCT sites in External Quality Assurance (EQA) proficiency testing implemented by NPHL. NPHL will assist the PEPFAR program to launch 20 new VCT sites by conducting site assessment (in conjunction with APhL), training, coordination with SCMS, and supervisory visits.

**Activity 2:** NPHL will also provide QA/QC to ARV and palliative care laboratories using the same kinds of activities, i.e. regular supervisory visits to the laboratory network, EQA proficiency testing for CD4, blood chemistry and hematology, and retesting specimens. A pilot EQA for CD4 will be started at the end of FY 07. In FY08, NPHL will continue the EQA for CD4 and start an EQA program for blood chemistry and hematology. After protocols for the EQA program are developed, EQA panels for CD4 enumeration, blood chemistry, and hematology will be sent out to participating ARV and palliative care laboratories. Corrective action will be conducted in case of error and/or discordance. NPHL will also hire 10 regional departmental lab technicians who will provide regular QA/QC supervisory visits, train and troubleshoot. NPHL will assist the USG to launch 5 new ARV and 10 palliative care sites by conducting site assessment, conducting training, coordinate with SCMS for lab commodity delivery, and perform supervisory QA/QC visits.

**Activity 3:** NPHL will develop an inventory for laboratory equipment at ARV and palliative care sites under the MSPP network and at the NPHL. A biomedical engineering service unit will be established which will be responsible for 1) evaluating lab equipment, 2) installation of new ARV automated lab equipment, 3) maintain, troubleshoot and repair equipment at all sites except the GHESKIO network where such staff are already available, 5) maintain bio-safety cabinets at the NPHL, 6) train laboratory personnel how to routinely maintain common lab equipment, and 7) procure equipment maintenance service contracts as appropriate

**Activity 4:** NPHL will maintain its infrastructure by ensuring a 24/7 continuous electrical and water supply, improving security, establishing a dependable communication system within the lab network. NPHL will procure and install a 50 kilowatt generator equipped with ATS and Inverter backup to ensure constant electrical supply to its refrigeration unit and cold chambers for maintaining optimal condition for preservation of specimens and test kits.

**Activity 5:** NPHL will begin to act as a repository to store 54,000 blood specimens collected from future sero-surveys. NPHL will take initial steps to obtain freezers, storage, temperature monitoring and alarming system (-20C and -70C) through SCMS. NPHL will install those freezers, its storage system, and temperature monitoring and alarm system. NPHL will use LIMS established by I-TECH to track the specimens.

**Activity 6:** With technical assistance from the USG and GHESKIO, NPHL will begin to provide HIV pediatric testing in order to confirm its role as a national reference laboratory using - DBS polymerase chain reaction (PCR).

**Activity 7:** NPHL will take steps to set up bacteriology and parasitology laboratories to enhance diagnosis of opportunistic infection associated with HIV/AIDS. One bacteriology lab will be at the NPHL while three will be at departmental centers of excellence. Simple parasitology testing will be set up at the 10 departmental laboratories and NPHL. NPHL will provide laboratory space and subcontract local company to furnish laboratory furniture for these two laboratories at NPHL.

**Activity 8:** In collaboration with GHESKIO, INHSAC and other USG partners, NPHL will train 150 lab personnel and health care workers to perform HIV and syphilis rapid tests, as well as the DPS QA/QC. Additionally, NPHL will train 40 technicians for all relevant laboratory areas including CD4 counts, hematology, blood chemistry, parasitology and bacteriology. Forty people will also be trained in laboratory equipment maintenance (see Activity 3). All training is a one week course. Training modules in lab-related subjects will be developed by partners and NPHL. The modules will also include good laboratory practices and methods for preventive maintenance of equipment.

**Activity 9:** NPHL will begin efforts to strengthen the integration of national lab and the department of epidemiology by starting to develop a data management unit at NPHL. This unit will manage data from LIMS, and also from future surveillances.

**Activity Narrative:** Activity 10: NPHL will continue to hire 21 staff recruited in 07 and hire additional staff including one epidemiologist, four microbiologists (to work at HIV, bacteriology, parasitology and mycobacteriology laboratories), two biomedical engineering staff, one laboratory manager, management and supportive staff. In total, the NPHL will be hiring a total of 50 staff (30 clinical services and 20 for management and supportive staff). The NPHL will provide work space and procure essential office equipment for the staff.

Activity 11: NPHL will partner with Management and Resources for Community Health (MARCH) to provide laboratory improvement and personnel, including minor renovations at one MARCH site, assistance with design of lab space and purchase of non-medical laboratory equipment as well as collection and transport of Dried Blood Spot specimens to NPHL and GHESKIO for Early Infant Diagnostic testing.

**TARGETS:**

- VCT, ARV, PMTCT and Palliative care sites supported
- 5 new ARV and 10 palliative care sites perform HIV monitoring disease testing
- 4 bacteriology labs operated
- A biomedical engineering unit at the national lab operated
- Infrastructure of the NPHL maintained
- A repository unit established
- Early infant diagnosis of HIV infection and OI testing established
- 230 laboratory personnel trained
- Epidemiology department strengthened, and integrated with the NPHL
- 50 staff hired

**EMPHASIS AREAS:**

- Quality Assurance / Quality Improvement and Supportive Supervision
- Logistics
- Training
- Human resources
- Strategic Information
- Development of Network / Linkages / Referral Systems
- Commodity Procurement

**TARGET POPULATIONS:**

- Lab workers
- Program managers
- Non-governmental organizations
- Other health care workers

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 12429

**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28875	12429.28875.09	HHS/Centers for Disease Control & Prevention	Ministre de la Sante Publique et Population, Haiti	11753	6218.09	National Laboratory	\$2,250,000
12429	12429.07	HHS/Centers for Disease Control & Prevention	Ministre de la Sante Publique et Population, Haiti	6218	6218.07	National Lab Mechanism	\$1,750,000

## Targets

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	45	False
12.2 Number of individuals trained in the provision of laboratory-related activities	230	False
12.3 Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	N/A	True

**Table 3.3.12: Activities by Funding Mechanism**

**Mechanism ID:** 8311.08

**Prime Partner:** ServeHAITI, Inc

**Funding Source:** Central GHCS (State)

**Budget Code:** HLAB

**Activity ID:** 19059.08

**Activity System ID:** 19059

**Mechanism:** New Partner Initiative

**USG Agency:** Department of State / Office of the U.S. Global AIDS Coordinator

**Program Area:** Laboratory Infrastructure

**Program Area Code:** 12

**Planned Funds:** \$0

**Activity Narrative:** Integrated Activity Flag: This activity is linked to Activity IDs 18986.08, 18982.08, 19010.08 and 19004.08.  
**SUMMARY:**

The St. Vincent de Paul Health Center in Pointe is a fully-operational primary care treatment facility with an 8 bed in patient facility. The Health center currently lacks adequate laboratory facilities to support the PEPFAR-NPI project that has been awarded to ServeHAITI. Funds will be used to make building space modifications and purchase equipment needed to perform HIV and syphilis rapid testing , urinalysis, manual CBC, Manual SGO/PT and Creatinine, manual CD4, AFB stain sputum and malaria smear microscopy,. A functional laboratory is critical to provide HIV counseling and testing services as well as support persons living with HIV/AIDS. Two laboratory workers will be hired and trained to service the laboratory.

**BACKGROUND:**

ServeHAITI, Inc. has been involved in the Grand-Bois Region for the past ten years and in that time has built a health center and implemented a point of use water filtration system project. ServeHAITI was awarded PEPFAR funding in January 2007. Workplan approval was received June 29, 2007. All activities will be implemented directly by ServeHAITI, Inc. Future plans include coordination with Save the Children and the Ministry of Health Clinic in Cornillon. Project activities will take place throughout the entire Grand-Bois region. The laboratory would be housed at the St. Vincent DePaul Health Center.

**ACTIVITES AND EXPECTED RESULTS:**

We will carry out one activity in this Program Area.

**ACTIVITY 1:** A laboratory will be refitted and lab commodities needed will be purchased in order to perform HIV and syphilis rapid testing, urinalysis, manual CBC, Manual SGO/PT and Creatinine, Manual CD4, AFB stain sputum and malaria smear microscopy.

These results contribute to the PEPFAR 2-7-10 goals by improving access to and quality of CT services in order to identify HIV positive persons and increase the number of persons receiving ARV services.

**ACTIVITY 2:** The hired lab technicians will be trained at selected institution for laboratory testing, QA/QC, good lab practices and lab management.

**EMPHASIS AREAS:**

Commodity Procurement 51%-100%

Training 10%-50%

**TARGETS:**

2 Lab technicians

1 laboratory to perform HIV-testing and CD4

**TARGET POPULATIONS:**

People living with HIV/AIDS

Laboratory Workers

**KEY LEGISLATIVE ISSUES:**

Stigma and discrimination

**COVERAGE AREAS:** Grand-Bois region

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

**Targets**

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	1	False
12.2 Number of individuals trained in the provision of laboratory-related activities	N/A	True
12.3 Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	N/A	True

**Table 3.3.12: Activities by Funding Mechansim**

**Mechanism ID:** 3315.08

**Prime Partner:** Groupe Haitien d'Etude du  
Sarcome de Kaposi et des  
Infections Opportunistes

**Funding Source:** GHCS (State)

**Budget Code:** HLAB

**Activity ID:** 19156.08

**Activity System ID:** 19156

**Mechanism:** N/A

**USG Agency:** HHS/Centers for Disease  
Control & Prevention

**Program Area:** Laboratory Infrastructure

**Program Area Code:** 12

**Planned Funds:** \$147,000

**Activity Narrative:** PUBLIC HEALTH EVALUATION

PEPFAR Haiti, Laboratory Infrastructure Program

Title of Study (NEW): Evaluation of HIV p24 antigen assay as a surrogate for viral load to monitor patients receiving antiretroviral therapy (ART) in Haiti

Time and money: Expected timeframe of study from protocol development to completion is two years (June 2008 - May 2009). Budget requested is approximately \$147,000.

Local Co-investigator: Dr Bill Pape, GHESKIO, Haiti

Project overview: As part of patient care, GHESKIO will evaluate the p24 antigen test as a surrogate for viral load to monitor patients receiving ART. Monitoring HIV-infected patients receiving ART and determining ART failure in the absence of viral load technology is becoming an increasingly challenging task facing Haitian clinicians. Current viral load technologies are based on molecular biological techniques which are sophisticated, expensive and require well-trained staff, running water and a reliable electrical supply, things frequently not available in resource-limited countries. The modified p24 antigen assay could offer a simpler alternative to molecular-based viral load tests. GHESKIO has already implemented and validated the assay for the diagnosis of HIV infection in infants (George et al. J Clin Microbiol accepted for publication in October 2007). We plan to correlate the results of the p24 assay established at GHESKIO with the results of viral load tests performed in ~200 HIV-infected patients receiving ART

Evaluation Question: Could HIV p24 antigen assay be used as an alternative method in resources-limited countries to monitor the level of viral load in HIV-infected patients receiving ART?

Programmatic importance: This public health evaluation is of importance to the ARV services in the PEPFAR program in relation to patient care. Traditional laboratory tests to measure viral load are molecular biology – based techniques that require a sophisticated laboratory setting and equipment, are expensive and need very well trained lab personnel. Thus it is costly to do so in resources-limited countries. Currently, there are >12,000 HIV-infected patients receiving ART in Haiti. However, these patients do not receive viral load testing to monitor the success of therapy due to the high cost of the test. The only laboratory testing offered to such patients include CD4 counts, complete blood counts, and 2 blood chemistry tests (serum alanine transferase and Creatinine) twice a year. The P24 antigen test, however, is an enzyme immunoassay (ELISA-based) which is easier to perform, cheaper and does not required a complicated laboratory setting. If a simpler p24 antigen test could be used to monitor patients under ART, patients under ART will be benefit from such test. Clinicians would know when to change regimens should there is a sign of therapy failure. This PHE is of importance for clinical management of patients under ART.

Methods: This is a prospective study. Blood specimens will be collected in EDTA tubes from 200 patients who will undergo ART at the baseline, 6 and 12 months after initiating the therapy. CD4 counts will be performed with the blood samples as a routine procedure using Facscount. The leftover blood samples will be used for the study. They will be centrifuged and plasma samples will be separated and stored in -70C for further investigation. The stored plasma specimens will be measured for the level of viral load using an EasyQ method. Another portion of the plasma specimen form the same patients will be quantified for the level of HIV p24 antigen expressed in pico or nanograms. There will be no cost for equipment for both viral load and p24 antigen tests as both tests are already established at GHESKIO laboratory. Results of the p24 antigen test will be correlated with the viral load results and also with the CD4 count as well as the type of ART the patients received

Population of Interest: People living with HIV/AIDS

Information Dissemination Plan: Results of this public Health Evaluation will be shared among the USG team, and major stakeholders through meetings, and presentations, particularly during HIV Implementers meeting.

Budget Justification for year 1 budget:

Evaluation of p24	Year 1	
Staff		
2 Laboratory Technicians (2X900X13)	\$	23,400.00
fringe 15%	\$	3,510.00
subtotal	\$	26,910.00
200 patients at 3 times points (0, 6, and 12 months after ART)		
Supplies and test kits		
Lab supplies and reagents for p24, \$15/test, 30% redo	\$	11,700.00
Lab supplies and reagents for viral load, \$100/test, 30% redo	\$	78,000.00
subtotal	\$	89,700.00
Travel	\$12,000	
Gas and utilities	\$18,000	
TOTAL	\$	146,610.00

Staff: Two technicians are required to conduct the study, collecting specimens, filing and recording as well as to perform viral load and p24 antigen tests.

Equipment: GHESKIO does not request budget to procure equipment since the two tests were already set up at GHESKIO laboratory.

Supplies: GHESKIO, however requests support for the cost of lab supplies and test kits needed to conduct the evaluation for 200 patients at three times points plus some percentage in case retesting is needed.

Travel: The partner requests some funding for \$12,000 for travel to participate in scientific meetings or

**Activity Narrative:** training in order to share their results with other scientific communities.  
Participant incentives: None  
Laboratory testing: None  
Other: The partner requests to get support for general utilities cost (gas and electricity for \$1500/month).  
This is a co-share cost for utilities, a fraction of the total cost not the real total amount of the utilities cost at GHESKIO.

TOTAL BUDGET: round up to \$147,000

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

**Table 3.3.12: Activities by Funding Mechansim**

**Mechanism ID:** 5341.08

**Prime Partner:** American Society of Clinical Pathology

**Funding Source:** GHCS (State)

**Budget Code:** HLAB

**Activity ID:** 9922.08

**Activity System ID:** 17161

**Mechanism:** American Society for Clinical Pathology

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Program Area:** Laboratory Infrastructure

**Program Area Code:** 12

**Planned Funds:** \$200,000

**Activity Narrative:** SUMMARY: Currently, the clinical and hospital laboratories within Haiti are challenged to provide laboratory services to support HIV/AIDS care and treatment. The successful implementation of the President's Emergency Plan for AIDS Relief (PEPFAR) goals requires a significant strengthening and expansion of laboratory services. As antiretroviral treatment (ART) is made more widely available there is an immediate need for expanded patient monitoring in clinical chemistry, hematology, and CD4. ASCP and the United States Government (USG) team, working together, will enhance laboratory systems in Haiti by implementing comprehensive laboratory quality assurance programs and conducting integrated laboratory training.

BACKGROUND: On August 31, 2005, the ASCP received notice of award for "Supporting Laboratory Training and Quality Improvement for Diagnosis and Laboratory Monitoring of HIV/AIDS Patients in Resource Limited Countries through Collaboration with the ASCP," a three year cooperative agreement between the Centers for Disease Control and Prevention and the ASCP. The overall goal of this program is to enhance laboratory-testing practices and strengthen the quality of laboratory testing services in order to improve the effectiveness of HIV/AIDS prevention, care and treatment services and interventions.

**ACTIVITIES AND EXPECTED RESULTS:**

The ASCP laboratory training experience consists of: 1) technical assistance to clinical laboratories to support laboratory strengthening; 2) technical assistance to the national public health laboratory (NPHL) to significantly improve QC/QA in the areas of CD4, Chemistry and Hematology; 3) assist and support rollout training to regional zones and districts and; 4) translation of ASCP training materials

Activity 1: ASCP will provide technical assistance to the NPHL laboratory network to standardize and strengthen clinical laboratory services. The consultant will work with laboratories identified by the NPHL and CDC Haiti to support adaptation of best clinical services laboratory practices (Quality systems). The experts will work with local institutions in improving specimen management, laboratory management, quality assurance, quality control, equipment management and information management in clinical laboratories. ASCP will assign a technical expert fluent in French for three, one-month intensive visits.

Activity 2: ASCP will provide technical assistance to develop, implement, and strengthen the NPHL QA/QC program for CD4, hematology and blood chemistry. ASCP will assign a technical expert fluent in French for three, one-month intensive visits to work with the national laboratory for this activity.

**Activity 3: Support/Observe Chem/Hem/CD4 Training Rollout**

Two French speaking ASCP consultants from the above activities will assist the NPHL to coordinate and conduct a training of trainers on the chemistry, hematology and CD4 QA/QC program. ASCP will observe and provide daily feedback to these trainers regarding their performance so that the subsequent rollout training will be of high quality and serve to increase the capacity of laboratories throughout Haiti. All participants will receive training in each subject (CD4, Chemistry and Hematology) and hands-on practical experience for all three disciplines. Vendor support will be required for the practical sessions.

Activity 4: ASCP will develop training materials for Haiti QA/QC program for CD4, hematology and blood chemistry in collaboration with the NPHL. ASCP will supply reference materials (translated into French), supplies and funds for the printing costs and shipment costs of the training manuals.

**TARGETS:**

- Train 10 clinical laboratory trainers

**EMPHASIS AREAS:**

-Technical Assistance  
-Rollout Training

**TARGET POPULATIONS:**

-Laboratory professionals

**COVERAGE AREAS:**

-National and Regional

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9922

**Related Activity:**

### Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28888	9922.28888.09	HHS/Centers for Disease Control & Prevention	American Society of Clinical Pathology	11761	5341.09	ASCP	\$200,000
9922	9922.07	HHS/Centers for Disease Control & Prevention	American Society of Clinical Pathology	5341	5341.07	American Society for Clinical Pathology	\$173,000

### Targets

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	N/A	True
12.2 Number of individuals trained in the provision of laboratory-related activities	10	False
12.3 Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	N/A	True

### Indirect Targets

#### HVSI - Strategic Information

Program Area: Strategic Information

Budget Code: HVSI

Program Area Code: 13

**Total Planned Funding for Program Area: \$5,350,000**

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

#### Program Area Context:

Major milestones have been reached in terms of establishing management information systems, increasing availability of data, enhancing data quality assurance, and building human resource capacity. This is evident by the fact that: 1) 99% of facilities providing clinical HIV/AIDS services within the country are posting their reports within one month of the end of each period through the Monitoring Evaluation System Interface (MESI), a web-based-aggregate reporting system. Data are generated by sites supported by all donors and funding mechanisms; 2) 98% of all enrollment and follow up visits of patients in care and anti-retroviral (ARV) services last year were recorded through structured patient charts, rather than blank sheets of paper allowing

better management and easier retrieval of patient level data. The Ministry of Health (MOH) supported patient charts backed by the program accounts for 62% of patient data recorded last year; the other 38% of charts were from sites within networks such as Groupe Haitien d'Etude du Darcome de Kaposi et des Infections Opportunistes (GHESKIO), and Partners In Health (PIH), operating before the advent of the program; 3) a growing number of sites utilized the USG supported electronic patient monitoring systems making more tangible the possibility of having a national repository of data on patient in care. So far 27 of the 47 functional sites providing care and anti-retroviral (ARV) services are using the system with plans to add other sites that are using the paper form; 4) data quality assurance and validation have been decentralized to a point where regional staff from the departmental directorates and the centers of excellence are beginning to provide training and oversight to peripheral sites; and 5) 100% of sites providing HIV/AIDS services have hired dedicated disease reporting officers and data clerks, and seven of the 10 departmental directorates have trained M&E officers with responsibilities to monitor both facility and non facility based activities. Meanwhile the completion of the three major surveys (ANC sero-survey, BSS and DHS) and a facility survey have brought to bear an invaluable amount of information ready to be harnessed to provide better knowledge and profile of the epidemics. The Facility survey has allowed the mapping of HIV/AIDS services offered throughout the country.

FY 2007 activities will further reinforce the strategic information outlook when completed. These include : (i) an HIV community-based information system developed through consensus among stakeholders. This information system is being tested and will be able to increase availability of data and facilitate monitoring when rolled out; (ii) the initiation of a post graduate monitoring and evaluation (M&E) course which should lead to the preparation of a new cadre of competent health care professionals at all level of the health system s; (iii) establishment of surveillance profiles for four of Haiti's 10 departments. This will provide an in-depth look into the specifics of the epidemics; (iv) updating estimates and projections for the entire country based on finding of recent surveys (BSS, DHS, ANC sero survey); (v) launching an HIV/AIDS surveillance system which includes private laboratory participation; (vi) establishing a laboratory management information system (LMIS); and (vii) completing a program management information system (PMIS) currently in construction. This system should provide both PEPFAR and the Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM) with a unique instrument for the planning and monitoring of program activities.

The outlook of the Haiti USG team has not changed from last year. The SI team is still limited to two central level positions—one position based at CDC, filling the role of SI liaison and providing the lead for M&E, facility based systems, ANC sero-surveys, and USG reporting, and the second position based at USAID, which provides the lead for HMIS, community-based systems, DHS, and BSS. These two central positions are supported by a team of five regional information officers detailed at the regional level to provide direct support to the 10 departmental directorates and the 128 participating sites. In FY 2008, the position of SI liaison will be formally established working in conjunction with the PEPFAR Coordinator under the Ambassador. At the field level, an additional regional position will be added. There are multiple partners supporting the USG team in the implementation of the program. They include: (i) The MOH whose role is increasing as more activities shift from the pilot phase to routine integrated tasks, (ii) IHE, a local NGO, validates facility-based data and executes ANC sero-surveys and DHS in collaboration with MACRO (iii) SOLUTIONS, a local firm, has developed the web-based aggregate reporting system (MESI), (iv) ITECH has developed the Electronic Medical record (EMR), (v) JSI- MEASURE is responsible for developing a community-based information system and integrating the HIS for HIV/AIDS into the HMIS system, as well as reinforcing the filing and archiving system, (vi) Tulane coordinates the post graduate M&E course, supports the USG team in preparation of PEPFAR reports, and backstops IHE for data quality enhancement, (vii) NASTAD provides technical assistance and training for surveillance and notification system, (viii) FHI is the primary implementer of the BSS, (iv) SCMS has developed a program management information system to serve both the USG and the Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM) partners for programming their activities.

Most of the data and reporting tools developed with PEPFAR support have been adopted nationwide, and USG supported databases have become the primary source of HIV/AIDS information for the MOH and the donor community including the GFATM. The focus in FY 2008 will be on: (i) refining protocols for data quality assurance at site, regional, and national levels. This includes not only the use of methods to enhance completeness, validity and relevance of primary data sources but also the expansion of built-in data validation rules into the various databases developed (ii) reinforcing human resource capacity by scaling up the M&E training initiated in FY 2007 with the perspective of creating a new cadre of personnel, who can operate as data quality managers and M&E officers to tackle data issues and monitor program performance (iii) harmonizing and linking up existing databases to facilitate data mining, reporting and cross analysis. This will allow, for instance, the matching of programmatic, clinical and commodity information for planning and surveillance purposes (iv) expanding electronically supported collection of individual level data to areas such as VCT, PMTCT, OVC which are still handled on paper, in order to enhance tracking of individuals across program areas

As data is increasingly available from multiple sources, the emphasis in FY 2008 will be on tapping into the potential to conduct data triangulation and provide evidentiary-based information for future program and policy decision making. Furthermore, funding will be earmarked for the next BSS and ANC sero-survey to ensure their regularity and improve trend analysis.

A comprehensive approach to HIV/AIDS surveillance initiated with the MOH in FY 2007 will continue through FY 2008. As part of this process, the USG will continue to support efforts to : (i) expand the cooperation of private and public laboratories in HIV case reporting; (ii) turn up the process of data utilization and dissemination to encourage other ministries in the Haitian government, NGOs, and other partners to assist in program and policy decision-making related to HIV/AIDS; (iii) develop and implement training curriculum (e.g. training of the trainer) to describe what surveillance systems are and to revitalize the HIV surveillance system for staff at different level of the system; and (iv) use the data bases to expand the preparation of regional epidemic profiles to all 10 geographical departments of the country

Building on the success of MESI a module will be introduced for the overall HMIS reporting, using an enhanced paper-based reporting template. This will allow automatic reporting from the 150 major health centers in the country. Using additional IT resources and dedicated M&E resources, this number may easily increase to 250, which would represent almost half of the health institutions reached in just one year.

#### TARGETS

- Number of local organizations provided with technical assistance for strategic information activities = 300
- Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS) = 700

**Program Area Downstream Targets:**

13.1 Number of local organizations provided with technical assistance for strategic information activities	707
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	2075

**Custom Targets:****Table 3.3.13: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 9391.08	<b>Mechanism:</b> FHI
<b>Prime Partner:</b> Family Health International	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Strategic Information
<b>Budget Code:</b> HVSI	<b>Program Area Code:</b> 13
<b>Activity ID:</b> 18847.08	<b>Planned Funds:</b> \$300,000
<b>Activity System ID:</b> 18847	
<b>Activity Narrative:</b> This activity is linked to activity ID 17911.08, 18080.08, 18947.08, 17899.08, 18954.08.	

This activity is aimed at: 1) measuring the tendencies of behaviors relating to HIV/AIDS; 2) providing the MOH, financial donors, and other stake holders, relevant information for activities surrounding prevention and global management of the fight against HIV/AIDS. The completion of this activity encompasses: writing of protocols; review of protocols by the national ethic committee, chaired by the Ministry of Health; mapping of the surveyed regions, development of questionnaires, training of field supervisors and interviewers (data collectors), data collection, data cleaning and analysis, drafting of preliminary and final reports, presentation and dissemination of results. The primary emphasis for these activities is the Behavioral Surveillance Survey (BSS). Targeted populations include: commercial sex workers, men who have sex with men, street youth, police personnel, truck drivers, and migrant workers. The activities will be carried out in all of Haiti's 10 departments.

**BACKGROUND:**

This proposed survey represents the fourth round of the kind carried in Haiti. The previous three surveys took place in 2001 and 2003 and 2006. They all took place under the leadership of the Ministry of Health, with the technical assistance of FHI and with the financial contribution of different organizations, including Fondation Sogebank (FSGB) at the last round. Execution have been carried out by a local organization, Centre de Recherches Appliquées (CERA), specialized in survey and epidemiological studies. Great considerations have been given onto using the similar methodologies and selecting the same population sub-groups at each round, in order monitor trend and keep track of changes.

**ACTIVITIES AND EXPECTED RESULTS**

We will carry out eight separate activities in this program area.

**ACTIVITY 1:** Sub-contract with CERA for the execution of the survey. Implementation includes: (i) design of the study protocol (ii) Development of questionnaires and training of field supervisors (iii) development of survey materials such questionnaires, consent forms for each group, and training manuals (iv) mapping exercises (v) training of activity managers, supervisors, and interviewers. TBD will accompany CERA to ensure leadership and endorsement by the Ministry of Health, participation of other stakeholders, approval of protocol by the Ethic committee and dissemination of importance. Issues of importance faced during the previous rounds and that will need to be dealt with this time again remain: (i) the time for approval, which in general stretches to 12 months (ii) the mapping to ensure that physical locations of the population of interest are still relevant.

**ACTIVITY 2:** Off-shore technical assistance for the analysis and drafting of the survey reports. TBD will appoint a consultant to help with the analysis and drafting of the final report, to make sure that the report could be digested easily

**TARGETS / Deliverables**

Mapping report  
Final report BSS IV

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

## Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	1	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	20	False

## Target Populations

### Special populations

Most at risk populations

Men who have sex with men

### Other

People Living with HIV / AIDS

**Table 3.3.13: Activities by Funding Mechanism**

**Mechanism ID:** 3831.08

**Prime Partner:** Partnership for Supply Chain Management

**Funding Source:** GHCS (State)

**Budget Code:** HVSI

**Activity ID:** 18849.08

**Activity System ID:** 18849

**Mechanism:** N/A

**USG Agency:** U.S. Agency for International Development

**Program Area:** Strategic Information

**Program Area Code:** 13

**Planned Funds:** \$200,000

**Activity Narrative:** This activity also relates to PFSCM's Activity Narratives for data management and reporting under HIV/AIDS Treatment: ARV Drugs and to Palliative care: Basic health care and support. This activity is linked to Activity IDs 5471.08, 11057.08, 10353.08 and 4350.08.

**SUMMARY:**

Activities are carried out to provide planning and strategic tool for the two major stakeholders in the HIV/AIDS area: The US Government and the Global Fund through its principal recipient in Haiti, the Sogebank Foundation.

During the 2006 Implementers Conference in Durban SA, members of USG Team (Haiti and Washington, DC), Global Fund, Sogebank Foundation and SCMS/HQ met and discussed the need for a planning tool to be used by both stakeholders for their strategic thinking and planning of HIV activities. After analysis of various options, SCMS was asked to develop the tool.

The first version of the Project Management Information System (PMIS) tool is now available, was presented to the stakeholders and is ready for use with PEPFAR's data and indicators.

Next steps will address the GF projects' indicators, training of users and decision makers, maintenance of the tool as well as trouble shooting. Upgrades will be provided based on interaction with users and new needs identified by the stakeholders.

**BACKGROUND:**

The PFSCM project is part of an ongoing PEPFAR initiative started in FY 2006 and now working in over twenty countries including the fifteen focus countries and other non-PEPFAR and collaborating partners. Haiti is the one country to have a fully established PFSCM office and to offer all services and activities related to the supply chain management from forecasting to procurement, storage and distribution with a strong technical assistance component as well as a program management information system. The activities are keyed to assist the Haitian MOH and the major stakeholders in reaching the national objectives of care and support to PLWHA. The aim is to provide an integrated Information System to serve as a planning and strategic tool for the two major stakeholders in the HIV/AIDS area: The US Government and the Global Fund through its principal recipient in Haiti, the Sogebank Foundation. PFSCM will train key decision makers in the use of this tool as well as designated personnel at the corresponding organizations and agencies in data entry and validation.

**ACTIVITES AND EXPECTED RESULTS:**

We will carry out three separate activities in this Program Area.

**ACTIVITY 1: UPDATING OF THE PMIS TOOL**

The IS Team at SCMS will interact with all users as they start getting familiar with the tool and inputting data and using it for programmatic reasons. Updates and upgrades will be necessary during COP08 to include GF/FSGB indicators; to add other stakeholders on request and to create the interface with MESI

**ACTIVITY 2: MAINTAINING THE TOOL**

The IS Team in DC and in Haiti will carry our maintenance activities such as testing the tool and its responsiveness, trouble shooting, assisting users when facing functionality problems and installing the tool at selected locations on demand.

**ACTIVITY 3: TRAINING**

SCMS/HQ and Haiti will jointly conduct training at two levels:

- 1.Users: all those that will be asked by their respective organizations to input data and create reports;
- 2.Decision makers: those who will use the data/ reports to analyze, discuss with other partners and make strategic decisions.

**TARGETS:**

Key personnel in decision making positions at USAID, CDC, other collaborating agencies and the Sogebank Foundation

Data management personnel at the same agencies: training 50 persons

Key personnel at the national HIV program (5)

**COVERAGE:**

National

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

## Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	N/A	True
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	55	False

## Target Populations

### Other

People Living with HIV / AIDS

**Table 3.3.13: Activities by Funding Mechanism**

**Mechanism ID:** 3147.08

**Prime Partner:** National Association of State and Territorial AIDS Directors

**Funding Source:** GHCS (State)

**Budget Code:** HVSI

**Activity ID:** 10243.08

**Activity System ID:** 17207

**Mechanism:** N/A

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Program Area:** Strategic Information

**Program Area Code:** 13

**Planned Funds:** \$400,000

**Activity Narrative: BACKGROUND:**

The activities proposed for Fiscal Year (FY) 2008 are on-going activities that build upon a history of work supported since 2003 by CDC/Haiti, and include funding from the President's Emergency Plan for AIDS Relief (PEPFAR) in FY 2007. In 2003, at the request of CDC/Haiti NASTAD began working with partners in support of revitalizing Haiti's national AIDS surveillance system and improving the surveillance capacity of MSPP. Activities have been conducted with support and input from the Haitian Ministry of Health (MOH). In FY 2007, MSPP requested NASTAD's assistance to coordinate various components of MSPP (UCC, laboratory and epidemiology) to support HIV surveillance in country. In FY 2007 a surveillance situational analysis was updated in collaboration with MSPP, a comprehensive surveillance plan developed, and a full-time hire placed in country to assist with daily coordination and implementation of the plan. Activities in FY 2008 will continue to support the in-country hire and his/her work with MSPP to operationalize and support the surveillance plan. In addition, NASTAD will continue to provide peer-to-peer technical assistance through pairing of U.S. health department epidemiologists with their counterpart Haitian departmental epidemiologists and epidemiologists within UCC and the MSPP in support of capacity enhancement in epidemiology and surveillance.

**ACTIVITIES AND EXPECTED RESULTS:**

NASTAD will carry out three separate activities in support of capacity enhancement of the MSPP:

**ACTIVITY 1:** The first activity is to continue providing technical assistance for revitalizing the national AIDS surveillance system. Based upon a surveillance situational analysis updated in FY 2007 to assess the MSPP and departmental capacity for implementing and supporting a national surveillance system, the NASTAD team will provide support to the MSPP to expand the surveillance system in a sustainable fashion to voluntary counseling and testing (VCT) and preventing mother to child transmission (PMTCT) sites and to ensure that analysis and application of the surveillance data occurs. Partners in this expansion process are expected to include the departmental epidemiologists, the Child Health Institute (IHE), and CDC/Haiti. Funding will support a full-time senior epidemiologist based in Port-au-Prince, peer-to-peer technical assistance at the central and department level, and a delegation visit to the U.S. for Haitian counterparts to observe U.S. health department surveillance programs. In FY 2007 NASTAD hosted three delegates from the central government at a U.S. health department. The FY 2008 delegation visit will include four department-level epidemiologists.

**ACTIVITY 2:** The second activity is to provide TA to central and departmental-level epidemiologists to develop epidemiologic profiles. In FY 2007 an epidemiologic profile was developed using data from four departments (Departement du Sud, Departement de la Grande Anse, Departement du Nippes, and Departement du Sud-Est). In FY 2008, training materials will be developed and 10 trainings conducted for epidemiologists and other department-level staff in all departments to replicate the process and to support the use of data for decision-making.

**ACTIVITY 3:** NASTAD will develop surveillance training materials to support the regular collection, reporting and synthesis of HIV data. A comprehensive surveillance module including training curricula and materials will be developed by the in-country NASTAD hire and NASTAD Haiti Team members in close collaboration with MSPP and with Tulane University (the lead for developing strategic information training materials).

**EMPHASIS AREAS:**

HIV Surveillance Systems 100%

**TARGETS:**

Support a full-time NASTAD hire based in Port-au-Prince to provide daily support to MSPP in surveillance and epidemiology.

Conduct a study tour to a U.S. Health Department with 4 MSPP department-level epidemiologists.

Provide technical assistance to departmental epidemiologists and other staff in 4 departments to develop an epidemiologic profile.

Develop training curricula and materials to support epidemiologic profile development.

Conduct 10 trainings to support the replication of epidemiologic profiles and the use of data for decision-making.

Develop training curricula and materials for a comprehensive surveillance module.

Provide on-site peer-to-peer technical assistance through pairing of U.S. health department epidemiologists during 3 technical assistance trips.

**TARGET POPULATIONS:**

Host country government workers

National AIDS control program staff

Other MOH staff

Policy makers

**KEY LEGISLATIVE ISSUES:**

Not applicable

**COVERAGE AREAS:** Port-au-Prince (central government), Departement du Sud, Departement de la Grande Anse, Departement du Nippes, and Departement du Sud-Est

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10243

**Related Activity:**

### Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28959	10243.2895 9.09	HHS/Centers for Disease Control & Prevention	National Association of State and Territorial AIDS Directors	11790	3147.09	NASTAD	\$350,000
10243	10243.07	HHS/Centers for Disease Control & Prevention	National Association of State and Territorial AIDS Directors	5135	3147.07		\$250,000

### Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	4	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	20	False

### Indirect Targets

- Establish a population-based surveillance system in at least five of Haiti's 10 departments by end of FY07.
- Facilitate communication and sharing of information and experiences between two ministries of health (Haiti and DR).
- HIV/AIDS epidemiologic profiles completed and disseminated for all 10 departments.

**Table 3.3.13: Activities by Funding Mechansim**

<b>Mechanism ID:</b> 3125.08	<b>Mechanism:</b> National AIDS Strategic Plan
<b>Prime Partner:</b> Ministre de la Sante Publique et Population, Haiti	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Strategic Information
<b>Budget Code:</b> HVSI	<b>Program Area Code:</b> 13
<b>Activity ID:</b> 3912.08	<b>Planned Funds:</b> \$1,200,000
<b>Activity System ID:</b> 17203	

**Activity Narrative:** SUMMARY: The purpose of this activity is to help materialize the “three ones” concept by capacitating the Ministry of Health (MOH) to: (i) implement the national monitoring and evaluation (M&E) framework; (ii) consolidate the HIV/AIDS information system into the Health Management Information System (HMIS); (iii) support the production and rolling out of standardized paper-based forms and registers both for facility and non-facility activities; (iv) assume a greater role in data validation and processing; (v) manage and process data, as well as monitor performance in all HIV/AIDS program areas; (vi) expand and maintain information technology (IT) infrastructure that currently links the different levels of the system (sites, department and central levels); (vii) expand the use of electronic databases such as the Monitoring Evaluation Surveillance Interface (MESI) and electronic medical records (EMR) and; (viii) coordinate and consolidate all monitoring and evaluation (M&E) training. The emphasis areas for this activity are: HMIS, IT, and HIV surveillance. The primary beneficiaries are MOH officials and staff, donors, service providers, and sites’ personnel.

BACKGROUND: Haiti’s health care system is divided into three sectors: public facilities, accounting for about 40% of service delivery; private not-for-profit and mixed facilities and programs, accounting for another 40% and; private for-profit providers (medical clinics and hospitals) accounting for the remaining 20%. In addition to its role as service provider, the MOH governs and regulates the system through several central departments in charge of standards, supervision, quality control and strategic planning. Within the MOH, the units which play the most prominent role with regard to strategic information are: (i) the Unité de Coordination de la Lutte contre les IST/VIH/SIDA (UCC), responsible for planning, monitoring and oversight of all HIV activities in the country; (ii) the Department of Epidemiology (DELIR), in charge of surveillance, control, regulation, and integration of priority programs and; (iii) the departmental directorates (DDs) responsible for operations and oversight of field activities.

Through a cooperative agreement (CoAg) with the MOH, funding has been provided by the President’s Emergency Plan for AIDS Relief (PEPFAR) in Fiscal Year (FY) 2005 through FY 2007 and has allowed: (i) greater access to data by DDs and the central level through the electronic applications developed (MESI and EMR); (ii) reinforcement of the M&E structures at the DDs, where dedicated M&E staff has been hired; (iii) establishment of an information technology (IT) infrastructure comprised of national and regional servers allowing the local hosting of data; (iv) establishment of a dependable system for distribution of paper based materials (Forms and registers) utilized for data collection and reporting; (v) revitalization of a case notification system at pilot sites that has paved the way for expanded surveillance activities; and (vi) setting up of a national M&E course for HIV/AIDS professionals with the help of Tulane University, (vii) consolidation of all M&E training under the umbrella of the MOH and; (viii) an increase in the number the field visits carried out by the departments and the UCC.

#### ACTIVITIES AND EXPECTED RESULTS:

Activity 1: M&E framework and Consensus building: The MOH will continue to conduct consensus-building activities among all stakeholders (donors, MOH officials, and service providers) to develop a national health information system. To build consensus, the MOH will maintain and support the M&E cluster by calling regular cluster meetings, keep minutes of the meetings, and provide adequate follow-up to all meeting. The MOH will organize a national M&E framework conference focusing on the steps to materialize the framework. US funding will cover the logistics of the multiple meetings and the workshop, the acquisition of services of a consultant to handle the details and the production and dissemination of the M&E framework.

Activity 2: Producing and distributing data collection and reporting tools and registers. Various tools have been designed or adapted for clinical care and community services. Most of these tools, developed with United State Government support, have been extensively tested in the field. The MOH has in place a functional distribution system which has reduced the frequency of out of stock forms experienced in the past. The system functions with a central warehouse at the UCCC and regional hubs at the DDs. The MOH will continue to ensure seamless supplies to the sites and the community-based activity outlets. The tools to be produced and distributed include: voluntary counseling and testing (VCT) and preventing mother to child transmission (PMTCT) registers and reporting forms, patients charts (intake, follow up, laboratory, pharmacy, and discontinuation forms), pre anti-retroviral (ARV) and ARV registers, and community based registers and reporting forms (prevention, OVC, and palliative care). USG funds will be used to reinforce storage capacity at the UCC and the 10 DDs, produce the multiple forms and registers and cover the cost of handling and shipping.

Activity 3: Expanding and enhancing Information Technology( IT) infrastructure by (i) providing hubs and network equipment, (ii) ensuring protection of existing assets through installation of UPS and inverters, and (iii) supporting basic computer training for field staff. With an objective to take advantage of the possibility offered in IT and facilitate processing and sharing of information, PEPFAR and other donors have supported, through different mechanisms, the procurement and installation of IT equipment. The results have been remarkable. Monthly data are now available for 98% of implementing partners. As new sites are launched and as the information system for community services is rolled out, efforts will concentrate in FY 2008 on: (i) equipping the new sites and reinforcing IT capacity for the community-based partners and, (ii) expanding training in basic computer skills and computer maintenance for M&E field staff. The MOH has also initiated in FY 2007 the creation of an intranet, which will be expanded in FY 2008. PEPFAR funds will (i) cover the cost of training for personnel in 150 sites and 100 collaborating community based organizations (CBO) implementing non facility-based program, (ii) procure and install IT equipment and accessories, and (iii) reinforce the intranet.

Activity 4: Data processing, analysis and data quality control (QC) both at the central and departmental levels. The DDs have been reinforced in FY 2007 by hiring dedicated M&E staff and have taken on more responsibilities for data validation and QA/QC. Several mechanisms developed by the USG partners have been progressively transferred to the DDs. Efforts are now needed to allow the UCC, which only has one M&E contact person, to backstop the DDs.

Activity 5: Coordination and logistics of M&E training. The MOH will continue to coordinate and support the logistics of all M&E trainings and workshops. This mechanism has given the MOH leverage to encourage partners to consolidate training. Instead of having multiple partners holding various training sessions on different topics, the MOH has been able to create for each target audience (providers, field data staff), one curriculum integrating contributions from each partners. This consolidation of curriculum which started in FY 2006 with the organization of workshops for providers and M&E field staff will culminate in FY 2007 with the implementation of an M&E post graduate course for interns, residents, and other health professionals.

Activity 6: Surveillance and case notification. IN FY 2007 the DELIR received technical assistance from NASTAD to launch an HIV surveillance system with the participation of private laboratories in the metropolitan area, and initiate the development of an epidemiologic profile for four geographical departments regrouped under the denomination of “the Great South.” These activities will be sustained and expanded nationwide in FY 2008 for a total of US \$300,000. These funds will allow the DELIR to (i) scale up the epidemiologic profile in the 10 departments, (ii) train the DD staff in updating the profile, (iii) expand the

**Activity Narrative:** HIV case notification system to the provinces by working with private labs throughout the country, and (iiv) reinforce its own capacity to process, analyze and disseminate data on surveillance.

Activity 7: Development of MESI into a national aggregate reporting system for HMIS. With the interconnection of MESI and the EMR and its use for case notification of HIV, MESI will soon become the sole source for HIV data, statistics and surveillance. In FY 2008 the MOH will expand MESI use to reporting for the entire HMIS. MESI implementers will work with JSI MEASURE for the interconnection with their HMIS application. The MOH will also provide training on the use of the new HMIS module.

Activity 8: Leadership for the data triangulation process: The MOH will constitute a task force with different stakeholders to guide the process and assign a point person to chair it. Under the facilitation of University of California in San Francisco (UCSF) the task force will help identify key questions based on country context, convene large stakeholders meeting and disseminate results

•Number of local organizations provided with technical assistance for strategic information activities = 250  
 •Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS) = 500

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9310

**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28660	3912.28660.09	HHS/Centers for Disease Control & Prevention	Ministre de la Sante Publique et Population, Haiti	11696	3125.09	National AIDS Strategic Plan	\$500,000
9310	3912.07	HHS/Centers for Disease Control & Prevention	Ministre de la Sante Publique et Population, Haiti	5134	3125.07	National Plan Mechanism	\$700,000
3912	3912.06	HHS/Centers for Disease Control & Prevention	Ministre de la Sante Publique et Population, Haiti	3125	3125.06		\$250,000

**Targets**

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	250	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	500	False

**Table 3.3.13: Activities by Funding Mechanism**

**Mechanism ID:** 3144.08

**Mechanism:** N/A

**Prime Partner:** Institut Haitien de l'Enfant (Haitian Child Health Institute)

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Strategic Information

**Budget Code:** HVSI

**Program Area Code:** 13

**Activity ID:** 3907.08

**Planned Funds:** \$600,000

**Activity System ID:** 17184

## Activity Narrative: BACKGROUND

This project, funded by PEPFAR through a cooperative agreement between the Centers for Disease Control and Prevention (CDC) and IHE since September 2004, is ongoing. It will build upon accomplishments of preceding years, taking into consideration progress made and lessons learned in tracking reports, validating data, providing technical assistance to individual sites, supporting development of the Monitoring and Evaluation Surveillance Interface (MESI) electronic system and supporting training sessions on the HIV/AIDS information system.

This project is supported by the Haitian government. All activities will be implemented directly by IHE, but particular attention will be paid to work more closely with MOH staff, reinforcing the existing working relationship. However, there will be no major change in the strategic approach. We will focus on data analysis and utilization of information.

## ACTIVITIES AND EXPECTED RESULTS

Activity 1 - Submission of reports: IHE will ensure, through a close tracking, that the reports prepared by all the sites in the PEPFAR network are posted on time every month on MESI and aggregated to be incorporated progressively into the PEPFAR semiannual and annual reports. The funding will serve to implement an organizational plan involving both central and site level personnel for monitoring timeliness of report posting and for aggregating / processing data to prepare PEPFAR reports. An extended communication channel reaching all data personnel will back up this process. We expect that the application of the procedures during the precedent years and FY 2008 will be beneficial for the site personnel, influencing their organizational culture in terms of respecting reporting submission deadlines. This activity will be built on 2006 and 2007 experience. All monthly reports will be posted within a two week delay after the end of each month and PEPFAR semiannual reports will be submitted by the 15th of October 2008 and by the 15th of April 2009, with at least 95% information coverage.

Activity 2 - Ongoing validation of data: Continuous implementation of QA/QC program focusing on new sites, to ensure the quality of data collected and processed by all sites within the PEPFAR network. Quality control of the data will be realized on a continuous basis through monthly desk validation at IHE level and quarterly field validation during site visits. IHE personnel will verify coherence and completeness of the reports and statistical likelihood of data, using MESI. Appropriate feedback will be sent to site personnel. Field validation will consist in the control of the exactitude of the data and the respect of procedures for collecting and processing the data. Each one of the ARV and PC site will receive an average of three visits and the other sites, two visits. All new sites and those where weaknesses are identified will receive an extra assistance visit. We plan to increase the number of Disease Reporting Officer (DRO)/Regional supervisor involved in the process of field validation and to work more closely with the departmental epidemiologist in order to ensure sustainability. By the end of March 2009, at least 90% of the sites will produce reports, meeting the quality standard defined by IHE.

Activity 3 - Utilization of information to improve performance: IHE will ensure, through regular feedback by internet and supervision visits, that the health provider systematically use the information generated at site level to assess their performance. Special attention will be paid to the reference and counter reference of patients from one service to another and also to follow the cohort of clients/patients into the CDV, PMTCT and ARV services. An organizational plan based on best practices in use and taking profit of information technology and communication infrastructure will be implemented. A one-day workshop to assess site performance will be conducted on a quarterly basis at site level. A two-day workshop will be held in the middle of the year at the regional/departmental level with the direct involvement of IHE staff, departmental MOH staff and umbrella organizations. All the sites will achieve at least 90% of the objective set for the period.

Activity 4 - Participating in training session on the HIV/AIDS information system: IHE will participate in the training session organized under the umbrella of the MOH for monitoring of the PEPFAR project and will participate with other partners to develop a module on monitoring VCT, PMTCT, PC, and ARV services under a standard curriculum. The methodology of the training session will be task oriented and the skills for the site personnel will be consolidated during site visits. The new sites will be visited more often. The timeline for the training session will be decided thereafter. One hundred percent of the site personnel in charge of data management will be knowledgeable about procedures to collect and process data and 90% of these personnel will be able to generate reliable data for monitoring by the end of March 2008.

Activity 5 – Support to the development of MESI: IHE will continue to provide inputs for the development and upgrade of MESI. IHE will ensure implementation of these specific activities: identification and development by SOLUTIONS of new reports related to monitoring of site activities and site performance in order to respond to the needs of strategic information, introduction in MESI of new tools that facilitate data analysis and quality control, and train site and departmental personnel to be able to use MESI and ensure sustainability. A revised version of MESI's web application with the new functionalities will be available by December 2008 in all sites and used by 100% of the site personnel.

Activity 6 - Conduct a sixth round of the ANC sero survey in the existing network of sites. The methodological approach used will be the same as in the preceding years with a complementary component to compare classical ANC sero survey with usual PTME (spell out) monitoring system, in order to test the possibility to use the regular PMTCT monitoring system as an instrument for trend analysis of HIV epidemic among pregnant women. In-depth participation of the MOH staff will be sought at central and peripheral levels to assure progressive transfer of this activity to MOH. At the end of December 2008, a report will be available on trend analysis of HIV epidemic among pregnant women.

Activity 7: Collect data on Early Warning Indicators of Anti-retroviral Resistance per guidelines of the World Health Organization. IHE, with the support of the Pan American Health Organization (PAHO) in Haiti, began collection of non-laboratory data for Early Warning of Anti-Retroviral Resistance using the Early Warning System of the WHO. Genotyping characterization, the laboratory component of this surveillance system, will be performed this year using funding from PAHO. For 2008, however, continued collection of data (including individuals lost to follow-up, no shows for appointments, etc) will be collected from ARV sites during visits for the routine validation of data.

Activity 8: Support UCSF for the Triangulation. IHE (the local partner) will subcontract University of California at San Francisco (UCSF) in the planning and implementation of the triangulation. They will collaborate in the definition of questions, the gathering of data/reports, facilitation of meetings, analysis of data and drafting of reports. They will recruit a high level local consultant specialized in modeling and handling of data to lead that effort.

## EMPHASIS AREAS

Health Management Information System: 51-100%, HIV Surveillance System: 10-50%, support to information technology 10-50% and training 10-50%.

**Activity Narrative:** TARGETS

Target population: General population and people affected by HIV/AIDS attending the sites.

Target sites: All the sites of the PEPFAR network, approximately 154.

•Number of local organizations provided with technical assistance for strategic information activities = 160

•Number of individuals trained in strategic information (includes M&amp;E, surveillance, and/or HMIS) = 500

**HQ Technical Area:****New/Continuing Activity:** Continuing Activity**Continuing Activity:** 9284**Related Activity:****Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28956	3907.28956.09	HHS/Centers for Disease Control & Prevention	Institut Haitien de l'Enfant (Haitian Child Health Institute)	11787	3144.09	IHE	\$300,000
9284	3907.07	HHS/Centers for Disease Control & Prevention	Institut Haitien de l'Enfant (Haitian Child Health Institute)	5125	3144.07		\$1,300,000
3907	3907.06	HHS/Centers for Disease Control & Prevention	Institut Haitien de l'Enfant (Haitian Child Health Institute)	3144	3144.06		\$465,000

**Targets**

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	160	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	500	False

**Target Populations****Other**

People Living with HIV / AIDS

**Table 3.3.13: Activities by Funding Mechansim****Mechanism ID:** 3142.08**Mechanism:** ITECH**Prime Partner:** University of Washington**USG Agency:** HHS/Health Resources Services Administration**Funding Source:** GHCS (State)**Program Area:** Strategic Information**Budget Code:** HVSI**Program Area Code:** 13**Activity ID:** 3910.08**Planned Funds:** \$700,000**Activity System ID:** 17234

**Activity Narrative:** This activity is linked to activity ID 9725.08, 17889.08, 18950.08, 4617.08, 18077.08, 3886.08, 5463.08, 12424.08, 12420.08.

I-TECH will support extension of the MSPP electronic medical record (EMR) system for data management and reporting on HIV care services. I-TECH will adapt the system to meet data needs at decentralized sites. I-TECH will conduct targeted program evaluation on transfer of learning following in-service training of physicians at HUEH, and on process and outcomes of a curriculum strengthening and faculty development process at the four national nursing schools.

**BACKGROUND:**

Beginning in 2005, I-TECH collaborated with MSPP, CDC, and other partners in the development of a standardized set of paper-based adult and pediatric HIV medical records. I-TECH then launched a pilot version of the electronic medical record system, and built enhancements to the application over time through successive release versions. As of June 2007, 24 anti-retroviral therapy (ART) sites in Haiti had begun to use the system, with data from approximately 8,000 patients captured. The system is designed for flexible use depending on a site's IT infrastructure, with ability to use the system via the web or through hosting on a local server. The system includes an automated replication function so that data from sites hosting the system on local servers are regularly replicated to a central back-up server. The central back-up server provides access to de-identified data for national program reporting. As of June 2007, four clinics were using the system through local servers, meaning they could use the system without being dependent upon sometimes slow or sporadic internet connections. I-TECH and CDC plan to support further deployment of the system on local servers to improve usability.

By March 2008, I-TECH also plans to deploy a point-of-care version of the application with tabbed interface, extensive drop-down menus, and embedded decision support features. I-TECH also plans to develop interfaces between the EMR and several other information tools in Haiti: a laboratory information system (LIS) to be selected for implementation; the pharmacy information tool supported by Supply Chain Management Systems (SCMS); and the MESI system for presentation of aggregate health program data. The interfaces will minimize duplication of effort by site personnel in managing patient information and reporting.

Since 2005, I-TECH has collaborated extensively with local partners, such as CDC, Institut Haitien d'Enfance (IHE), and HUEH to provide training on use of the EMR system to clinicians, data clerks, and data managers. I-TECH's HIV clinical mentors train fellow clinicians on the relevance of complete patient data for quality HIV care, on appropriate use of medical records, and on how to interact with the EMR system to obtain summary information useful for patient care. I-TECH's EMR technical advisor provides training to data management personnel through workshop-based and on-site training, supports configuration and installation of local servers, and provides other computer maintenance support at sites using the system.

With existing I-TECH staff and consultants and in partnership with CDC's Regional Information Officers (RIOs), Tulane UTAP, and others, I-TECH is focusing on reinforcing data quality and data completeness among users of the system, through training and on-site technical assistance. I-TECH will collaborate with these partners to refine data quality protocols and implement systems for regular data quality audits. By March 2008, I-TECH will support data analysis and dissemination of findings on key questions of interest. For example, I-TECH is collaborating with MSPP and NASTAD to provide data from four departments in southern Haiti for an epidemiologic profile, and is collaborating with MSPP and the World Health Organization (WHO) to analyze early warning indicators for anti-retroviral (ARV) drug resistance.

**ACTIVITIES AND EXPECTED RESULTS:**

**ACTIVITY 1:** I-TECH will provide technical assistance on the development of a minimum-data-set version of the medical record and EMR application for HIV patient care. I-TECH will also add voluntary counseling and testing (VCT) and preventing mother to child transmission (PMTCT) modules to the EMR system, to support improved continuity of care for patients identified as HIV positive, as well as more efficient data management and reporting for VCT and PMTCT programs. These enhancements will allow decentralized satellite care sites to interact with the national network and patient data system. I-TECH will work with MSPP and other partners to identify and implement cost-effective innovative technologies for incorporation of these sites (e.g. through off-site data entry, use of mobile phone technology for relay of data, or use of mobile computers to periodically capture data from sites).

**ACTIVITY 2:** I-TECH will continue to strengthen data management and data analysis capacity in Haiti through work with counterparts within the MSPP. The I-TECH team will assist MSPP to refine protocols for data quality assurance at site, regional, and national levels and provide technical assistance to MSPP and key partners such as Institut Haitien de l'Enfance (IHE) to apply these protocols. I-TECH will also provide leadership on using EMR data for patient- and program-level decision-making, through analysis of patient health outcomes related to HIV treatment programs. I-TECH will also modify the EMR application to improve automated reports based upon feedback from system users (clinicians, program managers, administrators).

**ACTIVITY 3:** Through regular training site visits, I-TECH will orient clinic users on new system features and optimal use of the system at their sites. I-TECH will also continue to collaborate with CDC, IHE, Tulane University, and other partners to provide training to users at 30 new sites. To further transfer capacity for system maintenance to partners in Haiti, I-TECH will contract with a local organization for complementary IT support to the EMR system (support for hosting the application on local servers, assuring replication of data to the central data repository, executing regular system maintenance functions, and making minor modifications of the EMR application to meet changing local needs). I-TECH will sponsor an in-depth study tour to I-TECH/UW to learn the data model and system backup and maintenance procedures (how to rebuild servers, reinstall software, reload data from backup, and other failure recovery strategies).

This activity contributes to PEPFAR's goal of two million individuals on HIV treatment, by providing tools for monitoring patients on treatment over time, assessing patient health outcomes, and evaluating transfer of learning from in-service and pre-service training.

**EMPHASIS AREAS:**

Strategic information/HMIS (Major)	51%-100%
Development of network/linkages/referral systems	10%-50%
Training	10%-50%
Policy and guidelines	10%-50%
Targeted evaluation	10%-50%

**TARGETS:**

1. System for national reporting of HIV patient care and health services data, implemented at 90 sites.

**Activity Narrative:** 2.Training of at least 250 health care personnel in EMR system.  
 3.Evaluation of transfer of learning among trainees from HUEH.  
 4.Evaluation of nursing curriculum reform initiative.

**TARGET POPULATIONS:**

People affected by HIV/AIDS  
 USG in-country staff  
 Health care providers  
 MSPP staff/country coordinating mechanism  
 Implementing organizations providing clinical services  
 Other organizations: national nursing schools

**COVERAGE AREAS:**

Coverage areas include all geographic regions receiving PEPFAR support for HIV testing and clinical services.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9341

**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28674	3910.28674.09	HHS/Health Resources Services Administration	University of Washington	11700	3142.09	ITECH	\$450,000
9341	3910.07	HHS/Health Resources Services Administration	University of Washington	5151	3142.07	ITECH	\$550,000
3910	3910.06	HHS/Health Resources Services Administration	University of Washington	3142	3142.06	ITECH	\$360,000

**Targets**

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	90	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	250	False

**Target Populations**

**Other**

People Living with HIV / AIDS

**Table 3.3.13: Activities by Funding Mechansim**

**Mechanism ID:** 3141.08

**Mechanism:** N/A

**Prime Partner:** US Centers for Disease Control and Prevention

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Budget Code:** HVSI

**Activity ID:** 3913.08

**Activity System ID:** 17241

**Program Area:** Strategic Information

**Program Area Code:** 13

**Planned Funds:** \$350,000

**Activity Narrative:** INTEGRATED ACTIVITY FLAG:

Activities in this narrative are related to Institut Haitien de l'Enfance (IHE), International Training and Education Center on HIV (I-TECH), and TULANE narratives in strategic information; I-TECH in policy and systems strengthening and in counseling and testing (CT); prevention of mother to child HIV transmission (PMTCT); anti-retroviral (ARV) services; palliative care; and policy analysis and systems strengthening. SUMMARY: Funding has been earmarked this year to acquire offshore technical assistance for the country team in the area of monitoring and evaluation. Emphasis will be put on shaping up the Monitoring and Evaluation (M&E) plan for the next five years as well as on data usage. The country office will continue to provide a selected range of support to the United States Government (USG) implementing partners in order to sustain their capacity to develop HIV/AIDS strategic information system. This supply-driven support will enable the USG to leverage the impact of its overall contribution to the national HIV/AIDS program. It encompasses: (i) hands-on technical assistance to collaborating partners by USG regional health information officers already established in Haiti's 10 regional departments. They will coordinate partner interventions and provide support in those skill-intensive domains in short supply in the country; (ii) cross technical assistance among sites within the concept of "Centers of Excellence" and; (iii) sponsorship of participation of local indigenous staff at international forums, workshops, and seminars with the objective of developing in-country expertise in strategic information (SI). The emphasis areas are IT, USG database and reporting systems. The primary beneficiaries are the MOH staff, community based organizations (CBOs), non-governmental organizations (NGOs), and other implementing organizations.

BACKGROUND: The USG has directly supported SI efforts since 2005 to ensure greater coordination of activities including: 1) maintaining highly skilled professionals in the field that would not be otherwise available; 2) consolidating investments in information technology and guaranteeing availability of data for strategic information purposes. Five regional health information officers (RIOs) have been hired and detailed to the regional departments of the country with each RIO covering more than one department. They are seconded by the Ministry of Health (MOH) regional departments and travel throughout their assigned region to provide support to the MOH, the sites, and local partners in health information systems management, commodity and drug information management, and overall project management to ensure that mechanisms are in place for the collection, processing, and analysis of data for decision making. RIOs currently support 128 sites throughout the country.

In Fiscal Year (FY) 2006 and FY 2007, funding was provided to support participation of local personnel at international forums, workshops, and seminars with the objective of fostering a new breed of local SI professionals, capable of filling their responsibilities within the established SI system. Several of those who attended offshore courses are now taking part as trainers or mentors to the ongoing M&E training programs.

ACTIVITIES AND EXPECTED RESULTS: Activity 1: At no cost to the country team, CDC headquarters will provide a range of technical assistance to the country team to support the formalization of an M&E plan, the formulation of PHE themes and elaboration of corresponding protocols, and the use of data for decision making using the various databases in place.

Activity 2: CDC Haiti will provide hands-on assistance through RIOs and cross-assistance among participating sites. The five RIOs will travel throughout their assigned departments to support departmental directorates, sites, and community-based local partners. To encourage best practices and foster sharing of experiences, RIOs will encourage cross assistance among the sites, a practice by which the most experienced field personnel at the referral sites travel to assist other personnel at peripheral sites. The CDC, through the RIOs, will provide leadership in the development, rolling out and maintenance of the data management system aimed at supporting the national HIV/AIDS program. Additionally, CDC will establish local area and regional networks for sharing of information within and between entities participating in the program and located in their coverage area; provide hands-on assistance and on the job training to health care providers, field data personnel, and regional authorities to enable them to perform data collection, reporting and processing duties; support the data quality assurance process and participate in field data validation visits and quality assurance circles; lead reengineering effort to establish work and data flow suitable to the easy collection of data in all sub-systems related to the development of the program; participate in the establishment and maintenance of a management by objective system with regular monitoring of established targets and by involving the sites, departmental directorates and partners; and maintain good relationships, interface and coordinate efforts with local authorities, facility personnel, and all USG partners developing interventions in their assigned areas.

Activity 3: The USG team will support the development of in-country SI expertise through sponsorship for field personnel to international workshops. Such sponsorship in FY 2005 and FY 2006 led to greater involvement and leadership from sponsored professionals. Opportunities will be sought to train people in management of community-based information systems. Among other areas of interest are: M&E, HIV/AIDS surveillance, tuberculosis (TB)/HIV surveillance, information technology, survey methodologies and techniques for conducting Behavioral Surveillance Surveys (BSS), antenatal surveys and incidence reports, and projections and estimation techniques.

Specifically, the USG team will regularly update the list of prospective training opportunities; identify potential candidates in collaboration with the MOH and partners; work with selected participants on scope of work to ensure application of workshops or seminar contents upon return; facilitate registration for participants; support the logistics registration, room and boarding; and maintain a database of participants.

**TARGETS:**

150 of local organizations provided with technical assistance for SI  
30 individuals trained in SI including M&E, surveillance and HMIS

**EMPHASIS AREAS:**

- Training
- Human resources
- Quality assurance / quality improvement and supportive supervision
- Monitoring, evaluation or reporting (or program level data collection)
- HIV Surveillance systems
- AIS, DHS, BSS or other population survey

**TARGET POPULATIONS:**

- Other MOH staff
- Implementing organizations
- Program managers

**Activity Narrative:** •Women  
•Health care providers

COVERAGE AREAS:

•National

KEY LEGISLATIVE ISSUES:

Increasing gender equity in HIV/AIDS programs

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9348

**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27476	3913.27476.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	11438	11438.09	CDC - Field Support	\$350,000
9348	3913.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5154	3141.07		\$340,000
3913	3913.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	3141	3141.06		\$115,000

**Targets**

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	150	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	30	False

**Table 3.3.13: Activities by Funding Mechansim**

**Mechanism ID:** 7725.08

**Mechanism:** MEASURE Evaluation Track Order

**Prime Partner:** John Snow, Inc.

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** Strategic Information

**Budget Code:** HVSI

**Program Area Code:** 13

**Activity ID:** 18846.08

**Planned Funds:** \$550,000

**Activity System ID:** 18846

**Activity Narrative:** In Fiscal Year (FY) 2008, JSI will continue to support the United States Government (USG) country team to improve health information systems, monitor and evaluate health programs and institute effective programmatic decision making with the aid of quality data. While the principal emphasis of this activity will be strengthening health management information systems (HMIS), other important emphasis areas include support for monitoring and evaluation (M&E), and reporting for the President's Emergency Plan for AIDS Relief (PEPFAR), and continued development and implementation of an USG reporting system for community-based programs. The primary target populations include staff at the NACC and the MOH, health care workers, and program managers within community based organizations (CBOs), faith-based organizations (FBOs), non-governmental organizations (NGOs) and other PEPFAR implementing partners. The scope of this support is national as the HMIS extends to all health districts while the community-based activities are conducted in all provinces.

**BACKGROUND:** The implementing organization has supported M&E activities in Haiti since 2001. Building on this experience, the implementing organization will work at the national level coordinating with a variety of stakeholders such as the Ministry of Health (MOH), UCC (Unité Centrale de Coordination du Programme de Lutte contre les IST/VIH/SIDA), the Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM), and PEPFAR implementing partners.

**FY 2008 ACTIVITIES AND EXPECTED RESULTS:**

**Activity 1:** Continued reinforcement of archiving and filing systems: The implementing organization will continue to work closely with IHE to promote efficient archiving and storage of program source documents and data. Support includes training in appropriate filing and archiving for medical facility staff and the provision of file folders for storing records. The aim is to ensure continuity of HIV/AIDS care through careful record keeping/management. In FY 2008 implementing partners (IP) will carry out the following activities: (1) provide folders to simplify patient tracking and manage work flow; (2) train facility-based staff (doctors, nurses, data managers, and clerical staff) in coding, filing, and archiving with special emphasis on confidentiality and record keeping; and (3) conduct field visits in collaboration with IHE to oversee the use of the folders. The collaboration with Institut Haitien de l'Enfance (IHE), a local NGO, is intended to ensure sustainability of the activity as IHE becomes a resource for expertise in this important area. Continued support for this activity is important to ensure adequate coverage as new treatment facilities commence activities as part of scaling up efforts. There is continual need for training of new staff and refresher training of existing staff at current program sites. As access to care increases, continued logistical support is required to accommodate expanded patient rosters.

**Activity 2:** Development of a paper-based system for monitoring performance of non facility-based interventions.

Activities in support of community level program information reporting for 2008 is a continuation of a process begun in 2006. The community based activity reporting system began in 2007 (COP 2006) as a USG implementing partner reporting system for PEPFAR indicators. Indicators were harmonized among IPs and standardized forms and reports were created. Training will be conducted for community level staff in 2007. In COP 2008 the emphasis will be on supervising and enabling the comprehensive roll-out of the system to all USG implementing partners. Supportive supervision and mentoring will be provided to data managers and decision makers at the community level to ensure appropriate evidence-based decision making, use of data for program management, and reporting of quality data. In COP 2008 the implementing organization proposes to harmonize the information system for community based activities with the Haitian National AIDS Control Program and programs supported by other international donors (e.g. the Global Fund, UNICEF). Additionally, the implementing organization proposes to conduct a formal evaluation of the effectiveness of this novel process for implementing community based information systems. Funding for this activity will be used for consensus building meetings, site visits, technical assistance visits by international-based staff as well as salary support for full time in-country and international-based staff.

**Activity 3: Data Demand and Information Utilization (DDIU)**

There are four distinct steps in facilitating data demand and information use: (1) perform a DDIU assessment; (2) use the information from Step 1 to identify and define strategic opportunities in terms of the entry point of DDIU activity, beneficiaries, and stakeholders and anticipated results; (3) select the DDIU tools and approaches that will be applied; and (4) document the impact of DDIU activities in terms of the anticipated results from Step 2. These steps are budgeted and will be implemented in 2007. In 2008, the implementing organization proposes to support the extension of the DDIU curricula to the level of the health care facility/implementing site. In addition, the implementing organization proposes to identify needs for secondary data analysis of PEPFAR program data and develop the capacity within local organizations to conduct such analyses. Funding for this activity in 2008 will be designated for conducting regional trainings for data use, conducting site visits, and evaluations of information needs at the organizational level and for preparing guidelines for secondary data analysis of PEPFAR data. Support for in-country and international-based salaries will also be required.

**Activity 4: Strengthening the integration of HIV/AIDS HIS into the overall HIS.**

This activity was suspended in FY 2006 due to a lack of support by the MOH and re-prioritization of needs by USG. It is hoped that in accordance with a renewed emphasis on health information system strengthening by the Office of the Global AIDS Coordinator (OGAC), this activity will have the necessary support for revival in FY 2007. The COP 2007 proposes implementing a strategic plan to integrate HIV/AIDS data into the overall HMIS in Haiti. USG support enables the HIS system to meet both short and long term HIV/AIDS health information goals, including meeting the information needs of diverse international donor organizations, including PEPFAR, GFATM, UNICEF, and the MOH, in a harmonized system (the "Three Ones"). In FY 2007 the implementing organization planned to 1) ensure that the HIS regularly reported quality HIV/AIDS data to PEPFAR and GFATM, 2) implement and monitor performance of the patient referral system within the health care system; and 3) provide technical assistance to the 10 health departmental offices to strengthen their capacity to validate, analyze, and use data. In FY 2008, the implementing organization proposes to follow-up on the work conducted in FY 2007 by: 1) monitoring the quality of HIV/AIDS data in the Regional Health Information System (RHIS) and intervening appropriately where poor quality is found, 2) continue to support the MOH to collect, synthesize and disseminate RHIS data (via targeted TA and supportive supervision), 3) promote the appropriate use of HIV/AIDS data by policy makers (through targeted TA and data use workshops) and, 4) work with USG to integrate existing HIV/AIDS reporting systems (e.g. MESI) into the national HMIS.

**Activity 5: General HMIS Strengthening**

The development and strengthening of facility-based health information system (HIS) is a full part of the

**Activity Narrative:** strategic information plan. The USG will assist Haiti in building a sustainable HIS that will permit generation of necessary information for rational decision making at each level of the health system, from the facility to national and international donor levels in concurrence with a national or regional HIS. Towards accomplishing this, MEASURE Evaluation will carry out the following in FY 2008: 1) Assist the MOH to strengthen the capacity at the National Health Information System Service through focused technical assistance, in an effort to better coordinate all aspects of the HMIS in Haiti. Technical assistance will consist of database development and management, data analysis, monitoring and evaluation, and reporting; 2) Assist the MOH in the elaboration of the Haiti Annual Report (annual activity); 3) Organize workshops on data review, use and dissemination (including department newsletters, feedback reports), to enhance data evidence based decision making (refresher training for existing staff, orientation for new staff); 4) Organize training sessions for facility personnel on how to fill out the data collection forms (e.g. registers, monthly report form) and refresher training for existing staff, and orientation for new staff; 5) Facilitate participation of selected MOH personnel to relevant international short term trainings.

**Expected Results:** These activities are not expected to contribute directly to PEPFAR's 2-7-10 goals. Rather the objective is to support the USG/SI team to ensure that all data required to demonstrate results in Haiti are available and are good quality such that they support sound management of PEPFAR resources.

**EMPHASIS AREAS:**  
Strategic information: HMIS, HIV surveillance

**TARGETS:**  
Number of local organizations provided with technical assistance for strategic information activities: 50  
Number of individuals trained in strategic information: 200.  
**COVERAGE AREAS:** national

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

**Targets**

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	50	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	200	False

**Table 3.3.13: Activities by Funding Mechansim**

<b>Mechanism ID:</b> 9393.08	<b>Mechanism:</b> Tulane
<b>Prime Partner:</b> Tulane University	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Strategic Information
<b>Budget Code:</b> HVSI	<b>Program Area Code:</b> 13
<b>Activity ID:</b> 18848.08	<b>Planned Funds:</b> \$700,000
<b>Activity System ID:</b> 18848	

**Activity Narrative:** This activity also related to Tulane University's activity narratives, MEASURE, National Association of State and Territorial AIDS Directors (NASTAD), Centers of Disease Control (CDC), Solutions, Institut Haitien De l'Enfance (IHE), Haiti's National Plan Unite de Gestion du Projet in Strategic Information, and International Training and Education Center on HIV (ITECH) in laboratory infrastructure.

**SUMMARY:**

This activity is aimed at backstopping the overall development of the HIS for HIV/AIDS supported by PEPFAR on various areas. It encompasses: (i) Support the USG team for the preparation of the PEPFAR annual and semi-annual reports and for overall planning effort (ii) technical assistance to the Ministry of Health for elaboration of the M&E framework, M&E plan, and the M&E regional workshops on HIV/AIDS and for the generation of reports on demand (iii) technical assistance to IHE for the improvement of data collection and reporting processes as well as data quality control mechanisms (iv) technical assistance to SOLUTIONS for the overall design and continuous enhancement of the web-based (MESI) and for the improvement of data base management and data quality inputs (v) technical assistance to the Regional Information Officers of the USG team (RIO) in the rolling out of the internetworking infrastructure, especially in system design and implementation. The primary emphasis of this activity is: training and workshops, HMIS, USG data base and reporting system, and IT. Specific target population include physicians, nurses or health professionals involved in data collection, management and analysis, Statisticians and data clerks, District Regional Officers, Regional Information Officers, NGOs, and local organization consultants involved in M&E and data.

**BACKGROUND:**

Prior to the advent of PEPFAR, the USG team had received support from a specialized US-based organization to help with the development of an M&E system for the national HIV/AIDS program with a mandate to standardize indicators, organize M&E 101 training for the MOH staff and key USG partners, and support the dissemination of HIV/AIDS data. This mandate expanded under PEPFAR to incorporate progressively additional tasks such as: (i) support the USG team for preparation of PEPFAR reports (ii) support to the reinforcement of IT infrastructure and the training of field staffs in basic computer skills, (iii) technical support to local organizations such as IHE and SOLUTION for data collection validation, reporting and analysis. The strategy adopted by this support organization to deliver this technical assistance has been to detail a full time M&E officer in Haiti and commission specialized short term consultancies for specific works. Through this assistance: more than 600 individuals received M&E training in various areas; an architecture for the rational deployment of IT infrastructure has been developed and implemented with a perspective of establishing a countrywide network; 42 sites have been outfitted with basic computer equipment and internet connection; field personnel have received hands-on training at different sites for the use of computer and internet; the USG team has received regular support to prepare its annual and semi annual reports; processes and mechanisms at the two local institutions, IHE and SOLUTION has made significant improvements. As the contractor for these activities came under the UTAP mechanism, the USG team has put into place a competitive process to find a follow on contractor.

**ACTIVITES AND EXPECTED RESULTS:**

**ACTIVITY 1:**

TBD in collaboration with the Haitian Ministry of Health and Le Centre d'Information et de Formation en Administration de la Santé (CIFAS) will provide intensive trainings in the fundamental concepts and tools of monitoring and evaluating HIV/AIDS programs. These workshops "Monitoring and Evaluation of HIV/AIDS Programs and Data Quality Control" target physicians, nurses, social workers, statisticians as well as other health professionals involved with the implementation of HIV/AIDS programs. These individuals will be able to generate relevant quality data as well as to analyze and use them for improving health systems in Haiti. They will also be able to provide training and assistance to others health programs. Six trainings will be held during the one year period, they are categorized by groups: (i) Interns (ii) Residents (iii) Nurses and Auxilliaires, Data Clerks and Statisticians, Site directors, Social Workers.

**ACTIVITY 2:** TBD will support the MOH by providing specialized consultancy to lead and organize the task force and workshops for developing the National M&E Plan for the National AIDS Control Program. The consultant will lead the task force by: 1) organizing task force and working group meetings; 2) ensuring efficient control of information; 3) working with all partners; 4) obtaining technical assistance from Tulane as needed; 5) leading the drafting of the document.

**ACTIVITY 3:** TBD will provide technical assistance and backstopping to IHE to ensure completeness, accuracy and quality of data that are being reported from the sites. Indeed IHE needs substantial assistance to face with difficulties with late reporting, facility capacity to process and report this data, lack of clearly defined indicators. TBD's assistance will include: (i) continuous assessment of the relevance of the data collection and reporting tools and their adjustments to the need of the programs (ii) regular data audit that focuses on the existing data quality, instruments, reporting templates and the data base currently being used (iii) joint site visits with IHE to review facility protocols and procedures and assess data quality by comparing central database with log books (iv) comparison between data posted on the electronic systems (MESI and EMR) and data entered into paper systems (iv) support for the preparation of a curriculum adapted to different categories of personnel. (v) support to IHE for the development of a manual to better define the indicators (vi) training of IHE statisticians and data base managers in use of statistical package software such as SPSS to increase their capacity for analysis (iv) Regular meetings with umbrella organization implementing the PEFAR program such as PIH, GHESKIO, MSH which are collecting data both to feed the national system and to serve their own needs to ensure harmonization of their system with the national system. TBD will help create a tool for the audit of their data. This overall assistance will be provided through both the TBD local M&E officer and through specialized short term consultancy. The expected result is to ensure that the processes, mechanisms, and tools existing for data collection, validation and reporting are adequate and are set to provide good quality data.

**ACTIVITY 4:** TBD will provide technical assistance for the continuous development of MESI. Though SOLUTION the developer of MESI will be on a sub-contract with IHE, TBD will : (i) provide its technical support in order to continually assess the status of the MESI data base system for its completeness, its relevance and accuracy. Mechanisms will be developed to verify the MESI database and confirm that data have been updated (ii) provide technical oversight/guidance for the development of key technical support documents to facilitate the uniform and consistent operation of the system. These documents may include: data management plan and data quality plans and procedures. (iii) collaborate with SOLUTION for the formulation of new queries for generation of reports from the database and for the design of data reporting templates to be incorporated into the MESI (iv) work with SOLUTION to incorporate into MESI a set of relevant and dynamic graphics for the display of information. (v) Develop built-in formula for data validation (v) Develop and implement with SOLUTION a data dissemination and use plan that includes promotion for the MESI database itself among implementing partners.

**ACTIVITY 5:**

**Activity Narrative:** Support the USG team in the preparation of the PEPFAR semi annual and annual reports. Through it local coordinator, TBD will provide a support to the USG team for the crunching and validation of data during preparation of reports.  
 •Number of local organizations provided with technical assistance for strategic information activities = 3  
 •Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS) = 500

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

**Targets**

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	3	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	500	False

**Table 3.3.13: Activities by Funding Mechansim**

**Mechanism ID:** 8310.08

**Prime Partner:** Public Health Institute

**Funding Source:** GHCS (State)

**Budget Code:** HVSI

**Activity ID:** 18972.08

**Activity System ID:** 18972

**Mechanism:** Global Health Fellowship

**USG Agency:** U.S. Agency for International Development

**Program Area:** Strategic Information

**Program Area Code:** 13

**Planned Funds:** \$350,000

**Activity Narrative:** SUMMARY: Public Health Institute will recruit, hire and place a Global Health Fellow to fill the position of Strategic Information Manager on the Haiti PEPFAR Team under their Global Health Fellowship Program.

BACKGROUND: The needs in strategic information (SI) support to the Haiti PEPFAR Program have surpassed the capacity of the USG team members currently working on strategic information. The Strategic Information Liaison and Technical Advisor, from the CDC team, has been supported on a part-time basis by a monitoring and evaluation project manager on the USAID team. The USAID position has been eliminated but the functions will be filled by a contractor within the next year. In the meantime, the expanding number of implementing partners and a greatly expanded number of activities requires additional manpower on the USG Team to address all of the SI needs of the program. Public Health Institute, in partnership with Harvard School of Public Health, Management Systems International and Tulane University School of Public Health and Tropical Medicine, has an agreement with USAID to manage the Global Health Fellow Program, with the mandate to recruit and place mid to senior level professionals in international health programs of the US government.

**ACTIVITY:**

PHI will recruit, hire and place a Global Health Fellow to work as part of the USG Haiti PEPFAR Team and provide support in strategic information management. The position will be placed alongside the Country Coordinator position and will provide support to the entire team, reporting to the Country Inter-Agency Management Committee. The principal responsibilities of the incumbent will be:

- Active coordination with other donors on epidemiological surveillance
- Active involvement with the BSS and DHS surveys
- Active participation in the MOH Working Group on epidemiological surveillance and pro-active involvement with the MOH to ensure that the PEPFAR-established service delivery information system is one and the same as the MOH system (the “three ones” principle)
- Active coordination with other HIV/AIDS donors, principally the Global Fund, to track results reporting of jointly funded implementing partners
- Active involvement and supervision of the joint PEPFAR/Global Fund Project Management Information System
- Management oversight of the PHE activities implemented under the PEPFAR Country Operational Plan (COP)
- Assist the Strategic Information Liaison with:
  - oCoordination and finalization of program targets for Table 2 and Table 3.3 of the annual COP
  - oCollection of semi-annual and annual partner data and preparation of report to OGAC
  - oAnalysis of semi-annual and annual report data to provide feedback to partners
  - oKeeping updated tables of PEPFAR indicator target and results, supported sites and persons trained.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

OHPS - Other/Policy Analysis and Sys Strengthening

Program Area: Other/Policy Analysis and System Strengthening

Budget Code: OHPS

Program Area Code: 14

**Total Planned Funding for Program Area: \$3,505,000**

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

**Program Area Context:**

The first three years of the President’s Emergency Plan for AIDS Relief (PEPFAR) program coincided with Haiti’s Interim Government (2003-2006), during which time the United States Government (USG) support was used to reinforce both the program management and the operations capacity of the Ministry of Health (MOH) to foster a more complete understanding of existing donor interventions and to emphasize the responsibility of the MOH to ensure sustainability of these interventions. This reinforcement was critical to PEPFAR’s early success as the MOH represented a rare public entity in Haiti at that time with the capacity to successfully operate decentralized administrative units, at the regional departmental level. The USG team focused its

systems resources on the regional department directorates, enabling them to significantly improve their physical infrastructure, to acquire additional logistic capacity; and to receive hands-on technical assistance in program planning, monitoring, and supervision. At the central level of the MOH, a management unit was created to take on the program and financial responsibility of a direct cooperative agreement with CDC to channel PEPFAR funds for capacity strengthening of the public health system to provide HIV/AIDS care and treatment. This unit has dramatically increased the absorptive capacity of the MOH, enabling it to comply with standard financial and procurement procedures required by the USG and other donors.

The USG Team has also worked on a more widespread, national institutional capacity strengthening strategy to accomplish the "Three Ones": supporting the process of creating one coordinating body for HIV/AIDS by fostering the expansion of the existing Global Fund Country Coordination Mechanism (CCM) into the National Committee on HIV/AIDS; supporting the development of a new, multisectoral national strategic plan for HIV/AIDS which was finalized in June 2007; and working with the Epidemiology Unit of the MOH to establish one national HIV/AIDS information management system. The USG team works closely with the other major source of HIV/AIDS funding to Haiti, the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), and its Principal Recipient, the SOGEBANK Foundation, to do joint program planning and monitoring of recipient institutions to reduce duplication of efforts, coordination of commodity procurement; and leveraging of other resources. In Fiscal Year (FY) 2007, an Internet-based joint GFATM/PEPFAR project management information system has been created, is being piloted and will be implemented with all partners to enable them to prepare joint annual action plans, submit progress reports, coordinate procurement and report patient data. This system will be expanded in the coming year to include other aspects of the MOH HIV/AIDS portfolio.

In FY 2008, PEPFAR resources will continue to support the MOH system strengthening in all program areas, with a particular emphasis on human capacity development (HCD). It is increasingly obvious that recruiting and keeping qualified human resources in the public sector health system will be the limiting factor in reaching national coverage of quality HIV/AIDS services and in ensuring the maintenance and sustainability of USG investments in HIV/AIDS service delivery. The MOH does not have a strategic plan for HIV/AIDS HCD. The USG Team will assist with the development of this basic planning tool in FY 2008 with technical assistance from the Capacity Project. There will be increased support, through ITECH, GHESKIO, and INHSAC, for the pre-service and in-service training of physicians, nurses, auxiliary nurses, nurse midwives, medical technologists, laboratory technicians, social workers, psychologists, counselors, and community outreach workers for HIV/AIDS treatment, care, and support. Another partner, POZ, will provide training in stigma and discrimination reduction to health care providers, community outreach agents and other partners that work with youth and other targeted populations. GHESKIO, that has run a rape crisis center for four years, will provide training and mentoring to other institutions in addressing sexual violence, rape and domestic violence.

FY 2008 funds will be used to build the MOH capacity for eventual management of the procurement and distribution of HIV/AIDS commodities as part of a larger USG effort with non-HIV/AIDS funds from USAID to create national capacity to handle all essential drugs and commodities under one system. The USG Team has addressed the chronic condom shortage issue with the purchase in FY 2007 of 14 million non-branded condoms and an additional 15 million to be purchased with FY 2008 funds to be distributed through the public sector HIV/AIDS sites. Management Sciences for Health (MSH) will assist the MOH to establish a coherent condom distribution strategy that takes into account the public sector, the social marketing, and the commercial distribution networks and responds to the condom needs of programs to support people living with HIV/AIDS ("prevention for positives"), as well as primary prevention programs. With funding programmed under ARV Services and Palliative Care, another partner, the Partnership for Supply Change Management (PFSCM), will assist the MOH in the strengthening of its drug procurement and distribution system, in coordination with other donors, notably the Global Fund.

The lack of reliable electricity from the national grid remains a chronic problem in Haiti with critical implications for effective functioning of hospitals and laboratories. The USG Team has requested an energy team from USAID/Washington to carry out an assessment in late 2007 and recommend solutions for addressing the energy problems at the PEPFAR-supported laboratories and hospitals. It is expected to require millions of dollars to address the issue at all the public hospitals and laboratories, a proposition that is beyond the scope of the Haiti PEPFAR program. However, some FY08 funds have been set aside (TBD) to implement the suggested solutions in a limited number of public institutions as a model for what is possible.

FY 2007 PEPFAR support was provided to efforts for Haitian-Dominican collaboration on cross-border and bi-national issues. USG Team members participate actively in the MOH Bi-National HIV/AIDS Agenda Technical Group that works with a counterpart MOH Committee in Santo Domingo to develop an island-wide strategy for integrated HIV/AIDS interventions. FY 2007 funding was provided to a number of local partners that work in border areas to implement cross-border coordination with counterparts in Dominican border towns. The Haiti USG team coordinates these efforts with the Dominican USG Team, whose PEPFAR funds support similar interventions on the Dominican side of the island, and with other international agencies, notably the Pan American Health Organization and UNAIDS. The bi-national and cross-border activities will continue in FY 2008, supported through MSH and its NGO sub-partners that work in the border areas.

PEPFAR support will continue in FY 2008 to work with the GOH and partners on a number of policy, normative, and legal issues. Some of these activities are funded under the Policy and Systems Strengthening program areas; other through the respective technical program areas. These include:

- passage of the National AIDS Law, on which there has been limited progress in FY 2007;
- continued work with the Haitian National Police and private sector industries on workplace policies to reduce stigma and discrimination;
- updates to national guidelines for anti-retroviral drug regimens;
- development of national treatment and care guidelines for TB/HIV co-infection;
- continued work on establishing legal responsibility for double orphans, and determining a path for obtaining testing and care for these children;
- development of national food and nutrition guidelines for people living with HIV/AIDS (PLWHA);
- reduction of violence, particularly against women (e.g., rape, kidnapping, and gang violence), as it relates to PLWHA, including stigma reduction, and crisis testing and counseling;
- resolution of legal issues around opt-out or provider-initiated testing.

Of note, as many of the targets in the Policy Analysis and Systems Strengthening are in regards to training, the numbers given represent achievements funded by other program areas in addition to activities found within this section.

**Program Area Downstream Targets:**

14.1 Number of local organizations provided with technical assistance for HIV-related policy development	59
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	85
14.3 Number of individuals trained in HIV-related policy development	128
14.4 Number of individuals trained in HIV-related institutional capacity building	150
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	850
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	300

**Custom Targets:****Table 3.3.14: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 7718.08	<b>Mechanism:</b> The Capacity Project
<b>Prime Partner:</b> IntraHealth International, Inc	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Other/Policy Analysis and System Strengthening
<b>Budget Code:</b> OHPS	<b>Program Area Code:</b> 14
<b>Activity ID:</b> 18707.08	<b>Planned Funds:</b> \$0
<b>Activity System ID:</b> 18707	
<b>Activity Narrative:</b>	
<p><b>SUMMARY:</b> The objective of this activity is to strengthen the capacity of the Ministry of Health's (MOH) National AIDS Coordinating Unit (UCC) to develop a human resources strategic plan. This will entail an initial health workforce human capacity assessment in HIV/AIDS and then support to the MOH to plan interventions to address the assessment recommendations.</p> <p><b>BACKGROUND:</b> Currently, the MOH and related ministries charged with working in HIV/AIDS at both the service delivery level as well as the administrative and management levels have stretched human resource capacity. Despite Government of Haiti (GOH) commitment to increasing the public health workforce, there is substantial variation in the degree to which public health positions are available throughout the system, particularly at the departmental and sub-departmental levels. Moreover, those few health professionals that are available are responsible for providing a range of public health services, including tuberculosis, malaria and HIV/AIDS. This need has been exacerbated by the increase in HIV/AIDS funding to Haiti over the past five years, first with substantial Global Fund to Fight AIDS, Tuberculosis and Malaria grants and then with the President's Emergency Plan for AIDS Relief (PEPFAR) funds that brought changes in national policies, including the provision of free care and treatment services for HIV patients. Consequently, patient loads and demand for treatment, counseling and testing, care and prevention services in clinics and hospitals around the country have increased substantially. Given that the government ministries, including MOH and Ministry of Social Welfare, are the most inherently sustainable structures to implement HIV/AIDS programs for the long term, it is important to ensure that the PEPFAR program does not inadvertently compromise this attempt to reach sustainability.</p> <p>In the medium-term, the GOH will need to increase staffing levels and strengthen human capacity in the areas of basic public health sciences, analytical assessment, policy development, program planning, communication, financial and program management, leadership, and community development to adjust the structure of the health care system to address HIV/AIDS prevention, care, and treatment. In the short-term, in addition to the proposed assessment, PEPFAR will support strategies to allow quality program expansion to take place, including formulation of a short and long term human capacity development strategy, hiring temporary contract staff, providing targeted incentives (e.g. improved working infrastructure, access to state-of-the-art technical updates through the internet), supporting pre-service and in-service training and funding overtime.</p> <p><b>ACTIVITY:</b></p> <p>In consultation with the OGAC human capacity technical working group, Fiscal Year 2008 funds will support the Government of Haiti (GOH) to conduct a health workforce human capacity assessment to identify the human resources needed to achieve HIV/AIDS prevention, care, and treatment goals, to document the gaps in resources which cannot be realigned from the overall workforce and to determine how to identify, train, and sustain health workers engaged in HIV/AIDS services without compromising the budget or manpower for other health services.</p>	
<b>HQ Technical Area:</b>	
<b>New/Continuing Activity:</b> New Activity	
<b>Continuing Activity:</b>	
<b>Related Activity:</b>	

## Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	N/A	True
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	1	False
14.3 Number of individuals trained in HIV-related policy development	N/A	True
14.4 Number of individuals trained in HIV-related institutional capacity building	N/A	True
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

**Table 3.3.14: Activities by Funding Mechanism**

**Mechanism ID:** 9397.08

**Prime Partner:** PA Government Services Inc.

**Funding Source:** GHCS (State)

**Budget Code:** OHPS

**Activity ID:** 18708.08

**Activity System ID:** 18708

**Mechanism:** Improving Energy Services in Haiti

**USG Agency:** U.S. Agency for International Development

**Program Area:** Other/Policy Analysis and System Strengthening

**Program Area Code:** 14

**Planned Funds:** \$790,000

**Activity Narrative:** INTEGRATED ACTIVITY FLAG:

Improvement of healthcare facility infrastructure is critical and is closely linked with activities in several program areas such as the blood safety, antiretroviral (ARV) services, basic palliative care, prevention of mother-to-child transmission (PMTCT), tuberculosis (TB)/HIV, and laboratory programs. Blood banks, clinics, pharmacy, out-patients services, in-patients wards, all tiered levels of laboratories (national, regional, district, and healthcare centers), and all auxiliary services including, administrative, face serious obstacles in Haiti due to the unreliable power supply. Distributed (onsite) energy generation technology, including renewable and hybrid systems, are viable solutions to the energy problems and are applicable to all of these critical facilities.

**SUMMARY:** The activities in this narrative seeks to improve the operations of healthcare facilities that provide clinical and laboratory services to persons living with HIV/AIDS (PLWHAs) by retrofitting facility infrastructure at three selected centers of excellence (COE). These COEs are at departmental hospitals.

**BACKGROUND:** Shortage and fluctuation of electrical supply across the country is one of the major barriers to improve healthcare capacity in Haiti. Quite often, PEPFAR ARV hospital sites still rely on generator provided electricity. Fuel is extremely expensive in Haiti, thus the cost to operate fuel generators is extremely high and nearly unsustainable. Laboratory services offering CD4 enumeration, blood chemistry, hematology analysis, and other tests are disrupted on a daily basis because of the lack of electricity despite provision of inverters and batteries. Automated expensive laboratory instruments are constantly burnt out due to electrical surges despite protection by UPS. Refrigerators used to store drugs, vaccines, and laboratory reagents commonly function poorly. The temperature is often not within the acceptable temperature range (4-12C). In short, the integrity of vital healthcare products used for patients in Haiti is compromised. Activities enumerated in this narrative are part of ongoing efforts to improve the infrastructure of healthcare facilities across Haiti. Specifically, these activities will address a serious barrier to the effective operation of ARV sites in Haiti: lack of adequate and reliable energy services to provide clinical services to PLWHAs, to run diagnostic equipment, air conditioning, refrigerators, and provide adequate lighting.

**ACTIVITIES AND EXPECTED RESULTS:**

In Fiscal Year 2008, the partner will undertake the following activities to improve the infrastructure of three ARV centers of excellence and the national public health laboratory (NPHL):

Activity 1: Implement the recommendations that come out of an assessment of the ARV sites and the NPHL that is carried out in November 2007 to a) determine the total - both current and projected - energy demand profile of each facility and the current cost and reliability of existing energy supply; b) identify alternative electrical resources appropriate for healthcare facilities in Haiti; c) design an optimized energy generation system to meet the current and projected needs of the whole facility in a sustainable and cost effective manner;

Activity 2: Procure, install, secure, and set up systems for maintenance of the recommended energy solutions at three departmental ARV sites and the NPHL so that those facilities will have a constant electrical supply;

Activity 3: Implement a training program to ensure that technicians are available who can properly maintain these systems; and,

Activity 4: Implement a program to ensure that funds will be available to purchase replacement parts when necessary.

This program will provide three ARV sites and the NPHL with the sufficient and reliable power supply necessary to provide efficient clinical and laboratory services. In order to ensure the sustainability of this project, consultants will provide training and on-site follow-up to ensure that local technicians are properly trained in the maintenance of the energy generation technologies and that replacement parts are available. It is anticipated that this activity will directly increase the number of people receiving ARV services.

**TARGETS:**

-Three service outlets providing anti-retroviral treatment (ART) with secure, continuous energy supply.

**EMPHASIS AREAS:**

-Infrastructure

-Needs assessment

-Training

**TARGET POPULATIONS:**

-Lab workers

**COVERAGE AREAS:**

-National

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

**Table 3.3.14: Activities by Funding Mechanism**

**Mechanism ID:** 1390.08

**Mechanism:** HHS/GAC/Local

**Prime Partner:** Promoteurs Objectif Zéro Sida  
(Promoteurs de l'Objectif Zéro Sida)

**USG Agency:** HHS/Centers for Disease  
Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Other/Policy Analysis and  
System Strengthening

**Budget Code:** OHPS

**Program Area Code:** 14

**Activity ID:** 18709.08

**Planned Funds:** \$150,000

**Activity System ID:** 18709

**Activity Narrative:** Integrated Activity Flag: This activity is linked to Activity IDs 4497.08, 5436.08 and 9364.08.

**SUMMARY:** The purpose of this project is to reduce stigma and discrimination and the spread of HIV/AIDS in five geographic areas of Haiti: It will help to create positive attitude amongst health service providers, the traditional healers and the community have to create has environment more comfortable and supportive for PLWHA.

**BACKGROUND:** A recent study carried out by an organization (Concern) highlighted the fact that infected and affect are generally victims of stigmatization and discrimination on behalf of the health service providers. The recommendation was thus to sensitize the health service providers to these two problems. We thus propose to target 5 sites on the level of the 6 following departments (West, North, South, South East, Grand Anse, and Nippes). On the level of these sites, we will sensitize all the health providers and community leaders and traditional healers HIV/AIDS epidemic has a tremendous impact one the Haitian communities. There is an estimated 200,000 persons living with HIV/AIDS (PLWHA) and 18,000 orphans of whom very few have access to basics care and support services. In site of major efforts supported by public and private groups to create and build up capacity of health staff and public awareness, strong stigma and discrimination still associated with the disease still exist and often leaves PLWHA isolated from family and community support systems. It has been well documented that to create an effective and sustained response to HIV prevention, care, treatment and impact mitigation, stigma and discrimination must be addressed. However, despite S&D being identified as an important factor in Haiti's epidemic--and is a core component of the Ministry of Health's HIV prevention strategy--few resources have been earmarked towards its mitigation. S&D and/or fear of S&D remain the main barriers to effective prevention and treatment; yet the international community allocates the lion's share of its funding to ART. Speaking at last year's AIDS conference in Toronto, Peter Piot, the executive director of UNAIDS, observed that stigma together with human rights have been "relegated to the bottom of AIDS programmes...often with no funding."

Also reported in many surveys, these negative attitudes often come from the health facilities personal itself where the PLWHA ought to receive care and treatment. In addition, almost one (1) household on every three (3) reported to consult a traditional healer when a member of the family become sick (EMMUS, 2000). There is no gender difference and the proportion of household is equally significant in urban and rural residence. It is also reported that late training course of chronic diseases such as AIDS cross the path of traditional healers before they get to medical modern medicine, and quite often its too late. Since the beginning of the AIDS epidemic to date, public and visible activities of traditional healers have been almost non existent. There is no dialogue and few contacts between the two sectors delivering health care to the population. Ratio traditional healer/Population in approximately 1/500 according to statistics and most of beliefs, practices and farming representation carry on the causes of AIDS and HIV transmission are far away different from what we know one modern medicine.

#### ACTIVITIES AND EXPECTED RESULTS

**ACTIVITY 1:** To sensitize 300 health service providers (doctors, nurses, medical auxiliaries of the targeted institutions on Stigmatization and Discrimination problems. According to the available curriculum, health service providers will be sensitized during two days on the causes, the consequences of Stigmatization and Discrimination.

**ACTIVITY 2:** To sensitize 150 members of the personnel staff of these institutions. Since the personnel staff (guard, housewives, boilers etc....) is also directly in liaison with the patients, it will be sensitized during one day.

**ACTIVITY 3:** To sensitize 300 traditional healers on the six focused departments. Culturally a very great number of Haitians when sick, turn to the traditional healers, especially chronic disease. Some do it in parallel, others in very first place. Considering their obvious importance in the chain of health care of the patient, POZ thus proposes to sensitize them during two days, not only on the problems of the HIV/AIDS, Stigmatization and Discrimination but also to encourage them to refer of all the received patients so that the latter receive adapted and powerful care which their case requires.

**ACTIVITY 4:** To sensitize 300 popular leaders of the community. Since the PLWHA also undergo Stigmatization and Discrimination coming from the members of the community and as the leaders have a great influence on it and are well listening and their advice taken, POZ will conduct a one day session.

**ACTIVITY 5:** To set up at the level of each department, a surveillance committee of stigmatization and discrimination cases. Being given that all the personnel of each institution targeted will have been sensitized and that it will have been selected because of the existence of service of testing, therefore, groups of support and even association of PLWHA, POZ will set up a committee of 4 members (1 PLWHA, 1 health service provider, 1 member of the community and 1 person from the religious sector).

**ACTIVITY 6:** Media campaigns will consist of radio and TV spots, journalistic reports, banners or billboards and brochures. Under the direction of the POZ manager communication officer Coordinator, and with the technical assistance of CECOSIDA and others partners, the media strategies will be planned and implemented in the three catchment areas. There will be large events with media coverage as well as reinforcing messages regularly diffused throughout the communities radio/TV networks.

**ACTIVITY 7:** Support the development and capacity building of two associations of MSM in Cap-Haitian and Port-au-Prince respectively. POZ will provide technical assistance and financial support to help building administrative capacity to two associations of MSM. These will include: accompaniment for official state recognition; setting-up a location for holding meetings and administrative procedures to manage funds; conducting organizational assessment, strategic planning exercises and program development; small grants for communication activities; partnership in mobilization activities.

#### SPECIFIC MONITORING AND ACTIVITIES EVALUATION

POZ will conduct the following monitoring and reporting activities in order to assess the progress of the project, effectiveness of interventions and to update the donor one has regular basis;

- Monthly progress updates of project activities through email;
- Narrative Written quarterly carry forwards;

**Activity Narrative:** •Mid- term evaluation

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

## Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	5	False
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	5	False
14.3 Number of individuals trained in HIV-related policy development	10	False
14.4 Number of individuals trained in HIV-related institutional capacity building	N/A	True
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	750	False
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	150	False

## Coverage Areas

Grand-Anse

Nippes

Nord

Ouest

Sud

Sud-Est

**Table 3.3.14: Activities by Funding Mechanism**

**Mechanism ID:** 8719.08

**Mechanism:** Leadership, Management and Sustainability Project

**Prime Partner:** Management Sciences for Health

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** Other/Policy Analysis and System Strengthening

**Budget Code:** OHPS

**Program Area Code:** 14

**Activity ID:** 19591.08

**Planned Funds:** \$550,000

**Activity System ID:** 19591

**Activity Narrative:** PROGRAM AREA: Policy Analysis & System Strengthening (OHPS)

**SUMMARY:** In COP 08 the Leadership, Management and Sustainability (LMS) Program will continue to provide institutional capacity building support to selected Government of Haiti units, such as the CNLS, to increase their abilities to provide nationwide coordination, thereby increasing synergies and effectiveness of the PEPFAR programs. LMS will develop leadership and management skills at national and departmental levels. Support will also include strengthening organizational and program management capacity to efficiently and effectively affect the national response, with particular emphasis on coordination issues. LMS will provide support in areas of organizational development such as: development and maintenance of constructive, informed working relationships with all stakeholders, including the USG, their IPs, and other donor organizations; project management; clarifying roles and responsibilities; monitoring and evaluation; strategic planning; sound governance; and leadership development. The goal of this technical assistance and capacity building is an improved organizational structure with a clear mission, more efficient governance, effective internal and external communication, monitoring and evaluation systems, and improved management.

With the end of the HCP Project in Haiti, the Leadership, Management and Sustainability (LMS) Program will continue to be supported by USAID to lead the current program on strengthening departmental-level capacity to plan, coordinate, and monitor interventions focusing on promoting appropriate behaviors for HIV/AIDS prevention, addressing issues of stigma and discrimination reduction, and community mobilization for increased demand for and use of HIV/AIDS services. JHU/CCP will continue to provide some technical assistance to the program through a subcontract with LMS. This program is funded through 50% AB and 50% OHPS funds, and a description of these activities is included under both program areas.

**BACKGROUND:** As part of the development assistance under the USAID Investing in People Objective, 3.1 Health Area, 3.1.1 HIV Program Element, USAID provides technical assistance to the Government of Haiti to reinforce the national health care delivery system and strengthen the leadership capacity and systems of the Ministry of Health and Population (MSPP) to better manage the National AIDS Program. The MSPP Departmental Health Directorates are increasingly taking on responsibilities for planning, monitoring, and coordinating health care services in their regions.

The President's Emergency Plan in Haiti supports a comprehensive HIV/AIDS prevention, treatment, and care program. The Health Communication Partnership (HCP), led by the Johns Hopkins Bloomberg School of Public Health, Center for Communication Programs (CCP) was involved with innovative HIV prevention work for more than four years in Haiti. The HCP programs included coordination of BCC activities under the leadership of the Ministry of Public Health and Population (MSPP); promotion of VCT and PMTCT services; care and support for PLWA; and abstinence and faithfulness programs for youth. The 2006 APS awarded to CCP added OVC and AB for most at-risk youth components to this portfolio. Last year, CCP took the lead in coordinating BCC prevention activities in Haiti. More specifically, CCP provided technical assistance to the MSPP to map prevention activities in each department, looking in more detail at the local partners, funding agencies, activities, and identifying the gaps to suggest appropriate solutions. In addition, to better provide guidance to the MSPP, CCP participated in a series of meetings and organized training in community mobilization techniques for NGOs and departmental staff.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

**Table 3.3.14: Activities by Funding Mechanism**

**Mechanism ID:** 3142.08

**Mechanism:** ITECH

**Prime Partner:** University of Washington

**USG Agency:** HHS/Health Resources Services Administration

**Funding Source:** GHCS (State)

**Program Area:** Other/Policy Analysis and System Strengthening

**Budget Code:** OHPS

**Program Area Code:** 14

**Activity ID:** 4617.08

**Planned Funds:** \$715,000

**Activity System ID:** 17235

**Activity Narrative:** This activity is linked to activity ID 9725.08, 17889.08, 18950.08, 3910.08, 18077.08, 3886.08, 5463.08, 12424.08, 12420.08.

**SUMMARY:**

I-TECH will continue working with Haiti's public-sector schools for health professionals (medicine, nursing, laboratory, social sciences, pharmacy, and dentistry) to integrate HIV/AIDS-related content into standardized curricula, to build teaching capacity through faculty development activities, and to set standardized student evaluation tools and processes based upon mastery of key competencies. I-TECH will also develop the capacity of the Ministry of Health (MSPP) to guide for health worker training programs in HIV care and treatment.

**BACKGROUND:**

In 2005-2006, I-TECH launched curriculum development processes with Haiti's professional schools in nursing, medicine, social sciences, and laboratory. This work involved close collaboration with the MSPP Department of Human Resources (DDRH) and the relevant Dean/Administration for each school. I-TECH's process for pre-service training involves: 1) needs assessment; 2) convening of academic leaders, faculty, and experts to gain consensus on learning objectives and student evaluation standards; 3) gathering content from existing curricula; 4) designing interactive and participatory learning activities; 5) producing training materials to support teaching; 6) piloting and validation of these materials; and 7) carrying out faculty development activities to improve teaching. In 2007, I-TECH completed a guide for integration of HIV/AIDS into the nursing curriculum, designed and delivered a faculty TOT and specialized course in HIV/AIDS for social work and psychology students, hosted a 10-week course through the University of Washington's Laboratory Technologist Training Program for 4 faculty members from Haiti's 2 laboratory technology schools, and completed a needs assessment for the faculty of medicine. In late 2007 through early 2008, I-TECH will launch TOT sessions for nursing school faculty, continue with curriculum working groups in medicine, social sciences, and laboratory, implement a series of faculty development workshops to address key competencies for medical educators, and hold customized training sessions in HIV/AIDS for 20 final-year pharmacy students and 50 lab students.

In 2007, the MSPP validated the national ARV/OI curriculum, developed by I-TECH in partnership with numerous local content experts. I-TECH supported its dissemination through distribution of print and CD-Rom copies, and through a "Teachback" TOT course for trainers from key HIV clinical training institutions throughout Haiti. I-TECH also continued to disseminate several Creole-language training videos in partnership with the MSPP, including a 40-minute drama on ART (Chans).

The above-mentioned activities are part of I-TECH's global strategy of decentralization of curriculum development capacity to country offices, health ministries, and other in-country partners. In 2007, I-TECH hired an in-country training manager to be mentored by the Seattle-based Health Communications Team and, in turn, to lead mentoring of MSPP counterparts. In 2008, I-TECH expects to hire 2 additional curriculum developers to further transition capacity to Haiti, and expects to foster South-South collaboration between I-TECH Haiti's curriculum team and other teams within I-TECH's global network for adaptation of high quality training materials to Haiti's context.

**ACTIVITIES AND EXPECTED RESULTS:**

**ACTIVITY 1:** I-TECH finalize the integration of HIV/AIDS into the medical school curriculum, through the Faculté de Médecine curriculum working group. I-TECH will continue to host quarterly faculty development workshops. I-TECH will also support the installation of an electronic resource library for medical school faculty and students.

**ACTIVITY 2:** I-TECH will provide mentoring of nursing school faculty through three one-week visits to each nursing school, to assure successful use of HIV curriculum material. I-TECH will facilitate a working group to develop and validate standard student evaluation tools and processes, linked to graduation requirements. The evaluation tools will use a competency-based framework and will be closely tied to learning objectives.

**ACTIVITY 3:** I-TECH will collaborate with the Faculté de Sciences Humaines (FSH) to incorporate culturally-relevant materials on OVC into the required curriculum for psychology and social work students. I-TECH will provide faculty mentoring, and assist to develop and validate student evaluation tools that include HIV-related competencies. I-TECH will also assist FSH faculty to develop a required core course addressing HIV/AIDS transmission, prevention, stigma, gender, and testing and treatment issues for all university social sciences students. The goal of this core course will be to shape the knowledge and attitudes of opinion leaders in Haitian society.

**ACTIVITY 4:** In partnership with the lab curriculum working group, I-TECH will finalize a revised, standardized lab curriculum which harmonizes training programs and student evaluation standards of the 2 national laboratory schools for the basic-level laboratory professionals (techniciens médicales). I-TECH will continue to host quarterly faculty development workshops to address key competencies for laboratory educators.

**ACTIVITY 5:** In partnership with local universities and teaching institutions, I-TECH will develop a 4-year bachelor degree curriculum for advanced laboratory professionals (technologistes médicales), to expand the pool of highly skilled lab personnel in Haiti. The curriculum will include theoretical and practical components, and is intended as a competitive one-year program for students who have already successfully completed basic-level laboratory training. The bachelor program will be piloted at the national laboratory school in Cap-Haïtien.

**ACTIVITY 6:** I-TECH will convene curriculum working groups in pharmacy and dentistry to launch the process of integrating HIV content into their programs, and will provide faculty development activities to support strong teaching.

**ACTIVITY 7:** I-TECH will continue to provide technical assistance to the Training Cluster within the MSPP's Coordination Unit for AIDS/TB/Malaria on developing standardized HIV/AIDS clinical training materials, training of trainers (TOT), and monitoring and evaluating training. I-TECH will support the MSPP to organize and lead 4 TOT sessions, reaching at least 80 participants from key training institutions in Haiti,

**Activity Narrative:** using “Teachback” and other engaging methodologies to build fundamental skills for quality training. I-TECH will provide training and TA to all PEPFAR-supported training partners in Haiti for adoption of a national MSPP web-based training database, to facilitate planning, monitoring, and reporting on training outputs. I-TECH will engage the MSPP in the formative development and final validation of all I-TECH training products described in other sections of this proposal. Finally, I-TECH will assist the MSPP to plan, carry out, and cover some logistics for a regional conference on innovations and best practices in HIV/AIDS programs, in partnership with the Caribbean HIV/AIDS Regional Training Initiative CHART).

ACTIVITY 8: I-TECH will provide funding and technical assistance to establish a regional HIV clinical training center in the South Department. Following I-TECH support to plan and launch the RTC, I-TECH HIV Clinical Mentors will provide quarterly visits to mentor local trainers in delivery of high-quality didactic, skills-building, and clinical practicum training.

EMPHASIS AREAS:  
 Training (Major)51%-100%  
 Human resources:10%-50%  
 Local organization capacity development10%-50%  
 Information/Education/Communication10%-50%  
 Needs assessment10%-50%  
 Policy and guidelines10%-50%

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10240

**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28675	4617.28675.09	HHS/Health Resources Services Administration	University of Washington	11700	3142.09	ITECH	\$400,000
10240	4617.07	HHS/Health Resources Services Administration	University of Washington	5151	3142.07	ITECH	\$800,000
4617	4617.06	HHS/Health Resources Services Administration	University of Washington	3142	3142.06	ITECH	\$0

**Targets**

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	10	False
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	10	False
14.3 Number of individuals trained in HIV-related policy development	20	False
14.4 Number of individuals trained in HIV-related institutional capacity building	80	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

**Table 3.3.14: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 3315.08	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> Groupe Haitien d'Etude du Sarcome de Kaposi et des Infections Opportunistes	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Other/Policy Analysis and System Strengthening
<b>Budget Code:</b> OHPS	<b>Program Area Code:</b> 14
<b>Activity ID:</b> 15465.08	<b>Planned Funds:</b> \$300,000
<b>Activity System ID:</b> 17183	
<b>Activity Narrative:</b> INTEGRATED ACTIVITY FLAG: This activity is also related to the following PEPFAR program areas conducted by GHESKIO: Counseling and testing, HIV care and treatment (ARV drugs and services), and palliative care for HIV/TB. PMTCT services are also supported by the Global Fund. This activity links to Activity IDs 17920.08, 18948.08, 4601.08, 4341.08 and 9672.08.	

**BACKGROUND AND SUMMARY:**

GHESKIO has three laboratories:

1. GHESKIO/INLR (Service and research laboratories)
  2. GHESKIO/IMIS (Training laboratories)
  3. Service laboratory (to be completed in March 2008)
  4. Biosafety Level 2 and 3 facilities at IMIS (Research laboratories to be completed in March 2008)
- GHESKIO and NPHL will place its laboratory facilities at the service of private and public medical technology schools for training to strengthen their curricula, improve the competence of their graduates, and increase capacity in the medical technology field. These graduates will create a pool of well-prepared laboratory technologists who can contribute to the attainment of the objectives of the Ministry of Health. These two major activities will address the objectives of the GHESKIO-NPHL partnership:
1. GHESKIO propose in partnership with the National Laboratory of Public Health to fulfill the urgent needs of qualified lab technicians in Haiti.
  2. GHESKIO proposes an internship program to provide a critical mass of skilled lab technicians, available to support the activity of the National Laboratory of Public Health and GHESKIO laboratory activities. These activities will involve the National Public Health Laboratory (NPHL), GHESKIO/INLR, GHESKIO/IMIS, and designated sites upon signature of a contract between GHESKIO Center and Center for Disease Control (CDC). The specific target population includes public and private health care workers nationwide.

**ACTIVITIES AND EXPECTED RESULTS**

**ACTIVITY I:**

In order to complete the ITECH program in collaboration with the National Schools of Technicians), the GHESKIO propose in partnership with the National Laboratory of Public Health to fulfill the urgent needs of qualified lab technicians in Haiti. We aim to provide one-year advanced training (practical and theoretical) in well-equipped laboratories at GHESKIO/INLR, GHESKIO/IMIS, and NPHL. A pool of 50 to 60 technicians in training at the best 3-4 Medical Technology Schools will be offered practical training in these laboratories. At GHESKIO/INLR and GHESKIO/IMIS, training will include:

- HIV ELISA and Western blot
  - Automated CD4 count (FACS count)
  - Diagnosis of opportunistic infections in bacteriology and parasitology
  - TB culture and susceptibility testing
  - Automated chemistry and hematology equipment
- At the NPHL, training will include:
- HIV and syphilis rapid testing
  - Complete blood count (CBC)
  - TB and malaria diagnosis by smear microscopy
  - Manual CD4 count
  - QA/QC in different diagnostic testing
- Funds requested for this activity will also support the recruitment of staff for training at GHESKIO/IMIS. GHESKIO/INLR and NPHL already have a well-qualified staff for training.

**ACTIVITY II:**

Another pool of 10-14 lab technicians recently graduated will be offered one year internship at GHESKIO/INLR and GHESKIO/IMIS laboratories and at the NPLH with rotations in the different sections of the laboratories (Microbiology, Serology, Immuno-hematology, Biochemistry, HIV molecular biology, and QA/QC program). The aim is to provide a critical mass of skilled lab technicians, available to support the activity of the National Laboratory of Public Health and GHESKIO laboratory activities.

**RESULTS:** These results will contribute to the President Emergency Program for AIDS Relief (PEPFAR) "2-7-10 goals" by improving and maintaining the capacity of the National Public Health Laboratory and other laboratories nationwide to provide quality laboratory results in healthcare facilities nationwide.

**TARGETS:**

- 50-60 medical technology students received hands-on training on HIV/TB/OI related testing at GHESKIO/INLR, GHESKIO/IMIS, and NPHL.
- 14 laboratory technicians received one year internship at GHESKIO/INLR, GHESKIO/IMIS, and NPHL.

**HQ Technical Area:**  
**New/Continuing Activity:** Continuing Activity  
**Continuing Activity:** 15465  
**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27491	15465.2749 1.09	HHS/Centers for Disease Control & Prevention	Groupe Haitien d'Etude du Sarcome de Kaposi et des Infections Opportunistes	11443	3315.09	GHESKIO	\$150,000
15465	15465.07	HHS/Centers for Disease Control & Prevention	Groupe Haitien d'Etude du Sarcome de Kaposi et des Infections Opportunistes	5124	3315.07		\$150,000

**Targets**

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	9	False
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	9	False
14.3 Number of individuals trained in HIV-related policy development	18	False
14.4 Number of individuals trained in HIV-related institutional capacity building	N/A	True
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

**Table 3.3.14: Activities by Funding Mechansim**

<b>Mechanism ID:</b> 3323.08	<b>Mechanism:</b> Basic Health Services
<b>Prime Partner:</b> Management Sciences for Health	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Other/Policy Analysis and System Strengthening
<b>Budget Code:</b> OHPS	<b>Program Area Code:</b> 14
<b>Activity ID:</b> 12430.08	<b>Planned Funds:</b> \$0
<b>Activity System ID:</b> 17195	

**Activity Narrative:** Summary: Management Sciences for Health will undertake a number of activities under its bilateral contract with USAID to strengthen systems in the MOH at both the central level and the regional departmental levels to improve strategic planning, coordination and supervision of the national HIV/AIDS program. Technical assistance at the central level includes participation in efforts to coordinate donor contributions, carry out annual budgeting for the HIV/AIDS program, and support the MOH's efforts to promote bi-national coordination of HIV/AIDS activities with the Dominican Republic. At the regional departmental level, MSH will provide the Departmental Health Directorates with support to carry out annual planning, implementation, coordination and supervision of HIV/AIDS activities in their departments.

Background: Management Sciences for Health has a contract with USAID/Haiti to implement an integrated health program that provides access to basic health care services to over 45% of the Haitian population through a network of 30 NGO hospitals and clinics and service delivery sites of the MOH in 30 hard to reach areas around the country. PEPFAR funding into this contract allows MSH to integrate HIV/AIDS activities and issues into an integrated approach to improving health care. One of the mandates of the MSH contract is to strengthen the Executive Function of the MOH, which is accomplished through the provision of technical assistance at both the central and regional departmental levels.

Activity 1: MSH will provide technical assistance to the Unite de Coordination Central (UCC), the MOH operational unit that coordinates the National AIDS Program, in a number of areas that will strengthen the UCC's role to provide coordination, supervision and overall strategic direction to the National Program. This will involve assistance in such endeavors as the development of the annual operational plan, building on the operational plans for HIV/AIDS programming from the regional health departments; the functioning of the ministerial working groups on AIDS surveillance and information systems, AIDS care and treatment, community care and support, prevention of sexual transmission, and prevention of mother to child transmission; and effective coordination of donor support to the National AIDS Program.

Activity 2: MSH will provide support and technical assistance to the Ministry of Health's initiative to foster improved coordination with the MOH of the Dominican Republic in HIV/AIDS programming at the political, policy-making level, the technical normative level and at the local level of service provision. This will involve support and assistance in planning and implementing bi-national workshops and meetings to harmonize norms and protocols, to develop cross-border linkages for service provision and to establish information sharing and exchange procedures for epidemiological surveillance and service statistics.

Activity 3: At the regional departmental level, MSH will provide a technical advisor to each health directorate that has the role of assisting with strategic and operational planning, supervision, monitoring and reporting of the health program as a whole. PEPFAR funds will contribute support for these technical advisors to ensure that HIV/AIDS activities and interventions are integrated into the departmental planning and implementation functions.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 12430

**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12430	12430.07	U.S. Agency for International Development	Management Sciences for Health	5146	3323.07	Basic Health Services	\$100,000

## Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	33	False
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	30	False
14.3 Number of individuals trained in HIV-related policy development	60	False
14.4 Number of individuals trained in HIV-related institutional capacity building	10	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	100	False
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	150	False

**Table 3.3.14: Activities by Funding Mechanism**

**Mechanism ID:** 3125.08

**Prime Partner:** Ministre de la Sante Publique et Population, Haiti

**Funding Source:** GHCS (State)

**Budget Code:** OHPS

**Activity ID:** 4348.08

**Activity System ID:** 17204

**Mechanism:** National AIDS Strategic Plan

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Program Area:** Other/Policy Analysis and System Strengthening

**Program Area Code:** 14

**Planned Funds:** \$1,000,000

**Activity Narrative:** Integrated Activity: This activity is linked to Activity IDs 3851.08, 5472.08, 3912.08, 3918.08, 5412.08, 3902.08 and 12376.08.

**SUMMARY:** This component of the program comes in direct support to the Government of Haiti to help: (i) establish within the Minister Of Health (MOH) a functional system for regulation of the provision of HIV/AIDS services, coordination of quality assurance and quality control and QA/QC and training activities nationwide; (ii) strengthen the MOH's financial management and absorptive capacity; (iii) reinforce the departmental level support to community activities by enabling 10 health departmental directorates to lead and coordinate all community mobilization activities as well as manage 30 small competitive grants to community organizations, especially associations of PLWHAs; and (iv) conduct policy and advocacy activities to develop and finalize norms and protocols, promote the passing of specific laws for protection of PLWHA and OVC and promote bi-national cooperation between the Haiti and Dominican National AIDS Programs. This program component should increase the country absorptive and financial management capacity, contribute to the establishment of a regulatory environment in the provision of HIV/AIDS services, and reinforce the creation of a grass root national response against HIV-AIDS. The major emphasis areas for the activity are local organization capacity development and training. The primary targeted populations are the country coordinating mechanisms, the MOH staff at central and departmental levels, the grass roots community-based organizations (CBOs), and PLWHAs.

**BACKGROUND:** Haiti's health care delivery system is divided into three sectors: public facilities, accounting for about 40% of service delivery; private not-for-profit and mixed public/private partnership facilities, accounting for another 40%; and private for-profit providers (medical clinics and hospitals), accounting for 20%. In addition, the MOH fulfills normative, regulatory and supervisory functions through different directorates established both at the central and the departmental levels.

Years of political instability have led donors to exclusively rely on emergency mechanisms to channel funding to Haiti. During the first two years of the President's Emergency Plan for HIV/AIDS Relief (PEPFAR), in the absence of mechanisms to directly fund the publicly-managed activities, support was channeled through United States Government (USG) private sector partners. While this approach allowed quick launching of activities, it was accompanied by high overhead costs that reduced funds available for field activities. With various funding streams linked to different program areas from PEPFAR, the USG established a cooperative agreement with the MOH, which enabled the Ministry to develop a comprehensive program involving all levels (central, departmental and publicly managed sites). The program included: (i) field support for the development of CT, PMTCT, palliative care and ARV services at 25 of the major public hospitals of the country; (ii) the development of lab infrastructures throughout the country to support the biological monitoring of patients enrolled in services and the reinforcement of a national laboratory quality assurance/quality control (QA/QC) program; (iii) the reinforcement of a national monitoring and evaluation (M&E) system to monitor national HIV/AIDS program performance and results with increased participation of the departmental directorates and; (iv) the creation of small competitive grants under the leadership of the regional departmental directorates to foster and support local initiatives from community groups and local public agencies and taking advantage of the decentralized management at the departmental level. The execution of this program component has resulted in an increased capacity of the public sector to manage USG funds. In addition, participation of various sectors of the civil society has been enhanced through the increased channels of support to community activities and the reinforcement of governance of the program.

**ACTIVITIES AND EXPECTED RESULTS:**

**Activity 1:** Reinforcement of technical, grant and financial management capacity both at the executing unit of the MOH and at the departmental directorates. The Executing Unit has successfully managed \$4.4 million allocated in FY05 and FY06 and has started the execution of a \$5.7 million grant in FY07. Money allocated to the unit has been spent within the limit allowed, in compliance with the USG standard provisions, and with an overhead cost of less than 20%. In FY08 additional capacity will be needed to allow both the unit and the 10 departmental directorates to play their technical and fiduciary roles. Focus will be put on hiring highly skilled professionals, reinforcing the management mechanisms and processes, and providing training to managers of the sub-recipients in the area of financial management and control. The estimated cost of the package is US\$ 1.5 million, including all overhead cost for the management of the MOH program.

**Activity 2:** Competitive grants for grass root- community activities. This activity, which reached four departments in FY05, and seven in FY07, will be expanded to all 10 in FY08. The grants will finance a menu of activities proposed exclusively by local community groups or local administrative entities, with priority to PLWHA organizations. Those activities may include, but are not limited to: awareness and educational activities, community care or home-based care initiatives, and community day-care centers for OVC. The regional department directorates will ensure the promotion of this grant facility, interface with local organizations, facilitate the review of proposals by the regional committees to be put in place, administer the grants, and oversee the execution of activities by awardees. A total of 30 local organizations are expected to participate in this initiative. They will receive technical assistance, training and support from both the Executing Unit and the departmental directorates for management of their awards. Each department will manage a grant portfolio of \$ 40,000 for a total of US \$400,000 for the 10 departments.

**Activity 3:** The setting up of a functional system for accreditation, training, and QA/QC. So far training and QA/QC are being carried out by multiples entities, including the MOH, which has established with FY06 funding its own capacity to provide training and QA/QC through a consortium of its University hospital, which has constituted a pool of trainers and mentors with the assistance of I-TECH. Technical assistance using the methodology HIV/QUAL is planned for this structure in FY07. We propose in FY08 is to organize this embryonic structure, regroup some senior specialists and broad the national mandate of : (i) accreditation of centers providing HIV/AIDS services, (ii) train trainers in different areas of HIV/AIDS, (iii) organize a fellowship for infectious disease specialists, (iv) provide technical assistance and support to the departmental structures providing training and QA/QC, (v) coordinate all training activities and maintenance of a training database and, (vi) coordinate the contribution of Haitian health professionals living in the diaspora, in the context of the national HIV/AIDS curriculum. Trainers and mentors will be organized under a coordinator working under the supervision of UCC. About US \$1,000,000 is needed to improve teaching capacity at two university hospitals, support the logistics of training, support the logistics of field visits in the departments and the sites for QA/QC and accreditation purposes, support the logistics of travel and accommodations for the Haitian mentors from the diaspora.

**Activity 4:** Support for and participation in the MOH technical committees to revise national norms for ARV treatment drug regimens and finalize national norms for TB/HIV co-infection management, food and nutritional support for PLWHA and OVC. Support and participate in efforts to pass the National AIDS Law and reinforce the legal structures for improved protection of HIV/AIDS-related double orphans, counseling

**Activity Narrative:** and testing of children and job protection in the National Haitian Police and other national uniformed services and in the private sector.

Emphasis areas % of effort  
 Human resources 51-100  
 Local Organization Capacity Development 10-50  
 Policy and Guidelines 10-50

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9312

**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28661	4348.28661.09	HHS/Centers for Disease Control & Prevention	Ministre de la Sante Publique et Population, Haiti	11696	3125.09	National AIDS Strategic Plan	\$400,000
9312	4348.07	HHS/Centers for Disease Control & Prevention	Ministre de la Sante Publique et Population, Haiti	5134	3125.07	National Plan Mechanism	\$500,000
4348	4348.06	HHS/Centers for Disease Control & Prevention	Ministre de la Sante Publique et Population, Haiti	3125	3125.06		\$390,000

**Targets**

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	2	False
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	30	False
14.3 Number of individuals trained in HIV-related policy development	20	False
14.4 Number of individuals trained in HIV-related institutional capacity building	60	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

**Target Populations**

**Other**

Orphans and vulnerable children

People Living with HIV / AIDS

HVMS - Management and Staffing

Program Area: Management and Staffing

Budget Code: HVMS

Program Area Code: 15

**Total Planned Funding for Program Area: \$5,625,000**

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

**Program Area Context:**

The United States Government (USG) has been supporting HIV/AIDS programming in Haiti for more than 20 years, initially through USAID which focused on prevention interventions, community level support and care for people living with HIV/AIDS (PLWHA) and orphans and vulnerable children (OVC), condom promotion, and screening and treatment of sexually-transmitted infections (STIs), as well as systems development and capacity building in the nongovernmental (NGO) and public sector. The Centers for Disease Control and Prevention (CDC) opened its country office in Haiti in 2003 to co-manage the USG HIV/AIDS PEPFAR-funded program, focusing primarily on laboratory support, clinical care and treatment services, information management, and efforts to build host-country capacity in each of these areas. The USG Team coordinates closely with the Government of Haiti (GOH)'s Ministère de la Santé Publique et Population (MOH), and other donors, in health and HIV/AIDS and maintains a close relationship with the Global Fund for AIDS, tuberculosis (TB), and Malaria (GFATM) for coordination of planning and monitoring of projects and commodity purchases. USAID and CDC both strive to emphasize their competitive advantages and leverage agency strengths in the respective program areas, while at the same time complementing each other's efforts through active collaboration in program planning and operational management (e.g. joint staff meetings, site visits, sharing of best practices). USAID and CDC are the only two USG agencies with established local offices (co-located). Peace Corps is not currently operating in Haiti, nor are there activities implemented through the Department of Defense.

The Haiti PEPFAR team is characterized by cross-cutting responsibilities for technical expertise with partner portfolio management. Thus, a single individual acts as the technical lead for any one program area, interacting with partners whose cooperative agreements or contracts may be managed by another individual, often in the complementary USG Agency (i.e. CDC technical leads interact with USAID-managed partners and vice versa). With only a single exception, partners have contractual agreements with one agency only, although they may receive funding from another agency as a sub-partner. In 2007, the Haiti PEPFAR team helped pilot the Functional Staffing Analysis and effectively began the staffing for results process. This exercise demonstrated a potential need for a TB/HIV program specialist, additional support in prevention of sexual transmission and in strategic information (SI) at the Country Coordinator level. As the TB/HIV program area is considered by the team to have a strong clinical orientation, the position will lie within the CDC program. USAID will recruit a public health specialist with skills in prevention of sexual transmission in the coming year and funding will be provided to the USAID Global Health Fellowship Program to recruit an SI specialist to fill the SI Coordinator position, funded under the SI program area. The SI Coordinator position, placed alongside the Country Coordinator, will be responsible for interfacing at the national level with our international partners, both here in Haiti as well as on the global front. Recruitment for the unfilled PEPFAR Country Coordinator is currently underway, both locally and offshore. USAID and CDC have agreed to split costs for this position, with USAID paying salary and benefits while CDC provides housing and support costs as required. The USG team is making efforts to fill these positions locally as a step towards sustainability of the program.

As of September 2007, the USG Team has 45 positions, 42 of them full-time working on PEPFAR activities and programs, including support and field staff. All but five of these are currently filled and recruitment is underway to fill these. Desired staff skills are a mix of high-level technical leadership and experienced program management to ensure efficiency, reasonable costs and long-term sustainability of the USG investment in Haiti. Technical leadership skills have provided assistance with establishing vision and over-all program coherency while management skills provide capacity for operational planning, field monitoring and supervision. There is also a continued need for substantial numbers of support and administrative staff due to the lack of efficient systems and infrastructure in Haiti. Long-term sustainability will be achieved by the USG staff working side by side with government and other local technical advisors and project monitoring personnel to train and to establish together the systems, procedures and infrastructure that will be the legacy of the PEPFAR initiative.

CDC and USAID have worked to remain complementary in their technical oversight functions and take care not to be duplicative in their hiring of technical specialists. Thus, USAID has technical advisors for OVC, pediatric AIDS, PMTCT, community care and support, prevention of sexual transmission, policy and systems strengthening and commodity supply chain management, while CDC has technical advisors in care and treatment (including facility-based palliative care), TB/HIV, counseling and testing, laboratory infrastructure, prevention and strategic information. As the Haiti team is relatively small, it is envisioned that SFR will continue to be a process involving the two USG Agency leads (Chief of Party for CDC and Senior HIV Advisor for USAID) in conjunction with the PEPFAR Coordinator. Review of staffing needs is easily done in an informal setting, but formal yearly review may become necessary if program areas scale up and require additional staffers to shore up the weak infrastructure within the Haitian MoH. The USG team would certainly benefit, however, from a Staffing for Results visit by senior leadership from headquarters.

CDC Haiti's team is almost exclusively devoted to PEPFAR implementation whereas USAID's Health Office manages the PEPFAR program as an integrated element into its many-faceted health portfolio. Thus, while all of the technical advisors, program managers and support staff on the CDC team work full-time on PEPFAR, USAID has two full-time PEPFAR technical advisors, and 1 full-time support staff in addition to part time involvement from all other technical, management and support staff.

A new U.S. Embassy Compound to house all offices and agencies of the USG in Haiti is nearing completion and USAID and CDC will be moving to the new location in April 2008. The offices will continue to be co-located as this has definitely facilitated communication and coordination of activities, enabling the two offices to more effectively work as a single USG team.

The total planned spending on management and staffing for FY07 does not exceed 7% of the total planned budget for the year.

#### **Program Area Downstream Targets:**

#### **Custom Targets:**

**Table 3.3.15: Activities by Funding Mechansim****Mechanism ID:** 3141.08**Mechanism:** N/A**Prime Partner:** US Centers for Disease Control and Prevention**USG Agency:** HHS/Centers for Disease Control & Prevention**Funding Source:** GHCS (State)**Program Area:** Management and Staffing**Budget Code:** HVMS**Program Area Code:** 15**Activity ID:** 19001.08**Planned Funds:** \$45,500**Activity System ID:** 19001

**Activity Narrative:** The CDC Global AIDS Program (GAP) office opened in Port au Prince, Haiti in 2003 as a co-located office on the USAID Mission campus. Since the inception of the President's Emergency Plan for AIDS Relief (PEPFAR) program in Haiti in 2004, CDC's management and technical staff have worked in close collaboration with the Population Health and Nutrition Unit (PHN) of USAID to jointly manage the planning and implementation of the PEPFAR program. CDC's technical and managerial expertise has provided assistance and training (including financial management) to both the Ministry of Health (MOH) and the United States Government (USG)'s institutional partners. As CDC Haiti does not operate within a larger, in-country agency context for its administrative support service, it has sole operational and financial responsibility for its own contingency planning, meeting US security requirements, provision of workspace (including internet access), recruitment and training of employees and housing support for USG Direct Hires. This is in addition to costs incurred as CDC technical experts, located in the field as well as in Port-au-Prince, work with USG partners to implement activities as outlined in the Country Operational Plan (COP).  
 Cost of Doing Business: IRM Tax  
 New HHS/CDC IT Policy Implementation: We anticipate additional costs associated with the move to the NEC but no estimates are currently available until we actually move in for additional costs that may/may not be required (particularly in the IT area, as we will be co-located in a secure Chancery for the first time, which may have special computer/IT requirements). However, Management & Staffing funding in the amount of \$45,500 is included in this budget to support the mandated HHS-CDC IT conversion for CDC Haiti management and administrative personnel.

**HQ Technical Area:****New/Continuing Activity:** New Activity**Continuing Activity:****Related Activity:****Table 3.3.15: Activities by Funding Mechansim****Mechanism ID:** 1419.08**Mechanism:** USAID/GAC/HQ**Prime Partner:** US Agency for International Development**USG Agency:** U.S. Agency for International Development**Funding Source:** GHCS (State)**Program Area:** Management and Staffing**Budget Code:** HVMS**Program Area Code:** 15**Activity ID:** 19003.08**Planned Funds:** \$120,000**Activity System ID:** 19003

**Activity Narrative:** ACTIVITY:  
 The USAID/Haiti estimated ICASS bill for support to PEPFAR staff for FY 2008 is \$120,000, per estimates received from the US Embassy Port-au-Prince Budget and Finance (B&F) staff. In April, 2008, USAID will move to the New Embassy Compound being built to house the entire US Embassy, including all USG agencies. At that point, there will be one consolidated General Services Office and ICASS support office for all USG agencies. The ICASS services to be provided to support the USAID PEPFAR program include: motor pool for US personnel, GSO housing and maintenance for US personnel, payroll and related HR activities for LES personnel, diplomatic pouch services for US personnel, airport expediting services for US personnel and visiting TDYers, accounting and vouchering for both US and LES personnel, provisioning of drinking water and residential water for US personnel, mandatory armored shuttle service to/from office for US personnel, and regional security support for US personnel and TDYers.

**HQ Technical Area:****New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

**Table 3.3.15: Activities by Funding Mechanism**

**Mechanism ID:** 3141.08

**Prime Partner:** US Centers for Disease  
Control and Prevention

**Funding Source:** GHCS (State)

**Budget Code:** HVMS

**Activity ID:** 3914.08

**Activity System ID:** 17242

**Mechanism:** N/A

**USG Agency:** HHS/Centers for Disease  
Control & Prevention

**Program Area:** Management and Staffing

**Program Area Code:** 15

**Planned Funds:** \$2,474,500

**Activity Narrative:** Background: The CDC Global AIDS Program (GAP) office opened in Port au Prince, Haiti in 2003 as a co-located office on the USAID Mission campus. Since the inception of the President's Emergency Plan for AIDS Relief (PEPFAR) program in Haiti in 2004, CDC's management and technical staff have worked in close collaboration with the Population Health and Nutrition Unit (PHN) of USAID to jointly manage the planning and implementation of the PEPFAR program. CDC's technical and managerial expertise has provided assistance and training (including financial management) to both the Ministry of Health (MOH) and the United States Government (USG)'s institutional partners. As CDC Haiti does not operate within a larger, in-country agency context for its administrative support service, it has sole operational and financial responsibility for its own contingency planning, meeting US security requirements, provision of workspace (including internet access), recruitment and training of employees and housing support for USG Direct Hires. This is in addition to costs incurred as CDC technical experts, located in the field as well as in Port au Prince, work with USG partners to implement activities as outlined in the Country Operational Plan (COP). CDC and USAID, in a coordinated effort to ensure adequate technical coverage and avoid duplication of human resources, have a complementary roster of technical advisors that is based on core institutional competencies and experience. As of September 2007, thirty-seven (37) CDC staff members are 100% supported by the PEPFAR budget, including (4) vacancies (one audit specialist; one procurement assistant; one secretary; and regional care and treatment specialist). Of these 37 staff, three (3) are US Direct Hires (USDH), including the Chief of Party, the Deputy Director, and the Laboratory Section Chief. The fourth is a "CDC Personal Services Contractor (PSC)" who is the Prevention Section Chief. The remaining staff, including 2 technical experts, is Locally Engaged Staff (LES). The Port-au-Prince CDC office houses both professional (technical, financial, Information Technology (IT) staff, procurement and inventory management) and support (secretaries and drivers) staff.

Approximately 30% of the staff, both professional and support oriented, are located in small, regional offices throughout the country (e.g., Cap Haïtien and Saint Marc, in the north; Les Cayes; Jacmel; Jeremie, in the south) in association with the MOH's Regional Departmental hospital system. The decentralization of CDC staff at the regional department level is a reflection of CDC's lead role in PEPFAR care and treatment implementation, and the need to institutionalize PEPFAR activities at the local MOH level to the maximum extent possible. Moreover, given the ongoing security concerns in Haiti, the USG Team recognizes the crucial need for program implementation to continue unhindered at the regional department level, regardless of security situations which may occur in the capital. Decentralization is designed to permit program implementation to continue, even if critical events result in further security interruptions, and other management challenges.

In order to better implement the PEPFAR program with a goal of long-term program integration and sustainability, CDC Haiti will undertake the following management activities in FY 2008: continue ongoing USG team-building to assess specific training and development needs of our current employees; continued staff recruitment for vacant field positions, especially care and treatment and health information specialists to be located at the regional departmental level; continued attention to staffing needs within our technical areas as well as identification of possible staffing gaps between CDC and USAID; continue to develop the prevention section to work jointly with USAID counterparts in the area of prevention strategies for high risk populations, with a Personal Services Contract(PSC)/Public Health Advisor, hired in FY 07, as Section Chief; continue current warehouse operations, including laboratory storage, in partnership with the Partnership for Supply Chain Management System (PSCMS) until they can fully undertake safe reception and timely distribution of PEPFAR commodities throughout the country while maintaining the cold chain. The current CDC warehouse was new in 2006, having been established when we were asked to leave the US Embassy warehouse in 2005. The Airport Road site however, while in a better part of the insecure 'red' zone, is still subject to periodic security concerns; we expect to secure a new facility much nearer the new Embassy construction area at Tabarre.

For the first time since the beginning of the PEPFAR program in 2004, CDC has a full roster of US Direct Hire and PSC staff (total 4), and the Management and Staffing account will have to support salaries and benefits (including housing) for these staff, requiring additional resources from previous years when there were only 1-2 US staff. The Haiti PEPFAR team as part of the pilot for the "staffing for results" analysis during FY 07 concluded that additional expertise is needed to fully coordinate activities for people with both TB and HIV. This is the only new technical position being requested for CDC staffing in FY 08, although CDC expects to provide housing costs for the new PEPFAR coordinator and SI Liaison. CDC also expects to fill approved FY 07 vacancies which have never been staffed. (Note: a procurement assistant was advertised and selected but was unable to secure a local security clearance; vacancies an auditors/financial analyst and a secretary were held in abeyance due to a shortage of M&S funding during FY 07. They will be filled in FY 08).

The move to the New Embassy Compound (NEC), which is scheduled for occupancy on March 29, 2008, will be a costly one for all tenant agencies. In addition to the expected OBO Head Tax, levied on agencies to "pre-fund" embassy construction, CDC was required to purchase in FY 07 fourteen (14) "desk units" for the current professional staff at \$24,000 a unit. Additional FY 08 Management and Support funding is required to purchase desk units for support and logistics staff, in addition to new staff. These "desk units" are provided by OBO and must be installed during the embassy construction process. Finally, the CDC motor pool, initially procured in 2004 at the beginning of the program and which is used extensively in the field on very difficult roads, is wearing out. In FY 08, we will purchase a new Lightly Armored vehicle (LAV) and three non-armored vehicles.

Funds are reserved for staff training, travel for field program supervision and technical coordination in and outside of Haiti. Commodity procurement includes purchase of additional office equipment. Infrastructure expenses include security and related office upgrades, administrative expenses, including ICASS, as well as internet costs. Logistics include staff overtime and vehicle maintenance, insurance and fuel.

#### Cost of Doing Business:

**OBO Head Tax:** The CDC/Haiti estimated Overseas Building Office (OBO) Head Tax, a pro rata budget support to defray the costs of construction of the New Embassy Compound (NEC), nearing completion on the other side of Port-au-Prince, is \$300,000. The NEC schedule is currently on track and initial move-in dates are schedule for March 29, 2008. With FY 2007 Management and Support funding, CDC was mandated to purchase from the Overseas Building Office (OBO) approximately \$322,000 for furniture and furnishings for 14 "desk units" (4 hard wall office and 10 cubicles) for key staff.

**New HHS/CDC IT Policy Implementation:** We anticipate additional costs associated with the move to the NEC but no estimates will be available until we actually move in for additional costs that may/may not be required (particularly in the IT area, as we will be co-located in a secure Chancery for the first time, which may have special computer/IT requirements). However, Management & Staffing funding in the amount of \$45,500 has been considered in formulating this budget (see separate activity narrative for IRM tax) to support the mandated HHS-CDC IT conversion for CDC Haiti management and administrative personnel.

**Activity Narrative:** Funding to support the HHS/CDC IT conversion for program personnel is included in their respective programs.  
**Early Funding Request:**  
 Per instructions from CDC Headquarters, Posts are requested to include early funding requests in their FY08 Country Operating Plans (COPs), so that adequate Management and Support funding will be in place until the first Congressional Notification is approved/processed, which is estimate to be on/about April, 30 2008. During this period, the CDC Haiti office requires \$2,538,600 (combined GHAI and Core funding) to support the costs of salaries and benefits, administrative costs, overhead costs ("cost of doing business") and some transitional funding for the planned move to the new embassy compound, scheduled for March 2008.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9349

**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21641	3914.21641.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	9385	3141.09	CDC - ITSO/M&S	\$2,300,000
9349	3914.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5154	3141.07		\$2,110,000
3914	3914.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	3141	3141.06		\$1,270,811

**Table 3.3.15: Activities by Funding Mechansim**

**Mechanism ID:** 1419.08

**Prime Partner:** US Agency for International Development

**Funding Source:** GHCS (State)

**Budget Code:** HVMS

**Activity ID:** 3936.08

**Activity System ID:** 17237

**Mechanism:** USAID/GAC/HQ

**USG Agency:** U.S. Agency for International Development

**Program Area:** Management and Staffing

**Program Area Code:** 15

**Planned Funds:** \$1,345,000

**Activity Narrative:** SUMMARY: In FY 2008 USAID/Haiti will continue to oversee the President's Emergency Plan for AIDS Relief (PEPFAR) activities using its existing staff and Mission support functions. Virtually all staff in the USAID Health Office contribute at least a portion of their time to the management and technical oversight of the United States Government (USG) PEPFAR activities, although only four persons contribute 50% or more of their time and two persons devote full-time to PEPFAR. This staffing pattern for PEPFAR at USAID is an intentional strategy to foster integration of HIV/AIDS programming throughout the entire health portfolio of the Mission and to ensure that PEPFAR activities achieve wrap-around impact wherever possible. In the current 2007-2009 USAID Mission Strategy, in which technical offices are subsumed under three Foreign Assistance program objectives, the Health Office is incorporated into the Investing in People Program Objective, thus creating increased opportunities for cross-sector wrap-around programming. The USAID Mission supports PEPFAR with strong in-country capacity in finance, program planning, procurement and administrative support through its Financial Management, Program Support, Contracts and Executive Offices to manage resources and ensure compliance with USG regulations. In addition to PEPFAR funding, the USAID Health Office manages a \$25 million annual program of maternal and child health, family planning and other infectious diseases (tuberculosis) interventions to strengthen basic health services in Haiti and provides a platform for PEPFAR activities through an active network of 30 non-governmental organizations (NGOs) which run more than 100 health centers. PEPFAR resources are used to complement the efforts of the Mission's \$34 million Title II Food Security Program to reach HIV/AIDS affected families through the Title II project partners, World Vision, Catholic Relief Services and ACDI/VOCA that operate over 800 food distribution outlets and complementary maternal and child health interventions countrywide. USAID achieves integration of HIV/AIDS into its overall development goals in wrap around programs with Education (for both out-of-school youth and basic education programs), Economic Growth (micro-finance support and job opportunities for families living with AIDS), Agriculture and Trade (linking families living with HIV/AIDS to improved agriculture, market and trade opportunities.)

USAID and CDC, in a coordinated effort to ensure adequate technical coverage and avoid duplication of human resources, have a complementary roster of technical advisors that is based on core institutional competencies and experience. The USAID roster has technical advisors/program managers who provide technical expertise in PMTCT, pediatric AIDS, prevention of sexual transmission, orphans and vulnerable children (OVC), drug and commodity supply chain management and policy and systems strengthening. There are two full-time technical advisors working on the PEPFAR program, the Senior HIV/AIDS Advisor and the Technical Advisor for pediatric AIDS, OVC and community care and support. An additional nine persons provide technical and program management support at less than 100% effort and another 17 persons provide program support, one at 100% and the rest at less than 100%. The total roster of USAID staff contributing any amount of time includes: (2) US direct hires (USDH), the Health and Education Office Chief who provides management oversight and the Health and Education Office Deputy Chief who serves as technical advisor/program manager for the education activities; (1) US personal services contractor (USPSC), the Senior HIV/AIDS Advisor who provides overall coordination, management and technical leadership of USAID's PEPFAR program; (6) foreign service national (FSN) Technical Advisors/Program Managers: (1) PMTCT Advisor, (1) Education Technical Advisor, (1) Maternal and Child Health Program Manager, (1) Commodity Supply Chain Program Manager and (2) Public Health Program Managers in the areas of prevention of sexual transmission and reproductive health; (14) FSN support staff: (1) Financial Analyst, (2) administrative assistants, (3) Drivers and 2 persons each from the Contracting, Financial Management, Program Planning and Executive Offices to provide on-going support when needed.

The PEPFAR Country Coordinator is hired as a USPSC under USAID. Salary and benefits for this position are paid under the USAID USPSC contract. Other related costs (housing, travel and other allowances) are provided for under CDC's Management & Staffing budget.

To supplement USAID Mission staff, funds are reserved for targeted technical assistance from USAID Washington and from outside consultants, as needed, on a broad range of technical issues, policy development, and documentation activities to bring more analytical and evidence-based design to the PEPFAR Program. Funds are reserved for staff training and conferences, travel for field program supervision and technical coordination in and outside of Haiti. Procurement includes purchase of additional office equipment. Infrastructure expenses include security and related office upgrades and administrative expenses. Logistics include staff overtime and vehicle maintenance, insurance and fuel.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9344

**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27482	3936.27482.09	U.S. Agency for International Development	US Agency for International Development	11441	1419.09	USAID - ICASS/IRM/M&S	\$1,500,000
9344	3936.07	U.S. Agency for International Development	US Agency for International Development	5152	1419.07	USAID/GAC/HQ	\$1,227,000
3936	3936.06	U.S. Agency for International Development	US Agency for International Development	3418	1419.06	USAID/GAC/HQ	\$408,532

**Table 3.3.15: Activities by Funding Mechanism**

**Mechanism ID:** 3321.08

**Prime Partner:** US Centers for Disease Control and Prevention

**Funding Source:** GAP

**Budget Code:** HVMS

**Activity ID:** 4347.08

**Activity System ID:** 17238

**Mechanism:** N/A

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Program Area:** Management and Staffing

**Program Area Code:** 15

**Planned Funds:** \$1,000,000

**Activity Narrative:** Background: The CDC Global AIDS Program (GAP) office opened in Port au Prince, Haiti in 2003 as a co-located office on the USAID Mission campus. Since the inception of the President's Emergency Plan for AIDS Relief (PEPFAR) program in Haiti in 2004, CDC's management and technical staff have worked in close collaboration with the Population Health and Nutrition Unit (PHN) of USAID to jointly manage the planning and implementation of the PEPFAR program. CDC's technical and managerial expertise has provided assistance and training (including financial management) to both the Ministry of Health (MOH) and the United States Government (USG)'s institutional partners. As CDC Haiti does not operate within a larger, in-country agency context for its administrative support service, it has sole operational and financial responsibility for its own contingency planning, meeting US security requirements, provision of workspace (including internet access), recruitment and training of employees and housing support for USG Direct Hires. This is in addition to costs incurred as CDC technical experts, located in the field as well as in Port au Prince, work with USG partners to implement activities as outlined in the Country Operational Plan (COP). CDC and USAID, in a coordinated effort to ensure adequate technical coverage and avoid duplication of human resources, have a complementary roster of technical advisors that is based on core institutional competencies and experience. As of September 2007, thirty-seven (37) CDC staff members are 100% supported by the PEPFAR budget, including (4) vacancies (one audit specialist; one procurement assistant; one secretary; and regional care and treatment specialist). Of these 37 staff, three (3) are US Direct Hires (USDH), including the Chief of Party, the Deputy Director, and the Laboratory Section Chief. The fourth is a "CDC Personal Services Contractor (PSC)" who is the Prevention Section Chief. The remaining staff, including 2 technical experts, is Locally Engaged Staff (LES). The Port-au-Prince CDC office houses both professional (technical, financial, Information Technology (IT) staff, procurement and inventory management) and support (secretaries and drivers) staff.

Approximately 30% of the staff, both professional and support oriented, are located in small, regional offices throughout the country (e.g., Cap Haïtien and Saint Marc, in the north; Les Cayes; Jacmel; Jeremie, in the south) in association with the MOH's Regional Departmental hospital system. The decentralization of CDC staff at the regional department level is a reflection of CDC's lead role in PEPFAR care and treatment implementation, and the need to institutionalize PEPFAR activities at the local MOH level to the maximum extent possible. Moreover, given the ongoing security concerns in Haiti, the USG Team recognizes the crucial need for program implementation to continue unhindered at the regional department level, regardless of security situations which may occur in the capital. Decentralization is designed to permit program implementation to continue, even if critical events result in further security interruptions, and other management challenges.

In order to better implement the PEPFAR program with a goal of long-term program integration and sustainability, CDC Haiti will undertake the following management activities in FY 2008: continue ongoing USG team-building to assess specific training and development needs of our current employees; continued staff recruitment for vacant field positions, especially care and treatment and health information specialists to be located at the regional departmental level; continued attention to staffing needs within our technical areas as well as identification of possible staffing gaps between CDC and USAID; continue to develop the prevention section to work jointly with USAID counterparts in the area of prevention strategies for high risk populations, with a Personal Services Contract(PSC)/Public Health Advisor, hired in FY 07, as Section Chief; continue current warehouse operations, including laboratory storage, in partnership with the Partnership for Supply Chain Management System (PSCMS) until they can fully undertake safe reception and timely distribution of PEPFAR commodities throughout the country while maintaining the cold chain. The current CDC warehouse was new in 2006, having been established when we were asked to leave the US Embassy warehouse in 2005. The Airport Road site however, while in a better part of the insecure 'red' zone, is still subject to periodic security concerns; we expect to secure a new facility much nearer the new Embassy construction area at Tabarre.

For the first time since the beginning of the PEPFAR program in 2004, CDC has a full roster of US Direct Hire and PSC staff (total 4), and the Management and Staffing account will have to support salaries and benefits (including housing) for these staff, requiring additional resources from previous years when there were only 1-2 US staff. The Haiti PEPFAR team as part of the pilot for the "staffing for results" analysis during FY 07 concluded that additional expertise is needed to fully coordinate activities for people with both TB and HIV. This is the only new technical position being requested for CDC staffing in FY 08, although CDC expects to provide housing costs for the new PEPFAR coordinator and SI Liaison. CDC also expects to fill approved FY 07 vacancies which have never been staffed. (Note: a procurement assistant was advertised and selected but was unable to secure a local security clearance; vacancies an auditors/financial analyst and a secretary were held in abeyance due to a shortage of M&S funding during FY 07. They will be filled in FY 08).

The move to the New Embassy Compound (NEC), which is scheduled for occupancy on March 29, 2008, will be a costly one for all tenant agencies. In addition to the expected OBO Head Tax, levied on agencies to "pre-fund" embassy construction, CDC was required to purchase in FY 07 fourteen (14) "desk units" for the current professional staff at \$24,000 a unit. Additional FY 08 Management and Support funding is required to purchase desk units for support and logistics staff, in addition to new staff. These "desk units" are provided by OBO and must be installed during the embassy construction process. Finally, the CDC motor pool, initially procured in 2004 at the beginning of the program and which is used extensively in the field on very difficult roads, is wearing out. In FY 08, we will purchase a new Lightly Armored vehicle (LAV) and three non-armored vehicles.

Funds are reserved for staff training, travel for field program supervision and technical coordination in and outside of Haiti. Commodity procurement includes purchase of additional office equipment. Infrastructure expenses include security and related office upgrades, administrative expenses, including ICASS, as well as internet costs. Logistics include staff overtime and vehicle maintenance, insurance and fuel.

#### Cost of Doing Business:

**OBO Head Tax:** The CDC/Haiti estimated Overseas Building Office (OBO) Head Tax, a pro rata budget support to defray the costs of construction of the New Embassy Compound (NEC), nearing completion on the other side of Port-au-Prince, is \$300,000. The NEC schedule is currently on track and initial move-in dates are schedule for March 29, 2008. With FY 2007 Management and Support funding, CDC was mandated to purchase from the Overseas Building Office (OBO) approximately \$322,000 for furniture and furnishings for 14 "desk units" (4 hard wall office and 10 cubicles) for key staff.

**New HHS/CDC IT Policy Implementation:** We anticipate additional costs associated with the move to the NEC but no estimates will be available until we actually move in for additional costs that may/may not be required (particularly in the IT area, as we will be co-located in a secure Chancery for the first time, which may have special computer/IT requirements). However, Management & Staffing funding in the amount of \$45,500 has been considered in formulating this budget (see separate activity narrative for IRM tax) to support the mandated HHS-CDC IT conversion for CDC Haiti management and administrative personnel.

**Activity Narrative:** Funding to support the HHS/CDC IT conversion for program personnel is included in their respective programs.  
**Early Funding Request:**  
 Per instructions from CDC Headquarters, Posts are requested to include early funding requests in their FY08 Country Operating Plans (COPs), so that adequate Management and Support funding will be in place until the first Congressional Notification is approved/processed, which is estimate to be on/about April, 30 2008. During this period, the CDC Haiti office requires \$2,538,600 (combined GHAI and Core funding) to support the costs of salaries and benefits, administrative costs, overhead costs ("cost of doing business") and some transitional funding for the planned move to the new embassy compound, scheduled for March 2008.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9347

**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27334	4347.27334.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	11404	3321.09	GAP Base Funds	\$1,000,000
9347	4347.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5153	3321.07		\$1,000,000
4347	4347.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	3321	3321.06		\$1,000,000

**Table 3.3.15: Activities by Funding Mechansim**

**Mechanism ID:** 3141.08

**Mechanism:** N/A

**Prime Partner:** US Centers for Disease Control and Prevention

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Management and Staffing

**Budget Code:** HVMS

**Program Area Code:** 15

**Activity ID:** 19000.08

**Planned Funds:** \$600,000

**Activity System ID:** 19000

**Activity Narrative:** Background:

The CDC Global AIDS Program (GAP) office opened in Port au Prince, Haiti in 2003 as a co-located office on the USAID Mission campus. Since the inception of the President's Emergency Plan for AIDS Relief (PEPFAR) program in Haiti in 2004, CDC's management and technical staff have worked in close collaboration with the Population Health and Nutrition Unit (PHN) of USAID to jointly manage the planning and implementation of the PEPFAR program. CDC's technical and managerial expertise has provided assistance and training (including financial management) to both the Ministry of Health (MOH) and the United States Government (USG)'s institutional partners. As CDC Haiti does not operate within a larger, in-country agency context for its administrative support service, it has sole operational and financial responsibility for its own contingency planning, meeting US security requirements, provision of workspace (including internet access), recruitment and training of employees and housing support for USG Direct Hires. This is in addition to costs incurred as CDC technical experts, located in the field as well as in Port au Prince, work with USG partners to implement activities as outlined in the Country Operational Plan (COP).

**Cost of Doing Business:**

ICASS. The CDC/Haiti estimated ICASS bill for FY 2008 is \$600,000, per estimates received from the US Embassy Port-au-Prince Budget and Finance (B&F) staff. The PEPFAR program is the only program-funded activity in the CDC Haiti office, and we are totally supported by the US Embassy, through ICASS, for the "full package" of ICASS services. These services include: motor pool for US personnel, GSO housing and maintenance for US personnel, Payroll and related HR activities for LES personnel, diplomatic pouch services for US personnel, airport expediting services for US personnel and visiting TDYers, accounting and vouchering for both US and LES personnel, provisioning of drinking water and residential water for US personnel, mandatory armored shuttle service to/from office for US personnel, and regional security support for US personnel and TDYers.

**HQ Technical Area:**  
**New/Continuing Activity:** New Activity  
**Continuing Activity:**  
**Related Activity:**

**Table 3.3.15: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 1419.08	<b>Mechanism:</b> USAID/GAC/HQ
<b>Prime Partner:</b> US Agency for International Development	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Management and Staffing
<b>Budget Code:</b> HVMS	<b>Program Area Code:</b> 15
<b>Activity ID:</b> 19002.08	<b>Planned Funds:</b> \$40,000
<b>Activity System ID:</b> 19002	
<b>Activity Narrative:</b> ACTIVITY: The estimated amount for the IRM tax for FY 08 for USAID's PEPFAR program is \$40,000.	
<b>HQ Technical Area:</b>	
<b>New/Continuing Activity:</b> New Activity	
<b>Continuing Activity:</b>	
<b>Related Activity:</b>	

**Table 5: Planned Data Collection**

<b>Is an AIDS indicator Survey(AIS) planned for fiscal year 2008?</b>	<b>Yes</b>	<b>X</b>	<b>No</b>
If yes, Will HIV testing be included?	Yes		No
When will preliminary data be available?			
<b>Is an Demographic and Health Survey(DHS) planned for fiscal year 2008?</b>	<b>Yes</b>	<b>X</b>	<b>No</b>
If yes, Will HIV testing be included?	Yes		No
When will preliminary data be available?			
<b>Is a Health Facility Survey planned for fiscal year 2008?</b>	<b>Yes</b>	<b>X</b>	<b>No</b>
When will preliminary data be available?			
<b>Is an Anc Surveillance Study planned for fiscal year 2008?</b>	<b>Yes</b>	<b>X</b>	<b>No</b>
If yes, approximately how many service delivery sites will it cover?	Yes		No
When will preliminary data be available?			
<b>Is an analysis or updating of information about the health care workforce or the workforce requirements corresponding to EP goals for your country planned for fiscal year 2008?</b>	<b>Yes</b>	<b>X</b>	<b>No</b>

## Other Significant Data Collection Activities

Name: Behavioral Surveillance Survey

### Brief Description of the data collection activity:

The last BSS was performed in 2006. A TBD partner will collect behavioral data relating to trends affecting transmission of HIV. The following subpopulations will be targeted: commercial sex workers, youth, uniformed workers, men who have sex with men, among others.

### Preliminary Data Available:

9/1/2009

## Supporting Documents

File Name	Content Type	Date Uploaded	Description	Supporting Doc. Type	Uploaded By
COP08ABJustification-jt-Sep26.doc	application/msword	9/26/2007		Justification for AB Budgetary Requirements	DAnderson
HaitiGlobalFundSupplementalCOP08-jt-Sep25.doc	application/msword	9/26/2007		Global Fund Supplemental*	DAnderson
COP08SexualPreventionJustification-jt-Sep25.doc	application/msword	9/26/2007		Justification for Sexual Prevention Budgetary Requirements	DAnderson
Haiti COP08 Explanation of Target Calculations.doc	application/msword	10/1/2007		Explanation of Targets Calculations*	ALikos
Ambassador'sLetter_COP08_Sept28.pdf	application/pdf	9/28/2007		Ambassador Letter	DAnderson
Cop 08-Planned 09 activities.doc	application/msword	10/3/2007		Fiscal Year 2009 Funding Planned Activities*	ALikos
Final Count.xls	application/vnd.ms-excel	10/2/2007	Human Capacity Table for Salary Support	Other	ALikos
COP 08 ART Justificatin.doc	application/msword	10/3/2007		Justification for Treatment Budgetary Requirements	ALikos
Table_1_Exec Summ.doc	application/msword	10/15/2007		Executive Summary	ALikos
Table_1_BRW.xls	application/vnd.ms-excel	10/15/2007		Budgetary Requirements Worksheet*	ALikos
FY 08 COP 8% Waiver Justification Haiti-GHESKIO and CRS.doc	application/msword	1/3/2008		Justification for Partner Funding	ALikos