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Excluding To Be Determined Partners

2007

Haiti

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Table 1: 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:

Table 2: Prevention, Care, and Treatment Targets**2.1 Targets for Reporting Period Ending September 30, 2007**

	National 2-7-10 (Focus Country Only)	USG Downstream (Direct) Target End FY2007	USG Upstream (Indirect) Target End FY2007	USG Total Target End FY2007
Prevention				
	End of Plan Goal: 122,307			
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting		1,465	0	1,465
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		75,000	0	75,000
Care				
	End of Plan Goal: 125,000			
Total number of individuals provided with HIV-related palliative care (including TB/HIV)		80,000	0	80,000
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease (a subset of indicator 6.2)		2,500	0	2,500
Number of OVC served by OVC programs		35,000	10,000	45,000
Number of individuals who received counseling and testing for HIV and received their test results (including TB)		300,000	0	300,000
Treatment				
	End of Plan Goal: 25,000			
Number of individuals receiving antiretroviral therapy at the end of the reporting period		15,000	0	15,000

2.2 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
Prevention				
	End of Plan Goal: 122,307			
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting		2,325	0	2,325
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		102,000	0	102,000
Care				
	End of Plan Goal: 125,000			
Total number of individuals provided with HIV-related palliative care (including TB/HIV)		145,000	5,000	150,000
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease (a subset of indicator 6.2)		100,000	0	100,000
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease (a subset of indicator 6.2)		3,060	0	3,060
Number of OVC served by OVC programs		45,000	5,000	50,000
Number of individuals who received counseling and testing for HIV and received their test results (including TB)		300,000	0	300,000
Treatment				
	End of Plan Goal: 25,000			
Number of individuals receiving antiretroviral therapy at the end of the reporting period		20,000	0	20,000

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Unallocated

Mechanism Type: Unallocated (GHAI)
Mechanism ID: 6096
Planned Funding(\$): \$ 0.00
Agency:
Funding Source: GHAI
Prime Partner:
New Partner:

Mechanism Name: FANTA

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5392
Planned Funding(\$): \$ 150,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Academy for Educational Development
New Partner: No

Mechanism Name: SmartWorks

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5111
Planned Funding(\$): \$ 350,000.00
Agency: Department of Labor
Funding Source: GHAI
Prime Partner: Academy for Educational Development
New Partner: No

Mechanism Name: Higher Education Development Project

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5464
Planned Funding(\$): \$ 0.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: American Council on Education
New Partner:

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

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4712
Planned Funding(\$): \$ 265,994.00
Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Prime Partner: American Red Cross
New Partner: No

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5489
Planned Funding(\$): \$ 0.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
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
Planned Funding(\$): \$ 173,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: American Society of Clinical Pathology
New Partner: No

Mechanism Name: HHS/APHL/HQ

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5114
Planned Funding(\$): \$ 249,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Association of Public Health Laboratories
New Partner: No

Mechanism Name: N/A

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5115
Planned Funding(\$): \$ 0.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: CARE USA
New Partner: No

Mechanism Name: Track 1 ARV

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4734
Planned Funding(\$): \$ 302,679.00
Agency: HHS/Health Resources Services Administration
Funding Source: Central (GHAI)
Prime Partner: Catholic Relief Services
New Partner: No

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

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4733
Planned Funding(\$): \$ 0.00
Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Prime Partner: Catholic Relief Services
New Partner: No

Mechanism Name: AIDS Relief

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5117
Planned Funding(\$): \$ 5,200,000.00
Agency: HHS/Health Resources Services Administration
Funding Source: GHAI
Prime Partner: Catholic Relief Services
New Partner: No

Mechanism Name: N/A

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5541
Planned Funding(\$): \$ 4,115,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Catholic Relief Services
New Partner: No

Mechanism Name: Education Partner

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5276
Planned Funding(\$): \$ 200,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Education Development Center
New Partner: Yes

Mechanism Name: Track 1 ABY:Healthy Choices for Life

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4730
Planned Funding(\$): \$ 295,770.00
Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Prime Partner: Food for the Hungry
New Partner: No

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5123
Planned Funding(\$): \$ 1,505,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Foundation for Reproductive Health and Family Education
New Partner: No

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5124
Planned Funding(\$): \$ 6,200,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Groupe Haitien d'Etude du Sarcome de Kaposi et des Infections Opportunistes
New Partner: No

Mechanism Name: N/A

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5125
Planned Funding(\$): \$ 1,300,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Institut Haitien de l'Enfant (Haitian Child Health Institute)
New Partner: No

Mechanism Name: N/A

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5127
Planned Funding(\$): \$ 910,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: International Child Care
New Partner: No

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5128
Planned Funding(\$): \$ 0.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: JHPIEGO
New Partner: No

Mechanism Name: Track 1 Injection Safety

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4736
Planned Funding(\$): \$ 0.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Central (GHAI)
Prime Partner: John Snow, Inc.
New Partner: No

Mechanism Name: M&E Task Order

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5150
Planned Funding(\$): \$ 600,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: John Snow, Inc.
New Partner: No

Mechanism Name: USAID/GAC/HQ

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5130
Planned Funding(\$): \$ 1,050,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Johns Hopkins University Center for Communication Programs
New Partner: No

Sub-Partner: Foundation for Reproductive Health and Family Education
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: World Relief Corporation
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: International HIV/AIDS Alliance

Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful

Mechanism Name: Basic Health Services

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5146
Planned Funding(\$): \$ 4,745,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Management Sciences for Health
New Partner:

Mechanism Name: Track 1 Blood Safety

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4738
Planned Funding(\$): \$ 2,400,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Central (GHAI)
Prime Partner: Ministre de la Sante Publique et Population, Haiti
New Partner: No

Mechanism Name: National Lab Mechanism

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 6218
Planned Funding(\$): \$ 2,050,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Ministre de la Sante Publique et Population, Haiti
New Partner: No

Mechanism Name: National Plan Mechanism

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5134
Planned Funding(\$): \$ 8,975,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Ministre de la Sante Publique et Population, Haiti
New Partner: No

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5135
Planned Funding(\$): \$ 250,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: National Association of State and Territorial AIDS Directors
New Partner: No

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8637
Planned Funding(\$): \$ 100,000.00
Agency: HHS/Health Resources Services Administration
Funding Source: GHAI
Prime Partner: New York AIDS Institute
New Partner: No

Mechanism Name: PIH

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5137
Planned Funding(\$): \$ 4,550,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
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
Planned Funding(\$): \$ 600,000.00
Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Prime Partner: Partnership for Supply Chain Management
New Partner: No

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5145
Planned Funding(\$): \$ 15,905,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
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
Planned Funding(\$): \$ 150,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: PATH
New Partner: No

Mechanism Name: NGO Alliance

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5138
Planned Funding(\$): \$ 849,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: PLAN International
New Partner:

Mechanism Name: USAID/GAC/HQ

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5139
Planned Funding(\$): \$ 925,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Population Services International
New Partner: No

Mechanism Name: HHS/GAC/Local

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5141
Planned Funding(\$): \$ 925,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Promoteurs Objectif Zéro Sida (Promoteurs de l'Objectif Zéro Sida)
New Partner: No

Mechanism Name: Track 1 Blood Safety

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4739
Planned Funding(\$): \$ 0.00
Agency: Department of State / Western Hemisphere Affairs
Funding Source: Central (GHAI)
Prime Partner: Regional Procurement Support Offices/Ft. Lauderdale
New Partner: Yes

Mechanism Name: Health Policy Initiative

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5144
Planned Funding(\$): \$ 0.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: The Futures Group International
New Partner: No

Mechanism Name: UTAP

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5147
Planned Funding(\$): \$ 0.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Tulane University
New Partner: No

Sub-Partner: Solutions
Planned Funding: \$ 90,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVSI - Strategic Information

Sub-Partner: Centre d'Evaluation et de Recherche Appliquée
Planned Funding: \$ 50,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVSI - Strategic Information

Mechanism Name: ITECH

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5151
Planned Funding(\$): \$ 5,594,000.00
Agency: HHS/Health Resources Services Administration
Funding Source: GHAI
Prime Partner: University of Washington
New Partner: No

Sub-Partner: University of Miami
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Francois Xavier Bagnoud Center
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Cornell University
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Areas: HTXS - ARV Services

Mechanism Name: USAID/GAC/HQ

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5152
Planned Funding(\$): \$ 1,302,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: US Agency for International Development
New Partner: No

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5153
Planned Funding(\$): \$ 1,000,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Prime Partner: US Centers for Disease Control and Prevention
New Partner: No

Mechanism Name: N/A

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5154
Planned Funding(\$): \$ 3,653,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: US Centers for Disease Control and Prevention
New Partner: No

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

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4735
Planned Funding(\$): \$ 1,214,070.00
Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Prime Partner: World Concern
New Partner: No

Mechanism Name: N/A

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5156
Planned Funding(\$): \$ 1,845,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: World Concern
New Partner: No

Sub-Partner: World Hope International
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HBHC - Basic Health Care and Support
HKID - OVC

Sub-Partner: Christian Reformed World Relief Committee
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HBHC - Basic Health Care and Support
HKID - OVC

Sub-Partner: Salvation Army
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HBHC - Basic Health Care and Support
HKID - OVC

Sub-Partner: Foundation of Compassionate American Samaritans
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: 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
Planned Funding(\$): \$ 400,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Central (GHAI)
Prime Partner: World Health Organization
New Partner: No

Mechanism Name: Track 1 ABY: Mobilizing Youth for Life

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4732
Planned Funding(\$): \$ 329,213.00
Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
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
Planned Funding(\$): \$ 597,006.00
Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Prime Partner: World Vision International
New Partner: No

Mechanism Name: N/A

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5159
Planned Funding(\$): \$ 800,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: World Vision International
New Partner: No

Table 3.3.01: Program Planning Overview

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01

Total Planned Funding for Program Area: \$ 3,035,000.00

Program Area Context:

Every year, approximately 320,000 women become pregnant in Haiti with an estimated 7,000 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% of women deliver with the assistance of trained personnel typically traditional birth attendants (TBAs) who go to the woman's home.

Currently 39 of Haiti's 70 PMTCT sites receive PEPFAR funds. This reflects a 50% reduction in number of sites originally planned for support due to budget constraints for FY 2006. However, the USG Team will expand services to 53 sites during FY 2007, theoretically covering one-third of all births. The existing sites serve a broad geographic area and are largely linked to PEPFAR-supported HIV/AIDS care and treatment sites. A major challenge for FY 2006 and FY 2007 is to retain in the PMTCT program all the pregnant women who test positive in counseling and testing (CT) services. It is estimated that 80% of women who received antenatal services in Haiti were tested for HIV/AIDS between October 2005 and June 2006, but of those who tested positive, only 34% 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.

There are several key barriers that must be addressed in order to develop a more efficient PMTCT program:

- low quality counseling and insufficient testing of pregnant women;
- lack of access to basic clinical and biological evaluation;
- low PMTCT enrollment rate of HIV-positive pregnant women;
- insufficient tracking during peripartum 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 mothers 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. Despite a strong cut in the budget, from October 2005 to June 2006, 52,665 pregnant women were tested, and 585 received a complete prophylaxis. However, for FY 2007, the USG Team plans support the use of opt-out testing methods at all service delivery sites. In addition, there will be continued use of mobile units, which offer ANC and PMTCT services to remote and hard-to-reach populations. The USG Team plans to increase 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.

In FY 2007 more emphasis will be placed 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. In addition, newborns and infants born to HIV-positive mothers will be eligible for an array of services by connecting them 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. 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 for FY 2007 include:

- Applying lessons learned from successful PMTCT models in Haiti, such as Partners in Health (PIH) and MARCH (Management And Resources for Community Health) 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.
- Supporting a new 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 53 supported sites for all enrolled HIV-positive pregnant women
- Raising awareness in traditional birth attendants (TBAs) of 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 may be used as a strategy to prevent stigmatization. For example, the TBA may be paid a stipend for each pregnant mother referred to 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 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 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 update the national and departmental-level plans to ensure better coordination among HIV/AIDS activities, particularly PMTCT.
- Assisting MOH to revise guidelines for routine/opt-out testing.
- 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 Target:

Number of service outlets providing the minimum package of PMTCT services according to national and international standards	53
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	2,325
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	102,000
Number of health workers trained in the provision of PMTCT services according to national and international standards	1,769

Table 3.3.01: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: JHPIEGO
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 9287
Planned Funds: \$ 0.00

Activity Narrative: Linked to Activities 9308,9671,9683,9725.

SUMMARY: Activities are focused on improving the availability and quality of PMTCT services at 53 USG-supported sites through frequent technical assistance visits; application of a quality assurance (QA) approach in supervision and monitoring of the sites, in coordination with INHSAC; participation in the training of new PMTCT providers that are trained at the Haitian Institute of Community Health (INHSAC), a sub-partner to I-TECH; carrying out a coordinating role among the USG partners that work in PMTCT and linking their activities to USAID-funded maternal health activities in non-PEPFAR programs. The primary emphasis areas for this activity are local organization capacity development and QA, quality improvement and supportive supervision. The primary target populations are health workers and pregnant women.

BACKGROUND: Over the past two years (FY 2005 and FY 2006), the Johns Hopkins Program for International Education in Gynecology and Obstetrics (JHPIEGO) has supported the development of the PMTCT training package in collaboration with the Ministry of Health (MOH), has trained over 300 providers at over 40 sites, and has provided technical assistance to at least 18 sites in the form of needs assessments, supportive supervision, and equipment acquisition. In FY06, JHPIEGO will introduce the standards-based management and recognition (SBM-R) approach to service quality improvement and will provide support to a local training institution (INHSAC) to conduct on-going PMTCT training for new staff and ensure that they establish in-country training capacity. JHPIEGO has worked closely with all 10 regional departmental directorates of the MOH to plan and implement institutional strengthening activities, and will continue this effort by transferring supervision skills to departmental staff overseeing PMTCT activities.

ACTIVITIES AND EXPECTED RESULTS:

There are three activities that will be carried out in FY 2007.

Activity 1: JHPIEGO will provide technical assistance to staff in 53 designated PMTCT sites to improve their capacity to offer counseling, testing, and treatment to women in antenatal care, labor and delivery, post-natal care and also increase referrals of both mothers and babies to HIV/AIDS care and treatment centers. Support will be provided to improve the organization of the clinical services (e.g. patient enrollment, patient flow, referral to other HIV/AIDS services.) A PMTCT adherence plan will be developed with each HIV positive pregnant woman as part of her more comprehensive birth plan. This adherence plan will involve all three stages of pregnancy: antenatal, labor and delivery, post-natal periods, to make it very clear to the woman how important interventions at each stage are to the complete treatment. This effort should increase the number of women tested and the number of HIV-positive women following a full course of prophylactic treatment. Funds will be used for regular site visits during which providers are observed, using standardized tools and frameworks, performing their tasks so that gaps can be addressed and issues resolved. JHPIEGO will serve as a link with other USG support to these institutions by informing them of ongoing needs, such as those related to equipment, materials, ARV drugs, human resources, information management, infrastructure, community mobilization and behavior change communication. JHPIEGO will coordinate with the CRS and PIH networks to ensure that standardized quality PMTCT services are provided at all PEPFAR supported sites. JHPIEGO will also ensure that the PMTCT sites are linked with other, non-PEPFAR USAID initiatives to improve maternal health service delivery.

Activity 2: JHPIEGO will support INHSAC to implement supportive supervision and QA mechanisms. In FY06, JHPIEGO is charged with introducing SBM-R approach to performance and quality improvement in 12 obstetric care services in the country, specifically for PMTCT service delivery. In FY07, JHPIEGO will conduct a follow-up assessment at these 12 sites to assess the impact of this structured approach to QA and will hold a workshop to introduce nine additional sites for FY07 to the process. With the view to establishing the technical capacity in INHSAC to carry out this QA methodology, site visits will be made with INHSAC staff to continue this approach in all USG-supported PMTCT sites. Funds will also be used to run a workshop for INHSAC staff on how to implement the SBM-R approach. This activity is related to human resource retention because it emphasizes recognition for achieving standards, a key strategy for retaining staff.

Activity 3: JHPIEGO will serve as coordinating agency of institutions providing PMTCT support in coordination with the MOH. Funds will be used to hold quarterly meetings with all USG partners, as well as other donor-funded institutions and MOH facilities that are involved in PMTCT service delivery, in order to improve communication and coordination, to share lessons learned and to analyze reported service delivery data to be able to make programmatic adjustments and decision. While JHPIEGO is not charged with working at the community level, it will work with other USG partners to ensure that community interventions with pregnant women by trained birth attendants and community health agents are linked to the facility-level services.

Continued Associated Activity Information

Activity ID: 3849
USG Agency: U.S. Agency for International Development
Prime Partner: JHPIEGO
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 250,000.00

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national and international standards	53	<input type="checkbox"/>
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	102,000	<input type="checkbox"/>
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	2,325	<input type="checkbox"/>
Number of health workers trained in the provision of PMTCT services according to national and international standards		<input checked="" type="checkbox"/>

Target Populations:

- HIV positive pregnant women
- Public health care workers
- Private health care workers
- HIV positive infants (0-4 years)

Coverage Areas:

National

Table 3.3.01: Activities by Funding Mechanism

Mechanism: National Plan Mechanism
Prime Partner: Ministre de la Sante Publique et Population, Haiti
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 9308
Planned Funds: \$ 580,000.00

Activity Narrative: Linked to Activities 8160, 9314,10415,9309,9313,9311,9310,9312.

SUMMARY: Close to 15 public facilities currently provide services that range from counseling and testing (CT) to antiretroviral combination treatment (ART). In FY 2005 and FY 2006, the USG Team supported hiring of additional staff and training of staff through a cooperative agreement with the Ministry of Health (MOH). A number of facilities continue to remain inadequately staffed and equipped for PMTCT services. The network of USG-supported public health facilities sees about 60,000 pregnant women a year, of whom 10,245 had been tested between October 2005 and June 2006. Of the 300 women who tested HIV positive only 30% received a complete package of prophylactic treatment. There is a need in FY 2007 to continue to reinforce PMTCT services within the network of public health facilities in order to test at least 90% of pregnant women attending those facilities (54,000) and provide prophylaxis to at least 80% of the estimated number of those who test positive.

In FY 2005, although no specific funding was allocated to the network of public sites, PMTCT activities had been initiated, tapping into resources allocated for other program areas. In FY 2006, 12 public sector sites with the highest attendance are receiving USG support to strengthen their PMTCT interventions. The sites within the network are expected to test 40,000 women and put 768 infected women and their babies on ARV prophylaxis by the end of September 2007. This support should also help the MOH enhance the effectiveness of its interventions, through integration of PMTCT services into antenatal care clinics and maternity wards; the provision of counseling services by all providers in maternity wards; adoption of a companion (accompagneur) strategy to ensure treatment compliance; dietary assessment and counseling for both the mother and options for feeding her infant; in-depth education of HIV-positive pregnant women and their accompagneurs on a list of key issues (nutrition, getting partners and other children tested, protection in a discordant couple situation); and support for social workers and community health agents to track pregnant women and their babies.

ACTIVITIES AND EXPECTED RESULTS:

The MOH will support PMTCT services at its 12 existing sites and expand its support to three additional sites within the public sector service delivery network for a total of 15 sites.

Activity 1: The MOH 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 emergency obstetric care, the MOH 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 only when needed, 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 and post-natal services, HIV-positive mothers and their babies will be referred to HIV/AIDS treatment and care centers for clinical care follow-up.

Activity 2: The MOH will improve program retention of HIV-positive pregnant women by ensuring the cost of hospital visits and hospital delivery are covered including transportation to the hospital. The PMTCT sites will implement a tracking system for the enrolled pregnant women through community health agents and traditional birth attendants (TBA) working with USG-supported community based organizations. In many of the regional departments this community support will be augmented by engaging Mothers Clubs that are part of the Title II PI480 partner network.

Activity 3: The MOH 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. To encourage pregnant women to be tested for HIV, the USG Team will support the MOH in developing posters, brochures and other materials to be used in prominent locations in antenatal clinics. Furthermore, the MOH will organize community testing days, on patron saints days, and on special days (i.e. International AIDS Day, Candlelight Vigil Day, etc.) with public service announcements within the targeted communities, banners and street signs to make the population, and particularly pregnant women, aware of this opportunity.

Activity 4: The MOH will provide continuing education sessions for staff to keep them abreast of new developments in PMTCT, particularly the psychological aspects in post-test counseling sessions for HIV-positive pregnant women. In collaboration with John Hopkins Program for International Education & Gynecology Obstetric (JHPIEGO) and I-TECH supported Haitian Institute for Community Health (INHSAC) training sessions, will be held onsite to ensure participation of the personnel.

Continued Associated Activity Information

Activity ID: 3851
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Ministre de la Sante Publique et Population, Haiti
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 200,000.00

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Infrastructure	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national and international standards	15	<input type="checkbox"/>
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	54,000	<input type="checkbox"/>
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	14,500	<input type="checkbox"/>
Number of health workers trained in the provision of PMTCT services according to national and international standards	150	<input type="checkbox"/>

Target Populations:

HIV positive pregnant women
HIV positive infants (0-4 years)

Coverage Areas:

National

Table 3.3.01: Activities by Funding Mechanism

Mechanism: Infant and Young Child Feeding
Prime Partner: PATH
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 9670
Planned Funds: \$ 150,000.00
Activity Narrative: Linked to Activities 9725, 9287.

SUMMARY:

This activity will be carried out by the follow-on project to U.S. Agency for International Development (USAID)'s Linkages Project, for which a contractor will be selected in late 2006.

ACTIVITIES AND EXPECTED RESULTS: Activity 1: The primary responsibility of this partner will be to provide training for health care professionals from PMTCT sites to work with HIV positive women before and after delivery on issues of best infant and young children feeding practices. This nutritional advice and education is part of the complete package of PMTCT services based on providing the mother with the information to make an informed choice about the feeding of her child. The partner institution will work in coordination within the context of the PMTCT training program carried out by the Haitian Institute for Community Health (IHNSAC) to conduct trainings and also to ensure that IHNSAC training staff is trained to carry out the IYCF training program on their own in subsequent years. Health care providers and counselors at PMTCT sites will be trained in the provision of quality PMTCT services, focusing mainly on the post-natal transmission of HIV and with a particular emphasis on the interactions between ARV drugs and nutrition. IHNSAC staff will provide this same training to health care workers and community health agents of the USG's community-based implementing partners on optimal nutrition counseling of women and children in community education and outreach settings. These activities will build on the training activities conducted by IHNSAC and Accessibility to Reproductive Health Services/John Hopkins Program for International Education & Gynecology Obstetric (ACCESS/JHPIEGO) in the area of PMTCT and will coordinate with activities carried out by Catholic Relief Services, Cooperative for American Relief Everywhere (CARE) and World Vision with mothers in their community-based OVC programs. Nursing staff, social workers and community health agents will be trained in the promotion of best infant feeding practices.

Emphasis Areas

	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national and international standards	53	<input type="checkbox"/>
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	102,000	<input type="checkbox"/>
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	2,325	<input type="checkbox"/>
Number of health workers trained in the provision of PMTCT services according to national and international standards		<input checked="" type="checkbox"/>

Target Populations:

HIV positive pregnant women
HIV positive infants (0-4 years)

Coverage Areas:

National

Table 3.3.01: Activities by Funding Mechanism

Mechanism: AIDS Relief
Prime Partner: Catholic Relief Services
USG Agency: HHS/Health Resources Services Administration
Funding Source: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 9671
Planned Funds: \$ 350,000.00

Activity Narrative: Linked to Activities 9269,8156,10667,9267,8162,9268, 9308, 9683, 9725.

SUMMARY: Prevention of mother to child transmission (PMTCT) is an integral part of comprehensive HIV care and treatment of persons living with HIV/AIDS (PLWHAs). Activities to support PMTCT include: (1) provision of a complete package of PMTCT services at medical facilities; (2) training and supervision of obstetrician/gynecologists (ob/gyn), as well as counselors in PMTCT; and, (3) community mobilization to support PMTCT. The primary emphasis areas for these activities are: community mobilization, training, human resources, food nutrition support, antenatal clinics (ANC), quality assurance (QA), quality improvement (QI) and supportive supervision. The specific target population will be pregnant women and children born from sero-positive mothers. The activities will be conducted in the communes of Gros-Morne, Fond des Blancs, Fond des Nègres, Léogane, Pilate, Milot, Deschapelles and Gonaives.

BACKGROUND: The PMTCT component is part of a CRS initiative that began in 2002, funded by Catholic Medical Mission Board (CMMB) private funds in Gros-Morne, Milot and Fond des Blancs), by a CRS - United Nations Children's Fund (UNICEF) partnership in Pilate, by United States Agency for International Development (USAID)'s Health Services 2007 (HS2007) Project in Léogane and Deschapelles, and through President's Emergency Plan for AIDS Relief (PEPFAR) in 2005 Fond des Nègres and Gonaives. PMTCT training activities have been conducted in collaboration with United States Government (USG) partners Ministry of Health (MOH), I-TECH/ Haitian Institute for Community Health (INHSAC) and JHPIEGO, and will continue to be conducted in collaboration with them in FY 2007. AIDSRelief will continue to collaborate closely with the MOH AIDS Coordination Unit (Unité de Coordination Centrale - UCC) and regional departmental directates, including regular supportive supervision visits by the MOH. Pregnant women will be encouraged to attend antenatal clinics (ANC) of the PMTCT sites through community mobilization activities.

ACTIVITES AND EXPECTED RESULTS: Activity 1: Provision of comprehensive counseling and testing at the ANC services of the eight CRS-supported medical facilities and their satellite clinics. Five mission hospitals and one public hospital will be supported to provide PMTCT in order to provide the full package of services for the reduction of HIV/AIDS transmission. All women attending ANC will be counseled and offered HIV testing every 3 months throughout pregnancy. Additionally counseling and testing (CT) centers will be established at all satellite health centers attached to the seven mission hospitals and to the one public hospital to identify HIV positive pregnant women who will then be referred directly to the PMTCT site. 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 (CHW) to accompany the pregnant and post-partum woman and her child, transportation support to the woman and her companion to the PMTCT site, 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 USG Team, and other non-governmental organizations (NGO's).

Activity 2: Conduct training and supervision for ob/gyn, counselors and CHW in PMTCT. In collaboration with MOH, INHSAC and JHPIEGO, AIDSRelief will conduct this activity to ensure that effective counseling and testing will be provided to the population attending the ANC services in the hospitals and the satellite clinics. 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 improve their skills and knowledge necessary to provide effective counseling on infant and young child feeding, both in terms of an informed choice for the first six months, as well as during the weaning period and beyond. In FY 2005, twenty-five nurses and five ob/gyn in the CRS-supported hospitals were trained in PMTCT and CT with support from the USG. With the development of new PMTCT national guidelines and curricula by the MOH and also with staff turnover at the different hospitals, training will take place again during FY 2007.

Activity 3: Support PMTCT at five AIDSRelief-supported hospitals and and CT activities at all eight AIDSRelief-supported hospitals. 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 AIDSRelief program. Linkages to wrap around nutritional, reproductive health, community support and orphan and vulnerable children (OVC) services will be developed and will permit seropositive pregnant women access to family planning and sexually transmitted infection (STI) services, food and nutrition support, and micro credit access in the sites where such programs are being implemented through other programs (key legislative issue). Using MOH approved registers and patient history forms, AIDSRelief will monitor PMTCT patients to ensure quality services and provide accurate reporting to the USG and MOH.

Activity 4: Community mobilization to increase attendance at the ANC by seropositive pregnant women, to reduce stigma, and facilitate access to PMTCT and CT 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 community involvement. Existing community groups will be engaged in this effort, such as mothers' clubs, traditional birth attendants (TBA) and CHWs. This activity will sensitize pregnant women and their communities about HIV/AIDS and the modes of transmission. At the same time all pregnant women 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.

Emphasis Areas

	% Of Effort
Community Mobilization/Participation	10 - 50
Food/Nutrition	10 - 50
Human Resources	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national and international standards	6	<input type="checkbox"/>
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	15,000	<input type="checkbox"/>
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	400	<input type="checkbox"/>
Number of health workers trained in the provision of PMTCT services according to national and international standards	35	<input type="checkbox"/>

Target Populations:

HIV positive pregnant women
HIV positive infants (0-4 years)

Key Legislative Issues

Stigma and discrimination

Food

Microfinance/Microcredit

Coverage Areas

Artibonite

Sud

Nippes

Table 3.3.01: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Partnership for Supply Chain Management
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code:	MTCT
Program Area Code:	01
Activity ID:	9674
Planned Funds:	\$ 630,000.00
Activity Narrative:	<p>Linked to Activities 9333,9675,9362,9332,10204,10353.</p> <p>SUMMARY: This activity will guarantee the availability of rapid tests, other tests, and laboratory reagents and supplies needed for detection of HIV among pregnant women seeking prenatal care as well as the infants born to these women. The commodities for this activity include: (i) rapid and confirmatory test kits, (ii) rapid test kits for syphilis, (iii) CD4 tests to determine eligibility of HIV positive women for long-term ARV treatment and (iv) related drugs. The primary emphasis area for this activity is commodity procurement. This activity targets women of reproductive age and the newborn infants. The products are intended for all partner sites for the President's Emergency Plan for AIDS Relief (PEPFAR) in Haiti.</p> <p>BACKGROUND: This project is part of a new initiative started in FY 2006 with PEPFAR funding which covers fifteen focus countries and three additional countries. Haiti is one of the first countries to have a fully-established PFSCM office. The activities are designed to assist the Haitian Ministry of Health (MOH) and other partners to reach the national objectives. The aim is to provide an uninterrupted supply of rapid test kits and related laboratory commodities to the target population in Haiti, in the appropriate amounts, in good condition, in a timely fashion, and at a fair price.</p> <p>ACTIVITIES AND EXPECTED RESULTS: Activity 1: FPCMS will procure and distribute laboratory tests and supplies to support HIV testing of pregnant women at prevention of mother-to-child transmission (PMTCT) sites. They will also provide technical assistance (TA) to the network of labs to assess and quantify their needs and assist in stock management. In FY07, PFSCM will assume responsibility for the procurement of all laboratory needs, including all the testing equipment. PFSCM will assist in confirming the projected needs and the quantities required. Goods to be procured under this activity include the following rapid tests: Determine, OraQuick, Capillus, Syphilis and CD4 tests. Procured goods will be stored and delivered to the sites by PFSCM.</p> <p>Activity 2: Within this activity, PFSCM will operate single, coordinated commodity procurement and management plan with the other stakeholders (primarily the Global Fund) involved in procurement of HIV Rapid Test Kits and Laboratory commodities. Sharing of complete patient data from each individual treatment site, along with commodity budgets and procurement plans will improve the quality of available information and the management of the supply chain.</p>

Emphasis Areas

	% Of Effort
Commodity Procurement	10 - 50
Logistics	10 - 50
Needs Assessment	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national and international standards	53	<input type="checkbox"/>
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	102,000	<input type="checkbox"/>
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	2,325	<input type="checkbox"/>
Number of health workers trained in the provision of PMTCT services according to national and international standards		<input checked="" type="checkbox"/>

Target Populations:

Women (including women of reproductive age)
HIV positive infants (0-4 years)

Coverage Areas:

National

Table 3.3.01: Activities by Funding Mechanism

Mechanism: PIH
Prime Partner: Partners in Health
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 9682
Planned Funds: \$ 320,000.00

Activity Narrative: Linked to Activities 9318.9673,10668,9363,10241, 9725, 9674

SUMMARY: The activities described below are carried out to provide comprehensive PMTCT services to the HIV-infected women served by the nine sites of PIH and its local partner, Zanmi Lasante (ZL). These PMTCT activities will be conducted within PIH/ZL's "four pillars" model for a comprehensive HIV program in the context of primary care, which involves: HIV prevention and care, including voluntary counseling and testing (VCT); identification and treatment of tuberculosis (TB) and other opportunistic infections (OIs); sexually transmitted infection (STI) detection and treatment; and women's health and PMTCT services. The primary emphasis areas for these activities are human resources, infrastructure, training and food/nutrition support. The primary target population for these services is HIV-infected pregnant women. The activities will be carried out at seven sites in the Central Regional Department of Haiti and two sites in the Artibonite Regional Department.

BACKGROUND: PIH/ZL's PMTCT treatment activities are part of a comprehensive HIV prevention and treatment program started by Partners In Health and its Haitian-based sister organization, Zanmi Lasante (PIH/ZL) in 1998; expanded in late 2002 through the public sector in partnership with the Haitian Ministry of Public Health and Population (MOH) and with funds from the Global Fund to Fight AIDS, Tuberculosis and Malaria; and further expanded to Hinche, Cerca La Source, Petite Rivière and St. Marc with the support of USG-PEPFAR in FY05 and FY06. Since 2004 the program has been a collaboration between these four important partners—PIH/ZL, MOH, Global Fund, and PEPFAR—and in 2005 work in the Artibonite region has been strengthened by involving several new nongovernmental organization (NGO) partners in the community of St. Marc – Sant Santé Premye Echelon (SSPE) and Promotion Objectif Zerosida (POZ) – and in Petite Rivière, Centre Medical Charles Colimon (CMCC), a Medecins Sans Frontières-affiliated institution. PIH/ZL's PMTCT programs began in the mid-1990s, soon after a study showed that antiretroviral treatment (ART) reduced mother-to-child HIV transmission (MTCT). Since then, PMTCT activities have been a central component of PIH/ZL's HIV Equity Initiative, with hundreds of HIV-infected pregnant women enrolled. With a significant grant from the USAID child survival program, PIH/ZL is currently strengthening and broadening its maternal and child health programs based both in the community and at its clinics across the Central Plateau, in particular expanding and strengthening the network of ajan fanm (community health workers trained in women's health) and traditional birth attendants (TBAs). In all PMTCT activities, PIH/ZL is committed to a long-term partnership with MOH and to strengthening the public sector by training local staff, including MOH health workers.

ACTIVITIES AND EXPECTED RESULTS: Activity 1: PIH/ZL will provide counseling and testing (CT) for pregnant women. As part of the PIH provider-initiated, or "opt-out," testing method, pregnant women seen at all nine sites receive counseling and are offered HIV testing during a routine prenatal visit, reducing perceived stigma as HIV testing is not the primary cause for entrance to health facilities or the laboratory. PIH/ZL enlists ajan fanm to increase referrals of pregnant women to clinics for this initial testing and prevention education. This funding will support the staff and infrastructure necessary to provide VCT to pregnant women in the context of primary and prenatal care.

Activity 2: PIH/ZL will provide prenatal, perinatal, and postnatal care to HIV-infected pregnant women at each of PIH/ZL's nine sites. In the prenatal period pregnant women are enrolled in the PMTCT program and receive counseling and education on the ways HIV is transmitted to infants and the ways transmission can be prevented. 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 and dietary advice, as well as nutritional supplements, multi-vitamins, 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 nutritional and home-based support to enable formula feeding for those women who choose not to breast feed. Infants are followed monthly by the clinical and community team until the infant reaches 18 months of age. Funding will support the PMTCT program with the addition of several clinical professionals, including two doctors and 12 nurses, and will allow for the on-going training of clinicians in the detection and treatment of pregnant women at risk for transmitting HIV.

Activity 3: PIH/ZL will provide social support to all HIV-infected women enrolled in a PMTCT program. Throughout each phase of the PMTCT program, each pregnant woman is supported by an accompagnateur who visits her in her home once or twice a day to perform needs-assessment, as well as to assist with ART adherence and other clinical care. During clinic visits, PMTCT program patients receive education and nutritional support to decrease the likelihood of transmission of HIV to infants during or following delivery. Following delivery, new mothers receive nutritional supplementation as well as infant formula and supplies for preparation of clean water. Support groups, accompaniment, and medical supervision and care account for a rate of MTCT within PIH/ZL's program that is less than 2%. Funding will ensure the continued success of PIH/ZL's PMTCT programs by supporting the hire of over 100 additional accompagnateurs, and by supporting 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. These activities contribute to the PEPFAR goals by improving access to HIV testing and treatment, enrolling individuals on ART, and preventing the transmission of HIV to HIV-negative infants.

Emphasis Areas

	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Needs Assessment	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national and international standards	9	<input type="checkbox"/>
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	13,000	<input type="checkbox"/>
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	139	<input type="checkbox"/>
Number of health workers trained in the provision of PMTCT services according to national and international standards	1,377	<input type="checkbox"/>

Target Populations:

HIV positive pregnant women
HIV positive infants (0-4 years)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs
Increasing women's access to income and productive resources
Volunteers

Coverage Areas

Artibonite

Centre

Table 3.3.01: Activities by Funding Mechanism

Mechanism: Basic Health Services
Prime Partner: Management Sciences for Health
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 9683
Planned Funds: \$ 655,000.00

Activity Narrative: Linked to Activities 9791,9937,10109,9676,9365,10203, 9674, 9725.

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 in 19 non-governmental organization (NGO) sites that will operate under the USAID contractor to be selected to manage the NGO umbrella mechanism 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 and the John Hopkins Program for International Education and Gynecology Obstetric (JHPIEGO). 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: Although the current USAID contract for the management of the NGO umbrella mechanism with Management Sciences for Health will end in September 2007, steps have already been taken to put in place a follow-on program that will be operational by mid 2007, and FY 2007 PEPFAR funding will be put into this mechanism. A new USAID contractor will have been identified by that time through which resources to support PMTCT services in the NGO network will be channeled. Facility-based PMTCT already exists at the 19 sites covered in this activity but there 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: The USAID contractor 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 emergency obstetric care, the USAID contractor 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. The NGO 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: The USAID contractor 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.

Activity 4: The USAID contractor 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.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Infrastructure	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national and international standards	19	<input type="checkbox"/>
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	25,000	<input type="checkbox"/>
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	675	<input type="checkbox"/>
Number of health workers trained in the provision of PMTCT services according to national and international standards	75	<input type="checkbox"/>

Target Populations:

- Infants
- Pregnant women
- Women (including women of reproductive age)
- HIV positive pregnant women
- HIV positive infants (0-4 years)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Volunteers

Increasing women's access to income and productive resources

Reducing violence and coercion

Coverage Areas:

National

Table 3.3.01: Activities by Funding Mechanism

Mechanism:	ITECH
Prime Partner:	University of Washington
USG Agency:	HHS/Health Resources Services Administration
Funding Source:	GHAI
Program Area:	Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code:	MTCT
Program Area Code:	01
Activity ID:	9725
Planned Funds:	\$ 250,000.00
Activity Narrative:	Linked to Activities 9308,9682, 9671, 9670,9683.

SUMMARY: Activities are carried out to strengthen the capacity of the Haitian Institute for Community Health (INHSAC) to provide quality training and supervision of comprehensive PMTCT services. The primary emphasis areas for these activities are training new providers in PMTCT, supportive supervision and additional on-site strengthening of skills, and quality assurance of service delivery at PMTCT sites. Specific target populations include nurses, physicians, laboratory technologists, auxiliary nurses, psychologists, social workers, and community agents. The activities will be carried out in 40 PMTCT service outlets in all 10 regional departments.

BACKGROUND: The Haitian Institute for Community Health (INHSAC) is a Haitian nongovernmental organization (NGO) established in 1985 to provide training in community health, family planning and other health issues at a post graduate level. With USG support in FY 2006, INHSAC coordinated and provided training to USG partners in the area of PMTCT as well as counseling and testing (CT). INHSAC conducted trainings, as well as arranged logistics, travel and per diem, for 200 service providers from 26 PMTCT service sites. Major partners were Management Sciences for Health (MSH), the Ministry of Health (MOH), JHPIEGO, and Catholic Relief Services/Cooperative for American Relief Everywhere (CRS/CARE). In FY 2005, as a sub-partner to International Training and Education Center on HIV (I-TECH), INHSAC trained 218 healthcare staff in counseling skills for pre- and post HIV test counseling and in FY 2006 INHSAC trained 50 additional counselors and/or nurses. INHSAC collaborates with the National Public Health Laboratory of the MOH for the rapid test training of the CT specialists

ACTIVITIES AND EXPECTED RESULTS:

In FY 2007, I-TECH, through its sub-partner INHSAC, will carry out four separate activities in the PMTCT Program Area.

Activity 1: Provide refresher courses in PMTCT to healthcare staff of existing USG-supported sites. I-TECH and INHSAC will collaborate with JHPIEGO and the MOH to identify the most appropriate staff members from each site to receive training prioritizing those sites with higher numbers of pregnant women. These training activities will also be coordinated with PMTCT provider training to be carried out by Partners in Health (PIH) and Catholic Relief Services (CRS) for the PMTCT sites under their supervision responsibility.

Activity 2: Train new providers from the 16 additional PMTCT that the USG will support in FY 2007 to ensure effective PMTCT services. Through this activity I-TECH will continue to build the capacity of INHSAC to design and carry out quality professional training programs and will also assist the USG-funded healthcare organizations and the MOH to increase their human capacity to meet the increasing demand for PMTCT services. INHSAC trainers will use the new PMTCT curriculum based on the revised national norms and standards for PMTCT developed by JHPIEGO in collaboration with the MOH in FY 2005.

Activity 3: Work with JHPIEGO to ensure quality assurance (QA) in the sites providing PMTCT services, applying the standards-based management and recognition (SBM-R) approach to service quality improvement developed by JHPIEGO and adapted to the Haitian context in coordination with the MOH. INHSAC will participate in the regular supervision visits in coordination with JHPIEGO in order to strengthen the skills of their training staff and expand their experience into service delivery quality assurance.

Emphasis Areas	% Of Effort
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national and international standards	53	<input type="checkbox"/>
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		<input checked="" type="checkbox"/>
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	2,325	<input type="checkbox"/>
Number of health workers trained in the provision of PMTCT services according to national and international standards	325	<input type="checkbox"/>

Indirect Targets

40 supervision visits for QA

Target Populations:

Community leaders
 Doctors
 Nurses
 Public health care workers
 Laboratory workers
 Other Health Care Worker

Coverage Areas:

National

Table 3.3.01: Activities by Funding Mechanism

Mechanism: Basic Health Services
Prime Partner: Management Sciences for Health
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 12350
Planned Funds: \$ 100,000.00
Activity Narrative: Need to input narrative and targets

Table 3.3.02: Program Planning Overview

Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02

Total Planned Funding for Program Area: \$ 4,046,983.00

Program Area Context:

Historically, Haiti has had the most severe epidemic in the LAC region. The 06 UNAIDS Report on the Global AIDS Epidemic puts the prevalence at 3.8%. Haiti's epidemic is best defined as "mixed" for while the epidemic is likely being driven by most-at-risk populations such as commercial sex workers, many new infections are also caused by the sexual activity of mobile working men and youth 15-24 years old, especially out-of-school youth engaging in transactional sex. In the 1980s, the male to female HIV ratio was 4:1 and by 2002, the ratio had evened out to 1:1. However the 05 Demographic and Health Survey (DHS) preliminary results reveals an increased feminization of the epidemic in Haiti. Prevalence rates among those aged 20-24 years is 2.4% for females and 1.2% for males. Similar differences between females and males are apparent up through the 30-34 year age range. Age of first sex decreased for both males and females between 1994, 2000, and 2005 with males going from 17.9 (15-24 yrs), to 17.2 (15-24 yrs), to 15.3 (20-24 yrs) and females going from 19.3 (15-24 yrs), to 18.9 (15-24 yrs), to 17.8 (20-24 yrs). The above trends indicate that a strategy promoting and supporting abstinence, delay of sexual debut, fidelity, partner reduction, gender norms, and self-risk assessment are vital to reduce the number of new HIV infections in Haiti.

The USG Team's strategy for averting HIV infections is consistent with the strategies of the Haitian National HIV/AIDS Strategic Plan, emphasizing abstinence, secondary abstinence, delayed sexual debut, and partner reduction, along with outreach and training to empower individuals to make responsible life decisions and practice protective behaviors. In addition, the newly elected government has launched its "Program for Social Appeasement" which targets marginalized, vulnerable groups, especially the youth who are disenfranchised, exploited and prime targets for high risk behavior. The methodologies used are segmented and tailored to be appropriate to the age and risk factors faced by the specific sub-populations. Based on the current epidemiological and behavioral data, FY07 AB programming will focus its efforts to "Being Faithful" messages, especially among men and youth.

Abstinence: Behavior change among the general population is a vital component in the USG Team prevention matrix, and will emphasize abstinence as the only sure way of avoiding HIV-infection. In FY07, the USG Team will continue to build on the strong historical presence of missionaries and faith-based organizations (FBOs), which has been able to quickly engage local nongovernmental organizations (NGOs), community-based organizations (CBOs) and US-based FBOs. This has led to growing support by adults in changing social norms and increasing parent/child communication around sensitive HIV prevention topics in a culturally appropriate manner. Working with both local CBOs and PEPFAR Track 1.0 partners, the USG Team will continue to successfully introduce abstinence-only messages into these networks, especially for youth. Targeting youth aged 10-19 yrs, partners such as Johns Hopkins University's Center for Communication Programs, Caritas, World Concern, Plan International, World Relief, World Vision, Plan and the American Red Cross, have trained church animators to deliver abstinence only messages to their peers.

The USG Team will build on the USAID work in the education sector in reaching in- and out-of-school youth. USAID's new "Basic Services Strategic Objective" combines health, education and food and nutrition in one program. In FY07, the USG will support several USAID education programs which target youth in- and out-of-school programs in Port au Prince, Jeremie, and Mirebalais and other targeted urban "hot spots" by adding an HIV/AIDS education component to on-going primary school curriculum. The AB program will also build on the successful use of community radio to deliver AB messages as well as discussing gender norms, partner reduction, and risk perception. The USG will also support the integration of HIV prevention messages into USAID democracy and governance program by supporting journalists, community radio and civil society organizations.

Being Faithful: As a result of the more in-depth analysis of the current epidemiological and behavioral trends as well as the USG Team prevention program, more efforts will be given to promoting behavior change among sexually active groups. FY 2007 prevention programming will build on successful risk

reduction and being faithful models to reach several key most at risk populations in Haiti, including sexually active youth, commercial sex workers and their partners, mobile/migrant populations and men in general. Special efforts will also be targeted to increase behavior change interventions in geographic departments with some of highest prevalence rates in Haiti, the Nippes, North and North East Regional Departments.

In order to ensure a continuum supporting behavior change, services will be made available through referrals to USG network sites for most at risk populations, including sexually active youth and men, to condom outlets, voluntary counseling and testing (VCT) services, and diagnosis and treatment for sexually transmitted infections. Both the USG Team and its Track 1.0 AB partners are finalizing activity maps and developing an effective referral network for clinical services. More efforts will be given to encourage all sexually active persons to "Know Their Status."

In FY07, the USG Team will continue to strengthen the leadership, technical capacity, and management ability of the Ministry of Health's (MOH) Prevention Technical Cluster and the Behavior Change Communication (BCC) Cluster. These clusters are multi-sectoral alliances which public sector management of AB/ABY interventions and refocused age appropriate messages of youth HIV prevention programs in NGOs, FBOs, and CBOs. In support of the new government and its desire to decentralize services, more attention will be given to supporting MOH departments and partner NGOs in the regions.

The USG Team's AB program engages adults from diverse community groups, and promotes social norms supportive of healthy/safer sexual behaviors. This includes mobilizing community support to promote abstinence, mutual monogamy and partner reduction, as well as addressing sexual coercion and exploitation of young people, and discouraging older men from engaging in trans-generational and/or transactional sex with young partners. 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. Training adults from FBOs, CBOs and NGOs to promote AB for youth in their communities will not only reinforce safer behaviors among the youth, but will also support the adults own behavior modification.

Policy & Support to Women: During the year, Haiti's continuing gang violence and kidnapping has resulted in increased incidence of rape. Much of the illegal activity is thought to be perpetrated by young men aged 15-24 years. Therefore, linkages with out-of-school youth programs and selected partners will increase HIV/AIDS prevention, rape crisis counseling, testing services and sensitization of police in handling rape cases. Linkages will be made with NGOs and government ministries to address human rights violations and stigma and retaliation against rape victims. Policy and advocacy will be undertaken with support to the media, including female journalist radio networks and the Ministry of Woman and Social Affairs. Linkages will also be made to the MOH initiative to "Reposition Family Planning" to increase protection from both HIV infection and unwanted pregnancies in promoting women's health.

Program Area Target:

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	250,000
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	568,650
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	15,470

Table 3.3.02: Activities by Funding Mechanism

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 (GHAI)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 8099
Planned Funds: \$ 265,994.00

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.

Emphasis Areas

	% Of Effort
Community Mobilization/Participation	10 - 50
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)		<input checked="" type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	58,500	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful		<input checked="" type="checkbox"/>

Target Populations:

Community leaders
 Street youth
 Orphans and vulnerable children
 Teachers
 Children and youth (non-OVC)

Key Legislative Issues

Wrap Arouns
 Education

Coverage Areas

Nord
 Nord-Est
 Ouest
 Sud-Est
 Nippes

Table 3.3.02: Activities by Funding Mechanism

Mechanism: Track 1 ABY:Healthy Choices for Life
Prime Partner: Food for the Hungry
USG Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 8153
Planned Funds: \$ 295,770.00

Activity Narrative: SUMMARY: The Association of Evangelical Relief and Development Organizations (AERDO)'s HIV/AIDS Alliance ("the Alliance") proposes with this project 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 abstinence and being faithful will promote behavior change, raise awareness, reduce stigma, and empower beneficiaries to make good life choices.

This activity expands upon USG-funded activities currently being carried out by the Alliance in Haiti. Each partner agency will work with the Ministry of Health (MOH) at the community level, and World Concern Development Organization (WCDO), the lead agency of the Alliance, will also coordinate with the MOH at the national level. Implementing the program are Food for the Hungry (FH), WCDO, Salvation Army (SA), Christian Reformed World Relief Committee (CRWRC), The Foundation of Compassionate American Samaritans (FOCAS) and World Hope (WH). The Alliance's current abstinence and be faithful for youth (ABY) activities are gender balanced with at least 50% of the beneficiaries being female. Access to ABY information will be given through Youth-to-Youth (Y2Y) groups to reinforce their capacity to initiate a behavior change for a healthier life, as well as to manage and negotiate their sexuality. The Alliance will continue to challenge Haitian cultural, macho traditions and use discussion groups as well as retreats to give parents the tools they need to educate their children about HIV prevention and to ensure equity in transmission of values regarding abstinence to boys as well as girls. The Alliance will also promote traditional AB values through public service announcements (PSAs) and other broadcast outlets.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: The Alliance will train religious leaders, volunteers, married couples and mentors in faithfulness (curriculum is to be adapted and translated). This will enable married or long-term relationship couples, to appropriately address issues such as risk factors, sex, economics and faithfulness with the 55 Alliance promoters. Trainees will teach seven lessons, reaching 4,528 participants, including 2,264 couples. The Awareness Campaign will be a continuous process throughout the project in order to recruit subsequent cohorts of beneficiaries. The Alliance will also raise awareness about the importance of using voluntary counseling and testing (VCT) services to reduce violence and coercion. Trainees will be mobilized to refer target groups for VCT services. Promoters will also continue to train 1,023 church and community leaders, volunteers and teachers to reinforce the role of 22,636 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.

ACTIVITY 2 : The alliance will establish preventive HIV education programs using drama, music, cultural events, and sporting contests. The Alliance will emphasize abstinence and behavior change for children and youth and recruit the second cohort of Youth-to-Youth groups. Working with local churches and schools, 55 promoters will each train 7,025 youth leaders in preventive HIV education. They will also finalize the training of the first cohort of Youth to Youth groups' beneficiaries. Promoters will use the World Relief "Choose Life" manual adapted from French to Creole. These youth leaders will in turn train 10 youth group members, for a total of 119,425 youth. Upon the successful completion of the preventive education program, all cohorts will be provided with pledge cards, offering the youth participants the opportunity to commit to abstinence and/or faithfulness. Youth leaders and youth group members will also be encouraged to share the lessons learned with their parents and caregivers. In addition, radio and television spots and /or broadcasts based on first year Barrier Analysis will be produced and/or realized, promoters will give prevention messages at youth camps, and outreaches and marches will be organized during special events (e.g. Memorial Day, International AIDS day, Valentines day, and Carnival) in order to reach additional beneficiaries with messages about HIV transmission and prevention. Community and church leaders will empower parents to talk with their children about prevention.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)		<input checked="" type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	126,450	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	25,923	<input type="checkbox"/>

Indirect Targets

340,000 indirect beneficiaries reached through media.

Target Populations:

Community leaders
 Community-based organizations
 Faith-based organizations
 Street youth
 Orphans and vulnerable children
 Teachers
 Volunteers
 Children and youth (non-OVC)
 Out-of-school youth
 Religious leaders

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs
 Addressing male norms and behaviors
 Volunteers
 Stigma and discrimination

Coverage Areas

Artibonite

Centre

Nord

Nord-Ouest

Ouest

Sud

Sud-Est

Table 3.3.02: Activities by Funding Mechanism

Mechanism: Track 1 ABY: Mobilizing Youth for Life
Prime Partner: World Relief Corporation
USG Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 8154
Planned Funds: \$ 329,213.00

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.

Emphasis Areas

	% Of Effort
Community Mobilization/Participation	51 - 100
Information, Education and Communication	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)		<input checked="" type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	72,600	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	1,200	<input type="checkbox"/>

Indirect Targets

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

Target Populations:

- Faith-based organizations
- Street youth
- Teachers
- Volunteers
- Girls
- Boys
- Primary school students
- Secondary school students
- Men (including men of reproductive age)
- Women (including women of reproductive age)
- Out-of-school youth
- Religious leaders

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Reducing violence and coercion

Wrap Arounds

Microfinance/Microcredit

Coverage Areas

Artibonite

Ouest

Sud-Est

Table 3.3.02: Activities by Funding Mechanism

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 (GHAI)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 8155
Planned Funds: \$ 597,006.00

Activity Narrative: SUMMARY: The Abstinence and Risk Avoidance (ARK) Project is designed to strengthen prevention efforts through changes in behavior that will reduce the risk among youth of contracting HIV primarily through abstinence and mutual monogamy while creating supportive family and community environments. Approaches to reduce risk among sexually active youth and messages challenging harmful norms will also be supported. Key activities are capacity-building of youth and "influentials"/"enablers" while creating/strengthening networks at commune, district and department levels for coordination and collaboration. ARK will be carried out in ten (10) of World Vision (WV)'s Area Development Programs (ADP) and their surrounding areas, located in five (5) communes of the West and Center Regional Departments: Anse à Galets, Pointe-à-Raquettes, Hinche, Thomassique, Thomonde.

BACKGROUND: This intervention builds on prevention activities began in October 2005 in Central Plateau and in April 2006 in La Gonave. Conceived to complement World Vision's SAFENET Plus activities begun in FY06, ARK's program approaches support the government of Haiti's national HIV/AIDS strategies and have the explicit support of government ministries that deal with youth and/or HIV/AIDS including the Ministry of Public Health and Population and the Ministry of Education. As the lead agency, World Vision, an FBO, is partnering with John Hopkins University/Center for Communication Program. CCP will provide technical assistance related to training, mass-communication and community mobilization. A particular focus will be on girls and young women especially OVC followed by boys and young men, and "influentials" and "enablers". Common ground melting pot meetings and trainings will emphasize vulnerability factors that put girls and young women at increased risk of HIV acquisition and how to address them. Youth leadership will ensure a balance in male and female representation.

ACTIVITIES AND EXPECTED RESULTS: To achieve its goal, ARK will utilize the expertise and on-the-ground presence of WV's Area Development Programs (ADPs), relationships with schools, local churches, FBOs, CBOs, health facilities and other affinity groups. Current involvement with these groups will facilitate the registration of target youth and scaling-up. More specifically, the following activities will be done.

Activity One: Mobilization of faith-based and community-based organizations and training of trainers. Ten (10) trained field animators will be mobilized (one for each ADP) to work with the church and community leaders. The field animators will hold a training of trainers selected from these groups. These trainers will then train facilitators who will in turn organize sensitization sessions in churches, schools, health facilities and meeting sites of community organizations. Youth Advisory Groups (YAGs) and Parents Advisory Groups (PAGs) will be carried out in cooperation with ADP health committees and community organizations. Common ground melting pot meetings (awakening, consensus-building, action planning and monitoring) between parents and youth will be undertaken. ARK will contract with 5 broadcasting radio stations including community radio stations. 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 Two: Enrollment and training of youth, parents and community leaders. Select youth by specific age groups (10 to 14; 15 to 24) will undergo life skills and value-based HIV education. Parents groups will be equipped to communicate and counsel youth about sexual health and healthy choices while religious leaders and teachers trained to overcome attitudinal barriers to effective communication regarding youth sexuality such that they can facilitate, counsel and reinforce AB messages. These groups will also identify and challenge harmful norms that present barriers to positive health practices. Trained youths, parents and leaders will organize three (3) kinds of clubs: 1) Clubs of abstinent youths for single 10-24 year – olds. Using individual "ARK passport", these abstinent youths will be encouraged to delay their sexual debut and monitor their sexual behavior. Sexually active youths who are not yet married will be encouraged and motivated to practice secondary abstinence for at least one year. 2) Clubs of faithful spouses, married under 24 youths will be encouraged and motivated to stay mutually faithful. 3) Clubs of parents and leaders will meet periodically offering young people a safe, enabling environment where together they can leverage, foster, support and promote positive traditional norms of behavior that will help them traverse the risks they face in their daily lives—reminding youth to keep their promise.

Activity Three: Referral to VCT and PMTCT centers. To achieve maximum impact, "AB" 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. Sexually active youth will be counseled to test for HIV/AIDS and to share the results with their spouses, boy friends or girl friends. Those who tested positive will be referred to appropriate facilities to receive treatment, psychosocial and/or spiritual support. Those tested negative will be encouraged to adopt low risk behaviors. Sustainability-promoting activities include capacity-building (individually and as a group) including reducing stigma and discrimination, linking with pertinent ministries, fostering shared goals and shared responsibilities among youth, parents, faith and community leaders, churches, schools, and other community groups.

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

Emphasis Areas

	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)		<input checked="" type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	6,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	800	<input type="checkbox"/>

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Coverage Areas

Centre

Ouest

Table 3.3.02: Activities by Funding Mechanism

Mechanism: USAID/GAC/HQ
Prime Partner: Johns Hopkins University Center for Communication Programs
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 9292
Planned Funds: \$ 550,000.00

Activity Narrative: Linked to Activities 9791, 9781, 10438, 9352.

SUMMARY: The USG will provide FY07 funds to Johns Hopkins University (JHU)'s Creative Partnership (CP) to scale up prevention interventions to include risk assessment and management, promoting AB with linkages and referrals for condom use to respond to specific audience needs. CP will expand its activities to more communities within the same regional departments (North & West), trying to reach rural areas. CP will start working in the South and Nippes Regional Departments with couples, paying special attention to men. This new set of FY07 activities will emphasize reducing risk by building personal risk assessment skills to reduce unhealthy sexual behavior. CP will continue training and dissemination of audio and printed materials to reinforce one on one counseling and support community changes in community norms. CP network partners will continue working with youth 10-24 (10-14 and 15-24), with an emphasis on delaying sexual debut, abstinence, including secondary abstinence, fidelity, and partner reduction. Special targeting of messages to men, youth, and general population will be carried out with a focus on protecting girls and young women, given the "feminization" of HIV/AIDS in Haiti. Activities will be carried out in the North, West, South, Nippes Departments. The Nippes Department has the highest reported HIV/AIDS prevalence in the country—3%. At the national level, CP will continue to provide technical assistance to the MOH to strengthen its decentralization efforts at coordinating BCC interventions in several departments.

BACKGROUND: CP is made up of Johns Hopkins University's Center for Communication Programs (JHU/CCP), Foundation for Reproductive and Family Health (FOSREF), World Relief and AIDS Alliance, as well as other local organizations and CBOs to strengthen their capacity in AB prevention programs. CP has intervened in the North and West Regional Departments, building on its previous work in health communication. It contributed to efforts to reduce HIV transmission among youth aged 10-24 yrs old by promoting abstinence and being faithful, as well as the positive social norms that support behavioral changes. In FY07, CP will expand its programs to couples, especially men, and adults. About 27% of this activity is funded through the OP budget

ACTIVITY 1: Changing Social Norms through Mass Media.

CP will utilize targeted media campaigns to promote messages to change social norms. Radio shows and music videos will use the edutainment approach through serial soap operas, talk shows, and call ins to stimulate community dialogue about issues such as partner communication and reduction, achieving goals, gender equity, domestic violence, service utilization, care of PLWHA, and trans-generational sex. CP will intensify its messages to reach the general audience by focusing on adults, both men and women. Focus groups will be conducted to ensure that the messages are relevant and targeted. All programs will be in Creole and aired at strategic times to ensure that the maximum audience is reached. It is anticipated that CP and its partners will utilize 25 community radio stations and 4 TV stations to reinforce AB messages and that about 750,000 people will be reached through the mass media campaigns. Several specific and targeted community mobilization activities that are based on research results and local needs will also be conducted. Community mobilization activities including entertainment days and rallies will reach approximately 14,000 people, both youth and adults. During these community events, age appropriate messages will promote abstinence, delay of sexual debut, secondary abstinence, partner reduction and fidelity.

Activity 2: Youth Peer Education & Outreach. Up to 3 Training of Trainers (TOT) will be conducted for 60 animators to train youth peers educators in the AB approach. These animators will roll out training for groups of 10 youth peer educators each. Upon completion of the training, youth peer educators will run participatory educational sessions and discussions using the curriculum developed by CP and its partners. Messages will focus on abstinence, delay of sexual debut, secondary abstinence, partner reduction, and fidelity. Through peer education activities, youth 10-24 yrs old will be reached in the North, West and Nippes Regional Departments. In addition, CP will continue to provide financial and technical assistance to FOSREF to expand youth clubs in selected communities, and schools, in order to encourage debate on abstinence, fidelity and self-esteem. 2,250 youth aged 15-24 will be reached through activities carried out in youth clubs. Referrals for sexually active youth will be made to USG supported sites which provide other prevention services, CT, STI diagnosis and treatment, care and support and reproductive health services. As a result of this activity, it is estimated that up 12,000

youth will be reached with AB messages to promote positive sexual behavior.

ACTIVITY 3: Promoting Faithfulness among Couples -"Men of Integrity" Clubs. CP, through World Relief, will target men in the South and Nippes Regional Depts with the recent creation of men's groups in their network of 600 churches. The approach will primarily focus on the idea of "Men of Integrity" for "Men of their Word" in order to be better husbands, better fathers and better citizens. About 5 male leaders from each church will be trained as peer educators for a total of 3,000 leaders. Training for male leaders will include culturally appropriate messages to build skills in personal risk assessment, improve couple communication, improve knowledge on HIV/AIDS transmission and prevention, and include discussions on mutual monogamy, fidelity, partner reduction, trans-generational sex, how they can become positive role models for young males, and risk reduction strategies. After training, members will organize "Men of Integrity" Clubs in their home churches. They will meet monthly to share and discuss issues described above. Materials will be adapted from existing sources and/or developed to meet the needs of this audience. Debates and testimonies will be used as a main approach to reach this target group. It is envisioned that each "Men of Integrity" educator will reach 4 peers in their network for a total of 12,000 men reached with AB prevention messages during 2007.

ACTIVITY 4: Behavior Change Cluster/Prevention Activities Coordination
Under the leadership of the MOH, the CP will continue to coordinate prevention activities and reinforce its leading role in coordinating youth prevention activities with PEPFAR prevention partners and donors. Support will be provided to host quarterly meetings of the BCC cluster and partners involved in implementing HIV prevention activities supported by USG to ensure coordination and harmonization of the messages, materials and interventions for specific audiences. Meetings will be used to refine planning of interventions, monitor progress, identify implementation problems and come up with solutions. Also, CP will work to ensure harmonization of mass media activities especially the use of community radio by partners to maximize resources. Targets include 3,660 individuals trained (3,000 men, 600 youth, 60 adult leaders), 16,250 youth reached through community outreach programs that promote abstinence and being faithful, 12,000 men reached through "Men of Integrity" Clubs, and 750,000 individuals (youth and adults) reached with mass media HIV/AIDS prevention programs that promote changing social norms.

Monitoring and Evaluation of these activities including data collection, use, quality and feedback will also be a continued and focused effort in FY07.

Continued Associated Activity Information

Activity ID: 5236
USG Agency: U.S. Agency for International Development
Prime Partner: Johns Hopkins University Center for Communication Programs
Mechanism: USAID/GAC/HQ
Funding Source: GHAI
Planned Funds: \$ 624,595.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Training	10 - 50

Targets

Target

Target Value

Not Applicable

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

28,250

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

3,660

Target Populations:

Community leaders

Children and youth (non-OVC)

Girls

Boys

Primary school students

Secondary school students

University students

Men (including men of reproductive age)

Women (including women of reproductive age)

Key Legislative Issues

Reducing violence and coercion

Stigma and discrimination

Increasing gender equity in HIV/AIDS programs

Coverage Areas

Nord

Ouest

Sud

Nippes

Table 3.3.02: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: World Concern
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 9352
Planned Funds: \$ 420,000.00

Activity Narrative: Linked to Activities 10111, 9353, 8157, 9781, 9292, 9791, 10438.

SUMMARY: The USG will provide support to World Concern for the Association of Evangelical Relief and Development Organizations (AERDO);s HIV/AIDS Alliance ("the Alliance") to: 1) Train community and religious leaders, volunteer health workers and teachers to clearly articulate traditional, community and faith-based values regarding 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 religious leaders, community leaders, other (volunteer) health care workers, teachers, children and youth, OVC, men and women, HIV-positive children (5-14 years), and out-of-school youth and restavek (domestic servant) children. The coverage area is the Artibonite, South, Southeast, West, North, and Central Regional Departments for the adult training component; and the West, South, Southeast and North Regional Departments for the HIV prevention education programs aimed at children and youth.

BACKGROUND: This activity is expanding on the current PEPFAR-funded FY 2006 Abstinence and Be Faithful for Youth (ABY) activities carried out by the Alliance in Haiti. Each of the partner institutions will work with the Haiti Ministry of Health (MOH) at the community level, and World Concern Development Organization (WCDO, the lead agency of the Alliance) will also coordinate with the MOH at the national level. Implementing the program are WCDO, Salvation Army (SA), Christian Reformed World Relief Committee (CRWRC), The Foundation of Compassionate American Samaritans (FOCAS) and World Hope (WH). Food for the Hungry (FH) will be a technical consultant. All are Non-Governmental Organizations (NGOs). The Alliance's current ABY activities are gender balanced with at least 50% of the beneficiaries being female. Access to ABY information will initially be targeted to women and girls in order to reinforce their capacity to manage and negotiate their sexuality. This will be done by strengthening the capacity of older women to mentor younger girls who will be enabled to become counselors to their peers through school or church activities. The Alliance will continue to challenge Haitian cultural, macho traditions and use discussion groups as well as family or parent retreats to give parents the tools they need to educate their children about HIV prevention and to ensure equity in transmission of values regarding abstinence to boys as well as girls. We will also promote traditional Abstinence and Be Faithful (AB) values which we believe to be efficacious toward behavioral changes, and promote interventions from religious leaders, as well as parents. All these activities will be channeled through each agency's church network in the Alliance.

ACTIVITIES AND EXPECTED RESULTS:

The Alliance will carry out two separate activities in this Program Area.

ACTIVITY 1: The first activity is to train community and religious leaders, volunteer health workers and teachers to clearly articulate traditional, community and faith-based values regarding prevention. They will attend conferences designed to build their capacity using FH's "Abstain, Be faithful" and, as appropriate, correct and consistent use of condoms (ABC) awareness curriculum, educational methods, counseling techniques and motivational interviewing. The Alliance will include all elements of ABC teaching in the adult education model, with an emphasis on AB. Each of the four trainings will last 4 hours. There will be 220 full training sessions each lasting two days, with an average of 25 participants for a total of 5,500 participants. We will use 4 staff trainers, who will each conduct an average of 15 days of training a month. Booklets summarizing the key concepts will be distributed to training participants. The Alliance will also raise awareness about the plight of restavek children and coercive sex among domestics, and the importance of using HIV/AIDS counseling services to reduce violence and coercion. Teachers, volunteers and health workers will be mobilized to refer youth, including sex workers, for Voluntary Counseling and Testing (VCT) services.

ACTIVITY 2. The second activity is to establish preventive HIV education programs using

drama and music to emphasize abstinence and behavior change for children and youth. Working with local churches, four promoters will each train 275 youth leaders in preventative HIV education using the World Relief "Choose Life" manual. These youth leaders will, in turn, train an additional ten youth group members, for a total of 3,025 youth. Upon the successful completion of the preventative education program, pledge cards will be provided, offering the youth participants the opportunity to commit to abstinence and faithfulness. 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 events and marches will be organized during Memorial Day and International AIDS day to reach additional beneficiaries with messages about HIV transmission and prevention. Puppets shows an skits with HIV prevention messages will be conducted for OVC in orphanages and peer educations affected by HIV/AIDS will help teach fellow youth about prevention. Older women will be trained to become mentors to young women/girls who in turn can counsel their peers. Churches will empower parents to talk with their children about prevention. And finally, street children will be targeted for training and income generation activities to reduce coercion and violence. The total number of children reached via all activities is estimated to be 13,200.

In regard to the issues of U.S. Legislative interest, please note that for every activity, we 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 reduced through the HIV/AIDS training on transmission and prevention which will demystify and destigmatize the disease. Community leaders will also raise awareness about cross-generational and transactional sex to reduce coercion and violence, and street children will be given training and income generation opportunities for their empowerment.

These activities relate to the PEPFAR 2-7-10 goals by increasing awareness about HIV/AIDS transmission and prevention, thereby helping to avert new infections. These activities will expand on the 39,874 people, as well as the 1,551 faith-based and community-based organizations and schools, who were trained last year, and the 2,489 youth groups reached with HIV education programs by the Alliance.

Continued Associated Activity Information

Activity ID: 5238
USG Agency: U.S. Agency for International Development
Prime Partner: World Concern
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 555,405.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)		<input checked="" type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	13,750	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	3,410	<input type="checkbox"/>

Target Populations:

Community leaders
Non-governmental organizations/private voluntary organizations
Volunteers
Children and youth (non-OVC)
Men (including men of reproductive age)
Women (including women of reproductive age)
Out-of-school youth
Religious leaders
Public health care workers
Private health care workers
HIV positive children (5 - 14 years)

Key Legislative Issues

Reducing violence and coercion
Stigma and discrimination
Increasing gender equity in HIV/AIDS programs
Addressing male norms and behaviors
Increasing women's access to income and productive resources

Coverage Areas

Artibonite
Sud
Centre
Nord
Ouest
Sud-Est

Table 3.3.02: Activities by Funding Mechanism

Mechanism: NGO Alliance
Prime Partner: PLAN International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 9781
Planned Funds: \$ 299,000.00

Activity Narrative: Linked to Activities 10129, 10665, 8099, 9352, 9292, 9791, 10438.

SUMMARY: PLAN International activities will be implemented through Adult and Youth Peer Educators (YPEs). The North East Regional Department is near the Dominican Republic border. This department has the second highest prevalence rate of 2.7% (Haiti 2005 DHS) and a highly mobile population working. PLAN will continue to work with three main sub-partners--Centre pour le Développement et la Santé (CDS), Fondation Pour la Santé Reproductrice et l'Éducation Familiale (FOSREF) and Volontariat Pour le Développement d'Haïti (VDH). The VDH will collaborate with the PEPFAR BCC cluster to refine training curriculum for training youth 10-24 years old and migrant populations. Since school children are not often segmented by age, because of late entry and high failure rates, topics will be designed to ensure appropriate abstinence and being faithful messages area targeted at 10-14 year olds and 15-24 year olds. In addition, efforts will be made to target out of school youth through the development of clubs using networks of consortium partners-FOSREF, VDH and CDS. PLAN will also work with its consortium partners to train migrants as adult peer educators to provide one on one education to their peers.

BACKGROUND: USG support to the Plan International Consortium's SHINE Project was initiated with a new award in FY 2006 as a result of a competitive process. The North East Regional Department has a population of approximately 300,000 persons comprised of 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 affects 52% of the population ; 4) severe stigma prevents people from seeking to know their status and being willing to care for HIV positive family members. With minimal investments, PLAN has been able to mobilize its network to initiate cross border activities to promote behavior change among in and out of school youth. In FY 07, PLAN will expand to migrant populations. About 14% of this activity is funded through the OP budget

ACTIVITIES AND EXPECTED RESULTS:

Activity 1: VDH will to provide training for all 100 YPEs (20 in school and 80 out of school) under the program. In addition, VDH will continue to manage 30 of these YPEs-- in its target commune of Ouanaminthe (10 in-school and 10 out-of-school in the city of Ouanaminthe plus another 10 out-of-school in the rural areas of the commune). FOSREF will manage the 30 YPEs in its target commune of Fort Liberté and Ouanaminthe. CDS will manage the 40 out-of-school YPEs in each of the other four communes (Ferrier, Capotille, Mont Organisé, and Carice). All the YPEs will operate either within their schools or their communities to discuss HIV/AIDS and stimulate self-risk assessments among their peers to 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, reducing sexual partners and increasing negotiation skills. Referral linkages for STI treatment, other prevention, OVC programs, family planning services, CT, ART, care and support will be established for youth requiring these services. It is anticipated that each YPEs will reach about 30 peers through one on one sessions of small group meetings for a total of 2,400 youth being reached with abstinence and being faithful messages.

Activity 2: In 2007, YPEs will establish up to 10 Anti-AIDS clubs. Eight of the 10 clubs will target out of school youth. The clubs will be organized on the model currently being used by FOSREF which 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 other prevention, 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 250 youth will be reached through the Anti-AIDS clubs.

Activity 3: PLAN will provide peer education for adult migrant populations, especially men. The main themes that will be developed include sexual responsibility, high-risk sexual behaviors, fidelity, and the importance of VCT. About 100 migrants will be trained as peer educators who will conduct sensitization sessions bi-weekly for other migrants. 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. Sensitization 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, other prevention, and care and treatment services will be provided.

Monitoring and Evaluation of these activities including data collection, use, quality and feedback will also be a continued and focused effort in FY07.

Continued Associated Activity Information

Activity ID: 5234
USG Agency: U.S. Agency for International Development
Prime Partner: PLAN International
Mechanism: NGO Alliance
Funding Source: GHAI
Planned Funds: \$ 370,000.00

Emphasis Areas

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)		<input checked="" type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	6,450	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	86	<input type="checkbox"/>

Target Populations:

Community-based organizations
 Children and youth (non-OVC)
 Primary school students
 Secondary school students
 Out-of-school youth

Coverage Areas

Nord-Est

Table 3.3.02: Activities by Funding Mechanism

Mechanism: Education Partner
Prime Partner: Education Development Center
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 9790
Planned Funds: \$ 150,000.00

Activity Narrative: Linked to Activities 10438, 9292, 10432.

SUMMARY: In FY 2007 the USG will provide funds to the Haiti Out-of-School Youth Livelihood Initiative (IDEJEN), implemented by the Education Development Center, to target 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 a new partnership with the American Red Cross (ARC), a PEPFAR Track 1 partner for AB prevention activities, to provide technical assistance in developing prevention strategies using the ARC's Together We Can (TWC) project approach. The 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 CBOs and the engagement of adult stakeholders such as parents and teachers are also key elements of the approach. IDEJEN will collaborate with American Red Cross 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 relevant referral information to key AIDS services provided by other partners including HIV counseling and testing (CT), sexually transmitted infection (STI) treatment and other prevention.

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. With the planned expansion in 2006, IDEJEN is expanding to four more regional departments for a total of seven with plans to reach 3,000 out of school youth. The program is one of the few organized programs which provides non formal basic education and vocational training to youth with no or limited formal schooling. The National Institute for Vocational Training (Institut National de Formation Professionnelle—INFP) and the Ministries of Education and Youth are key partners with IDEJEN in overseeing the vocational training, non-formal basic education and life skills education as a critical part of the program. For the past few years, partnerships have developed with key PEPFAR partners to incorporate HIV/AIDS information and education into the curriculum. These partners include: FONDHEF, working in an urban slum of Port-au-Prince, Carrefour-Feuilles with high levels of gang activity; with USG health partner MARCH in Central Plateau in Mirebalais and with FOSREF in Jeremie in the Grande Anse. Twenty-five percent of this activity is funded through the OP budget.

ACTIVITIES AND EXPECTED RESULTS:

Activity 1: CBO capacity building for out-of-school youth prevention activities. Working through its 12 CBOs, IDEJEN will expand to a total of 42 educational and vocational training centers with support from USAID's education program in 2007. The USG will support the introduction and expansion of HIV/AIDS activities in up to half, or 21, of those centers. With technical assistance from ARC and its local Haitian Red Cross affiliate, adult leaders, parents and program monitors will be trained to incorporate HIV/AIDS prevention into their on-going life skills programs. It is anticipated that IDEJEN will provide grants ranging from \$10,000 to \$15,000 to each CBO to support modest improvements in the community centers and counseling rooms; training and meeting

costs; and purchase HIV/AIDS materials and equipment for the peer education and outreach program. FY 2007 PEPFAR funds will go into these CBO grants to incorporate AB HIV/AIDS prevention activities into the life skills training.

Technical assistance will be provided from the Red Cross to help IDEJEN and its CBO partners and peer educators to begin to address CBO sustainability through better utilization of computers and their cyber cafes on a for-profit basis. It is anticipated that two CBO leaders and two parent volunteers will be trained from each CBO of the 21 CBOs for a total of 84 leaders and parents trained.

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 AB 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 in collaboration with the Red Cross. IDEJEN will hire a local HIV/AIDS Prevention Coordinator to plan and implement the peer education component. Of the 2,000 youth scheduled to participate in the IDEJEN program in 2007, IDEJEN will select up to 200 youth leaders to be trained as Youth Peer Educators for HIV/AIDS Prevention. The 42 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 Red Cross and other PEPFAR partners. Training will include information on HIV/AIDS transmission; sexual health and reproduction; risk assessment, abstinence, secondary absence, fidelity, being faithful and risk reduction. 42 adults/parents will be trained to promote HIV/AIDS AB prevention in their communities

Peer Educators will provide information and counseling to their counterparts during evening and weekends and will refer youth to CT, family planning, STI, condoms and AIDS care and treatment services. Referrals with FOSREF, MARCH, and FONDHEF will also be strengthened. Peer Educators will be encouraged to organize post test clubs (for those who have been tested for HIV) to reinforce healthy behaviors, reduce risky sexual behavior, provide positive role models, address stigma discrimination and promote prevention messages and activities among positives. Approximately 200 youth will be trained as Youth Peer Educators and will reach around 20 of their counterparts each during outreach activities for a total of 10,000 youth reached with either 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 FY07.

Emphasis Areas

	% Of Effort
Community Mobilization/Participation	10 - 50
Local Organization Capacity Development	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)		<input checked="" type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	7,500	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	213	<input type="checkbox"/>

Target Populations:

Street youth

Children and youth (non-OVC)

Out-of-school youth

Coverage Areas:

National

Table 3.3.02: Activities by Funding Mechanism

Mechanism: Basic Health Services
Prime Partner: Management Sciences for Health
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 9791
Planned Funds: \$ 440,000.00

Activity Narrative: Linked to Activities 9683, 9937, 10109,9676, 9365, 10203, 9292.

SUMMARY: In 2006, Management Sciences of Health (MSH), the institutional contractor for USAID's integrated health services umbrella mechanism, was provided with PEPFAR funds to target youth and other at-risk population groups with abstinence and be faithful (AB) prevention messages. In the fourth year of PEPFAR these targeted efforts will continue to ensure sustainable interventions for promoting prevention activities through local non-governmental organizations (NGOs). 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 a 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. Funded through USAID, these partners form a network of nearly 100 service delivery sites that provide access to basic health services to nearly 3.2 million people. In FY 2007, special focus will be given to departments with high HIV prevalence, such as the Nippes, North and North East Regional Departments. Many NGOs and CBOs working in these zones have strong ties to the community and are providing other critical development services. Although the USAID contract with MSH will end in September 2007, steps have already been taken to put in place a follow-on program that will be operational by mid 2007, and FY 2007 PEPFAR funding will be put into this mechanism. A new USAID contractor will have been identified by that time through which resources to support CT services in the NGO network will be channeled.

BACKGROUND

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. The new government's program recognizes that in order to respond to the basic health that 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 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 especially youth between 15-24 years of age. It is expected that the successful bidder will continue to subcontract with up to 30 local NGOs to better target Abstinence and Be Faithful messages through their network. 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. Since many of its current USAID sub-partners are implementing development activities targeted towards vulnerable groups, more efforts will be undertaken in this fourth year of PEPFAR to better integrate HIV/AIDS prevention activities to key groups in these NGO networks. Several opportunities exist to take advantage of existing USG investments and support the new government to better target prevention messages to key client groups at risk for transmitting HIV/AIDS.

ACTIVITIES AND EXPECTED RESULTS

ACTIVITY 1: In FY 2007, the USAID contractor will provide small grants for up to 15 civil society NGOs 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, linkages to ARV, and care; and 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: Similarly, 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 existing USAID NGO networks such as youth groups and clubs, local musician networks, sporting associations, local civic associations and community groups. Several sub partners such as the Haitian Health Foundation (HHF), FONDEV, St. Croix Hospital, MEBESH, Fermathe, have strong anchors in the community and located in secondary towns and peri urban areas. Many of these networks are in security "hot spots" and are targets for USAID's new 3-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 activity youth will be referred to CT, ARV and care and support services and linkages to other USAID reproductive health services, including family planning will be made.

Activity 3: A special focus will be placed on "Being Faithful" interventions which target men where they commonly congregate, such as brothels, sporting events, community and social events. Again, efforts will be undertaken to target USAID 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 condom use. The needs of HIV discordant couples will be addressed through targeted counseling and education as well as referrals to VCT services and HIV care and treatment services. Counseling and 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.

Emphasis Areas

	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)		<input checked="" type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	21,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	630	<input type="checkbox"/>

Target Populations:

Children and youth (non-OVC)

Men (including men of reproductive age)

Women (including women of reproductive age)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Coverage Areas:

National

Table 3.3.02: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: American Red Cross
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 10438
Planned Funds: \$ 0.00

Activity Narrative: Linked to Activities 9790, 10432, 9292.

SUMMARY: 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.

Continued Associated Activity Information

Activity ID: 5172
USG Agency: U.S. Agency for International Development
Prime Partner: American Red Cross
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 0.00

Emphasis Areas	% Of Effort
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

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)		<input checked="" type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful		<input checked="" type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	80	<input type="checkbox"/>

Target Populations:

Adults
Community leaders
Community-based organizations
Faith-based organizations
Non-governmental organizations/private voluntary organizations
Teachers
Volunteers
Children and youth (non-OVC)
Primary school students
Secondary school students
Out-of-school youth
Religious leaders

Coverage Areas

Nord
Nord-Est
Ouest
Sud-Est

Table 3.3.02: Activities by Funding Mechanism

Mechanism: SmartWorks
Prime Partner: Academy for Educational Development
USG Agency: Department of Labor
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 11058
Planned Funds: \$ 50,000.00

Activity Narrative: Linked to Activity 9260

SUMMARY: This activity builds upon previous SMARTWork efforts, as well as linking to other prevention and counseling and testing services in-country. Activities will support expansion of prevention and voluntary counseling and testing (VCT) mobilization efforts targeting workforce populations through key critical activities: working with enterprises to establish workplace programs with anti-stigma policies; working directly with workers to provide them with behavior change prevention information about fidelity, secondary abstinence, and partner reduction. These activities are conducted through workplace channels where workers are reached through unions and enterprises using workshops, information, education and communication (IEC) materials, special events and ongoing outreach. About 86% of this activity is funded through the OP budget

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 works 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 has assembled a multi-sectoral group of implementing partners who will work together (unions, enterprises, and the Haitian government through the ministries of Health, Education, and Labor) to promote behavior change through prevention education and outreach. Currently, SMARTWork conducts prevention activities through workshops, outreach, dissemination of IEC materials, and ongoing technical support through health educators to businesses and unions.

The workplace is a critical channel to provide HIV/AIDS and sexually transmitted infection (STI) 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, secondary abstinence, and partner reduction. Complementing and reinforcing these messages are workplace policies, IEC materials, and referrals to counseling and testing, STI, and care and treatment services.

In FY 2007, there will be a greater emphasis on targeted evidence-based interventions to foster behavior change around fidelity, secondary abstinence, partner reduction, mutual monogamy to prevent HIV infection and transmission. FY 2007 activities will include technical assistance to private sector enterprises to establish workplace HIV/AIDS and STI prevention policies and to translate those policies into other prevention programs for employees. Other behavior change communication (BCC) messages and materials designed by the USG BCC Cluster and endorsed by the MOH, will be adapted to target specific HIV/AIDS and STI prevention needs of segments of the workforce, depending on their occupations, ages, gender and other risk factors. A key component of the intervention will be to encourage workers and their partners to access counseling and testing, STI, and other prevention services. For those testing positive or in need of STI treatment or treatment of opportunistic infections (OIs), referral mechanisms will be in place so that employees can easily access USG-supported sites where quality STI/HIV/AIDS care and treatment services are available. Linkages will also be made to other prevention and reproductive health and family planning services.

ACTIVITIES AND EXPECTED RESULTS:

Activity 1: SMARTWork will develop a "manly man" strategy that is culturally appropriate to Haiti but emphasizes that "Manly Men" are sexually healthy by reducing the number of partners and preferably are faithful to one partner. These activities will be implemented in male-dominated workplaces such as bottling companies and light manufacturing plants. The campaign will work to build upon positive aspects of male identity and combine these with HIV/AIDS behavior change messages that begin with self-risk assessment and move to developing risk reduction strategies. This activity will be done in close collaboration with the USG BCC Working Group.

Activity 3: SMARTWork will develop an IEC campaign for the transport sector which will include working with key informants identified by the drivers who are already existing resources of information on fuel, food, and repairs at fuel and rest stops along transit routes to communicate critical behavior change messages. These key leaders will receive training and IEC materials from SMARTWork and encourage greater attention to self-risk assessment and risk reduction strategies. To complement this activity, SmartWork

proposes developing a "Transit Tunes" activity where popular local Haitian music is interspersed with behavior change messages (e.g. fidelity, secondary abstinence, reducing partners, changing social norms). There will also be dissemination of IEC materials such as pamphlets and leaflets with key prevention messages contained in them. Activity 4: SMARTWork will work to build upon its experience with female workers to target them with key IEC messages that emphasize women's empowerment, second abstinence and fidelity messages to protect themselves from HIV transmission.

Monitoring and Evaluation of these activities including data collection, use, quality and feedback will also be a continued and focused effort in FY07.

Emphasis Areas

	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Workplace Programs	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)		<input checked="" type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	5,880	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	9	<input type="checkbox"/>

Target Populations:

Business community/private sector
 Factory workers
 Truck drivers
 Men (including men of reproductive age)
 Women (including women of reproductive age)
 Migrants/migrant workers

Key Legislative Issues

Addressing male norms and behaviors

Coverage Areas

Nord
 Ouest

Table 3.3.02: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Foundation for Reproductive Health and Family Education
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 11059
Planned Funds: \$ 200,000.00

Activity Narrative: Linked to Activities 9281, 9292, 10126, 10663, 9280.

SUMMARY: This activity is carried out to support continuation and expansion of a comprehensive HIV/AIDS program and to support interventions for youth and men at risk. The program is a continuation of a FY 2006 activity and is supported by the National AIDS Strategic Plan of the Ministry of Health (MOH). This activity is closely coordinated with Global Funded sites to avoid duplication. About 70% of this activity is funded through the OP budget.

ACTIVITIES AND EXPECTED RESULTS:

Activity 1: FOSREF will address the unmet needs of the sexually active youth particularly at community level. The USG will continue supporting three youth centers that were supported in FY 2006. The program will work in close collaboration with youth associations in the most marginalized areas around the centers and will train 250 youth as peer educators. The program will promote peer dialogue addressing themes such as: secondary abstinence, being faithful, perception of risk, partner reduction, negotiation skills, gender equity, self-esteem, and sexual violence. A Youth Coordinator will be hired to plan and design programs targeted to youth 15-24 years old. Peer educators messages will include themes such as secondary abstinence, being faithful, perception of risk, know your risk/know your status, and referrals to the FOSREF's youth centers for other prevention, STI treatment, VCT and other reproductive health services. Referrals to care, support and treatment services will also be provided, when needed.

Post-test clubs will also be established and similar messages as outlined above will be discussed. Fifty street youth will be trained in the use of an adapted HIV/AIDS education material, elaborated by FOSREF. In order to reach other street youth, these youth will conduct sexual skits and drama monthly to encourage safe sexual behaviors. Linking with activities with the BCC cluster, FOSREF will organize media programs to address themes against sexual violence, against "sugar daddies", promotion of secondary abstinence, being responsible, getting tested, and staying negative. Skits, jingles, radio talk shows with the community groups will be produced and coordinated with all prevention partners. The program will address social opportunities for the most vulnerable kids, including street kids and kids involved in gang activities. FOSREF will provide activities, such as basic short technical trainings in many technical fields (e.g. mechanics, handcrafting, floral arts, masonry, carpentry, sewing, arts-and-crafts, 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. 200,000 youth will receive abstinence and being faithful messages

Activity 2: FOSREF will provide peer education for fixed categories of men such as unemployed men. The main themes that will be developed include sexual responsibility, responsible parenthood and paternity, high-risk sexual behaviors, fidelity, and the importance of VCT. More than 200 men will be trained as peer educators who will conduct sensitization sessions monthly for other men. Songs, sketches, mini-films, mimes, jingles will be produced and disseminated in public parks, public transportation stations, in front of bars, brothels, on beaches, addressing themes on HIV/AIDS prevention. Sensitization 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 prevention partners. The program will conduct interventions in the media, covering such key themes as sexual responsibility for men, sexual violence against women, risk of concurrent partnerships, and advantages of fidelity.

Monitoring and Evaluation of these activities including data collection, use, quality and feedback will also be a continued and focused effort in FY07

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	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

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)		<input checked="" type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	6,450	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	86	<input type="checkbox"/>

Target Populations:

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

Key Legislative Issues

Addressing male norms and behaviors

Coverage Areas

Artibonite
 Nord
 Nord-Est
 Ouest
 Sud
 Sud-Est

Table 3.3.03: Program Planning Overview

Program Area: Medical Transmission/Blood Safety
Budget Code: HMBL
Program Area Code: 03

Total Planned Funding for Program Area: \$ 3,400,000.00

Program Area Context:

Since 1986, the Government of Haiti has mandated that the Haitian Red Cross (HRC) manage the blood transfusion system in Haiti. However, in 2004 approximately 9,000 units of blood were available for transfusion for a population of approximately 8.5 million, indicating a significant need for increased blood transfusion capacity. During this same period, actual demand for blood was an estimated 20,000 units and the estimated need around 40,000 units. To address this unmet need, a National Program of Blood Safety was established when PEPFAR support became available. Within the Ministry of Health (MOH) the National Blood Safety Management Unit was established to administer the program and to monitor financial and progress reports, and the National Blood Safety Committee was established to develop national guidelines on the clinical use of blood. The goals of the program include increasing blood supply; ensuring adequate screening of blood (HIV, HBsAG, HCV, VDRL, and HTLV 1-2); and ensuring proper storage, transportation, and distribution of blood.

Since 2004, several important accomplishments have been achieved with USG support. A database at the national blood transfusion center has been established to record blood donors, the number of blood units collected, and the number of safe units of blood available; however, sites outside of Port-au-Prince do not have access to this information. In addition to the National Blood Safety Committee and the National Blood Safety Management Unit, a National Commission on Blood Security and sub-commissions for voluntary blood donation, production of blood components, quality assurance/quality control (QA/QC) and clinical use of blood were established. Blood screening in Haiti is currently nearly 100% for HIV, HBsAG, HCV and VDRL, as well as testing for HTLV-I and II antibodies. In addition, public awareness tools have been developed to raise awareness of the importance of safe blood and to encourage people to donate blood.

With FY05 funds, despite continued political insecurity in Haiti and a reduction in funding levels from FY04, the USG Team accomplished the following key activities:

- From January to May 2006, 5,805 units of blood were collected by the National Blood Center (NBC) and transfusion posts. This represents 54% of total units collected nationwide in 2005.
- Voluntary donation rose from 5.4% in 2004 to 14.9% in 2005 and was at 27% for the first 5 months of 2006.
- The total number of mobile collections was 42 in 2005, but reached 49 during the first 5 months of 2006.
- The number of blood service sites increased from 10 to 16.
- From January to June 2006, 93 health professionals were trained in clinical use of blood, 34 in QA/QC and 44 in voluntary blood donation.

The MOH objective to increase the availability of a safe blood supply in Haiti has not been a priority for the HRC which continues to place priority on developing its organizational infrastructure over development of a sustainable and adequate blood transfusion system thus hampering efforts to plan and implement blood safety initiatives. Blood services in Jeremie, Hinche, Pignon, Mirebalais and Miragoine still are not 100% functional because activity schedules are not respected by the HRC and heavy administrative and management procedures are imposed by the HRC.

The MOH started the legislative process with the interim government in 2005 to leave management of the blood transfusion system with the HRC but move regulatory oversight of the system to the MOH. This legislation had completed the vetting process required by the interim government but was not published before the government changed in May 2006. As a result, the process must now begin again in the new parliament which has many other pressing priorities to address.

A budget cut in March 2006 caused the USG Team to put a hold on several activities planned and approved in the FY06 COP. Those activities included relocating the NBC, which is located in an area of Port au Prince no longer considered safe, and development of a national network for management and exchange of blood

stock from areas with surplus to areas of need. A gap in availability of funding between FY05 funding and the arrival of FY06 funding caused a stock outage of 1 month of all reagents while the Pan American Health Organization (PAHO) instituted an emergency procurement with IDB funds.

In FY 07, the USG Team will continue to address the problems of insufficient blood donations and quality control of blood testing, storage, and distribution by employing a number of strategies. Implementation of these strategies is expected to result in:

- Implementation of a QA/QC system in every blood service site in the country. This system is currently being developed with FY06 funding and includes follow up activities to monitor the implementation process and evaluate its effectiveness.
- Revitalization of activities put on hold in FY06 for developing a national Blood Network System to help in the management of safe blood and decrease blood wastage by promoting movement of stock of certain blood types from sites with excess to sites with need.
- Development and control of cold chain in blood services and network system. The current blood storage systems in most sites are outdated and do not have temperature monitoring and controls in place. Frequent power outages and lack of fuel for generators are often issues. Even propane back up systems often lack fuel. In FY07 the USG Team will move toward replacing old blood refrigerators with solar powered ones. Currently, there are no cold chain provisions when transporting blood from the HRC sites to the hospitals. This cold chain system will become even more important as the Blood Network System comes on line and blood is not only transported from collection sites to hospitals but also possibly for site to site.
- Implementation in every blood service site of Operational Process Standards based on guidelines/procedures written and validated but not yet published in 2006.
- Relocation of the NBC. Historically, the NBC in downtown Port au Prince had the highest blood donation volume in the country. The NBC also is the site where samples of all blood collected at the HRC's other sites are tested for HIV, HBsAG, HCV, VDRL, and HTLV 1-2. Currently, insecurity of the existing location often prevents staff from coming to the NBC and donors are reluctant to come downtown even when things are calm. In 2004 with no promotion program in place the center collected 6,515 units of blood. In 2005 after extensive blood donation campaigns were initiated by PSI and a marked increase in mobile blood drives were initiated in areas outside of downtown to make up the deficit made by lack of donors coming to the NBC only 5,286 units were collected.
- Continuation of work with sub partners to increase the number of units collected, especially from voluntary and repeat donors.
- Continuation of work to establish effective communication and coordination between hospital services and blood services by training staff in appropriate clinical use of blood.

Program Area Target:

Number of service outlets carrying out blood safety activities	14
Number of individuals trained in blood safety	1,037

Table 3.3.03: Activities by Funding Mechanism

Mechanism: Track 1 Blood Safety
Prime Partner: World Health Organization
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Central (GHAI)
Program Area: Medical Transmission/Blood Safety
Budget Code: HMBL
Program Area Code: 03
Activity ID: 8159
Planned Funds: \$ 400,000.00

Activity Narrative: Linked to Activities 8160, 11057.

SUMMARY: The World Health Organization/Pan American Health Organization (WHO/PAHO) provides technical assistance and training to the Haitian Ministry of Health's National Blood Transfusion Program (MOH/NBSP) and its partners (e.g., the Haitian Red Cross). This technical assistance covers the development and implementation of a safe national blood system, including donor mobilization and recruitment, blood collection, laboratory screening, the proper use of the cold chain to distribute blood and blood products, and training in the clinical use of blood.

BACKGROUND: This is an ongoing program. The Pan American Health Organization receives Emergency Plan funds as a sub-contractor to WHO, which is the principal CDC cooperative agreement grantee. Track 1 funds have supported WHO/PAHO's blood safety activities in Haiti since FY04.

In Haiti, PAHO consultants are embedded with the National Blood Safety Program (NBSP), which was 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 safe blood activities in Haiti. PAHO has provided critical technical assistance to the MOH 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 conducted by PAHO consultants. The permanent PAHO blood safety representative to Haiti also interacts frequently with NGO and parastatal organizations (Haitian Red Cross) sub-contracted by the MOH/NBSP. PAHO technical assistance contributes to broader gender issues in Haiti through its work to decrease the number of maternal deaths due to a lack of transfusable blood during childbirth. PAHO's training for nurses, phlebotomists and laboratory technicians also has a positive impact on the professional development of Haitian women working in the healthcare field.

ACTIVITIES AND EXPECTED RESULTS: The activities described below will contribute to the Emergency Plan's 2-7-10 goals by reducing the incidence of transfusion-associated HIV infections in Haiti.

Activity 1: PAHO consultants will work with MOH/NBSP and Population Services International (PSI) to train community leaders and volunteers in donor recruitment strategies. This human capacity development project is aimed at raising awareness about the need for blood donations and increasing the number of voluntary, non-remunerated blood donors. PAHO will train Haitian trainers who can sustain the training component locally.

Activity 2: PAHO will provide technical assistance and advice to the MOH/NBSP to develop and deploy a QA/QC system in every blood service site in the country. With FY06 funding PAHO consultants trained blood service staff in QA/QC practices. FY07 funding will allow PAHO to follow up activities, monitor the implementation process and evaluate its effectiveness. PAHO will advise the MOH/NBSP on cost recovery strategies and other mechanisms to ensure a stable funding stream. PAHO consultants are familiar with appropriate technologies and strategies for resource-poor settings.

Activity 3: PAHO will provide training and on-site follow-up in logistics, stock management and "just-in-time" 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 network will enable relevant stock data to be shared in a timely manner. The monitoring system will be developed in conjunction with SCMS, which will be funded in FY07 to procure, warehouse, distribute and ensure proper stock control and quantification of all supplies used by the blood safety laboratory and blood banks. PAHO will support the development of tracking systems based on appropriate information technology that is simple to use and maintain, and can be deployed effectively in sites that may be off the national power/telecom grid.

Activity 4: PAHO will hold quarterly evaluation workshops for MOH/NBSP staff and relevant partners. The workshops are designed to identify best practices and change program areas/activities that may not be sustainable. In FY07 PAHO will focus on identifying, addressing and removing barriers to access for patients needing blood.

Activity 5: PAHO will provide technical advice to the MOH/NBSP on the equipment and

materials needed to ensure the cold chain throughout the national blood system. Consultants will also train MOH/NBSP staff and will conduct follow-up site visits to ensure equipment is properly installed. PAHO consultants will work closely with USG partners and MOH/NBSP to conduct solar electrification needs assessments to ensure a sustainable power supply.

Activity 6: PAHO will support the MOH/NBSP and the Haitian Red Cross to expand and renovate the HRC laboratory on Rue des Miracles in Port-au-Prince. PAHO consultants will review and provide technical advice on laboratory and blood production specifications. PAHO consultants will also advise the NBSP and the HRC on the location of two new satellite blood collection centers in the capital. These centers will replace a small site in the Rue des Miracles building that will be relocated to allow the lab expansion. Strengthening a central blood screening center is in line with WHO and CDC safety and sustainability recommendations for blood system laboratory services in resource-constrained settings.

Activity 7: PAHO will train clinicians in the appropriate use of blood. PAHO will also support MOH/NBSP efforts to establish effective communication and coordination between clinicians and the blood service. Improving clinicians' knowledge of the appropriate use of blood will reduce the number of unnecessary transfusions performed each year. This reduction will contribute to the sustainability of the program by reducing inefficiencies and wastage.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Health Care Financing	10 - 50
Human Resources	10 - 50
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Logistics	10 - 50
Needs Assessment	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Targeted evaluation	10 - 50
Training	10 - 50
Workplace Programs	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets carrying out blood safety activities	14	<input type="checkbox"/>
Number of individuals trained in blood safety	300	<input type="checkbox"/>

Target Populations:

Community leaders
Doctors
Nurses
Laboratory Service Providers
Laboratory technologists
Laboratory workers
Other Health Care Worker

Key Legislative Issues

Twinning
Wrap Arouds
Other

Coverage Areas:

National

Table 3.3.03: Activities by Funding Mechanism

Mechanism: Track 1 Blood Safety
Prime Partner: Ministre de la Sante Publique et Population, Haiti
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Central (GHAI)
Program Area: Medical Transmission/Blood Safety
Budget Code: HMBL
Program Area Code: 03
Activity ID: 8160
Planned Funds: \$ 2,400,000.00

Activity Narrative: Linked to Activities 8159, 11057.

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 the National Network of Blood Services.

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 9000 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 Safety 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 16 blood collection and distribution centers supported by a central laboratory. The goals of the program include: (1) increase the supply of blood donated by volunteer, non-remunerated donors (VNRD); (2) ensure adequate screening of blood (HIV, HBsAG, HCV, VDRL, and HTLV 1-2); and (3) ensure proper storage, transportation, and distribution of blood. 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 health sector through training, QA/QC oversight, and activities to build public trust.

Activity 1: Strengthen the Haitian Red Cross's blood screening capacity in Port-au-Prince. This will be accomplished through the renovation and expansion of the current HRC laboratory on Rue des Miracles. Laboratory expansion within the existing building will be made possible by relocating blood collection activities to two satellite blood collection posts. Strengthening and expanding the laboratory will ensure that samples from all blood collected by the network of 16 blood collection centers and mobile collection units will be screened for HIV, HBsAG, HCV, VDRL, and HTLV 1-2 in a timely manner with adequate quality controls. The expanded laboratory will also house a larger area where blood products may be separated (e.g., platelets, fresh frozen plasma) and stored. Strengthening a central blood screening and production center is in line with WHO and CDC safety and sustainability recommendations for blood system laboratory services in resource-constrained settings. Lab procurement costs will be minimized by routing orders through SCMS.

Activity 2: Expand the HRC's capacity to attract regular, VNRD to fixed collection sites in the capital. As noted above, the current HRC blood center contains a small collection center with the capacity to collect a maximum of 30 units per day. However, actual volume from this center is much lower due to donors' reluctance to visit the center, which is in a busy commercial zone where parking and security can be problematic. Relocating the HRC's fixed blood collection centers from the Rue des Miracles location to satellite centers will improve donors access and put the centers in closer physical proximity to the communities they serve. One satellite center is currently being renovated at the Canape Vert Hospital; the Blood Safety program will work with the HRC to identify a second site. Emphasis will be placed on selecting a site that increases access for all potential donor communities. PSI's donor mobilization work will be updated to support these new locations. Increasing voluntary donors' access to blood donation centers will result in higher numbers of repeat volunteer donors who have been shown to have a lower risk of infection.

Activity 3: Implementation of a QA/QC system throughout the blood collection, testing and distribution network. This system is being developed with FY06 funding. It will include QA/QC procedures and oversight activities for all aspects of blood collection, screening, storage and distribution. This will include follow up activities to monitor the implementation process and evaluate its effectiveness. The establishment of a functioning QA/QC system with adequately trained staff will ensure that facilities, equipment and staff working in the network of 16 blood collection and banking sites will be properly trained and/or maintained.

Activity 4: Continue the development of a National Blood Distribution Network. This

system will improve the management of safe blood stocks, decrease blood wastage (e.g., sites with excess stock of certain blood types will use the network to supply neighboring sites), and improve the public's access to safe blood.. Improved communication 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.

Activity 5: Develop and ensure maintenance of the cold chain in the blood services network. The current blood storage systems in most sites are out dated and do not have temperature monitoring and other controls in place. Frequent power outages and lack of fuel for generators often render equipment unusable. Some equipment has been damaged by power surges. Propane back up systems also often lack fuel. In FY07 the NBSP will move toward introducing solar power to blood centers, labs and blood banks. Solar systems will provide reliable electricity for existing electricity-only blood refrigerators or for solar refrigerators. A USAID-sponsored assessment team will supply technical guidance. The cold chain between blood banks and hospital wards will also be strengthened. The NBTS will work with the Haitian Red Cross to ensure that all blood banks are equipped with portable cold boxes. This cold chain system will become even more important as the Blood Network System comes on line and blood is not only transported from blood banks to hospitals but from bank to bank. Introducing solar solutions will reduce operating costs for electricity and ensure blood is not wasted due to breakdowns in the cold chain. Ensuring the cold chain between blood banks and hospitals will address a major barrier to patient access to blood.

Activity 6: Implementation of Standard Operating Procedures. The SOP are based on guidelines/procedures that were written and validated but not yet published in 2006. SOPs will introduce economies of scale to the procurement and logistics systems.

Activity 7: Continue working with sub-partners to increase the number of units collected, especially from repeat VNRD. The objective is to collect 18,000 units of blood. Recruiting a larger pool of voluntary blood donors who donate several times a year will ultimately reduce mobilization costs.

Activity 8: Continue working to establish effective coordination between hospitals and the blood service by training physicians, nurses and other clinical staff (e.g., midwives) in the proper clinical use of blood. This training will focus on staff in the departmental hospitals. Training will also target blood bank managers to ensure that barriers to patient access are addressed and removed. Reducing unnecessary blood transfusions will lessen the strain on the inadequate blood supply. Removing barriers to patient access (e.g., requiring patients to provide cold boxes) will improve the public's trust in the blood service.

Emphasis Areas

	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Logistics	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets carrying out blood safety activities	14	<input type="checkbox"/>
Number of individuals trained in blood safety	1,737	<input type="checkbox"/>

Target Populations:

Doctors
 Nurses
 Laboratory Service Providers
 Laboratory technologists
 Public health care workers
 Laboratory workers
 Other Health Care Worker
 Private health care workers

Key Legislative Issues

Twinning

Coverage Areas:

National

Table 3.3.03: Activities by Funding Mechanism

Mechanism: Track 1 Blood Safety
Prime Partner: Regional Procurement Support Offices/Ft. Lauderdale
USG Agency: Department of State / Western Hemisphere Affairs
Funding Source: Central (GHA)
Program Area: Medical Transmission/Blood Safety
Budget Code: HMBL
Program Area Code: 03
Activity ID: 8161
Planned Funds: \$ 0.00
Activity Narrative: Deleted.

Emphasis Areas

Infrastructure

% Of Effort

51 - 100

Targets**Target**

Number of service outlets carrying out blood safety activities
 Number of individuals trained in blood safety

Target Value**Not Applicable****Target Populations:**

Doctors
 Nurses
 Laboratory Service Providers
 Laboratory technologists
 Public health care workers
 Other Health Care Worker
 Private health care workers

Coverage Areas:

National

Table 3.3.03: Activities by Funding Mechanism

Mechanism:	Track 1.0 Blood Safety
Prime Partner:	Partnership for Supply Chain Management
USG Agency:	U.S. Agency for International Development
Funding Source:	Central (GHAI)
Program Area:	Medical Transmission/Blood Safety
Budget Code:	HMBL
Program Area Code:	03
Activity ID:	11057
Planned Funds:	\$ 600,000.00
Activity Narrative:	Linked to Activities 8159, 8160.

SUMMARY: The Partnership for Supply Chain Management (PFSCM), through the Supply Chain Management Systems (SCMS) Project, will ensure the supply chain management for the procurement and distribution of laboratory supplies for the National Blood Safety Program (NBSP). These supplies will be used by the Haitian Red Cross laboratory to screen all units of blood collected nationwide (approximately 15,000 units/year). Supplies will also be procured through this mechanism to support a network of 16-20 blood collection centers and blood banks around the country.

BACKGROUND: In the first three years of PEPFAR, the USG provided funds directly to the Haitian Red Cross to procure supplies for the NBSP; however in FY07, PFSCM will be funded to take on this task, in the interest of integrating the blood safety program's procurement system with the SCMS-supported system in place to supply chain management for other Emergency Plan commodities in Haiti. SCMS is part of a new initiative started in FY06 with PEPFAR funding covering the 15 focus countries and other bilateral country programs. Haiti is one of the first of the PEPFAR focus countries to have a fully functional PFSCM office that is managing all aspects of the supply chain for ARV and other drugs, as well as HIV rapid tests.

ACTIVITIES:

Activity 1 - PFSCM will work with the Haitian Red Cross (HRC) to establish systems for accurate quantification of commodity needs at the central laboratory as well as the national network of blood collection centers and blood banks. PFSCM will procure the required commodities, manage the shipment, customs clearance and warehousing processes of the commodities and ensure timely delivery to the sites in support of Emergency Plan-funded blood safety activities in Haiti.

Activity 2 – PFSCM will ensure that there are adequate commodity storage conditions at the NBSP sites and that commodity stock managers are appropriately trained and supervised. PFSCM will work with the HRC to establish logistics information systems and procedures at the central and peripheral levels and train personnel in the maintenance of these systems to enable the HRC to carry out its own supply chain management at the end of PEPFAR funding.

Emphasis Areas

	% Of Effort
Commodity Procurement	51 - 100
Infrastructure	10 - 50
Logistics	10 - 50

Targets

Target

Target Value

Not Applicable

Number of service outlets carrying out blood safety activities

14

Number of individuals trained in blood safety

Target Populations:

Laboratory technologists

Other MOH staff (excluding NACP staff and health care workers described below)

Laboratory workers

Other Health Care Worker

Coverage Areas:

National

Table 3.3.04: Program Planning Overview

Program Area: Medical Transmission/Injection Safety
Budget Code: HMIN
Program Area Code: 04

Total Planned Funding for Program Area: \$ 0.00

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, conducted in July - August 2004, found a lack of national norms and standards for injection safety. The assessment revealed the following injection safety issues:

- unmotivated, untrained staff unaware of the injection risk;
- 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
- lack of supervision of health facilities.

To date, the USG has completed the following activities:

- 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. To date, a total of 1,413 health workers, including nurses, sanitary officers, maintenance workers, waste management personnel, and nurse aides have been trained.
- Implementation of a national management and distribution plan for injection safety materials, i.e. syringes with auto-disposable device and retractable needles, needle removers and safety boxes for safe disposal of sharps waste. For FY 2006, 31 institutions, including 16 USG-supported antiretroviral (ARV) sites, were supplied. To help ensure sustainability, distribution is made through peripheral departmental medical stores under the supervision of the Regional Departmental Directorate and technical assistance is provided to the sites for collection of basic logistics data and issue of consumption reports. The MMIS project has also continuously advocated for inclusion of the injection safety materials in the national procurement system.
- Implementation of an enhanced waste management system in 16 sites. Specifically, distributed waste collectors and supported construction of enclosures to prevent access to medical waste by children and unauthorized persons as well as animals.
- In collaboration with MOH, 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.
- Participation in local workshops for elaboration of the departmental strategic plans driven by MOH, United States Agency for International Development (USAID)'s Health Systems 2007 Project, USAID and Centers for Disease Control and Prevention (CDC).
- Involvement in symposia to promote the MMIS project and advocate for reduction of unnecessary injection, in favor of auto-disposable syringes and also the adequate disposal of sharps and the new norms and standards.
- 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.
- Validation of the national 5-year strategic Behavior Change Communication (BCC) plan.

In FY 2007 the USG Team will build on past successes while increasing the project's expansion toward national coverage. The scaling-up process will include six of Haiti's 10 regional departments – North, South East, Northeast, South, Grande Anse and Nippes, while the project activities will also be implemented in the ARV treatment and prevention of mother-to-child HIV transmission (PMTCT) sites located in the four regional departments scheduled for coverage in FY 2008. The target populations for MMIS interventions are health workers and other staff to improve the safety of medical injections and waste management. Interventions for patients and communities targeting behavior change will begin in areas where health facilities have already received training and supplies. The MMIS project is conducting a bibliographic review to gather information for future development of strategies to address the safety of injections in the informal sector. The range of activities in FY 2007 will remain the same but with a broadened geographic scope:

- Strengthening MOH capacity to implement safe and necessary injections as a quality standard through:
 - Dissemination of policies and norms
 - Provision of technical and financial support to the National Task Force to conduct periodic meetings and field visits for supervision, improvement of awareness and advocacy for safe injection practices;
 - Training of health personnel and support staff in all health facilities at the regional department level on safe injection practices; use of safe injection devices; improved waste handling practices and safe disposal techniques particularly for sharps; and logistics management training. Training will include training of trainers, students, pharmacists, health care providers, waste handlers and supply managers on appropriate use and reduction of injections.
 - Micro-planning workshops conducted at the regional department level to improve injection safety and waste management.
 - Implementation of behavior change strategy to reduce unnecessary injections and promote safe injection practices with a focus on message development; conduct of a national forum; promotion of appropriate use of safe injection devices with reuse prevention features and safety boxes for sharps waste disposal.
 - Strengthening systems to improve waste management in target areas through:
 - Development of MOH national strategic waste management plan;
 - Development of waste management plan at facility level;
 - Improving sharps waste disposal at facility level;
 - Implementation of the incinerator program; and
 - Support meetings of local committee on waste management.
 - Improvement of the logistics system for continuous supply of injection supplies.
 - Procurement of injection safety materials for 54 sites.
 - Allocation of basic injection safety (54 sites) and waste disposal materials and equipment (24 sites) to all partner facilities.
 - Periodic collection of consumption data of injection safety materials.
 - Distribution of injection safety materials according to the national distribution plan.
 - Monthly supervisory field visits to follow up activity progress.
 - Quarterly reports issued to review progress with CDC and other stakeholders.

Program Area Target:

Number of individuals trained in medical injection safety 3,000

Table 3.3.04: Activities by Funding Mechanism

Mechanism: Track 1 Injection Safety
Prime Partner: John Snow, Inc.
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Central (GHAI)
Program Area: Medical Transmission/Injection Safety
Budget Code: HMIN
Program Area Code: 04
Activity ID: 8158
Planned Funds: \$ 0.00

Activity Narrative: SUMMARY: The Safe Injection Project started in Haiti in July 2004 with PEPFAR support. 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 by implementing the three-part strategy recommended by the Safe Injection Global Network (SIGN): change behavior of health care workers and patients to ensure safe injection practices and reduce demand for unnecessary injections; ensure availability of safe injection equipment and supplies; and manage sharps waste safely and appropriately.

BACKGROUND: An assessment of injection safety and waste management issues conducted in 2004 found no existing norms and standards for injection safety in Haiti. Specifically, the assessment found: 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. To date, the following corrective activities have been conducted:

- Creation of a national committee for the security of injections. This committee is very active and meets every month. Under this committee, three major strategic documents have been elaborated and validated, i.e 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 the incinerators program funded by UNICEF.

- Training on Injection Safety and sharps waste management has been conducted in all ARV partner sites. To date, a total of 1,413 health workers, including nurses, sanitary officers, maintenance workers, waste management personnel, and nurse aides have been trained.

- Implementation of a national management and distribution plan for Injection Safety materials, i.e syringes with auto-disable device and retractable needles, needle removers and safety boxes for safe disposal of sharps waste. For FY06, 31 institutions, including all PEPFAR ARV sites, are supplied. In view of sustainability, distribution is made through peripheral departmental medical stores under the supervision of the Departmental Directorate and technical assistance is provided to the beneficiary sites for collection of basic logistics data and issue of consumption reports. MMIS project has also continuously advocated for inclusion of the injection Safety materials in the national procurement system.

- Implementation in 16 institutions of an improvement of waste management system. MMIS project has distributed waste collectors and supported construction of enclosures to prevent access by children and unauthorized persons as well as animals to the medical waste storage zone. The last two (2) ARV partner sites where MMIS project has been implemented are Hopital de l'Universite d'Etat d'Haiti (HUEH) and Hopital La Providence located in Gonaives, Artibonite department.

- JSI provided technical assistance for the implementation of the incinerators program supported by UNICEF. Implementation strategy included: elaboration of criteria for incinerators installation, site sampling and mapping, conduct assessment of 40 facilities, finalize the choice of sites and participation with UNICEF in the procurement process.

- The MMIS project has also participated in many local workshops for elaboration of the departmental strategic plans driven by MOH, and the USG Team.

- JSI developed and distributed behavior change communication (BCC) materials (posters, leaflets and audio messages) designed to induce positive behavior changes through a better understanding and awareness of the risks related to unsafe injection practices and poor management of sharps waste and assisted to develop the national 5-year strategic BCC plan.

ACTIVITIES AND EXPECTED RESULTS:

Activity 1: JSI will strengthen the MOH's capacity to implement safe and necessary injections as a quality standard in the curative sector through dissemination of policies and norms; 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 of health personnel and support staff in all health facilities at departmental level. Training will be conducted on a very large scope and will include: training of trainers, training for pre-service for students, training for prescribers, training for frontline health care providers, training for waste handlers, and training for supply managers. In addition, micro planning workshops will be conducted in the regional departments to improve injection safety and waste management in the facilities.

Activity 2: JSI will implement a behavior change strategy targeted to the community to reduce unnecessary injections and promote safe injection practices based on feedback from health workers. JSI will promote appropriate use of safe injection devices with reuse prevention features and safety boxes for safer sharps waste disposal. Currently, MMIS project is conducting a bibliographic review to gather information for future development of strategies to address the safety of injections in the informal sector.

Activity 3: JSI will strengthen systems to improve waste management in target areas through development of MOH national strategic waste management plan; development of waste management plan at facility level based on the national plan; improvement of sharps waste disposal at facility-level; assisting to implement a UNICEF-funded incinerator program; and supporting meetings of local committee on waste management.

Activity 4: JSI will improve the logistics system for continuous supply of injection supplies to all partner facilities. In addition, JSI will distribute injection safety materials according to the national distribution plan. JSI will work with MOH procurement authorities to improve the logistics information system and continue to sensitize the private sector suppliers and import authorities to the issues associated with injection safety equipment.

Activity 5: JSI will provide monitoring and evaluation (M&E) for injection safety through monthly supervision field visits to follow up activity progress and produce quarterly reports will be regularly issued to review progress with the USG Team and other stakeholders.

Emphasis Areas

	% Of Effort
Infrastructure	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained in medical injection safety	3,000	<input type="checkbox"/>

Target Populations:

Public health care workers
Private health care workers

Coverage Areas

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

Table 3.3.05: Program Planning Overview

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

Total Planned Funding for Program Area: \$ 2,640,000.00

Program Area Context:

Haiti's political instability exacerbates chronic impoverishment, limits educational and economic opportunity fosters violence and injustices directed at women and girls, and contribute to risky sexual behaviors that increase vulnerability to HIV/AIDS infection. Transactional (and other high risk) sex among youth is a reality in Haiti. The age of sexual debut continues to decline for both men and women—17.8 years for women and 15.3 for men in 2005. Further, the risk of having multiple partners is not well recognized; especially among youth. Inter-generational sex (older men and younger women) is also pronounced, and partially explains why women are at much higher risk (than men) of HIV infection under 35 years. UNAIDS (2006) estimates the HIV prevalence in Haiti to be 3.8%, although when the recent 2005 Demographic and Health Survey (DHS) data that reports a national prevalence of 2.2% is taken into consideration, the 3.8% may be adjusted downward. Prevalence rates from the DHS for the Nippes and the North Regional Departments are 3% and the North East Department near the Dominican Republic border is 2.7%.

The recent DHS also identifies 26% of children as orphaned or vulnerable, and many of these children are susceptible to sexual of trafficking. A study of Haitian street child found that 90% were sexually active and 75% of street kids had commercial or casual sexual contacts during the last 12 months (BSS 2004). Condom use during the last high risk sex is only 20.6% for women and 30.6% for men aged 15 – 49 years. In addition, women report 1.7 lifetime partners while men report 9.7. Among men 15-24 years old, the mean number of partners in the last year was 5.8. These data emphasize the importance of effective prevention targeting most at risk groups (MARPs) and men with concurrent multiple partners. Greater efforts are also needed in rural areas as well. (See Supporting Documents for preliminary results of Haiti 2005 DHS.)

Haiti's epidemic may be best defined as "mixed" with both general and concentrated epidemics. While it appears that new infections are likely being driven by most-at-risk populations including commercial sex workers, mobile working men, and out-of-school youth engaging in transactional sex, there are also indications of increasing transmission in the general population. Increases in these groups suggest that HIV transmission is generalized in the population and that there is substantial evidence of "feminization of the epidemic" in Haiti and is not contained to MARPs. Condoms and Other Prevention activities will target MARPS since they account for most HIV transmission

The USG purchased \$1.5 million in condoms (7 million male and 40,000 female condoms) in FY 2006 and continues to be the major supplier of condoms for the private sector in Haiti. The UNFPA remains committed to providing the MOH with condoms for public health centers. Despite the violence, 475 condom outlets continue to provide condoms through social marketing and is the major source of supply for CBOs and NGO partners implementing PEPFAR other prevention programs. The UNFPA and Kfw (German Development Bank) are both supporting condom research and availability, but Kfw has no plans to purchase condoms in the foreseeable future. Therefore, in FY 2007, the USG Team will request additional funding to ensure adequate condom supplies at both public and private sector sites.

In FY 2007, PEPFAR will support Haitian partners in all sectors to encourage safer behavioral approaches for those populations most likely to become HIV infected. Efforts will be intensified to target interventions in the regions with some the highest prevalence rates. The USG Team will target other prevention efforts to the following MARP groups:

- Commercial sex workers (CSWs);
- Out-of-school youth engaging in risky sexual behaviors;
- Mobile male workers and men who have sex with men (MSMs); and
- Male uniformed workers (including the national police, UN peace keeping forces).

Commercial Sex Workers: Sex workers include not only adult sex workers in urban areas and the borders, but also women and youth engaging in survival sex. Partners targeting "self identified" sex workers also will

expand their activities to target those women and youth engaging in transactional sex

Out-of-school youth: Few partners are currently reaching out-of-school youth; therefore, several existing health partners will add a component to work with these youth in the "hot zones." "Hot Zones" are areas that youth may be at higher risk because of the lack of services, poverty, high unemployment, and higher HIV/ Sexually Transmitted Infection (STI) rates. The USG Team will establish linkages to an education and health partner with HIV/AIDS technical expertise. Referral mechanisms between the USG Team's Abstinence and Be Faithful for Youth (ABY) and Orphan and Vulnerable Children (OVC) program will be strengthened to enable young persons engaging in risky behaviors to obtain needed counseling, support, care and HIV prevention services.

Mobile Male Workers: Several partners (such as United Nations Stabilization Mission in Haiti-MINUSTHAH, Foundation for Reproductive Health and Family Education-FOSREF, Family Health International-FHI and Population Services International-PSI) will streamline their efforts to ensure effective and efficient programming for "mobile" persons such as police, transport industry workers, itinerant vendors, and migrants crossing the Dominican Republic (DR) border. In FY 2007, partners will review successful models to increase programs effectiveness. Other partners, such as the Academic for Educational Development (SMARTWORKS), are strategically placed to target industry workers and in settings where men are the primary workforce. Each of these partners will increase referrals to voluntary counseling and testing (VCT), sexually transmitted infection (STI), and other care and support programs.

MSM: Men who have sex with men are a largely hidden high risk population especially challenging to reach due to stigma and limited data. The MSM program in Haiti was launched by Promoteurs Objectif Zérosida (POZ) with the opening of the first anonymous clinic which offered services to high risk groups but with special outreach in the MSM community. In FY 2007, the USG Team will strengthen the current program by linking it to an established and successful program in the DR for technical assistance.

Prevention with Positives: Prevention services to People living with HIV/AIDS (PLWHAs) [Linked to Palliative Care Box] will reinforce "living positively" and provide counseling and support for sero-discordant couples. Prevention for positives programming will be expanded in the USG Team care and support activities. For example, these programs will support PLWHA to prevent secondary infection and transmission of HIV to their partners.

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. The USG Team also will increase appropriate linkages to USAID family planning sites for clients wanting to avoid both HIV infection and unwanted pregnancies.

Policy: (See Abstinence and Be Faithful (AB) civic education narrative). During the year, Haiti's continuing gang violence and kidnapping has resulted in increased incidence of rape. Much of the illegal activity is thought to be perpetrated by young men aged 15-24 years. Therefore, linkages with out-of-school youth programs and selected partners will increase HIV/AIDS prevention, rape crisis counseling, testing services and sensitization of police in handling rape cases. Linkages will be made with Non-governmental Organizations (NGOs) and ministries to address human rights violations and stigma and retaliation against rape victims.

Program Area Target:

Number of targeted condom service outlets	605
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	2,927
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	366,500

Table 3.3.05: Activities by Funding Mechanism

Mechanism: SmartWorks
Prime Partner: Academy for Educational Development
USG Agency: Department of Labor
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 9260
Planned Funds: \$ 300,000.00

Activity Narrative: Linked to Activities 9258, 9346, 9322, 11058.

SUMMARY: This activity builds upon previous SMARTWork efforts, as well as linking to other prevention and counseling and testing services in-country. Activities will support expansion of prevention and voluntary counseling and testing (VCT) mobilization efforts targeting workforce populations through key critical activities: working with enterprises to establish workplace programs with anti-stigma policies; working directly with workers to provide them with behavior change prevention information about fidelity, partner reduction, and consistent condom use (including condom distribution) as well as HIV counseling and testing promotion. These activities are conducted through workplace channels where workers are reached through unions and enterprises using workshops, information, education and communication (IEC) materials, special events and ongoing outreach. About 14% of this activity is funded through the AB budget

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 works 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 has assembled a multi-sectoral group of implementing partners who will work together (unions, enterprises, and the Haitian government through the ministries of Health, Education, and Labor) to promote behavior change through prevention education and outreach. Currently, SMARTWork conducts prevention activities through workshops, outreach, dissemination of IEC materials and condoms, and ongoing technical support through health educators to businesses and unions.

The workplace is a critical channel to provide HIV/AIDS and sexually transmitted infection (STI) 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 counseling and testing, STI, and care and treatment services.

In FY 2007, there will be a greater emphasis on targeted evidence-based interventions to foster behavior change around fidelity, partner reduction, mutual monogamy, correct and consistent condom use, and counseling and testing to prevent HIV transmission and promote knowledge of serostatus. FY 2007 activities will include technical assistance to private sector enterprises to establish workplace HIV/AIDS and STI prevention policies and to translate those policies into other prevention programs for employees. Other behavior change communication (BCC) messages and materials designed by the USG BCC Cluster and endorsed by the MOH, will be adapted to target specific HIV/AIDS and STI prevention needs of segments of the workforce, depending on their occupations, ages, gender and other risk factors. A key component of the intervention will be to encourage workers and their partners to access counseling and testing and STI services. For those testing positive or in need of STI treatment or treatment of opportunistic infections (OIs), referral mechanisms will be in place so that employees can easily access USG-supported sites where quality HIV/AIDS and STI care and treatment services are available. Linkages will also be made to reproductive health and family planning services.

ACTIVITIES AND EXPECTED RESULTS:

Activity 1: SMARTWork will leverage union partnerships by providing technical assistance to Haitian union confederations to establish union-based prevention activities using union gatherings, and written communication materials to expand SMARTWork's efforts to reach all 10 Haitian departments. The labor unions all have well-developed communications channels (written, ongoing meetings, and regular gatherings) and can rapidly and effectively communicated key prevention messages to a broader audience of union members and officials outside of the capital city. Specifically, SMARTWork will engage with union leaders and union members as a primary channel for conducting behavior change outreach activities. These activities will be linked to USG-supported counseling and testing sites including PSI's planned mobile services as well as STI treatment.

Activity 2: SMARTWork will develop a "manly man" strategy that is culturally appropriate to Haiti but emphasizes that "Manly Men" consistently and correctly use condoms, do not abuse alcohol and drugs, reduce the number of partners, and preferably are faithful to one

partner. These activities will be implemented in male-dominated workplaces such as bottling companies and light manufacturing plants. The campaign will work to build upon positive aspects of male identity and combine these with behavior change messages. This activity will be done in close collaboration with the USG BCC Working Group. SMARTWork is partnering with other PEPFAR partners in country and the USG Team to ensure condoms are available across all prevention activities.

Activity 3: SMARTWork will develop an IEC campaign for the transport sector which will include working with key informants identified by the drivers who are already existing resources for information on fuel, food, and repairs at fuel and rest stops along transit routes to communicate critical HIV/AIDS behavior change messages. These key leaders will receive training and IEC materials from SMARTWork and encourage greater attention to self-risk assessment and condom use. To complement this activity, SmartWork proposes developing a "Transit Tunes" activity where popular local Haitian music is interspersed with behavior change messages (condom use, risks of concurrent partnerships, and counseling and testing and STI service locations along key transit routes). There will also be dissemination of IEC materials such as pamphlets and leaflets with key prevention messages.

Activity 4: SMARTWork will work to build upon its 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. Monitoring and Evaluation of these activities including data collection, use, quality and feedback will also be a continued and focused effort in FY07.

Continued Associated Activity Information

Activity ID: 6383
USG Agency: Department of Labor
Prime Partner: Academy for Educational Development
Mechanism: SmartWorks
Funding Source: GHAI
Planned Funds: \$ 350,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Training	10 - 50
Workplace Programs	51 - 100

Targets

Target	Target Value	Not Applicable
Number of targeted condom service outlets		<input checked="" type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	36,120	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	58	<input type="checkbox"/>

Target Populations:

Adults
Community leaders
Factory workers
Military personnel
Truck drivers
Children and youth (non-OVC)
Men (including men of reproductive age)
Women (including women of reproductive age)
Migrants/migrant workers

Key Legislative Issues

Addressing male norms and behaviors

Coverage Areas

Nord
Ouest

Table 3.3.05: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Foundation for Reproductive Health and Family Education
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 9281
Planned Funds: \$ 475,000.00

Activity Narrative: Linked to Activities 10126, 10663, 9280, 9322, 9346, 11059.

SUMMARY: This activity is carried out to support continuation and expansion of a comprehensive HIV/AIDS program for commercial sex workers (CSWs) and their clients, and to support interventions for youth and men at risk. The program is a continuation of a FY 2006 activity and is supported by the National AIDS Strategic Plan of the Ministry of Health (MOH). This activity is closely coordinated with Global Funded sites to avoid duplication. About 30% of this activity is funded through the AB budget.

ACTIVITIES AND EXPECTED RESULTS:

Activity 1: FOSREF will provide behavior change communication (BCC) messages to promote condoms and other prevention activities through seven "Lakay" CSW centers in the South, West, South East and West Departments. This will compliment the five centers funded by Global Fund. This activity will build on USG-supported FY 2006 results and will train 1,320 CSW peer educators and reach 27,500 CSWs and clients in brothels, hotels and bars. CSW outreach workers will conduct evening outreach activities to those who do not access the centers. During those contacts, they will distribute materials and brochures promoting safe sex to encourage safe sexual behavior among prostitutes and clients and facilitate interactive sessions so issues can be discussed in more depth. Sensitization sessions will also be conducted at the Lakay centers 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 alcohol and drugs, and "go get tested" messages. Community CSW Peer Educators will conduct visits to CSW at fixed points frequented by prostitutes. It is estimated that over 500,000 condoms will be distributed to more than 18,000 CSWs and clients. 60,000 CSWs will receive condom and other prevention messages

Activity 2: FOSREF will provide access to clinical and laboratory diagnosis and treatment of STIs to CSWs and their clients at the Lakay centers. CSWs will have access to trained physicians/gynecologists who will conduct gynecological examinations and lab tests. CSWs will receive treatment for STIs and other reproductive tract infections and will have access to family planning methods. It is estimated that more than 3,000 CSWs and their clients will be treated for STIs.

Activity 3: FOSREF will establish and support "The Other Choice" Social Clubs 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 clubs will build skills, self-esteem, self-empowerment, and will learn about alternative ways to earn an income and abandon prostitution. The program will offer alternatives to prostitution with its links to micro-finance programs, general literacy programs and linkages with USAID programs. It is estimated that 11,000 CSWs will benefit from the "Other Choice" Social Club activities

Activity 4: FOSREF will address the unmet needs of the sexually active youth particularly at the community level. The USG will continue supporting three youth centers that were supported in FY 2006. The program will work in close collaboration with youth associations in the most marginalized areas around the centers and will train 250 youth as peer educators. A Youth Coordinator will be hired to plan and design programs targeted to youth 15-24 years old.

Peer educators messages will 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. Referrals to the FOSREF's youth centers for STI treatment, VCT and other reproductive health services will also be provided. Post-test clubs will also be established and the messages described above will be discussed during these meetings. In addition, fifty street youth will be trained in the use of an adapted HIV/AIDS curriculum, elaborated by FOSREF. In order to reach other street youth, monthly skits and dramas will be conducted to encourage safe sexual behaviors. Linking with activities with the BCC cluster, FOSREF will organize media programs to address themes against sexual violence, against "sugar daddies", consistent and correct condom use, and get tested and stay negative messages. Skits, jingles, a radio talk show with the community groups will be

produced and coordinated with other prevention partners. The program target the most vulnerable kids, including street kids and kids involved in gang activities, and refer them to FOSREF and other USG partners that support vocational training. For example, FOSREF will provide short technical trainings in many technical fields (e.g. mechanics, handcrafting, floral arts, masonry, carpentry, sewing, arts-and-crafts, 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 USG/Haiti. 200,000 youth will receive condom and other prevention messages

Activity 5: FOSREF will provide peer education for fixed categories of men such as unemployed men. The main themes that will be developed include sexual responsibility, sexual violence against women, partner reduction, concurrent partnerships, alcohol and drug abuse, responsible parenthood and paternity, high-risk sexual behaviors, correct and consistent condom use, STI, and the importance of VCT. More than 200 men will be trained as peer educators who will conduct sensitization sessions monthly for other men. Songs, sketches, mini-films, mimes, jingles will be produced and disseminated in public parks, public transportation stations, in front of bars, brothels, and on beaches. Sensitization 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 other prevention partners. The program will conduct interventions in the media discussing similar messages. It is estimated the nearly 10,000 men will be provided with condoms.

Monitoring and Evaluation of these activities including data collection, use, quality and feedback will also be a continued and focused effort in FY07.

Continued Associated Activity Information

Activity ID: 5434
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Foundation for Reproductive Health and Family Education
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 592,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Human Resources	51 - 100
Information, Education and Communication	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of targeted condom service outlets		<input checked="" type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	336,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	1,554	<input type="checkbox"/>

Target Populations:

Adults
Commercial sex workers
Children and youth (non-OVC)
Men (including men of reproductive age)
Women (including women of reproductive age)
Partners/clients of CSW

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

Ouest
Nord
Sud-Est
Artibonite
Nord-Est
Sud

Table 3.3.05: Activities by Funding Mechanism

Mechanism: USAID/GAC/HQ
Prime Partner: Population Services International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 9322
Planned Funds: \$ 625,000.00

Activity Narrative: Linked to Activities 9346, 9281, 9260, 9273, 9327, 9937.

SUMMARY:Recent preliminary data from the DHS 2005 shows that condom use in Haiti has decreased. The data indicates that condom use among never-married women – 98% of whom are sexually active - is barely 30%. Condom use among 15-24 year old youth is even lower, putting them at risk to both HIV infection and unwanted pregnancy. The PSI/Haiti program will seek to ensure that condoms are widely available to these - and other - high-risk groups. The specific groups targeted under this program include: Commercial Sex Workers (CSW); youth (15-24yrs); and sexually active men in the general population (25-49yrs). PEPFAR will support: 1) strategic positioning of condom distribution to improve distribution of socially marketed condoms through the private sector; 2) improving coordination of condom distribution with the public sector; and 3) increasing demand and use of condoms among Most at Risk Persons (MARPS).

BACKGROUND: PSI/Haiti has a condom 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. PSI has partnered with UNFPA and other partners to support the Ministry of Health (MOH) in developing a national condom distribution system for targeted populations. PSI will also continue to work with the MOH and with other donors to reinforce branded communications campaigns aimed at increasing demand and addressing barriers to condom use.

ACTIVITIES & EXPECTED RESULTS:

ACTIVITY 1: PEPFAR will support expansion of strategically positioned condom outlets to improve the effective distribution of socially market condoms to meet new and existing demand.

In FY06, PSI supplied condoms for resale in about 450 outlets nationwide with sales of 4 million male condoms and 50,000 female condoms. In FY07, PSI will add an additional 150 condom outlets to its network for a total of 600 outlets nationwide.

In order to increase the number of access points, PSI is undertaking a Measuring Access and Performance (MAP) study. Special attention will be given to targeting outlets in departments with higher HIV prevalence rates such as in Nippes and the North Departments with rates at 3% each and in the Northeast with 2.7% HIV prevalence according to the 2005 DHS. In addition, PSI will enroll more large scale private distributors and will hire 4 additional sales agents for a total of 10 agents to be strategically deployed throughout the departments. They will be responsible for opening new outlets, coordinating promotional activities within their sales areas, monitoring sales, re-supplying distributors and monitoring quality assurance. 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.

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 MOH) to increase condom distribution coverage and efficiency throughout Haiti.

PSI and UNFPA are working together to define in which settings/activities generic versus branded condoms are appropriate. VCT and STI clients using public health sites will receive free condoms supported by the MOH. Overtime, the health agent will refer the client to outlets stocking socially-marketed condoms for future supplies, as appropriate. Special emphasis will be placed on ensuring that free condoms are available to PLWHA either from public sector sites, or from NGO partners that work with PSI.

ACTIVITY 3: In 2007 PSI will combine condom social marketing and better audience targeting increase condom use among most at risk groups. PEPFAR will support scaling up, targeted condom and other prevention messages through behavior change communication (BCC) activities to improve personal risk assessment, partner reduction,

fidelity, prevention for positives, and correct and consistent condom use. Building on analyses of the 2005 DHS, PSI will target its condom and other prevention efforts among MAPRS and the general population as follows:

CSWs: In FY07, 100 peer educators (former and current CWS) will be trained to provide information to CSWs on reducing high risk behavior. Linkages will be made with FOSREF CSW program. PSI will a pilot a CSW intervention with street sex workers ("Trotteuses") posted at known streets in Port au Prince and other urban hot spots. Twice a week, a mobile video unit vehicle will target the "Trotteuses" with key prevention messages, including increasing condom use, referrals to VCT and STI services. It is anticipated that 50 street sex workers will be reached each month, and 20,000 CSW workers will be reached through this activity.

Youth: Working in collaboration with FOSREF, PSI currently has 100 peer educators working with in-school and out-of-school youth under a program branded Project SAJ. This program is funded by KfW and the Global Fund. PSI will use COP07 funds to expand this network of peer educators to 250, and extend their reach to Limbe, Pilate, and Plaisance. These 3 communes are located in the North where prevalence levels are higher than the national average and where FOSREF, VDH and other partners do not have a presence in these areas. Youth Peer Educator will provide IEC to their counterparts to delay sexual debut, practice safe sexual behaviors including condom use and assist in developing personal risk-reduction. Support will be provided to plan and organize education and entertainment activities such as sporting competitions, music, dance, and participative theatre as well as promotion activities during World AIDS Day (December 1), Halloween (Nov. 2), World Youth Day (Aug. 12), the Carnival, and other special occasions that draw crowds, especially youth in Haiti. It is estimated that the expanded peer educator activities will reach over 10,000 youth with age-appropriate messages on risk assessment, condoms and prevention.

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. While many new infections are likely driven by most-at-risk populations including CSW, mobile workers, and out of school youth engaging in transactional sex, there are huge challenges to more strategically target men with multiple partners. Data from the 2005 DHS point to a feminization of the epidemic--indicating HIV transmission is moving beyond MARPS and into the general population. The feminization of the epidemic points to the need to better target men and young boys with messages to increase the correct and consistent condom use and reduce high risk sex. PEPFAR will support interventions that better target men with prevention messages which include personal risk assessment, partner reduction, condom use, intergenerational sex, gender based violence and women empowerment issues. In 2007, PSI will launch selected mass media campaigns and mass events targeted to men in the general population. It is anticipated that over 20,000 men will be reach through this activity.

TARGETS:

- 6 million male condoms and 50,000 female condoms distributed to up to retail outlets

Continued Associated Activity Information

Activity ID:	5296
USG Agency:	U.S. Agency for International Development
Prime Partner:	Population Services International
Mechanism:	USAID/GAC/HQ
Funding Source:	GHAI
Planned Funds:	\$ 675,000.00

Emphasis Areas

	% Of Effort
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of targeted condom service outlets	600	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	50,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	350	<input type="checkbox"/>

Target Populations:

Adults
Commercial sex workers
Children and youth (non-OVC)
Men (including men of reproductive age)
Women (including women of reproductive age)

Key Legislative Issues

Reducing violence and coercion
Stigma and discrimination
Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS programs

Coverage Areas

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

Table 3.3.05: Activities by Funding Mechanism

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: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 9327
Planned Funds: \$ 200,000.00

Activity Narrative: Linked to Activities 9326, 9364, 9322, 9346.

SUMMARY: Support will be provided to Promoteurs Objectif Zérosida (POZ) in order to strengthen interpersonal counseling and services to PLWHAs 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 voluntary testing with counseling, information dissemination and psycho-social, care, support and treatment through its centers and outreach network. The primary emphasis of the activity is to minimize the impact of HIV for those engaged in high-risk behavior 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 due to discrimination restricting, MSM access to HIV services. The activities will be carried out in some cities from west department (Port-au-Prince, Pétion-ville, Leogâne, Croix des Bouquets) and one city in North Department. Cap-Haitien.

Background

In 2006, USG Haiti provided support to POZ to establish a social center in Port-au-Prince for its clients primarily targeting MSMs and PLWHAs and their families. This unique project is one of the few centers that address prevention, treatment and care for high risk behavior among men, especially the MSM community. In order to minimize the social impact of HIV infection among this target group, POZ provides comprehensive support including prevention activities, messages for safer sex practices, partner reduction, condom use, pre and post-test counseling and basic lab tests for HIV, STI and other opportunistic infections. Through a combination of facility based care and community outreach activities, POZ provides a continuum of other prevention services by increasing partnerships with other specialized NGOs to provide home visits and related care to infected persons.

Activities and Expected Results

Activity 1: The POZ Testing Care and Support Center 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. A Resource Room will be upgraded and equipped with audio-visual and printed materials for conducting prevention activities at the center. 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. Under the palliative care activity, POZ has already developed a module to train PLWAs and persons affected by HIV/AIDS.

ACTIVITY 2: PEPFAR will intensify its assistance to MSMs given the high levels of risky sex among men. In order to create a demand for POZ services, a local advocacy NGO, "Grasadis" will be subcontracted to improve linkages between MSM clients to POZ centers. 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. "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 as correct condom use, and lubricants. Those groups will meet monthly with the project coordinator and the community agents and visit night clubs and bars where MSMs congregate. During these encounters, outreach will be done to discussions around reducing high risk behavior, condom use and encouraging clients to know their status. Building on its network of 100 peer educators, POZ will be mobilized to launch the campaign to increase risk reduction, prevention for positives and increase condom use among MSMs and PLWHAs. PEPFAR will support POZ to develop a discreet awareness campaign in local languages to promote the prevention, care and treatment provided by anonymous care center. The main themes for this campaign will

be: safe sex, partner reduction and consistent and correct condom use. During outreach, POZ staff will refer clients for further counseling, VCT, STI and syphilis diagnosis and treatment to its centers. 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.

Continued Associated Activity Information

Activity ID: 5436
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Promoteurs Objectif Zéro Sida (Promoteurs de l'Objectif Zéro Sida)
Mechanism: HHS/GAC/Local
Funding Source: GHAI
Planned Funds: \$ 76,000.00

Emphasis Areas

	% Of Effort
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50

Targets

Target	Target Value	Not Applicable
Number of targeted condom service outlets	5	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	3,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	100	<input type="checkbox"/>

Target Populations:

- Adults
- Discordant couples
- Men who have sex with men
- Military personnel
- People living with HIV/AIDS
- Men (including men of reproductive age)
- Women (including women of reproductive age)
- Transgender individuals

Key Legislative Issues

- Addressing male norms and behaviors
- Stigma and discrimination

Coverage Areas

Ouest

Nord

Table 3.3.05: Activities by Funding Mechanism

Mechanism:	USAID/GAC/HQ
Prime Partner:	US Agency for International Development
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Condoms and Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	9346
Planned Funds:	\$ 75,000.00
Activity Narrative:	Linked to Activities 9322, 9281, 9260, 9273, 9327, 9937.

SUMMARY: Recent preliminary 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. With FY 2007 funding, an additional 3 million male condoms and 20,000 female condoms will be purchased to add to the stock currently in the pipeline for sale/distribution to high risk partners by the USG-supported social marketing program. Collaboration with the United National Population Fund (UNFPA) and the Ministry of Health (MOH) will be strengthened to ensure non-branded condoms are available to reduce HIV transmission, especially among PLWHA and discordant couples. USAID will ensure that PSI will reinforce the work with the public and private sector to reduce the gap of unmet need, create demand for at-risk groups, and reinforce market segmentation among stakeholders to overall condom market.

Continued Associated Activity Information

Activity ID:	5476
USG Agency:	U.S. Agency for International Development
Prime Partner:	US Agency for International Development
Mechanism:	USAID/GAC/HQ
Funding Source:	GHAI
Planned Funds:	\$ 390,000.00

Emphasis Areas

	% Of Effort
Commodity Procurement	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50

Targets

Target	Target Value	Not Applicable
Number of targeted condom service outlets	600	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful		<input checked="" type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful		<input checked="" type="checkbox"/>

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

Coverage Areas:

National

Table 3.3.05: Activities by Funding Mechanism

Mechanism: Basic Health Services
Prime Partner: Management Sciences for Health
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 9937
Planned Funds: \$ 300,000.00

Activity Narrative: Linked to Activities 9683, 9791, 10109, 9676, 9365, 10203, 9322.

SUMMARY: In FY06, Management Sciences for Health (MSH)'s Health Systems 2007 (HS2007) Project was provided with PEPFAR funds to accelerate work of its Non-governmental Organization (NGO) health service delivery network in prevention education to target groups at high risk for HIV/AIDS. In FY 2007, the USG will continue to support these targeted prevention efforts and work to ensure sustainable interventions for promoting prevention activities using the USAID Health Office NGO umbrella mechanism that will be the follow-on to the MSH contract. 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. Special emphasis will be made to target the regional departments of Nippes, the North and North East and work with local NGOs and Community-based Organizations (CBOs) that have strong roots in the community. USG will support these civil society NGOs that can be mobilized to quickly launch condoms and other prevention activities in some of the insecure "hot spots" targeting underserved most at risk population (MARP) groups. The HS2007 project will end in late 2007. USAID is currently designing a new follow on project which will be competitively bid. The new procurement will be an umbrella mechanism which will integrate HIV prevention into local NGOs/CBO networks. The new mechanism will be in place in mid-2007 to allow PEPFAR to accelerate attention to expanding prevention activities that promote responsible sexual behavior, including condom use, for MARP 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. Training of network members will include building skills in risk self assessment, condom negotiation, counseling and testing and linkages to care, raising issues related to gender and sexual violence and changing social norms. In 2007, NGO partners will sharpen the targeting of prevention efforts to four key MARP groups: sexually active youth aged 15 to 24; couples; men engaging in high risk sex; and migrant/border populations.

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, through HS2007, 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 voluntary counseling and testing (VCT) 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 to create demand for VCT services and 4) ensuring that there are effective referral systems between VCT 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: Many of these organizations work in socially and politically unstable “hot spots” targeted by USAID’s new 3-year strategy. As PEPFAR reaches its fourth 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. A Rapid Response small grant component will be established for innovative approaches in reaching high risk group in USAID’s network. In particular linkages will be made with USAID job creation program to target 15-24 year olds. Given the continued insecure programming environments, small grants up to \$10,000 each will be provided specifically to target HIV/AIDS prevention programming to key groups in existing NGO/CBO networks. 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 3: A special focus will be placed on interventions which target men where they commonly congregate, such as brothels, sporting events, community and social events. If possible special efforts will be made to reach unemployed young men, street traders, and members of the informal sector. Efforts will be undertaken to target USAID 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 condom use. The needs of HIV discordant couples will be addressed through targeted counseling and education as well as referrals to VCT 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 as well with the USAID-supported social marketing program to increase condom use among MARP groups such as Commercial Sex Workers (CSWs), MSMs, transporters, mobile populations and sexually active youth. 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.

Emphasis Areas

	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of targeted condom service outlets		<input checked="" type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	15,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	160	<input type="checkbox"/>

Target Populations:

Adults
Commercial sex workers
Discordant couples
Men who have sex with men
Truck drivers
Children and youth (non-OVC)
Men (including men of reproductive age)

Key Legislative Issues

Addressing male norms and behaviors
Reducing violence and coercion
Increasing women's access to income and productive resources
Stigma and discrimination
Education

Coverage Areas

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

Table 3.3.05: Activities by Funding Mechanism

Mechanism: Education Partner
Prime Partner: Education Development Center
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 11179
Planned Funds: \$ 50,000.00

Activity Narrative: Linked to Activities 9790, 9292, 9322, 9281.

SUMMARY: In FY 2007 the USG will provide funds to the Haiti Out-of-School Youth Livelihood Initiative (IDEJEN), implemented by the Education Development Center, to target 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 a new partnership with the American Red Cross (ARC), a PEPFAR Track 1 partner for AB prevention activities, to provide technical assistance in developing prevention strategies using the ARC's Together We Can (TWC) project approach. The 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 CBOs and the engagement of adult stakeholders such as parents and teachers are also key elements of the approach. IDEJEN will collaborate with American Red Cross 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 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.

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. With the planned expansion in 2006, IDEJEN is expanding to four more regional departments for a total of seven with plans to reach 3,000 out of school youth. The program is one of the few organized programs which provides non formal basic education and vocational training to youth with no or limited formal schooling. The National Institute for Vocational Training (Institut National de Formation Professionnelle—INFP) and the Ministries of Education and Youth are key partners with IDEJEN in overseeing the vocational training, non-formal basic education and life skills education as a critical part of the program. For the past few years, partnerships have developed with key PEPFAR partners to incorporate HIV/AIDS information and education into the curriculum. These partners include: FONDHEF, working in an urban slum of Port-au-Prince, Carrefour-Feuilles with high levels of gang activity; with USAID health partner MARCH in Central Plateau in Mirebalais and with FOSREF in Jeremie in the Grande Anse. Seventy-five percent of this activity is funded through the AB budget.

ACTIVITIES AND EXPECTED RESULTS:

Activity 1: With technical assistance from ARC and its local Haitian Red Cross affiliate, 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 in collaboration with the Red Cross. IDEJEN will hire a local HIV/AIDS Prevention Coordinator to plan and implement the peer education component. Of the 2,000 youth scheduled to participate in the IDEJEN program in 2007, IDEJEN will select up to 200 youth leaders to be trained as Youth Peer Educators for HIV/AIDS Prevention, including C messages. The 42 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 Red Cross and other 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. 42 adults/parents will be trained to promote HIV/AIDS ABC prevention in their communities.

Peer Educators will provide information and counseling to their counterparts during evening and weekends and will refer youth to CT, family planning, STI, and AIDS care and treatment services. Referrals with FOSREF, MARCH, and FONDHEF will also be strengthened. Peer Educators will be encouraged to organize post test clubs (for those who have been tested for HIV) to reinforce healthy behaviors, reduce risky sexual behavior, provide positive role models, address stigma discrimination and promote prevention messages and activities among positives. Approximately 200 youth will be trained as Youth Peer Educators and will reach around 20 of their counterparts each during outreach activities for a total of 10,000 youth reached 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 FY07.

Emphasis Areas

	% Of Effort
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

Target	Target Value	Not Applicable
Number of targeted condom service outlets		<input checked="" type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	2,500	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	71	<input type="checkbox"/>

Target Populations:

Street youth
Out-of-school youth

Coverage Areas:

National

Table 3.3.05: Activities by Funding Mechanism

Mechanism: USAID/GAC/HQ
Prime Partner: Johns Hopkins University Center for Communication Programs
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 11180
Planned Funds: \$ 200,000.00

Activity Narrative: Linked to Activities 9292, 9281, 9937.

SUMMARY: The USG will provide FY07 funds to Johns Hopkins University (JHU)'s Creative Partnership (CP) to scale up prevention interventions to include risk assessment and management, and promoting ABC messages to respond to specific audience needs. CP will expand its activities to more communities within the same regional departments (North & West), trying to reach rural areas. CP will start working in the South and Nippes Regional Departments with couples, paying special attention to men. This new set of FY07 activities will emphasize reducing risk by building personal risk assessment skills to reduce unhealthy sexual behavior. CP will continue training and dissemination of audio and printed materials to reinforce one on one counseling and support community changes in community norms. CP network partners will continue working with youth 10-24 (10-14 and 15-24), with an emphasis on AB and C messages. Special targeting of messages to men, youth, and the general population will be carried out with a focus on protecting girls and young women, given the "feminization" of HIV/AIDS in Haiti. Activities will be carried out in the North, West, South, and Nippes Depts. The Nippes Department has the highest reported HIV/AIDS prevalence in the country—3%. At the national level, CP will continue to provide technical assistance to the MOH to strengthen its decentralization efforts at coordinating BCC interventions in several departments.

BACKGROUND: CP is made up of Johns Hopkins University's Center for Communication Programs (JHU/CCP), Foundation for Reproductive and Family Health (FOSREF), World Relief and AIDS Alliance, as well as other local organizations and CBOs to strengthen their capacity in condom and other prevention programs. CP has intervened in the North and West Regional Departments, building on its previous work in health communication. It contributed to efforts to reduce HIV transmission among youth aged 15-24 yrs old by promoting condom and other prevention messages, as well as the positive social norms that support behavioral changes. In FY07, CP will expand its programs to couples, especially men, and adults. About 73% of this activity is funded through the AB budget

ACTIVITY 1: Changing Social Norms through Mass Media.

CP will utilize targeted media campaigns to promote messages to change social norms. Radio shows and music videos will use the edutainment approach through serial soap operas, talk shows, and call-ins to stimulate community dialogue about issues such as gender equity, domestic violence, and correct and consistent condom use. CP will intensify its messages to reach the general audience by focusing on adults, both men and women. Focus groups will be conducted to ensure that the messages are relevant and targeted. All programs will be in Creole and aired at strategic times to ensure that the maximum target audience is reached. It is anticipated that CP and its partners will utilize 25 community radio stations and 4 TV stations to reinforce ABC messages and that about 750,000 people will be reached through the mass media campaigns. Several specific and targeted community mobilization activities that are based on research results and local needs will also be conducted. Community mobilization activities including entertainment days and rallies will reach approximately 14,000 people, both youth and adults. During these community events, age appropriate messages will promote correct and consistent use of condoms, as well as other prevention messages to ensure comprehensive programming.

Activity 2: Youth Peer Education & Outreach. Up to 3 Training of Trainers (TOT) will be conducted for 60 animators to train youth peers educators in the ABC approach. These animators will roll out training for groups of 10 youth peer educators each. Upon completion of the training, youth peer educators will run participatory educational sessions and discussions using the curriculum developed by CP and its partners. Messages will focus on gender equity, partner communication, negotiation skills, trans-generational and transactional sex, as well as correct and consistent condom use. Through peer education activities, youth 10-24 yrs old will be reached in the North, West and Nippes Regional Departments. In addition, CP will continue to provide financial and technical assistance to FOSREF to expand youth clubs in selected communities, and schools, in order to encourage debate on ABC messages and related HIV/AIDS topics as described above. 2,250 youth aged 15-24 will be reached through activities carried out in youth clubs. Referrals will be made to USG supported sites which provide CT, STI diagnosis and treatment, care and support and reproductive health services. As a result of this activity, it is estimated that up 12,000 youth will be reached with ABC messages to promote

positive sexual behavior.

ACTIVITY 3: Promoting Faithfulness among Couples -"Men of Integrity" Clubs. CP, through World Relief, will target men in the South and Nippes Regional Depts with the recent creation of men's groups in their network of 600 churches. The approach will primarily focus on the idea of "Men of Integrity" for "Men of their Word" in order to be better husbands, better fathers and better citizens. About 5 male leaders from each church will be trained as peer educators for a total of 3,000 leaders. Training for male leaders will include culturally appropriate messages to build skills in personal risk assessment and risk reduction strategies which includes correct and consistent condom use and reduction of alcohol and drug abuse. After training, members will organize "Men of Integrity" Clubs in their home churches. They will meet monthly to share and discuss issues surrounding HIV/AIDS. Materials will be adapted from existing sources and/or developed to meet the "Men of Integrity" needs. Debates and testimonies will be used as a main approach to reach this target group. It is envisioned that each "Men of Integrity" educator will reach 4 peers in their network for a total of 12,000 men reached with ABC prevention messages during 2007.

Monitoring and Evaluation of these activities including data collection, use, quality and feedback will also be a continued and focused effort in FY07.

Emphasis Areas

	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of targeted condom service outlets		<input checked="" type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	16,250	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	600	<input type="checkbox"/>

Target Populations:

Business community/private sector
Community leaders
Street youth
Mobile populations
Refugees/internally displaced persons
Truck drivers
Seafarers/port and dock workers
Children and youth (non-OVC)
Men (including men of reproductive age)
Women (including women of reproductive age)
Migrants/migrant workers
Out-of-school youth

Coverage Areas:

National

Table 3.3.05: Activities by Funding Mechanism

Mechanism: NGO Alliance
Prime Partner: PLAN International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 11181
Planned Funds: \$ 50,000.00

Activity Narrative: Linked to Activities 9781, 10129, 10665, 11180.

SUMMARY: PLAN International activities will be implemented through Adult and Youth Peer Educators (YPEs). The North East Regional Department is near the Dominican Republic border. This department has the second highest prevalence rate of 2.7% (Haiti 2005 DHS) and a highly mobile population working. PLAN will continue to work with three main sub-partners--Centre pour le Développement et la Santé (CDS), Fondation Pour la Santé Reproductrice et l'Éducation Familiale (FOSREF) and Volontariat Pour le Développement d'Haïti (VDH). The VDH will collaborate with the PEPFAR BCC cluster to refine training curriculum for training youth 10-24 years old and migrant populations. Since school children are not often segmented by age, because of late entry and high failure rates, topics will be designed to ensure appropriate abstinence and being faithful messages area targeted at 10-14 year olds and 15-24 year olds. In addition, efforts will be made to target out of school youth through the development of clubs using networks of consortium partners-FOSREF, VDH and CDS. PLAN will also work with its consortium partners to train migrants as adult peer educators to provide one on one education to their peers.

BACKGROUND: USG support to the Plan International Consortium's SHINE Project was initiated with a new award in FY 2006 as a result of a competitive process. The North East Regional Department has a population of approximately 300,000 persons comprised of 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 affects 52% of the population ; 4) severe stigma prevents people from seeking to know their status and being willing to care for HIV positive family members. With minimal investments, PLAN has been able to mobilize its network to initiate cross border activities to promote behavior change among in and out of school youth. In FY 07, PLAN will expand to migrant populations. About 86% of this activity is funded through the AB budget

ACTIVITIES AND EXPECTED RESULTS:

Activity 1: VDH will provide training for all 100 YPEs (20 in school and 80 out of school) under the program. In addition, VDH will continue to manage 30 of these YPEs--in its target commune of Ouanaminthe (10 in-school and 10 out-of-school in the city of Ouanaminthe plus another 10 out-of-school in the rural areas of the commune). FOSREF will manage the 30 YPEs in its target commune of Fort Liberté and Ouanaminthe. CDS will manage the 40 out-of-school YPEs in each of the other four communes (Ferrier, Capotille, Mont Organisé, and Carice). All the YPEs will operate either within their schools or their communities to discuss HIV/AIDS and stimulate self-risk assessments among their peers to help them develop behavior change strategies to manage their risk of infection. YPEs will provide counseling to their peers on negotiation skills, correct and consistent condom use, transactional and transgenerational sex, STI treatment, alcohol and drug abuse and the risk of concurrent partnerships. Referrals to STI treatment, OVC programs, family planning services, CT, ART, care and support will be established for youth requiring these services. It is anticipated that each YPEs will reach about 30 peers through one on one session of small group meetings for a total of 600 youth being reached with condom and other prevention messages.

Activity 2: In 2007, YPEs will establish up to 10 Anti-AIDS clubs. Eight of the 10 clubs will target out of school youth. The clubs will be organized on the model currently being used by FOSREF which encourages youth to take ownership in planning and designing club activities. YPEs will organize periodic information sessions around key topics to promote correct and consistent condom use and STI treatment. These meetings will provide youth with a venue for discussing HIV topics such as risky behaviors, "sugar daddies", STIs, contraception, sexual health and hygiene, self esteem and gender, correct myths around HIV transmission, and providing referrals for 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 250 youth will be reached through the Anti-AIDS clubs with prevention messages.

Activity 3: PLAN will provide peer education for adult migrant populations, especially men. The main themes that will be developed include sexual responsibility, high-risk sexual behaviors, correct and consistent condom use, STI treatment, and the importance of VCT. About 100 migrants will be trained as peer educators who will conduct sensitization sessions bi-weekly for other migrants. 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. Sensitization 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.

Monitoring and Evaluation of these activities including data collection, use, quality and feedback will also be a continued and focused effort in FY07.

Emphasis Areas

	% Of Effort
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

Target	Target Value	Not Applicable
Number of targeted condom service outlets		<input checked="" type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	1,250	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	200	<input type="checkbox"/>

Target Populations:

- Adults
- Commercial sex workers
- Street youth
- Refugees/internally displaced persons
- Secondary school students
- Migrants/migrant workers
- Out-of-school youth

Coverage Areas

Nord-Est

Table 3.3.06: Program Planning Overview

Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06

Total Planned Funding for Program Area: **\$ 10,665,000.00**

Program Area Context:

In March 2006, approximately 42,000 people living with HIV/AIDS (PLWHAs) were receiving basic palliative care and support from the United States Government (USG) Team partners which is 21% of the estimated 200,000 HIV infected persons in Haiti. With FY06 resources, the USG Team will reach 60,000 PLWHAs by the end of September 07, with 3-5% of this total being children. For the past three years, the USG Team has provided support for clinical, psychological, social support and home-based care to PLWHAs at counseling and testing (CT), Prevention of Mother-to-Child Transmission (PMTCT), anti-retroviral (ARV) treatment and tuberculosis (TB) sites. The clinical care focus has been to support opportunistic infection (OI) prevention and treatment services at these sites by financing a 'package' of clinical palliative care consisting of laboratory, clinical assessment, monitoring of patients, overall service organization, staff training and ensuring supplies of OI and other drugs.

As of September 2006, 45 sites are offering well-structured HIV clinical care. With FY06 resources, the USG Team will expand clinical palliative care to 26 new sites. Four HIV care sites have been reinforced to provide well-structured pediatric clinical care. With FY06 resources, the USG will provide at least 10 new pediatric sites.

The USG Team will continue to focus on strengthening human capacity at anti-retroviral treatment (ART) sites. Currently most ART sites have psychologists trained to help reduce denial and improve adherence to treatment by PLWHAs. More than 60 PLWHA support groups have been created to provide emotional and social support to PLWHAs and their families. In FY06 at least five of these groups are being reinforced to become well-structured PLWHA associations with the capacity to be more active in stigma reduction, community prevention, and social support services for PLWHAs and their families. Trained social workers have also been added to assess social needs of PLWHAs and facilitate social support services, including transportation fees to appointments and limited food and hygiene kit distribution.

Much of the current home-based care by outreach personnel from HIV clinical sites is not well-structured or standardized. Some sites use community workers for tracking patients and rely heavily on trained family members to provide home care, consisting of assistance with medicine intake and psychological support. Other sites, such as those in the Partners in Health (PIH) network, deliver a more-structured, comprehensive package of home care as part of their Directly Observed Therapies (DOTs) and prevention strategy.

With FY07 resources, the USG Team will support the provision of palliative care services for 100,000 PLWHAs, including 3-5 % children, through 85 sites by ensuring a continuum of care that bridges the clinic, the community and the home. The entry door for the program will continue to be CT, PMTCT and TB sites where PLWHAs (both adult and children) are identified and then referred to clinic, community and home-based palliative care services.

The package of clinical care will include: OI prophylaxis, particularly with Isoniazid (INH) and cotrimoxazole; treatment of most common OIs; pain management; and lab and clinical assessments to ascertain the optimal time for ART initiation. The USG will follow the national guidelines and protocols with particular emphasis this year on nutritional assessment and monitoring of PLWHAs, in order to reinforce nutrition services that will include counseling and distribution of micronutrients and food as a prescription to malnourished adult and children PLWHAs (see below). The referral system between CT, clinical care and ART sites will be reinforced to improve continuum of care services and expansion of pediatric clinical care will be emphasized.

For home-based care, the USG will expand the network of community workers, working under the supervision of the managers and social workers at the sites to provide a more structured package of care at home. These community workers will track patients; monitor adherence to treatment; address basic care

needs, such as distribution of oral rehydration solutions (ORS), pain killers and other symptomatic drugs, condoms and micronutrients as directed by national guidelines; and refer patients to the clinics as needed. They will also provide at-home counseling on HIV prevention and good health practices. In addition, the USG will continue to support the DOTS strategy in the PIH network, which relies on an important paid advocate network to deliver ARV treatment at home together with an integrated package of preventive and support services.

At the community level, the USG Team will address the current limited access of PLWHAs to social services, food and a community preventive care package. In each of Haiti's 10 regional departments, a lead community-based organization (CBO) will work through local CBOs and in linkages with the VCT and treatment sites to deliver a package of psycho-social and preventive care services to identified PLWHAs and their families. This package will be integrated with orphan and vulnerable children (OVC) services to offer a family-centered approach. It will include: distribution of food through linkages with the Public Law 480 (PL-480) Food program, commodities for safe drinking water, hygiene kits, bed nets for malaria prevention in linkages with Global Fund (GF) and the Ministry of Health (MOH) partners, psychological and counseling support services through PLWHA support groups, etc. In addition, the USG Team will support creation of five new PLWHA associations and will provide additional support to existing PLWHA groups and associations around service sites.

With FY07 resources, the USG Team will assess the feasibility of partnering with a food processing company to produce a fortified, precooked food product for distribution to PLWHAs by prescription at the clinic. The USG, in collaboration with Cornell, is currently assessing two local processed foods to determine their nutritional value for PLWHAs.

The main partners for this program will be MOH, PIH, Haitian Group for the Study of Kaposi's sarcoma and Opportunistic Infections (GHESKIO), Catholic Relief Service (CRS) AIDS Relief, Foundation for Reproductive Health and Family Education (FOSREF), Promoteurs de l'objectif ZEROSIDA (POZ) and a new United States Agency for International Development (USAID) contractor (TBD) that will be responsible for continuation of the Management Sciences for Health (MSH)/Health Systems 2007 (HS 2007) project. Five main CBOs, CRS, Cooperative for American Relief Everywhere (CARE), WORLD Concern, International Plan, and Family Health International (FHI), will implement community care in all 10 Departments. Procurement of lab supplies and equipment as well as OI drugs and preventive care commodities will be done through the Partnership for Supply Chain Management (PFSCM). 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 PLWHAs, while a TBD partner will implement a pilot experience of local processed food for malnourished PLWHAs.

Program Area Target:

Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	85
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	100,000
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	5,254

Table 3.3.06: Activities by Funding Mechanism

Mechanism: AIDS Relief
Prime Partner: Catholic Relief Services
USG Agency: HHS/Health Resources Services Administration
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 9269
Planned Funds: \$ 250,000.00

Activity Narrative: Linked to Activities 9671, 10667, 9267, 9268, 10123, 9333, 9314.

SUMMARY: The AIDSRelief Consortium will expand palliative care to include comprehensive clinical care, home-based care and clinical follow-up for 12,000 patients in 10 sites located in four departments: the South, the Nippes, the North and the Artibonite. This activity will build on the Catholic Relief Service's (CRS) Title II Food and OVC programs and will be integrated with the current AIDSRelief ARV program implemented in eight of these 10 targeted sites. Networks and linkages will be developed with community-based programs through which psycho-social, nutritional and preventive care support will be provided to PLWHAs and their families in these departments.

BACKGROUND: AIDSRelief has been providing palliative care and antiretroviral treatment (ART) in Haiti since 2004 with the United States Government (USG) support. AIDSRelief is a five-member consortium, led by CRS, and includes three faith-based organizations (FBOs), a medical institution recognized for its HIV/AIDS research and program development, and an international development company specializing in public health and social programs. AIDSRelief is an active member of the Ministry of Health's (MOH) care and treatment cluster, which has responsibility for defining the national strategy for HIV/AIDS care. AIDSRelief has implemented eight ARV sites in the country integrated with palliative care services which include clinical care as well as limited psycho-social and community support. To date, around 4,000 PLWAs have been enrolled in clinical care through the AIDS/Relief network of sites.

With 07 resources, AIDSRelief will continue to strengthen these 8 sites and expand to two new sites. These 10 sites will represent around 10% of all sites that will offer integrated clinical care and home based care. This program will be integrated with VCT, PMTCT and ARV services which AIDSRelief will be providing in its network of 10 sites. All HIV-positive patients at any AIDSRelief hospital or at any of the satellite health centers in its regional networks will be offered services in the AIDSRelief Palliative Care Program. It is expected that 90% of all HIV-positive patients tested at these sites will be enrolled in care.

ACTIVITIES AND EXPECTED RESULTS:

AIDSRelief will strengthen 10 sites to provide palliative clinical care to an anticipated 12,000 patients identified and enrolled through clinical based services at these sites.

Activity 1: Funding will be used to support service organizations and laboratory services for clinical assessments of patients, to provide opportunistic infection (OI) treatment and to provide OI prophylaxis with Isoniazid (INH) and cotrimoxazole according to the national norms and protocols. This funding will also support long-term patient follow-up to monitor the optimal time for ART. Ensuring that all palliative care sites have the capacity to assess and monitor the nutritional status of patients and to provide nutrition counseling will be emphasized this year. Efforts will be made to provide food by prescription to malnourished PLWHAs. Each site will be staffed with a multi-disciplinary health-care team, including physicians, nurses, counselors, lab technicians and community health workers. AIDSRelief will make resources available at each site to cover transportation fees for PLWHAs to attend clinics. OI drugs will be provided by the USG through SCMS. Dedicated staff will be hired at each site to adequately support monitoring and evaluation (M&E).

Activity 2: AIDSRelief will build on and expand its network of community workers hired at and around each site. These community workers will work under the supervision of managers and social workers of the sites and will conduct home visits in order to track patients and to provide counseling services regarding HIV prevention and best health practices, particularly related to safe drinking water, malaria prevention and nutrition. During home visits, these community workers will assess basic care needs of the patients and will provide, as needed, pain killer as well as other symptomatic medicine, oral rehydration solutions (ORS) and micronutrients according to the national guidelines. Commodities and drugs for this activity will be provided thru the Partnership For Supply Chain Management (PFSCM).

Activity 3: AIDSRelief will increase its technical and logistical capacity to implement this program, particularly to ensure supervision, quality assurance/quality improvement (QA/QI) and on-the-job training for ongoing activities. In addition, AIDSRelief will

coordinate with training institutions, such as Haitian Group for the Study of Kaposi's sarcoma and Opportunistic Infections (GHESKIO) and Partners in Health (PIH) to ensure that local staff receives appropriate training. All training institutions will be using national guidelines and tools for their training activity. AIDSRelief will participate in all efforts to update these national guidelines and training tools.

Continued Associated Activity Information

Activity ID: 4496
USG Agency: HHS/Health Resources Services Administration
Prime Partner: Catholic Relief Services
Mechanism: AIDS Relief
Funding Source: GHAI
Planned Funds: \$ 600,000.00

Emphasis Areas

	% Of Effort
Food/Nutrition	10 - 50
Human Resources	10 - 50
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	11	<input type="checkbox"/>
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	12,000	<input type="checkbox"/>
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	600	<input type="checkbox"/>

Target Populations:

HIV/AIDS-affected families
 People living with HIV/AIDS

Coverage Areas

Artibonite
 Nord
 Ouest
 Sud
 Nippes

Table 3.3.06: Activities by Funding Mechanism

Mechanism: National Plan Mechanism
Prime Partner: Ministre de la Sante Publique et Population, Haiti
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 9314
Planned Funds: \$ 800,000.00

Activity Narrative: Linked to Activities 9308, 8160, 10415, 9309, 9313, 9311, 9310, 9312, 9333.

SUMMARY: The Ministry of Health (MOH) is the primary 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 a University Hospital. With support from the President's Emergency Plan for AIDS Relief (PEPFAR), counseling and testing (CT) services have been developed at numerous public facilities. The challenge has been to retain patients that test positive for HIV and enroll them into HIV care and support services. With FY05 and FY06 funding, PEPFAR has provided resources to 16 MOH sites to develop a wider range of services including psycho-social support, clinical management and biological monitoring for non-ARV patients. The MOH network was able to enroll approximately 3,000 HIV-positive patients in palliative care programs as of June 2006. Additional support in FY07 will expand the number of MOH sites to 25 and bring the total number of patients receiving palliative care within the MOH network to 20,000 by September 2008.

BACKGROUND: Of the 650 health facilities operating in Haiti, close to 90 now offer CT and PMTCT services, including 19 of the most prominent public sector facilities. Their operations have been sustained through the infusion of PEPFAR resources in terms of personnel, materials, equipment and supplies. When CT services were first initiated with limited staff and scope, a key problem was how to deal with HIV-infected individuals once they were diagnosed. With PEPFAR support, the 19 sites have evolved from a minimal CT model to one where counseling is offered at all the wards and where new categories of personnel such as nurses, social workers, and community health agents have been added to reinforce care and offer patients a more comprehensive package of services. The 19 sites now have the capacity to enroll patients into palliative care, provide initial and follow-up care using a specialized medical record that allows longitudinal tracking of information, carry out prevention and management of opportunistic infections (OIs), offer psycho-social support to the patients and their families, and perform basic biological monitoring.

ACTIVITIES AND EXPECTED RESULTS: Activity 1: The MOH will enhance clinic-based activities for management of OIs through appropriate diagnosis and treatment and organization of psychological support services. Funding will cover the cost for a trained multidisciplinary team composed of a physician when necessary, a dedicated nurse, psychologist or social worker located at important sites, and staff at other sites trained in psychological support; basic office and medical equipment and supplies; and utilities such as water, communication, and power. The MOH will enroll every person who receives a positive HIV test into a palliative care program designed to monitor the patient's status, prevent and manage OIs, and provide psycho-social support according to the national norms and protocols.

Activity 2: The MOH will strengthen its outreach capacity through a network of community health workers (CHWs) working under the supervision of the site social worker. CHWs will serve as the principal liaison between the health facility and people living with HIV/AIDS (PLWHA). Additional CHWs will be hired and trained to promote CT and PMTCT services; conduct home visits of PLWHAs; 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 PLWHAs in need of economic or nutritional support to the appropriate agency.

Activity 3: The MOH will organize PLWHA support groups around the existing sites to create a setting for patients and their families to share knowledge and experiences. It has been noted that participation in support groups has improved patient adherence to treatment as well as their acceptance of the disease.

Activity 4: The MOH will subsidize critical costs linked to services, such as transportation for patients and their companions to sites for treatment and other services.

Activity 5: Particular emphasis will be placed on linking all MOH palliative care sites with ARV sites, to ensure that eligible patients get access to ART. These sites will also be equipped to do required follow-up for patients on ART in order to limit time-consuming

and costly travel to the ARV sites. This network model is being piloted in the South Regional Department of Haiti this year and will be expanded to other departments in the near future. The palliative care sites will be linked to the prime CBOs receiving USG resources for social support services.

Activity 6: The MOH will address sustainability by developing permanent core competencies for community mobilization in order to maintain a more supportive environment for care and support for PLWHAs. Training of trainers (TOT) and facilitators will be conducted in order to develop permanent community capacity for a 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.

Continued Associated Activity Information

Activity ID: 5472
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Ministre de la Sante Publique et Population, Haiti
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 600,000.00

Emphasis Areas

	% Of Effort
Development of Network/Linkages/Referral Systems	51 - 100
Linkages with Other Sectors and Initiatives	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	25	<input type="checkbox"/>
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	20,000	<input type="checkbox"/>
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	300	<input type="checkbox"/>

Target Populations:

- People living with HIV/AIDS
- Volunteers
- Other Health Care Worker
- Other Health Care Workers

Key Legislative Issues

- Stigma and discrimination

Coverage Areas:

- National

Table 3.3.06: Activities by Funding Mechanism

Mechanism: PIH
Prime Partner: Partners in Health
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 9318
Planned Funds: \$ 300,000.00

Activity Narrative: Linked to Activities 9682, 9673, 10668, 9363, 10241, 9333, 9314.

SUMMARY: The activities described below are designed to optimize quality of life for HIV-infected patients and their families. Palliative care will be conducted within PIH/ZL's "four pillars" model for implementing a comprehensive HIV program in the context of primary care, which involves: 1) HIV prevention and care, including voluntary counseling and testing (VCT); 2) Identification and treatment of TB and other opportunistic infections (OIs); 3) Sexually transmitted infection (STI) detection and treatment; and 4) Women's health and prevention of mother-to-child transmission (PMTCT) services. The primary emphasis areas for palliative activities are human resources, infrastructure, training, and food/nutrition support. The primary target population for palliative care is people living with HIV/AIDS. The activities will be carried out at seven sites in the Central Department of Haiti (Belladère, Boucan Carré, Cange, Cerca La Source, Hinche, Lascahobas, Thomonde), two sites in the Artibonite Department (Petite Rivière and St. Marc), and an undetermined site along the Haiti/Dominican Republic border.

BACKGROUND: PIH/ZL's palliative care activities are part of a comprehensive HIV prevention and treatment program started by Partners In Health and its Haitian-based sister organization, Zanmi Lasante (PIH/ZL) in 1998; expanded in late 2002 through the public sector in partnership with the Haitian Ministry of Public Health and Population (MOH) and with funds from the Global Fund to Fight AIDS, Tuberculosis and Malaria; and further expanded to Hinche, Cerca La Source, Petite Rivière and St. Marc with the support of the President's Emergency Plan for AIDS Relief (PEPFAR) in the Country Operational Plan (COP) 05 and 06. Since 2004 the program has been a collaboration between these four important partners—PIH/ZL, MOH, Global Fund, and PEPFAR—and since 2005 work in the Artibonite region has been strengthened by involving several new Non-Governmental Organization (NGO) partners in the community of St. Marc – Sant Santé Premye Echelon (SSPE) and Promotion Objectif Zerosida (POZ) – and in Petite Rivière, Centre Medical Charles Colimon (CMCC), a Medecins Sans Frontières-affiliated institution. PIH/ZL is committed to a long-term partnership with MOH, and in all of the described activities, PIH/ZL is dedicated to strengthening the public sector by training local staff, including MOH health workers.

For a decade, the PIH/ZL palliative care activities have been delivered by supplementing a high standard of clinical care with a strong community-based network of trained patient advocates. All patients are seen daily in their homes by the advocates, as part of ARV services, but these visits also serve as an intervention to monitor outcomes and provide palliative services. If patients experience side effects, advanced disease, or other barriers to outcomes, the advocates address the situation either directly or with a referral to a clinic. If the advocates see other health problems developing in the household, such as the sudden weight loss of a family member, they will bring that individual in for treatment.

ACTIVITIES AND EXPECTED RESULTS: Activity 1: General Clinical Care. The first activity is to provide general clinical care for the HIV-infected adults and children and their families served at all 9 PIH/ZL sites. This care, both in-patient in health clinics and out-patient in mobile clinics and home visits, includes primary care, women's health services, detection and treatment of sexually transmitted infections, detection and treatment of tuberculosis (described in Activity Narrative on Palliative Care: TB/HIV), prophylaxis and treatment for opportunistic infections, and clinical monitoring of patients infected with HIV (including Hematocrit levels, electrolytes, liver function tests and Cluster of Differentiation 4 [CD4] counts). This funding will support the necessary infrastructure and human resources for providing these clinical services to an increased number of HIV-infected patients, including the hiring of 16 additional clinical staff, 10 additional laboratory and pharmacy staff, and 20 administrative and logistical support staff. These funds will also support the on-going training of the clinical staff in effective palliative care strategies.

Activity 2: Patient Advocate Employment and Training. The second activity is the employment and training PIH/ZL's patient advocates. In 2007, over 100 new advocates will be hired, and 45 advocates will be promoted into the position of advocate supervisors. In monitoring and supporting PIH/ZL's HIV patients, PIH/ZL's 1,245 community health care workers form the backbone of the HIV Equity Initiative. Funding will be used to provide advocates with on-going trainings in the delivery of palliative care, both at PIH's health centers in the Central Department and in the relatively new clinics in the Artibonite.

Moreover, new and selected community health care workers will participate in more formal classroom-based trainings and clinical and community-based practicum that address palliative care for HIV-infected individuals and their families.

Activity 3: Social and Psychological Support. The third activity will provide social and psychological support to at least 3,500 HIV patients (roughly one-third of all HIV-positive patients being followed at ZL sites) and their families based on needs assessments conducted by program physicians and social workers. This support includes monthly patient meetings, support groups, and individual psychosocial support for those who cannot benefit from group activities (specifically those individuals who have not disclosed their HIV status). This program will be strengthened in 2007 with the hiring of 2 additional social workers to support HIV-infected patients in the Central Plateau and Artibonite regions.

Activity 4: Financial Assistance for Transportation. The fourth activity will provide financial support to at least 3,000 HIV patients (roughly one-third of all HIV-infected patients being followed at ZL sites) and their families. This support includes the following: assistance with school fees, housing assistance, and food support, as well as financial assistance for transportation to/from the hospital.

These palliative care activities mitigate 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. In paying school fees, we are also ensuring that children and adolescents, especially girls, are able to remain in school. All palliative care activities and results contribute to the PEPFAR 2-7-10 goals by providing comprehensive care to HIV-infected individuals.

Continued Associated Activity Information

Activity ID: 4501
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Partners in Health
Mechanism: PIH
Funding Source: GHAI
Planned Funds: \$ 900,000.00

Emphasis Areas	% Of Effort
Food/Nutrition	10 - 50
Human Resources	10 - 50
Infrastructure	10 - 50
Needs Assessment	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	9	<input type="checkbox"/>
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	12,000	<input type="checkbox"/>
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	1,377	<input type="checkbox"/>

Target Populations:

HIV/AIDS-affected families
People living with HIV/AIDS

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs
Food
Microfinance/Microcredit

Coverage Areas

Artibonite
Centre

Table 3.3.06: Activities by Funding Mechanism

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: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 9326
Planned Funds: \$ 650,000.00

Activity Narrative: Linked to Activities 9327, 9364, 9333.

SUMMARY: The HIV/AIDS epidemic has a tremendous impact on Haitian communities. There is an estimated 250,000 persons living with HIV/AIDS (PLWHAs) 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 up capacity of health staff and public awareness, strong stigma associated with the disease still exists and often leaves PLWHAs isolated from family and community support systems. In addition, increased medical expenses combined with the inability to work, places an extreme economic burden on PLWHAs and their families. This activity will work towards reducing stigma and discrimination and the spread of HIV/AIDS in five regional departments of Haiti: the West, South, Nippes, North East and South East. It will also help to create and strengthen grassroots groups of PLWHAs and peer leaders to become more self-supporting and, therefore, better able to negotiate safe sexual behavior, thus contributing to a reduction in the current rate of HIV transmission.

BACKGROUND: This activity is an expansion and continuation of a POZ-developed model support program for PLWHAs and their families in which services are designed to help clients learn appropriate coping strategies in a supportive environment. Started in 2001 in two sites, Port-au-Prince and the semi-rural community of Montrouis, 60 Km from the capital, this initiative has been successfully expanded to other areas in the south of Haiti. With the President's Emergency Plan for AIDS Relief (PEPFAR) funding in FY07, this activity will be extended to approximately 31 sites in five geographical areas in order to provide direct psychological support to 9,500 PLHWAs and their families through PLWHA support groups and training sessions designed to promote positive attitudes and reduce stigma and risky behaviors. This activity will be part of the package of palliative care that these individuals will be receiving through the sites and community-based organizations in these departments.

Additionally, 1,500 other PLHWAs will get direct access to clinical and home-based care at two sites managed by POZ: Espoir, targeting men having sex with men (MSM) in Port-au-Prince, and the Community Center in Montrouis, providing services to a large community. These sites will be upgraded to become clinical care centers.

ACTIVITIES AND EXPECTED RESULTS: Activity 1: At the request of and in coordination with the MOH Regional Directorates, POZ will conduct five (5) two-day training sessions for 150 PLWHA peer educators and counselors to provide them with orientation and education on basic HIV/AIDS facts, leadership, ARV adherence and the psychosocial support needs of PLWHAs. Each peer educator and counselor will then be responsible for training 50 PLWHAs in their respective communities to promote positive attitudes. POZ will support logistical costs for these peer educator training sessions, as well as for the cascade trainings. POZ has already developed a module for training PLWHAs and persons affected by HIV/AIDS which was used in 2005-2006 to train 100 PLWHA peer educators and counselors. This module is endorsed by the Ministry of Health. POZ will supervise the trained PLWHA peer educators and counselors in their respective communities and work places.

Activity 2: The second activity will train and supervise staff from community-based organizations (CBOs) in charge of implementing community palliative care support to organize and work with at least 50 support groups of PLWHAs (20 in each group) from across the 5 regional departments. These support groups will meet monthly to receive informational updates and share strategies for patient support. POZ will ensure follow-up supervision of the trained staff in organizing and implementing the support groups.

Activity 3: POZ will work with the primary CBOs receiving community palliative care support in at least 3 of the 5 targeted departments in order to transform the most advanced PLWHA support groups into a PLWHA association. POZ will provide the support groups with the logistical, technical and administrative capacity to manage resources and provide social support to PLWHAs and their families.

Activity 3: At the request of and in coordination with the MOH Regional Directorates, POZ will conduct eight (8) two-day training sessions for 300 health and support staff at 44 CT and ARV sites on the basics of HIV transmission and prevention, stigma and

discrimination, patient confidentiality, and issues relating to caring for caregivers (such as prevention of occupational exposure, post-exposure prophylaxis (PEP), stress and burnout). POZ will ensure follow-up supervision of the trained staff.

Activity 4: Additionally, the "Centre Espoir" and the POZ's Community Center in Montrouis will be upgraded to provide a package of clinical and home based palliative care. This package will include opportunistic infection (OI) treatment and prophylaxis, nutrition assessment, counseling and support and outreach activities which will deliver at-home basic care and health education based on the national norms and guidelines. The two sites will be staffed with appropriate clinical and lab staff as well as community workers. POZ will coordinate with other USG partners to upgrade the lab capacity at these two sites.

Activity 5: The International AIDS Candlelight Memorial is a yearly event that has reached millions of people in Haiti since 2001. POZ has historically been the coordinator of this event, partnering with more than 36 non-governmental organizations (NGOs) and local grassroots organizations and Christian churches to bring awareness and support to PLWHAs. In 2007, POZ hopes to conduct short training sessions for Candlelight coordinators to educate them regarding planning community memorials, community mobilization, and advocacy. All members will receive seed money to conduct this event and mobilize other resources in their communities.

Targets for this activity include:

- At least 2,000 PLWHAs and affected families will receive psychological support through support groups in targets areas;
- 150 PLWHA peer educators will be trained;
- 7,500 PLWHAs trained by peer educators through cascade training
- 50 PLWHA support groups established in 5 regional departments to meet monthly;
- 300 health and support staff at 44 CT and ARV clinics trained to reduce stigma & discrimination;
- 1,500 patients receiving clinical and home-based care at two sites
- 2 million church and community members reached during mass candlelight event.

These results contribute to the PEPFAR 2-7-10 goals by improving access to and quality of palliative care as a way to improve quality of life and reduce rates of transmission.

Continued Associated Activity Information

Activity ID:	4497
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Promoteurs Objectif Zéro Sida (Promoteurs de l'Objectif Zéro Sida)
Mechanism:	HHS/GAC/Local
Funding Source:	GHAI
Planned Funds:	\$ 330,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	3	<input type="checkbox"/>
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	7,650	<input type="checkbox"/>
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	750	<input type="checkbox"/>

Target Populations:

Men who have sex with men
HIV/AIDS-affected families
People living with HIV/AIDS
Caregivers (of OVC and PLWHAs)

Coverage Areas

Nord
Nord-Est
Sud-Est
Ouest
Nippes

Table 3.3.06: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Partnership for Supply Chain Management
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 9333
Planned Funds: \$ 2,400,000.00

Activity Narrative: Linked to Activities 9674, 9675, 9362, 9332, 10204, 10353, 9314, 10126, 9326, 9318, 9269, 10109.

SUMMARY: This activity will guarantee the availability of drugs to treat opportunistic infections (OI) and other commodities for People living with HIV/AIDS (PLWHA) enrolled in care, including those on ARV. Three to five percent of those PLWHAs enrolled in care will be children. The list of drugs includes: (i) prophylaxis drugs, such as Isoniazid (INH), Vitamin B6, Cotrimoxazole and multivitamins; (ii) other antibiotics, antifungals and anti-parasitic drugs for treatment of common infections in HIV/AIDS patients; (iii) supportive drugs for symptoms such as fever, cough, diarrhea, headache, and pain. PFSCM will also procure commodities for safe drinking water, such as vessels and chlorine, and lab commodities for basic laboratory testing (Hgm, blood chemistry and cluster of differentiation 4 [CD4] counts) for PLWHAs enrolled in palliative care. The primary emphasis areas for this activity are commodity procurement and logistics. Specific target populations include PLWHAs, HIV-positive pregnant women, and HIV-positive infants and children. The activities will be carried out at all partner sites of the President's Emergency Plan for AIDS Relief (PEPFAR) in all ten geographical departments of Haiti.

BACKGROUND: This project is part of a new initiative, started in FY 2006 with PEPFAR funding, covering fifteen focus countries and three additional countries. Haiti is one of the first countries to have a fully-established PFSCM office. The activities are designed to assist the Haitian Ministry of Health (MOH) in reaching the national palliative care and support objectives. The aim is to provide an uninterrupted supply of OI and sexually-transmitted infection (STI) drugs, lab supplies and commodities and other basic commodities according to the national norms and guidelines. These commodities have been procured in the past by a different partner and through another mechanism. A more comprehensive care package as well as an extended list of drugs will be available through this funding to respond to the growing needs of palliative care for HIV-positive patients.

ACTIVITIES AND EXPECTED RESULTS: Activity 1: Since 2004, PEPFAR and the Global Fund have been providing palliative care drugs and supplies for PLWHAs. Through intensive efforts and program expansion, a larger number of patients are receiving access to care and support. With improved tools for forecasting and assessing needs, more patients will benefit from this activity and a wider range of drugs will be available to address a standard list of health problems. We will also include INH prophylaxis for up to 41,600 persons as a target for the end of this year.

Activity 2: Due to the nature of the health problems addressed by these drugs and the fact that the pathologies associated with these conditions can be found in non-HIV patients, the procurement planning, inventory tracking and utilization monitoring of the drugs becomes more complex. PFSCM will take every step possible to ensure adherence to PEPFAR principles in making the purchased products available only to intended program recipients. Also, we will coordinate with our Global Fund counterparts in terms of timing of orders and quantities of purchase. The continuing activity will provide palliative care and OI drugs, taking into account Global Fund stocks, for 80,000 patients by September 2007 and 100,000 patients by September 2008.

Activity 3: Within this activity, PFSCM will operate a single, coordinated commodity procurement and management plan with the other stakeholders involved in procurement of OI drugs procurement, primarily the Global Fund. Sharing of complete patient data from each individual treatment site, along with drug budgets and the procurement plan will improve the quality of available information and the management of the supply chain. PFSCM will provide technical assistance and periodic formal training in logistics and stock management with emphasis on HIV commodities. We will also conduct continuous on site training, follow-up assistance to training and supervision of stock activities. These activities will encompass public (MOH) and non-governmental organization (NGO) operated sites. PFSCM will provide computerized projections of commodity needs at the national level and for each site, including all commodity sources. This activity will contribute to improved palliative care and treatment services throughout all PEPFAR-supported partner sites.

Activity 4: PFSCM will procure and distribute laboratory test kits and related supplies to provide testing for PLWHAs enrolled in care through the network of labs located in the ARV and palliative care sites. PFSCM will assist in confirming the projected commodities

and quantities needed. Goods procured will be stored and delivered to the sites by PFSCM, which will work closely with MOH and other partners to provide technical assistance to the selected laboratories.

TARGETS:

- Purchase OI drugs for up to 100,000 people,
- Purchase INH prophylaxis for up to 41,600 people,
- Purchase laboratory tests and supplies for 100,000 people: CD4 manual tests and controls, Hematology tests and Urinalysis,
- Train 100 persons in logistics management.

Continued Associated Activity Information

Activity ID: 5471
USG Agency: U.S. Agency for International Development
Prime Partner: Partnership for Supply Chain Management
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 1,315,313.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Logistics	10 - 50

Targets

Target	Target Value	Not Applicable
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)		<input checked="" type="checkbox"/>
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)		<input checked="" type="checkbox"/>
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)		<input checked="" type="checkbox"/>

Target Populations:

- People living with HIV/AIDS
- HIV positive pregnant women
- HIV positive infants (0-4 years)
- HIV positive children (5 - 14 years)

Coverage Areas:

National

Table 3.3.06: Activities by Funding Mechanism

Mechanism: FANTA
Prime Partner: Academy for Educational Development
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 10108
Planned Funds: \$ 150,000.00

Activity Narrative: Linked to Activities 9314, 10126, 9326, 9318, 9269, 10100, 10109.

SUMMARY: FANTA will assist the MOH and other important stakeholders to develop and implement a comprehensive and coherent nutrition strategy to maintain and improve the health of persons living with HIV/AIDS (PLWHA) and their adherence to HIV treatment. FANTA will provide technical assistance to assess PLWHA needs; guidance on the overall planning, implementation and monitoring of the program; and assistance in adapting guidelines and training tools developed and tested in settings similar to Haiti. FANTA will draw on its extensive experience providing technical assistance for the implementation and evaluation of the Title II Food Program in Haiti.

BACKGROUND: Providing nutritional support to PLWHAs has been a challenge within the President's Emergency Plan for AIDS Relief (PEPFAR) program in Haiti. The deterioration of the PLWHA nutritional status caused by the HIV is aggravated by the poor socio-economic condition and low level of education of people in Haiti. In addition, PLWHAs placed on ARV need food to tolerate their medications and are at risk of developing metabolic complications from the medications. Some of these complications can be ameliorated with proper nutrition. The Global Fund has been providing food support to PLWHAs by allocating part of its funding to buy local food in Haiti. PEPFAR has been encouraging its partners to link their HIV programs to USAID's Title II Food program, and the World Food Program food distribution for PLWHAs. However, the quantity of food does not fulfill PLWHA needs. Also, there has been a lack of a comprehensive and integrated strategy which addresses other critical aspects of an effective nutrition program, particularly nutrition assessment/monitoring, nutrition counseling and education, and linkage with other program activities, such as micro-credit to address sustainability, etc.

Thru the end of September 2008, the United States Government (USG) expects to enroll 100,000 PLWHAs in palliative care through a continuum of care at the clinic, community and home level. The USG will increase the capacity at all these levels to maintain and improve the nutrition status of all PLWHAs enrolled in care. While the USG will continue to build on the Title II Food Program, Global Fund, and World Food Programs to provide nutritional support to PLWHAs, FANTA will assist the MOH and key stakeholders to build a coherent strategy with a plan to address all key aspects of a nutrition program, looking at models for sustainability.

ACTIVITIES AND EXPECTED RESULTS: Activity 1: FANTA will assist the MOH in conducting a rapid assessment of the current nutrition program for PLWHAs in the country. To do so, FANTA will adapt existing protocols and tools and work through stakeholders. Based on this assessment, FANTA will make recommendations for the elaboration of a comprehensive and integrated strategy. Resources will be used to pay consultant fees and to support logistical costs for this assessment and dissemination of results.

Activity 2: FANTA will assist the MOH to adapt existing guidelines and training materials from other countries. These tools will be integrated into the materials for clinical and community care training. Resources will be used to pay consultant fees, organize stakeholders meetings around these tools and to disseminate these tools. Education/job aide materials will be adapted for different categories of personnel to provide nutrition counseling at the different levels: clinic, community and home. FANTA will assist in the implementation of training of trainers using new national guidelines and tools. At least 12 trainers will be trained through different training institutions such as Haitian Group for the Study of Kaposi's sarcoma and Opportunistic Infections (GHESKIO), Partners in Health (PIH), Haitian Institute for Community Health (INHSAC).

Activity 3: FANTA will assist the MOH and the network of partners working at different levels to integrate nutritional assessment, counseling and support, including therapeutic and/or feeding support for clinically malnourished PLWHAs on a prescription basis, within their system of care. This support will include incorporating supervision and quality assurance/quality improvement (QA/QI) tools into the system of care and on integrating nutrition data into the health information system to monitor and assess nutritional status of PLWHAs.

Activity 4: FANTA will guide the development and assessment of one or two models for the integration of the nutrition program into other program activities such as micro-credit support to enhance sustainability. These models could be piloted in the one or two networks of care or integrated within other palliative care program activities. These networks will be determined later.

Targets for this activity include: National Guidelines and training tools integrated into training curriculum for clinical and community care, 12 trainers trained on nutrition assessment and counseling, 88 providers trained in nutrition assessment and counseling and all 85 palliative care sites integrated with nutrition monitoring, counseling and support.

Emphasis Areas

	% Of Effort
Human Resources	10 - 50
Needs Assessment	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)		<input checked="" type="checkbox"/>
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)		<input checked="" type="checkbox"/>
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)		<input checked="" type="checkbox"/>

Target Populations:

People living with HIV/AIDS
 Public health care workers
 Private health care workers

Key Legislative Issues

Microfinance/Microcredit

Coverage Areas:

National

Table 3.3.06: Activities by Funding Mechanism

Mechanism: Basic Health Services
Prime Partner: Management Sciences for Health
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 10109
Planned Funds: \$ 200,000.00

Activity Narrative: Linked to Activities 9683, 9791, 9937, 9676, 9365, 10203, 9314, 9333, 10100.

SUMMARY: The USAID bilateral health program supports a contractor to implement the Health Systems 2007 (HS2007) Project for 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. The contract with the current implementing institution, Management Sciences for Health (MSH), will end in September 2007; however, a new USAID contractor will be identified and a follow-on program with FY 07 PEPFAR resources to pursue palliative care services in the NGO network through this new contractor will be operational by mid 2007.

BACKGROUND: With FY05 and FY06 PEPFAR resources, the United States Government (USG) has taken a series of steps to wrap around the HS 2007 integrated health program, in order to integrate such HIV services as counseling and testing (CT), PMTCT and TB/HIV, basic palliative care and antiretroviral (ARVs) into HS2007 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 are delivering PMTCT services.

Four of the most important hospitals in this network are offering ARV treatment services. While a good package of palliative care services has been implemented in these four ARV sites, only limited services are offered in the network's CT and PMTCT sites. With FY 06 PEPFAR funding, the USG will implement a more structured package of palliative care in twenty of these service delivery sites. This package includes mostly clinical care with limited home-based care and community support services. As of March 2006, about 5,000 PLWHAS have received palliative care services in this network. It is estimated that as many as 10,000 PLWHAS will be enrolled by the end of September 2007.

In FY 07, USG/Haiti will continue these on-going activities at the various points of service in this NGO network in order to offer a more comprehensive and structured package of palliative care. The primary focus of this effort will be to ensure that all PLWHAS identified at the CT sites get access to a continuum of care at the clinic, community and home levels. At the clinic level, the USG will ensure that PLWHAS benefit from clinical and lab assessment services, as well as follow-up services to treat and prevent opportunistic infections (OI) and to monitor their optimal time for anti-retroviral treatment (ART). At the community level, PLWHAS will have access to social and psychological support services through community-based organizations (CBOs). In addition, PLWHAS will receive a package of home-based care through a network of community workers linked to each clinic. Thus, at each palliative care site, the planned focus will be to reinforce the relationships and linkages with all participants provide this integrated package of palliative care. The USAID contractor will participate in all efforts to coordinate and provide hands-on technical assistance in order to implement this model of care, as well as to develop a standardized package of home-based care and support services with the Ministry of Health (MOH) and other stakeholders throughout the country.

ACTIVITIES AND EXPECTED RESULTS:

The USG will provide PEPFAR resources to the TBD contractor to expand palliative care services to 15,000 PLWHAS through the following activities:

Activity 1: Resources will be allocated to reinforce overall service organization for clinical services at 20 existing palliative care sites and at 10 new sites. The focus of this activity will be to make available a package of clinicians, nurses, social workers at the clinic level. Nurses are the backbone for clinical services at these sites. Through the Haitian Group for the Study of Kaposi's sarcoma and Opportunistic Infections (GHESKIO), a new training package, including nursing curricula, clinical tools and human resources capacity development activities, is being developed to train nurses to serve as the main providers of HIV treatment services in health centers and dispensaries. Social workers at these sites will ensure the link with CBOs to enhance access for all PLWHAS to a complete package of social support services

Activity 2: The TBD contractor will expand and reinforce the existing network of

community workers at each site to provide home based care. These community workers, under the supervision of on-site social workers, will conduct home visits in order to track patients and provide counseling services regarding HIV prevention and best health practices, particularly related to safe drinking water, malaria prevention and nutrition. During home visits, these community workers will assess basic care needs of the patients and will provide pain killer as well as other symptomatic medicine, oral rehydration solutions (ORS) and micronutrients according to the national guidelines, as needed. Partners in Health (PIH) will train these community workers using national guidelines, while AIDSRelief will ensure supervision and on the job training for them. Commodities and drugs for this activity will be provided thru Partnership For Supply Chain Management (PFSCM).

Activity 3: Within each department, particular emphasis will be on ensuring that all the palliative care sites in this USAID contractor network are linked with ARV sites, to ensure that eligible patients get access to ART. The network sites will be equipped to do required follow-up for patients on ART in order to limit time-consuming and costly travel to the ARV sites. This network model is being piloted in the South Regional Department of Haiti this year, and will be expanded to other departments in the near future. The palliative care sites will be linked to the prime CBOs through which the USG will channel resources for social support services.

Activity 4: Resources will be allocated to the USAID contractor to coordinate the program and provide technical assistance through regular visits to the sites in order to ensure that services are both well-organized and adhere to the national model of care. During these visits, all staff will receive on-the-job training. These resources will allow the contractor to hire and support appropriate staff to oversee this program and to provide quality assurance/quality improvement (QA/QI) to all palliative care sites in the network.

Gender Equity:

The program will target women as well as men. A particular emphasis will be placed on women from the PMTCT program.

Emphasis Areas

	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	30	<input type="checkbox"/>
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	15,000	<input type="checkbox"/>
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	800	<input type="checkbox"/>

Target Populations:

Doctors
Nurses
HIV/AIDS-affected families
People living with HIV/AIDS
Men (including men of reproductive age)
Women (including women of reproductive age)
Other Health Care Worker
Doctors
Nurses
Other Health Care Workers

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Coverage Areas:

National

Table 3.3.06: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: CARE USA
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 10110
Planned Funds: \$ 0.00

Activity Narrative: Linked to Activities: 10666, 9264, 10124, 10123, 10129, 10111.

SUMMARY: This program will support palliative basic care and support in three regional departments of Haiti: Grande Anse, Artibonite and North West. Major emphasis areas will be psychological, social, nutrition and preventive care support to people living with HIV/AIDS (PLWHAs) and their families in these departments. When appropriate, end of life care to help the PLWHAs die with dignity will be provided. The entry door for the program will be the counseling and testing (CT) and ARV treatment sites in these departments where PLWHAs are being detected and enrolled. CARE will develop networks and linkages with these sites as well as with other local community-based organizations (CBOs) providing services to ensure a continuum of care to PLWHAs from the clinics to the communities. The program will wrap around the Title II Food Program and the OVC and the palliative care programs in these departments which are supported by CARE with Track 1 and Global Funds resources. The target population is people living with HIV/AIDS and their families.

BACKGROUND: CARE is a primary partner implementing the Title II Food Program in Haiti. For many years, they have supported HIV services such as community mobilization, OVC, and community palliative care support in the North West, Artibonite and the Grande Anse departments. In the Grande Anse, CARE has been particularly active in supporting PLWHA community groups which provide social support services and play an important role in the adherence of PLWHAs enrolled in ARV in this department. CARE has also played a key role in making food available to PLWHAs in coordination with clinical-based and community services. With existing PEPFAR and Global Fund resources, a network of CT, palliative clinical care, PMTCT and ARV treatment sites have been implemented in each of these three departments where PLWHAs have been receiving a continuum of counseling, clinical care and anti-retroviral treatment (ART) services. With FY 2006 resources, these services are being expanded and reinforced, but are not being integrated with a comprehensive and well structured package of community care. As of now, about 5,000 PLWHAs have been identified in these three departments.

With FY 2007 resources, the USG will continue the CARE programs in these three departments and will expand and reinforce the package of community palliative care to 12,000 PLWHAs and their families to include nutritional, psychosocial, spiritual and preventive care support. CARE, as the primary CBO for this program, will develop linkages with the clinic-based sites and other local CBOs to deliver these community support services. CARE will reinforce its capacity and the capacity of other local CBOs to implement this program, which will be integrated with the CARE OVC activities in the same departments to promote a family-centered approach. CARE will continue to use Title II Food resources to distribute food rations to PLWHAs. As necessary, some PEPFAR 07 resources will be used to buy local foods to for a limited time period to address critical PLWHA needs.

ACTIVITIES AND EXPECTED RESULTS:

CARE will provide a package of psychological, nutritional, social and spiritual support services to 12,000 PLWHAs in three departments: the Grande Anse, North West and Artibonite through linkages with CT, PMTCT, palliative clinical care and ARV centers as well as with other local CBOs in these departments.

Activity 1: Capacity Building: CARE will reinforce logistical and human capacity in each of these three departments by hiring social workers, adding community workers and expanding office space. CARE will also identify and expand the capacity of local CBOs (at least 5 in each department), particularly faith-based organizations, to provide community services. CARE will coordinate with Family Health International (FHI) and Haitian Institute for Community Health (INHSAC) to train the community workers and establish a supervisory structure using national guidelines and curricula. CARE will contribute to the implementation of a community-based information system to track PLWHAs and to monitor services.

Activity 2: Linkages. In each department, CARE will develop linkages to and a referral system with the different VCT, PMTCT, clinical care and treatment sites which will continue to detect and enroll PLWHAs in care at clinics and in the community. Linkages will also be

created with local CBOs providing expanded community services. CARE will work with the Ministry of Health (MOH) departmental staff and other local stakeholders to develop tools for this referral system. CARE will encourage and support regular departmental meetings to implement and monitor the system.

Activity 3: PLWHA Support Groups: CARE will coordinate with other local organizations to expand and reinforce PLWHA support groups. CARE will provide resources to structure these groups according to national guidelines and enhance their roles in PLWHA education on HIV, stigma reduction, best health practices and adherence to treatment. CARE will provide space and operational costs for these groups. CARE will train religious leaders and other community groups to engage their in support for PLWHAs and their families.

Activity 4: Distribution of commodities: CARE will distribute commodities for safe drinking water, e.g., water vessels, chlorine and hygiene kits. CARE will also work with Global Fund and MOH partners to distribute treated bed nets to PLWHAs for malaria prevention according to the national guidelines and will assist in supporting the logistics system for distribution of these commodities. The USG will procure the commodities thru the Partnership For Supply Chain Management (PFSCM).

Activity 5: Social Support Services: CARE will provide funding in each department for a PLWHA transit house located near an ARV center. CARE will also support micro-credit activities in coordination with private or other NGOs involved in this activity. This support will complement other social support that is being provided through the OVC program and through the clinics such as transportation and school fees.

Activity 6: Nutrition services. Nutritional support will also be provided by linking recipients to the USAID Title II food assistance programs and to the World Food Program (WFP). Some of the resources will be used to buy local food for a limited time frame to address critical shortages. For this activity, the CARE team will work closely with the sites assessing and monitoring the nutritional status of PLWHAs to identify those are in greatest need of food.

Added February 2008:

The funding mechanism that USAID Haiti planned to use for both CRS and CARE community activities (Palliative Care:HBHC and OVC for both and TB/HIV for CARE) were the Title II agreements. When the proposals came in for the Title II program this year, CRS and CARE formed a consortium on one proposal, with CRS as the prime partner and CARE as the sub-partner. Thus, the CARE activities are being reprogrammed to CRS and CARE will be a sub-partner to CRS.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Food/Nutrition	10 - 50
Human Resources	10 - 50
Infrastructure	10 - 50
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target

Target Value

Not Applicable

Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)

Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)

0

Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)

0

Target Populations:

Community-based organizations

Faith-based organizations

HIV/AIDS-affected families

People living with HIV/AIDS

Religious leaders

Key Legislative Issues

Stigma and discrimination

Food

Microfinance/Microcredit

Education

Coverage Areas

Artibonite

Grand-Anse

Nord-Ouest

Table 3.3.06: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: World Concern
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 10111
Planned Funds: \$ 800,000.00

Activity Narrative: Linked to Activities 9352, 9353, 8157, 10124, 10110, 10123, 10129, 10108.

SUMMARY: World Concern, through the Association of Evangelical Relief and Development Organizations (AERDO), will support a holistic package of community palliative care services in the North and West departments of Haiti, emphasizing psychological, social, nutritional and preventive care support to PLWHAs and their families. End of life care to help the PLWHAs die with dignity and emotional support to rape victims will also be provided, as appropriate. The entry door for the program will be the voluntary counseling and testing (VCT) and treatment sites in these departments where PLWHAs are being detected and enrolled. AERDO will develop networks and linkages with these sites and other participating community-based organizations (CBO) to ensure a continuum of care to PLWHAs from the clinics to the communities. AERDO will reinforce the capacity of these CBOs to implement this program, which will be integrated with OVC activities to promote a family-centered approach. AERDO will coordinate with existing food programs to procure and distribute food commodities in order to address critical PLWHA needs. The World Concern Development Organization (WCDO) will also coordinate with the Ministry of Health (MOH) and other key stakeholders at the national level to standardize the package of community services and update the guidelines and training tools for this program. The primary target populations are PLWHA (half of them will be women), their families, private and public health care workers, volunteers, and local community-based organizations.

BACKGROUND: AERDO is an alliance of 5 faith-based non-governmental organizations (NGOs): WCDO, World Hope, Christian Reformed World Relief Committee (CRWRC), Salvation Army (SA) and The Foundation of Compassionate American Samaritans (FOCAS). With existing President's Plan for Emergency AIDS Relief (PEPFAR) and Global Fund resources, about 30,000 PLWAs have been receiving a continuum of counseling, clinical care and ART services in the North and West departments. With 06 resources, these services are being expanded, but lack integration into a comprehensive and well-structured package of community care. During FY 07, the number of PLWHAs needing care is expected to reach about 50,000. AERDO will provide community support to half of them

ACTIVITIES:

Activity 1: AERDO will meet with area partners, churches, CBOs, PLWHA associations, and health-care providers in the targeted communities to assess current services and to ensure that programs and services complement each other. The aim is to strengthen community capacity, not to supplant existing resources and systems. This assessment will identify needs and service gaps within the community, with the goal of providing a more comprehensive continuum of care to PLWHAs.

Activity 2: AERDO will hire social workers, increase the number of community workers and expand office space in the two MOH regional departments. AERDO will also identify and expand the capacity for local CBOs (at least 5 in each department), particularly faith-based organizations, in order to expand community services. AERDO will coordinate with Family Health International (FHI) and Haitian Institute for Community Health (INHSAC) to train the community workers and set up supervisory structures using national guidelines and curricula. AERDO will participate in the implementation of a community-based information system to track PLWHAs and to monitor services.

Activity 3: In each department, AERDO will establish referral systems and link PLWHAs detected and enrolled in VCT, PMTCT, clinical care and treatment sites with local CBOs and other community resources through which PLWHAs can access community services. AERDO will work with MOH departmental staff and other local stakeholders to develop tools for this referral system. AERDO CARE will encourage and support regular departmental meetings to implement and monitor the system.

Activity 4: In coordination with other organizations, AERDO will provide space and operational costs to expand and reinforce PLWHA support groups and structure these groups according to national guidelines. The support groups will provide PLWHAs with education on HIV, stigma reduction, adherence to treatment and best health practices. AERDO will train religious leaders and other community groups to engage them in support for PLWHAs and their families.

Activity 5: Working through the church network, CBOs, human rights groups and police officers, volunteers will identify approximately 375 rape victims and encourage them to seek medical help and emotional support. Support groups will be established for victims to share experiences and seek help from one another. They will be referred to counseling and testing (CT) sites in order to determine their serological status. Volunteers will be trained to give counseling in the support groups using World Relief's curriculum, "Facing AIDS Together" and "Choose Life" to help victims overcome the emotional trauma resulting from sexual coercion, and to promote themes such as secondary abstinence or faithfulness.

Activity 6: AERDO will distribute commodities for safe drinking water, e.g., water vessels, chlorine, hygiene kits. AERDO will also work with Global Fund and MOH partners to distribute treated bed nets to PLWHAs for malaria prevention according to the national guidelines. AERDO will support resources for setting up the distribution system for these commodities. The USG will procure the commodities thru Partnership For Supply Chain Management (PFSCM).

Activity 7: AERDO will fund a transit house for PLWHAs and locate it near an ARV center in each of the two departments. CARE will also support micro-credit activities in coordination with private or other NGO organizations involved in this activity. This support will complement other social support that is being provided through the OVC program and through the clinics such as transportation and school fees.

Activity 8: Nutritional support will also be provided by linking recipients to the USAID Title II food assistance programs and to the World Food Program (WFP). Some of the resources will be used to buy food on a limited basis during critical shortages. For this activity, the AERDO team will work closely with the sites where the nutritional status of PLWHAs will be assessed and monitored to detect those in greatest need of food.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Food/Nutrition	10 - 50
Human Resources	10 - 50
Infrastructure	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets	Target Value	Not Applicable
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)		<input checked="" type="checkbox"/>
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	25,000	<input type="checkbox"/>
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	112	<input type="checkbox"/>

Target Populations:

Community-based organizations
HIV/AIDS-affected families
People living with HIV/AIDS
Volunteers
Women (including women of reproductive age)
Religious leaders
Public health care workers
Private health care workers

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs
Reducing violence and coercion
Stigma and discrimination
Food
Microfinance/Microcredit

Coverage Areas

Nord
Ouest

Table 3.3.06: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Catholic Relief Services
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 10123
Planned Funds: \$ 2,365,000.00

Activity Narrative: Linked to Activities 10664, 8156, 10111, 10124, 10108, 10110, 10129.

SUMMARY: This program will provide people living with HIV/AIDS (PLWHA) in the South and Nippes Regional Departments with physical, psychosocial and legal support in order to live positively. When appropriate, it will provide end of life care to help individuals die with dignity. Major emphasis areas will be psychological, social, nutritional and preventive care support to PLWHA and local organization capacity development. CRS will encourage the establishment of networks and linkages with other community-based clinical programs and with government-supported programs in the geographic departments served by CRS. The target population is people living with HIV and AIDS and their families.

BACKGROUND: CRS has been providing palliative care and anti-retroviral treatment (ART) in Haiti since 2004 with its AIDSRelief partners and OVC care through a local cooperative agreement with USAID. CRS is committed to working in collaboration with the Government of Haiti and is an active member of the Ministry of Health (MOH)'s care and treatment cluster, which has responsibility to define the national strategy for HIV/AIDS care. In addition, CRS has been one of the major partners implementing the Title II Food Program in Haiti and has been engaged in palliative care in Haiti by providing food to PLWHA for several years. Through this new program, CRS will augment the current services by providing nutritional, psychosocial and spiritual support to PLWHA in the South and Nippes Departments of Haiti.

With PEPFAR and Global Fund resources, a public sector network of counseling and testing (CT), palliative clinical care, PMTCT and ARV treatment sites has been established in each of these two departments and PLWHAs have been receiving a continuum of counseling, clinical care ART services, but with very limited community support.

With 2007 resources, the United States Government (USG) will support the expansion of these services to target more people, placing emphasis on a more integrated package of psycho-social, nutrition and preventive care support. CRS will develop networks and linkages with these public sector sites as well as with other local community-based organizations (CBOs) providing services to ensure a continuum of care for PLWHAs from the clinics to the communities. This increased emphasis on a continuum of care should enhance the effectiveness of these sites as entry points for the program. The program will continue to wrap around the Title II Food Program resources and the OVC programs that CRS is implementing in these departments and promote a family-centered approach.

ACTIVITIES AND EXPECTED RESULTS: Activity 1: CRS will reinforce logistical and human capacity in each of these two departments by hiring social workers, adding community workers and expanding office space. CRS will also identify and expand the capacity of local CBOs, particularly faith-based organizations through which services can be provided. CRS will coordinate with Family Health International (FHI) and Haitian Institute for Community Health (INHSAC) to train the community workers and establish a supervisory structure using national guidelines and curricula. CRS will contribute to the implementation of a community-based information system to track PLWHAs and to monitor services.

Activity 2: In each department, CRS will develop linkages to and a referral system with the CT, PMTCT, clinical care and treatment sites which will continue to detect and enroll PLWHA. Linkages will also be created with local CBOs providing expanded community services. CRS will work with the Ministry of Health (MOH) departmental staff and other local stakeholders to develop tools for this referral system. CRS will encourage and support regular departmental meetings to implement and monitor the system.

Activity 3: CRS will coordinate with other local organizations to expand and reinforce PLWHA support groups. CRS will provide resources to structure these groups according to national guidelines and enhance their roles in PLWHA education on HIV, stigma reduction, best health practices and adherence to treatment. CRS will provide space and operational costs for these groups. CRS will train religious leaders and other community groups to engage them in providing end-of-life support for PLWHA.

Activity 4: CRS will distribute commodities for safe drinking water, e.g., water vessels, chlorine and hygiene kits, to PLWHA and their families. CRS will also work with Global Fund and MOH partners to distribute treated bed nets to PLWHA for malaria prevention

according to the national guidelines. The commodities for safe water and hygiene kits will be procured through the Partnership for Supply Chain Management (PFSCM) while the bed nets will be obtained through the Global Fund partners. CRS will assist in implementing the logistics system for distribution of these commodities.

Activity 5: CRS will provide funding in each department for a PLWHA transit house located near an ARV center. CRS will also support micro-credit activities in coordination with private or other NGOs involved in this activity. This support will complement other social support that is being provided through the OVC program and through the clinics, such as transportation and school fees.

Activity 6: Nutrition services. Nutritional support will also be provided by linking recipients to the USAID Title II food assistance program and to the World Food Program (WFP). Some of the resources will be used to buy local food for a limited time frame to address critical shortages. For this activity, the CRS team will work closely with the sites assessing and monitoring the nutritional status of PLWHA to identify those are in greatest need of food.

Please see Activity 10110 for additional text added February 2008.

Emphasis Areas

	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Food/Nutrition	10 - 50
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	8	<input type="checkbox"/>
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	22,000	<input type="checkbox"/>
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	560	<input type="checkbox"/>

Target Populations:

Community-based organizations
 HIV/AIDS-affected families
 People living with HIV/AIDS

Key Legislative Issues

Stigma and discrimination
 Food

Coverage Areas

Sud

Nippes

Table 3.3.06: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Foundation for Reproductive Health and Family Education
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 10126
Planned Funds: \$ 250,000.00

Activity Narrative: Linked to Activities 9281, 10663, 9280, 9326, 10108.

SUMMARY: FOSREF will expand palliative clinical and home-based care in three FOSREF counseling and testing (CT) sites that serve marginalized communities of the Port-au-Prince metropolitan area in the West Department of Haiti. This program will be integrated in the prevention and CT activities targeted at high risk groups, youths and prostitutes which FOSREF has been implementing for more than 5 years. This program will offer more comprehensive HIV services to these high risk groups. The target population of this program will be PLWHAs that are being detected at all FOSREF centers in the metropolitan area.

BACKGROUND: FOSREF has been implementing HIV prevention program targeted at youth and prostitutes for many years. Over the last 3 years, with resources from the Global Fund and President's Emergency Plan for AIDS Relief (PEPFAR), they have begun implementing a network of CT services, either as stand alone services or integrated into basic care, to complement their prevention activities. So far, they have a network of 17 functional CT sites throughout the country, with 11 of these sites in the metropolitan Port-au-Prince area. When PLWHAs detected at these sites are referred to other sites for clinical care services, they are lost to follow up. It is critical that FOSREF integrate palliative care in its network to provide a better continuum of care to PLWHAs and also as an incentive to encourage people to get tested. With FY06 resources, one CT site (Centre de Gynécologie Préventive et D'Education Familiale [CEGYPEF]/Port-au-Prince) in the metropolitan area will be upgraded to provide clinical palliative care.

With FY07 resources, FOSREF will reinforce the palliative care package at CEGYPEF/Port-au-Prince and will expand this package to two new sites: CEGYPEF/Delmas and CEGYPEF/Lalue. 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 area where eligible PLWHAs are 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: Activity 1: FOSREF will use funding to upgrade the three sites to assess the clinical status of patients and to provide opportunistic infection (OI) treatment and prophylaxis, nutritional assessments, counseling and support according to the national norms and protocols. This funding will also support long-term patient follow-up to determine the optimal time for beginning ART and to refer them to ARV sites, when appropriate. Efforts will be made through other partners to make available at these sites a processed food that could be distributed to malnourished PLWHAs with a food prescription. Each site will be staffed with a multi-disciplinary health-care team, including physicians, nurses, counselors, lab technicians and community health workers. FOSREF will make resources available at each site to cover transportation fees for PLWHAs to attend clinic visits. OI drugs will be provided by the United States Government (USG) thru the Partnership For Supply Chain Management (PFSCM). Dedicated staff will be hired at each site to adequately support monitoring and evaluation (M&E).

Activity 2: FOSREF will reinforce and expand its network of community workers around these three sites to deliver a package of care at home to PLWHAs enrolled at these sites. These community workers will be responsible for home visits in order to track patients and to provide counseling services regarding HIV prevention and best health practices, particularly related to safe drinking water, malaria prevention and nutrition. During home visits these community workers will assess basic care needs of the patients and will provide, as needed, pain killer as well as other symptomatic medicine, oral rehydration solutions (ORS) and micronutrients, according to the national guidelines. Commodities and drugs for this activity will be provided thru PFSCM.

Activity 3: FOSREF will build a system of reference and counter-reference with the ARV sites based in the metropolitan area to refer PLWHAs eligible for ARV. FOSREF will continue to offer tracking, adherence support and basic care at home for these ARV patients. In addition, FOSREF will link with the main CBO and local CBO to ensure that the

PLWHA enrolled in its palliative care and CT sites get access to psycho-social, nutrition and preventive care services at the community level.

Activity 4: FOSREF will reinforce its technical and logistic capacity to supervise day-to-day activities of the program and to coordinate with 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 three sites in clinical and home based care using the national norms and protocols.

Activity 5: FOSREF will organize post-test Clubs and support groups for PLWHAs, involving HIV+ young people in decision-making for positive prevention. This will be done in coordination with the CBO in charge of supporting this activity as part of the package of community palliative care in the West department.

Emphasis Areas

	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Food/Nutrition	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	3	<input type="checkbox"/>
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	1,390	<input type="checkbox"/>
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	43	<input type="checkbox"/>

Target Populations:

Community-based organizations
 Non-governmental organizations/private voluntary organizations
 People living with HIV/AIDS
 Children and youth (non-OVC)

Key Legislative Issues

Food

Coverage Areas

Ouest

Table 3.3.06: Activities by Funding Mechanism

Mechanism: NGO Alliance
Prime Partner: PLAN International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 10129
Planned Funds: \$ 300,000.00

Activity Narrative: Linked to Activities 9781, 10665, 10111, 10124, 10110, 10123, 10109.

SUMMARY: This activity incorporates community-based psycho-social care and support of PLWHAs and their families in the North East Regional Department linked to institutional care for treatment of opportunistic infections (OI) and other clinical interventions. The psycho-social support activities will be conducted in partnership with Promoteurs Objectif ZEROSIDA (POZ) and will complement counseling and testing (CT) and palliative care health services furnished in partnership with Centres pour le Développement et la Santé (CDS) at hospitals and clinics in Fort Liberté, Ouanaminthe and Capotille as well as the new CT site to open during FY07 at Mont Organisé. This additional site will provide the communities of Mont Organisé and Carice with CT and HIV-related medical and psycho-social services. It will also complete the coverage of the Unité Communale de Santé (UCS) of Ouanaminthe (Ouanaminthe, Capotille, Mont Organisé, and Carice) and the UCS of Fort Liberté (Fort Liberté and Ferrier) with basic HIV services. There are three minor areas of emphasis in this program: Human Resources; Infrastructure; and Linkages/Other Sector Initiatives.

BACKGROUND: Plan Haïti is working with partners in the North East Regional Department to provide basic health, educational, and financial services for all residents in its zones of intervention. It will expand the palliative care services Plan Haiti provides through local non-governmental organization (NGO) partner CDS to include those that will be offered by local NGO partner POZ. This program will begin during FY06 and has the full support of the Departmental Health Directorate. It will strive towards gender equity in all its activities, particularly in terms of access to services, access to microfinance activities and a positive influence on cultural norms.

An evaluation of CDS's HIV services in 2005 showed that the two functioning CT sites lost about two-thirds of the newly diagnosed PLWHAs to follow-up. In FY07, Plan will invite sub-partner POZ to bring its successful work in PLWHA psycho-social support and reduction of stigmatization to the North East Department. POZ, in close collaboration with CDS staff, will begin three key services during FY06 through Plan's Stop HIV in North East (SHINE) Project: rapid, intensive support of newly-diagnosed sero-positive individuals (including pregnant women) at the CT sites; ongoing support for the PLWHAs and their families through drop-in Hope Centers near the CT sites in Ouanaminthe and Fort Liberté; and the initiation of PLWHA support groups in the vicinity of each CT site.

ACTIVITIES AND EXPECTED RESULTS: Activity 1: Plan International, in collaboration with POZ, will support the logistical, technical and administrative capacity to deliver community palliative care in the North East by hiring social workers, strengthening the existing community workers network and expanding office space. Plan will also identify, assess and reinforce local community-based organizations (CBOs), particularly faith based organizations (FBOs), to expand services to the communities. Plan will coordinate with Family Health International (FHI) and Haitian Institute for Community Health (INHSAC) to train the community workers and to establish a supervisory structure using national guidelines and curricula. Plan will also contribute to the implementation of a community-based information system to track PLWHAs and monitor services.

Activity 2: In each department, Plan will develop linkages and a referral system with CT, Prevention of Mother-to-Child Transmission (PMTCT), clinical care and treatment sites where PLWHAs are identified and enrolled in clinical care and community services. Linkages will also be created with participating CBOs providing expanded access to community services for PLWHAs. Plan will work with MOH departmental staff and other local stakeholders to develop tools for this referral system. Plan will encourage and support regular departmental meetings to implement and monitor the system. These referral systems in the North East Department will be coordinated with palliative care services provided across the Dominican Republic (DR) border in Dajabon that are supported by USAID/DR in the Dajabon Hospital and in the surrounding communities through World Vision/DR and a Dominican NGO, CEPROSH.

Activity 3: Plan International will partner with POZ to expand and reinforce PLWHA support groups in the North East. The rapid, intensive support of newly-diagnosed sero-positive individuals initiated in FY06 under Project SHINE will continue at the three CT sites and a new CT site at Mont Organisé will begin providing services in FY07. An

estimated 125 persons will be offered these services during FY07. To the extent possible, POZ will use PLWHAs to deliver psycho-social support to their peers, a model which has been very effective in Port-au-Prince. The high level of stigmatization in the North East may hinder its implementation, since PLWHAs there have been reluctant to disclose their sero-status for fear of exclusion from mainstream society. Nevertheless, POZ's model in the Port-au-Prince area suggests that this fear can be overcome. Plan will support the structure of these groups according to national guidelines to maximize the effectiveness of their role in PLWHA HIV education, best health practices, adherence to treatment and stigma reduction. Plan will provide space and cover operational costs for these groups. Plan will train religious leaders and other community groups to engage their support for PLWHAs and their families. Activities with the PLWHA groups will be coordinated with similar initiatives carried out on the Dominican Republic (DR) side of the Haiti/Dominican border in Dajabon by a USAID/DR funded NGO, CEPROSH.

Activity 4: PLAN will distribute commodities for safe drinking water, e.g., water vessels, chlorine, hygiene kits. Plan will also work with Global Fund and MOH partners to distribute treated bed nets to PLWHAs for malaria prevention according to the national guidelines. PLAN will use its existing logistical system to distribute these commodities. The USG will procure the commodities thru SCMS.

Activity 5: Following an assessment to determine need, Plan will provide funding (if appropriate) in the North East for a transit house for PLWHAs to be located near the main ARV center. PLWHAs will also receive access to a micro-credit project (a pilot beginning towards the end of FY06) and up to \$60 per family in other goods and services for those with specific needs. As PLWHAs reveal their sero-status and involve their families, more work will be centered on family members, particularly in training and psycho-social support as well as support for school fees or nutrition.

Activity 6: Nutritional support will also be provided by linking recipients to the United States Agency for International Development (USAID) Title II food assistance programs and to the World Food Program (WFP). Some resources will be used to buy local food for a limited time frame to address critical shortages. For this activity, Plan International team will work closely with the sites where the nutritional status of PLHWAs will be assessed and monitored and to detect those most vulnerable and in greatest need of food.

Emphasis Areas

	% Of Effort
Food/Nutrition	10 - 50
Human Resources	10 - 50
Infrastructure	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	1	<input type="checkbox"/>
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	4,000	<input type="checkbox"/>
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)		<input checked="" type="checkbox"/>

Target Populations:

HIV/AIDS-affected families
People living with HIV/AIDS

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs
Stigma and discrimination
Food
Microfinance/Microcredit

Coverage Areas

Nord-Est

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Partnership for Supply Chain Management
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAH
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	12361
Planned Funds:	\$ 1,075,000.00
Activity Narrative:	Need to add narrative and targets

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	World Vision International
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	12363
Planned Funds:	\$ 75,000.00
Activity Narrative:	community Palliative care that will be integrated with OVC services to offer a comprehensive range of services based on a family-centered-approach. The program will reach out to 4,000 PLWA and their families by September 2007 and 7,000 by September 2008. The interventions will take place in part of the West regional department not covered by AERDO, the main CBO thru which community palliative care support will be provided to this department and the Center regional department.

BACKGROUND: This intervention is the extension of the PEPFAR-funded SAFENET Plus approved in FY06 targeting OVC who will receive care and support to improve their well-being and quality of life. The Ministry of Health (MOH), through the Health Directorates of the West Regional Department and Center Regional Department, will support the project by allowing active cooperation with the public clinics located in the intervention area. 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. The activities will be carried out in the World Vision's Area Development Projects (ADP) and in the intervention areas of the sub-recipients. The SAFENET Plus program will work with the HIV sites where PLWA are detected to enroll them in community palliative care in integration with the OVC program activities.

ACTIVITIES AND EXPECTED RESULTS.

Activity 1: Identification of PLWAs and provision of a basic package of services: SAFENET will first establish mechanisms with PEPFAR supported sites spread in the two targeted departments to identify potential beneficiaries. Those sites are namely in the West: 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; and in the Center:Maissade, Mirebalais, Saut-d'Eau, Savanette, Thomassique, and Thomazeau. SAFENET will ensure that its points of services are accessible to the population served by those sites, and staffed with trained personnel, including social workers to organize the services and manage the information system. The core set of services that will be available at each outlet include: psychosocial support, nutritional supplement; transportation cost for access to health care, schools or other basic services etc. Others services may be provided based on assessment of specific needs.

Activity 2: Empowerment of PLWAs : SAFENET Plus will provide a wide array of psychosocial support to PLWAs in their communities through support group activities Funds will be used to hire social workers at each point of services. The community health agents working in some of the sites will be trained to support the action of the social workers. Club leaders, especially youth from within the communities, will be taught simple art, music or drama projects that can be done at little cost, such as papier-mâché figures that can then be used to tell a story. Through the Community Coalition Care (CCC), negotiations will be held with financial institutions functioning in the intervention area to arrange jobs or training opportunities for PLWAs.

Targets

Target	Target Value	Not Applicable
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)		<input checked="" type="checkbox"/>
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	7,000	<input type="checkbox"/>
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	200	<input type="checkbox"/>

Target Populations:

HIV/AIDS-affected families
People living with HIV/AIDS

Key Legislative Issues

Stigma and discrimination
Wrap Arounds

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	M&E Task Order
Prime Partner:	John Snow, Inc.
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	12370
Planned Funds:	\$ 50,000.00
Activity Narrative:	Need narrative.

Emphasis Areas

	% Of Effort
Community Mobilization/Participation	51 - 100
Local Organization Capacity Development	10 - 50

Target Populations:

HIV/AIDS-affected families
People living with HIV/AIDS

Coverage Areas:

National

Table 3.3.07: Program Planning Overview

Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07

Total Planned Funding for Program Area: \$ 3,210,000.00

Program Area Context:

The national incidence of tuberculosis (TB) in Haiti is 132/100,000 in 2006, down from 180/100,000 in 1995 and there is an estimated 20% seroprevalence of HIV in TB patients. The prevalence of multi-drug resistant TB (MDRTB) in Haiti is not known; however, it is 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 sero-prevalence rates of HIV/AIDS in the region. A recent evaluation of the national TB/HIV program by the USG Team and MSH identified the need for a study of MDRTB in Haiti. This study is planned for 2007 with funding from the Global Fund; however, the TB culture, key to diagnosing MDRTB, is not yet available at the National Reference Laboratory. Insufficient laboratory infrastructure also impedes the full implementation of the directly observed therapy (DOTS) strategy as there is a lack of capacity in smear microscopy. For this reason, the USG Team is partnering with the Global Fund to support the National TB Program's effort to improve laboratory capacity and expand DOTS coverage nationwide. It is important to note that in two of Haiti's 10 regional departments, there is very poor usage of the DOTS Strategy. Sixty-eight percent of the clinics in the Northwest and 52% of clinics in the Artibonite do not implement the DOTS Strategy.

In FY 2005, the USG Team targeted 100 TB DOTS clinics in the network run by International Child Care (ICC) to provide HIV counseling and testing as well as HIV basic palliative care. Funds were also allocated for TB screening and prophylaxis for persons living with HIV/AIDS (PLWHA) at sites providing HIV testing and care services with the objective of providing 20,000 PLWHA with integrated TB/HIV services. It became clear that this initial target was too high as many of the targeted clinics were seeing very few TB patients. Additionally, late disbursement of FY 2005 funds to the implementing partners resulted in a shortage of HIV testing supplies and isoniazid (INH) for TB prophylaxis in the TB clinics and at the HIV/AIDS treatment and care sites. The strategy was revised to focus initially on clinics with a high patient load and five clinics in Port au Prince were chosen for training and infrastructure resources in order to rapidly start up the TB/HIV program. From October 2005 to February 2006, of the 1,134 TB patients registered in the ICC TB clinics with counseling and testing (CT) services, 1,019 of were screened for HIV and 220 tested positive. Nineteen of these (8.6%) were placed on ARV treatment.

The USG Team FY 2006 strategy for increased national coverage of TB/HIV services relies heavily on efforts, funded jointly by the Global Fund and the USAID TB Program, to increase TB DOTS coverage. This TB/HIV expansion strategy builds upon the initial experience in the first five TB clinic sites identified in FY 2005, adding other identified sites with high TB patient loads. This FY 2006 expansion supports integrated TB/HIV services in five regional departments: 5 TB clinics supported by CDS in the North East Regional Department, 40 TB clinics supported by CARE in the North West, Artibonite, Nippes and Grande Anse Regional Departments and 60 TB clinics supported by International Child Care (ICC) in the North, Central, West, South, South East Regional Departments. This complementarity of services is in agreement with the Minister of Health and the National TB Program that has assigned each of these three NGOs the responsibility for one or more regional department as the basis of the national strategy to achieve national coverage and to avoid duplication. A coordinating unit at the National TB Program in the MOH is responsible for overall coordination of service delivery and for facilitating the integration of the TB and the HIV national programs.

In FY 2007, the USG Team will expand and strengthen national TB/HIV integration. One critical partner, ICC, will have the remaining stand-alone TB clinics delivering TB/HIV services in its network. Furthermore, the USG Team will strengthen the referral capabilities in the ICC sites so all TB patients who are HIV positive will benefit from palliative care (cotrimoxazole and INH), as well as ART when needed, at USG-supported HIV/AIDS care and treatment sites. CARE will focus efforts on expanding its TB/HIV services in the Northwest and Artibonite, where their focus was on implementing the DOTS strategy during FY 2006 in order to complete national coverage of HIV/TB integration by the end of FY 2007. CDS will also expand its network of TB/HIV services in the Northeast. The city of Ouanaminthe in the Northeast

Department, on the border of Haiti and the DR, will soon have an ART site and PMTCT services available making a referral network possible.

The USG Team has facilitated linkages between 35 TB sites and HIV-related services. However, additional linkages must be made for clinics that do not have integrated services. IN FY 2007, the USG Team will work to integrate or link (where integration is not feasible) TB services with HIV counseling and testing, PMTCT and related HIV services, as appropriate. The USG Team will partner with GHESKIO and Partners in Health (PIH), the lead organizations in Haiti in the fight against TB and HIV/AIDS, to improve efforts for providing quality TB/HIV integrated services. PIH will strengthen integrated TB/HIV services in its network in the Central Plateau region. GHESKIO will help develop a public hospital in the West Regional Department with a high load of TB patients into Haiti's second referral center for TB/HIV co-infected patients requiring ARV treatment and also for patients with MDRTB.

Co-infected patients will be treated at sites where both ARV and TB treatment is delivered or HIV positive TB patients will be referred to ARV centers. All HIV positive patients enrolled in palliative care are screened for TB (PPD) as part of the national norms for HIV/AIDS care and those with a positive PPD will be put on INH preventive therapy. HIV positive patients with respiratory signs will go through a full screening of PPD and chest x-ray and, if positive for TB, will be referred to a TB clinic for treatment. All co-infected patients will receive cotrimoxazole as part of the opportunistic preventive package for HIV patients. By September 2008, 35 TB clinics supported by ICC, 16 supported by CARE and 11 supported by CDS, for a total of 62 TB clinics with the highest load of TB patients nationwide, will have fully integrated TB/HIV services.

The USG Team will work with the Government of Haiti (GOH) to ensure the integration of TB screening and treatment into the recently drafted National HIV Strategic Plan and will also work with MOH and other partners on national guidelines that address TB/HIV co-infection care and treatment issues. Particular attention will be paid to guidelines and policies for TB infection control, particularly in hospitals that provide care and treatment to both TB and HIV patients. All institutions involved in TB-related activities currently report their cases to the National TB Program. The USG Team is supporting the development and testing of a tool for monitoring and evaluation of TB/HIV co-infected patients. As a quality assurance program ICC has developed a new TB patient treatment card and register in order to capture HIV related data in a consolidated document and according to WHO recommendations. This was stressed during the last USG technical assistance consultancy for the TB/HIV program and will be fully implemented. There will also be support for training clinical staff who provide care and treatment to TB/HIV patients to improve their case management skills of co-infected patients.

Program Area Target:

Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	118
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	3,060
Number of HIV-infected clients given TB preventive therapy	41,500
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	308

Table 3.3.07: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: CARE USA
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 9264
Planned Funds: \$ 0.00

Activity Narrative: Linked to Activities 10110, 10666, 9286, 9676, 9675.

SUMMARY: CARE International receives support from the USAID bilateral health program to support the National TB Control program and, with PEPFAR FY 05 and 06 funds, has integrated HIV/TB interventions into this network in the Grand'Anse, NorthWest, Artibonite and Nippes Regional Departments. FY 07 funds are planned for the expansion and scale-up of services and will address these overall objectives: 1) Increase integration in 16 Directly Observed Therapy (DOTS) clinics in 4 departments with HIV Counseling and Testing (CT) and referral of all positive patients to anti-retroviral treatment (ART) sites for further care and treatments 2) Increase to 52 the number of DOTS clinics in 4 departments and link them to the TB/HIV network 3) Improve health professionals skills in HIV/TB to provide clinical prophylaxis and or treatment for TB/HIV infected individuals according to the national and international standards.4) Assure jointly supervision and Quality Assurance / Quality Control (QA/QC) through mobile coordinating teams. Specific target populations include: 600 HIV-infected clients attending HIV care or treatment.

BACKGROUND: CARE has the institutional capacity to adequately support communities within its working area through an integrated approach which strengthen existing as well as newly created community networks. In addition CARE has been one of the leading private voluntary organizations (PVOs) providing supports to strengthen and expand the DOTS strategy in 4 departments: Grand'Anse, Nippes, Artibonite and North West, using both United States Agency for International Development (USAID) central funds and PEPFAR resources. Remarkable gains were made in the Grand'Anse and Nippes departments, where all targeted TB health centers have adopted the DOTS strategy, but services still need to be expanded in the Artibonite, the second most crowded department, and also in the North West which is among the poorest. With USAID funds resources, CARE will continue to strengthen and expand the DOTS strategy in these four targeted departments and will offer integrated HIV/Tuberculosis testing and palliative care.

ACTIVITIES AND EXPECTED RESULTS:

CARE will carry out activities in this program area:

Activity 1: Linking of TB DOTS clinics with CT services: This involves provision of prophylaxis for TB to HIV infected individuals in a palliative care setting. 52 CT health facilities in the Grand'Anse (19), North West (17), Upper Artibonite (8) and Nippes (8) Regional Departments will be linked to the TB DOTS network of clinics so that proper referral will take place to offer preventive and curative treatment TB services to 600 HIV infected clients according to national and international standards.

Improved identification of TB cases:

Continue surveillance systems at all Diagnosis and Treatment Centers (CDT).

Monitor changes in detection rates with health service providers at quarterly meetings; ensure adoption of necessary corrective measures.

Ensure proper transport of mucus specimens/smears to CDTs and test results back to Treatment Centers (CTs).

Identify and refer suspect cases.

Activity 2: Community Mobilization Participation:

Funds will be also used to implement information, education and communication / community coalition care (IEC/CCC)

IEC sessions for non-health care professionals (e.g. journalists, policeman etc.).

Monthly radio programs in 28 stations.(Grand'Anse 7- North West 8, Artibonite 9 Nippes 4) 200 awareness sessions in schools or youth clubs.

Quarterly meeting per department with 400 voluntary treatment peer supporters to update information and ensure follow-up.

24 Information/awareness raising sessions in addition of the International TB day.

Activity 3: Quality Assurance and Supportive Supervision:

Special attention will be given to supervisory visits to ensure they are used as opportunities for training and quality control.

416 supervisory visits at DOTS institutions

Activity 4: Training:

This activity is designed to strengthen capacity of institutions and communities (at their respective levels) to provide counseling, detection and diagnosis, treatment and monitoring of TB cases. Specific trainings include:
 20 additional health providers will be trained in TB/HIV integration prophylaxis IEC training (3 days) for 100 providers in Nippes and North West Departments; training of 10 additional lab technicians to perform screening HIV/TB tests; continued training sessions for 800 members of community volunteer's network; and TB/HIV management training for 21 field staff in Artibonite and North West Departments.

Added February 2008: The funding mechanism that USAID Haiti planned to use for both CRS and CARE community activities (Palliative Care: HBHC and OVC for both and TB/HIV for CARE) were the Title II agreements. When the proposals came in for the Title II program this year, CRS and CARE formed a consortium on one proposal, with CRS as the prime partner and CARE as the sub-partner. Thus, the CARE activities are being reprogrammed to CRS and CARE will be a sub-partner to CRS.

Continued Associated Activity Information

Activity ID: 3933
USG Agency: U.S. Agency for International Development
Prime Partner: CARE USA
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 150,000.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	0	<input type="checkbox"/>
Number of HIV-infected clients given TB preventive therapy	0	<input type="checkbox"/>
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	0	<input type="checkbox"/>
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	0	<input type="checkbox"/>

Target Populations:

- Adults
- Orphans and vulnerable children
- People living with HIV/AIDS
- TB clients
- Children and youth (non-OVC)
- Laboratory workers
- Other Health Care Workers

Coverage Areas

Artibonite

Grand-Anse

Nord-Ouest

Nippes

Table 3.3.07: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: International Child Care
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 9286
Planned Funds: \$ 910,000.00

Activity Narrative: Linked to Activities 9264, 9676, 9675.

SUMMARY: The project activities are carried out to promote and introduce the Tuberculosis (TB)/VIH integration activities in the network of the TB clinics. The emphasis areas are: Strategic Information management, training, human resources, infrastructure, development of network, linkages/referral systems, community mobilization/participation, policy and guidelines, quality assurance, quality improvement and supportive supervision. Primary target population includes TB patients, people leaving with HIV/AIDS, co-infected patients. The activities are developed through five departments of the country: 15 clinics in 13 communes of the North Regional Department, 15 clinics in six communes of the South Regional Department, 5 clinics in four communes of the South-East Regional Department, 10 clinics in 5 communes of Central Regional Department and 25 clinics in 10 communes of the West Regional Department. With FY 07 funding, 20 new clinics of the 5 other departments will join this network to place it at 90 units.

BACKGROUND: An estimated 20% of TB patients in Haiti are co-infected with HIV. Appropriate care can be easily provided to those target people already enrolled to health care in the TB clinics. International Child Care (ICC) started with the Centers for Disease Control and Prevention (CDC)'s technical and financial support in October 2005 a five years project aimed to ensure that more TB patients are receiving appropriate HIV screening and care, and at the same time that more HIV positive patients are being screened and treated for TB. The management of TB/HIV co-infected patient is introduced in 35 stand alone TB clinics and reinforced in 35 other sites with TB and voluntary counseling and testing (VCT) activities of which 19 are providing anti-retrovirals (ARVs). A TB-HIV integration committee joining together staff of the public sector and the main partners of the TB and the HIV/AIDS programs has been established at the central and departmental levels. A mixed mobile team strategy to monitor at regional level quality assurance and quality control has been also implemented. The accompagnateurs of the TB patients will also be oriented to assist the co-infected patients eligible to ARV.

ACTIVITY AND EXPECTED RESULTS: Activity 1: ICC will strengthen the capacity of selected TB clinics with high patient loads by training of services providers, maintaining a continuous supply of drugs, lab equipment and materials so better clinical services can be provided as well as psychosocial counseling of the co-infected TB patients. The ARV therapy will be provided through the network of USG-support ARV sites. Using the results of the needs assessment survey realized in 2006, the TB clinics will be equipped with basic material and supplies for the providing of the basic health care and support. The health personnel at the intermediate level have been already trained in the different aspects of the TB-HIV program integration.

Activity 2: A disease surveillance system for TB/HIV integrated services will be implemented at 35 TB Directly Observed Therapy (DOTS) clinics with the use of TB data collection tools and the installation of the TB database used by the National Program. The TB/HIV surveillance tools implemented by ICC in five regional departments will be introduced in 8 other TB clinics with the highest patient load in the 5 other regional departments. ICC will establish and maintain close coordination among the MOH Health Directorates in all 10 departments to ensure communication and collaboration.

Activity 3: Primary or secondary prevention of opportunistic infections in HIV/TB patients by isoniazid (INH) and Cotrimoxazole chemoprophylaxis, regular sensibilisation, promotion and provision of an hygiene kit containing condoms, water purifier, mosquito-net. This activity is intended to provide a better quality of life to the co-infected patients.

Activity 4: Operational research on HIV sero-surveillance among TB patients, and study of the prevalence of MDR in TB/HIV patients will be implemented in coordination with the GHESKIO interventions and support at the Sigueneau Hospital in Port-au-Prince (see the GHESKIO TB/HIV activity.) Through the regular supervision visits, the Quality Assurance and the Quality Control (QA/QC) of the collected data will be insured. Annual report on those studies will be published.

Activity 5: Reinforcement of the monitoring/evaluation process by realizing: quarterly meeting with the care providers, supervision mission by mixed mobile team strategy, regular follow-up visit for quality assurance and quality control.

Activity 6: Support to the central and regional departmental coordination committees of the National TB Program to assist in the review of norms and treatment algorithms. ICC will assist the MOH effort to establish national norms for the management of TB/HIV co-infection.

208 Coinfected patients will receive TB treatment and ARV treatment
11,600 TB patients tested for HIV

Continued Associated Activity Information

Activity ID: 5301
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: International Child Care
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 375,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Infrastructure	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	15	<input type="checkbox"/>
Number of HIV-infected clients given TB preventive therapy	2,028	<input type="checkbox"/>
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	2,600	<input type="checkbox"/>
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)		<input checked="" type="checkbox"/>

Target Populations:

People living with HIV/AIDS
TB clients

Key Legislative Issues

Wrap Arounds

Other

Coverage Areas:

National

Table 3.3.07: Activities by Funding Mechanism

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:	GHAI
Program Area:	Palliative Care: TB/HIV
Budget Code:	HVTB
Program Area Code:	07
Activity ID:	9672
Planned Funds:	\$ 500,000.00
Activity Narrative:	Linked to Activities 9282, 9283, 9675.

SUMMARY: Activities listed below focus on building the capacity of public tuberculosis (TB) institutions providing counseling and testing services (CT) to offer antiretroviral therapy (ART) and also the capacity to treat and care for patients with multi-drug resistant (MDR) TB. Siguenau is a public, stand-alone TB hospital located in West Regional Department that provides CT services with support from the Global Fund. This hospital is ideally located to serve as a referral center for HIV-infected patients with TB requiring ART 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 found that up to 50% of their TB patients are also HIV infected. GHESKIO also found that in Port au Prince, up to 10% of HIV-positive patients may develop MDRTB. The West Regional Department is the most populated region and has the highest prevalence of TB and HIV in the country. At present in Haiti only GHESKIO offers the complete laboratory diagnosis for TB including MDRTB, and only the Partners In Health (PIH) clinic in Cange offers care for patients with MDRTB. Strategies to diagnose and manage TB/HIV co-infection are integral part of the National HIV/AIDS Strategic Plan.

ACTIVITES AND EXPECTED RESULTS: Activity 1: GHESKIO will strengthen Siguenau Hospital's capacity to offer ARV services. A team consisting of one doctor, two nurses, a pharmacist, a social worker, a laboratory technician and two field workers will maintain the activities.

Activity 2: GHESKIO will continue to coordinate all activities between the Siguenau Hospital and the stand-alone TB clinics. Healthcare providers from other stand alone TB centers will be referred to Siguenau for training in the management of TB/HIV co-infection and identification and referral of MDRTB.

Activity 3: GHESKIO will provide the necessary reagents and supplies to diagnose MDRTB for patients who fail conventional TB therapy.

Activity 4: GHESKIO will build Siguenau Hospital's capacity to become a specialized center providing care to patients with MDRTB. Two GHESKIO clinicians were recently trained at the New York City Health Department in the management of patients with MDRTB. They will work with the MOH staff at the Siguenau Hospital to establish this capacity there.

Activity 5: GHESKIO TB specialists will participate in the MOH effort to establish national guidelines for the management of TB/HIV co-infection.

Emphasis Areas**% Of Effort**

Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Infrastructure	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets**Target****Target Value****Not Applicable**

Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	1	<input type="checkbox"/>
Number of HIV-infected clients given TB preventive therapy		<input checked="" type="checkbox"/>
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	120	<input type="checkbox"/>
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	50	<input type="checkbox"/>

Target Populations:

Adults
 Most at risk populations
 Orphans and vulnerable children
 People living with HIV/AIDS
 TB clients
 Children and youth (non-OVC)
 Caregivers (of OVC and PLWHAs)
 Public health care workers

Coverage Areas

Ouest

Table 3.3.07: Activities by Funding Mechanism

Mechanism: PIH
Prime Partner: Partners in Health
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 9673
Planned Funds: \$ 450,000.00

Activity Narrative: Linked to Activities 9672, 9675.

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 activities described below are carried out to strengthen and expand the capacity of PIH and its local partner organization Zanmi Lasante (ZL), to perform TB cultures for HIV-positive patients, and ultimately to prevent and treat TB infection. TB prevention and treatment activities will be conducted within PIH/ZL's "four pillars" model for implementing a comprehensive HIV program in the context of primary care, which involves: HIV prevention and care, including voluntary counseling and testing (VCT); Identification and treatment of TB and other opportunistic infections (OIs); sexually transmitted infection (STI) detection and treatment; and women's health and prevention of mother-to-child transmission (PMTCT) services.

BACKGROUND: PIH/ZL's TB prevention and treatment activities date back to the work of community health workers (CHWs) 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 have now been fully integrated into the comprehensive HIV prevention and treatment program started by PIH/ZL in 1998; expanded in late 2002 through the public sector in partnership with the Haitian Ministry of Public Health and Population (MOH) and with funds from the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund); and further expanded to Hinche, Cerca La Source, Petite Rivière and St. Marc with the support of PEPFAR in FY05 and FY06. Since 2004 the program has been a collaborative between these four important partners—PIH/ZL, MOH, Global Fund, and President's Emergency Plan for AIDS Relief (PEPFAR)—and since 2005 work in the Artibonite region has been strengthened by involving several new nongovernmental (NGO) local partners. PIH/ZL is committed to a long-term partnership with the MOH, and in all of the activities described; PIH/ZL is dedicated to strengthening the public sector by training local staff, including MOH workers.

ACTIVITIES AND EXPECTED RESULTS: Activity 1: PIH/ZL will provide services to detect, treat, and prevent TB among the HIV-infected individuals served by its nine 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 prevent, detect and treat TB/HIV co-infection will be essential to the success of our patients. Additional clinical human resources supported by this funding (including two doctors, 12 nurses and three pharmacy staff) 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 infrastructure required for TB prophylaxis, detection and treatment at each of PIH/ZL's nine sites.

Activity 2: PIH/ZL will train providers in the prevention and/or treatment of TB for HIV-infected individuals. All clinicians and accompagnateurs will receive training on the management of TB/HIV co-infection in regularly held meetings. Moreover, selected clinicians and community health workers from all PIH/ZL sites will participate in more formal classroom-based trainings and clinical and community-based practicum that address TB identification, treatment and prophylaxis strategies for HIV-infected individuals.

Activity 3: PIH/ZL will provide HIV counseling and testing services to all TB patients at its nine sites and will provide TB prophylaxis to all eligible HIV positive patients.

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-positive individuals.

1800 TB patients tested for HIV

Emphasis Areas

	% Of Effort
Commodity Procurement	10 - 50
Human Resources	10 - 50
Infrastructure	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	9	<input type="checkbox"/>
Number of HIV-infected clients given TB preventive therapy	75	<input type="checkbox"/>
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	145	<input type="checkbox"/>
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	1,377	<input type="checkbox"/>

Target Populations:

Adults
 Doctors
 Nurses
 Orphans and vulnerable children
 People living with HIV/AIDS
 TB clients
 Children and youth (non-OVC)
 Other MOH staff (excluding NACP staff and health care workers described below)
 Other Health Care Worker
 Doctors
 Nurses
 Other Health Care Workers

Coverage Areas

Artibonite
 Centre

Table 3.3.07: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Partnership for Supply Chain Management
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 9675
Planned Funds: \$ 400,000.00

Activity Narrative: SUMMARY: This activity will guarantee the availability of purified protein derivative (PPD) tests and other laboratory related supplies to test 60,000 individuals for Tuberculosis (TB). Laboratory commodities needed for this activity include PPD test kits for TB testing and general supplies to carry out these tests. The primary emphasis area for this activity is commodity procurement. The specific target population is People living with HIV/AIDS (PLWHA) detected through Counseling and Testing (CT) and Prevention of Mother To Child Transmission (PMTCT) services. This activity will be carried out at all sites providing these services.

BACKGROUND: This project is part of a new initiative started in FY 2006 with the President's Emergency Plan for AIDS Relief (PEPFAR) funding, covering fifteen focus countries and, so far, three additional countries. Haiti is one of the first countries to have a fully-established PFSCM office. The activities are designed to assist the Haitian Ministry of Health (MOH) in reaching the national palliative care and support objectives. The aim is to provide an uninterrupted supply of TB tests and related supplies for the sites.

Through September 2008, the United States Government (USG) expects to provide palliative clinical care to 100,000 PLWHAs. This care will include TB prophylaxis with isoniazid (INH) according to the national norms. PPD tests are critical to detect those individuals who are eligible to receive INH prophylaxis. The USG expects to test 60% (60,000) of the total of PLWHAs (100,000) enrolled in clinical care. PFSCM will be responsible for the procurement and distribution of these tests and related supplies to all counseling and testing (CT), palliative care and PMTCT sites.

ACTIVITES AND EXPECTED RESULTS: Activity 1: PFSCM will purchase PPD tests and related supplies to test 60,000 PLWHAs. In addition, PFSCM will be responsible for ensuring appropriate storage of the test kits and for the distribution of the tests to the different sites. The storage and distribution system for these tests will be integrated with existing systems for storage and distribution of all other PEPFAR-related supplies and commodities.

Activity 2: PFSCM will work with different stakeholders, particularly the MOH and partners involved in providing clinical based services (CT, PMTCT, Palliative care), to assess and quantify the needs for each of these sites.

Activity 3: PFSCM will link the distribution of tests to lab infrastructure activities and training and quality assurance/quality improvement (QA/QI) of the National Network of Labs to ensure that each site has the capacity to store the commodities and perform the PPD testing.

Emphasis Areas

	% Of Effort
Commodity Procurement	10 - 50
Needs Assessment	10 - 50

Targets

Target

Target Value

Not Applicable

Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting

Number of HIV-infected clients given TB preventive therapy

Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease

Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)

Target Populations:

People living with HIV/AIDS

TB clients

HIV positive children (5 - 14 years)

Coverage Areas:

National

Table 3.3.07: Activities by Funding Mechanism

Mechanism:	Basic Health Services
Prime Partner:	Management Sciences for Health
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Palliative Care: TB/HIV
Budget Code:	HVTB
Program Area Code:	07
Activity ID:	9676
Planned Funds:	\$ 100,000.00
Activity Narrative:	Linked to Activities 9264, 9286, 9675.

SUMMARY: The primary emphasis for these activities is the training of the tuberculosis (TB) clinical services providers in HIV/AIDS, the training of the counseling and testing (CT) clinical personnel in TB, in quality assurance and control (QA/QC) at TB and CT sites. Specific target populations include physicians, nurses, laboratory technologists, auxiliary nurses and field agents. The activities will be carried out in eleven facilities located in the North East, North and West Regional Departments.

This project is part of a larger initiative begun in 1989 through a partnership between the Centers for Development and Health (CDS) and the Ministry of Health (MOH) according to which CDS directly managed infrastructures and personnel provided by MOH. In 1994 CDS signed a subcontract with MOH in order to supervise TB activities in the whole North East Department. The CDS TB activities were funded through the USAID NGO umbrella contract with Management Sciences for Health (MSH) and by the Global Fund. TB/HIV integration started in six facilities in the Northeast Department in 2006 under the CDS project funded by PEPFAR. Although the USAID contract with MSH will end in September 2007, steps have already been taken to put in place a follow-on program that will be operational by mid 2007, and FY 2007 PEPFAR funding will be put into this mechanism to continue support to CDS. A new USAID contractor will have been identified by that time through which resources to support CDS TB/HIV activities will be channeled.

These activities are part of the MOH strategic plan. Consequently the North East, the North and the West Regional Departmental directorates will play a key role in the supervision process.

ACTIVITIES AND EXPECTED RESULTS

ACTIVITY 1: The first activity is to provide comprehensive counseling and testing through the existing TB clinics and to integrate the CT and tuberculosis services where those programs already exist. Integration is already effective at six facilities where patients seen for TB are also counseled to be screened for HIV/AIDS. It is also the case for HIV patients. HIV patients are screened for TB using PPD (Protein Purified Derivative). Patients with symptoms such as cough, fever, sweating, etc, are screened for TB through sputum smear and treated for TB, as appropriate and necessary. Six months of preventive isoniazid (INH) will be administered to HIV patients with positive PPD tests. TBD will train both HIV and TB services providers, building renovation in order to provide adequate pretest and post-test counseling, to equipping XX facilities, and training central and regional supervisory staff to ensure a minimum quality standard for the services.

ACTIVIY 2: CDS will reinforce the referral network between Diagnostic and Treatment Center (CDT) and Treatment Post (PT). TB will be treated at the PT level while diagnosis by sputum analysis is taken place at the CDT. TB patients will be seen once a week or every two weeks by the CDT counselor depending on the number of patients diagnosed for TB.

ACTIVITY 3: CDS will train staff of 11 sites to diagnose HIV among TB patients using HIV rapid test kits. TBD will build the capacity of 11 sites by training staff to meet the increasing need for counseling services among TB patients.

Emphasis Areas

Training

% Of Effort

10 - 50

Targets**Target****Target Value****Not Applicable**

Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting

11

Number of HIV-infected clients given TB preventive therapy

428

Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease

286

Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)

11

Target Populations:

TB clients

Private health care workers

Coverage Areas

Nord

Nord-Est

Ouest

Table 3.3.07: Activities by Funding Mechanism

Mechanism: National Lab Mechanism
Prime Partner: Ministre de la Sante Publique et Population, Haiti
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 12374
Planned Funds: \$ 300,000.00
Activity Narrative: TB diagnosis that need to be filled in. The NPHL wishes to use the funding from FY 07 to rapidly strengthen the quality assurance program for AFB smear microscopy in Haiti.

ACTIVITES AND EXPECTED RESULTS:

Activity 1: NPHL will establish internal quality control to be used in the 184 centers for diagnosis and treatment that constitute the TB laboratory network. These will include but not limited to USG-supported ARV laboratories at departmental hospitals, palliative care laboratories and TB laboratories. QC helps to ensure that the results produced by a laboratory are accurate, reliable, and reproducible and that the data that are sent to the central level for analysis by the Coordination Unit of TB and HIV programs are reliable. These QC activities include laboratory arrangement and administration, bio-safety, laboratory reporting forms, staining reagents, and smear examination,. NPHL lab staff will organize a QA/QC workshop for TB lab staff to reinforce their knowledge on internal QC and prepare for the national External Quality Assessment program for TB microscopy. .

Activity 2: The NPHL will establish the national EQA program for TB direct smear diagnosis to help laboratories identify errors and improve good laboratory practice in order to achieve for better performance. Three methods will be used to evaluate laboratory performance. They include onsite evaluation, panel testing and blinded slide rechecking.

Onsite evaluation: NPHL staff will visit and evaluate 100 laboratories (ARV, palliative care, and TB labs) that perform AFB direct smear microscopy both public and private sectors once a year. During such visit, the internal QA of TB laboratories will be evaluated, and corrected recommendations and trouble-shootings will be provided by expert TB NPHL lab staff. NPHL will be proactive in this activity to provide onsite evaluation to larger number of TB laboratories and focusing on the internal QA.

Panel Testing:. NPHL will send out a panel of stained and/or unstained slides to 100 peripheral sites countrywide at least once a year for reading and interpretation. The panel will consist of at least 10 TB slides with different degree of TB grading. The panel slides will be procured in the first year of activity with the vision that the NPHL will make their own panels when the TB laboratory at the NPHL is fully operated.

Blinded slide rechecking and training; NPHL will continue both activities through the support from the Global Fund and ICC. NPHL does not require funding from PEPFAR to support these activities.

:Activity 3: The NPHL will procure 1 vehicle, and lab equipment and supplies necessary for the QA TB program.

Activity 4: The NPHL will hire essential staff, including three lab techs, QA/QC manager, a program assistant, and drivers.

Emphasis Areas

Infrastructure

% Of Effort

10 - 50

Target Populations:

Laboratory workers
Other Health Care Workers

Coverage Areas:

National

Table 3.3.07: Activities by Funding Mechanism

Mechanism:	National Plan Mechanism
Prime Partner:	Ministre de la Sante Publique et Population, Haiti
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Palliative Care: TB/HIV
Budget Code:	HVTB
Program Area Code:	07
Activity ID:	12376
Planned Funds:	\$ 300,000.00
Activity Narrative:	<p>SUMMARY: The Ministry of Health (MOH) is the primary 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 a University Hospital. With support from the President's Emergency Plan for AIDS Relief (PEPFAR), counseling and testing (CT) services, care and treatment services, including TB/HIV have been implemented at numerous public facilities. The challenge has been to reinforce infrastructure, equipment and human capacity to provide quality services at these facilities. The MOH network was able to enroll approximately 3,000 HIV-positive patients in palliative care programs as of June 2006. Most of the public sites lack equipment and materials to perform chest XRays for TB diagnosis. Support is needed to make available this diagnosis capacity at some of the major public sites (about 20) in order to enhance TB/HIV services. This effort will be integrated in existing effort to reinforce human capacity, infrastructure, lab and logistic to expand HIV services at these sites.</p>

BACKGROUND: This year, the TB/HIV program has been producing excellent results. Based on MOH norms and policies, most of the CT, care and treatment centers have been capacitated to perform TB screening and diagnosis with PPD test sputum smear and to provide INH prophylaxis. In addition, HIV testing and palliative care services have been fully implemented in at least 7 major TB clinics in the metropolitan area. These services are being expanded to 25 other TB clinics this year. The TB/HIV program is based on the TB/DOTs program which is essentially be based on sputum smear for TB diagnosis. Based on national norms, it's critical to make available the capacity to perform chest Xray for TB diagnosis in the context of HIV/AIDS. The USG will use part of the PEPFAR resources to provide at least 20 major public institutions with necessary equipment and materials for chest Xray thru the MOH.

ACTIVITIES AND EXPECTED RESULTS:

Activity 1: The MOH will perform a needs assessment at the major public sites to make available and operational chest Xray equipment. This assessment will evaluate the needs for equipment, related commodities and materials as well as human resources capacity and operational costs

Activity 2 : Based on needs assessment, the MOH will procure and distribute necessary equipment and materials to at least 20 sites. Resources to support operational costs to provide training and ensure QA/QI and maintenance of the equipment will be provided to maintain quality of chest XRay.

Activity 3: The MOH will establish a referral system between the sites with XRay capacity and peripheral sites at each department to ensure that all eligible patients get access to this diagnosis capacity within the department.

Table 3.3.07: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Catholic Relief Services
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 19299
Planned Funds: \$ 250,000.00

Activity Narrative: SUMMARY: CARE International receives support from the USAID bilateral health program to support the National TB Control program and, with PEPFAR FY 05 and 06 funds, has integrated HIV/TB interventions into this network in the Grand'Anse, NorthWest, Artibonite and Nippes Regional Departments. FY 07 funds are planned for the expansion and scale-up of services and will address these overall objectives: 1) Increase integration in 16 Directly Observed Therapy (DOTS) clinics in 4 departments with HIV Counseling and Testing (CT) and referral of all positive patients to anti-retroviral treatment (ART) sites for further care and treatments 2) Increase to 52 the number of DOTS clinics in 4 departments and link them to the TB/HIV network 3) Improve health professionals skills in HIV/TB to provide clinical prophylaxis and or treatment for TB/HIV infected individuals according to the national and international standards.4) Assure jointly supervision and Quality Assurance / Quality Control (QA/QC) through mobile coordinating teams. Specific target populations include: 600 HIV-infected clients attending HIV care or treatment. BACKGROUND: CARE has the institutional capacity to adequately support communities within its working area through an integrated approach which strengthen existing as well as newly created community networks. In addition CARE has been one of the leading private voluntary organizations (PVOs) providing supports to strengthen and expand the DOTS strategy in 4 departments: Grand'Anse, Nippes, Artibonite and North West, using both United States Agency for International Development (USAID) central funds and PEPFAR resources. Remarkable gains were made in the Grand'Anse and Nippes departments, where all targeted TB health centers have adopted the DOTS strategy, but services still need to be expanded in the Artibonite, the second most crowded department, and also in the North West which is among the poorest. With USAID funds resources, CARE will continue to strengthen and expand the DOTS strategy in these four targeted departments and will offer integrated HIV/Tuberculosis testing and palliative care. ACTIVITIES AND EXPECTED RESULTS: CARE will carry out activities in this program area: Activity 1: Linking of TB DOTS clinics with CT services: This involves provision of prophylaxis for TB to HIV infected individuals in a palliative care setting. 52 CT health facilities in the Grand'Anse (19), North West (17), Upper Artibonite (8) and Nippes (8) Regional Departments will be linked to the TB DOTS network of clinics so that proper referral will take place to offer preventive and curative treatment TB services to 600 HIV infected clients according to national and international standards. Improved identification of TB cases: Continue surveillance systems at all Diagnosis and Treatment Centers (CDT). Monitor changes in detection rates with health service providers at quarterly meetings; ensure adoption of necessary corrective measures. Ensure proper transport of mucus specimens/smears to CDTs and test results back to Treatment Centers (CTs). Identify and refer suspect cases. Activity 2: Community Mobilization Participation: Funds will be also used to implement information, education and communication / community coalition care (IEC/CCC) IEC sessions for non-health care professionals (e.g. journalists, policeman etc.). Monthly radio programs in 28 stations.(Grand'Anse 7- North West 8, Artibonite 9 Nippes 4) 200 awareness sessions in schools or youth clubs. Quarterly meeting per department with 400 voluntary treatment peer supporters to update information and ensure follow-up. 24 Information/awareness raising sessions in addition of the International TB day. Activity 3: Quality Assurance and Supportive Supervision: Special attention will be given to supervisory visits to ensure they are used as opportunities for training and quality control. 416 supervisory visits at DOTS institutions Activity 4: Training: This activity is designed to strengthen capacity of institutions and communities (at their respective levels) to provide counseling, detection and diagnosis, treatment and monitoring of TB cases. Specific trainings include: 20 additional health providers will be trained in TB/HIV integration prophylaxis IEC training (3 days) for 100 providers in Nippes and North West Departments; training of 10 additional lab technicians to perform screening HIV/TB tests; continued training sessions for 800 members of community volunteer's network; and TB/HIV management training for 21 field staff in Artibonite and North West Departments.

Targets

Target	Target Value	Not Applicable
Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	52	<input type="checkbox"/>
Number of HIV-infected clients given TB preventive therapy	850	<input type="checkbox"/>
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	600	<input type="checkbox"/>
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	52	<input type="checkbox"/>

Table 3.3.08: Program Planning Overview

Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08

Total Planned Funding for Program Area: \$ 7,539,070.00

Program Area Context:

Poverty and socio-economic hardship have made a significant number of children vulnerable to HIV/AIDS in Haiti, a country with the highest HIV seroprevalence in the region and where 40% of the population is aged less than 15 years. According to the latest Demographic and Health Survey (DHS), 21% of children under 18 years are either orphans or vulnerable children (OVC) and of those an estimated 200,000 to 300,000 are orphaned due to HIV/AIDS. In FY 2004 only one organization, an orphanage, received Track 1 funding for OVC activities. In FY 2005, the USG Team engaged additional partners in OVC activities focused on community-based interventions rather than orphanages and other institutions. These activities included support to foster parents and a package of services for OVC of educational, nutritional, and psychosocial support. For FY 2006 an even larger number of partners are involved in community-based OVC activities, creating a need for better coordination between partners, networking opportunities and a mapping exercise to identify gaps in OVC services.

In FY 2007, the USG Team will expand support to pediatric AIDS clinics and nongovernmental organizations (NGOs) working with OVC to provide a complete package of educational, nutritional, psychosocial and medical care, including antiretroviral (ARV) treatment. [See discussion of pediatric ARV services under anti-retroviral (ARV) Services Program.] Health personnel will be trained in pediatric HIV/AIDS and the necessary lab equipment and training for pediatric testing will be provided to build the capacity of the regional departmental hospitals in Cape Haitian and Cayes to provide basic palliative care and follow-up for HIV positive babies and children. The USG Team currently supports two sites in the Center Regional Department, in Cange (with Partners In Health - PIH) and Mirebalais (with Management and Resources for Community Health - MARCH), and one at Fonds des Negres in the Nippes Department (with Catholic Relief Services - CRS AIDS Relief) to deliver palliative care for children with HIV/AIDS. Support for the pediatric AIDS sites will be coordinated with United Nations Children's Fund (UNICEF), who provides opportunistic infection (OI) drugs for children with HIV/AIDS while the USG provides ARV drugs. With this leveraged support, in FY 2007, the USG Team will expand pediatric palliative care services to five of Haiti's 10 regional departments.

In FY 2007, the USG Team will address several legal issues related to OVC, such as inheritance rights for orphans, HIV testing of HIV/AIDS orphans, protection against stigma and discrimination, and formalizing the responsibilities of those with guardianship of HIV/AIDS orphans. The USG Team works in close collaboration with UNICEF, the Ministry of Social Affairs and the Ministry of Health (MOH) which took an important step by organizing a National Forum in June 2006 on children orphaned or made vulnerable by HIV/AIDS where all stakeholders participated. Gender inequalities will be addressed by providing access to education and vocational training to young girls and support will be provided to efforts to uphold the right to a birth certificate, which are not given automatically at birth as 75% of births in Haiti take place at home.

For FY 2007, the USG Team will expand its support for OVC to cover all 10 regional departments, with a selection of partners that ensures coverage while avoiding overlap. The USG will encourage strong coordination between all the partners across the departments to ensure common approaches and sharing of experiences and skills to establish a national program in support of the Ministry of Health. These are the same partners that will also be supported by the USG to carry out community based palliative care in each regional department, to ensure maximum integration of AIDS activities at the community level. The North East Regional Department, currently the department with the fewest OVC services and no sites delivering either pediatric or adult AIDS services, will receive special attention in FY 2007. In FY 2006 the USG Team is providing funding for TB/HIV activities and support for the opening of an HIV/AIDS care and treatment site in the Fort Liberte regional hospital. The location of this regional department at the Haiti/Dominican Republic border puts children in the department at increased risk for trafficking and prostitution.

To expand the number of OVC identified and served, the USG Team will work to strengthen linkages

between NGOs involved in OVC activities and the organizations and institutions where OVC can be found: associations of people living with HIV/AIDS (PLWHAs), prevention of mother-to-child HIV transmission (PMTCT) sites and health centers delivering pediatric ART. Efforts will be made to ensure that every child born of a seropositive mother identified through a PMTCT site is enrolled in an OVC program and followed closely for the first few years of its life, to address the extreme vulnerability of these children to malnourishment, illness and death. Basic child survival interventions for under-five OVC, following the OGAC/PEPFAR Preventive Package of Care for Children 0-14 will be applied in all programs, recognizing the mortality risk of all children born to HIV-positive women, even those who escape mother to child transmission, especially in a country with high infant and under-five mortality rates. Identified infants from PMTCT programs will be provided a continuum of services which includes educating mothers on infant feeding options [see Infant and Youth Child Feeding activity under the PMTCT program area for education of HIV positive mothers], linkages with health centers for comprehensive well child care, providing products for safe water use at household for the family, and bed nets. In addition, the USG Team will support HIV screening of older siblings in the household.

The USG Team will strengthen linkages to micro-credit activities for families or care takers of OVC in increase income generation potential for poor families. For children beyond age 5 years, the USG Team will increase support for improving access to education leading to completion of primary education and completion of vocational training for adolescents to help foster self-sufficiency.

Food insecurity is a major problem in Haiti. The USG Team has been working closely with Title II PL 480 partners to address the issue of food support to PLWHA including children and also with the World Food Program (WFP). The WFP is providing substantial food support to HIV and TB patients as well as OVCs; nevertheless their capacity to respond to the overwhelming demand is limited. For FY 2007, the USG Team is seeking opportunities to increase local production of suitable and appropriate fortified foods for PLWHA. Partners like PIH/Zanmi La Santé are experiencing good results with the use of a food supplement, Akamil, in their patient population. The USG Team will work with a local NGO that is developing local production capacity of a peanut-based food, under the local name of Medika Mamba. Access to adequate, fortified food for pediatric AIDS patients will greatly improve the outcome of and adherence to ART.

A new activity will be initiated in FY 2007 to address the issue of street children, a particularly vulnerable population to HIV/AIDS through sexual exploitation. In addressing this population, the USG Team will collaborate closely with UNICEF and a number of faith-based organizations (FBOs) that have identified HIV infected street youth to provide access to medical care, education, vocational training and HIV services such as ARV as appropriate.

Program Area Target:

Number of OVC served by OVC programs	45,000
Number of providers/caregivers trained in caring for OVC	8,474

Table 3.3.08: Activities by Funding Mechanism

Mechanism: Track 1 OVC: Support to OVC Affected by HIV/AIDS
Prime Partner: Catholic Relief Services
USG Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 8156
Planned Funds: \$ 0.00

Activity Narrative: SUMMARY: During FY07, the CRS OVC Team will partner with Bethel Clinic in Fond des Negres to strengthen and develop appropriate, effective, and sustainable community-based approaches to supporting children affected by HIV/AIDS through participatory learning and action. Efforts to enhance the managerial capacity of children safety net institutions (CSNI) will also be pursued to enable them to deliver better quality care, support and prevention activities for OVC and their families. Through this activity, youth aged 15-18 years will have increased access to quality vocational/professional training. OVC housed in children's shelters in the West, South, South East and Grande Anse Regional Departments will be reached as well as OVC living in households throughout the Nippes Regional Department. OVC will benefit from a comprehensive intervention package, including nutritional support (Title II resources for institutionalized OVC, and funding for food security will be sought for children living in households throughout the Nippes communities); educational opportunities for out-of-school youth aged 15-18; an economic strengthening program including vegetable gardens and other small enterprises for families/caregivers; and psychosocial support for OVC, families and caregivers.

BACKGROUND: The CRS OVC program has been working to improve the care and support offered to OVC in five regional departments since 2004 with PEPFAR and USG Title II resources. To date, the program has reached nearly 8,000 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 more than 30 years experience delivering child safety net and OVC programs in Haiti. During FY06, CRS has begun to develop some experience in community-based OVC support. CRS, with the Ministry 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 FY07, CRS supported OVC will benefit from expanded HIV pediatric care and support.

ACTIVITIES AND EXPECTED RESULTS:

Activity 1: CRS will provide psychosocial support to OVC 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, as well as from community outreach programs throughout the Nippes. OVC families and caregivers will receive training to make them better equipped to assist and protect the children in their care, and OVC 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 kids clubs, OVC will benefit from life skills training and will participate in experiential learning camps once or twice a year.

Activity 2: CRS will provide youth aged 15-18 years scholarships to attend a vocational/professional school. In addition, OVC from aged 8-18 years will be trained in HIV/AIDS prevention care, health, hygiene, nutrition and children's rights.

Activity 3: CRS will provide the caregivers of OVC basic training in small enterprise development and management. Caregivers will receive technical and financial assistance from CRS/OVC team to develop small income generating schemes, such as vegetable gardens, animal rearing, food transformation, and tailor shops. Activity 4: CRS will provide OVC with regular distributions of Title II food resources to ensure they have access to two balanced meals per day. Food for the highly vulnerable children living throughout the Nippes communities is not yet secured, however, efforts will be made to access the necessary funding in FY07. Funds raised in implementing income-generating activities, will also increase food access to families.

Emphasis Areas**% Of Effort**

Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Food/Nutrition	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets**Target****Target Value****Not Applicable**

Number of OVC served by OVC programs	5,000	<input type="checkbox"/>
Number of providers/caregivers trained in caring for OVC	2,800	<input type="checkbox"/>

Target Populations:

Orphans and vulnerable children
Caregivers (of OVC and PLWHAs)

Key Legislative Issues

Wrap Arounds
Food
Microfinance/Microcredit
Education
Increasing women's access to income and productive resources

Coverage Areas

Grand-Anse
Ouest
Sud
Sud-Est
Nippes

Table 3.3.08: Activities by Funding Mechanism

Mechanism: Track 1 OVC: Community-based Care of OVC
Prime Partner: World Concern
USG Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 8157
Planned Funds: \$ 1,214,070.00

Activity Narrative: SUMMARY: The Association of Evangelical Relief and Development Organizations (AERDO)'s HIV/AIDS Alliance ("the Alliance") will carry out activities to enable households, families, churches and communities to provide support to children orphaned or affected by HIV/AIDS. The Alliance 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, 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 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, North West, South, North, South East, Central, Nippes, Grande'Anse, Artibonite and North East.

BACKGROUND: This activity is expanding on the current PEPFAR-funded FY06 OVC activities carried out by the Alliance 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 WCDO, Christian Reformed World Relief Committee, Medical Ambassadors International, Operation Blessing, Salvation Army, World Hope International and World Relief. All are NGOs.

Female OVC are at greater risk for HIV infection because they are especially vulnerable to sexual exploitation. Sex for survival is not uncommon for female OVC, especially when they lack any financial support or are caring for younger siblings. The Alliance will seek to bolster the economic abilities of vulnerable OVC and caregivers through micro-credit, and activities will be monitored to ensure females are at least 50% of the beneficiaries. The problem of older men targeting young women also contributes to higher HIV incidence among young women within the age groups of 15 to 24 years. Enabling leaders to articulate values regarding care of OVC will address this exploitation.

ACTIVITIES AND EXPECTED RESULTS:

Activity 1. Strengthen 1,170 caregivers to support OVC, including 680 elderly caregivers. An inventory will be completed to identify the OVC households that will be included in the program; beneficiaries will include households with OVCs under five. An intensive two-day training in basic business skills will be given to 1,100 caregivers who will be selected based on an assessment of the individual caregiver's experience, ability and capacity to run a small business or income generating activity. Small startup capital will be provided for 385 households and/or community groups for sustainable income generation activities. Basic farming resources will be received by 1,000 caregivers who will also be trained 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. The Alliance will link VCT/PMTCT/ARV sites to OVC households, as well as accept referrals from these sites. Deworming medications and vitamin-A supplements will be given to 30,000 OVC and their family members. OVC will participate in immunization drives. Trained volunteers will teach 1,890 caregivers on the legal rights of OVC, including inheritance rights. Volunteers will also provide psychosocial care to 1,800 OVC.

Activity 2. The Alliance will recruit, mobilize and strengthen 180 new churches, FBOs and CBOs into the program, with continued care that areas are not double covered for OVC support. These local partners will be supported in the development and maintenance of their own OVC programs, through which 155 self sustaining programs will be established. These community-driven OVC programs will be encouraged to establish caregivers' care groups that will further strengthen caregivers supporting OVC. In addition, 1,600 OVC will receive nutritional support and 1,700 will receive mentoring from adult 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.

Activity 3. Increase the capacity of older children (ages 15 to 17) to meet their own needs. This will include training and mentoring 300 older OVC in animal husbandry and household farming. Additional economic activities centered on hand crafts will also be taught, with assistance in marketing the finished products.

Activity 4. Ensure access to vocational or formal education for OVC. This activity will be done in selected cases and based on need. The Alliance will work with local schools assisting 300 OVC to attend school.

Activity 5. Raise awareness among families, churches, communities and society in general to create an environment that enables support for OVC. The Alliance 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 3,300 leaders to share 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. This medium will raise awareness among 300,000 people, helping to transform the public perception of OVC. The Alliance will also establish preventative HIV education programs, where 1,900 children will receive prevention training.

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, preferably higher. 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 deworming medications valued at US\$12.87 per tab and vitamin-A supplements valued at US\$0.236 per tab so that OVC and their caregivers can receive these treatments to boost their nutrition. In total, the Alliance is providing a cost share of 37% for OVC activities.

These activities relate to the PEPFAR 2-7-10 goals by providing care and support to OVC and their households. In the past 12 months the Alliance helped to meet the needs of 10,078 OVC in Haiti.

Emphasis Areas

	% Of Effort
Community Mobilization/Participation	51 - 100
Food/Nutrition	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Needs Assessment	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	5,177	<input type="checkbox"/>
Number of providers/caregivers trained in caring for OVC	2,766	<input type="checkbox"/>

Target Populations:

Community leaders
Community-based organizations
Faith-based organizations
Orphans and vulnerable children
Volunteers
Caregivers (of OVC and PLWHAs)
Religious leaders

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs
Increasing women's access to income and productive resources
Stigma and discrimination
Food
Microfinance/Microcredit

Coverage Areas

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

Table 3.3.08: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: World Concern
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 9353
Planned Funds: \$ 625,000.00

Activity Narrative: Linked to Activities 9352, 10111, 8157, 10415.

SUMMARY: The proposed activities will enable households, families, churches and communities to support children orphaned or affected by HIV/AIDS. World Concern, working with the Association of Evangelical Relief and Development Organizations (AERDO) will work with partners in two departments, the North and West, to develop community-based support interventions which respond to OVC psychosocial needs, strengthen the economic coping ability of caregivers, link children and families to available health and social services, provide food contributions, and train caregivers and children in basic hygiene and disease prevention. Training sessions using curricula such as "Our Children" will serve to raise awareness of OVC issues, reduce stigma, and empower communities to support and nurture OVC. AERDO will partner with a Catholic organization, the Salesians, to support an existing street children program aimed at reducing risk behavior of street children, providing them with vocational training and facilitating access to HIV/AIDS services. The major emphasis area for this activity is community mobilization. The minor emphasis areas are training, linkages with other sectors and initiatives, needs assessment, quality assurance, strategic information, local organizational capacity development and food/nutrition. The target populations are OVC, caregivers (including people living with HIV/AIDS [PLWHA] caregivers), street children, faith-based organizations (FBOs), community-based organizations (CBOs), volunteers, community leaders and religious leaders. The coverage area is the West, and North departments.

BACKGROUND: This activity will expand on OVC activities carried out by AERDO in FY06 with the support of the President's Emergency Plan for AIDS Relief (PEPFAR). Each partner agency will work with the Ministry of Health (MOH) at the community level. World Concern Development Organization (WCDO) will also coordinate with the MOH at the national level. The following partners are implementing the program: WCDO, the Salvation Army, World Hope, Christian Reformed World Relief Committee, and the Foundation of Compassionate American Samaritans. All are Non-Governmental Organizations (NGOs).

AERDO will cover two important regional departments in terms of population size, HIV prevalence, and patient load. The West department, which includes Port-au-Prince, has 2 million inhabitants, about 40,000 patients enrolled in care, and some of Haiti's largest treatment facilities, including the University hospital and the Haitian Group for the Study of Kaposi's sarcoma and Opportunistic Infections (GHESKIO) network. The North includes Cap Haitien, Haiti's second largest city, with 2 million inhabitants and about 10,000 patients enrolled in care. While facility-based activities such as voluntary counseling and testing (VCT), prevention of mother-to-child transmission (PMTCT), palliative and anti-retroviral (ARV) have expanded rapidly in these two departments (59 sites in the West and 12 in the North), OVC services are extremely limited at most of the sites.

ACTIVITIES AND EXPECTED RESULTS: Activity 1: Identify the most appropriate churches, CBOs and PLWHA associations located around the PEPFAR-supported sites in the North and the West to work as local partners. These organizations, with mentoring by the AERDO technical staff, will visit the sites and make a joint assessment of the OVC situation at each site. The sites targeted in the West Department will include: GHESKIO, Hopital de l'UNiversité d'Etat (HUEH), Maternité Isaïe Jeanty, Hopital de Carrefour, Hopital Petits Frères et Soeurs, International Child Care (ICC), Institute of Infectious Disease & Reproductive Health (IMIS), Hopital Bernard Mews and Food for the Poor. In the North, Hopital Justinien, Centre La Fossette, Centre Fort St Michel, Hopital ST Jean Limbé, Hopital Grande Rivière du Nord et Hopital de Pignon will be targeted. The organizations expect to recruit at least 4,950 OVC. Each organization will make the necessary adjustments in terms of its physical setting and staffing level to establish service delivery points for OVC identified at the sites. Each organization will recruit a social worker to manage operations, organize delivery of services, and manage the information system. They will also use volunteers for service delivery. A core set of services will be provided by each collaborating partner, including: psychosocial support for the 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. These services may include day-care center or canteen for OVC, placement services for children without family care, and cooperative activities.

Activity 2: Provide contributions of food. Local churches, CBOs and FBOs will use local contributions to meet the identified OVC food needs to the extent possible. AERDO, with the World Food Program (WFP), will conduct dietary assessments to determine which OVC are most in need and explore ways to provide them with nutritional support.

Activity 3: Run an active home visit program. 300 trained volunteers or social workers visit 660 HIV-affected caregiver and child-headed households on a weekly basis to check on their status. AERDO will document the visits made, status of the OVC household, and any resulting interventions. 450 volunteers and 25 field staff will be trained in grief and trauma counseling to provide psychosocial care during the home visits to 3,300 OVC.

Activity 4: Identify and train 1,000 caregivers in basic business skills, basic hygiene and disease prevention. Community health issues such as prevention of HIV/AIDS, malaria and cholera; clean water; sanitation; 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.

Activity 5: Link children and families to essential health and social services where available, including microfinance support for creation of income generation activities and tie-ins to food assistance programs. Funding will be used to support fees for services and drugs when necessary. AERDO will link CT, PMTCT, and ARV sites to orphanages and OVC households through a community-based network. Mobile clinics in remote areas and rally posts will provide care and support to OVC. OVC will participate in immunization drives.

Activity 6: Partner with Salesian to support Lakay, a program for street children. This partnership will: (i) reinforce the training program and enhance the infrastructure for Salesian to better serve their current beneficiaries, (ii) strengthen the behavior change and risk reduction component of the curriculum, (iii) organize HIV/AIDS-oriented entertainment activities at the school facility and outside of school to reach street children not enrolled in school, (iv) establish a peer-training program for children to provide them with the necessary knowledge and skills to sensitize and educate their peers on HIV/AIDS issues, and (v) provide psycho-social, health-care and material support to a group of 59 HIV-positive children already enrolled by the Salesian. AERDO will link these children to collaborating ARV sites. AERDO will also ensure that agreements reached with food programs will cover the Salesian congregation.

Continued Associated Activity Information

Activity ID:	5411
USG Agency:	U.S. Agency for International Development
Prime Partner:	World Concern
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	\$ 505,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Food/Nutrition	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Needs Assessment	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	5,000	<input type="checkbox"/>
Number of providers/caregivers trained in caring for OVC	1,700	<input type="checkbox"/>

Target Populations:

Community leaders
Community-based organizations
Orphans and vulnerable children
Volunteers
Caregivers (of OVC and PLWHAs)
Religious leaders
Other Health Care Worker
Other Health Care Workers

Key Legislative Issues

Stigma and discrimination
Food
Increasing women's access to income and productive resources
Microfinance/Microcredit

Coverage Areas

Ouest
Nord

Table 3.3.08: Activities by Funding Mechanism

Mechanism: National Plan Mechanism
Prime Partner: Ministre de la Sante Publique et Population, Haiti
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 10415
Planned Funds: \$ 400,000.00

Activity Narrative: Linked to Activities 9308, 9314, 9309, 9313, 9311, 9310, 9312.

SUMMARY: This activity will enable a network of 20 public health hospitals, already providing other HIV/AIDS services, to identify HIV/AIDS Orphans and Vulnerable Children (OVC) and provide these children and their families with a range of psycho-social support and basic clinical services in the absence of, or as a complement to, more structured OVC community-based programs. This activity will address a captive population which is largely represented by children of adult HIV/AIDS patients already attending these facilities; however, it will also be open to beneficiaries coming from other settings. The selected hospitals are expected to enroll 10,000 adult HIV infected patients, three-fourths of whom, based on empirical evidence, have at least one minor dependant. A total of 8,000 OVC will be targeted across the 20 sites. The program will ensure that a more systematic approach is adopted to identify OVC whose parents are already enrolled in care and provide the children with regular clinic-based services such as well-child visits, immunizations, growth monitoring, vitamin supplements, and rapid HIV-testing for infants born to infected mothers. The program will also be enhanced by the fact that the facilities already have direct contact with the parents and provide them with psycho-social support and education on issues related to the health and well-being of the children. The major emphasis of this activity is refurbishing of pediatric wards, human resources, training and commodity procurement, especially supplies. The targets are: orphans and vulnerable children, HIV-positive infants and children, HIV/AIDS affected families, and caregivers of OVC.

BACKGROUND: Five of the approximately 20 public hospitals in Haiti are currently receiving support from the President's Emergency Plan For AIDS Relief (PEPFAR) to develop HIV CT, PMTCT, palliative care, and anti-retroviral (ARV) services. Although care, treatment, and support for adults are well-established at these facilities, care for children is practically non-existent. Three of these hospitals will provide pediatric treatment in FY06; however, the focus remains too narrow to address the broader needs of children rendered vulnerable by the illness of one or both of their parents. Despite the fact that these hospitals cater to a large HIV/AIDS population (3000 patients currently, and 10,000 by the end of September 2008), few efforts are being made to identify and provide to the vulnerable children and dependants of these HIV/AIDS patients. The fledgling community-based programs are unable to rapidly expand their capacity to adequately meet the service needs of these OVC, and the hospitals are currently too overwhelmed by adult HIV/AIDS patients to take on that challenge. Most facilities are limited to one or two social workers whose schedules are completely filled with providing psycho-social support to patients undergoing treatment, and they receive limited support from community workers tracking patients who have missed clinic appointments. Furthermore, once an HIV-infected woman has delivered a baby, there is no structure in place to track the baby. If by chance the infant receives prophylactic treatment, there is no program in place to follow-up for HIV testing according to the established schedule, and no provision for documenting receipt of any other clinical services. Therefore, there is a critical need for the early identification of OVC, provision of basic services and effective referrals for wrap-around services.

ACTIVITIES AND RESULTS EXPECTED: Activity 1: Identification, tracking and specialized counseling for OVC. Under this activity, sites will recruit dedicated social workers and community workers, who will be responsible for encouraging patients to provide information on their dependants, visiting families and inquiring about their needs, encouraging and assisting patients in disclosing their status to their children and families, and providing appropriate advice to care-givers. The social worker will regularly visit all wards where testing and care services are provided to recruit clients. Particular attention will be given to the ante-natal clinic (ANC) and the maternity and the pediatric wards, which are currently not included in the care structure, in order to ensure that the program captures and enrolls vulnerable children at birth or when they receive medical attention. Under the supervision of social workers, the community workers will visit households to assess needs, monitor children's health, and provide hands-on continuous assistance to care-givers. Home-based testing may also be considered during these visits. The clinic-based OVC structure will provide linkages with other community-based OVC programs to ensure that the children and their families receive other wrap-around services. The funding for this activity will cover the recruitment of 1 social worker and 3 community health workers at each facility, along with the cost for the home visits.

Activity 2: Palliative Care to OVC. This activity will support a comprehensive package of services for OVC, including regular well-child-visits, immunizations, growth monitoring, de-worming, rapid testing of babies born to HIV-infected women, and vitamin supplements. The OVC community-based programs currently refer clients to hospitals and health centers for medical attention; however, these facilities have very few resources and limited capacity to provide services for these patients. With support under this activity, these hospitals can be strengthened to become part of an effective referral and counter-referral system with the community-based palliative care and OVC programs and serve their registered OVC with a comprehensive service package. The funding will support procurement of basic medical equipment and materials for the pediatric wards of these hospitals and increase their capacity to serve the children. Transportation costs for the visit to the clinics will be covered for those not living within walking distance of the clinic. Home-based care to sick children will be delivered through the community health workers.

Activity 3: OVC empowerment activities. Most of the facilities receiving support through this activity already have People living with HIV/AIDS (PLWHA) support activities with dedicated space and resources for introducing OVC issues and implementing discrete OVC support-group activities. This activity will target older OVC (i.e., 8 to 18 years) and engage them in creating support groups and conducting activities designed to build self-esteem. Staff implementing this activity will seek the advice and expertise of other organizations, such as the Bethel Clinic of the Salvation Army, which already have experience in this approach.

Activity 4: Training in collaboration with Partners in Health (PIH). PIH is conducting a very successful OVC program and has extensive experience in providing skill-based training in this area to social workers and community-health workers. MOH will use PIH's expertise to train personnel at public sites on providing OVC services as they have for training in other technical areas. The training curriculum will include: (i) community mobilization, (ii) individual and group counseling for children and families on OVC issues, (iii) children's nutrition and rights protection, and (iv) signs of medical complications experienced by infected children. Funding will cover the logistics for the sessions.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Human Resources	10 - 50
Infrastructure	10 - 50
Training	10 - 50

Targets	Target Value	Not Applicable
Number of OVC served by OVC programs	8,000	<input type="checkbox"/>
Number of providers/caregivers trained in caring for OVC	60	<input type="checkbox"/>

Target Populations:

HIV/AIDS-affected families
Orphans and vulnerable children
People living with HIV/AIDS
Caregivers (of OVC and PLWHAs)
Other Health Care Worker
Other Health Care Workers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Coverage Areas:

National

Table 3.3.08: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: World Vision International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 10655
Planned Funds: \$ 725,000.00

Activity Narrative: Llinked to Activities 8155, 10666, 10664, 10665.

SUMMARY: This intervention is designed to improve well-being and quality of life of OVC living in the catchments area of VCT/PMTCT/ARV sites supported by the PEPFAR program, along with some other areas where World Vision develops other interventions. The OVC services will integrate the Palliative care package developed as well by SAFENET with PEPFAR support to offer to PLWA and their family a comprehensive range of services based on a family-centered-approach, whereby the likely infected parents and caregivers will receive care to prolong their lives and their dependants could receive an array of supportive services. The program will reach out to 6,000 children by September 2007 and 9,000 by September 2008. The interventions will take place in two geographical departments the West to reach out other sites not covered by AERDO; and the Center.

BACKGROUND: This intervention is the extension of the PEPFAR-funded SAFENET Plus approved in FY06 targeting 6,000 OVC who will receive care and support to improve their well-being and quality of life. The Ministry of Health (MOH), through the Health Directorates of the West Regional Department and Center Regional Department, will support the project by allowing active cooperation with the public clinics located in the intervention area. 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. The activities will be carried out in the World Vision's Area Development Projects (ADP) and in the intervention areas of the sub-recipients. The SAFENET Plus program will provide enrolled OVC a package of services that combines medical and social interventions. Gender issues will be taken into account in all the processes related to this intervention. For example, curricula used for youth education will exclude sexist stereotypes and will include topics such as domestic violence, machismo, sexual responsibility, and parental responsibility.

ACTIVITIES AND EXPECTED RESULTS.

Activity 1: Identification of OVC and provision of a basic package of services: SAFENET will at first establish mechanisms with PEPFAR supported sites spread in the two targeted departments to identify potential beneficiaries. Those sites are namely in the West: 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; and in the Center: Maissade, Mirebalais, Saut-d'Eau, Savanette, Thomassique, and Thomazeau. SAFENET Plus will also build on its existing child sponsorship programs in the Center Department and La Gonave along with ties already developed with different community organizations in Fonds Verrettes, and Ganthier, to identify other OVC. SAFENET will ensure that its outlets for delivery of OVC services are accessible to the population served by those sites, and staffed with trained personnel, including social workers to organize the services and manage the information system. The core set of services that will be available at each outlet include: psychosocial support for the OVC and their families or caregivers, educational activities for both groups, school fees and school materials, nutritional supplement; transportation cost for access to health care, schools or other basic services; support for birth registration. Other services may be provided based on assessment of specific needs within selective community and capacity of the local partners and may include: day care center or canteen for OVC, placement services for children without family care, and cooperative activities.

Activity 1: Empowerment of OVC and caretakers: SAFENET Plus will provide a wide array of psychosocial support to children and youths in their communities through clubs and other recreational and supportive activities. Funds will be used to hire social workers at each outlet to train OVC caretakers and provide support to the beneficiaries and their families. The community health agents working in some of the sites will be trained to support the action of the social workers. Club leaders, especially youth from within the communities, will be taught simple art, music or drama projects that can be done at little cost, such as papier-mâché figures that can then be used to tell a story. Through the Community Coalition Care (CCC), negotiations will be held with financial institutions functioning in the intervention area to arrange jobs or training opportunities for the oldest OVC. Moreover, the families (caretakers) and community groups of the intervention area will be sensitized on issues related to child rights and empowered to provide improved

care to the children. They will be given proper training and support to care for the children. They will be supported in adoption of strategies aimed at raising and supporting their income.

Activity 2: Increased access to other services such as school and health care: SAFENET Plus will provide the families of enrolled OVC with scholarship fees and purchase some school materials such as uniforms, books, or other supplies. The social workers will cooperate with the members of the CCC and the benevolent home visitors to assess the needs of each beneficiary. Funds will be used to: pay the scholarship fees; train the caregivers; and pay for school materials. SAFENET Plus will create linkages with health institutions to offer preventive and curative care to the OVC. The preventive care package includes: an enrollment card and identification (ID); health education; referral to basic health care services; referral to abstinence and be faithful programs or other preventive services for older OVC; sensitization of the families and caregivers to encourage uptake of preventive services available in the intervention area for their children; negotiations with the managers of the health facilities to guarantee economic access of preventive care to the most vulnerable children. Special arrangements will be made to cover fees and drugs for those services when required.

ACTIVITY 5: Support to Community Responses: Efforts will be deployed to sensitize local leaders including religious leaders, women's groups, journalists, teachers in the on the issue of OVC in order to encourage them to talk more openly about the issues, take action in support of affected children and alert them to the risk of abuse faced by these children. SAFENET will also foster and support initiatives organize by the community in support to those children such as: community gardens, community day-care centers, local adoption and foster care or other cooperative activities,. Funding from the program may be used for: information session, startup capital for community activities.

TARGETS:

- 11 service delivery points providing OVC-related services
- 6,000 OVC receiving care and support
- 2,815 individuals trained to provide OVC care and support

Emphasis Areas

	% Of Effort
Community Mobilization/Participation	10 - 50
Food/Nutrition	10 - 50
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	9,000	<input type="checkbox"/>
Number of providers/caregivers trained in caring for OVC	2,815	<input type="checkbox"/>

Target Populations:

Community-based organizations
Faith-based organizations
Volunteers
Girls
Boys
Primary school students
Secondary school students
Religious leaders

Coverage Areas

Centre
Ouest

Table 3.3.08: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Foundation for Reproductive Health and Family Education
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 10663
Planned Funds: \$ 300,000.00

Activity Narrative: Linked to Activities 9281, 10126, 9280.

SUMMARY: This activity is carried out to intensify and expand FOSREF's program for orphans and vulnerable children. The primary emphasis areas for this activity are community mobilization/participation, information, education and communication, and training. Specific target populations include street kids, children affected or infected by HIV/AIDS. The activities will be carried out in four regional departments: the South, the South East, the Grande Anse and Nippes and particularly in the following cities (and their surroundings communes): Les Cayes, Jacmel, Jérémie, and Miragoane.

BACKGROUND: FOSREF has worked in the area of HIV/AIDS prevention for more than 10 years targeting youth in after-school clubs and drop-in centers that are operated in four regional departments in the country. Through these youth services, FOSREF has been able to identify children and youth who are HIV infected or from families where there is an HIV infected parent and has started an OVC component to their work. This current activity is a new program that will permit FOSREF to extend its OVC services in other departments of the country. This program will put special emphasis on key issues related to the OVCs, and will have a strong emphasis at community level.

ACTIVITIES AND EXPECTED RESULTS: Activity 1: Peer Education for Street Kids: Training sessions for OVC peers will be organized at the youth centers of FOSREF in the 4 departments, in shelters, and meetings points and institutions working 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.

Activity 2: Provision of psychosocial and educational support: The program will provide psychosocial support to OVC at center level, in the families, and in the community as well as school fees for children age 5 to 18 years old and support for school materials and uniforms. Specific individual or group education sessions will be organized for OVC girls on self-esteem, negotiation skills and life skills. These sessions will be reinforced by psychological assistance for girls who might need it.

Activity 3: Weekly sessions of information and quarterly training for extended family members, members of the community, as well as providers to strengthen their capacities to provide protection, social support and care to OVC. Training sessions for OVC caretakers and providers at center level and at community level will emphasize coping with stigma and discrimination and caring for the HIV positive child.

Activity 4: Entertaining education sessions on different themes including HIV/AIDS prevention, fight against sexual violence, gender equity will be realized by social clubs within the FOSREF youth program. The FOSREF Youth Theater Clubs will be particularly implicated in the edutainment activities. These activities will be realized in the FOSREF youth centers in the areas of intervention of the project and also in shelters and meeting points for OVC. Development and production of educational materials for OVC will be a priority.

Activity 5: Clinical services for OVC: Basic clinical care for common diseases such as non complicated respiratory infections, diarrhea will be available in the 4 FOSREF youth centers, and a well-organized system of referrals of OVC presenting complicated diseases, at community and at institutional level. Immunization services will also be available for the OVCs.

Activity 6: Nutritional support for OVCs: The project will seek strong and close collaboration with specialized institutions such as Catholic Relief Services (CRS) and the World Food Program to strengthen the nutritional aspects of the program which will include dietary assessment, dietary counseling and multi-nutrient supplementation, as appropriate.

TARGETS:

300 information sessions on OVC needs will be organized in the community
10.000 community members will be reached and sensitized about OVC needs
96 education sessions for OVC will be organized
120 OVC peer educators will be trained

Emphasis Areas

	% Of Effort
Community Mobilization/Participation	10 - 50
Food/Nutrition	10 - 50
Information, Education and Communication	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	3,500	<input type="checkbox"/>
Number of providers/caregivers trained in caring for OVC	400	<input type="checkbox"/>

Target Populations:

Street youth
 HIV/AIDS-affected families
 Caregivers (of OVC and PLWHAs)
 HIV positive children (5 - 14 years)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs
 Education
 Other

Coverage Areas

Grand-Anse
 Sud
 Sud-Est
 Nippes

Table 3.3.08: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Catholic Relief Services
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 10664
Planned Funds: \$ 1,500,000.00

Activity Narrative: Linked to Activities 10123, 8156.

SUMMARY: These OVC activities will expand and scale-up services through four main activities: 1) Improve services to OVCs, including addressing psychosocial needs, human rights protection, and legal and economic support after the death of a parent; 2) Improve OVC's access to health services; 3) Improve community capacity to address the needs of OVCs and foster families; 4) Link institutions to communities. Major emphasis areas are community mobilization/partnership; information, education, and communication; and training. Specific target populations include orphans and vulnerable children and caregivers (especially families affected by HIV/AIDS). Catholic Relief Services/Haiti (CRS/Haiti), in partnership with other networks propose to support OVC interventions in the entire Nippes and South Department to complement and expand existing OVC programs.

BACKGROUND:

CRS currently supports OVCs through institutions such as orphanages and the clinical services provided in their points of service. CRS, with the Ministry 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 OVCs affected by HIV/AIDS. During FY 2007 funding period, CRS will expand community support for OVCs and ensure that children have access to comprehensive HIV/AIDS services and adequate follow-up from the institution to the community and vice-versa. Wrap around resources will give OVCs access to the Title II food program, and the AIDSRelief and other PEPFAR HIV programs at the MOH sites. (key legislative issue). This program will be executed through the CRS community network and through the Caritas/Haiti youth network, a faith-based organization. CRS through health agents, social workers or other human resources will provide the linkages between the sites offering the HIV/AIDS services and the community. Identifying and follow up of the OVC infected or affected by HIV/AIDS will be made easier by focusing around the sites and CRS will provide a comprehensive package of education, access to health care, psychosocial support, dietary assessment, nutrition and food support. Additionally, access to safe water and income generating activities will be offered to families of OVC.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: CRS will improve psychosocial services for OVCs. OVCs of ages 8 to 18 will participate in discussion with staff experienced, receive counseling to help them manage and restore/build self-esteem, and develop social and coping skills. They will receive comprehensive and accurate STD and HIV/AIDS education. Prevention messages will address specific situations that these children face that make them more vulnerable than other children to becoming infected in order to help them address stigma and discrimination.

ACTIVITY 2: CRS will ensure that OVCs' access to education and health services is improved by increasing the capacity of community members, specially caregivers, to care for HIV infected and/or affected children and by enrolling OVCs in primary health care and Integrated Management of Childhood Illnesses (IMCI) services in MCHN clinics in the area, and in schools through support of school fees, uniforms and other school costs. CRS will also increase linkages to HIV facilities through its community network to help identify HIV/AIDS vulnerable children and refer them to these facilities.

Access to micro-credit services will enable families to engage in increased income generation activities.

ACTIVITY 3: 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 the respect for the rights of PLWHAs and children. CHWs will also develop the skills and knowledge to provide psychosocial support using the CRS psychosocial support guide as a curriculum and home-base palliative care to HIV/AIDS infected children. Community leaders, teachers, service providers, and support group members (eg, PLWHAs) will also be trained in order to reduce stigma experienced by PLWHAs, especially children (key legislative issue). Community and foster care will be encouraged. Specific education materials about infant and childcare will be developed for the families caring for

OVCs.

ACTIVITY 4: Funds will also be used to help Caritas implement its new HIV/AIDS strategic plan through capacity-building support for priests, members of Catholic religious orders and program managers in the care and support of OVCs.

These results will contribute to reach the 2-7-10 PEPFAR objectives by preventing new infections in youth and providing care to infected, affected children and their families.

Targets include 320 OVCs ages 8 to 18 participating in meetings and counseling on coping with bereavement and HIV/AIDS, 1,920 OVCs will receive care, support, and services through expanded services and links, 90 health service providers, 90 directors and schoolteachers, 60 community health workers, 100 PLWHA support group members and 120 caregivers will be trained.

SUMMARY: These OVC activities will expand and scale-up services through four main activities: 1) Improve services to OVCs, including addressing psychosocial needs, human rights protection, and legal and economic support after the death of a parent; 2) Improve OVC's access to health services; 3) Improve community capacity to address the needs of OVCs and foster families; 4) Link institutions to communities. The OVC program will wrap around the PEPFAR supported sites and complement the palliative care component to be developed by CARE as well to offer a comprehensive family-oriented package of services to PLWA and their families identified at the sites. Major emphasis areas are community mobilization/partnership; information, education, and communication; and training. Specific target populations include orphans and vulnerable children and caregivers (especially families affected by HIV/AIDS). CARE International, in partnership with other networks propose to support OVC interventions in selected areas of the Nippes, the Grand Anse, the Artibonite, and Northwest to complement and expand existing OVC programs. BACKGROUND: CARE supports OVCs through its network of community-based programs in 4 departments. CARE, with the Ministry of Health (MOH) and the Minister of Social Affairs, were active organizers of this year's first national forum on OVC with the objective of defining a national framework for the support to OVCs affected by HIV/AIDS. During the country operating plan (COP) 07 funding period, CARE will expand community support for OVCs and ensure that its program wrap around the PEPFAR supported sites and that children and dependants of PLWA identified at those sites have access to comprehensive HIV/AIDS services and adequate follow-up from the institution to the community and vice-versa. Wrap around resources will give OVCs access to the Title II food program, and PEPFAR HIV programs at the MOH sites. (Key legislative issue). This program will be executed through the CARE community network.

(Could not add Expected Results paragraph--no space.)

Continued Associated Activity Information

Activity ID: 4451
USG Agency: U.S. Agency for International Development
Prime Partner: Catholic Relief Services
Mechanism: USAID/GAC/HQ
Funding Source: GHAI
Planned Funds: \$ 0.00

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Food/Nutrition	10 - 50
Human Resources	10 - 50
Needs Assessment	10 - 50

Targets

Target

Number of OVC served by OVC programs

Target Value

5,440

Not Applicable

Number of providers/caregivers trained in caring for OVC

1,162

Target Populations:

Community leaders

Community-based organizations

Faith-based organizations

Children and youth (non-OVC)

Religious leaders

Key Legislative Issues

Stigma and discrimination

Education

Food

Increasing women's access to income and productive resources

Coverage Areas

Sud

Nippes

Table 3.3.08: Activities by Funding Mechanism

Mechanism: NGO Alliance
Prime Partner: PLAN International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 10665
Planned Funds: \$ 200,000.00

Activity Narrative: Linked to Activities 9781, 10129.

SUMMARY: Since virtually no HIV/AIDS related OVCs have been identified to date in the North East Regional Department due to a strong fear of stigmatization among the over 500 people living with HIV/AIDS (PLWHAs) already diagnosed, activities to find and support OVCs will center around those that involve a larger portion of the children in the zones. Working through its over 30 children's clubs, Plan Haïti will teach its youth leaders how to identify children under stress and then how to guide them to resolution through the use of 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 PLWHAs become more comfortable with revealing their serostatus to their families, more direct OVC identification and support will then be initiated as well.

Sub-partners Fondation Pour la Santé Reproductrice et l'Éducation Familiale (FOSREF) and Volontariat Pour le Développement d'Haïti (VDH) will be tasked with the identification and mentoring of 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. There are three minor areas of emphasis in this program: Community Mobilization/Participation; Linkages/Other Sector Initiatives; and Strategic Information.

BACKGROUND: This program area is ongoing, having begun during FY06 with sub-partners Centres pour le Développement et la Santé (CDS), FOSREF, Promoteurs Objectif ZEROSIDA (POZ), and VDH, all local Non-Governmental Organization (NGOs). It has the full support of the District Sanitaire du Nord Est (DSNE), the local arm of the Ministry of Health (MOH). The program will strive towards gender equity in all its activities, particularly in terms of access to services and positive influencing of cultural norms.

ACTIVITIES AND EXPECTED RESULTS: Activity 1: Since no HIV/AIDS related OVCs have been identified to date, Plan Haïti will begin with a more general approach to identify children under stress as well as teach community children about basic values that will help prevent discrimination and stigmatization. Using the over 30 children's clubs already established, it will enlist the help of a psychologist to train the 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 their stress while encouraging good citizenship, and mutual support and acceptance to help promote non marginalizing behavior within the communities. The families of any OVCs identified will be invited to receive more direct services such as health care and support for school attendance.

FOSREF will work with the youth of Fort Liberté of the age of roughly 14 and older to identify any that are particularly vulnerable, orphaned, or otherwise demonstrate severe stress. These 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. VDH will run a comparable program for the town of Ouanaminthe. About 40 youth are expected to be identified and enter the mentoring program during FY 2006 and another 40 during FY 2007.

Activity 2: While Plan Haïti throws the net widely at the community level and FOSREF and VDH support stressed youth in the more urban areas, POZ will work with the PLWHAs that it has brought into care from the Voluntary Counseling and Testing / Anti-retroviral (OVCT/ARV) sites (including the seropositive pregnant women in the PMTCT programs) to identify their OVC family members. POZ will also work with CDS staff to identify and support tuberculosis (TB) patients and their OVC children. As these PLWHA/TB patients become comfortable enough to share their illness (TB patients can confront stigmatization similar to PLWHAs), their children can then be directly supported along with them.

The consortium of Plan Haïti and its sub-partners will form a committee to determine the best method to manage the OVCs identified, i.e., which member should handle what, and what would be the best, most cost-effective package of services to offer. The package will be based on the principle of helping PLWHAs and their OVC offspring normalize their daily

life while particularly seeking ways to assure primary schooling for the younger children and professional training for the youth. Assuring primary health care for all the children/youth and family members will also be emphasized. The committee will then formalize a referral/counter-referral mechanism to assure that all OVCs, particularly the girls identified, are brought into care and that they receive the same services. A database will be designed and implemented; and it will be managed by the organization chosen as the lead. The club activities, the committee, the package of service definition, and the database with its system of referral/counter-referral are expected to be in place during FY 2006. Further refinement and the inclusion of more children are anticipated for FY 2007.

Areas of legislative interest include gender equity; influencing of 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 OVCs through the children's clubs as well as to run the mentoring program for vulnerable youth. Destigmatization will be particularly emphasized in this and in all program areas. Sustainability will be sought through the use of low-cost but effective interventions that will be designed to cover the most vulnerable members of the target population even if financial support should become limited. Plan International 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 could not 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. Activities for FY 06, the first year of the project, have not yet begun to be able to report on results.

Emphasis Areas

	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	500	<input type="checkbox"/>
Number of providers/caregivers trained in caring for OVC	60	<input type="checkbox"/>

Target Populations:

HIV/AIDS-affected families
 Orphans and vulnerable children
 People living with HIV/AIDS
 Girls
 HIV positive pregnant women

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Education

Coverage Areas

Nord-Est

Table 3.3.08: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: CARE USA
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 10666
Planned Funds: \$ 0.00

Activity Narrative: Linked to Activities 10110, 9264.

SUMMARY: These OVC activities will expand and scale-up services through four main activities: 1) Improve services to OVCs, including addressing psychosocial needs, human rights protection, and legal and economic support after the death of a parent; 2) Improve OVC's access to health services; 3) Improve community capacity to address the needs of OVCs and foster families; 4) Link institutions to communities. The OVC program will wrap around the PEPFAR supported sites and complement the palliative care component to be developed by CARE as well to offer a comprehensive family-oriented package of services to PLWA and their families identified at the sites. Major emphasis areas are community mobilization/partnership; information, education, and communication; and training. Specific target populations include orphans and vulnerable children and caregivers (especially families affected by HIV/AIDS). CARE International, in partnership with other networks propose to support OVC interventions in selected areas of the Nippes, the Grand Anse, the Artibonite, and Northwest to complement and expand existing OVC programs.

BACKGROUND: CARE supports OVCs through its network of community-based programs in 4 departments. CARE, with the Ministry of Health (MOH) and the Minister of Social Affairs, were active organizers of this year's first national forum on OVC with the objective of defining a national framework for the support to OVCs affected by HIV/AIDS. During the country operating plan (COP) 07 funding period, CARE will expand community support for OVCs and ensure that its program wrap around the PEPFAR supported sites and that children and dependants of PLWA identified at those sites have access to comprehensive HIV/AIDS services and adequate follow-up from the institution to the community and vice-versa. Wrap around resources will give OVCs access to the Title II food program, and PEPFAR HIV programs at the MOH sites. (Key legislative issue). This program will be executed through the CARE community network

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Identification of OVC and provision of Basic Package of services : CARE will establish in collaboration with the PEFAR supported sites mechanisms to systematically identify and service OVC from the sites. The sites are the following. In the Artibonite: Hopital des Gonaives et de Marchand, Centre de Raboteau et de K-soleil, et d'Ennery, In the Northwest: Hopital de Port de Paix, de Jean Rabel, de Beracca et de Bombardopolis ; In the Nippes: Hopital de Miragoane and Aquin; in Grande Anse: Hopital St Antoine, Centre Santé St Helene, AEADMA, Centre Pestel. CARE will ensure that its outlets for delivery of OVC services are accessible to the population served by those sites, and staffed with trained personnel, including social workers to organize the services and manage the information system. The core set of services that will be available at each outlet include: psychosocial support for the OVC and their families or caregivers, educational activities for both groups, school fees, nutritional supplement; transportation cost for access to health care, schools or other basic services; support for birth registration. Others services may be provided based on assessment of specific needs within selective community and capacity of the local partners and may include: day care center or canteen for OVC, placement services for children without family care, and cooperative activities, access of mothers and other caregivers to income generation opportunities through micro-credit and other micro-finance assistance.

Activity 3:Linkage to other services: CARE will ensure that OVCs' access to education and health services is improved by increasing the capacity of community members, especially caregivers, to care for HIV infected and/or affected children and by enrolling OVCs in primary health care and Integrated Management of Childhood Illnesses (IMCI) services in MCHN clinics in the area, and in schools. CARE will also increase linkages to HIV facilities through its community network to help identify HIV/AIDS vulnerable children and refer them to these facilities. The program will identify the barriers to access those services and put in place locally appropriate strategies and mechanism to override them. Fees and hidden costs being the major obstacles to access other services, the support to be provided will be assessed on a case by case basis and may include: purchasing of drugs, supply of uniforms.

Activity 2: Empowerment Of OVC and caregivers: CARE will improve psychosocial services

for OVCs. At least 3,200 OVCs of ages 8 to 18 will participate in discussion fora with experienced staff, receive counseling to help them manage and restore/build self-esteem, and develop social and coping skills in areas such as household management, caring for younger siblings, budgeting, interpersonal skills, and succession planning. They will receive comprehensive and accurate sexually transmitted disease (STD) and HIV/AIDS education. Prevention messages will address specific situations that these children face that make them more vulnerable than other children to becoming infected. The program will also support and finance group-led activities that those children may want to undertake such as: peer education activities, edutainment activities. Attention will also be given to caregivers to ensure that they receive proper training and support to care for the children. They will be supported in adoption of strategies aimed at raising and supporting their income.

Activity 4: Support to Community response: 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 the respect for the rights of people living with HIV/AIDS (PLWHAs) and children. CHWs will also develop the skills and knowledge to provide psychosocial support and home-based palliative care to HIV/AIDS infected children. Community leaders, teachers, service providers, and support group members (eg, PLWHAs) will also be trained in order to reduce stigma experienced by PLWHAs, especially children (key legislative issue). Community and foster care will be encouraged. Specific education materials about infant and childcare will be developed for the families caring for OVCs. The program will also foster and support initiatives organized by the community in support to those children such as: community gardens, community day-care centers, local adoption and foster care or other cooperative activities. Funding from the program may be used for: information session, startup capital for community activities.

These results will contribute to reach the 2-7-10 PEPFAR objectives by preventing new infections in youth and providing care to infected, affected children and their families.

TARGETS:

3,200 OVCs will receive care, support, and services through expanded HIV/AIDS program
602 individuals will be trained on OVC issues (226 caregivers/ health service providers, 226 directors and schoolteachers, 150 community health workers)

Added February 2008: The funding mechanism that USAID Haiti planned to use for both CRS and CARE community activities (Palliative Care: HBHC and OVC for both and TB/HIV for CARE) were the Title II agreements. When the proposals came in for the Title II program this year, CRS and CARE formed a consortium on one proposal, with CRS as the prime partner and CARE as the sub-partner. Thus, the CARE activities are being reprogrammed to CRS and CARE will be a sub-partner to CRS.

Continued Associated Activity Information

Activity ID:	4655
USG Agency:	U.S. Agency for International Development
Prime Partner:	CARE USA
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	\$ 0.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Food/Nutrition	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Needs Assessment	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	0	<input type="checkbox"/>
Number of providers/caregivers trained in caring for OVC	0	<input type="checkbox"/>

Target Populations:

Community leaders
Community-based organizations
Orphans and vulnerable children
Volunteers
Caregivers (of OVC and PLWHAs)
Other Health Care Worker
Other Health Care Workers

Key Legislative Issues

Increasing women's access to income and productive resources
Stigma and discrimination
Microfinance/Microcredit

Coverage Areas

Artibonite
Grand-Anse
Nord-Ouest

Table 3.3.08: Activities by Funding Mechanism

Mechanism: AIDS Relief
Prime Partner: Catholic Relief Services
USG Agency: HHS/Health Resources Services Administration
Funding Source: GHAI
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 10667
Planned Funds: \$ 600,000.00

Activity Narrative: Linked to Activities 9671, 9269, 10667, 9267, 9268, 10664, 8156.

SUMMARY: In FY 2007, 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 offer adequate pediatric palliative care. The community support activities will be carried out in seven AIDSRelief sites four of Haiti's Regional Departments and in two additional Regional Departments through partner sites.

AIDSRelief has been providing palliative care to children in Haiti since 2004 with the United States Government (USG) support. The AIDSRelief Consortium is currently providing antiretroviral treatment (ART) services and HIV care to children in its eight sites. CRS, the lead agency in the consortium, has extensive experience in the care of OVC and is also a grantee for President's Emergency Plan for AIDS Relief (PEPFAR) Track 1 funds. CRS, with the Ministry 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. In FY 2007, 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) and 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. In addition, before the end of FY06, AIDSRelief will conduct a Pediatric HIV Counseling Workshop. This workshop will sensitize staff to the unique challenges of pediatric care and treatment. The skills gained will help increase capacity among hospital staff and improve services to children.

ACTIVITIES AND EXPECTED RESULTS:

The activities described below will contribute to three principal PEPFAR objectives: placing the most vulnerable individuals in treatment; preventing new infections; and providing care for those who need it the most.

Activity 1: AIDSRelief will identify vulnerable children through the Prevention of Mother-to-Child Transmission (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. ARV services will be offered to medically eligible HIV-positive children. HIV-infected children will have special access to wrap-around services through child survival programs at the sites such as nutrition support, immunizations, and integrated management of childhood illness, palliative care (prophylaxis and treatment of opportunistic infections [OI]) and laboratory monitoring. It is expected that 100% of all HIV-positive infants and children will be enrolled in care.

Activity 2: AIDSRelief will train community health workers (CHWs) and caregivers to recognize medical complications experienced by HIV-infected children and refer them to the local facility, if necessary. 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 health needs of the entire family, and it will include food and nutrition support, patient and family education, support for school fees for needy children and access to micro-credit and micro finance support for increasing income generation opportunities for the mothers and other caregivers. Linkages and referral networks with the United States Agency for International Development (USAID)-funded Title II program and with the World Food Program (WFP) will be established to strengthen this comprehensive care model. The project manager will plan monthly group counseling for children, to promote positive self-esteem and to minimize the effects of stigma and discrimination. At the end of the year, focus groups consisting of families of infected children will be planned to measure the impact of this intervention. 400 OVC will be referred for ARV services.

Activity 3: AIDSRelief will train CHWs to sensitize the general population against discrimination and stigmatization and to promote respect for people living with HIV/AIDS (PLWHA) and children's rights. Community leaders, teachers, service providers and PLWHA support group members will also be trained in order to reduce stigma. Community and foster care will be encouraged. Specific communication materials about infant and

childcare will be developed for the families caring for OVC. The CHW program will ensure that at least 50% of the trained personnel are women in order to ensure gender equity in the program.

Activity 4: AIDSRelief will train CHWs and clinical staff to ensure high quality care and follow-up for children with HIV and AIDS. 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 staff at all AIDSRelief hospitals.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Human Resources	10 - 50
Infrastructure	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	1,200	<input type="checkbox"/>
Number of providers/caregivers trained in caring for OVC	3,500	<input type="checkbox"/>

Target Populations:

HIV/AIDS-affected families
 Orphans and vulnerable children
 Caregivers (of OVC and PLWHAs)
 HIV positive infants (0-4 years)
 HIV positive children (5 - 14 years)

Key Legislative Issues

Stigma and discrimination
 Food
 Increasing gender equity in HIV/AIDS programs
 Microfinance/Microcredit
 Increasing women's access to income and productive resources

Coverage Areas

Artibonite
 Nord
 Ouest
 Sud

Table 3.3.08: Activities by Funding Mechanism

Mechanism: PIH
Prime Partner: Partners in Health
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 10668
Planned Funds: \$ 550,000.00

Activity Narrative: Linked to Activities 9682, 9318, 9673, 9363, 10241.

SUMMARY: Activities 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 activities will be conducted within PIH/ZL's "four pillars" model for implementing a comprehensive HIV program in the context of primary care, which involves: HIV prevention and care, including voluntary counseling and testing (VCT); identification and treatment of tuberculosis (TB) and other opportunistic infections (OIs); sexually transmitted infection (STI) detection and treatment; and women's health and prevention of mother-to-child HIV transmission (PMTCT) services. The primary emphasis areas for these activities are food/nutrition support and community mobilization/participation. Specific target populations include OVC, caregivers of OVC, and HIV/AIDS-affected families. The activities will be carried out at seven sites in the Central Regional Department, and two sites in the Artibonite Regional Department.

BACKGROUND: PIH/ZL's OVC activities are part of a comprehensive HIV prevention and treatment program started by PIH/ZL in 1998; expanded in late 2002 through the public sector in partnership with the Haitian Ministry of Public Health and Population (MOH) and with funds from the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund); and further expanded with the support of USG PEPFAR funding in FY05 and FY06. Since 2004 the program has been a collaborative between these four important partners—PIH/ZL, MOH, Global Fund, and President's Emergency Plan for AIDS Relief (PEPFAR)—and since 2005 work in the Artibonite region has been strengthened by involving several new nongovernmental organization (NGO) partners in the community of St. Marc – Sant Santé Premye Echelon (SSPE) and Promotion Objectif Zerosida (POZ) – and in Petite Rivière, Centre Medical Charles Colimon (CMCC), a Medecins Sans Frontières-affiliated institution. Though PIH/ZL has provided social assistance to vulnerable and HIV-affected children since its inception, in 2004 PIH/ZL officially launched its Program on Social and Economic Rights 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; and in 2005 the program was expanded to encompass school fee assistance and formalized documentation and long-term follow-up for this project. With a significant grant from the United States Agency for International Development (USAID) child survival program, PIH/ZL is currently strengthening and broadening its maternal and child health programs based both in the community and at its clinics across the Central Regional Department. In OVC activities, PIH/ZL is committed to a long-term partnership with the MOH and to strengthening the public sector by training local staff, including MOH health workers.

ACTIVITIES AND EXPECTED RESULTS: Activity 1: Based on national population statistics, the total population of children in Haiti is estimated to be 227,000. Fifteen percent of Haitian children are believed to be orphans, as described by the USAID/ United Nations Children's Fund (UNICEF) document Children on the Brink, 2004; this estimate suggests that PIH/ZL serves an area containing approximately 34,000 children who have lost one or both parents. Throughout the Central Plateau there are thousands more vulnerable children; those whose parents are currently HIV positive, or those who have family members affected by the illness. The first activity is to reinforce primary and ambulatory care for children to increase capacity for identification of children infected and affected by HIV, including promotion of vaccination and well-child visits. This will be done in the context of comprehensive care that is currently provided at each of our nine sites throughout Haiti. This funding will support the personnel, equipment and infrastructure demanded to serve an increasing number of OVC, as well as related laboratory equipment.

Activity 2: The second activity is to support social workers and accompagnateurs in evaluating the needs of HIV affected children and their families to reduce the risk of malnutrition. Identification of children at risk will be strengthened by the training of accompagnateurs to determine children who may require nutritional supplementation. Accompagnateurs will also ensure adequate follow up and growth monitoring of children at risk to prevent relapse. This activity will enhance ZL's nutritional assistance program, in which we currently support 3,000 children per year. We will also develop a mechanism for

distribution of food supplements to children at risk and will expand upon our canteen feeding program at severely under-resourced schools, to ensure that vulnerable children are receiving one meal per day while at school.

Activity 3: The third activity is to provide psychosocial support to OVC through the employment and training of social workers. The social workers will offer psychosocial support groups to children affected by HIV and their HIV-positive parents as a means of helping to develop coping strategies. Moreover, the social workers will promote a prevention curriculum as a means of reducing the chances of OVC from becoming HIV-infected themselves. The social workers will also provide individual psychosocial support for those who cannot benefit from group activities (specifically those individuals/parents who have not disclosed their HIV status). This funding, in addition to supporting the human resources and infrastructure required of the OVC program, will provide salary support for two additional social workers to support work throughout the Central Plateau and the expansion to the Artibonite region.

Activity 4: The fourth activity is to provide social assistance to orphans and their families, as well as school fees to encourage children to attend school. This funding will provide 3,000 scholarships of \$50 each to children of HIV-positive parents per year, expanding upon the social assistance provided by PIH/ZL in past years.

These OVC 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, the school canteen program, 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. The provision of food and educational assistance are wraparound activities for PIH/ZL, as we have partnered with the United Nations World Food Program and private funders in these projects.

70 OVC referred to an HIV Treatment Program

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Food/Nutrition	10 - 50
Human Resources	10 - 50
Infrastructure	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Training	10 - 50

Targets	Target Value	Not Applicable
Number of OVC served by OVC programs	5,000	<input type="checkbox"/>
Number of providers/caregivers trained in caring for OVC	1,377	<input type="checkbox"/>

Target Populations:

Orphans and vulnerable children
 Caregivers (of OVC and PLWHAs)
 Other Health Care Worker
 Other Health Care Workers
 HIV positive infants (0-4 years)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs
 Food
 Education

Coverage Areas

Artibonite
 Centre

Table 3.3.08: Activities by Funding Mechanism

Mechanism:	ITECH
Prime Partner:	University of Washington
USG Agency:	HHS/Health Resources Services Administration
Funding Source:	GHAI
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	12420
Planned Funds:	\$ 250,000.00
Activity Narrative:	SUMMARY : This activity aims at strengthening the Haitian Institute for Community Health (INSHAC) capacity to provide quality training and supervision for OVC services. INSHAC will develop a comprehensive curricula and train providers in care and management of Orphans and Vulnerable Children . Target populations include physicians, nurses, auxiliary nurses, social workers, community agents.

BACKGROUND: The Haitian Institute for Community Health (INSHAC) is a Haitian nongovernmental organization (NGO) established in 1985 to provide training in community health, family planning and other health issues at post graduate level. Actually INSHAC supported by ITECH and PATH will conduct a training course on infant and young child feeding for health personnel. A standardized training course is much needed for providers in OVC programs .

ACTIVITIES AND EXPECTED RESULTS:

Activity 1. INSHAC will develop a comprehensive curriculum based on technical expertise and proven results. This curriculum will be adapted for training of health personnel at sites providing OVC services. INSHAC working with I-TECH will identify existing resources and seek technical assistance in order to develop this curriculum.

Activity 2. Train new providers and provide refresher courses to health personnel who carry out OVC activities. This aims at achieving standard quality training program and build human capacity for more effective OVC services. INSHAC will do supervision visits to ensure quality assurance of service delivery.

Emphasis Areas**% Of Effort**

Local Organization Capacity Development

10 - 50

Training

51 - 100

Target Populations:

Other Health Care Workers

Coverage Areas:

National

Table 3.3.08: Activities by Funding Mechanism

Mechanism:	Basic Health Services
Prime Partner:	Management Sciences for Health
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	12421
Planned Funds:	\$ 625,000.00
Activity Narrative:	Need narrative.

Table 3.3.08: Activities by Funding Mechanism

Mechanism: M&E Task Order
Prime Partner: John Snow, Inc.
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 12422
Planned Funds: \$ 50,000.00
Activity Narrative: SUMMARY: This activity aims at providing technical assistance and ensuring data quality. The primary target is OVC implementing partners.

BACKGROUND: MEASURE Evaluation has supported M&E activities in Haiti since 2001 and has worked with the Ministry of Health and many USG implementing partners. Recently MEASURE and PEPFAR/Haiti have been working toward the development of community based indicators in order to improve the monitoring and evaluation of programs related to those activities. Main stakeholders in OVC activities in the PEPFAR program are involved in this process.

ACTIVITIES AND EXPECTED RESULTS

Activity 1. JSI/MEASURE will provide quality assurance supervision on data collection, data review to improve data quality and reporting on the OVC activities. JSI/MEASURE will work with and provide technical assistance when needed to partners NGOs involved in OVC activities in order to improve their reporting and M&E capability.

Emphasis Areas	% Of Effort
Local Organization Capacity Development	51 - 100
Training	10 - 50

Target Populations:
Other Health Care Workers

Coverage Areas:
National

Table 3.3.09: Program Planning Overview

Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09

Total Planned Funding for Program Area: \$ 5,105,000.00

Program Area Context:

Approximately 88,501 people nationwide accessed HIV counseling and testing (CT) services between April 2005 to March 2006 with a combination of USG and Global Fund support, representing 2.5% of the adult population. In order to reach the USG Team's September 2008 antiretroviral (ARV) treatment target of 20,000, assuming a national prevalence of 3.8%, approximately 300,000 individuals will need to be tested, according to the CT target calculation formula provided by Office of the U.S. Global AIDS Coordinator (OGAC).

National HIV testing algorithms call for the use of rapid tests in all CT centers and the provision of results the same day to the client. With FY 2004 and FY 2005 resources, the USG has installed testing capacity (refurbishing of physical infrastructure, purchase of equipment and furniture, training of staff) in 85 sites nation-wide and with FY 2006 funding, another 28 CT sites will be operational to meet the target of 113 sites by September 2007. FY 2007 funding will support the establishment of 25 additional sites for a September 2008 target of 138 sites. With FY 2005 funding, 100,000 HIV test kits were procured through the University of Maryland and distributed to the test sites by a local team under I-TECH. In FY 2006, the Partnership for Supply Chain Management (PFSCM) will be taking over the procurement and distribution of test kits to all USG-supported sites

Rather than support widespread promotion of CT services to the general population, the USG Team will focus more FY 2007 promotion efforts 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 will be regularly offered in an opt-out strategy in key hospital wards and antenatal services. The USG Team is currently supporting CT services in 85 sites located in all 10 regional departments of the country, ensuring broad national geographic coverage. Some of these sites also receive Global Fund support, although close coordination ensures that there is no duplicative funding of test kits or operational support. Approximately 90% of CT services are provider-initiated, routine testing in clinical settings, from large hospitals to community and rural clinics.

These clinic-based services provide CT services in individual departments of hospitals, focusing on wards with high-risk patients (tuberculosis (TB) or sexually transmitted infection (STI) units, in particular) and the prevention of mother-to-child HIV transmission (PMTCT) services. HIV-positive persons identified in the individual hospital departments are referred and accompanied to the HIV/AIDS care and treatment center in the hospital, where palliative care and ARV treatment or only palliative care is available, depending on the site. This is part of the USG Team's overarching strategy of ensuring 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 four USG partner facility networks: GHESKIO, Partners in Health (PIH), Catholic Relief Services (CRS) and the follow-on contractor to the NGO network currently under Management Sciences for Health (MSH).

Rather than expand greatly the number of CT sites in FY2007, the focus of support will be to strengthen the existing sites to ensure that HIV-positive persons are systematically referred to and enrolled in the HIV/AIDS integrated care and treatment services as currently 45% 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. Nevertheless, 25 new sites will be established in key underserved areas in the Grande Anse, South, South East North West and North East Regional Departments, linked directly to treatment and care facilities. Partner efforts will focus on increased use of patient pairing with an accompagnateur or individual from a post-test club or association for persons living with HIV/AIDS (PLWHA) to ensure that HIV positive persons are effectively enrolled in services and thus

avoid the loss of patients to follow-up. 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 the CT sites and also train new counseling personnel. Counseling for special situations (pregnant women, discordant couples, teen-agers) will be emphasized. 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, counseling will systematically include information on family planning (FP) and sexually transmitted infections (STI) and clients will be referred to FY and STI services.

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 men who have sex with men (MSM) and other persons with high risk behavior than 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) around the country where 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. There is a need for specialized training for counselors of children referred to pediatric CT services which the USG Team will address in FY 2007. A key component of post-test counseling is to emphasize proactive HIV prevention behaviors and increased efforts will be made in FY 2007 to link persons who have been tested to "post-test clubs" which are being established in and around CT and HIV/AIDS integrated treatment and care 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 being 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 Target:

Number of service outlets providing counseling and testing according to national and international standards	138
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	300,000
Number of individuals trained in counseling and testing according to national and international standards	712

Table 3.3.09: Activities by Funding Mechanism

Mechanism: SmartWorks
Prime Partner: Academy for Educational Development
USG Agency: Department of Labor
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 9258
Planned Funds: \$ 0.00
Activity Narrative: Llinked to Activities 9260, 9362, 9360.

SUMMARY: In FY 2007, SmartWork will expand its existing counseling and testing (CT) services from three sites targeting workers to five sites to serve workers at the Carrefour Industrial Park, drivers registered at the Drivers Union (DU), and members of the School Teachers Associations (STA).

BACKGROUND: One of the challenges in Haiti has been limited access to counseling and testing services targeted specifically at workers and industrial areas. In FY 2006, the USG Team funded SMARTWork to develop and maintain three (CT) centers targeting workers. SMARTWork will continue, in FY 2007, to provide operational support to these three centers and promote CT among workers of the formal business sector and also will expand to establish two additional centers to provide counseling and testing services for the informal sector in Carrefour and downtown Port-au Prince.

ACTIVITIES AND EXPECTED RESULTS: Activity 1: SMARTWork will expand its counseling and testing services from three sites to four sites in order to scale up access to counseling and testing services and build upon the momentum of the project's prevention efforts as well as the growing momentum of care, treatment and support services in Haiti. For the two additional sites, SMARTWork will be responsible for the minor refurbishing to adapt the space at these locations in order to meet counseling needs for privacy and confidentiality; it will also pay the rental fee for the space made available by the DU and the STA in their respective buildings. SMARTWork will develop a referral system that will link these CT centers to antiretroviral treatment (ART) and palliative care and support services in the metropolitan area for those who test positive as well as provide post-test counseling to ensure that those tested have adequate prevention information as well. Post-test counseling will include risk reduction counseling, encouragement to have partners tested and counseling for discordant couples, as appropriate. A peer counseling network will be encouraged through the facilities. The services will be available to workers as well as their partners and primary contacts. Staff for the new CT sites will be trained at the I-TECH/INHSAC training program (see ITECH CT activity.)

Activity 2: Work closely with efforts to be carried out by USG partner Futures Group/Health Policy Initiative to encourage employing institutions to adopt antidiscrimination policies for HIV positive workers.

This activity will contribute to the PEFAR 2-7-10 goals by increasing the number of people who are tested, receive their results, and are linked to care, treatment and support services as well as receiving post-test counseling to ensure strengthened prevention.

Continued Associated Activity Information

Activity ID: 3905
USG Agency: Department of Labor
Prime Partner: Academy for Educational Development
Mechanism: SmartWorks
Funding Source: GHAI
Planned Funds: \$ 150,000.00

Emphasis Areas

	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Workplace Programs	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national and international standards	5	<input type="checkbox"/>
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	8,000	<input type="checkbox"/>
Number of individuals trained in counseling and testing according to national and international standards		<input checked="" type="checkbox"/>

Target Populations:

Factory workers
Mobile populations

Coverage Areas

Ouest

Table 3.3.09: Activities by Funding Mechanism

Mechanism: AIDS Relief
Prime Partner: Catholic Relief Services
USG Agency: HHS/Health Resources Services Administration
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 9267
Planned Funds: \$ 250,000.00

Activity Narrative: Llinked to Activities 9671, 9269, 10667, 8162, 9268.

SUMMARY: 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.

ACTIVITIES AND EXPECTED RESULTS: Activity 1: AIDSRelief will provide CT services at the 8 hospital clinics and satellites 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.

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.

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.

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.

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.

Continued Associated Activity Information

Activity ID:	5305
USG Agency:	HHS/Health Resources Services Administration
Prime Partner:	Catholic Relief Services
Mechanism:	AIDS Relief
Funding Source:	N/A

Planned Funds: \$ 0.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Supervision visits per year to each site		<input checked="" type="checkbox"/>
Number of service outlets providing counseling and testing according to national and international standards	12	<input type="checkbox"/>
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	50,000	<input type="checkbox"/>
Number of individuals trained in counseling and testing according to national and international standards	30	<input type="checkbox"/>

Target Populations:

Adults
HIV/AIDS-affected families
Truck drivers
Children and youth (non-OVC)

Coverage Areas

Artibonite
Sud
Nippes

Table 3.3.09: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Foundation for Reproductive Health and Family Education
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 9280
Planned Funds: \$ 280,000.00

Activity Narrative: Linked to Activities 9281, 10126, 10663, 9362.

SUMMARY: This activity supports continuation and expansion of Foundation for Reproductive Health and Family Education's (FOSREF) comprehensive voluntary counseling and testing for HIV (VCT) program carried out in FY 2006 which 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. 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: Activities targeting CSWs will be carried out in the USG-supported FOSREF centers in Petion-Ville, Cap-Haitien, Cayes, Ouanaminthe and Carrefour/Mariani, Jacmel, and Gonaives. Activities targeting youth will be carried out in 10 FOSREF youth centers located in seven of Haiti's 10 geographical departments: North, South, South East, Grande Anse, Artibonite, West, and North West. The FOSREF Centers are located in the eight largest cities of those departments, and will serve more than 200,000 youth. Activities targeting men will focus on specific sub-populations including men with multiple partners, men with high-risk sexual behavior, clients of prostitutes, and single men. These activities will be carried out in the following departments: West, particularly the metropolitan region; South; North; Nippes; North East; South East; and Artibonite. Program activities for pregnant women will be implemented in three FOSREF sites located in the metropolitan area and sub-urban, marginalized areas, of the West Department with an average HIV seroprevalence of 3 - 5.6%. The activities are a continuation of USG-supported FOSREF activities funded in FY06. Haiti's national HIV operational plan includes FOSREF's counseling and testing services.

ACTIVITY AND EXPECTED RESULTS: Activity 1: FOSREF will provide VCT services to CSWs in seven sites. The CSWs trained peers will be fully involved in the counseling process. FOSREF will promote VCT services and availability of mobile VCT services at fixed points of prostitution including brothels and bars. FOSREF will provide a constant supply of condoms at recruiting/gathering points for potential clients of prostitutes (e.g. bars, restaurants, bus stations, and garages). In addition, FOSREF 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. FY 2007 funding will support a total of 2,500 CT sessions among CSW.

Activity 2: FOSREF will enhance the delivery of VCT services to youth in its 10 specialized youth centers/clinics. VCT services will be delivered by trained youth facilitators/counselors. Youth aged 15 to 24 years will receive VCT-related services, integrated with other reproductive health services such as diagnosis and treatment of sexually transmitted infections (STIs). 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). 4,500 youth will receive CT services with FY 2007 funding.

HIV-negative youth will be enrolled in post-test clubs to encourage them to maintain their negative serostatus. In addition, FOSREF will link its youth and VCT centers with existing Prevention of Mother-to-Child Transmission (PMTCT) and ART sites and will encourage youth 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 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.

Activity 3: FOSREF will offer 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. FY 2007 funding will support a total of 2,000 CT sessions among clients of CSW.

Activity 4: FOSREF will counsel pregnant women regarding PMTCT during prenatal visits at its 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. A total of 2,500 pregnant women will receive CT services.

All initial training and refresher training of VCT staff will be carried out in coordination with the USG-supported CT training program funded under I-TECH/INHSAC (see ITECH activity narrative for CT.)

Continued Associated Activity Information

Activity ID:	3903
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Foundation for Reproductive Health and Family Education
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	\$ 200,000.00

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Information, Education and Communication	10 - 50
Infrastructure	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Supervision visits per year to each site		<input checked="" type="checkbox"/>
Number of service outlets providing counseling and testing according to national and international standards	25	<input type="checkbox"/>
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	11,500	<input type="checkbox"/>
Number of individuals trained in counseling and testing according to national and international standards	25	<input type="checkbox"/>

Target Populations:

Adults
Commercial sex workers
Children and youth (non-OVC)
HIV positive pregnant women

Coverage Areas

Artibonite
Nord
Ouest
Sud-Est
Nord-Est
Nippes

Table 3.3.09: Activities by Funding Mechanism

Mechanism: National Plan Mechanism
Prime Partner: Ministre de la Sante Publique et Population, Haiti
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 9309
Planned Funds: \$ 1,050,000.00

Activity Narrative: Linked to Activities 9308, 9314, 9309, 9313, 9311, 9310, 9312, 9362.

SUMMARY: The Ministry of Health (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 a University Hospital. In FY 2006, many of these hospitals and health centers established counseling and testing (CT) services with USG support. Nineteen of the main public sites are receiving this support through a direct cooperative agreement (CoAg) with the MOH managed by an Executing Unit under the supervision of the central level. The supported sites include l'Hopital de l'Universite d'Etat d'Haiti (HUEH), the largest clinical facility and teaching center in Haiti, which has over 160,000 patient visits per year and 15 other departmental and communal hospitals that serve an average of 220,000 patients per year. From October 2005 to June 2006, this network tested 22,403 people and enrolled 3,000 patients into HIV care and treatment services. With FY 2007 resources, the USG plans to strengthen the capacity of the MOH to continue expanding CT services to patients seen at the hospital using a provider-oriented approach to optimize the potential for testing patients.

The MOH has attempted to institute a policy whereby CT is provided to all outpatients and inpatients in order to avoid missed opportunities to diagnose HIV. However, this policy has not been followed in a uniform manner due to lack of properly trained staff; inadequate organization of patient flow; and absence of educational activities within the facilities. While hospital patients constitute a captive population for counseling and testing, many missed opportunities continue to exist, and many facilities with the potential of doing CT have not yet introduced the service. Furthermore, training activities remain centralized. 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: The MOH will provide field support to CT sites and CT services at existing and new sites will be integrated into the routine clinical services offered to all patients. Pre- and post-test counseling will be carried out at various wards of selected facilities, and test results communicated the same day. Funding will cover space remodeling to ensure that examination rooms guarantee confidentiality during counseling and that wards offer minimal room for testing activities; salaries of current counselors and phlebotomists and hiring of additional ones to guarantee continuous availability of services throughout business hours; and procurement of critical utilities such as gas for refrigerators.

Activity 2: The MOH will provide site and community-based HIV testing promotion to create demand and encourage patients to be tested. Funding will be centralized and will be used to procure equipment and materials for promotional activities (TV, VCR) for the sites; produce posters, brochures and other materials to be distributed to patients along with banners and street signs to create greater awareness of the opportunity offered by the facilities. Posters encouraging testing will be placed in prominent locations throughout the facilities. In addition, the MOH will support community testing days at all sites and will sponsor special radio spots promoting testing events.

Activity 3: The MOH will ensure that each service provider at the 25 participating sites develops the skills to provide pre- and post-test counseling and HIV testing using HIV rapid test kits. Training will include training for residents and continuing education sessions for the staff to keep them abreast of new developments in CT, particularly the psychological aspects of post-test counseling of HIV positive patients. This will include psychological support, assurance of confidentiality, identification of strategies to deal with family ramifications of the disease, including who in the family to discuss the patient's status with, organization of support groups, referral for nutritional support and other sources of economic support.

Activity 4: The MOH will reinforce regulatory activities and ensure adequate quality assurance and quality improvement (QA/QI) processes are in place. The USG Team will support the services of a national CT QA/QI team that will periodically visit all sites, use a supervision checklist, and ensure that all sites respect norms regarding CT. In addition, at this time, no clear effective policy is applied by CT service personnel in case of discordant results in couples. The USG will help the MOH integrate its facilities into a program that

will examine the best policies for counseling couples on discordant results.

Continued Associated Activity Information

Activity ID: 3902
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Ministre de la Sante Publique et Population, Haiti
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 100,000.00

Emphasis Areas

	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50

Targets

Target	Target Value	Not Applicable
Supervision visits per year to each site	6	<input type="checkbox"/>
Number of rapid tests purchased		<input checked="" type="checkbox"/>
Number of service outlets providing counseling and testing according to national and international standards	40	<input type="checkbox"/>
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	76,000	<input type="checkbox"/>
Number of individuals trained in counseling and testing according to national and international standards	95	<input type="checkbox"/>

Target Populations:

Public health care workers

Coverage Areas:

National

Table 3.3.09: Activities by Funding Mechanism

Mechanism: ITECH
Prime Partner: University of Washington
USG Agency: HHS/Health Resources Services Administration
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 9360
Planned Funds: \$ 500,000.00

Activity Narrative: Linked to Activities 9725, 9343, 9340, 9341, 10240.

SUMMARY: I-TECH will establish a subcontract with the Haitian Institute for Community Health (INHSAC) to provide training and supportive supervision in HIV counseling for 300 health workers throughout Haiti. INHSAC will work with I-TECH to provide technical assistance to the social sciences faculty to integrate practical, skills-based training approaches into the counseling curriculum. The emphasis areas for this initiative include: training; quality assurance (QA), quality improvement (QI), and supportive supervision; development of network linkages and referral systems; and information/education/communication (IEC). Specific target populations include: health care workers, people affected by HIV/AIDS, HIV-positive pregnant women, HIV-positive infants and children, and special populations. Coverage areas include all geographic regions receiving USG support for counseling and testing. Final products of FY 2007 include increased capacity among social sciences faculty to integrate practical, skills-based teaching into diploma program for social workers and psychologists and the INHSAC Training Center in Port-au-Prince strengthened with improved physical infrastructure, additional staff and increased capabilities to conduct training, supervision and QA/QI of counseling services on a national level.

BACKGROUND: In 2004-05, I-TECH supported INHSAC to develop an HIV counseling curriculum covering voluntary counseling and testing (VCT), antiretroviral treatment (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. INHSAC completed a Training of Trainers (TOT) session for 20 trainers, and completed training of 181 health workers. I-TECH provided technical assistance to INHSAC through sharing of curriculum resources and intensive joint work on the INHSAC curriculum, and supported implementation of a training database (TIMS) at INHSAC to track HIV counseling and other training. In late 2006, I-TECH will collaborate with INHSAC and the Ministry of Health (MOH) for national validation of the HIV counseling curriculum. In FY06, INHSAC received funding from the USG through Management Sciences for Health / Health Systems 2007 (MSH/HS2007) for a small-scale training program in HIV counseling (50 health workers).

ACTIVITIES AND EXPECTED RESULTS: Activity 1: I-TECH will renew collaboration with INHSAC to address unmet training needs in counseling and psychosocial support services in the context of VCT, Prevention of Mother-to-Child Transmission (PMTCT), palliative care, and ART services. Using its existing HIV counseling curriculum, INHSAC will carry out training sessions for HIV service providers at its campus in Port-au-Prince and in five other regions of Haiti. INSHAC will launch a practicum component to training sessions, to increase experiential learning and skills transfer. INHSAC will also add a supportive supervision function whereby trainers make site visits to observe and mentor trainees as they work in multidisciplinary care teams with HIV patients. Supportive supervision will reinforce learning, support professional development and quality services, and help to develop forums for health workers to discuss and diffuse stress and avoid burn-out. Finally, INHSAC will assist I-TECH to plan, carry out, and evaluate a faculty development workshop for the social sciences faculty, to meet a demonstrated need to shift the pre-service training of social workers and psychologists to integrate practical, skills-based teaching approaches (participatory training methods, supervised practicum experiences, etc.) to better prepare social workers and psychologists for professional practice in HIV care and treatment settings.

This activity has important implications for the sustainability of the President's Emergency Plan for AIDS Relief (PEPFAR) funded program in Haiti, in that a local organization is being strengthened to carry on training, supervision and QA/QI in counseling services after PEPFAR.

Resources required for this initiative include: staffing (administrators, 2 lead trainers, training coordinator, and support staff); supplies, furniture, and equipment for training classrooms; vehicle for transport of trainers to regional training sites and to supportive supervision visits; generator for back-up power supply; transportation and per diem costs for trainees and trainers; office rent, utilities, communications; improvements to INHSAC's Port-au-Prince training center, including the addition of one classroom to the upper story

and the procurement of a generator for backup power supply. These resources will provide INHSAC sufficient infrastructure to maintain its role in supporting USG training goals.

Emphasis Areas

	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Information, Education and Communication	10 - 50
Infrastructure	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Supervision visits per year to each site	6	<input type="checkbox"/>
Number of rapid tests purchased		<input checked="" type="checkbox"/>
Number of service outlets providing counseling and testing according to national and international standards		<input checked="" type="checkbox"/>
Number of individuals who received counseling and testing for HIV and received their test results (including TB)		<input checked="" type="checkbox"/>
Number of individuals trained in counseling and testing according to national and international standards	300	<input type="checkbox"/>

Target Populations:

People living with HIV/AIDS
 HIV positive pregnant women
 Caregivers (of OVC and PLWHAs)
 HIV positive infants (0-4 years)
 HIV positive children (5 - 14 years)

Coverage Areas:

National

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Partnership for Supply Chain Management
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	9362
Planned Funds:	\$ 1,000,000.00
Activity Narrative:	Linked to Activities 9674, 9333, 9675, 9332, 10204, 10353, 9365, 9309, 9267, 9258, 9363, 9275, 9280.

SUMMARY: This activity will guarantee the availability of rapid tests, other tests, and reagents and supplies needed by the laboratory in detection of HIV among the adult population. The list of commodities needed includes: (i) rapid and confirmatory test kits, (ii) rapid test kits for syphilis, and (iii) test kits, reagents and supplies for quality control and quality assurance. Emphasis will be placed on the procurement of supplies and commodities which are essential for an effective CT program component. This activity targets the general population, with an emphasis on men and women of reproductive age. An active distribution system of these commodities, in coordination with the existing anti-retroviral (ARV) drug distribution system, will be implemented at all partner sites for the President's Plan for AIDS Relief (PEPFAR) in Haiti.

BACKGROUND: This project is part of a new initiative, started in FY 2006 with PEPFAR funding, which covers fifteen focus countries and three additional countries. Haiti is one of the first countries to have a fully-established PFSCM office. The activities are designed to assist the Haitian Ministry of Health (MOH) and other partners to reach the national objectives. The aim is to provide all PEPFAR sites in Haiti with an uninterrupted supply of high-quality rapid test kits and related laboratory commodities in the appropriate amounts, in good condition, and at a fair price.

ACTIVITIES AND EXPECTED RESULTS: Activity 1: PFSCM will purchase test kits and related commodities and supplies for HIV rapid tests and syphilis testing for 198,000 individuals. In addition, PFSCM will be responsible for ensuring proper storage and distribution of the tests to the different sites. The storage and distribution system for these tests will be integrated with existing systems implemented for all other PEPFAR-related supplies and commodities.

Activity 2: PFSCM will work with different stakeholders, particularly the MOH and partners involved in providing clinical-based services (CT, prevention of mother-to-child transmission [PMTCT], Palliative care), to assess and quantify the needs for each site.

Activity 3: PFSCM will coordinate the distribution of tests with lab infrastructure activities and training and quality assurance/quality improvement (QA/QI) of the National Network of Labs to ensure that at each site has the capacity to store the commodities and perform the HIV testing.

Emphasis Areas

Commodity Procurement

% Of Effort

10 - 50

Targets

Target

Supervision visits per year to each site

Target Value

4

Not Applicable

Number of rapid tests purchased

237,600

Number of service outlets providing counseling and testing according to national and international standards

Number of individuals who received counseling and testing for HIV and received their test results (including TB)

Number of individuals trained in counseling and testing according to national and international standards

Target Populations:

Men (including men of reproductive age)

Women (including women of reproductive age)

Coverage Areas:

National

Table 3.3.09: Activities by Funding Mechanism

Mechanism: PIH
Prime Partner: Partners in Health
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 9363
Planned Funds: \$ 250,000.00

Activity Narrative: Linked to Activities 9682, 9318, 9673, 10668, 10241.

SUMMARY: The activities described below are carried out to support comprehensive counseling and testing services, and to ensure training and supervision of trainers/counselors in counseling and testing (CT) and sexually transmitted infection (STI) detection and management. The primary emphasis areas for these activities are human resources, training and infrastructure. Specific target populations include adults, most-at-risk populations, out-of-school youth, street youth, migrants, orphans and vulnerable children (OVC) and people living with HIV/AIDS (PLWHA). The activities will be carried out at seven sites in the Central Regional Department, and two sites in the Artibonite Regional Department.

BACKGROUND: PIH and its local partner organization, Zanmi Lasante (ZL)'s CT activities are part of a comprehensive HIV prevention and treatment program started by PIH/ZL in 1998; expanded in late 2002 through the public sector in partnership with the Haitian Ministry of Public Health and Population (MOH) and with funds from the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund); and further expanded to Hinche, Cerca La Source, Petite Rivière and St. Marc with the support of President's Emergency Plan for AIDS Relief (PEPFAR) in FY05 and FY06. Since 2004 the program has been a collaboration between these four important partners—PIH/ZL, MOH, Global Fund, and PEPFAR—and since 2005 work in the Artibonite region has been strengthened by involving several new nongovernmental organization (NGO) partners in the community of St. Marc – Sant Santé Premye Echelon (SSPE) and Promotion Objectif Zerosida (POZ) – and in Petite Rivière, Centre Medical Charles Colimon (CMCC), a Medecins Sans Frontières-affiliated institution. PIH/ZL is committed to a long-term partnership with the MOH, and in all of the activities, PIH/ZL is dedicated to strengthening the public sector by training local staff, including MOH health workers.

One of the most daunting challenges facing HIV scale up efforts in poor, rural settings is the question 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 of the public clinics in Haiti stand empty. In this context, there is little uptake of CT. 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 voluntary counseling and testing (VCT) was initiated in the capital of the Central Regional Department, Hinche, by the MOH in January 2003; in the first year of operation, only 43 patients were tested. The PEPFAR-backed PIH/ZL initiative in Hinche began in March 2004. In the first year of joint operations, the PIH/ZL-MOH clinic in Hinche performed 5,884 tests; of these, 435 were positive, and 310 people were started on antiretroviral treatment (ART).

The comprehensive services that have needed reinforcement at each of the HIV sites include offering CT via the "opt-out" strategy in the primary care clinic; improved TB casefinding and holding; the diagnosis and treatment of STIs; and expanded women's health services. These "four pillars" provide the basic entry points for the ART program and assure improved health in the community at large. Results of the activities described below will 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 ART services.

ACTIVITIES AND EXPECTED RESULTS: Activity 1: The first activity is to continue providing comprehensive CT services via the "opt-out" strategy in the primary care clinics at PIH/ZL's six hospitals/health centers in the Central Plateau, as well as in the areas around these sites via mobile clinics. This activity will build on last year's success in reaching just over 45,000 individuals with CT. With this renewed funding, PIH/ZL will increase and improve efforts to provide CT to Haiti's most marginalized groups, including migrants and OVC. In order to reach these high risk groups, we will with this funding initiate a series of activities, including additional mobile clinics, a site-wide community outreach campaign for uptake of CT, and greater programmatic and staff focus on identifying and treating pediatric HIV cases (including Dried Blood Spot [DBS] testing for all OVC less than 18 months of age). In these activities, PIH/ZL will strive to ensure that an equitable number of women and men receive treatment. New CT staff will be trained in coordination with the USG-supported I-TECH/INHSAC training program in CT.

Activity 2: The second activity is to scale-up access to CT in the Artibonite region. PIH/ZL will expand CT services within a primary care setting at the public health centers at Petite Riviere, St. Marc and Montrouis. This expansion will necessitate training of clinicians at these new sites in CT practice, as well as require the enhancement of facilities for CT activity.

Activity 3: The third activity is the detection and treatment of STI. Through this activity PIH/ZL will maintain the infrastructure to detect and manage syphilis and other STIs within the HIV initiative at its six sites in the Central Plateau and will grow this capacity at the health centers at Petite Riviere, St. Marc and Montrouis. This latter effort will require training of the clinical staff (both ZL and MOH employees) at these newer sites to ensure effective STI detection and treatment.

Emphasis Areas

	% Of Effort
Human Resources	10 - 50
Infrastructure	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Supervision visits per year to each site	12	<input type="checkbox"/>
Number of rapid tests purchased		<input checked="" type="checkbox"/>
Number of service outlets providing counseling and testing according to national and international standards	10	<input type="checkbox"/>
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	45,000	<input type="checkbox"/>
Number of individuals trained in counseling and testing according to national and international standards	1,377	<input type="checkbox"/>

Target Populations:

Adults
 Most at risk populations
 Orphans and vulnerable children
 People living with HIV/AIDS
 Migrants/migrant workers
 Out-of-school youth

Coverage Areas

Artibonite
 Centre

Table 3.3.09: Activities by Funding Mechanism

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:	GHAI
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	9364
Planned Funds:	\$ 75,000.00
Activity Narrative:	Linked to Activities 9327, 9326, 9362.

SUMMARY: Activities are carried out to support expansion of comprehensive counseling and testing (CT) services to high risks behavior groups such as men who have sex with men (MSM), young adults in vocational school, and communities with long distance bus drivers. Services in this project will include pre- and post test counseling; HIV testing; increasing outreach activities such as using field promoters to identify clients among the targeted populations; supervision and training of counseling and testing (CT) counselors for increasing quality of services. These services support the national HIV/AIDS Plan and meet the approval of the Ministry of Health (MOH).

Counseling and testing (CT) services began in 2002 at the center of education and counseling services named CESAC, a concept of integrated HIV/AIDS case management promoted by POZ. Funded initially by the Global Fund, these activities provided a continuum of community care services which have been successful in making people living with HIV/AIDS less isolated and empowering them to live positively. In FY 2004 the USG began procuring test kits and other supplies for laboratory screening. For this current activity, POZ will promote and implement the CT services in areas of Port au Prince and Montrouis where high risk behavior groups meet.

ACTIVITIES AND EXPECTED RESULTS: Activity 1: POZ will provide comprehensive CT services through both stand-alone sites located in Port au Prince and an integrated CT service site at the POZ Community Health Center in Montrouis. Pre- and post-test counseling will be provided by trained counselors. HIV testing, using rapid test kits, will be conducted on-site and results provided the same day and individuals who test positive will be registered for follow-up service. The follow-up counseling program will meet the needs of people living with HIV/AIDS, their partner(s), family members, and friends. Services provided will include: follow-up individual counseling, family counseling, partner notification and support groups. Regular clients will be assigned a counselor responsible for managing their cases. While the operational costs of the centers will come from Global Fund, the USG will provide test kits, lab equipment, drugs, and support the establishment of a new lab, as well as the addition of a technician and two field promoters to expand the services.

Activity 2: POZ will provide high quality CT services to clients visiting these centers. With PEPFAR funding, POZ will strengthen and expand these services by providing continuing training to counselors, and by monitoring performance and efficiency of services. All training and refresher courses for VCT staff will be coordinated with the USG-supported CT training program funded under I-TECH/INHSAC.

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 antiretroviral treatment.

Emphasis Areas**% Of Effort**

Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Supervision visits per year to each site	24	<input type="checkbox"/>
Number of rapid tests purchased		<input checked="" type="checkbox"/>
Number of service outlets providing counseling and testing according to national and international standards	3	<input type="checkbox"/>
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	3,500	<input type="checkbox"/>
Number of individuals trained in counseling and testing according to national and international standards	25	<input type="checkbox"/>

Target Populations:

Adults
Discordant couples
Men who have sex with men
Street youth
Military personnel
Mobile populations
People living with HIV/AIDS
University students
Transgender individuals

Coverage Areas

Ouest
Artibonite

Table 3.3.09: Activities by Funding Mechanism

Mechanism: Basic Health Services
Prime Partner: Management Sciences for Health
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 9365
Planned Funds: \$ 250,000.00

Activity Narrative: Linked to Activities 9683, 9791, 9937, 10109, 9676, 10203, 9362.

SUMMARY: Management Sciences for Health (MSH), the USAID contractor that implements USAID's Health Systems 2007 (HS2007) Project for maternal and child survival, reproductive health and tuberculosis programs, works through a network of NGOs which offer services at different levels of the Haitian health care system: hospitals, health centers, dispensaries and community networks. With FY 2005 and FY 2006 PEPFAR resources, the USG has taken a series of steps to wrap around this program, in order to deliver integrated HIV 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 such as: CT, PMTCT, Palliative Care and ARV treatment. The backbone of these programs remains the counseling and testing (CT) services that in FY06 are offered in 30 sites covering 80% of the points of services of this network.

As of March 2006, 25,000 people have been tested through this network. In FY 2005, these CT services were delivered in a vertical manner with limited integration with other HIV/AIDS activities, weak demand creation efforts and limited counseling to partners and family. With FY 2006 resources, steps are being taken to fill in these gaps to expand quality CT services to 75,000 people by September 2007. The USG will use FY 2007 resources to continue strengthening CT services thru this network in order to reach the overall USG objectives to test 300,000 people per year.

BACKGROUND:

Although the USAID contract with MSH will end in September 2007, steps have already been taken to put in place a follow-on program that will be operational by mid 2007, and FY 2007 PEPFAR funding will be put into this mechanism. A new USAID contractor will have been identified by that time through which resources to support CT services in the NGO network will be channeled.

Emphasis will be placed on reinforcement of service delivery sites to ensure that CT is being integrated into all wards of the facilities, particularly the maternity ward, the TB clinic and the general care ward. Last year a model of mobile CT services was successfully launched in one of the PEPFAR-supported NGO networks. The USG will take steps to expand this model of mobile CT to NGOs in the USAID-supported NGO network with a strong community arm. More demand creation activities will be carried out at and around these CT sites to ensure effective use of these services. A particular emphasis will be put on improving the quality of counseling by improving post test counseling in adherence and protective behavior to provide necessary support to PLWHA to keep them in the care system, access their partners and family and encourage protective behavior. At the regional departmental level, these CT sites will be linked to the palliative care sites as well as to the PLWA support groups to ensure a continuum of services to PLWHA.. The USAID contractor will participate in all efforts to coordinate and provide hands-on technical assistance in order to improve the quality of counseling and testing services, as well as to develop a standardized model of mobile C&T services with the MOH and other stakeholders throughout the country.

ACTIVITIES AND EXPECTED RESULTS:

The USG will provide PEPFAR resources to the TBD contractor to provide counseling and testing services to 100,000 people through the following activities:

Activity 1: Support will be provided to 30 existing and 10 new points of services within the network to reinforce their service organization to integrate CT services into the routine clinical services offered to all patients. Pre- and post-test counseling will be carried out at various wards of selected facilities, and test results communicated the same day. CT clients will be counseled and referred appropriately to family planning and sexually transmitted infection services. Funding will cover space refurbishing to ensure that examination rooms guarantee confidentiality during counseling and that wards offer minimal room for testing activities; salaries of current counselors and phlebotomists and hiring of additional ones to guarantee continuous availability of services throughout business hours; and procurement of critical utilities such as gas for refrigerators.

Activity 2: Site and community-based HIV testing promotion will be reinforced to create demand and encourage people with risky behavior to be tested. Resources will be allocated to procure equipment and materials for promotional activities (TV, VCR) for the sites; produce posters, brochures and other materials to be distributed to targeted populations along with banners and street signs to create greater awareness of the opportunity offered by the facilities. Posters encouraging testing will be placed on prominent locations throughout the facilities. This will be done in integration with the HIV community mobilization program that will be reinforced around the different sites.

Activity 3. The TBD PHN Contractor will work through the ITECH/INHSAC CT training program to ensure that each service provider at the 40 participating sites develops the skills to provide pre- and post-test counseling and HIV testing using HIV rapid test kits. Training will include training for residents and continuing education sessions for the staff to keep them abreast of new developments in C&T, particularly the psychological, adherence and protection aspects of post-test counseling of HIV positive patients. This will include psychological support, assurance of confidentiality, identification of strategies to deal with family ramifications of the disease, including who in the family to discuss the patient's status with, organization of support groups, referral for nutritional support, family planning and reproductive health services and sources of support for income generation activity.

Activity 4: The TBD contractor will reinforce regulatory activities and ensure adequate quality assurance and quality improvement (QA/QI) processes are in place. The USG Team will support the services of a national C&T QA/QC team that will periodically visit all sites, use a supervision checklist, and ensure that all sites respect norms regarding C&T. In addition, at this time, no clear effective policy is applied by C&T site personnel in case of discordant results in couples. The TBD contractor will participate in all efforts to help the MOH integrate its facilities into a program that will examine the best policies for counseling couples on discordant results.

Emphasis Areas

	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50

Targets

Target	Target Value	Not Applicable
Supervision visits per year to each site		<input checked="" type="checkbox"/>
Number of rapid tests purchased		<input checked="" type="checkbox"/>
Number of service outlets providing counseling and testing according to national and international standards	40	<input type="checkbox"/>
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	100,000	<input type="checkbox"/>
Number of individuals trained in counseling and testing according to national and international standards	95	<input type="checkbox"/>

Target Populations:

Adults
People living with HIV/AIDS

Coverage Areas

Artibonite
Grand-Anse
Nord
Nord-Est
Nord-Ouest
Ouest
Sud
Sud-Est

Table 3.3.09: Activities by Funding Mechanism

Mechanism: ITECH
Prime Partner: University of Washington
USG Agency: HHS/Health Resources Services Administration
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 12424
Planned Funds: \$ 400,000.00
Activity Narrative: Need narrative.

Table 3.3.09: Activities by Funding Mechanism

Mechanism: AIDS Relief
Prime Partner: Catholic Relief Services
USG Agency: HHS/Health Resources Services Administration
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 12425
Planned Funds: \$ 100,000.00
Activity Narrative: Need narrative.

Table 3.3.09: Activities by Funding Mechanism

Mechanism: USAID/GAC/HQ
Prime Partner: Johns Hopkins University Center for Communication Programs
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 12426
Planned Funds: \$ 300,000.00
Activity Narrative: Need narrative.

Emphasis Areas

Community Mobilization/Participation

% Of Effort

51 - 100

Development of Network/Linkages/Referral Systems

10 - 50

Target Populations:

People living with HIV/AIDS

Key Legislative Issues

Stigma and discrimination

Coverage Areas:

National

Table 3.3.09: Activities by Funding Mechanism

Mechanism: USAID/GAC/HQ
Prime Partner: Population Services International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 12427
Planned Funds: \$ 300,000.00
Activity Narrative: Need narrative.

Emphasis Areas

Community Mobilization/Participation

Development of Network/Linkages/Referral Systems

% Of Effort

51 - 100

10 - 50

Key Legislative Issues

Stigma and discrimination

Table 3.3.10: Program Planning Overview

Program Area: HIV/AIDS Treatment/ARV Drugs
Budget Code: HTXD
Program Area Code: 10

Total Planned Funding for Program Area: \$ 6,702,679.00

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 3 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. As of March 2006, over 50,000 HIV+ persons identified through the PEPFAR program were receiving care and treatment and over 7,000 of these were on antiretroviral (ARV) treatment.

By September 2007 (with FY 2006 funds) the USG, in collaboration with the GF, will supply long-term ART to 15,000 people, antiretroviral prophylaxis to 1,465 pregnant women and palliative care and opportunistic infection treatment to 80,000. In six of the USG-supported sites, first-line regimens are procured by the GF and the USG provides the second-line and third-line regimens and pediatric drugs. In all other sites, the USG provides all of the ARV drugs, most through the Partnership for Supply Chain Management (PFSCM), with drugs for four sites procured by CRS under the AIDSRelief Track 1 mechanism. The proportional split of ARV drug procurement for Haiti is approximately 65% by the USG and 35% by the GF. It is expected that this proportional split will remain approximately the same in FY 2006 and FY 2007. By September 2007, the USG Team will provide ARV drugs and service delivery support to the 34 ARV sites in the country, having added 6 new sites during the year, and having reinforced all previously established sites. A focus is being placed on pediatric AIDS services in FY 2006, with a planned expansion from 3 to 10 sites offering services and a September 2007 target of 800 children receiving ART, up from 400 in September 2006. An estimated 3,000 children are in need of ART in Haiti. Given the unmet need, 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.

With FY 2007 funds, the USG, through PFSCM and in continued collaboration with the GF, through a second AIDS grant in Round 5, will ensure availability of ARV drugs at 41 sites in accordance with the Ministry of Health (MOH) guidelines. The September 2008 targets are 20,000 persons on ART, 2,325 pregnant women supplied with prophylactic ART and 100,000 receiving palliative care. The focus of the USG efforts in drug procurement and supply chain management in FY 2007 will be:

- a single coordinated commodity procurement and management system in support of the MOH's National AIDS Program, integrating the CRS AIDSRelief and GF procurement systems;
- improving the quality of available information and the management of the supply chain;
- monitoring 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;
- providing 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, reinforcement of regional departmental and central warehouses to improve cold chain requirements and storage conditions.

Warehousing of health commodities in Haiti has been a chronic challenge to logisticians over the years and has only been made more complex in the current context of instability and insecurity caused by the socio-political situation. There is no national entity responsible for warehousing and distribution of drugs and medical supplies to the whole health network. The Essential Medicines Program (PROMESS), a World Health Organization and other United Nations stakeholders' project, was established over 10 years ago but has not been able to effectively and definitively address these issues. One major drawback to the PROMESS system is that its mandate is procurement and warehousing, but does not include distribution to hospitals and other health delivery sites. With the advent of ART for AIDS treatment in Haiti, the warehousing and distribution became more important as a key aspect to the success of the HIV/AIDS program to ensure

availability to the patient of quality drugs at all times, in the right place and in the appropriate amounts. 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 took the necessary steps in the first two years of PEPFAR to be able to provide HIV/AIDS drugs and commodities without interruption by establishing a separate warehouse and distribution system and took the leadership for related activities in training, supervision and logistics information systems to ensure national scale up efforts. A fleet of vehicles, contracted distribution agents and frequent use of local airlines to move the products quickly and efficiently were key elements of the rapid scale up of ART in Haiti during a very difficult period.

The challenge for FY 2007 is to reduce the redundancy of AIDS commodities procurement and logistics in the country and work to strengthen the MOH system and procedures. The USG is working toward this goal, with PFSCM as the main partner. In FY 2007, 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. This technical assistance will be conducted in September 2006 and the recommendations will be implemented during FY 2007. Any new solution needs to look at the road conditions, the existing infrastructure, the available service suppliers and the security issues, among other things.

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.

Haiti will continue to work with Axios Foundation to secure donations of nevirapine and rapid test kits for pregnant women under their Prevention of Mother-to-Child Transmission (PMTCT) Program. A recent modification of the PMTCT national guidelines calls for combination therapy for preventing vertical transmission and thus the USG will purchase AZT and 3TC to use in combination with nevirapine for PMTCT services.

Table 3.3.10: Activities by Funding Mechanism

Mechanism: Track 1 ARV
Prime Partner: Catholic Relief Services
USG Agency: HHS/Health Resources Services Administration
Funding Source: Central (GHAI)
Program Area: HIV/AIDS Treatment/ARV Drugs
Budget Code: HTXD
Program Area Code: 10
Activity ID: 8162
Planned Funds: \$ 302,679.00

Activity Narrative: SUMMARY: The overall goal of the CRS AIDSRelief supply chain 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 sites 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. ARV drug management under AIDSRelief's Haiti program is a continuing activity and was fully funded in FY06. AIDSRelief directly procures ARVs for use within the program through International Dispensary Foundation (IDA) Netherlands, as the procurement agent. AIDSRelief collaborates with the Government of Haiti for the importation of ARVs through Haiti's Customs and Ministry of Health (MOH) departments whose regulations guide the functioning of the pharmaceutical import sector. The drugs imported are according to treatment regimens as specified in national protocols. Management of ARVs under AIDSRelief is made possible through partnership with the World Health Organization (WHO)/Pan America Health Organization (PAHO) PROMESS Program, which also supports other government drug management activities. PROMESS facilitates customs clearance for AIDSRelief drugs, warehousing and distribution.

ACTIVITIES AND EXPECTED RESULTS:

Activity 1: AIDSRelief will strengthen local capacity in the area of pharmaceutical management and support. AIDSRelief Haiti has hired a dedicated highly qualified pharmacist whose main responsibility is to support sites to strengthen their pharmacy and supply chain management capacity. Key pharmacy personnel will be individually trained and mentored 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. Drug dispensing records at each of the eight site pharmacies will be computerized and a dispensing software program installed to track ARVs dispensed. To promote best practices in pharmacy management, key pharmacy staff will visit other sites to exchange lessons learned and adopt best practices. This initiative to improve learning is also part of an overall staff retention strategy.

Activity 2: AIDSRelief will make structural improvements at each of the eight hospital facilities in its network to improve drug storage and management of drug stocks. All site pharmacies will be refitted to increase storage space in order to accommodate increased patient scale-up. This process has already begun at Gonaives' Hôpital La Providence, the Ministry of Health's regional hospital for the Artibonite Regional Department, and will be initiated at the other facilities in the AIDSRelief program in FY07.

Activity 3: AIDSRelief will collaborate with other stakeholders involved with HIV/AIDS care to improve efficiency. AIDSRelief will work with the USG Team, the Partnership for Supply Chain Management (PFSCM), the Government of Haiti and PROMESS to strengthen supply chain and pharmacy management capacity of AIDSRelief's sites. Joint training sessions, sharing of materials, joint planning and regular meetings will be undertaken 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: AIDSRelief will provide ARVs of highest quality through its eight clinical facilities. In keeping with PEPFAR's goal of clinical excellence, AIDSRelief will ensure patients uninterrupted access to treatment. As AIDSRelief continues to increase its enrollment, pharmacy management and infrastructure will be prepared to accommodate program expansion. The ARV drugs purchased under this centrally-funded Track 1 activity will be supplemented by ARV drugs purchased for the USG Haiti program by PFSCM under the PEPFAR country funds in order to ensure a full year's supply of drugs for all patients at the eight sites in the AIDSRelief network.

Emphasis Areas

	% Of Effort
Commodity Procurement	10 - 50
Infrastructure	10 - 50
Local Organization Capacity Development	10 - 50
Logistics	10 - 50
Training	10 - 50

Target Populations:

Doctors
Nurses
Pharmacists
People living with HIV/AIDS
Public health care workers
Private health care workers
Doctors
Nurses
Pharmacists
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Coverage Areas

Artibonite
Centre
Sud
Nippes

Table 3.3.10: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Partnership for Supply Chain Management
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Drugs
Budget Code: HTXD
Program Area Code: 10
Activity ID: 9332
Planned Funds: \$ 6,400,000.00

Activity Narrative: Linked to Activities 9674, 9333, 9675, 9362, 10204, 10353, 8162.

SUMMARY: Activities are carried out to provide best quality anti-retroviral (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 a new initiative started in FY 2006 with PEPFAR funding covering the 15 focus countries and three other bilateral country programs to date. Haiti is one of the first countries to have a fully established PFSCM office. The activities are keyed to assist the Ministry of Health (MOH) in reaching the national ARV treatment objectives by ensuring an uninterrupted supply of ARVs and related HIV commodities. In September 2006, 32 sites, divided between nongovernmental organization (NGO) sites and public hospitals, were distributing ARVs in Haiti. In six of the USG-supported sites, first-line regimens are procured by the Global Fund and SCMS provides the second-line and third-line regimens and pediatric drugs. In all other sites, the USG provides all of the ARV drugs, most through SCMS with drugs for four sites procured by CRS under the AIDSRelief Track 1 mechanism. A thorough drugs assessment was carried out in collaboration with the Global Fund in early 2006 and a determination of future procurement of ARVs and their timing has been completed. Constant monitoring of stocks and needs is on-going and SCMS has been able to respond to two Global Fund stock-outs with available product because of sufficient buffer stock in-country. Major purchases will occur during FY 2007, observing the approved national guidelines for care and treatment.

ACTIVITIES AND EXPECTED RESULTS: Activity 1: PFSCM will procure ARVs and will contribute to national drug forecasting efforts to ensure an uninterrupted supply of ARVs for people living with HIV/AIDS (PLWHA). In 2004, PEPFAR joined in the procurement effort of ARVs and since has become 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. PFSCM will procure only those drugs included in the national treatment guidelines and will make every effort to coordinate timing and quantities of ordering with the Global Fund counterparts. The Global Fund plans to centralize all ARV procurement away from its sub-recipients to a single purchase and distribution system and, in FY 2007, will work with PFSCM towards a unique, national forecasting and purchasing. PFSCM will continue to purchase second and third-line regimens for all sites, including the sites for which Global Fund will procure first-line regimens. Additionally, in FY 2007, PFSCM will take over the procurement of all ARV drugs for the USG-supported sites run by CRS AIDSRelief that were previously receiving ARVs supplied directly by AIDSRelief under the Track 1 funding mechanism. This consolidation of procurement will facilitate planning, procurement and reduce double purchasing, thus decreasing MOH and donor redundancy. PSCM also will purchase ARVs for pediatric patients and those PMTCT drugs that are not donated through the Axios Foundation PMTCT Program. The national norms for both these categories have been completed permitting better forecasting based on approved national norms. All ARVs will have to be approved or pre-approved by the Food and Drug Administration (FDA) in order to be purchased by PSCM. This funding will go specifically to support procurement of ARV drugs to adults, children and pregnant women. This activity will build on USG's FY 2006 success in maintaining a stock of ARVs sufficient for the needs of PLWHA without interruption. The continuing activity will take into account Global Fund stocks.

Activity 2: PFSCM 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 for each individual treatment site, along with drug budgets and procurement plans will improve the quality of available information and the management of the supply chain. PFSCM will provide technical assistance to the

MOH at the National AIDS Control Program for ongoing coordination of procurement planning and stock management. PFSCM will provide periodic formal training in logistics and stock management with emphasis on HIV commodities, and will also continue to conduct continuous onsite training, assistance follow up to training and supervision of stock activities. These activities will encompass public sector (MOH) sites, NGO-operated sites with an objective of 41 sites across the country by September 2008. PFSCM will provide computerized reports of commodity needs projections for each site, and for the national level, including all commodity sources. PFSCM will update commodity needs forecasting quarterly 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 Voxiva, a member of the PFSCM, will be pilot-tested during FY 2007 to improve speed, accuracy of the reporting process and better information sharing on patients and stocks. Pharmacists, nurses, and 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: PFSCM will refurbish selected sites across the country as well as the provide necessary equipment and furniture to warehouses and dispensing areas. The central warehouse will incur additional improvements and/or additional space to accommodate the increasing volume of stocks and the variety of the products. All physical improvements will ensure a constant and reliable power supply, safe and controlled environment as well as adequate cold chain equipment.

Continued Associated Activity Information

Activity ID: 4350
USG Agency: U.S. Agency for International Development
Prime Partner: Partnership for Supply Chain Management
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 7,084,293.00

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Infrastructure	10 - 50
Local Organization Capacity Development	10 - 50
Needs Assessment	10 - 50

Target Populations:

Nurses
 Pharmacists
 Non-governmental organizations/private voluntary organizations
 People living with HIV/AIDS
 HIV positive pregnant women
 Public health care workers
 HIV positive infants (0-4 years)
 HIV positive children (5 - 14 years)

Key Legislative Issues

Other

Coverage Areas:

National

Table 3.3.11: Program Planning Overview

Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11

Total Planned Funding for Program Area: \$ 22,905,000.00

Program Area Context:

The USG has built on the successful implementation of the two models of treatment of 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. 32 sites provide ARV treatment (ART) in the country through the PIH and GHESKIO networks and two additional networks, Catholic Relief Service Consortium (CRSC) and Management Sciences for Health / Health Systems 2007 (MSH/HS2007). The PIH network includes 1 center of excellence and 8 peripheral sites located in the Center Regional Department. The GHESKIO network consists of 1 large reference center located in Port-au-Prince and 9 peripheral sites throughout the country. The CRSC network includes 8 sites in 3 regional departments while the HS2007 network has 4 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 which provides resources for the purchase of ARV drugs (see ARV Drug Program Narrative) and ARV service delivery for some of the same partners supported by the USG, notably PIH and GHESKIO. The USG provides substantial service delivery support to all ARV sites in the country and approximately 60% of the ARVs and thus reports as direct targets all patients on ARV in Haiti. The USG team coordinates planning, monitoring and reporting closely with the Global Fund to ensure that implementing partners are not receiving duplicate funding for the same purpose and that the numbers reported are the same.

With FY06 resources the USG Team is expanding ARV services to two new sites to reach a total of 34 sites by March 2007. 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. 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). Patients also receive psycho-social assessment and support. To ensure adherence to ART, the program builds on 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 being expanded to be used in all 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. 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 FY07 the USG Team will support expansion of pediatric treatment in at least 10 new sites. In many instances, particularly in the GHESKIO and PIH network, this investment of resources has been made jointly with the Global Fund through a well-coordinated collaboration which has had a very positive impact on the national program.

As of March 2006, close to 7,000 PLWHAs were enrolled on ART throughout the country, including 300 children. It was demonstrated that most of the patients adhered to treatment, based on number of visits and pill counts. A substantial improvement in patient condition based on the analysis of mean CD4 has also been reported.

However, many challenges remain in order to reach the USG ARV treatment targets for Haiti. There is a

need to further strengthen human resources and infrastructure at ARV service sites. More sites will be needed in regional departments with the highest prevalence, such as the Nippes and North West, and in the metropolitan area where one-fourth of the population is living. The management of the program, particularly training and QA/QI activities, must be decentralized for effective scale up of ARV services nationwide. This can be accomplished through the establishment of regional centers of excellence. The national guidelines for care and follow up of patients need to be updated. 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 identify children in need of treatment, capacity for pediatric AIDS diagnosis must be improved.

With FY07 resources, the program have 20,000 PLWHAs enrolled in ARV treatment. At the service delivery level, the USG Team will continue to reinforce existing networks and expand the program to six new sites in the metropolitan area, the Nippes and the North West, emphasizing infrastructure enhancement (including laboratory) and human capacity building. 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 PLWHAS. [See Palliative Care narrative]. In addition, ARV service sites will be reinforced to provide pediatric treatment. Protein 24 antigen (P24Ag) assay capability will be expanded to two regional centers of excellence while PCR capability will become available at GHESKIO center of excellence. [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 a strong information system, based on electronic medical records [See Strategic Information narrative] for monitoring patients and site performance. The USG will continue to build human capacity through training, clinical mentoring and QA/QI. Two regional centers will be reinforced to become centers of excellence: the North and the South Departmental Hospitals. These two centers, with the capacity to provide local training and supervision, and advanced testing for pediatric diagnosis, will serve to decentralize the care delivery system from its current focus in Port-au-Prince.

At the policy level, the USG Team will support the MOH and key stakeholders to review treatment guidelines and adapt them for each level of care. The USG Team also will build on I-TECH's experience to reinforce 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 and a new USAID contractor for the NGO network. Networks will receive resources to reinforce and improve services at the site level, including the creation of the two 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. CDC 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	41
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	23,217
Number of individuals receiving antiretroviral therapy by the end of the reporting period	20,000
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

Table 3.3.11: Activities by Funding Mechanism

Mechanism: AIDS Relief
Prime Partner: Catholic Relief Services
USG Agency: HHS/Health Resources Services Administration
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 9268
Planned Funds: \$ 3,650,000.00

Activity Narrative: Linked to Activities 9671, 9269, 10667, 9267, 8162, 9332.

SUMMARY: AIDSRelief Haiti is a comprehensive program, providing anti-retroviral therapy (ART) to 1,174 people in 8 treatment facilities in September 2006. Target populations include adults, infants, children, and youth infected with HIV seeking medical services at any AIDSRelief hospital. Health-care providers and victims of sexual abuse will also be targeted. Emphasis areas include human resources, local organization capacity development, logistical 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 quality assurance/quality improvement (QA/QI) process, to ensure implementation of best practices in each clinical program. The coverage area for this program includes the communes of Fond-des-Nègres (Nippes); Fond-des-Blancs (South); Léogane (West); Deschapelles, Gonaïves, Gros Morne (Artibonite); Pilate, Milot (North).

BACKGROUND: AIDSRelief has provided ARV services in Haiti since 2004, through support from Track 1.0 and FY 06 of the President's Emergency Plan for AIDS Relief (PEPFAR). AIDSRelief is a five-member consortium, led by CRS, and includes 3 faith-based organizations (FBO), a medical institution that is well-recognized in HIV/AIDS care and research, and an international development company specializing in the design and implementation of public health and social programs. All members of the AIDSRelief Consortium work together to provide quality medical care to People living with HIV/AIDS (PLWHA). AIDSRelief Haiti works within 7 faith-based hospitals and one public hospital.

A significant proportion of AIDSRelief patients are women; therefore, this program will integrate with other clinical programs that serve women, including PMTCT, obstetric/gynecology (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 (GOH). AIDSRelief is an active member of the Ministry of Health's (MOH) care and treatment cluster, which 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 ART, according to Haiti's national guidelines. During the COP07 funding period, each hospital will scale up the enrollment of ARV clients through expanded hospital and community-based VCT services that target patients at highest risk for HIV, and through referrals from clinical programs such as tuberculosis (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, USG team, and other PEPFAR awardees.

AIDSRelief will strengthen its regional approach to ART in the Artibonite by expanding its support for the public sector Gonaïves' Hôpital La Providence as a regional center of excellence. With FY06 resources, hospital staff received training in ART and treatment support. Similar regional approaches will be maintained in the Nippes, the West, 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 COP07. AIDSRelief physicians on the Country Technical Coordination Team (CTCT), in addition to the training received at Haitian Group for the Study of Kaposi's sarcoma and Opportunistic Infections (GHESKIO), have been invited to the Institute of Human Virology for a "mini-fellowship" in infectious diseases. This activity will be expanded in FY07 to build capacity of the in-country physicians, and to strengthen the skills of other members of the multi-disciplinary team, including the counselors, treatment support staff, and technical staff (pharmacists, lab techs). This training will support the sustainability of clinical technical assistance. Following training, these physicians will provide strong leadership for AIDSRelief Haiti's eight clinical centers. The physicians will be responsible for monthly medical supervision and training for the hospital-based physicians and nurses. AIDS seminars and updates will be held quarterly at each hospital. The seminars will focus on treatment challenges and knowledge deficits identified by physicians on the in-country team. In addition, the 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 which support sustainable, quality ART.

Activity 4: AIDSRelief Haiti expects that at least 10% of the AIDSRelief patients will be within the pediatric age group. Currently, 4% of patients are children; however, efforts are being made to increase enrollment of sero-positive children. In FY06, AIDSRelief held a conference on Pediatric ART for the 8 AIDSRelief hospitals. In November 2006, 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.

Activity 5: FY 07 funding will support patient monitoring and management (PMM) tools at the community and institutional levels, 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 GHESKIO, CDC and MOH to maintain a QA/QI Program at each hospital during Year 4. QA/QI assessments will provide clinical, lab, and behavioral monitoring of the patient. The QA/QI program and PMM tools will be used to improve patient care, and to identify areas within the ART program which need to be strengthened. AIDSRelief will use standardized national QA/QI tools that MOH will implement with technical support from CDC. AIDSRelief-Constella Futures will provide technical assistance (TA) and training to build capacity of local partner treatment facility (LPTF) staff responsible for data collection and analysis. Activities will include: complete adoption of government-revised PMM systems; joint supervision and TA with the govt monitoring and evaluation (M&E) agency (Child Health Institute [IHE]); analysis of required indicators requested by LPTF, CTCT and funding agencies; training on generation of programmatic indicators to produce the required reports on an accurate and timely basis. 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 the multi-disciplinary team in the management of post-exposure prophylaxis (PEP). The team will develop skills in care, treatment, and support for women following rape and the 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, lab testing, and medical treatment. Similar services will be available at all times for staff with a potential HIV exposure during their work at the AIDSRelief hospitals or at a satellite health center.

Continued Associated Activity Information

Activity ID: 4340
USG Agency: HHS/Health Resources Services Administration
Prime Partner: Catholic Relief Services
Mechanism: AIDS Relief
Funding Source: GHAI
Planned Funds: \$ 2,750,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Local Organization Capacity Development	10 - 50
Logistics	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy	8	<input type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	5,060	<input type="checkbox"/>
Number of individuals receiving antiretroviral therapy by the end of the reporting period	4,400	<input type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period	1,500	<input type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards	200	<input type="checkbox"/>

Target Populations:

Adults
Pharmacists
Girls
Women (including women of reproductive age)
Public health care workers
Laboratory workers
Private health care workers
Pharmacists
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Coverage Areas

Nippes
Artibonite

Table 3.3.11: Activities by Funding Mechanism

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: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 9282
Planned Funds: \$ 5,150,000.00

Activity Narrative: Linked to Activities 9672, 9283, 9332, 10241, 9313, 9343.

SUMMARY: Activities listed in this project are carried out to maintain and strengthen anti-retroviral (ARV) services in a national network of public and private health facilities implemented with USG support in FY 05 and FY 06. This will be done through four components: 1) training of providers, 2) technical, administrative and accounting assistance for provision of ARV care; 3) supervision for quality assurance (QA), quality control (QC) and quality improvement (QI) of ARV services 4) capacity building of the public sector departmental hospital in the North, Les Cayes Hospital to become a center of excellence, capable of supervising peripheral centers in its area of influence. Areas of emphasis for these activities will include: community mobilization and participation, reinforcement of existing network and referral system, human resources, infrastructure development, development of local organizations capacity, development of guidelines and training. Specific target population identified will be PLWHA, HIV positive infants and adolescents from 0 to 14 years and affected relatives, caregivers. Activities will cover a) training, supervision, administrative, accounting and technical assistance for fourteen (14) health facilities including eight (8) public facilities and 6 non-governmental organizations (NGOs) in the Ministry of Health (MOH)/GHESKIO network; b) clinical and laboratory training and supervision for twenty-one (21) sites including seven (7) other PEPFAR funded sites; c) capacity building at Les Cayes to become a center of excellence.

BACKGROUND: With FY 05 support, GHESKIO initiated anti-retroviral treatment (ART) services at six (6) sites including four (4) largest public hospitals outside of Port-au-Prince in the MOH/GHESKIO network with a total of 1,200 patients placed on ART. In FY 06 ART has been expanded to six (6) additional sites for a total of twelve (12) sites including five (5) largest public hospitals and will introduce ART to children and adolescents at those sites with the objective to reach a total of 3,000 patients on ART. With FY 07 resources GHESKIO plans to strengthen intervention activities at thirteen (13) sites and build the capacity of the public hospital at Les Cayes as a center of excellence capable to train and supervise three (3) peripheral sites. Hence a total of sixteen (16) sites will provide ART to a total 4,200 patients. In addition, GHESKIO will continue to provide supervision to an additional seven (7) PEPFAR funded sites for a total of twenty-three (23) sites that will received QA/QC/QI. All these activities are part of the national AIDS plan.

ACTIVITES AND EXPECTED RESULTS: Activity 1: The first activity consists of training healthcare providers to offer ART services at twenty-one (21) health centers nationwide. Since COP04, GHESKIO has been mandated by the United States Government (USG) team to train all healthcare providers nationwide and to support the Minister of Health in the certification process of ARV sites. The turn over of personnel justifies continuous training sessions of new personnel and provision of refresher courses because of availability of new knowledge. In the past 12 months, 200 healthcare providers from the public and private sites supported by PEPFAR were trained at GHESKIO for the management of ART. This funding will cover materials and logistics, per diem, lodging of participants and support of trainers.

Activity 2: The second activity is to provide technical (clinical and lab), administrative and accounting assistance to the sixteen (12) sites offering ART services supported by COP06: Les Cayes, Jeremie, Jacmel, Cap-Haitienne, Fame Pereo, Institute of Infectious Disease and Reproductive Health (GHESKIO IMIS), Bombardopolis, Food for the poor, Petit Goave, Hospital Bernard Mews, Centre Eliazar Germain and Signeau. The main items covered by this funding will include: training of providers, support for personnel, adherence support, equipment, logistics and renovation.

Activity 3: The third activity is to maintain and expand supervision and on site training for ART services at twenty-three (23) main sites including three (3) new peripheral sites supported by PEPFAR for QA/QC/QI. These activities are offered since COP05 by the GHESKIO mobile teams. The main items covered by this funding will include: support for mobile teams, per diem, lodging, logistics for visits, materials for supervision / training.

Activity 4: The fourth activity is to assist and reinforce the Les Cayes public hospital in the North Regional Department to become a center of excellence for the South department. This new activity is necessary to decentralize the ARV services and serve as a model for extending services to peripheral sites. There is particular challenging since Les Cayes is the

major public hospital for the department. The South Department is the third most populated region of the country. In this capacity, Hospital Immaculee Conception (HIC) of Les Cayes will be a regional reference and training center, offering training sessions and supervision for peripheral centers in their area of influence. Funding requested will cover renovation for training facilities, equipment, furniture, staffing, logistics for training and supervision and financial support for peripherals sites. The personnel of up to 3 peripheral sites will be trained and will receive regular supervision visits by HIC team, as well as GHESKIO mobile team for QA/QC.

TARGETS:

- 1- Two Hundreds (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 GHESKIO/MOH/PEPFAR network will offer ART to 4,200 patients, including children throughout a national network.
- 3- Supervision visits for QA/QC/QI will occur in twenty-three (23) PEPFAR funded sites.
- 4- The HIC of Les Cayes will serve as the center of excellence for South Department, capable of offering training and supervision to 3 peripheral sites.

Continued Associated Activity Information

Activity ID: 4341
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Groupe Haitien d'Etude du Sarcome de Kaposi et des Infections Opportunistes
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 4,200,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Infrastructure	10 - 50
Local Organization Capacity Development	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy	12	<input type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	5,040	<input type="checkbox"/>
Number of individuals receiving antiretroviral therapy by the end of the reporting period	4,200	<input type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period	1,200	<input type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards	300	<input type="checkbox"/>

Target Populations:

HIV/AIDS-affected families
People living with HIV/AIDS
Caregivers (of OVC and PLWHAs)
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Coverage Areas

Nord-Ouest
Grand-Anse
Nord
Ouest
Sud
Sud-Est

Table 3.3.11: Activities by Funding Mechanism

Mechanism: National Plan Mechanism
Prime Partner: Ministre de la Sante Publique et Population, Haiti
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 9313
Planned Funds: \$ 4,645,000.00

Activity Narrative: Linked to Activities 9308, 8160, 9314, 10415, 9309, 9311, 9310, 9312, 9332, 9343, 10242.

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 add four new major public sites: 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 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 all five public sites. In addition, Isaie Jeanty and HUEH, as University Teaching Hospitals, will serve as venues to train interns and residents on HIV treatment. With these resources, the MOH will directly manage five 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 Haitian Group for the Study of Kaposi's sarcoma and Opportunistic Infections (GHESKIO), Partners in Health (PIH), AIDS/Relief Consortium, the To Be Determined (TBD) United States Agency for International Development (USAID) Contractor and I-TECH.

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 Funds. 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. Recently, the USG began providing resources directly to the MOH to implement HIV services in the publicly managed sites. HUEH receives resources through a CoAg between the USG and the MOH to provide ARV services. Approximately ten additional public sites are receiving or will be receiving support through this CoAg to provide CT and palliative care services.

With FY07 resources, four of these ten palliative care sites will be upgraded to provide ARV services. One of them, Isaie Jeanty, is the largest maternity ward in the Port-au-Prince metropolitan area. This year, CT and PMTCT services will be integrated into care at Isaie Jeanty. It becomes critical to provide ARV services at this site to ensure a continuum of care for women and children served at this facility and also for the large needy population surrounding this hospital. Two of these ten sites, Sainte Therese and Immaculee Conception/Port-de-Paix hospitals, are departmental hospitals located in departments with the highest prevalence of HIV. A fourth site, Jean Rabel Hospital, is located in the very hard-to-reach North West Regional Department which is in need of more accessible ARV services. In addition, on-going services at HUEH will be expanded to reach 1,000 patients on ARV by the end of September.

MOH will get support through GHESKIO, I-TECH and CDC (see GHESKIO, I-TECH and CDC narratives) to support clinical mentoring, technical assistance and Quality Assurance/Quality Improvement (QA/QI) at the University teaching hospitals as well as at regional and local levels. Resources allocated will essentially support enhancement of infrastructure, hiring of clinical and community staff, operating costs and a team to coordinate and supervise activities.

ACTIVITIES AND EXPECTED RESULTS: Activity 1: The MOH will build on resources allocated for other program activities such as CT, PMTCT and Palliative care to enhance infrastructure, provide medical equipment and materials (including lab), hire additional clinical personnel (physicians, nurses, psychologists, counselors and social workers) and support additional community personnel to expand ARV services at HUEH and to implement these activities at the four other targeted public sites. The new personnel will be trained at GHESKIO and at PIH. Resources will be used to support 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 “accompagneurs;” and on a high-quality pharmacy and community support plan to ensure adherence to treatment.

Activity 2: At the two teaching hospitals, HUEH and Isaie Jeanty, the MOH will 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. MOH will provide the resources to make available conference rooms, equipment and materials for teaching. 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 technician) will be established to coordinate the program and to start building program capacity to perform QA/QI. This team will be trained and empowered by GHESKIO, I-TECH and CDC to play this role within the MOH sites. Over time, the team will progressively play a more national role. CDC will work with GHESKIO, PIH and I-TECH to ensure the availability of national standardized QA/QI tools for the treatment program (see CDC narrative for ARV services).

Continued Associated Activity Information

Activity ID: 5412
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Ministre de la Sante Publique et Population, Haiti
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 300,000.00

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy	5	<input type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	4,025	<input type="checkbox"/>
Number of individuals receiving antiretroviral therapy by the end of the reporting period	3,500	<input type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period	1,000	<input type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards		<input checked="" type="checkbox"/>

Target Populations:

People living with HIV/AIDS
Public health care workers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Coverage Areas

Ouest
Nord-Ouest
Nippes

Table 3.3.11: Activities by Funding Mechanism

Mechanism: ITECH
Prime Partner: University of Washington
USG Agency: HHS/Health Resources Services Administration
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 9343
Planned Funds: \$ 2,300,000.00

Activity Narrative: Linked to Activities 9725, 9360, 9340, 9341, 10240, 9282, 9313.

SUMMARY: I-TECH will provide clinical mentoring, technical assistance and training for interns and residents on HIV/AIDS treatment in the largest University Teaching Hospitals (HUEH and Isaïe Jeanty). Through Cornell University, I-TECH will provide clinical mentoring and technical assistance (TA) at GHESKIO network ARV sites to support the scale up of on-going ARV services. Through the University of Miami (UM) which has been partnering with the North Departmental Hospital for many years to build a Family Practice Center (FPC) with integrated HIV services, I-TECH will support the upgrading of ARV services. Through the FPC, UM will create a regional training center to provide TA, in coordination with Global Fund, to establish ARV services in the North East Regional Department and supervise ARV services in the North and North East Regional Departments. I-TECH will also support extension of pediatric ARV services at Hopital Nos Petits Frères et Soeurs (NPFS) and will focus on supporting pre-service training for medical students at the Colleges of Medicine.

BACKGROUND: Over the last 3 years, the USG took steps to expand ARV services through Partners in Health (PIH) and GHESKIO, the 2 pioneers in HIV treatment in Haiti, through 2 new institutions, Catholic Relief Service Consortium (CRSC) and Management Science for Health/Health Services 2007 (MSH/HS2007) and through the largest University Teaching Hospital (HUEH) in Haiti. Although good models of care were developed in Haiti, there has been a need for technical assistance from US based universities for clinical mentoring to address critical treatment issues such as resistance, adherence, chronic illnesses associated with greater survival, integrated care spanning adult, pediatric services and to implement new laboratory technologies. There has been also a need to integrate HIV treatment as part of the training activities of interns and residents at the University Teaching Hospitals and as part of the training curriculum of medical and nursing students. The USG provided resources to I-TECH that established twinning relationships with different US based universities to address these different needs. As a result of this support, national HIV treatment guidelines and training tools were updated. Clinical mentor specialists in clinical care and lab from Cornell University were assigned to GHESKIO. Two Haitian infectious disease specialists were trained and assigned at HUEH to mentor intern and residents and other health professionals in HIV treatment. Pediatric treatment was expanded to 3 sites with technical support of University of New Jersey while ARV services were scaled up at the Family Practice Center of the North Departmental Hospital with support from UM in integration with other support from GHESKIO and the Ministry of Health (MOH).

It is critical for the success of the program that the USG continues to build on this mentoring and TA from I-TECH and US based universities to build human capacity, to improve program management, to address critical treatment issues, to implement new technologies and to expand ARV services in the North and North East Departmental Hospitals and pediatric treatment at Nos Petits Frères et Soeurs Hospital.

ACTIVITIES AND EXPECTED RESULTS: Activity 1: I-TECH will continue to support training activities and mentoring of HIV treatment at two University Teaching Hospitals (HUEH and Isaïe Jeanty) through 5 full-time clinical mentors. 2 were hired and trained in 2005. 3 more will be hired and trained. These mentors will conduct daily activities with residents, interns, and medical students, including patient rounds, chart reviews, and case conferences. I-TECH will organize and carry out U.S. study tours for residents and key service-providers to observe state-of-the-art HIV treatment services and will pursue the integration of HIV treatment in the training curriculum of medical students in 3 Colleges of Medicine through training of trainers and making available training tools and materials.

Activity 2: Through Cornell University, I-TECH will enhance training, on-site technical assistance, and quality assurance activities that GHESKIO will be carrying out in support of the scale up of ARV services. Cornell will provide 1 HIV clinical specialist (MD) and 1 senior laboratory specialist (MD, PhD) at GHESKIO. These advisors will reinforce GHESKIO in addressing advanced HIV treatment and lab issues and in providing leadership and technical assistance to implement in the South Regional Department a center of excellence at Les Cayes Departmental Hospital (Immaculate Conception) with the capacity to provide training and supervision at regional level. Finally, the Cornell advisors will provide technical expertise to the MOH in updating national adult HIV care and treatment

guidelines, protocols and standard operating procedures, and training curricula.

Activity 3: I-TECH will use its relationship with UM to extend ARV services in the North and North East Departmental Hospitals, building on the successful integration of HIV treatment into primary care services in the FPC, built by UM in the Cape Haitian Departmental Hospital and where approximately 1000 patients were enrolled on HIV treatment and 200 patients enrolled on ART by mid-2006. These activities are closely coordinated with GHESKIO interventions in the Cape Haitian Hospital. UM will provide on-going supervision to the FPC and guidance to the North (Cape Haitian) Departmental Hospital directors in the coordination of FPC HIV/AIDS services with other services, interventions, and partners working within the Hospital. UM will upgrade the capacity of the FPC to make it a center of excellence with the resources to provide in-service training on HIV treatment for at least 100 health workers in the North and North East departments, to supervise on-going and expanded ARV services, and to build referral networks among the different care and treatment sites in these two departments. UM will work with the MOH and other Global Fund supported partners to strengthen ARV services in the North East Departmental Hospital in Fort Liberte and in the Ouanaminthe Hospital, on the border with the Dominican Republic. An important component of the ARV services provided in the Ouanaminthe Hospital is cross-border coordination with USG-supported ARV services in the Dajabon Hospital in the Dominican Republic. These activities will require enhancement of infrastructure, reinforcement of logistical capacity (including a vehicle) reinforcement of human resources and a mobile team (including supervising physician, Disease Reporting Officer [DRO], and outreach nurse).

Activity 4: Through its contract with University of Medicine and Dentistry of New Jersey-Francois Xavier Bagnaud Center (FXB), I-TECH will support expanded pediatric HIV clinical training. FXB will continue to provide on-going clinical mentorship to 3 pediatric hospitals in Port-au-Prince (HUEH, NPFS, and Grace Children’s Hospital), with a focus on advanced issues in pediatric care and development and oversight of CQI plans and U.S. study tours for key providers. FXB will support the MOH in completing an annual review and update of national pediatric care and treatment guidelines.

Activity 5: I-TECH will contract with Hopital Nos Petits Frères et Soeurs (NPFS), an NGO sub-partner, to expand with technical support from FXB HIV care to pediatric patients and their families, expanding on the pool of approximately 30 pediatric patients on ART in mid-2006 to 800 by September 2008.

TARGETS:

- 1000 adults patients on ARV at Justinien Hospital (indirect support)
- 150 pediatric patients on ARV at Nos Petits et Soeurs Hospital (direct support)
- 300 interns and residents trained thru University Teaching Hospitals
- 30 health professionals trained (in service training)

Continued Associated Activity Information

Activity ID: 5463
USG Agency: HHS/Health Resources Services Administration
Prime Partner: University of Washington
Mechanism: ITECH
Funding Source: GHAI
Planned Funds: \$ 1,505,000.00

Emphasis Areas

	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy	4	<input type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	180	<input type="checkbox"/>
Number of individuals receiving antiretroviral therapy by the end of the reporting period	150	<input type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period	50	<input type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards	400	<input type="checkbox"/>

Target Populations:

HIV/AIDS-affected families
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Public health care workers
Private health care workers
Implementing organizations (not listed above)

Key Legislative Issues

Twinning

Coverage Areas

Ouest
Nord
Nord-Est

Table 3.3.11: Activities by Funding Mechanism

Mechanism: Basic Health Services
Prime Partner: Management Sciences for Health
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 10203
Planned Funds: \$ 1,975,000.00

Activity Narrative: Linked to Activities 9683, 9791, 9937, 9676, 9365, 10203, 9332, 9313.

SUMMARY: USAID Haiti implements an integrated maternal and child survival program through a network of nongovernmental organizations (NGOs) called the Health Systems 2007 Program under contract with Management Sciences for Health (MSH). With the President's Emergency Plan for AIDS Relief (PEPFAR) resources the United USG took steps to wrap around this NGO integrated health program in add HIV activities that include counseling and testing (CT), PMTCT, palliative care and anti-retroviral (ARV) services. The ARV services are implemented in four network NGOs (Management and Resources for Community Health [MARCH] Hospital in the Central Plateau, Beraca Hospital in the North West, Grace Children in the West department and the Communauté de Bienfaisance de Pignon [CBP] Hospital in the North East). With FY06 resources, these services are being expanded to one additional network institution: the public sector Fort-Liberté Hospital in the North East Regional Department. As of September 2006, close to 600 patients have been enrolled on ARVs through this network. With FY06 resources, the USG expects that at least 400 new people living with HIV/AIDS (PLWHA) will be enrolled on ARVs in this network. In FY07, ARV services will be available in one additional network site: Ouanamint Hospital in the North East Regional Department.

Although the current USAID contract with MSH for the maternal and child survival program will end in 2007, steps are being taken to put in place a follow on program. A new USAID contractor will be selected by mid-2007 so that activities, including the expansion into one new site, can continue without interruption.

BACKGROUND: These five sites are strategically located for the expansion of the program. The USG has wrapped around existing child survival resources at all five sites, particularly their network of community services, to implement the model of ARV care based on good assessment of patients (clinical and lab), regular follow up of patients, good pharmacy plan and community support for adherence to treatment. Further, the entry door for ARV services has been the VCT, the PMTCT, the palliative and the 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 and quality control (QA/QC) at these sites which have been capacitated with electronic medical record (EMR) and automated drug management systems.

In general, although the implementation of HIV/AIDS services at existing sites has been successful, some of them are not taking full advantage of all opportunities to enroll patients on ARV treatment, therefore, performing below expected outcomes and targets. The resources allocated to these sites were not sufficient to provide all necessary inputs such as human resources and infrastructure. In FY 07, more resources will be needed to maintain and to expand this program at these five sites.

ACTIVITY AND EXPECTED RESULTS: Activity 1: TBD will reinforce overall service organization to make available a better package of human resources (clinical and community) and better infrastructure to expand both ARV treatment services at clinic and home levels. Emphasis will be placed to allocate more physicians, psychologists and social and community workers and to do necessary infrastructure renovations. Emphasis also will be put to initiate and/or improve 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 PLWHAs and their families.

Activity 2: TBD will support logistics and provide materials and supplies needed for home-based care and tracking of patients.

Activity 3: TBD will coordinate the program and provide technical assistance to the sites to ensure that the services are well organized to respond to the model of care through regular visits. TBD will provide onsite training of staff at the sites. TBD will hire and support appropriate staff to oversee this program and to coordinate with GHESKIO QA/QI and training activities for these sites.

Continued Associated Activity Information

Activity ID: 4387
USG Agency: U.S. Agency for International Development
Prime Partner: Management Sciences for Health
Mechanism: HS2007
Funding Source: GHAI
Planned Funds: \$ 700,000.00

Emphasis Areas

	% Of Effort
Human Resources	10 - 50
Infrastructure	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy	6	<input type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	4,312	<input type="checkbox"/>
Number of individuals receiving antiretroviral therapy by the end of the reporting period	3,750	<input type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period	850	<input type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards	125	<input type="checkbox"/>

Target Populations:

People living with HIV/AIDS
 Other Health Care Worker
 Other Health Care Workers

Coverage Areas

Centre
 Nord
 Nord-Est
 Nord-Ouest
 Ouest

Table 3.3.11: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Partnership for Supply Chain Management
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 10204
Planned Funds: \$ 1,500,000.00
Activity Narrative: LInked to Activities 9674, 9333, 9675, 9362, 9332, 10204, 10353, 9282, 9268, 9313, 10203.

SUMMARY: Activities are carried out to guarantee the availability of all tests used in the protocols for care and follow up of all HIV patients receiving ARV drugs, up to 20,000 patients. It also includes the related general laboratory supplies needed to carry on all the proposed testing. Most patients have at least one blood work done every year according to the national norms. The recommended list of test includes Cluster of Differentiation 4 (CD4) tests and controls; hematology reagents and controls; blood Chemistry and controls; tuberculosis (TB) testing: purified protein derivative (PPD); clinical microscopy, syphilis, urinalysis and other specialty testing; and general supplies needed to carry on those tests.

BACKGROUND: This project is part of a new initiative started in FY06 with the President's Emergency Plan for AIDS Relief (PEPFAR) funding covering the 15 focus countries and three other bilateral country programs to date. Haiti is one of the first countries to have a fully established PFSCM office. The activities are keyed to assist the Ministry of Health (MOH) reach the national objectives of care and support to anti-retroviral treatment (ART) patients. The aim is to provide an uninterrupted supply of the required tests and related supplies for the sites that are ART designated sites.

ACTIVITES AND EXPECTED RESULTS: Activity 1: PFSCM will procure laboratory tests and supplies. The Centers for Disease Control (CDC)/Haiti has been responsible for assessing the needs, quantifying, and procuring, distributing and providing technical assistance for the laboratory departments within the health centers across the country. For FY07, PFSCM will take over the procurement activity of all laboratory needs excluding only the testing equipment. PFSCM will assist in confirming the projected needs and the quantification, and will provide an uninterrupted supply of tests and related laboratory commodities in the right amounts, in the right condition, delivered to Haiti at the right time and for the right cost. Procured goods will be delivered to the United States Government (USG) Team to offer delivery services and technical assistance to the selected laboratories.

Emphasis Areas

	% Of Effort
Commodity Procurement	10 - 50
Logistics	10 - 50
Needs Assessment	10 - 50

Targets

Target

Target Value

Not Applicable

Number of service outlets providing antiretroviral therapy

Number of individuals who ever received antiretroviral therapy by the end of the reporting period

Number of individuals receiving antiretroviral therapy by the end of the reporting period

Number of individuals newly initiating antiretroviral therapy during the reporting period

Total number of health workers trained to deliver ART services, according to national and/or international standards

Indirect Targets

20,000 HIV-positive patients receiving ARV drugs provided "follow up" tests.

Target Populations:

People living with HIV/AIDS

Coverage Areas:

National

Table 3.3.11: Activities by Funding Mechanism

Mechanism: PIH
Prime Partner: Partners in Health
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 10241
Planned Funds: \$ 2,680,000.00

Activity Narrative: Linked to Activities 96829318, 9673, 10668, 9363, 9313, 9282.

SUMMARY: The activities described below are carried out to maintain access to antiretroviral therapy (ART) for existing patients and expand access to ARV services to additional HIV-infected people in the Central and Artibonite Regional Departments of Haiti. These ART activities will be conducted within Partners in Health/Zanmi LaSante (PIH/ZL)'s "four pillars" model for implementing a comprehensive HIV program in the context of primary care, which involves: 1) HIV prevention and care, including voluntary counseling and testing (VCT); 2) Identification and treatment of TB and other opportunistic infections (OIs); 3) Sexually-transmitted infection (STI) detection and treatment; and 4) Women's health and PMTCT services. The primary emphasis areas for these ARV activities proposed are human resources, infrastructure, training, and quality assurance (QA) and supportive supervision. The primary target populations for these ARV services are people living with HIV/AIDS (PLWHAs), including HIV positive infants and children. The activities will be carried out at seven sites in the Central Department of Haiti (Belladère, Boucan Carré, Cange, Cerca La Source, Hinche, Lascahobas, Thomonde), and two sites in the Artibonite Department (Petite Rivière and St. Marc).

BACKGROUND:

PIH/ZL's ARV treatment activities are part of a comprehensive HIV prevention and treatment program started by PIH/ZL in 1998; expanded in late 2002 through the public sector in partnership with the Haitian Ministry of Public Health and Population (MOH) 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 President's Emergency Plan for AIDS Relief (PEPFAR) in the Country Operational Plan (COP) 05 and 06. Since 2004 the program has been a collaborative between these four important partners—PIH/ZL, MOH, Global Fund, and PEPFAR—and since 2005 work in the Artibonite region has been strengthened by involving several new non-governmental (NGO) partners in the community of St. Marc – Sant Santé Premye Echelon (SSPE) and Promotion Objectif Zerosida (POZ) – and in Petite Rivière, Centre Medical Charles Colimon (CMCC), a Medecins Sans Frontières-affiliated institution. 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. As of July of 2006, PIH/ZL has more than 2200 patients on ART and is actively expanding to bring direct services to the Artibonite sites.

ACTIVITIES AND EXPECTED RESULTS:

Activity 1: Patient Maintenance: The first activity is to maintain individuals currently on ART by improving program retention and enhancing clinical follow-up. By April 2007, PIH/ZL will have scaled-up services in the upper region of the Central Department (Cerca La Source and its surrounding health centers), and in St. Marc and Petite Riviere. Funding will be used to employ 1200 accompagnateurs and 45 accompagnateur supervisors, and to support monthly trainings of these accompagnateurs, ensuring a strong network of community health workers comprehensively trained in ARV management and adherence strategies. Funding will also support ARV-related laboratory capacity and the infrastructure required for ARV service delivery at each of PIH/ZL's nine sites.

Activity 2: Case Detection and Enrollment: As PIH/ZL will begin providing comprehensive HIV care in several new locations in 2006 and 2007, and will aggressively seek increased enrollment from the Central Plateau's most marginalized and high risk groups, the second activity is to enroll additional patients on ARV. In order to ensure that quality ARV services are delivered to this increasing number of HIV+ patients, PIH/ZL will expand staff resources with several new hires, including 2 doctors, 12 nurses, 3 pharmacy staff, 45 accompagnateur supervisors, and roughly 100 additional accompagnateurs. This funding will be used to provide comprehensive and on-going training of clinical staff and accompagnateurs both at PIH/ZL's health centers in the Central Department and in the relatively new clinics in the Artibonite. Clinicians and community health workers from all PIH/ZL sites will participate in a three-tiered training approach: a) classroom-based training in Cange and Hinche focusing on ARV service delivery, b) clinical practicum (observation of HIV care in already established PIH/ZL HIV care clinics) focusing on management of patients newly started on ARV; and c) community-based practicum (observing Directly Observed Therapy [DOT]) focusing on adherence strategies.

These above activities will contribute to the PEPFAR 2-7-10 goals by increasing the number of individuals on ARV treatment.

Continued Associated Activity Information

Activity ID: 4389
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Partners in Health
Mechanism: PIH
Funding Source: GHAI
Planned Funds: \$ 3,000,000.00

Emphasis Areas

	% Of Effort
Human Resources	10 - 50
Infrastructure	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy	9	<input type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	4,600	<input type="checkbox"/>
Number of individuals receiving antiretroviral therapy by the end of the reporting period	4,000	<input type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period	900	<input type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards	1,377	<input type="checkbox"/>

Target Populations:

People living with HIV/AIDS
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Coverage Areas

Artibonite
Centre

Table 3.3.11: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 10242
Planned Funds: \$ 905,000.00

Activity Narrative: Linked to Activities 9313, 9282, 9343, 9923.

SUMMARY: With resources for this activity, CDC will provide assistance to the MOH and its implementing partners for HIV treatment services to establish Quality Assurance and Quality Improvement (QA/QI) programs by implementing the HIVQUAL program in Haiti. This support will help to ensure that treatment practices meet the country's national standard through systematic assessment and improvement of the quality of the services provided. CDC will focus on building human capacity, making necessary tools available and providing technical support to establish a pilot project in at least 10 sites. This activity will also upgrade physical assets at those health care facilities providing comprehensive long-term care and support to HIV/AIDS patients to enable the facilities to improve quality of care. The activity includes the procurement, warehousing and distribution of basic office and medical equipment for the care and support sites, including the ARV sites that will also provide palliative care to their patients.

BACKGROUND: Over the last three years, the United States Government (USG) Team has built on the success of the two treatment models implemented by Partners in Health (PIH) and GHESKIO to reinforce and expand ARV services in Haiti. As of now, thirty-two sites provide anti-retroviral treatment (ART) in the country through the PIH and GHESKIO networks and two additional networks, Catholic Relief Service Consortium (CRSC) and Management Sciences for Health / Health Systems 2007(MSH/HS2007). The continued expansion of anti-retroviral therapy (ART) delivery in Haiti has shown great progress in improving quality of life and reducing HIV-related morbidity and mortality.

The USG in Haiti has encouraged each major partner to incorporate quality improvement (QI) into program activities of the different networks. In addition, GHESKIO was assigned the responsibility to provide QA/QI at the national level. However, there is lack of standardized tools and guidelines to implement such as a program. Also there has been a lack of systematic plans to improve the quality of services throughout the program.

The USG will use the HIVQUAL system and materials, which have been widely used in the US and adapted for ambulatory care in settings like Haiti, to improve QA in the country. The USG will adapt the HIVQUAL for Haiti to support clinical data collection and analysis at the clinic level, linking these activities to the development of systems that facilitate the improvement of processes and outcomes of care and to provide the capacity for self-assessment.

The lack of adequate physical assets at care and treatment facilities in Haiti has also been a barrier to improving quality of care. The limited funding and lengthy administrative process for accessing the funds for improving infrastructure and equipment prevent the Ministry of Health (MOH) from making necessary upgrades to the physical assets of the publicly-managed health care facilities in the country. The situation is not better for most of the Non-governmental Organization (NGO) centers, which receive on-going support to sustain their primary health care operations or to procure supplies to face emergency situations, but rarely receive resources to procure needed equipment. Therefore, both publicly-managed and NGO facilities are facing a severe shortage of office and medical equipment, which hampers their effort to improve the quality of care. As the number of sites providing care, including ARV therapy, is expected to grow from 20 in FY05 to 65 in FY 07 and as the number of patients is expected to increase from 1,500 at the time the of the first equipment purchase to over 15,000 in 2007, there is a need to procure and distribute additional equipment to the sites.

ACTIVITIES AND EXPECTED RESULTS: Activity 1: With FY07 resources, HIV/QUAL will be implemented in 12 pilot sites for the initial phase. CDC, in collaboration with MOH and other stakeholders, will choose the pilot sites, which will be a mix of public, private, center of excellence and peripheral sites. CDC will form a team of MOH and key partner representatives to conduct an assessment of current QA and QI activities and provide consultation on the development of HIV-specific QI systems, in concert with existing clinic quality management processes and with national QA initiatives. During this assessment, the team will designate a quality assessment staff at each site, select clinical indicators for performance measurement, modify the software for appropriate indicators, provide training and collect data. Following data collection, the team will initiate QI projects should to incorporate the results obtained from the first round of data collection. The

HIVQUAL pilots will start with adult care indicators and will be adapted to pediatric care.

Activity 2: At MOH, a project coordinator, data manager and Information Technology specialist will be designated to support the QI staff at each facility. The country project coordinator will collaborate closely with the USG Strategic Information (SI) Specialists to facilitate indicator and tools development and assessment processes. Project management will include coordination of activities with other services and projects; coaching in QI and organizational development; assessment & monitoring of progress at each site; monthly conference calls with consultants; and coordination with key stakeholders.

Activity 3: CDC/Atlanta will provide technical assistance to oversee the development of the pilot project in the country. Resources will be used to cover logistical costs and per diem to travel to Haiti, to assist in the initial assessment and to monitor the implementation and scale up of the HIVQUAL Project.

Activity 4: Procurement of office and medical equipment. Based on past experience, the list of equipment to be provided will include: stethoscopes, sphygmomanometers, observation tables, delivery tables, bed sheets, exam lamps, medical bed separators, beam and portable scales, desks, office and metallic folding chairs, file cabinets, electric fans, and water dispensers. Procurements will be done centrally using either USG structures or the Ministry of Health Executing Unit as a centrally established procurement mechanism allowing for economies of scale in procurement and transportation.

Activity 5: Warehousing and distribution of equipment. CDC operates a warehouse that handles the office and medical equipment for the USG. CDC has established an inventory system supported electronically by an application named "HARDCAT" that tracks equipment and goods provided through that mechanism. The amount requested for this year will serve to increase the logistics capacity for distribution to the sites, including the acquisition of a heavy duty truck with a large bed, 2 pick up trucks and operating costs for the warehouse. The USG team is investigating the possibility of co-locating the warehouse space for this activity with the warehouse space that will be used by the Partnership for Supply Chain Management to stock PEPFAR purchased HIV/AIDS commodities.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Infrastructure	10 - 50
Local Organization Capacity Development	10 - 50
Logistics	10 - 50
Needs Assessment	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy	12	<input type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		<input checked="" type="checkbox"/>
Number of individuals receiving antiretroviral therapy by the end of the reporting period		<input checked="" type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period		<input checked="" type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards	30	<input type="checkbox"/>

Target Populations:

Host country government workers
 Other MOH staff (excluding NACP staff and health care workers described below)
 Other Health Care Worker
 Other Health Care Workers

Coverage Areas:

National

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	New York AIDS Institute
USG Agency:	HHS/Health Resources Services Administration
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	19332
Planned Funds:	\$ 100,000.00
Activity Narrative:	The New York AIDS Institute will be providing technical assistance to the PEPFAR-supported ART sites, as well as other ART services in the National Program under the MOH to ensure quality of services and quality improvement (QA/QI). \$100,000 is being reprogrammed from CDC M&S funds to the NY AIDS Institute for this purpose.

Table 3.3.12: Program Planning Overview

Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12

Total Planned Funding for Program Area: \$ 5,914,000.00

Program Area Context:

The United States Government (USG) Team is strengthening laboratory facilities to support HIV/AIDS related services in Haiti, in accordance with the MOH's 5-year AIDS strategic plan. The public laboratory network includes the National Public Health Laboratory (NPHL); laboratories at regional departmental hospitals; and laboratories at health care facilities throughout the country. In addition, there are laboratories managed by the private sector, which have well-trained staff and better infrastructure than their public sector counterparts.

Ongoing MOH budget constraints have caused a lack of lab commodities and high quality lab personnel, as well as sub-optimal infrastructure, management, and equipment maintenance in most of Haiti's public laboratories. Improving and sustaining laboratory capacity has been challenging; nevertheless, the USG Team has addressed many of these issues. At the end of 2005, the USG Team was supporting 93 public and private laboratories nationwide either directly or through its implementing partners. This includes support to four reference laboratories; eight departmental hospital laboratories; 51 laboratories (public and private) at referral hospitals; 12 laboratories at healthcare centers; and 18 stand-alone VCT centers.

Improvement of Haiti's laboratory infrastructure is vital to ensuring long-term sustainability of a quality laboratory system with adequate commodities, a reliable electrical supply, and well-trained staff with the ability to maintain lab equipment and generate accurate results for HIV testing, as well as for patients receiving antiretroviral treatment (ART). The USG Team works closely with the Global Fund to avoid duplication of procurement, and also coordinates with the Global Fund-supported National Tuberculosis (TB) Program to integrate HIV testing to TB clinics by trained staff.

Despite continued difficult working conditions in Haiti, to date, the USG Team has accomplished the following:

- 1) Established a lab supply chain system. The University of Maryland oversees the procurement and International Training and Education Center on HIV (I-TECH) runs the warehouse and distribution program. A national standardized ordering system of lab commodities and a lab test data reporting system was developed. Over 900,000 lab-related items including cluster of differentiation 4 (CD4) and rapid test kits were distributed to those 93 USG-supported sites.
- 2) Equipped 13 anti-retroviral (ARV) laboratories with inverters and batteries to ensure a constant electrical supply for ARV lab equipment. These labs now operate automated CD4, blood chemistry and hematology instruments. All of the equipment is covered by service maintenance contracts and is protected from power surges. In addition, seven refrigerators and an air-conditioning unit were provided for cold chain storage and to protect lab equipment.
- 3) Trained nearly 300 lab personnel in HIV rapid test, CD4, blood chemistry and hematology.
- 4) Assisted the MOH to establish a national rapid HIV testing algorithm, national laboratory quality assurance/quality control (QA/QC) guidelines as well as an External Quality Assurance (EQA) program for proficiency testing (PT) of HIV testing. Results of the HIV EQA PT program are expected in October 2006.
- 5) Provided assistance to GHESKIO to undertake the biological testing of HIV for the demographic and health survey (DHS+). Over 10,000 individuals were tested for the presence of HIV antibody, and lastly
- 6) Improved the knowledge and quality of lab tech students for sustainability purposes. I-TECH is now revising and standardizing the curriculum of two medical technology schools. Four faculty members will be trained to teach a refresher laboratory course designed by I-TECH and the University of Washington. In addition, I-TECH developed a lab equipment curriculum for lab tech students and a training course for lab technicians.

Key barriers to strengthening Haiti's laboratory system remain, including a shortage of skilled laboratory personnel, as well as a lack of laboratory space and inadequate infrastructure. Insufficient funds and human resources allocated to improve laboratory infrastructure make progress slow, as do security concerns which have increased the difficulty of traveling within the country.

In FY07, the USG Team will support the following new and continuing activities: 1) Hire 34 lab personnel to provide technical assistance and training (7 ex-patriate at MOH, 9 local-hires at GHESKIO, and 15 local-hires at MOH). 2) Procure and install laboratory equipment for six new ARV sites (CD4, hematology, and blood chemistry), twenty palliative care and Prevention of Mother-to-Child Transmission (PMTCT) sites, 50 VCT and TB/HIV sites, and also for HIV pediatric diagnosis at GHESKIO, Partners In Health (PIH), and the NPHL and also to continue procuring equipment maintenance contracts for 54 ARV lab equipment. 3) Improve laboratory infrastructure by procuring basic equipment for the sites described above including, but are not limited to, gas refrigerators, gas canisters, inverter, batteries, Uninterruptible Power Supply (UPS), and storage cabinets. 4) Procure test kits and supplies for NPHL and train NPHL staff. 5) Provide a unified lab supplies chain system through Partnership of Supply Chain Management (PFSCM) to procure and deliver lab commodities to all USG-supported sites. 6) Install solar electrification system at five ARV or palliative care laboratories. 7) Increase the capacity of laboratory personnel by providing on-site QA/QC supervision and post-service training in HIV rapid test, CD4 count, dried blood spots (DBS) HIV testing, blood chemistry and hematology analysis, QA/QC and laboratory management. 8) Establish a laboratory information system at the NPHL and at three pilot ARV sites, and lastly, 9) Strengthen the capacity of the NPHL by formulating the national lab strategic plan, maintaining its existing QA/QC activities; expanding activity by including dried blood spots HIV antibody testing as a tool for regular QA/QC; establishing an EQA PT for CD4 testing; maintaining the infrastructure of the NPHL; establishing a National Laboratory Training Center; training, and hire and train 10 staff.

At the end of FY07, the USG Team expects the following results:

- Increased capacity to provide technical assistance by hiring 34 laboratory staff through partners.
- Increased the number of laboratories with capacity to perform ARV lab services including HIV test, and CD4 or lymphocytes tests from 26 to 46.
- Increased service capacity at >100 laboratories by having a delivery mechanism to provide continuous laboratory commodities.
- Improved infrastructure at 75 laboratories by provision of refrigerators, inverters, batteries and UPS to do rapid testing, CD4 testing and ARV lab services.
- Increased number of laboratories using solar energy from 0 to 5.
- to provide continuous training in ARV lab services, HIV testing, CD4, hematology, blood chemistry and laboratory management to 600 staff.
- to implement laboratory information system in 3-4 laboratories.
- to formulate the national lab strategic plan
- to implement the National Lab QA Program.
- to establish an EQA program for HIV and CD4 testing.
- to establish HIV pediatric lab diagnosis at GHESKIO, PIH, and NPHL.
- to establish the National Lab Training Center.
- to establish routine maintenance of lab equipment.

Program Area Target:

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	540,540
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	40
Number of individuals trained in the provision of laboratory-related activities	600

Table 3.3.12: Activities by Funding Mechanism

Mechanism: HHS/APHL/HQ
Prime Partner: Association of Public Health Laboratories
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 9263
Planned Funds: \$ 249,000.00

Activity Narrative: Linked to Activities 9311, 9340, 9923, 9922, 9337.

SUMMARY: The Association of Public Health Laboratories (APHL) will provide technical assistance to the United States Government (USG) Team to support three critical activities: strengthening laboratory quality assurance/quality control (QA/QC) efforts; implementing a laboratory information system at the anti-retroviral (ARV) sites and the National Public Health Laboratory (NPHL); and improving laboratory facility infrastructure 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 working in Haiti since 2003 implementing President's Emergency Plan for AIDS Relief (PEPFAR) objectives. Previous activities have included providing technical assistance for: implementing HIV Rapid Testing throughout the departments in Haiti; writing standard operating procedures for laboratory testing to support HIV/AIDS diagnosis and treatment; accurate enumeration of cluster of differentiation 4 (CD4) cells; and selecting and procuring flow cytometry instruments.

ACTIVITIES AND EXPECTED RESULTS:

In FY07, 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 CDC Haiti office to strengthen laboratory infrastructure capacity. APHL will provide experts to assist in development and implementation of plans that include activities to improve the physical laboratory facilities to provide adequate and safe workspace to perform testing; activities to assist in the selection of appropriate equipment, training for users, systems for proper maintenance, and activities to train laboratory MOH staff and supervisors in the development and implementation of project management plans to ensure integration and timely implementation of related activities at laboratory sites. A master plan will be developed by APHL, in consultation with CDC Haiti, the Haitian Group for the Study of Kaposi's sarcoma and Opportunistic Infections Haitian Group for the Study of Kaposi's sarcoma and Opportunistic Infections (GHESKIO) equipment maintenance engineer who will be hired by PEPFAR 07 fund and the MOH, to address physical facilities, equipment capacities, and equipment maintenance plan for the national lab and 24 ARV laboratories in Haiti.

Activity 2: APHL will assist the USG Haiti to provide post-service training and education in laboratory science and delivery through in-country training courses and/or modules at the National Laboratory Training Center (i.e. Rapid HIV testing for PMTCT, tuberculosis [TB]/HIV diagnosis, chemistry; hematology; CD4 etc). In addition, APHL will continue to provide technical assistance for laboratory QA/QC in coordination with priorities identified by the USG Team. This technical assistance may include the development of QA documents, including model QA/QC manuals, preventive maintenance logs, and quality control logs; planning and delivery of regular, periodic external quality assessments (EQA) for HIV serology and rapid testing; assisting in analysis of HIV serology and rapid testing EQA performance and development and delivery of QA training; training for personnel in HIV rapid testing, TB testing, sexually transmitted infection (STI) testing, and antiretroviral treatment (ART)-related laboratory testing; assessing quality practices of testing at counseling and testing sites performing rapid HIV testing; assessing quality of testing at laboratories providing AR T services; assisting in laboratory design; development of standard operating procedures; and equipment selection. Technical assistance will also be provided to the USG Team in planning and procurement of laboratory equipment, test kits, and laboratory supplies.

TARGETS:

Metrics for Year 4 EQA will be established in consultation with the USG Team and review of the most recent year's data on EQA, which will be available in March 2007. Implementation plan for laboratory facility and equipment capacity building for the national and 24 ARV labs developed and implemented.

One laboratory management workshop developed and implemented

Continued Associated Activity Information

Activity ID: 3916
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Association of Public Health Laboratories
Mechanism: HHS/APHL/HQ
Funding Source: GHAI
Planned Funds: \$ 0.00

Emphasis Areas

	% Of Effort
Logistics	10 - 50
Needs Assessment	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target

Target Value

Not Applicable

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

Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests

Number of individuals trained in the provision of laboratory-related activities

Target Populations:

International counterpart organizations

Host country government workers

Laboratory workers

Laboratory workers

Implementing organizations (not listed above)

Key Legislative Issues

Twinning

Coverage Areas:

National

Table 3.3.12: Activities by Funding Mechanism

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: GHAI
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 9283
Planned Funds: \$ 400,000.00

Activity Narrative: Linked to Activities 9672, 9282, 9340, 9923, 10353.

SUMMARY: This activity aims to strengthen the national laboratory capacity of the Ministry of Health (MOH) by helping to establish a quality assurance (QA) program nationwide using dry blood spot (DBS) for HIV antibody testing. The primary emphasis area for this activity is training and technical assistance for QA, quality improvement (QI) and supporting supervision. This activity will be carried out at Haiti's National Public Health Laboratory (NPHL), GHESKIO/ Institute of Infectious Disease and Reproductive Health (IMIS), and designated sites. The specific target population includes public and private health care workers nationwide.

BACKGROUND: GHESKIO/IMIS successfully conducted a demographic and health survey (DHS) using DBS in Haiti in FY05-06. This activity will be initiated in FY07 as part of the United States Government (USG) Team and NPHL's objectives to develop and provide QA /quality control (QC) services to sites conducting HIV screening using rapid testing nationwide. This activity will be supported by the NPHL program and implemented by both GHESKIO/IMIS staff and NPHL staff.

ACTIVITY AND EXPECTED RESULTS: Activity 1: GHESKIO will conduct a workshop to provide the NPHL personnel skills in setting up a QA program using DBS. Staff will be exposed to tools necessary for designing forms, site selection and identification, sample coding, method validation, data analysis.

Activity 2: GHESKIO will conduct training of trainers (TOT) on DBS lab testing for both the national laboratory staff and the GHESKIO mobile team. Training will include two weeks training on spotting cards, drying filter papers, packaging and storing. Method validation will be performed by correlating results obtained from HIV rapid testing, using whole blood on DBS versus Enzyme-Linked ImmunoSorbent Assay (ELISA) results on 100 known samples. Laboratory staff will be trained on cold chain monitoring, participation in the CDC proficiency testing program, and developing QC charts. The GHESKIO/IMIS laboratory at Tabarre, a pioneer site on this type of testing in Haiti, will host this training. The funding for this activity will cover the procurement of tests kits, DBS cards, and other laboratory accessories.

Activity 3: GHESKIO will assist the NPHL in of the establishment of DBS HIV testing at the NPHL by ELISA and Western blot. This activity includes instruments verification of plate washers, plate readers and incubator. Split testing of 100 DBS known samples and QA/QC panels from CDC will be used for the method validation. Standard Operating Procedures (SOPs) will be transferred, and a preventive maintenance schedule for equipment will be established. A national DBS QA/QC program will be developed with the NPHL staff.

Activity 4: GHESKIO will train 200 healthcare workers on HIV rapid testing, using whole blood, DBS QA/QC, spotting card, sample processing, drying, packaging and shipping DBS for 97 sites (total of 200 staff). The duration of this activity will be one week, and will be held either at the NPHL or GHESKIO/IMIS for the participants at the designated sites. GHESKIO will also assist the NPHL to conduct a refresher course for DBS, HIV and syphilis rapid testing for additional 200 healthcare personnel.

Activity 5: GHESKIO will provide continuing assistance and support to the MOH NPHL by conducting visits to the NPHL twice a week to go over the DBS testing performed by the NPHL staff. A monthly meeting will be set up with the NPHL, GHESKIO and USG senior staff, in order to report and assess the progress made. Through this activity GHESKIO will continue to build the NPHL's capacity to properly conduct a QA program and master HIV screening using DBS in order to fulfill its role as a national regulatory body. These activities will improve the capacity of the National Laboratory to provide quality laboratory results in healthcare facilities nationwide.

Activity 6: GHESKIO will develop a training of trainers (TOT) program for the NPHL staff to provide skills and knowledge, in order to further train the national laboratory network sites. The activity will be conducted at GHESKIO for ten NPHL staff to perform tests that are regularly done at GHESKIO. The tests include but not limited to Facscount for Cluster of Differentiation 4 (CD4) enumeration (1 week); ELISA and Western blot (2 weeks); HIV and syphilis rapid testing (1 week); and protein 24 antigen (P24Ag) assay (2 weeks). SOPs for all methods will be distributed to trainees.

Activity 7: GHESKIO will establish quality control procedures of DBS HIV antibody testing at the NPHL in order to improve the quality of lab analysis through: method validation, reference range selection, results analysis, and troubleshooting. This activity will require the participation of a Quality Assurance manager, a Coordinator, a laboratory supervisor, and a biomedical engineer. The latter personnel will provide equipment services to the NPHL, the national laboratory network sites and GHESKIO laboratories.

Activity 8: GHESKIO will establish early infant diagnosis (EID) of HIV infection by dried blood spot polymerase chain reaction (PCR) at GHESKIO, PIH and at the national lab to immediately offer diagnostic services to 2200 babies born to HIV-infected mothers. GHESKIO will send 2 lab trainers to be trained at CDC Atlanta. GHESKIO will train 10 GHESKIO, 2 PIH, and 2 NPHL lab techs to be capable of performing DBS collections and DBS PCR. GHESKIO will procure 3 sets of laboratory equipment and accessories needed to equip the three labs. The test kits and supplies will be provided by the Partner For Supply Chain Management (PFSCM). GHESKIO will train two personnel at each 100 PMTCT centers (200 staff) in the collection, preparation, storage, and shipment of specimens. Conditioned specimens will be sent once a week in specific shipping containers from various peripheral sites to referral departmental laboratories and stored in proper storage cabinets. Once a week specimens will be shipped from the departmental labs to the GHESKIO lab at IMIS to be tested by the DBS PCR method. GHESKIO will also provide internal QC testing by testing fifteen percent (15%) of the specimens by the EasyQ method. GHESKIO will also enroll in the CDC pediatric diagnosis QA/QC program,

TARGETS:

- 1 workshop conducted
- 16 trainers trained in DBS testing and QA/QC
- 1 DBS QA/QC lab at the NPHL established and operated
- 200 laboratory personnel trained in whole blood rapid HIV testing, DBS collection and DBS QA/QC
- 1 national DBS QA/QC regularly guided
- 12 members of NPHL staff trained in HIV laboratory methods
- 200 healthcare personnel trained for DBS, Syphilis and HIV rapid testing
- 97 Service outlets able to perform proper blood collection on filter paper (DBS)
- 16 lab techs trained to perform EID by the DBS PCR
- 3 labs able to offer laboratory services for EID of HIV infection
- 2200 babies born to HIV-infected mothers diagnosed
- 200 PMTCT staff trained to proper collect store and ship DBS from babies

Continued Associated Activity Information

Activity ID: 4601
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Groupe Haitien d'Etude du Sarcome de Kaposi et des Infections Opportunistes
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 0.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target

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

Target Value

8,000

Not Applicable

Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests

1

Number of individuals trained in the provision of laboratory-related activities

444

Target Populations:

Infants

Orphans and vulnerable children

Laboratory workers

Other Health Care Worker

Laboratory workers

HIV positive infants (0-4 years)

Coverage Areas:

National

Table 3.3.12: Activities by Funding Mechanism

Mechanism: National Plan Mechanism
Prime Partner: Ministre de la Sante Publique et Population, Haiti
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 9311
Planned Funds: \$ 0.00

Activity Narrative: Linked to Activities 9308, 9314, 10415, 9313, 9310, 9312, 9923, 9283, 10353.

SUMMARY: The activities included in this project relate to building the laboratory infrastructure in Haiti through reinforcing the capacity of the National Public Health Laboratory (NPHL) and its national network. The FY07 funding will be used to maintain the infrastructure at the NPHL; continue the National QA/QC program through maintaining the External Quality Assistance Proficiency Testing (EQA PT) for HIV and establishing the EQA PT for Cluster of Differentiation 4 (CD4) enumeration; establish HIV antibody testing on dried blood spot at the NPHL is another component of the National QA/QC program; establish an Enzyme-Linked ImmunoSorbent Assay (ELISA)-based confirmatory testing at the NPHL in order to confirm and resolve discordant samples; establish a national laboratory training center at the NPHL; establish HIV pediatric testing and viral load capability at the NPHL; and train and hire laboratory personnel.

BACKGROUND: The capacity for laboratories to provide accurate test results is critical for public health. At present, Haiti is developing a functional regulatory body to determine laboratory performances in both the public and private sectors with support from the USG and other donors. The construction of a new NPHL was completed in August 2006 and is progressively being equipped, furnished, and made functional. The activities described here were funded by the USG in FY05 and FY06 and will be expanded in FY07 at the request of the Haitian MOH. Activities will be implemented directly by the NPHL employees with technical assistance from the USG Team, GHESKIO and other consultants. In FY 07, the USG has selected technical human resources specialized in critical laboratory areas to provide technical assistance to the NPHL to strengthening its capacity and increasing its functional activities.

ACTIVITIES AND EXPECTED RESULTS: Activity 1: The NPHL will continue and expand the national QA/QC program. One hundred and fifty labs will participate in the EQA PT program for HIV testing including all 92 USG-supported labs and 58 private labs. In FY 07, the NPHL will continue its operation with its EQA PT program for HIV testing as well as start a new EQA PT for CD4 enumeration with assistance from the USG Team. For the HIV testing part, the NPHL will continue to procure panels from reliable sources and send them out throughout the country to 150 public and private laboratories to monitor and improve and ensure the reliability of testing results twice a year. The NPHL will request the laboratories or facilities that perform rapid HIV testing to prepare dried blood spots (DBS) from the samples they test and send them to the NPHL for QA/QC testing to ascertain the accuracy of the results delivered at the sites. The sites will be trained by GHESKIO and the NPHL staff in preparing, storage, and shipping the DBS specimens to the NPHL.

Activity 2: The NPHL will establish HIV antibody testing on DBS and blood specimens with technical assistance from GHESKIO to enable the NPHL to start assuming another role in lab QA/QC. This will supplement the QA/QC activity and support the evaluation of rapid HIV testing at the national level in Haiti. Additionally, an ELISA-based HIV antibody testing algorithm will be established as supplemental methods for confirming and resolving discordant results. All equipment needed for this activity has been procured using FY05 funding. The NPHL will receive test kits and lab supplies from the USG Haiti in FY 07.

Activity 3: NPHL will maintain and improve the infrastructure at the NPHL to maintain its crucial role as a national reference lab. To assume its role, the NPHL needs to maintain the physical structure of the building, ensure a continuous, reliable energy and water supply to the facility, and have reliable communication systems with its lab network. The NPHL will procure and install a 250 kilowatt generator, gas, a server, and two sets of inverters and batteries to ensure a constant electrical supply. The NPHL also will hire a facility maintenance engineer to operate the physical functions of the NPHL.

Activity 4: The NPHL will establish pediatric testing and viral load technology to build its capacity as the national reference laboratory. The NPHL is expected to provide the pediatric diagnosis services to the USG-supported facilities and to monitor patients receiving anti-retroviral (ARV). The USG will provide necessary laboratory equipment, test kits and supplies and short and long-term technical assistance for these activities.

Activity 5: The NPHL will train laboratory and healthcare personnel to support all program areas including PMTCT, VCT, TB/HIV integration, palliative care, ARV, pediatric diagnosis,

and viral load. The NPHL will work together with lab consultants to train 250 lab personnel at the national lab training center. Training modules in lab-related subjects will be developed by the consultants, and used throughout for trainings at the NPHL national lab training center.

Activity 6: The NPHL will determine baselines for CD4 and complete blood count (CBC). The NPHL will hire lab staff to conduct the analyses with technical assistance from the USG partners.

Activity 7: The NPHL will hire essential staff to carry out those activities outlined above. The NPHL has a severe shortage of staff. As the responsibilities and roles of the NPHL increase, it is crucial that the NPHL has sufficient number of technical staff to perform the expected tasks. The NPHL propose to hire a lab QA/QC coordinator, a EQA lab tech, three DBS and HIV EILISAs QA/QC lab techs, a data lab manager, two specimens managing lab techs, three lab techs for pediatric diagnosis and viral load testing, and a NPHL facility maintenance engineer.

TARGETS:

- 250 laboratory personnel trained in various laboratory testing and techniques
- 350,000 persons receiving counseling and testing supported for QA/QC components of lab testing.
- 97 sites supported to provide continuous QA/QC laboratory services to the PEPFAR program areas

Continued Associated Activity Information

Activity ID: 3918
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Ministre de la Sante Publique et Population, Haiti
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 430,000.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Logistics	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50

Targets

Target	Target Value	Not Applicable
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	100,000	<input type="checkbox"/>
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	97	<input type="checkbox"/>
Number of individuals trained in the provision of laboratory-related activities	250	<input type="checkbox"/>

Target Populations:

National AIDS control program staff

Non-governmental organizations/private voluntary organizations

Other MOH staff (excluding NACP staff and health care workers described below)

Laboratory workers

Other Health Care Worker

Coverage Areas:

National

Table 3.3.12: Activities by Funding Mechanism

Mechanism: ITECH
Prime Partner: University of Washington
USG Agency: HHS/Health Resources Services Administration
Funding Source: GHAI
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 9340
Planned Funds: \$ 544,000.00

Activity Narrative: Linked to Activities 9725, 9360, 9343, 9341, 10240, 9311, 9283.

SUMMARY: I-TECH will support implementation of a laboratory information management system (LIMS) at the national laboratory and within the network of the United States Government (USG)-supported anti-retroviral treatment (ART) sites. The emphasis areas for this initiative include: strategic information/ Health Management Information System (HMIS); infrastructure; development of network/linkages/referral systems; and training. Specific target populations include: general population, people affected by HIV/AIDS, special populations, health care providers, the Ministry of Health (MOH) staff, and groups/organizations which provide laboratory services. Coverage areas include all geographic regions receiving the President's Emergency Plan for AIDS Relief (PEPFAR) support for HIV testing and clinical services.

BACKGROUND: I-TECH has worked in Haiti since 2004. In 2005-06, I-TECH provided technical assistance to MOH and to the Centers for Disease Control and Prevention (CDC) to develop a standardized adult HIV medical record and corresponding application for electronic data management. As of June 2006, 18 sites in Haiti had access to this web-based application, and I-TECH has provided on-site training and technical assistance to 10 sites of these sites to routinely use the application for data management and reporting, and to reinforce data quality. I-TECH is proceeding with further development of the system to achieve: 1) disseminated (local) hosting of the application at ART sites, with regular replication of data to the MOH's central data repository; and 2) an interactive point-of-care electronic medical record (EMR) by clinicians at selected sites. The system tracks laboratory tests and a result for patients enrolled in HIV care, but does not represent a fully-functioning LIMS to manage the laboratory workflow for all types of laboratory tests.

ACTIVITIES AND EXPECTED RESULTS: Activity 1: I-TECH will work closely with CDC/Haiti, CDC/ Global AIDS Program (GAP) Atlanta and Haiti MOH to identify functional specifications for the LIMS at the National Reference Laboratory (NRL) and at ART sites, with reference to already-established frameworks for requirements for public health laboratories. I-TECH will provide technical assistance to identify Haiti-specific requirements, analyze costs and benefits of existing LIMS products according to the Haitian context, select and procure a LIMS product for use in Haiti. I-TECH will work with the vendor of the selected LIMS to adapt the system for specific laboratories in Haiti. I-TECH will also procure and install additional hardware (servers, backup power supplies, local area networks, etc.) to support the LIMS, in collaboration with CDC's Regional Information Officers (RIOs) and site personnel. The number of sites served will depend on the acquisition cost of the LIMS (including hardware and license fees for each site). Given the significance of these costs, it is anticipated that a phased implementation covering 3-4 sites under the country operational plan (COP) 07 will be required, with expansion to a total of 14 ART sites occurring during a second phase.

I-TECH will hire 2 full-time consultants to be based in Haiti (1 LIMS specialist/project manager and 1 trainer/ information technology [IT] specialist) to assure local collaboration on the selection of the LIMS and to interface with the LIMS vendor for appropriate adaptation. These consultants will also travel regularly to laboratory sites throughout Haiti to oversee implementation and to provide on-site training to laboratory personnel in use of the system. I-TECH consultants will also assist in developing and implementing a maintenance plan, and will plan and deliver training on system maintenance (including failure recovery strategies). I-TECH staff, affiliated with the University of Washington's Clinical Informatics Research Group, will provide technical oversight to the on-the-ground consultants. I-TECH staff will also program an interface between the LIMS and the national HIV EMR system for automated transmission of data on lab orders, pending labs, and results between the 2 systems

Activity 2: I-TECH will provide technical assistance to the MOH National Laboratory Director and other senior staff in the development of a national laboratory strategic plan, to increase responsiveness of laboratory services to the clinical and public health needs in Haiti. The strategic plan will identify recommended roles and responsibilities of the NRL and peripheral laboratories in both public and private sectors, including the infrastructure and test menu appropriate to each level of laboratory service. The strategic plan will take

into account Haiti's organization of health care services, demographic and geographic considerations (including climate, transport and communications infrastructure), existing laboratory capacity and organization, availability of laboratory technologies and facilities (including reagents, chemicals, medica, antisera, laboratory glassware and equipment as well as basic supplies such as safe water, electricity and gas), human resources available throughout the country, common health problems and the public health and clinical relevance of various laboratory procedures, and funding available for laboratory services. These considerations will inform the necessity for immediate laboratory test results or confirmation of presumptive laboratory diagnosis at each level of the health care system. In sum, the national strategic plan will identify the appropriate laboratory technology that should be employed in each type of facility (e.g. conventional methods, molecular, automation, and rapid diagnostic tests), as well as how facilities should inter-relate in support of timely, cost-effective, high quality diagnostic services. I-TECH will provide an international laboratory systems specialist, supported by a local laboratory consultant, to work over a 2-month period with the MOH on the development of the national laboratory strategic plan.

These activities contributes to PEPFAR 2-7-10 goals by strengthening information management within the national reference laboratory and selected ART sites, as well as national-level strategic planning. This will reinforce the quality assurance role of the national reference laboratory, and will improve the quality of patient care in other settings by supporting timely and accurate laboratory findings.

TARGETS:

1. Acquisition of a LIMS which meets Haiti's functional specifications and cost/benefit requirements, for ARV sites and the national reference laboratory.
2. Implementation of LIMS, with interface to HIV EMR, at selected sites.
3. Training of at least 3 persons per site in use of the LIMS, and of at least 5 people in maintenance of the LIMS.
4. National laboratory strategic plan developed and approved by MOH.

Continued Associated Activity Information

Activity ID: 3886
USG Agency: HHS/Health Resources Services Administration
Prime Partner: University of Washington
Mechanism: ITECH
Funding Source: GHAI
Planned Funds: \$ 1,000,000.00

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Infrastructure	10 - 50
Logistics	51 - 100
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target

Target Value

Not Applicable

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

Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests

Number of individuals trained in the provision of laboratory-related activities

319

Target Populations:

Adults

HIV/AIDS-affected families

People living with HIV/AIDS

Caregivers (of OVC and PLWHAs)

Other MOH staff (excluding NACP staff and health care workers described below)

Other Health Care Workers

Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.12: Activities by Funding Mechanism

Mechanism: American Society for Clinical Pathology
Prime Partner: American Society of Clinical Pathology
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 9922
Planned Funds: \$ 173,000.00

Activity Narrative: Linked to Activities 9263, 9311, 9923, 9283, 9337.

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 Cluster of Differentiation 4 (CD4). ASCP will enhance the laboratory system in Haiti by providing assistance in the development of a national approach to quality systems. 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: ASCP currently provides laboratory support and assistance in building human resource capacity and laboratory infrastructure for diagnostic testing in clinical laboratories within PEPFAR countries. Laboratory test results are an integral part of HIV treatment plans, as they monitor the HIV progression and provide information to the clinician in making decisions about a treatment regimen.

ACTIVITIES AND EXPECTED RESULTS:

The ASCP laboratory training experience consists of: 1) didactic lectures with Power Point (PP) presentations in the areas of hematology, clinical chemistry and CD4 count; 2) furnishing of a participant's manual, with copies of the PP slides; 3) participant's supplementary materials (i.e. procedures, atlases, job aids); 4) an instructor's version of the PP presentation; 5) an instructor's guide with support notes for each PP slide and a CD-ROM with all the aforementioned materials. With the USG Team and in-country representatives, the ASCP will conduct a needs assessment to establish country-specific scopes, deliverables and outcomes and prepare and deliver appropriate training activities as described below.

Activity 1: In coordination with the USG Team, a team of two ASCP consultants/staff will meet with Haitian representatives to assess the current laboratory situation. At this initial meeting, ASCP will assess onsite logistics for the subsequent training session and technical assistance. ASCP consultants and staff will meet with in-country USG Team leadership, representatives from Ministry of Health (MOH) and others to perform baseline needs assessment, gather information on infrastructure (e.g., staffing, supplies, equipment, instrumentation, information technology, inventory, and testing volume), identify gaps and recommend educational intervention(s). This initial visit will help identify specific needs of Haiti, and develop a strategy addressing those needs. With the USG Team and in-country representatives, the ASCP will establish a country-specific scope of work, deliverables and outcomes. Based upon information gathered during the assessment phase, the ASCP will develop Haiti-specific education and training specific in the areas of chemistry and hematology, as well as to determine the nature of subsequent technical assistance.

Activity 2: Upon completion of the assessment of Haiti, the ASCP will deliver training programs for lab workers working in central laboratories in Haiti. The ASCP will identify laboratory experts to travel to the countryside to perform specific laboratory functions in chemistry, and hematology suitable for technologists requiring a review of laboratory theory, principles, and procedures. The program faculty will travel to Haiti, administer pre-tests, provide training, administer post-tests, and administer a 'satisfaction' survey. The trainers employ participatory methods for interactive learning and promotion of teamwork. Hands-on practical experience is encouraged and used whenever feasible. Plenary sessions are encouraged for the exchange of experiences, group interaction and peer assessment

Activity 3: ASCP trainers will provide a Training of Trainers (TOT) Workshop for 10 Haitian trainers. The TOT format is designed for high-level technologists who will be designated to provide laboratory training in their own clinical settings at a future date thereby scaling up the training to the rest of technologists in their region.

TARGETS:

10 TOT's trained at the National Lab Training Center
 40 Lab workers (two basic training sessions for 20 trainees each) trained in hematology and blood chemistry analysis

Emphasis Areas	% Of Effort
Needs Assessment	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
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		<input checked="" type="checkbox"/>
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	97	<input type="checkbox"/>
Number of individuals trained in the provision of laboratory-related activities	55	<input type="checkbox"/>

Target Populations:

- Host country government workers
- Laboratory workers
- Laboratory workers
- Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.12: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 9923
Planned Funds: \$ 298,000.00

Activity Narrative: Linked to Activities 10242, 9311, 9337, 9283.

SUMMARY: This activity will strengthen the national laboratory capacity of the Ministry of Health (MOH) by helping to establish: pediatric diagnosis testing by standard dried blood spot polymerase chain reaction (DBS PCR), and an alternative ultra-sensitive protein 24 antigen (P24Ag) assay; viral load testing; a quality assurance/quality control program (QA/QC) for such testing; and, a Laboratory Information System (LIS). 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 USG senior staff is recommending the use of DBS Amplicor Deoxyribonucleic acid (DNA) PCR testing for early infant diagnosis (EID). This recommendation was endorsed by the World Health Organization (WHO)/United Nations Children's Fund (UNICEF)/CDC infant diagnosis meeting in May 2006.

ACTIVITY AND EXPECTED RESULTS: Activity 1: The CDC/ GAP International Laboratory Branch will provide technical assistance to Haitian Group for the Study of Kaposi's sarcoma and Opportunistic Infections (GHESKIO) and NPHL laboratory personnel in setting up a EID by DBS PCR test, as well as the ultra-sensitive p24Ag tests. GHESKIO and the NPHL Staff will be trained to set up equipment, understand the principles of each test, hands-on conducting of the test, precautions, method validation, data analysis and reporting results, designing forms for reporting, sample coding, and, lastly, troubleshooting.

Activity 2: The CDC/GAP International Laboratory Branch will assist GHESKIO and the NPHL to set up and participate in the CDC QA/QC proficiency testing program for EID by DBS PCR. The funding for this activity will cover for overseas shipment of QA/QC panels three times annually.

Activity 3: The CDC/GAP International Laboratory Branch will assist the NPHL and three selected ARV labs to work together with the International Training and Education for HIV (I-TECH) to provide technical assistance for the selection of appropriate LIS to be set up at those labs, and supportive supervision.

Activity 4: CDC will procure two vehicles to provide efficient transportation for laboratory consultants who currently rely on over-subscribed official CDC motorpool transportation to conduct field visits, site assessment, and to provide supportive supervision. Haiti does not have safe public transportation. Most lab consultants are dependent on safe transportation provided by CDC Haiti. Current CDC vehicles are not sufficient to provide logistics support to the increased numbers of consultants. In FY 07, at least 18 laboratory advisors will provide technical assistance. Each advisor will conduct multiple visits. CDC will also procure one pick up truck for transportation of big items needed for improvement of laboratory infrastructure, including inverters, batteries, lab benches, lab chairs, solar panels, and refrigerators.

Activity 5: The CDC /GAP International Laboratory Branch will support NPHL and USG Team laboratory staff to attend training courses and scientific conferences as appropriate.

TARGETS:

2 GHESKIO and 2 NPHL lab staff trained in early infant diagnosis
2 pediatric diagnosis labs at GHESKIO and the NPHL established and operated
GHESKIO and the NPHL participated in the DBS PCR QA/QC program
1 national and 3 ARV labs guided in Laboratory Information System
4 members of NPHL trained in HIV laboratory methods and participated HIV-related laboratory scientific conferences

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Information, Education and Communication	10 - 50
Logistics	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
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		<input checked="" type="checkbox"/>
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	12	<input type="checkbox"/>
Number of individuals trained in the provision of laboratory-related activities	36	<input type="checkbox"/>

Target Populations:

Infants
 Orphans and vulnerable children
 People living with HIV/AIDS
 Laboratory workers
 Laboratory workers

Coverage Areas:

National

Table 3.3.12: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Partnership for Supply Chain Management
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 10353
Planned Funds: \$ 2,500,000.00

Activity Narrative: Linked to Activities 9674, 9333, 9675, 9362, 9332, 10204, 9311, 9283.

SUMMARY: This program will guarantee the availability of laboratory equipment and commodities including, but not limited to, Cluster of Differentiation 4 (CD4) tests and controls, Hematology reagents and controls, Murex, Enzyme-Linked ImmunoSorbent Assay (ELISA) and Western Blot HIV test kits, and the corresponding supplies needed to carry out these integrated lab procedures. The list of commodities needed include: (i) test kits, (ii) reagents and supplies for confirmatory testing and quality control (QC) and quality assurance (QA), and (iii) basic items for laboratory infrastructure improvement. These basic items include refrigerators, inverters, batteries, solar panels, lab furniture, air-conditioning units and storage cabinets as well as lab refurbishing. The primary emphasis area for this activity is commodity procurement. This activity targets the laboratory network that consists of the Ministry of Health's (MOH) National Public Health Laboratory (NPHL), specialized labs (with advanced HIV-testing capacity) such as Haitian Group for the Study of Kaposi's sarcoma and Opportunistic Infections (GHESKIO), five regional labs and approximately 80 peripheral labs. All these facilities are participating in HIV testing with support from PEPFAR and the Global Funds.

BACKGROUND: In FY 06, the University of Maryland (UMd) has been responsible for assessing and quantifying laboratory needs, procuring lab commodities and equipment, and providing technical assistance to the lab network. The International Training and Education Center for HIV (I-TECH) has been responsible for storage and distribution of commodities to the different labs. Through UM, the United States Government (USG) has been able to procure required test kits and related supplies for HIV testing as well as equipment and commodities to support QA/QI at the NPHL and basic testing at the regional and peripheral sites. .

In FY07, PFSCM will take over the responsibility for procurement of all lab supplies, commodities and equipment; while UMd will focus only on providing technical assistance. The PFSCM project is part of a new initiative, started in FY 2006 with PEPFAR funding, covering the fifteen focus countries and three additional countries. Haiti is one of the first countries to have a fully-established PFSCM office. With '07 resources, PFSCM will build on UM efforts to provide the NPHL with test kits and related commodities and supplies for QA/QI and confirmatory testing, including CD4 testing. PFSCM will also provide NPHL with additional equipment for dried blood spots, ELISA QA/QC testing, and western blot testing; refrigerators; freezers; inverters; batteries; solar panels; lab furniture; air-conditioning units and storage cabinets, as well as lab refurbishing. PFSCM will continue to support the enhancement of infrastructure at the regional and peripheral labs. At least 20 labs will be provided with equipment for basic testing and with minor refurbishing, based on needs assessments.

ACTIVITIES AND EXPECTED RESULTS: Activity 1: PFSCM will work with MOH and key stakeholders to assess and quantify needs in order to procure necessary supplies, commodities, and equipment at the NPHL, regional and peripheral labs located at the CT, PMTCT, palliative care and ARV sites supported by the USG. The resources to procure test kits will be provided under each program activity, while PFSCM will procure the tests and related supplies for QA/QI. This activity will be closely coordinated with the Global Fund, which provides limited resources for procurement of laboratory supplies and commodities.

Activity 2: PFSCM will assume responsibility from I-TECH for implementing a system of storage and distribution of supplies and reagents. This system will be integrated with existing systems other PEPFAR-related supplies and commodities. Procured goods will be stored and delivered to the sites by PFSCM, who will work closely with CDC/Haiti and other related partners, to provide technical assistance in forecasting needs and stock management at the network of laboratories.

Activity 3: PFSCM will enhance infrastructure and equipment throughout the network of labs. At the NPHL level, the focus will be on providing additional equipment needed to perform QA/QI and confirmatory testing, western blot testing, and protein 24 (P24) testing, as well as refrigerators, freezers, inverters, batteries, solar panels, lab furniture, air-conditioning units and storage cabinets. At the regional level, PFSCM will procure equipment for P24 testing at two labs. They will also support basic equipment for hematology, blood chemistry and other routine testing at approximately 20 peripheral

labs, based on needs assessments. PFSCM will also provide equipment for manual CD4 testing at 5 labs and for fast-count CD4 testing at one lab.

Activity 4: PFSCM will collaborate with the voluntary counseling and testing (VCT), PMTCT, ARV and TB programs to buy reagents required for each program's activities. PFSCM will also collaborate with GHESKIO, CDC and Association of Public Health Laboratories (APHL) to provide technical assistance (TA) to the NPHL for QA/QI and to perform advanced HIV testing such as Dried Blood Spot (DBS), Deoxyribonucleic acid (DNA), and Polymerase Chain Reaction (PCR) for pediatric diagnosis. They will also coordinate with Global Fund in supporting lab programs to avoid duplication of activities and resources.

Emphasis Areas

% Of Effort

Commodity Procurement

10 - 50

Target Populations:

Other MOH staff (excluding NACP staff and health care workers described below)

Laboratory workers

Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.12: Activities by Funding Mechanism

Mechanism: National Lab Mechanism
Prime Partner: Ministre de la Sante Publique et Population, Haiti
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 12429
Planned Funds: \$ 1,750,000.00

Activity Narrative: The technical assistance and quality assurance activities for the national lab network originally planned for the TBD mechanism Activity 9337 is being reprogrammed to the National Laboratory, who will implement the activities.

SUMMARY: Activities will be carried out to support the enhanced laboratory infrastructure in Haiti with three components: strengthening the capacity of national laboratory network by continuous quality improvement by onsite post-services training of laboratories; post-services training sessions; and maintenance of post-services laboratory curriculum. The primary emphasis areas for these activities are training, quality improvement, infrastructure development, and human resources capacity building. Specific target population includes laboratory workers. IHV will have an active presence of full and part-time US-based laboratory specialists partnered with full-time local hired laboratory personnel throughout the country working in all departments and in Port-au-Prince,

BACKGROUND: This project is part of a larger initiative to build laboratory capacity started in FY05 when University of Maryland's IHV worked with the United States Government (USG) Team to provide a complete package of technical assistance, training (cluster of Differentiation 4 [CD4], and blood chemistry), continuous quality improvement efforts, and provision of kits and commodities. IHV was funded in FY06 directly to continue these activities. In FY 07, an implementing partner to be selected will work in conjunction with the USG Haiti team, and the Ministry of Health (MOH) to provide comprehensive laboratory training and capacity building.

ACTIVITIES AND EXPECTED RESULTS: Activity 1: The implementing partner will provide onsite continuous quality improvement and capacity building in 22 ARV laboratories and 40 palliative care and/or Prevention of Mother-to-Child Transmission (PMTCT) laboratories. The on-site technical assistance and training will be provided. A minimum of 3 laboratory staff will be trained in a sustainable manner per each anti-retroviral (ARV) and palliative care laboratory. Laboratories will be assessed for their capacity building and quality improvement needs at the onset of FY07. An individual laboratory plan will be developed for each laboratory focused on each laboratory's specific requirements. Areas of focus for continuous quality improvement and capacity building will be, but are not limited to, proper equipment function and maintenance, quality control and quality assurance techniques, good laboratory practices and blood safety, inventory and forecasting techniques, recordkeeping, and troubleshooting techniques. Focus will be placed on quality improvement and sustainability for quality laboratory technology and techniques. The implementing partner will identify methods for in-country maintenance and service of laboratory equipment. In the event of equipment malfunctions, it will assist laboratories in troubleshooting and coordinate repairs with Haitian Group for the Study of Kaposi's sarcoma and Opportunistic Infections (GHESKIO) lab equipment maintenance engineer, and USG partners for further referral.

Activity 2: The implementing partner will assist in training sessions to be held at the National Public Health Laboratory (NPHL). It will coordinate training timelines and logistics for 15 manual CD4 trainings, and 4 ARV laboratory techniques and maintain and update laboratory post-services training curriculum as needed. It will translate updates to curriculum into French and distribute to laboratories.

Activity 3: The implementing partner will hire 5 full-time laboratory staff to continue their work and also to train additional local personnel to support the laboratory program, and to hire additional 5 local full-time laboratory staff as Regional Laboratory Staff (RLS), and a full-time in-country project manager to implement the above described activities. Attempts will be made to hire RLSs who reside within each department for sustainability. RLS staff will work full time and to be based at the departmental regional hospitals laboratories and in Port au prince. Technical assistance will be provided to its satellite laboratories within each department. The implementing partner will coordinate with USG to integrate with its strategic information program. It will work closely with the USG Regional Information specialists (RIOs) to collaborate and share current information of the program and share laboratory testing data.

The implementing partner will work closely with USG Haiti and the NPHL training lab staff to provide status reports of laboratories in their department. It will provide logistics for their local staff (cell phones, phone cards, laptops, office supplies, and transportation). It

will coordinate training the regional lab specialists in laboratory-related subjects within the country, utilizing a mentoring program partnering their staff with the local laboratory specialists to be hired in FY07. The training should include Laboratory testing component (HIV serology, special HIV testing, CD4, clinical laboratory testing, and laboratory safety) and laboratory management (quality assurance/quality control [QA/QC], information system, laboratory operation, good laboratory practices [GLP], stock and inventory, and laboratory equipment maintenance).

TARGETS:

- Improved ARV laboratory capacity (22) in a sustainable manner
- Improved palliative care and PMTCT laboratory capacity (40) in a sustainable manner
- 150 healthcare personnel trained in CD4 testing
- 10 departmental hospitals and Port au Prince laboratories supported by IHV laboratory specialist teams

Table 3.3.13: Program Planning Overview

Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13

Total Planned Funding for Program Area: \$ 3,640,000.00

Program Area Context:

Haiti's epidemiological and behavioral tracking, as well as the utilization of services, has been historically provided by population-based surveys such as the antenatal clinic (ANC) sero-survey, Behavioral Surveillance Survey (BSS) and Demographic and Health Survey (DHS) surveys, and a few research-led activities. The advent of the Global Fund and President's Emergency Plan for AIDS Relief (PEPFAR) has created an immense opportunity for collecting data for measuring the burden of disease, monitoring effectiveness of interventions, and carrying out surveillance of the epidemic.

The strategic information (SI) team has been improving national and program systems to ensure that instruments in place are suited for their multiple purposes, and PEPFAR has emphasized developing capacity for collection of vital and routine statistics. Progress to date includes:

- standardized indicators are in use nationwide at all facility-based interventions;
- standardized data collection and reporting instruments developed during the scaling-up period are used by most sites;
- electronic applications to aggregate facility-based data and manage individual patients have been successfully implemented;
- Information Technology (IT) infrastructure has been upgraded so that most participating sites are connected to the internet, enabling them to support the electronic applications necessary to monitor and report on their programs;
- increasing availability of data for reporting and analysis;
- the surveillance system, dormant for years, is revitalized; and
- a new cadre of 32 skilled SI personnel has been hired, trained by l'Institut Haitien de l'Enfant (IHE) and placed at all levels of the health system.

However, significant gaps remain in several areas, including a lack of a standardized system for monitoring key program areas. The system is characterized by great variability in data collection and data quality, and, with the exception of key indicators, each program is unique in what it collects.

The USG Team only has two central-level SI positions. These two positions are supported by 5 regional information officers who work with the United States Government (USG) contractors and share the tasks of providing direct support to Haiti's 10 departmental directorates and the 128 participating sites.

USG partners for SI activities include:

- The Ministry of Health (MOH) receives support to steer the "three ones" strategy.
- IHE, a local nongovernmental organization (NGO), provides training and assistance in the use of data collection and reporting. IHE also develops and supervises the use of instruments for facility-based activities, aggregates facility-based data for PEPFAR reporting, implements the ANC sero-surveys, and collaborates with MACRO on the DHS and with National Alliance of State and Territorial AIDS Directors (NASTAD) for case notification.
- Solutions, a local information technology NGO and sub-contractor of IHE, developed the Monitoring and Evaluation Surveillance Interface (MESI), a web-based, aggregate facility-based reporting system, which stores data for facility-based HIV/AIDS services.
- International Training and Education Center on HIV (ITECH) developed the paper-based medical record along with the electronic database management system.
- John Snow, Inc. (JSI)/ Monitoring and Evaluation to Assess and Use REsults (MEASURE) is developing a community-based information system, integrating the Health Information System (HIS) for HIV/AIDS into the national Health Management Information System (HMIS), and reinforcing the filing and archiving infrastructure and systems for paper-based data.
- Tulane University is helping to develop the monitoring and evaluation (M&E) framework, backstopping efforts for data quality enhancement, and implementing two targeted evaluations.
- NASTAD is supporting the revitalization of a case notification system and the development of a

cross-border Haiti/Dominican Republic international health card.

The implementation of the 2005 surveys was delayed for security concerns. The current status of those surveys is:

- preliminary results of the 2005 DHS survey have been issued and a final report is scheduled to be released in September 2006;
- data is still being collected for the 2005 BSS, and preliminary findings are scheduled for December 2006;
- the 2005 ANC sero-survey is underway and preliminary findings are expected in October 2006;
- a national health-facility survey to assess HIV/AIDS services in the country is underway with funding from the Global Fund and PEPFAR.

A more accurate estimate of HIV prevalence in Haiti will be computed using two methodologies: (i) Data triangulation using data from the different surveys (DHS, ANC, BSS), and (ii) the EPP (Estimation and Projection Package) using data from the ANC sero-survey. Funding will be earmarked in FY07 to carryout in FY08 the next BSS to ensure that data trends from those surveys are available for analysis.

Data collection and reporting tools for facility-based activities will be rolled out at 30 of HIV treatment and care sites in the country by the end of FY06. A plan has been proposed to develop standardized instruments as well for the community-based activities. Two electronic applications have been developed to facilitate data management and reporting. These include MESI, which will incorporate a module for reporting on community-based activities, and a database management system for the collection of individual data for HIV/AIDS patients. Additionally in FY06, an internet-based project management information system for joint planning and management of all PEPFAR and Global Fund HIV/AIDS projects will be developed and implemented.

In FY07, the USG Team will give priority to the following activities:

- enhancement and expansion of facility-based and community-based data collection and reporting systems to reach 100% of the outlets with HIV/AIDS programs in the country through support from PEPFAR, Global Fund and other donors;
- development of a comprehensive management information system (MIS) to support the management of drugs and commodities;
- reinforcement of data quality through enhanced supervision and more formal, systematic, and periodic comparisons of reported results and primary source data;
- increased availability of standard operating procedures and manuals for data collection and reporting;
- quality assurance (QA) training of local staff; and
- reinforcement of data demand and information use through an assessment of the current situation, training and feedback reports.

There is currently one targeted evaluation study in the pipeline, a situational analysis of commercial sex workers in the zones of major activity in the country. A targeted evaluation is planned for FY07 on anti-retroviral (ARV) drug resistance to assess the implications on treatment regimens in a more mature treatment program and the impact of non-naïve patients who receive irregular supplies of medications from outside sources.

The USG Team will encourage program implementers in FY 07 to constitute M&E units to autonomously manage data; support the hiring of skilled data clerks and disease reporting specialists at participating service outlets; and allow more personnel to participate in M&E training. In addition, the USG Team will help develop and implement an M&E curriculum to be integrated into in-service training for providers of HIV/AIDS services and pursue a cooperative agreement with the MOH to strengthen its lead role in the "three ones." MOH activities will include providing resources to support stakeholder consensus meetings, reinforcement of national database systems, and generation of nationwide reports and analyses to support program implementation. Tulane University will take the lead and work collaboratively with IHE, ITECH, SOLUTION and MEASURE to set up the curriculum for the training sessions.

Program Area Target:

Number of local organizations provided with technical assistance for strategic information activities	700
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	150

Table 3.3.13: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Institut Haitien de l'Enfant (Haitian Child Health Institute)
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 9284
Planned Funds: \$ 1,300,000.00

Activity Narrative: Linked to Activities 9339, 9336, 9341, 9310, 9348.

SUMMARY: This activity will support further development of the Health Information System (HIS) for HIV/AIDS, supported by the President's Emergency Plan For AIDS Relief (PEPFAR) in various areas. It encompasses: (i) support to the United States Government (USG) team in the preparation of the PEPFAR annual and semi annual reports and the overall planning effort; (ii) technical assistance to the Ministry of Health (MOH) for elaboration of the monitoring and evaluation (M&E) framework and plan, and for the generation of reports on demand; (iii) technical assistance to IHE for improvement of data collection and reporting processes; (iv) support to SOLUTION for the overall design and continuous enhancement of the web-based Monitoring and Evaluation Surveillance Interface (MESI); and (v) technical assistance to the Regional Information Officers (RIO) of the USG team in rolling out the internet-based infrastructure, especially in system design and implementation. The primary emphasis of this activity is: health management information system (HMIS), information technology (IT), USG database and reporting system, and training. Specific target populations include physicians, nurses or health workers involved in data collection, data clerks, statisticians, District Regional Officers, Regional Information Officers, non-governmental organizations (NGO), and other local organization consultants involved in data. **BACKGROUND:** Tulane University/ University Technical Assistance Program (UTAP) began its assistance to USG Haiti in November 2003, prior to the advent of PEPFAR, to support the development of an M&E system for the national HIV/AIDS program. The goals of the assistance were to standardize indicators, organize M&E training for the MOH staff and key USG partners, and support the dissemination of HIV/AIDS data. This assistance was expanded under PEPFAR to incorporate additional tasks: (i) support to the USG team for preparation of PEPFAR reports, (ii) support to reinforce IT infrastructure and training of field staff in basic computer skills, (ii) technical support to IHE and SOLUTION for data collection validation, reporting and analysis. Tulane's strategy for this technical assistance has been to detail a full-time M&E officer in Haiti and commission specialized short-term consultations for specific projects. Through Tulane's assistance, more than 300 individuals have received M&E training; a plan for the deployment of an IT infrastructure has been developed and implemented with the goal of establishing a national network; 48 sites have been outfitted with basic computer equipment and internet connection; capacity has been installed at 6 sites to support point-of-care operation of the electronic medical record (EMR) developed by ITECH; field personnel have received hands-on training at different sites on the use of the computer and internet; the USG team has received regular support to prepare its annual and semi-annual reports; and various assessments of IHE and SOLUTION processes and mechanisms have been carried out. In FY07, Tulane will focus its assistance on those elements which are most critical for the establishment of a sustainable national strategic Information (SI) system. **ACTIVITIES AND EXPECTED RESULTS:** Activity 1: Tulane will provide technical assistance and support to IHE to ensure completeness, accuracy and quality of data being reported from the sites. IHE has experienced difficulties with late reporting, inadequate capacity to process and report data, and a lack of clearly-defined indicators. Tulane's assistance will include: (i) continuous assessment of the data collection process and reporting tools, (ii) adjustments to process and tools to meet the needs of the program, (iii) regular audit of data to include assessment of data quality, instruments, reporting templates and the database currently in use, (iv) joint site visits with IHE to review facility protocols and procedures and to compare log books with the central database, (v) comparison between data posted on the electronic systems (MESI and EMR) and data entered into paper systems, (vi) support for the preparation of a curriculum adapted to different categories of personnel, (vii) support to IHE for the development of a manual to better define the indicators (viii) training of IHE statisticians and database managers in the use of statistical package software such as the Statistical Package for the Social Sciences (SPSS), and (ix) regular meetings with PEPFAR partner organizations collecting data for the national system and for their own needs to ensure harmonization of their system with the national system. Tulane will help create a tool for the audit of data from the sites. This overall assistance will be provided through the Tulane local M&E officer and through specialized short term consultations. This activity ensures that the processes, mechanisms, and tools existing for data collection, validation and reporting are adequate to provide high-quality data. Activity 2: Tulane will provide technical assistance for the continuous development of MESI. Although SOLUTION, the developer of MESI, is a sub-contractor of IHE, Tulane will: (i) provide technical support to continually assess the status of the MESI database for its completeness, 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 plans and data quality plans and procedures; (iii) collaborate with SOLUTION to formulate 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 a set of relevant and dynamic graphics for the display of information into MESI; (v) develop built-in formulas for data validation; and (vi) develop and implement with SOLUTION a data dissemination and use plan that includes promotion of the MESI database among implementing partners.

Activity 3: Through its local coordinator, Tulane will support the USG team in the preparation and validation of data for the PEPFAR semi-annual and annual reports. Activity 4: Tulane will continue to support the deployment of IT infrastructure by : (i) providing technical assistance for needs assessment, design and implementation; (ii) providing structured cabling and servers at additional sites where the point-of-care operation of the EMR will be implemented; (iii) pursuing its sub-contract with Haiti Satellite for ongoing maintenance of internet connectivity; (iv) supporting computer training for the field staff in the use of the various applications developed for the program. This year, at least 10 regional staff will receive support to enable them to perform basic troubleshooting and maintenance. Activity 5: In FY07, Tulane will provide specialized consultations to the MOH to support organization of the task force which will develop 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; and 5) supporting drafting of the document.

Continued Associated Activity Information

Activity ID: 3907
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Institut Haitien de l'Enfant (Haitian Child Health Institute)
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 465,000.00

Emphasis Areas	% Of Effort
Health Management Information Systems (HMIS)	10 - 50
HIV Surveillance Systems	51 - 100
Monitoring, evaluation, or reporting (or program level data collection)	10 - 50
Proposed staff for SI	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for strategic information activities	128	<input type="checkbox"/>
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	468	<input type="checkbox"/>

Target Populations:

International counterpart organizations
Public health care workers
Private health care workers

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: National Plan Mechanism
Prime Partner: Ministre de la Sante Publique et Population, Haiti
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 9310
Planned Funds: \$ 700,000.00

Activity Narrative: Linked to Activities 9308, 8160, 9314, 10415, 9309, 9313, 9311, 9310, 9312, 9284, 9341, 9348.

SUMMARY: The purpose of this activity is to help realize the “three ones” concept by enabling the Ministry of Health (MOH) to: (i) finalize a consensual HIV/AIDS monitoring and evaluation (M&E) framework closely tied to the strategic objectives contained in the National Strategic Plan in accordance with the principle of “The Three Ones”; (ii) lead and validate the process of introducing new Health Management Information System (HMIS) and M&E mechanisms and tools into the system; (iii) supporting the production and distribution of standardized paper-based forms and registers developed for voluntary counseling and testing (VCT), prevention of mother-to-child transmission (PMTCT), palliative care and ARV to all 128 participating sites; (iv) assume a greater role in data validation and processing, as USG partners will be developing new mechanisms and transferring more of their responsibilities to the MOH; (v) reinforce its capacity for management and processing of data, as well as monitoring the performance of the different HIV/AIDS program areas; (vi) expand and maintain the information technology (IT) infrastructure that currently links the different levels of the system: the sites, the department level and the central level. The emphasis areas for this activity are: HMIS, IT, and HIV surveillance. The primary beneficiaries are the 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 (DELR), in charge of surveillance, control, regulation and integration of priority programs, including HIV/AIDS; and (iii) the departmental directorates, 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 FY05 and FY06 and has allowed: (i) greater access to data by the department and the central level through the electronic applications developed (Monitoring Evaluation Surveillance Interface [MESI] and the Electronic Medical Record [EMR]); (ii) the establishment of an infrastructure allowing regional and national hosting of data with possibility for replication, electronic transmission of data, and on-line assistance; (v) the revitalization of a case notification system at pilot sites that has paved the way for expanded surveillance activities; and (vi) an increase in the number the field visits carried out by the departments and the UCC.

ACTIVITIES AND EXPECTED RESULTS: Activity 1: The MOH will 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 points of discussion and validate the national M&E framework (currently in draft form) as well as a national M&E action plan. The MOH will organize a national M&E framework validation conference prior to the full implementation of the new system.

Activity 2: The MOH will continue to produce and distribute data collection and reporting tools and registers. Various tools have been designed or adapted for VCT, PMTCT and care, including a medical record. Most of these tools, developed with USG support, have been tested extensively in the field. The MOH will ensure seamless supplies to the sites.

Activity 3: The MOH will continue to expand and enhance IT infrastructure. With an objective to take advantage of 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 70% of implementing partners. In FY07 the efforts will concentrate on: (i) reaching out to the other 30% of partners not covered, (ii) sharing

existing IT resources within and between entities by providing hubs and network printers, (iii) protection of existing equipment by providing uninterrupted power supplies (UPS) where existing equipment is not protected, and (iv) additional basic computer training for field staff. Although the central unit of the Ministry will procure the equipment, the needs assessment and installation will be executed for the MOH by the CDC regional information officers (RIOs), who have specialized experience.

Activity 5: The MOH will participate in oversight of data processing and analysis and data quality control (QC) both at the central and departmental levels. The UCC will provide technical assistance to the departments to enable them to stay abreast of new quality assurance/quality control (QA/QC) concepts and methodologies. The departments will take on progressively more responsibilities for data validation and QA/QC at the sites and develop the capacity to perform site visits and data review. Mechanisms developed by SOLUTIONS, ITECH, TULANE University and MEASURE will be progressively transferred; and joint visits will be organized. MESI's electronic system has a built-in validation application which will allow the department to accept or reject reports from the sites after validation. Once trained on how to perform the verification of data, the departments will play an important role in data validation.

Activity 6: In collaboration with NASTAD, the DELR will take on full responsibility for the case notification system and will carry out some cross-border surveillance activities along the border with the Dominican Republic. The resources will support activities to be defined soon by the two countries.

Activity 7: The MOH will conduct regular program performance reviews. The USG Team will fund quarterly stakeholders meetings to review performance and discuss corrective actions in cases where performance is inadequate.

Continued Associated Activity Information

Activity ID: 3912
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Ministre de la Sante Publique et Population, Haiti
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 250,000.00

Emphasis Areas	% Of Effort
AIS, DHS, BSS or other population survey	10 - 50
Health Management Information Systems (HMIS)	10 - 50
HIV Surveillance Systems	10 - 50
Information Technology (IT) and Communications Infrastructure	10 - 50
Monitoring, evaluation, or reporting (or program level data collection)	10 - 50
Targeted evaluation	10 - 50

Targets

Target

Number of local organizations provided with technical assistance for strategic information activities

Target Value

128

Not Applicable

Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)

300

Target Populations:

International counterpart organizations

USG in-country staff

Host country government workers

Public health care workers

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: UTAP
Prime Partner: Tulane University
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 9336
Planned Funds: \$ 0.00

Activity Narrative: Linked to Activities 9339, 9341, 9310, 9348, 9284.

SUMMARY: This activity will support further development of the Health Information System (HIS) for HIV/AIDS, supported by the President's Emergency Plan For AIDS Relief (PEPFAR) in various areas. It encompasses: (i) support to the United States Government (USG) team in the preparation of the PEPFAR annual and semi annual reports and the overall planning effort; (ii) technical assistance to the Ministry of Health (MOH) for elaboration of the monitoring and evaluation (M&E) framework and plan, and for the generation of reports on demand; (iii) technical assistance to IHE for improvement of data collection and reporting processes; (iv) support to SOLUTION for the overall design and continuous enhancement of the web-based Monitoring and Evaluation Surveillance Interface (MESI); and (v) technical assistance to the Regional Information Officers (RIO) of the USG team in rolling out the internet-based infrastructure, especially in system design and implementation. The primary emphasis of this activity is: health management information system (HMIS), information technology (IT), USG database and reporting system, and training. Specific target populations include physicians, nurses or health workers involved in data collection, data clerks, statisticians, District Regional Officers, Regional Information Officers, non-governmental organizations (NGO), and other local organization consultants involved in data.

BACKGROUND: Tulane University/ University Technical Assistance Program (UTAP) began its assistance to USG Haiti in November 2003, prior to the advent of PEPFAR, to support the development of an M&E system for the national HIV/AIDS program. The goals of the assistance were to standardize indicators, organize M&E training for the MOH staff and key USG partners, and support the dissemination of HIV/AIDS data. This assistance was expanded under PEPFAR to incorporate additional tasks: (i) support to the USG team for preparation of PEPFAR reports, (ii) support to reinforce IT infrastructure and training of field staff in basic computer skills, (ii) technical support to IHE and SOLUTION for data collection validation, reporting and analysis. Tulane's strategy for this technical assistance has been to detail a full-time M&E officer in Haiti and commission specialized short-term consultations for specific projects. Through Tulane's assistance, more than 300 individuals have received M&E training; a plan for the deployment of an IT infrastructure has been developed and implemented with the goal of establishing a national network; 48 sites have been outfitted with basic computer equipment and internet connection; capacity has been installed at 6 sites to support point-of-care operation of the electronic medical record (EMR) developed by ITECH; field personnel have received hands-on training at different sites on the use of the computer and internet; the USG team has received regular support to prepare its annual and semi-annual reports; and various assessments of IHE and SOLUTION processes and mechanisms have been carried out. In FY07, Tulane will focus its assistance on those elements which are most critical for the establishment of a sustainable national strategic Information (SI) system.

ACTIVITIES AND EXPECTED RESULTS: Activity 1: Tulane will provide technical assistance and support to IHE to ensure completeness, accuracy and quality of data being reported from the sites. IHE has experienced difficulties with late reporting, inadequate capacity to process and report data, and a lack of clearly-defined indicators. Tulane's assistance will include: (i) continuous assessment of the data collection process and reporting tools, (ii) adjustments to process and tools to meet the needs of the program, (iii) regular audit of data to include assessment of data quality, instruments, reporting templates and the database currently in use, (iv) joint site visits with IHE to review facility protocols and procedures and to compare log books with the central database, (v) comparison between data posted on the electronic systems (MESI and EMR) and data entered into paper systems, (vi) support for the preparation of a curriculum adapted to different categories of personnel, (vii) support to IHE for the development of a manual to better define the indicators (viii) training of IHE statisticians and database managers in the use of statistical package software such as the Statistical Package for the Social Sciences (SPSS), and (ix) regular meetings with PEPFAR partner organizations collecting data for the national system and for their own needs to ensure harmonization of their system with the national system. Tulane will help create a tool for the audit of data from the sites. This overall assistance will be provided through the Tulane local M&E officer and through specialized short term consultations. This activity ensures that the processes, mechanisms, and tools existing for data collection, validation and reporting are adequate to provide high-quality data.

Activity 2: Tulane will provide technical assistance for the continuous development of MESI. Although SOLUTION, the developer of MESI, is a sub-contractor of IHE, Tulane will: (i) provide technical support to continually assess the status of the MESI database for its completeness, 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 plans and data quality plans and procedures; (iii) collaborate with SOLUTION to formulate 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 a set of relevant and dynamic graphics for the display of information into MESI; (v) develop built-in formulas for data validation; and (vi) develop and implement with SOLUTION a data dissemination and use plan that includes promotion of the MESI database among implementing partners.

Activity 3: Through its local coordinator, Tulane will support the USG team in the preparation and validation of data for the PEPFAR semi-annual and annual reports.

Activity 4: Tulane will continue to support the deployment of IT infrastructure by : (i) providing technical assistance for needs assessment, design and implementation; (ii) providing structured cabling and servers at additional sites where the point-of-care operation of the EMR will be implemented; (iii) pursuing its sub-contract with Haiti Satellite for ongoing maintenance of internet connectivity; (iv) supporting computer training for the field staff in the use of the various applications developed for the program. This year, at least 10 regional staff will receive support to enable them to perform basic troubleshooting and maintenance.

Activity 5: In FY07, Tulane will provide specialized consultations to the MOH to support organization of the task force which will develop 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; and 5) supporting drafting of the document.

Added February 2008:

This activity will no longer be implemented under Tulane as a prime partner, but will be reprogrammed to the Institut Haitien de l'Enfant as the prime partner with Tulane as a sub-partner. The activities to be implemented with these funds will remain the same.

Continued Associated Activity Information

Activity ID: 3909
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Tulane University
Mechanism: UTAP
Funding Source: GHAI
Planned Funds: \$ 610,000.00

Emphasis Areas	% Of Effort
Health Management Information Systems (HMIS)	10 - 50
Information Technology (IT) and Communications Infrastructure	10 - 50
Monitoring, evaluation, or reporting (or program level data collection)	51 - 100
Other SI Activities	10 - 50
USG database and reporting system	10 - 50

Targets

Target

Target Value

Not Applicable

Number of local organizations provided with technical assistance for strategic information activities

0

Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)

0

Target Populations:

Non-governmental organizations/private voluntary organizations

Host country government workers

Private health care workers

Implementing organizations (not listed above)

Coverage Areas

Artibonite

Grand-Anse

Nord

Nord-Ouest

Ouest

Sud

Sud-Est

Table 3.3.13: Activities by Funding Mechanism

Mechanism: M&E Task Order
Prime Partner: John Snow, Inc.
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 9339
Planned Funds: \$ 500,000.00

Activity Narrative: Linked to Activities 9336, 9341, 9310, 9348, 9284.

SUMMARY: This activity will: (i) assist the United States Government (USG) Team to develop an information system for community-based activities and incorporate related reporting templates into the Monitoring and Evaluation Surveillance Interface (MESI), which is an existing web-based reporting system (ii) facilitate data demand and information use, from data management information systems already in place through the President's Emergency Plan for AIDS Relief (PEPFAR), such as MESI and Electronic Medical Record (EMR); (iii) provide technical assistance in setting up a data validation system for the health information system (HIS) for HIV/AIDS; (iv) improve coding and archiving systems within the HIS for HIV/AIDS. The major emphasis areas are monitoring and evaluation (M&E), and health management information system (HMIS). The primary target for the interventions is MOH staff at the central and departmental levels.

BACKGROUND: MEASURE Evaluation has supported M&E activities in Haiti since 2001. Building on this experience, MEASURE will work at the national level, coordinating with a variety of stakeholders such as the MOH, Unité Centrale de Coordination du Programme de Lutte contre les IST/VIH/SIDA (UCC), the Global Fund, and other USG implementing partners. The Carolina Population Center will work with sub-partners JSI and Constella Futures.

ACTIVITIES AND EXPECTED RESULTS: Activity 1: JSI/MEASURE will strengthen the integration of the HIV/AIDS HIS into the overall HMIS. This activity will expand on the results achieved in FY06, in collaboration with Tulane University, by focusing on the implementation of the strategic plan to integrate HIV/AIDS data into the overall HMIS in Haiti. A special emphasis will be placed on short-term PEPFAR reporting requirements. The USG support should enable the HIS system to meet both short- and long-term HIV/AIDS health information goals (including meeting the information needs of HIV/AIDS initiatives such as PEPFAR and the Global Fund, as well as the needs of the MOH. In FY07, MEASURE Evaluation will ensure that the HIS produces quality data and regularly reports HIV/AIDS data to PEPFAR and the Global Fund; implement and monitor the performance of the patient referral system within the health care system; and provide technical assistance to the 10 regional health department offices to strengthen their capacity to validate, analyze and use data.

Activity 2: JSI/MEASURE will strengthen and expand the archiving and filing system in collaboration with IHE to ensure continuity of HIV/AIDS care. In FY07, the following activities will be carried out: provide folders, tickler files and file cabinets to simplify the patient tracking and manage work flow; train at least two staff members at each site (96 sites including PEPFAR-supported public and non-governmental organization [NGO] sites) in coding, filing and archiving with special emphasis on confidentiality and record keeping; and conduct field visits in collaboration with IHE to oversee the use of the folders.

Activity 3: JSI/MEASURE will develop a paper-based system for monitoring performance of non facility-based interventions and incorporate the corresponding reporting templates into MESI. Activities supporting community level program information reporting for FY07 represent a continuation of the process begun in FY06. The USG Team will collaborate with the Government of Haiti (GOH) and also reach out to partner NGOs and local implementing community-based and faith-based organizations (CBOs and FBOs). Activities will include: creating an inventory of grassroots programs and stakeholders; defining and harmonizing information needs, indicators and a reporting form; expanding national indicators and the reporting form to the local level to include inputs from local stakeholders reflecting the needs of the participating communities; providing technical assistance to partner NGOs in identifying their data needs and the opportunities for using the data collected to improve their programs; and enhancing M&E activities of local stakeholders (CBOs, FBOs) through consensus meetings and M&E training.

Activity 4: JSI/MEASURE will facilitate data demand and information use (DDIU). Building on completion of step 1 in FY06, the tools and approaches selected during the DDIU assessment will be applied and rolled out to achieve the expected results defined during the assessment. The outcome of the exercise should be a set of "tableau de bord" and reporting templates to facilitate rational decision making at each level of the health

system. The process will involve significant training activities, especially for the central and departmental levels of the MOH along with the ARV and palliative care sites.

- Activity 5: JSI/MEASURE will organize workshops on data review, use and dissemination (including department newsletters) to improve data quality and reporting; print data collection forms (registers, monthly reports forms); and help produce and print the MOH annual report. To this end, JSI/MEASURE will recruit a data analyst and use specialists to reinforce the capacity of the National Health Information System Service in data use and dissemination. In conjunction with IHE, JSI/MEASURE will also organize training sessions for facility personnel on completion of the data collection forms (registers, monthly report forms). These training sessions will include facilitated discussions with facility personnel on their data needs and opportunities for using the data collected to improve services. JSI/MEASURE will facilitate the participation of selected MOH personnel to relevant international short-term trainings.

Activity 6: JSI MEASURE will work in collaboration with TULANE UNIVERSITY and International Training and Education Center on HIV (I-TECH) to support IHE in its effort to roll out data collection instruments, as well as gather, validate and process data for the national program.

Continued Associated Activity Information

Activity ID: 3908
USG Agency: U.S. Agency for International Development
Prime Partner: University of North Carolina, Carolina Population Center
Mechanism: MEASURE Evaluation
Funding Source: GHAI
Planned Funds: \$ 275,000.00

Emphasis Areas	% Of Effort
Health Management Information Systems (HMIS)	51 - 100
Monitoring, evaluation, or reporting (or program level data collection)	10 - 50
Other SI Activities	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for strategic information activities	12	<input type="checkbox"/>
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	212	<input type="checkbox"/>

Target Populations:

- Community-based organizations
- Faith-based organizations
- Host country government workers
- Other MOH staff (excluding NACP staff and health care workers described below)

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: ITECH
Prime Partner: University of Washington
USG Agency: HHS/Health Resources Services Administration
Funding Source: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 9341
Planned Funds: \$ 550,000.00

Activity Narrative: Linked to Activities 9725, 9360, 9343, 9340, 10240, 9310, 9284.

SUMMARY: I-TECH will: (i) support expansion of an electronic medical record (EMR) system for data management and reporting of adult and pediatric HIV care services, with point-of-care functionality at some sites and capacity to automatically generate the ARV facility-based report and HIV/AIDS case notification reports for the Ministry of Health; (ii) refine protocols for quality assurance (QA) of patient data captured through the medical record and assist in the creation of quality circles at the sites to handle data quality problems; (iii) support data analysis and dissemination of findings on key question of interest related to program service delivery, by incorporating automatic queries into the database or performing specific queries on behalf of stakeholders. The emphasis areas for this activity are the Health Management Information System (HMIS) and information technology (IT). The primary beneficiaries are HIV AIDS patients, who will benefit from better case management; field staff personnel, who will be trained in the use of the system; and the Ministry of Health (MOH).

BACKGROUND: In 2005-06, I-TECH collaborated with the MOH, the United States Government (USG) Team, and other partners in the development of a standardized set of paper HIV medical record forms. The adult medical record has been endorsed by the MOH and disseminated to many USG-supported sites providing HIV care and treatment services. In collaboration with USG Team information technology (IT) specialists, I-TECH developed an application for HIV patient data management, with retrospective entry of data from paper-based medical records. As of June 2006, 18 sites in Haiti had access to this web-based application, and 30 more will have access by December 2006. I-TECH has provided onsite training and technical assistance directly to the sites to enhance routine use of the application for data management and reporting. I-TECH is proceeding with planned application upgrades which will permit local hosting of the application at six clinic sites, with replication of data to a central data repository, and direct use of the application as a point-of-care EMR by clinicians at six selected sites. I-TECH will also produce a shortened version of the adult HIV medical record form as well as a standardized pediatric HIV medical record before the end of FY06.

In addition, I-TECH will support data analysis and dissemination of findings on key questions of interest related to program service delivery. While the application includes significant capacity for automated population-level reports, the level of missing data within patient records is significant; meaning that analysis using both automated reports and customized queries is less meaningful than desired. With existing I-TECH staff and consultants, in partnership with USG Regional Information Officers (RIOs), Tulane and others, I-TECH will focus on reinforcing data quality and data completeness among users of the system through training and on-site technical assistance.

While an ambitious agenda for completion of software development and dissemination to 50 sites within Haiti was developed for FY06, funding limitations and the need for intensive on-site technical assistance to support adoption of the system required that some parts of the agenda be deferred until FY07, as described below.

ACTIVITIES AND EXPECTED RESULTS: Activity 1: I-TECH will modify the EMR application to improve usability, based on work flow patterns in Haiti clinics and additional user feedback. I-TECH will ensure integration of the EMR system with laboratory data management, by automating transfer of some results (Complete Blood Count [CBC], chemistry, and Cluster of Differentiation 4 [CD4]) to the EMR system and by refining a pending lab order report function within the application. I-TECH will improve the system's interface with existing pharmacy data management tools and practices, and will improve strategies for handling data for patients moving between facilities by building in a records request function to the application. Finally, I-TECH will develop and apply an appropriate algorithm for identifying potential duplicate records at the national level, and improve strategies within the application for assuring uniqueness of patient identification (ID) and records.

Activity 2: To support improved continuity of care for all HIV patients at whatever points they come into contact with the health care system, I-TECH will add voluntary counseling and testing (VCT), prevention of mother-to-child transmission (PMTCT) and pediatric HIV modules to the EMR system. While the current EMR system already supports analysis of

care service delivery by gender, these additional modules will enhance the ability of stakeholders to analyze gender-related questions relative to an expanded array of HIV care services.

Activity 3: I-TECH will strengthen data management capacity in Haiti by recruiting, hiring, and training two National Data Managers (one international, one local) for placement within the MOH. These Data Managers will be responsible for refining protocols for data quality assurance at site, regional, and national levels (daily and weekly review of data quality reports, duplicate data entry, chart audits, etc.); providing training and technical assistance to system users at all levels to apply these protocols; and collaborating with the I-TECH University of Washington (UW) team and other stakeholders on data analysis. These Data Managers will have the mandate to create quality circles at the 68 sites where the system will be implemented and to address data quality issues by reviewing data quality reports and implementing adequate corrections into the database. I-TECH will also modify the EMR application to refine patient care reports, data quality reports, and population-level program reports, based upon feedback from system users (clinicians, program managers, administrators).

Activity 4: I-TECH will continue to collaborate with the USG RIOs and other partners to extend training and technical assistance to site-level EMR system users, through regional workshops and on-site workshops (at least 25 training sessions to be held). I-TECH will also provide on-site technical assistance for installation of the EMR application at 30 new sites (50 sites total). To further transfer capacity for system maintenance to partners in Haiti, I-TECH will contract with a local private contractor or local NGO specializing in information systems/IT services for on-going EMR system maintenance and for minor modification of the EMR application in the future. To facilitate this capacity transfer, 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).

Continued Associated Activity Information

Activity ID: 3910
USG Agency: HHS/Health Resources Services Administration
Prime Partner: University of Washington
Mechanism: ITECH
Funding Source: GHAI
Planned Funds: \$ 360,000.00

Emphasis Areas	% Of Effort
Health Management Information Systems (HMIS)	10 - 50
Monitoring, evaluation, or reporting (or program level data collection)	10 - 50
Proposed staff for SI	10 - 50
Targeted evaluation	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for strategic information activities	68	<input type="checkbox"/>
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	20	<input type="checkbox"/>

Target Populations:

Country coordinating mechanisms
People living with HIV/AIDS
HIV positive pregnant women
Host country government workers
Public health care workers
Implementing organizations (not listed above)
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 9348
Planned Funds: \$ 340,000.00

Activity Narrative: Linked to Activities 9923, 10242, 9284, 9310, 9341.

SUMMARY: CDC will provide a selected range of support to the United States Government (USG) implementing partners in order to sustain their capacities to develop HIV/AIDS strategic information systems. This supply-driven support will enable the USG to leverage the impact of its overall contribution to the national HIV/AIDS program. The support will encompass: (i) hands-on technical assistance to collaborating partners by USG regional health information officers (RIO) in the 10 regional departments to coordinate partner interventions and provide support in skill-intensive domains in short supply in Haiti; (ii) cross technical assistance among sites within the concept of "Centers of Excellence". Under this concept, the ARV sites established at departmental hospitals will provide technical assistance and mentoring in various areas, such as voluntary counseling and testing (VCT), palliative care, and health management information system (HMIS) to less-complex, peripheral sites; (iii) sponsorship of local indigenous staff at international forums, workshops and seminars with the objective of developing in-country expertise in SI. The emphasis areas are information technology (IT), USG database and reporting systems. The primary beneficiaries are the Ministry of Health (MOH) staff, community-based organizations (CBO), non-governmental organizations (NGO) and other implementing organizations.

BACKGROUND: The USG direct support for SI efforts has been carried out since 2005 to ensure greater coordination of activities; maintain in the field highly-skilled professionals that would not otherwise be available; consolidate investment in IT; and guarantee availability of data for SI purposes. Five 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 MOH regional departments and travel throughout their assigned regions to provide support to the MOH, the sites, and local partners in areas such as: HMIS; commodity and drug 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 103 VCT, PMTCT, palliative care and ARV sites scattered throughout the country.

In FY06 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 who will be able to sustain the SI system being implemented. SI professionals must acquire the skills that are crucial to the successful implementation, design, monitoring, and evaluation of HIV/AIDS programs. As a result, several candidates have participated in or will attend the following courses: an M&E course, offered by Monitoring and Evaluation to Assess and Use Results (MEASURE), which covers the fundamental concepts and tools for monitoring and evaluating HIV/AIDS programs; a management-by-objectives and performance-indicator training course; a web-based security course offered to partners running web-based programs; a basic statistics course; and the sustainable management program (MPIH). To promote gender equity and create more opportunities for women in the SI field, the primary beneficiaries of these courses will be the site managers usually recruited among the more seasoned nurses and data clerks, the majority of whom are women. Efforts will also continue to identify and select participants from people living with HIV/AIDS (PLWHA) associations

ACTIVITIES AND EXPECTED RESULTS: Activity 1: CDC 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, service 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 referral sites travel to assist other personnel at peripheral sites.

Specifically, CDC, through the RIOs, will provide leadership in the development, rolling out and maintenance of data management systems aimed at supporting the national HIV/AIDS program; establish local-area and regional networks for the sharing of information between participating entities located in the coverage area; provide assistance and on-the-job training to health care providers, field data personnel, and regional authorities to improve data collection, reporting and processing; support the data quality assurance (QA) process and participate in field data validation visits; lead efforts to

streamline data flow and data collection in all sub-systems in the program; participate in the establishment and the maintenance of a management-by-objective system with regular monitoring of established targets; and maintain good relationships and coordinate efforts with local authorities, facility personnel, and all USG partners in their assigned areas.

In addition, CDC will procure two additional vehicles to be stationed in the departments. CDC will also provide insurance, required maintenance, and fuel for the vehicles, and will also cover travel expenses for the RIOs and the field staff in the performance of their duties.

Activity 2: CDC will support the development of in-country SI expertise through sponsorship of field personnel to international workshops. Such sponsorship in FY05 and FY06 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; IT; methodologies and techniques for conducting Behavioral Surveillance Surveys (BSS) and antenatal surveys; and projections and estimation techniques.

Specifically, CDC will regularly update the list of prospective training opportunities; identify potential candidates in collaboration with the MOH and partners; work with selected participants to ensure application of workshops or seminar contents upon return; facilitate registration and room and boarding arrangements for participants; and maintain a database of participants.

Continued Associated Activity Information

Activity ID: 3913
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: US Centers for Disease Control and Prevention
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 115,000.00

Emphasis Areas	% Of Effort
AIS, DHS, BSS or other population survey	10 - 50
Health Management Information Systems (HMIS)	10 - 50
Monitoring, evaluation, or reporting (or program level data collection)	10 - 50
Other SI Activities	51 - 100
Proposed staff for SI	10 - 50
USG database and reporting system	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for strategic information activities	128	<input type="checkbox"/>
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	20	<input type="checkbox"/>

Target Populations:

Program managers

Women (including women of reproductive age)

Other MOH staff (excluding NACP staff and health care workers described below)

Implementing organizations (not listed above)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: National Association of State and Territorial AIDS Directors
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 10243
Planned Funds: \$ 250,000.00

Activity Narrative: Linked to Activities 9310, 9284, 9341, 9348.

SUMMARY: The National Alliance of State and Territorial AIDS Directors (NASTAD) will support capacity enhancement of the Ministère de la Santé Publique et de la Population (MOH) through three components of this activity: providing on-going technical assistance for the development of a national AIDS surveillance system; supporting the Haiti-Dominican Republic (DR) Border Initiative by assisting the MOH, the United States Government (USG) Team and DR partners to address HIV in the Haitian-DR border region; and providing peer-to-peer technical assistance to central and departmental epidemiologists in order to facilitate the analysis and synthesis of HIV data and promote the use of data for departmental planning and decision-making. These activities will be carried out through pairing U.S. state health department epidemiologists with their Haitian counterparts in the MOH regional departments and the Unite De Coordination Et De Controle VIH SIDA (AIDS Coordinating Control Unit or UCC). Epidemiologists from the U.S. will travel to Haiti to provide long-term technical assistance to epidemiologists in the MOH, UCC, and regional departments. In addition, NASTAD will provide one-time and/or discrete topic-specific technical assistance via peer-to-peer interactions, teleconferences and exchange of materials. It is also expected that longer-term placements (length to be determined) of team members will occur in support of FY07 objectives.

BACKGROUND: In 2003, at the request of the USG Team, NASTAD began working with partners in Haiti to revitalize the national AIDS surveillance system and improve the capacity of the MOH to conduct surveillance and monitoring and evaluation (M&E) activities. Although AIDS has been a reportable condition in Haiti, the "passive case reporting" adopted years ago remained dormant for several years. During this period, case reporting remained incomplete and the MOH could not accurately analyze and disseminate reported data. The USG Team revitalized the case reporting system by allocating resources to NASTAD, IHE, and MOH to pilot a new system at six ARV sites. In FY06, the pilot system will be expanded to a total of 14 anti-retroviral (ARV) sites to move closer to the goal of developing a national surveillance system. In addition, NASTAD will continue to provide peer-to-peer technical assistance through pairing of U.S. health department epidemiologists with their counterparts in Haiti to support enhancement of capacity in epidemiology, surveillance, and M&E.

ACTIVITIES AND EXPECTED RESULTS: Activity 1: NASTAD will provide technical assistance for the development of a national AIDS surveillance system. Following a situational analysis of the MOH and departmental capacity for implementing and supporting a national surveillance system (completed in FY06), the NASTAD team will support the MOH in expanding the surveillance system in a sustainable fashion to ensure appropriate analysis and application of the surveillance data. In FY06, 14 ARV sites are scheduled to report cases. Additional reporting sites for FY07 may include voluntary counseling and testing (VCT), prevention of mother to child HIV transmission (PMTCT) and palliative care sites. Partners in this expansion process will include the departmental epidemiologists, IHE and the USG Team. Funding will support peer-to-peer technical assistance at the central and departmental levels, training development and implementation, and a delegation visit to the United States for Haitian counterparts to observe U.S. health department surveillance programs. In FY06, NASTAD will host three delegates from the central government at two U.S. health departments. The FY07 delegation visit will include government representatives at the departmental level.

Activity 2: NASTAD will support the Haiti-DR Border Initiative by assisting the MOH, the USG and DR partners to address HIV in the Haitian-DR border region. Activities will include strengthening communication between the two countries, sharing information, and developing methods for capturing HIV data relevant to policy, prevention, and treatment.

Activity 3: NASTAD will provide peer-to-peer technical assistance to central and regional departmental epidemiologists in order to facilitate the analysis and synthesis of HIV data and promote the use of data in departmental planning and decision-making. Following the development of a pilot HIV/AIDS epidemiologic profile in one regional department in FY06, NASTAD will support the MOH and the remaining departments in developing epidemiologic profiles which will incorporate AIDS surveillance and M&E data to support joint analysis of the collected data to aid in program planning. In addition, VCT and PMTCT data will be incorporated into the epidemiologic profiles. At the request of the MOH, a long-term

technical advisor will be placed at MOH.

Emphasis Areas

	% Of Effort
HIV Surveillance Systems	10 - 50
Monitoring, evaluation, or reporting (or program level data collection)	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for strategic information activities	12	<input type="checkbox"/>
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	16	<input type="checkbox"/>

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.

Target Populations:

International counterpart organizations
USG in-country staff
Other MOH staff (excluding NACP staff and health care workers described below)

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: Health Policy Initiative
Prime Partner: The Futures Group International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 10308
Planned Funds: \$ 0.00

Activity Narrative: Linked to Activities 9310, 10370.

SUMMARY: Health Policy Initiative (HPI) will assist the United States Government (USG) Team and the Ministry of Health (MOH) to identify key operational policy barriers which adversely affect the scale up of President's Emergency Plan for AIDS Relief (PEPFAR) and national HIV/AIDS programs, assessing the potential impacts of operational policy problems and how their resolution will improve PEPFAR and national performance. In addition, HPI will continue to reinforce capacity in the production and use of strategic information (SI) for effective resource and program planning.

BACKGROUND: Since 2001, HPI, in collaboration with national health officials, has played a leadership role in the production and dissemination of SI related to HIV/AIDS. Strategic information produced and disseminated includes: development of various models in understanding the epidemic and measuring its impact; secondary analysis of Demographic and Health Survey (DHS) II and III; secondary analysis of sentinel surveys, and other studies such as the AIDS Program Effort Index (API); the Maternal and Neonatal Program Index (MNPI); and the evaluation of the Global Fund's Country Coordinating Mechanism (CCM). These analyses have provided strategic information to support sound decision making.

ACTIVITIES AND EXPECTED RESULTS: Activity 1: Dissemination and discussion of updated HIV/AIDS projections using the Estimation and Projection Package (EPP) and Spectrum models (Demography - Demproj and AIDS Impact Model [AIM]). The EPP exercise will be carried out by UNAIDS; however, HPI will collaborate with UNAIDS to hold dissemination and discussion meetings with key stakeholders in Haiti. The objective is to ensure that future users of the data generated have a good understanding of the underlying assumptions and that they can use them appropriately for program planning. As HPI has access to the raw data used to provide the overall estimates, they will also carry out secondary analysis using DemProj to project the population of Haiti by regional departments by age and gender from demographic indicators published in the 1982 and the 2003 census and using EPP to produce estimates for each of the 10 departments and hence provide regional information never before available in Haiti.

Activity 2: Develop the Resource-Needs Model Application: The Resource-Needs Model (RNM) calculates the total resources needed for prevention, care, and orphan support for HIV/AIDS on a national level. The model contains three sub-models: the prevention model, which calculates the cost of specific prevention interventions; the care and treatment model, which estimates the cost of care and treatment programs, including home base care, palliative care, treatment of opportunistic infections, etc; and the orphan support model, which calculates the cost of interventions to support orphans and vulnerable children (OVC). As a result, information on the size of population target groups, unit cost of interventions, and program coverage will be available. In addition, HPI will raise the capacity of key stakeholders to use these elements for estimating the resources required to implement the National Strategic Framework.

Activity 3: Develop the Goals Model Application: The Goals model is intended to support strategic planning at the national level by providing a tool to link program goals and funding. The model can help answer several key questions: How much funding is required to achieve the goals of the strategic plan? What goals can be achieved with the available resources? What is the effect of alternate patterns of resource allocation on the achievement of program goals? The application for Haiti will help program managers to understand how funding levels and patterns can lead to reductions in HIV incidence and prevalence and improved coverage of treatment, care and support programs. In addition, HPI will enhance the capacity of program managers to gain a better understanding of the dynamics of funding and impact.

Activity 4: Secondary Analysis of the Demographic and Health Survey (DHS). The DHS is carried out and published in Haiti by Macro International in collaboration with Institut Haitien de l'Enfant (IHE). HPI will join this effort to disseminate and discuss the results with key stakeholders, including government authorities to better inform both policy and program planning and development processes. Moreover, with the ante-natal clinic sero-survey and the DHS survey providing different estimates on the epidemic for the same indicators, more in-depth discussions are needed to enlighten consumers of the data

regarding contextual factors for the two surveys and the nuances of the interpretation of the data. Furthermore, there is a wealth of information from collected data which are frequently not published in the DHS manual. HPI will use a statistical package such as Statistical Package for the Social Sciences (SPSS) to perform, from the DHS database, secondary analyses (cross-tabulations) of the HIV/AIDS and of the Prevention of mother to child transmission (PMTCT) components to better understand the epidemiological profile of HIV/AIDS among the general population as well as the PMTCT situation.

Emphasis Areas

	% Of Effort
AIS, DHS, BSS or other population survey	10 - 50
Monitoring, evaluation, or reporting (or program level data collection)	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for strategic information activities	10	<input type="checkbox"/>
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	20	<input type="checkbox"/>

Target Populations:

Country coordinating mechanisms
 International counterpart organizations
 National AIDS control program staff
 Program managers

Coverage Areas:

National

Table 3.3.14: Program Planning Overview

Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14

Total Planned Funding for Program Area: \$ 1,550,000.00

Program Area Context:

Haiti's unstable political situation has created, by most accounts, a failed state where economic, social and development initiatives must be carried out through mechanisms geared to provide emergency relief only. However, Rene Preval was democratically elected as the President of Haiti in February and took office on May 14, 2006. The new Government of Haiti (GOH) already has begun formulating a vision for stable and increasing development and has articulated to international donors and aid organizations its desire to strategically coordinate assistance to achieve sustainable national goals. The USG Team is committed to supporting and strengthening the Ministere de la Sante Publique et Population (MOH) and other government institutions that play a role in HIV/AIDS prevention, care and treatment, along with other major donors and organizations, such as the World Bank, various United Nations (UN) agencies, and the Global Fund to Fight AIDS, TB, and Malaria (Global Fund).

In recent years, the USG has reinforced both the program management and the operations capacity of the Interim GOH's 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 success as the MOH represents a rare public entity in Haiti with the capacity to successfully operate decentralized administrative units, at the regional departmental level.

In FY04 and FY05, the USG Team focused its systems resources on the regional department directorates. These resources have enabled the directorates to significantly improve their physical infrastructure; to acquire additional logistic capacity; and to receive hands-on technical assistance. Moreover, the USG team has sponsored, through a cooperative agreement with the MOH, creation of a management unit to manage funds and handle procurements for awards made directly to the MOH. 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.

In FY06, the USG Team is expanding its policy agenda toward the creation of a more widespread, national institutional capacity strategy by: strengthening the existing Global Fund Country Coordination Mechanism (CCM) into the National Committee on HIV/AIDS and, thereby, accomplishing an objective of the "Three Ones" agenda by creating a unique coordinating body for HIV/AIDS activities; supporting the development, under the guidance of this committee, a new national strategic plan for HIV/AIDS to capture the potential contribution of all sectors; and reinforcing the financial and grant management mechanisms established in FY05 on a wider national scale. PEPFAR/Global Fund coordination is being strengthened by continued joint program planning and monitoring of recipient institutions to reduce duplication of efforts; coordination of commodity procurement; and leveraging of other resources. To strengthen the MOH's planning and monitoring capacity, the USG is supporting the creation of an internet-based joint Global Fund/PEPFAR project management information system to enable implementing partners to prepare joint annual action plans, submit progress reports, coordinate procurement and report patient data. This system will be expanded in FY07 to include other aspects of the MOH HIV/AIDS portfolio.

In FY07, the USG Team will continue working with the MOH and other partners at the central and the regional levels to improve integration between services for counseling and testing, prevention of mother-to-child HIV transmission (PMTCT), orphans and vulnerable children (OVC) care, palliative care, and treatment by helping the GOH strengthen the tiered public healthcare system, with linkages between the various levels. Patient monitoring, strong referral networks, and active participation of community health agents, including traditional birth attendants (TBAs), will be central to this approach, as will wrap around activities, such as maternal and child health programs, and food assistance programs.

Donor coordination will continue in FY07. The Global Fund and the USG Team will develop a joint commodity procurement plan for ARV drugs, opportunistic infection (OI) drugs and other commodities through the Partnership for Supply Chain Management (PFSCM). The joint Global Fund/PEPFAR project

management information system developed and put into use in FY06 will be expanded to include projects funded by other donors and also bilateral aid from Canada, France, Spain, and other countries. Coordination with UNICEF is expected to expand, particularly in the area of pediatric AIDS, PMTCT, and OVC. Preliminary conversations underway with UNICEF regarding new funding sources should lead to increased numbers of children receiving care or treatment. The USG Team will engage other donors in discussions regarding condom availability at public sites, where shortages occur. Moreover, the USG Team will address HIV as an island-wide issue by continuing to work with the Pan American Health Organization (PAHO) on policy dialogue between Haiti and the Dominican Republic (DR) on key issues, including bi-national referral systems, particularly for PMTCT and ARV treatment.

In FY07, the USG Team will work with the GOH and partners on a number of policy, normative, and legal issues. These include:

- passage of the National AIDS Law;
- development of workplace policies to reduce stigma and discrimination;
- updates to national guidelines for ART drug regimens;
- development of national treatment and care guidelines for TB/HIV co-infection;
- development of a basic package for palliative care;
- formulation of a national laboratory strategic plan;
- determination of who holds 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;
- formal assessment of human resources (HR) needs for HIV/AIDS service delivery on a national scale and the development of a HR information system for more efficient assignment of professional staff.

Informal assessments of human resources (HR) in the public sector indicate that the current numbers of available staff are woefully inadequate to ensure the maintenance and sustainability of USG investments in HIV/AIDS service delivery. Assistance provided to the regional departmental directorates in planning, leadership and management will continue with an emphasis on HR development and management. Nursing and medical schools as well as social science departments will continue to provide pre-service training in HIV/AIDS using the curricula that were developed by ITECH in FY05 and FY06. Funding will continue for the development of national guidelines, in-service training curricula and supervision instruments for other components of the HIV/AIDS program: TB/HIV co-infection case management, pediatric AIDS services, laboratory quality assurance/quality control procedures, stock management for drugs and other commodities, and community-based care and support services. In FY07, a critical HR shortage in advanced laboratory technicians will be addressed with support for development of degree programs in medical technology and microbiology at Quisqueya University, that is working in partnership with Cornell University, Vanderbilt University and GHESKIO to address key HIV/AIDS HR shortages in Haiti.

Program Area Target:

Number of local organizations provided with technical assistance for HIV-related policy development	25
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	55
Number of individuals trained in HIV-related policy development	150
Number of individuals trained in HIV-related institutional capacity building	350
Number of individuals trained in HIV-related stigma and discrimination reduction	500
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	800

Table 3.3.14: Activities by Funding Mechanism

Mechanism: National Plan Mechanism
Prime Partner: Ministre de la Sante Publique et Population, Haiti
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 9312
Planned Funds: \$ 500,000.00

Activity Narrative: Linked to Activities 9308, 8160, 9314, 10415, 9309, 9313, 9311, 9310, 9312, 10370, 10240.

SUMMARY: This activity, which comes in direct support to the MOH and the National committee for HIV/AIDS is aimed at reinforcing the mechanisms for governance of the HIV/AIDS program in Haiti by reinforcing the National Committee for AIDS; strengthening the MOH's financial management and absorptive capacity; reinforcing the departmental level support to community activities by the management of 30 small competitive grants to community organizations, especially associations of People living with HIV/AIDS (PLWHAs). This activity, initiated in FY 2005 and pursued in FY2006, will expand in FY 2007 to include development of a national multi-sectoral council at the highest level to provide a coordinated response to the fight against HIV in Haiti, and hence, accomplish one objective of the "three ones" agenda. The major emphasis areas for that 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 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 United States Government (USG) established a CoAg with the MOH, which enabled the Ministry to develop a comprehensive program involving all levels (central, departmental and publicly managed sites). The program included field support for the development of CT, PMTCT, palliative care and ARV services at 20 of the major public hospitals of the country; 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; the reinforcement of a national monitoring and evaluation (M&E) system to monitor national HIV/AIDS program performance and results; 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, taking advantage of the decentralized management at the departmental level; and the reinforcement of a policy environment suitable for the creation of a national response.

This activity has resulted in an increased capacity of the public sector to manage USG funds, thereby increasing the efficiency and efficacy of all interventions designed to prevent the spread of HIV, treat patients and provide palliative care and support services to PLWHAs and orphans and vulnerable children (OVC). 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: The MOH will reinforce its financial management capacity. The Executing Unit has successfully managed \$2.2 million allocated through the USG CoAg in FY 2005 and has started the execution of the FY 2006 agreement. Money allocated to the unit has been spent within the limit allowed and in compliance with the USG standard provisions; and the overall targets set were reached successfully. With the possibility of doubling the targets and funding for FY 2007, capacity of the unit will be scaled up to match the increase in operations and oversight. The number of sites supported under the CoAg will grow from 19 to 25, and the number of departmental directorates will increase from 4 to 10. In addition, more central units within the MOH will be involved in program execution. The Executing Unit will be reinforced and its operation supported adequately to assist the 40 collaborating entities in planning,

execution, and reporting with an emphasis on internal financial control with regular internal audits at supported sites.

Activity 2: The MOH will continue to reinforce grant and financial management capacity at the regional level. This activity, which was initiated successfully in FY05 in 4 departments and which has supported funding of several PLWHA-led activities, will be expanded in FY07 to all 10 regional departments. Each department will manage a grant portfolio of \$25,000. These 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; 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 and support from both the Executing Unit and the departmental directorates for the management of their awards.

Activity 3: The MOH will continue the process of establishing the National Committee for HIV/AIDS. Funding was set aside in FY 2006 to begin the process, and in FY2007, multi-sector participation will be addressed at a broader policy level and will be institutionalized through the formal and legal creation of a National Committee for HIV/AIDS. The functions of the National Committee will include: follow-up and periodic revision of the HIV/AIDS strategy and action plan; development of a national scale-up plan for universal access to HIV/AIDS prevention, care and treatment; formulation of policies related to HIV/AIDS; approval of large projects with a national scope; elaboration of a national HIV/AIDS progress report that at the end of each year; and advocacy for HIV/AIDS. The National HIV/AIDS Committee will receive support to create advocacy activities among the constituencies of other sectors; develop functioning sub-committees; and acquire dedicated secretarial services.

Continued Associated Activity Information

Activity ID: 4348
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Ministre de la Sante Publique et Population, Haiti
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 390,000.00

Emphasis Areas	% Of Effort
Human Resources	10 - 50
Local Organization Capacity Development	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Targeted evaluation	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development	2	<input type="checkbox"/>
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	30	<input type="checkbox"/>
Number of individuals trained in HIV-related policy development	30	<input type="checkbox"/>
Number of individuals trained in HIV-related institutional capacity building	60	<input type="checkbox"/>
Number of individuals trained in HIV-related stigma and discrimination reduction	50	<input type="checkbox"/>
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		<input checked="" type="checkbox"/>

Target Populations:

Community-based organizations
Orphans and vulnerable children
People living with HIV/AIDS
Other MOH staff (excluding NACP staff and health care workers described below)

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism: ITECH
Prime Partner: University of Washington
USG Agency: HHS/Health Resources Services Administration
Funding Source: GHAI
Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 10240
Planned Funds: \$ 800,000.00

Activity Narrative: Linked to Activities 9341,9340,9343,9360,9725.

SUMMARY: I-TECH will work with Haiti's public-sector schools for health professionals (medicine, nursing, pharmacy, social sciences, laboratory, and dentistry) to fully integrate HIV/AIDS-related content into their curricula and enhance their training capacities. I-TECH will provide technical assistance, training and support in the transformation of 4 departmental hospitals into centers of excellence. I-TECH will also develop the capacity of the Ministry of Health (MOH) to set standards for health-worker training programs in HIV care and treatment. The emphasis areas for this initiative include: training (major area); local organization capacity development; Information/Education/Communication; needs assessment; and policy and guidelines. Specific target populations include: national AIDS control program staff, other MOH staff, and health care providers. Coverage areas include Port-au-Prince/West Department, Les Cayes/South Department, Cap Haitian/North Department, and Jeremie/Grand Anse Department.

BACKGROUND: In 2005-2006, I-TECH, in collaboration with the MOH Department of Human Resources (DDRH) and the relevant Dean/Administration for each school, launched curriculum development processes with Haiti's professional schools in nursing, medicine, social sciences, and laboratory science. Curriculum development steps included: 1) needs assessment; 2) convening of academic leaders, faculty, and experts to gain consensus on learning objectives; 3) gathering content from existing curricula; 4) designing interactive and participatory learning activities; 5) producing a set of training materials to support teaching; 6) piloting and validation of these materials; and 7) faculty development to support integration of curriculum materials in teaching. In FY06, I-TECH began with thorough needs assessment of the schools' current curricula and readiness to teach HIV/AIDS content and the competencies needed in each HIV/AIDS-related discipline. I-TECH expects to complete the curriculum development process through step 4 in medicine, step 5 in nursing, social sciences, and laboratory. In addition to curriculum development work in 2006, I-TECH plans to host a 10-week course in the U.S. for 4 faculty members from Haiti's 2 laboratory technology schools. Funding in FY06 was insufficient to complete piloting and faculty development activities in all health professional schools.

In 2005-2006, I-TECH assisted the MOH to develop a standard national ARV/ Opportunistic Infection (OI) curriculum, in close consultation with well-known content experts within Haiti. I-TECH and the MOH will pilot and validate this national curriculum in 2006. I-TECH also produced and disseminated several Creole-language training videos for the MOH's Training Cluster

ACTIVITIES AND EXPECTED RESULTS: Activity 1: I-TECH will build on previous work to strengthen pre-service training and will pilot and validate standardized curricula, in collaboration with Human Resources Departments, School Administrations, and faculty work groups. I-TECH will also support full use of curriculum materials in actual teaching, by holding Training of Trainer (TOT) workshops and conducting supportive visits to observe and give feedback to faculty on their teaching. I-TECH will plan and carry out a minimum of 3 workshops for 30 faculty in Medicine, at least 4 workshops for 80 faculty in Nursing, 1 workshop for 8 faculty in Social Sciences, and 2 workshops for 12 faculties in Laboratory. I-TECH will also conduct at least 2 multi-day supportive supervision visits per professional school (16 visits). I-TECH will also sponsor 4 additional Laboratory faculty members from the 2 national Laboratory schools to attend a 10-week course on International Lab Technology at the University of Washington.

Activities in the schools of pharmacy and dentistry will include conducting a training needs assessment, convening a stakeholder curriculum work group to integrate and adapt HIV/AIDS curriculum, and developing curriculum materials integrating HIV/AIDS for piloting and validation. Within the social sciences school, I-TECH will contract with the Haitian Institute for Community Health (INHSAC) to support further integration of practical teaching methodologies into the curriculum for psychologists and social workers. I-TECH will also collaborate with the National University to develop a general course on HIV/AIDS for all students. The goals for such a course will be to influence University students, who represent future opinion leaders in Haitian society to increase knowledge of HIV transmission, prevention, and testing; to change male norms and behaviors leading to HIV risk; to mobilize to reduce violence and coercion; and to decrease stigma related to

HIV/AIDS (areas of key legislative interest). (Planned budget: \$688,235).

ITECH will also enhance training capacity at those different schools by providing interactive multimedia equipment such as LCD projector, PCs and internet connection, to improve the quality of training.

Activity 2: I-TECH will provide technical assistance to the MOH to enhance its national leadership role in developing standardized HIV/AIDS clinical training materials, in TOT for regional HIV/AIDS training centers, and in monitoring and evaluating training. Training and technical assistance will focus on the reinforcement of a mentoring program, called "Centers of Excellence" at 4 departmental hospitals: Jacmel, Cap Haitian, Jeremy and Cayes. This concept of Centers of Excellence, adopted by the Ministry of Health as part of its HIV/AIDS service strategy, was initiated in 2006 but will need further support to institutionalize the approach. This support will enhance the capacity of these hospitals to support the development of services at peripheral sites surrounding them by tutoring their staff, helping in organization of services, providing hands-on technical assistance and regular oversight. The CDC regional officers will support the logistics for transporting teams to inter-institutional exchanges.

Technical assistance will also include a national workshop for the MOH and other partners on quality standards for curriculum and materials development. I-TECH will use a "teaching while doing" approach to transfer capacity to the MOH for planning, producing, and disseminating training materials. Specifically, I-TECH will assist the MOH to produce a 2008 update to the national ARV/OI curriculum in alignment with international guidelines; additional curriculum modules on treatment of opportunistic infections (including video case studies); job aides (posters, brochures) for health workers on HIV care and treatment standards; and an ART adherence education tool appropriate for health workers and low-literacy audiences.

I-TECH will also assist the MOH to establish a national-level database to track in-service training of health workers; to adapt and disseminate the Training Toolkit developed by I-TECH in collaboration with the Caribbean HIV/AIDS Regional Training Network (CHART); and to organize and facilitate TOT sessions (on adult learning and participatory training skills, HIV clinical mentoring, etc.) for key staff from training centers in Haiti (Haitian Group for the Study of Kaposi's sarcoma and Opportunistic Infections [GHESKIO], Partners in Health/Zanmi Lasanté [PIH/ZL], Justinien Hospital Regional Training Center, INHSAC, etc.).

These activities contribute to PEPFAR 2-7-10 goals by supporting workforce capacity in HIV prevention, testing, and care and treatment services.

Continued Associated Activity Information

Activity ID: 4617
USG Agency: HHS/Health Resources Services Administration
Prime Partner: University of Washington
Mechanism: ITECH
Funding Source: GHAI
Planned Funds: \$ 0.00

Emphasis Areas	% Of Effort
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Needs Assessment	10 - 50
Policy and Guidelines	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development	1	<input type="checkbox"/>
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	24	<input type="checkbox"/>
Number of individuals trained in HIV-related policy development		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related institutional capacity building	150	<input type="checkbox"/>
Number of individuals trained in HIV-related stigma and discrimination reduction		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		<input checked="" type="checkbox"/>

Target Populations:

National AIDS control program staff
Other MOH staff (excluding NACP staff and health care workers described below)
Public health care workers
Private health care workers

Key Legislative Issues

Addressing male norms and behaviors
Reducing violence and coercion
Stigma and discrimination

Coverage Areas

Grand-Anse

Table 3.3.14: Activities by Funding Mechanism

Mechanism: Health Policy Initiative
Prime Partner: The Futures Group International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 10370
Planned Funds: \$ 0.00

Activity Narrative: Linked to Activities 10308 and 9312.

SUMMARY: The Health Policy Initiative (HPI) seeks to improve the policy environment for the HIV and AIDS efforts by improving the implementation of national strategies and policies and by building the capacity of national, regional, and community-based organizations (CBOs) to lead a sustainable response to the HIV epidemic in Haiti.

BACKGROUND: The Health Policy Initiative Task Order 1 (HPI TO1) is a new program with the mandate to support the President's Emergency Plan For AIDS Relief (PEPFAR) goal of building sustainable local expertise to provide prevention, care, support and treatment in Haiti. HPI TO1 will provide practical and technical support for the implementation of HIV/AIDS programs through building capacity to address operational barriers which impede the implementation of laws, policies and programs. The HPI TO1 technical assistance will also strengthen the policy environment for HIV by supporting national and departmental leaders in developing and introducing new laws which protect the rights of people living with HIV/AIDS (PLWHA) and orphans and vulnerable children (OVC). HPI will work with faith-based groups (FBO) and with the private sector to reduce stigma and discrimination. In FY07, HPI will build the capacity of the Ministry of Health (MOH) to develop or clarify policies related to opt-out HIV testing and double orphans. These efforts will be realized in close collaboration with the MOH and other Government of Haiti (GOH) entities. HPI will collaborate with "Promoteurs de l'objectif ZEROSIDA" (POZ) and World Relief (WR) to implement several of these activities.

ACTIVITIES AND EXPECTED RESULTS: Activity 1: HPI will collaborate with POZ and World Relief to improve the knowledge and attitudes of religious leaders and assist them to develop interventions to address S & D through church activities, sermons, and community outreach. HPI will work with POZ and WR to develop and adapt training materials and methodologies; POZ and World Relief will then train pastors in approximately 100 churches. Where feasible, we will bring pastors in the same regions together to discuss their successes and challenges and learn from each other. Anticipated results: Enhanced HIV/AIDS knowledge and decreased S & D among the FBO communities.

Activity 2: HPI will provide technical assistance (TA) to the MOH to reinforce the normative, planning and coordinating roles of the fight against HIV/AIDS. For example, HPI will support MOH in the development of a national anti-retroviral therapy (ART) SCALE-UP Plan, participate in the assessment of human resources (HR) needs for HIV/AIDS service delivery, and participate in the formulation of policies on crisis counseling and testing (CT) for victims of violence.

Activity 3: The GOH has recognized the need for an overarching law to protect the rights of HIV-positive people and those most at-risk for HIV in legal areas such as: opt-out or provider-initiated HIV testing; protection against S & D in the workplace, including job-protection policies for HIV+ personnel; inheritance rights of OVC; identifying who holds legal responsibility for dual (paternal/maternal) orphans; determining the necessary legal criteria for obtaining permission to test and care for OVC; law enforcement to protect OVC from trans-generational sex, resulting in increased risk for HIV/AIDS; addressing gender inequities in access to schooling and vocational training; and ensuring that HIV+ women have equal access to microfinance and income-generation programs. HPI, in collaboration with the MOH and other government and civil society stakeholders, will facilitate a series of consensus meetings to review conventions and laws adopted in other countries and, based on this review, provide technical assistance to legal advisors and parliamentarians to draft a National AIDS Law. HPI will support the involvement of PLWHAs, women and at-risk communities to participate in these stakeholder meetings (see Activity 2).

Activity 4: In coordination with capacity building for the Haitian Parliament and other stakeholders to develop a National AIDS Law, HPI will support capacity building for public and civil society organizations (e.g., ministries, police departments, women's groups, youth groups, business associations) to support passage of the National AIDS Law. HPI staff will conduct trainings with 10 organizations in advocacy and policy dialogue so that these groups can more effectively participate in national discussions about the law. Training will focus on increasing participants' knowledge about HIV/AIDS and the legal

and regulatory process in Haiti as well as building skills in developing advocacy messages for local and national policy makers to support the Law.

Activity 5: HPI, in collaboration with POZ, will train a core group of trainers who will conduct advocacy training with PLWHA networks in Port-au-Prince. The training of trainers (TOT) will be supported through small grants. HPI will ensure that women and other at-risk groups are included in these trainings. Participants will develop action plans to perform advocacy in their communities following the training. HPI will provide on-going technical assistance to these networks to address barriers identified by the trainees. Lessons learned from this activity will be incorporated into future training and barrier analysis for PLWHA networks in other departments of Haiti in FY08. Anticipated results: Strengthening the leadership of PLWHA networks and a greater involvement in policy decision making.

Activity 6: This activity will continue work started through the HPI Core-funded (FY 06) operational policy barriers analysis. The Core-funded activity will analyze key operational policy barriers that impede the scale-up of programs in a Program Area designated by the USG team and its partners (e.g., HIV testing and behavior change among uniformed personnel). The Core-funded activity will also identify corrective actions needed to address policy and program barriers. HPI Haiti staff and consultants will use field-support funds to address additional key operational policy barriers and work with multi-sectoral stakeholders to implement the corrective actions and reduce or remove operational policy barriers related to the program area.

TARGETS:

- 3300 individuals (3000 church members, and 300 individuals of religious staff and religious leaders) trained in HIV related stigma and discrimination reduction
- 340 individuals (40 members of PLHIV networks, 300 religious staff and religious leaders) trained in HIV-related institutional capacity building
- 10 public and civil society organizations (e.g., ministries, police department, women’s group, youth groups, and Private sector associations) provided with technical assistance for HIV-related policy development.
- A National Coordination Plan is developed and approved by the AIDS Coordinating Control Unit (UCC)
- A national AIDS law is formulated and trained parliamentarians, public/private sectors stakeholders conduct advocacy for the passage of the law.

Continued Associated Activity Information

Activity ID: 4349
USG Agency: U.S. Agency for International Development
Prime Partner: The Futures Group International
Mechanism: Policy Project
Funding Source: GHAI
Planned Funds: \$ 75,000.00

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Training	10 - 50
Workplace Programs	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development	10	<input type="checkbox"/>
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	15	<input type="checkbox"/>
Number of individuals trained in HIV-related policy development	30	<input type="checkbox"/>
Number of individuals trained in HIV-related institutional capacity building	380	<input type="checkbox"/>
Number of individuals trained in HIV-related stigma and discrimination reduction	3,300	<input type="checkbox"/>
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	5,000	<input type="checkbox"/>

Target Populations:

Business community/private sector
HIV/AIDS-affected families
People living with HIV/AIDS
Policy makers
Children and youth (non-OVC)
Women (including women of reproductive age)
Religious leaders

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs
Stigma and discrimination
Increasing women's access to income and productive resources
Increasing women's legal rights
Microfinance/Microcredit

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism:	Higher Education Development Project
Prime Partner:	American Council on Education
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Other/Policy Analysis and System Strengthening
Budget Code:	OHPS
Program Area Code:	14
Activity ID:	10373
Planned Funds:	\$ 0.00
Activity Narrative:	Linked to Activities 9312, 10240.

SUMMARY: Higher Education for Development (HED) is a liaison office which assists the six major higher education associations in the United States in partnering with the United States Agency for International Development (USAID) under a Leader with Associate Agreement to invest in and improve higher education in developing countries. This activity will provide support to HED to create linkages between the two key universities in Haiti, Quisqueya University and the State University of Haiti, and a selected university in the United States to strengthen the Bachelor of Science degree program in pharmacy and to create an associate degree in medical technology.

BACKGROUND: There is a critical lack of well-trained professionals in the fields of pharmaceutical science and medical technology to adequately staff and provide quality services in the pharmacies and laboratories supported by the United States Government (USG). Support for the pharmaceutical science degree program at the State University was previously provided by German development assistance, but this support has been discontinued. Higher education institutions in the country train laboratory technicians in a two-year certificate program. There is no university in Haiti with a degree program in medical technology or microbiology.

ACTIVITIES AND EXPECTED RESULTS: Activity 1: HED will work with Quisqueya University, the State University and the USG Team to identify the specific objectives and components of the proposed new degree program. This activity will support the development of the degree program in Haiti, including faculty training and curriculum development, and potentially stimulate other joint U.S./Haitian degree programs in the future.

Activity 2: HED will work with the State University to strengthen its School of Pharmacy degree programs to ensure that all aspects of management of HIV/AIDS and related diseases are adequately covered and that pharmacists are well-prepared to address all situations at field sites.

TARGETS:

- 1 associate degree program in medical technology developed
- 1 pharmacy degree program strengthened

Emphasis Areas	% Of Effort
Information, Education and Communication	10 - 50
Training	10 - 50

Targets

Target

Target Value

Not Applicable

Number of local organizations provided with technical assistance for HIV-related policy development

Number of local organizations provided with technical assistance for HIV-related institutional capacity building

3

Number of individuals trained in HIV-related policy development

Number of individuals trained in HIV-related institutional capacity building

35

Number of individuals trained in HIV-related stigma and discrimination reduction

35

Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment

Target Populations:

Public health care workers

Private health care workers

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism: Basic Health Services
Prime Partner: Management Sciences for Health
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 12430
Planned Funds: \$ 100,000.00

Activity Narrative: In an effort to reduce management units, USAID has decided to eliminate The Futures Group's Health Policy Initiative as a local partner and instead reprogram these Policy Analysis and System Strengthening funds to the Management Sciences for Health who will implement the activities.

Linked to Activities 10308 and 9312.

SUMMARY: The Health Policy Initiative (HPI) seeks to improve the policy environment for the HIV and AIDS efforts by improving the implementation of national strategies and policies and by building the capacity of national, regional, and community-based organizations (CBOs) to lead a sustainable response to the HIV epidemic in Haiti.

BACKGROUND: The Health Policy Initiative Task Order 1 (HPI TO1) is a new program with the mandate to support the President's Emergency Plan For AIDS Relief (PEPFAR) goal of building sustainable local expertise to provide prevention, care, support and treatment in Haiti. HPI TO1 will provide practical and technical support for the implementation of HIV/AIDS programs through building capacity to address operational barriers which impede the implementation of laws, policies and programs. The HPI TO1 technical assistance will also strengthen the policy environment for HIV by supporting national and departmental leaders in developing and introducing new laws which protect the rights of people living with HIV/AIDS (PLWHA) and orphans and vulnerable children (OVC). HPI will work with faith-based groups (FBO) and with the private sector to reduce stigma and discrimination. In FY07, HPI will build the capacity of the Ministry of Health (MOH) to develop or clarify policies related to opt-out HIV testing and double orphans. These efforts will be realized in close collaboration with the MOH and other Government of Haiti (GOH) entities. HPI will collaborate with "Promoteurs de l'objectif ZEROSIDA" (POZ) and World Relief (WR) to implement several of these activities.

ACTIVITIES AND EXPECTED RESULTS: Activity 1: HPI will collaborate with POZ and World Relief to improve the knowledge and attitudes of religious leaders and assist them to develop interventions to address S & D through church activities, sermons, and community outreach. HPI will work with POZ and WR to develop and adapt training materials and methodologies; POZ and World Relief will then train pastors in approximately 100 churches. Where feasible, we will bring pastors in the same regions together to discuss their successes and challenges and learn from each other. Anticipated results: Enhanced HIV/AIDS knowledge and decreased S & D among the FBO communities.

Activity 2: HPI will provide technical assistance (TA) to the MOH to reinforce the normative, planning and coordinating roles of the fight against HIV/AIDS. For example, HPI will support MOH in the development of a national anti-retroviral therapy (ART) SCALE-UP Plan, participate in the assessment of human resources (HR) needs for HIV/AIDS service delivery, and participate in the formulation of policies on crisis counseling and testing (CT) for victims of violence.

Activity 3: The GOH has recognized the need for an overarching law to protect the rights of HIV-positive people and those most at-risk for HIV in legal areas such as: opt-out or provider-initiated HIV testing; protection against S & D in the workplace, including job-protection policies for HIV+ personnel; inheritance rights of OVC; identifying who holds legal responsibility for dual (paternal/maternal) orphans; determining the necessary legal criteria for obtaining permission to test and care for OVC; law enforcement to protect OVC from trans-generational sex, resulting in increased risk for HIV/AIDS; addressing gender inequities in access to schooling and vocational training; and ensuring that HIV+ women have equal access to microfinance and income-generation programs. HPI, in collaboration with the MOH and other government and civil society stakeholders, will facilitate a series of consensus meetings to review conventions and laws adopted in other countries and, based on this review, provide technical assistance to legal advisors and parliamentarians to draft a National AIDS Law. HPI will support the involvement of PLWHAs, women and at-risk communities to participate in these stakeholder meetings (see Activity 2).

Activity 4: In coordination with capacity building for the Haitian Parliament and other stakeholders to develop a National AIDS Law, HPI will support capacity building for public and civil society organizations (e.g., ministries, police departments, women's groups,

youth groups, business associations) to support passage of the National AIDS Law. HPI staff will conduct trainings with 10 organizations in advocacy and policy dialogue so that these groups can more effectively participate in national discussions about the law. Training will focus on increasing participants' knowledge about HIV/AIDS and the legal and regulatory process in Haiti as well as building skills in developing advocacy messages for local and national policy makers to support the Law.

Activity 5: HPI, in collaboration with POZ, will train a core group of trainers who will conduct advocacy training with PLWHA networks in Port-au-Prince. The training of trainers (TOT) will be supported through small grants. HPI will ensure that women and other at-risk groups are included in these trainings. Participants will develop action plans to perform advocacy in their communities following the training. HPI will provide on-going technical assistance to these networks to address barriers identified by the trainees. Lessons learned from this activity will be incorporated into future training and barrier analysis for PLWHA networks in other departments of Haiti in FY08. Anticipated results: Strengthening the leadership of PLWHA networks and a greater involvement in policy decision making.

Activity 6: This activity will continue work started through the HPI Core-funded (FY 06) operational policy barriers analysis. The Core-funded activity will analyze key operational policy barriers that impede the scale-up of programs in a Program Area designated by the USG team and its partners (e.g., HIV testing and behavior change among uniformed personnel). The Core-funded activity will also identify corrective actions needed to address policy and program barriers. HPI Haiti staff and consultants will use field-support funds to address additional key operational policy barriers and work with multi-sectoral stakeholders to implement the corrective actions and reduce or remove operational policy barriers related to the program area.

TARGETS:

- 3300 individuals (3000 church members, and 300 individuals of religious staff and religious leaders) trained in HIV related stigma and discrimination reduction
- 340 individuals (40 members of PLHIV networks, 300 religious staff and religious leaders) trained in HIV-related institutional capacity building
- 10 public and civil society organizations (e.g., ministries, police department, women's group, youth groups, and Private sector associations) provided with technical assistance for HIV-related policy development.
- A National Coordination Plan is developed and approved by the AIDS Coordinating Control Unit (UCC)
- A national AIDS law is formulated and trained parliamentarians, public/private sectors stakeholders conduct advocacy for the passage of the law.

Table 3.3.14: Activities by Funding Mechanism

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: GHAI
Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 15465
Planned Funds: \$ 150,000.00
Activity Narrative: na

Table 3.3.15: Program Planning Overview

Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15

Total Planned Funding for Program Area: \$ 4,337,000.00

Program Area Context:

The United States Government (USG) Haiti HIV/AIDS program budget has increased from the \$6 million United States Agency for International Development (USAID) HIV/AIDS program in FY03, to a combined total of more than \$68 million planned for the President's Emergency Plan for AIDS Relief (PEPFAR)/Haiti program in FY 2007. This makes PEPFAR the largest HIV/AIDS donor in Haiti. 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, complementing the then-current USG efforts, chiefly in the prevention sector, with expertise in laboratory support, clinical care and treatment services, information management, and efforts to build host-country capacity in each of these areas. USAID has been implementing HIV/AIDS programs in Haiti for more than 20 years, focusing 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 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).

As of September 2006, the USG Team has 60 positions, 43 of them full-time working on PEPFAR activities and programs. All but four of these are currently filled and recruitment is underway to fill these. It remains difficult to recruit and retain both technical and management staff for the USG Team in Haiti because of a reluctance on the part of expatriates to live and work in the unstable, unpredictable environment of Haiti and because a large percentage of well-qualified Haitian technical experts have left the country to live elsewhere.

The staff skills necessary to ensure efficiency, reasonable costs and long-term sustainability of the USG investment in Haiti is a mix of high-level technical leadership to assist the national AIDS effort with establishing vision and over-all coherency of programming and experienced program managers and monitors to carry out operational planning and field monitoring and supervision. There is also a continued need for substantial numbers of support and administrative staff due to the level of insecurity and lack of efficient systems and infrastructure in Haiti. This requires the constant use of chauffer-driven (and usually armored) vehicles and increased personnel for security purposes and for compensatory support for everyday systems that do not function. 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 left in place at the end of the 5-year PEPFAR initiative.

Only two agencies of the USG Team have established local offices, CDC and USAID, and they are both housed in the USAID Mission, thus facilitating communication and daily coordination. Peace Corps traditionally has a strong presence in Haiti; however, they pulled out in April 2004 with the violent overthrow of President Aristide and, due to the continued high level of instability and insecurity in the country, have not returned. If a Peace Corps presence is reestablished in FY 2007 and volunteers are allowed to return, this will be reflected in management and staffing patterns for FY 2008

CDC and USAID agencies 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/program managers for OVC, PMTCT, TB/HIV, behavior change communication for prevention,

counseling and testing (CT) and drug and commodity procurement, while CDC has technical advisors/program managers for facility-based prevention (blood safety, injection safety, treatment of sexually transmitted infections [STIs]), facility-based palliative care, ARV services, laboratory infrastructure, strategic information and policy analysis and systems strengthening.

CDC Haiti is exclusively devoted to PEPFAR implementation whereas USAID's Health Office manages PEPFAR as one element of 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 only one full-time PEPFAR staff person and part time support from all other technical, management and support staff.

The FY 2006 Country Operational Plan (COP) highlighted plans to recruit for the PEPFAR Country Coordinator position. This was not acted upon due to the departure of the Chief of Mission (CoM) in early 2006, his replacement with a Chargé d'Affaires, and then the subsequent arrival of a new CoM in March 2006. The current CoM has focused on national presidential and parliamentary elections and the appointment of a new Cabinet and has not yet turned her attention to the PEPFAR Coordinator position. The current USG Team expects this will happen early in FY 2007; therefore, the FY 2007 Management and Support budget includes sufficient funding for the recruitment of a PEPFAR country coordinator.

A new U.S. Embassy Compound to house all offices and agencies of the USG in Haiti is under construction in the Tabarre area of Port-au-Price, near the airport. USAID, CDC and all USG agencies will be moving to the new location in early 2008. A "head tax" is being levied in FY 2007 on all agencies to support this construction.

The total planned spending on management and staffing for FY07 does not exceed 7% of the total planned budget for the year.

Table 3.3.15: Activities by Funding Mechanism

Mechanism: USAID/GAC/HQ
Prime Partner: US Agency for International Development
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 9344
Planned Funds: \$ 1,227,000.00

Activity Narrative: Llinked to Activities 9347, 9349.

SUMMARY: In FY 2007 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 contributes at least a portion of their time to the management and technical oversight of the United States Government (USG) PEPFAR activities, although only nine persons contribute 50% or more of their time and only 1 person is devoted 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 new 2007-2009 Mission Strategy, in which technical offices are subsumed under three broader strategic objectives, the Health Office is incorporated into Strategic Objective 12, Basic Social Services, thus creating increased opportunities for cross-sector wrap-around programming. USAID/Haiti supports PEPFAR with strong in-country Mission capacity for finance, program planning, procurement and executive functions 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 also manages a \$20 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. The Health Office also coordinates with the Mission's \$34 million Title II Food Security Program to strategically leverage PEPFAR resources to expand the capacity of the Title II project partners, CARE, Save the Children, World Vision and Catholic Relief Services, to operate over 800 food distribution outlets countrywide.

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, behavior change communication for prevention, orphans and vulnerable children (OVC), tuberculosis (TB)/HIV, counseling and testing (CT) and drug and commodity procurement. There is one full-time PEPFAR staff person, the Senior HIV/AIDS Advisor and 9 persons working 50% or more on PEPFAR. Another 16 persons contribute less than 50% of their time to PEPFAR. The total roster of USAID staff contributing any amount of time includes: (2) US direct hires (USDH), the Health Office Chief who provides Technical Leadership and Management and Health Office Deputy Chief who serves as technical advisor/program manager for Behavior Change Communication; (2) US personal services contractors (USPSC), the Senior HIV/AIDS Advisor who provides overall coordination and technical leadership and the Monitoring and Evaluation Technical Advisor; (5) foreign service national (FSN) Technical Advisors/Program Managers: (1) PMTCT Advisor, (1) TB/HIV and OVC Advisor, (1) Strategic Information (SI) Advisor, (1) Infectious Disease Advisor and (1) Supply Chain Logistics and Pharmaceutical Management Advisor; (7) support staff: (3) Secretaries, (1) Program Assistant, (1) Financial Analyst and (3) Drivers; and 2 persons each from the Contracting, Financial Management, Program Planning and Executive Offices to provide on-going support when needed.

To supplement USAID Mission resident staff, funds are reserved for targeted technical assistance from USAID Washington 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, 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 and administrative expenses. Logistics include staff overtime and vehicle maintenance, insurance and fuel.

Continued Associated Activity Information

Activity ID:	3936
USG Agency:	U.S. Agency for International Development
Prime Partner:	US Agency for International Development
Mechanism:	USAID/GAC/HQ

Funding Source: GHAI
Planned Funds: \$ 408,532.00

Table 3.3.15: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 9347
Planned Funds: \$ 1,000,000.00

Activity Narrative: Linked to Activities 9344, 9349.

The roles and responsibilities of CDC's management and technical staff personnel range from management of the overall President's Emergency Plan for AIDS Relief (PEPFAR) program to providing onsite technical assistance and training, including financial management technical assistance to the both the Ministry of Health (MOH) and the United States Government (USG)'s institutional partners. In addition to the usual management and staffing issues of all USG agencies under the umbrella of the U.S. Embassy, CDC's Haiti Global AIDS Program (CDC Haiti) office is responsible for implementing a single public health program, CDC's portion of the PEPFAR program. CDC Haiti does not operate within a larger in-country agency context for its administrative support service, thus it has responsibility for its own contingency planning and US security requirements, such as the planned purchase of a second Lightly Armored Vehicle; leasing and minor renovation of a secure warehouse for lab supplies/equipment; and addressing turnover of locally-employed support and the need to recruit and train replacement staff.

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 2007: continue ongoing USG team-building to assess specific training and development needs; continue to recruit staff for vacant field positions, especially vacant care and treatment specialists and health information specialists located at the regional departmental level; develop a dedicated high-risk 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 as Section Chief; lease a new, secure warehouse facility; establish warehouse operations to ensure that commodities and supplies are received safely and distributed in a timely fashion throughout the country, and also that supplies are refrigerated as appropriate and distributed in the same manner throughout the country. The current CDC warehouse was new last year, having been established when we were asked to leave the US Embassy warehouse in 2005; however, the new Airport Road, while in a better part of the insecure 'red' zone, is still subject to periodic security concerns, so we will be forced to secure a new facility much nearer the new Embassy construction area at Tabarre.

CDC Haiti is currently recruiting for a new Chief of Party/Country Director, as well as a US PSC to head up its high-risk prevention activities, and plans to have both positions filled early in FY 2007. Both of these positions were vacated in FY 2006. Additionally, CDC Haiti will fill a vacant Medical Director position from within its locally-engaged technical staff. In order to increase significantly administrative and technical oversight of its cooperative agreements, CDC Haiti will recruit two additional financial managers who, working under the Chief Administrative Officer, will provide increased administrative and financial oversight of cooperative agreements, including an enhanced audit function, while working closely with the technical leads in each area to provide detailed monthly and quarterly updates of partners' progress. CDC Haiti will also hire a new administrative assistant and back-fill a procurement assistant who is co-located in the Embassy procurement section, to facilitate CDC procurements.

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 2006, thirty-five (35) CDC staff members are directly supported by the PEPFAR budget, including two vacancies and four 'in-process' positions. Of these 35 staff, three (3) are US Direct Hires (USDH), including the Chief of Party, the Deputy Director, and the Laboratory Section Chief, who is a Senior Service Fellow (a personnel appointment equivalent to USDH positions, but allocated to non-US citizens). The remaining staff is Locally Engaged Staff (LES) or partner-funded laboratory and support staff. The Port au Prince CDC office houses both professional (technical, financial staff, Information Technology (IT) staff, procurement and inventory management) and support (secretaries and drivers) staff.

Approximately 30% of the staff, consisting of both professional (e.g., regional care and treatment specialists and regional information specialists) and support (driver/clerks) 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, at these various regional locations. 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.

To supplement CDC Haiti resident staff, funds are reserved for targeted technical assistance from CDC Atlanta 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, 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 and administrative expenses. Logistics include staff overtime and vehicle maintenance, insurance and fuel.

Continued Associated Activity Information

Activity ID:	4347
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	US Centers for Disease Control and Prevention
Mechanism:	N/A
Funding Source:	GAP
Planned Funds:	\$ 1,000,000.00

Table 3.3.15: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 9349
Planned Funds: \$ 2,110,000.00

Activity Narrative: Linked to Activities 9347, 9344.

The roles and responsibilities of CDC's management and technical staff personnel range from management of the overall President's Emergency Plan for AIDS Relief (PEPFAR) program to providing onsite technical assistance and training, including financial management technical assistance to the both the Ministry of Health (MOH) and the United States Government (USG)'s institutional partners. In addition to the usual management and staffing issues of all USG agencies under the umbrella of the U.S. Embassy, CDC's Haiti Global AIDS Program (CDC Haiti) office is responsible for implementing a single public health program, CDC's portion of the PEPFAR program. CDC Haiti does not operate within a larger in-country agency context for its administrative support service, thus it has responsibility for its own contingency planning and US security requirements, such as the planned purchase of a second Lightly Armored Vehicle; leasing and minor renovation of a secure warehouse for lab supplies/equipment; and addressing turnover of locally-employed support and the need to recruit and train replacement staff.

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 2007: continue ongoing USG team-building to assess specific training and development needs; continue to recruit staff for vacant field positions, especially vacant care and treatment specialists and health information specialists located at the regional departmental level; develop a dedicated high-risk 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 as Section Chief; lease a new, secure warehouse facility; establish warehouse operations to ensure that commodities and supplies are received safely and distributed in a timely fashion throughout the country, and also that supplies are refrigerated as appropriate and distributed in the same manner throughout the country. The current CDC warehouse was new last year, having been established when we were asked to leave the US Embassy warehouse in 2005; however, the new Airport Road, while in a better part of the insecure 'red' zone, is still subject to periodic security concerns, so we will be forced to secure a new facility much nearer the new Embassy construction area at Tabarre.

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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.

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Added February 2008: The New York AIDS Institute will be providing technical assistance to the PEPFAR-supported ART sites, as well as other ART services in the National Program under the MOH to ensure quality of services and quality improvement (QA/QI). \$100,000 is being reprogrammed from CDC M&S funds to the NY AIDS Institute for this purpose.

Continued Associated Activity Information

Activity ID:	3914
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	US Centers for Disease Control and Prevention
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	\$ 1,270,811.00

Table 5: Planned Data Collection

Is an AIDS indicator Survey(AIS) planned for fiscal year 2007?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<i>If yes, Will HIV testing be included?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>When will preliminary data be available?</i>		
Is an Demographic and Health Survey(DHS) planned for fiscal year 2007?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<i>If yes, Will HIV testing be included?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>When will preliminary data be available?</i>		
Is a Health Facility Survey planned for fiscal year 2007?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<i>When will preliminary data be available?</i>		
Is an Anc Surveillance Study planned for fiscal year 2007?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<i>if yes, approximately how many service delivery sites will it cover?</i>		
<i>When will preliminary data be available?</i>		
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 2007?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No