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President Bush's Emergency Plan for AIDS Relief (PEPFAR)

Country Operational Plan (COP) for HAITI

Plan Period: FY2004

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Program Summary

The vast majority of Haiti's HIV/AIDS patients live in extreme poverty, and a majority of the 30,000 people who currently need HAART cannot obtain it. Most do not receive HAART because they do not know they are HIV-infected; even if they did, Haiti does yet not have sufficient clinical capacity to deliver ARVs and it lacks a dependable system that can ensure drug supplies. Only two institutions in Haiti currently offer treatment of HIV with HAART to significant numbers, and serve under 2,000 patients. But demand for treatment is growing. Expansion of both HIV clinical treatment and community-based, palliative care is needed to treat symptomatic AIDS cases and maintain the health of the much larger number of PLWHAs who do not require (and do not have access to) HAART.

Due to the imperative to rapidly expand and improve AIDS-related services, the USG will implement PEPFAR/Haiti through existing contracts and partners during FY04. USAID will ensure funds management through existing USAID implementation mechanisms for most activities requiring large procurement actions. PEPFAR/Haiti will avoid creating parallel mechanisms for tasks that can be accomplished through existing channels. Many of these existing funding pathways include sub-agreements to Haitian NGOs, with roughly half of these being faith-based organizations. These partnerships will help strengthen indigenous capacity to plan and carry out AIDS activities. More direct support to new partners is expected under the FY05 PEPFAR plan.

The PEPFAR/Haiti program will draw on the technical leadership of the CDC in areas of strategic information, laboratory services and most aspects of clinical care, and USAID's experience in community services and social mobilization, while ensuring that the entire USG team contributes to technical directives to grantees and partners.

The fundamental theme of this program is to co-locate mutually reinforcing activities to create a strong, holistic package of prevention and a continuum of care. PEPFAR/Haiti builds on existing clinic- and community-based health interventions, such as strong expertise in HIV clinical care, a successful national TB control program, and a broad array of community-based health programs. Building on community networks, particularly the extensive network of faith-based partner NGOs, for recruitment and ensuring treatment compliance, is a critical component of the approach. These non-PEPFAR "wrap-around" interventions, also including improvements in ante-natal care, infection prevention, health information systems, and health management strengthening, will multiply the impact of PEPFAR dollars.

PEPFAR/Haiti is based on four main program components:

1. Improved quality of existing services to maintain adherence by continuing clients.
2. Increased number of service delivery sites to reach new clients.
3. Targeted prevention and behavior change interventions.
4. Strengthened program management and coordination to increase efficiency.

VCT and MTCT services have expanded rapidly in Haiti over the past 18 months, from 2 to the current list of nearly 30 active sites. While numbers of clients seeking VCT have been increasing, the uptake of related treatment services has not been uniform. In addition to improved clinical quality, the program will address obstacles to increased use of treatment through improved counseling and pro-active community outreach. Providers will be assisted to actively integrate

related services. For instance, TB patients will be offered VCT, and PLWHAs will be screened for TB, and women attending health centers will receive VCT and PMTCT counseling as routine components of improved ante-natal or other reproductive health services.

PEPFAR/Haiti will actively link community-based counseling and home visits for palliative care with clinic-based services to strengthen the continuum of care from VCT to PMTCT and HAART through end-of-life care and support. A concerted effort will be made to provide life extending treatment to that majority of PLWHAs without access to ARVs. Existing community networks of NGO and FBOs will be critical partners in this effort. A modest level of new funding to support orphans and vulnerable children will complement the more robust program by CRS already awarded under Track 1.0 to strengthen partnerships with Haitian organizations for practical, community-centered care. The USG Haiti team expects larger amounts of PEPFAR resources in FY05 would then have greater impact through these local partners.

In the setting of Haiti's relatively low HIV prevalence, targeted prevention and behavior change interventions, including condom promotion to high-risk groups, will help prevent new infections among risk groups. Abstinence and partner reduction messages, along with training to empower responsible life decisions, will reach youth, the largest segment of Haiti's population.

The program will also expand the number of treatment sites throughout the country. Increased laboratory capacity, clinical training, and specific health infrastructure improvements will help bring essential HIV treatment and services to more affected people.

Finally, PEPFAR will continue to strengthen management of Haiti's National AIDS Program. PEPFAR will ensure essential drugs and commodities are available where needed, along with reliable data for program decision-making. Improved management and coordination will leverage other non-PEPFAR resources, particularly Haiti's Global Fund grant, for a coherent national response. The principle USG health contractor in Haiti, Management Sciences for Health, will play a key role in this coordination effort.

Due to the continuing fluid security situation in the country, PEPFAR/Haiti targets, as well as other performance expectations of Haitian implementing partners, have been lowered for FY04. However, the USG is working with excellent implementing partners in Haiti, and would be able to make rapid, major progress in the National HIV/AIDS Program under normal circumstances. We are confident, therefore, that Haiti will achieve its adjusted PEPFAR goals for 2004.

Acronyms

AED	Academy for Educational Development
AIDS	Acquired Immune Deficiency Disease Syndrome
ARV	Anti-Retroviral
BCC	Behavior Change Communication
BSS	Behavioral Surveillance Survey
CCM	Country Coordination Mechanism
CDC	Centers for Disease Control and Prevention
CoAg	Cooperative Agreement
CRS	Catholic Relief Services
CSW	Commercial Sex Worker
DHS	Demographic and Health Survey
DOT	Directly Observed Therapy
FBO	Faith Based Organization
FHI	Family Health International
HAART	Highly Active Anti-Retroviral Therapy
HIV	Human Immuno-deficiency Virus
HRC	Haitian Red Cross
INH	Izoniazide
I-TECH	International Training and Education Center on HIV
JHU	Johns Hopkins University
JSI	John Snow Incorporated
LET	Life Extending Therapy
MCH	Maternal and Child Health
MIS	Management Information System
MOH	Ministry Of Health
MSH	Management Sciences for Health
NASTAD	National Alliance of State and Territorial AIDS Directors
NGO	Non-Government Organization
NIH	National Institutes of Health
NSP	National Strategic Plan
OVC	Orphan and Vulnerable Children
PEP	Post Exposure Prophylaxis
PEPFAR	President Emergency Plan For AIDS Relief
PIH	Partners In Health
PLWHA	Persons Living WithHIV/ AIDS
PMTCT	Prevention of Mother to Child Transmission
POZ	Promoteurs de l'Objectif Zero-SIDA
PSI	Population Services International
QA/QC	Quality Assurance/Quality Control
RPM	Rational Pharmaceutical Management
S/GAC	State/Global AIDS Coordinator
STI	Sexually Transmitted Infection
TBA	Traditional Birth Attendants
TFGI	The Futures Group International
UCC	Unité Centrale de Coordination (du Programme de Lutte contre les IST/VIH/SIDA)
USAID	United States Aid for International Development
USG	United States Government
UTAP	University Technical Assistance Program
VCT	Voluntary Counseling Testing
VDH	Volontariat pour le Développement d'Haiti

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Table 1. Overview of HIV/AIDS in Country

1.1 Country Profile
a. Population (millions): Haiti has an estimated population of 8,530,000 people. The population growth rate is 2.08 per year, one of the highest growth rates in the Western Hemisphere with the population expected to double by 2050. Population Growth Rate for 1990-2001 for Haiti 1.6% source: UNICEF website. The population pyramid indicates a young population of 4,180,000 adults in the 15 to 49 year range. People less than 15 years of age account for 40% of the total population. Haiti spent less than 1.4% of the Gross Domestic Product on education in 1990 and 1.1 percent from 1998-2000.
b. Area (sq mi): The Republic of Haiti has a surface area of 27,250 km2. It occupies the western third of the Island of Hispaniola which it shares with the Dominican Republic, which has a population similar to Haiti's. With 293 inhabitants per square kilometer Haiti has the highest population density in all of Latin America
c. Per Capita GDP (US$): Haiti has the lowest Gross Domestic Product Per Capita in the Caribbean with 1,860 USD per person, where the average for Latin America and the Caribbean is 7,050 USD per person (UNDP Human Development Reports 2003). Haiti is the poorest country in the western hemisphere. More than 70% of the population lives below the level of absolute poverty established by the United Nations. An increase in poverty has occurred as a result of the decrease in the national production of textile goods exported to the United States and the associated high rate of unemployment of 60%. It has been estimated that 75% of the population lives in absolute poverty level. A 1990 Department of Labor estimate puts the Haitian unemployment rate at 80% (Agenda 21 Haiti www.un.org/esa/agenda21/natlinfo/countr/haiti/social.htm)
d. Adult Literacy Rate (%): The combined male and female adult literacy rate is 47 percent (UNDP Human Development Reports 2003).
e. Per Capita Expenditure on Health (US$): Haiti spent 1.2% of the Gross Domestic Product on health in 1990 and 2.4% in 2000 (UNDP Human Development Reports 2003).
f. Life Expectancy (years): expectancy was estimated at 48.5 years from 1970-75, and is 49.5 from 2000-05 (UNDP Human Development Reports 2003).
g. Infant Mortality (per 1,000 births): The infant mortality rate was estimated at 148 per 1,000 live births from 1970-75, and is estimated at 79 per 1,000 live births from 2000-05. The reported annual maternal mortality is per 520 per 100,000 live births. (UNDP Human Development Reports 2003).
h. Under 5 Mortality (per 1,000 births):M-118 F-103 (WHO Country Report 2001)
1.2 HIV/AIDS Statistics

Haiti is the most highly affected country by HIV/AIDS in the Caribbean. The epidemic has been monitored through a sentinel surveillance system testing pregnant women presenting at ante natal clinics. Results from the first survey (1991-1992) showed a crude HIV seroprevalence rate of 2.6% in rural areas and 7.15% in urban areas. The survey looked at 600 women in 4 different sites. The second survey performed in 1995 to 1996 found a rate of 2 to 5% among rural women and 4 to 13% among women living in an urban location. Data from this round of surveillance are still being analyzed by IHE, and so are to be taken with some reservation. The last survey performed in 1999-2000 revealed an overall prevalence rate of 4.52% (SD 2.85% to 6.2%) with 2.91% in rural areas and 6.74% in urban areas. The survey looked at 1,200 women presenting at antenatal clinics at 12 sites, with prevalence rates ranging from 14.1% at urban sites and 2.1% at rural sites. (MOH: Sero prevalence Sentinel Survey for HIV, Syphilis and Hepatitis B Among Pregnant Women, December 2000). In November 2001, Policy Project conducted a workshop to apply the UNAIDS projection models to estimated HIV prevalence among the general population. The range of HIV seroprevalence rates calculated was between 3.71% and 4.7% among pregnant women and between 4.98% and 6.31% in the general population. The number of people living with HIV in Haiti was calculated at between 202,000 and 276,000. The cumulative number of people living with HIV in Haiti was calculated at between 157,710 and 275,742 for the year 2003. The total number of new AIDS cases for the same year was projected to be from 23,714 to 32,853 and the number of deaths from AIDS from 25,493 and 32,532. Source: (MOH: Project Demographic and Projection Epidemiologic, Nov. 2001, pgs. 21-22)

During the same period, Haiti and DR counted for 85% of AIDS cases in the Caribbean. In March 2002, the National Strategic Plan for the Reduction of HIV/AIDS in Haiti (NSP), estimated the current number of HIV infected people at 300,000 persons living with the disease (NSP, March 2002).

With 8.5 million people and 210,000 HIV seropositive people, Haiti has the highest number of persons in the Caribbean and the second highest in the western hemisphere, second only to Brazil with 540,000 seropositive persons (Global Fund Application, June 2002.

a. HIV prevalence in pregnant women: 4.5% (1999-2000 ANC Survey);

b. Estimated number of HIV-infected people: The number of people living with HIV in Haiti was calculated at between 157,710 and 275,742 for the year 2003. The total number of new AIDS cases for the same year was projected to be from 23,714 to 32,853 and the number of deaths from AIDS from 25,493 and 32,532. Source: (MOH: Project Demographic and Projection Epidemiologic, Nov. 2001, pgs. 21-22)

c. Estimated number of individuals on anti-retroviral therapy: 1,712 (GHESKIO: 1,000, and PIH/Cange: 712; as of February 20, 2004)

d. Estimated number of AIDS orphans: 200,000 (UNAIDS)

1.3 Characteristics of the HIV/AIDS Epidemic

The male to female ratio has changed radically from 4:1 in the early stages of the epidemic in the 80's to the current rate of 1:1 (NSP 2002). Today, the most common mode of transmission in Haiti is heterosexual relations. The change in the male female ratio has led to an increased risk of vertical transmission, now the second most common mode of transmission in Haiti. There are 11 seropositive children born every day in Haiti (National Strategic Plan, NSP 2002). Each year, there are more than 251,000 deliveries per year, 64% occur in rural settings. There are approximately 11,300 HIV+ women delivering per year, with 3,970 more babies born infected with HIV/AIDS, more than 11 HIV positive babies per day. Less than 25% of births occur in a health facility (51.4% urban, 10.6% rural). However, an average of 78.8% of pregnant women has at least one ante natal care consultation, effectively accessing the health care system. (PMTCT National Operational Plan). Despite the large number of women who access the healthcare system during pregnancy, only 532 women received anti-retroviral prophylaxis.

Several factors including poor socio-economic conditions, cultural and religious practices that encourage promiscuity, and lack of health infrastructure contribute to high levels of transmission. Knowledge about HIV/AIDS is fairly high, with 98% of men and 97% of women having heard about HIV/AIDS. However, 38% of women and 19% of men are unaware of the disease or think that nothing can be done to avoid it. This lack of information is particularly pervasive in rural areas and among illiterate people. Half of women and 71% of men living in urban areas believe that condom use is a very good way to prevent HIV (DHS 2000).

a. Populations at comparative high risk: commercial sex workers and their clients, adult men, youth (particularly young women), men who have sex with men (MSM)

b. Risk factors related to comparative high risk: multiple partners, unprotected sex, co-infection with TB. Risky sexual behavior is often associated with precarious socio-economic situations of women trading sex for cash or other benefits, or simply being unable to negotiate condom use in sexual encounters with males (often older men).

c. HIV/AIDS prevalence by gender: Data unavailable for males, but estimate 4.5% from most recent surveillance round.

d. HIV/AIDS prevalence by age groups (0-14 yrs; 15-24 yrs; 25-49 yrs): 0-14 yrs: not available, 15-24 yrs 3.5%, 25 – 49 yrs 5.0%. Seventy five percent of reported HIV/AIDS cases are in 25-54 age groups and affect both genders equally (DHS 2000).

e. HIV/AIDS prevalence by urban versus rural: 2.91% in rural areas and 6.74% in urban areas, according to the last round of sentinel surveillance (MOH data)

f. ANC surveillance trends: ANC sentinel surveillance data do not indicate major changes in the epidemic or its urban-rural character over the past 12 years. HIV prevalence among ANC clients has remained roughly 2-3% in rural areas and 7% among urban women, within the range of precision of the data. First round surveillance (1991/1992) HIV prevalence of 2.6% rural and 7.15% urban. Second round in 1995/1996 showed 2 to 5% rural and 4 to 13% for urban women. The last survey in 1999/2000 indicates an overall prevalence rate of 4.52%, with 2.91% in rural areas and 6.74% urban. Data from this last round of surveillance are still being analyzed, and so the apparent overall decrease in HIV prevalence is to be taken with reservation. Updated analysis will be available in April 2004.

g. BSS surveys trends (specify years compared): Preliminary results of Haiti's first BSS, conducted in 2003, suggest low levels of condom use among high-risk groups; 5% for truck the truck divers; 0.4%. for Haitian migrant women working along the border with the DR.

h. DHS surveys trends: The 2000 DHS demonstrates that 14% of women and 23% of men have used condoms during their last casual relationship. The 2000 DHS also reveals that half of the male respondents do not use condoms consistently when having contact with a CSW.

i. HIV/AIDS epidemic projections: The projections made for Haiti showed that there will be a decrease in national HIV prevalence over the coming years. Two scenarios are considered for these projections: a low scenario where HIV prevalence will decrease from 2.55% in 2004 to 1.35% in 2006 and a high scenario where HIV prevalence will decrease from 5.56% in 2004 to 5.19% in 2006.

j. STI statistics: The 2003 BSS reveals that 31% of female 15-24 have reported one sign of STD; 23.1% for the age group 25-49; 25% of truck drivers; 35% for street children 10-29 surveyed in the two main cities of the country. Roughly 15% self medicate, probably due to Haiti's generally poor services. A 1999 study on a sample of 35 institutions conducted by the MOH and supported by the World Bank/IDA has shown that the syndromic approach alone was used for only 4% of symptomatic clients. In 28% of cases the providers wait for lab tests before prescribing any drugs; and most of those patients don't show up for treatment. This study also reveals generally poor quality of clinical STI services and little or no record keeping or referrals.

k. The HIV/AIDS epidemic has contributed to worsen the TB

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Table 2. National HIV/AIDS Response

2.1 National HIV/AIDS Coordinating Body	Type of organization (government, NGO, FBO, OVC) ; purpose of each national coordinating body, and description of membership
Ministry of Health	The fight against HIV/AIDS in Haiti has always been carried out by the Ministry of Health with involvement from various multilateral and bilateral agencies, national and international NGOs, and foreign and national universities. There are 11 departmental districts and coordination units in the country, (1 is the CSAM (Sanitary Coordination of the Metropolitan Area) that encompasses all the metropolitan area of Port au Prince). At each departmental headquarters, there is a Departmental Unit for Management of AIDS Activities; a departmental dialogue table is a newly created body to ensure that activities are coordinated at the community level.
Country Coordinating Mechanism, to support the Global FUND to fight against HIV/AIDS, TB, and Malaria (CCM)	Government –led, to oversee coordination of Global Fund award, and implementation; develop new round GF proposals. (Formerly chaired by First Lady and MOH, but presently par interim by Dr. J.W. Pape) includes INGOs national NGOs, FBOs, MOH HIV/AIDS, and OI Department heads, and HIV/AIDS Coordinating Committee Chair, bilateral and multilateral donors and Global Fund representation PI and SR reps. The CCM has an expanded mandate beyond the coordination of the Global Fund. In Haiti it is responsible to coordinate the implementation of the National Strategic Plan for the Control of HIV/AIDS in Haiti. It tends to play the role for the former CNLS.

National Program against STI, HIV/AIDS (UCC in French)	Created as supra-directional body in MOH to supervise, monitor and evaluate HIV/AIDS programs affecting the public sector, starting with Global Fund. The UCC, the technical coordinating arm of the CCM, shares responsibility with the CCM for the implementation of the National Strategic Plan for the control of HIV/AIDS in Haiti. Chaired by HIV/AIDS Director, with representatives of other relevant Directions—communications, organization of services, M&E, training. *Now supported by USG-funded TA, and thematic advisory clusters.* National Coordination Against STI, HIV/AIDS (CNLS), is a body not currently implemented in Haiti. Instead, with the advent of the Global Fund, the CCM serves to play the role of a traditional National AIDS Program Coordination body CNLS. A CNLS did exist from 1988 to 1991, but was disbanded and not replaced in 1991 due to lack of human and financial resources. From 1996 to 2001, it is the National Coordination against STI, HIV/AIDS that played the CNLS role and was an exclusive entity of the MOH.
Partenaires en Santé (Partners for Health)	Donor group to coordinate HIV/AIDS and other health sector interventions, share information, arrive at innovations, monitor programs. Composed of key multilateral donors (UNAIDS, PAHO, IDB, UNDP, UNFPA, and bilaterals (Canada, USAID, CDC)

2.2 Time Period Covered in National HIV Strategic Plan(s) or document(s)	Title of National HIV Strategic Plan(s) or document(s) that outline priorities and objectives
National Strategy for the Prevention and Control Of HIV/AIDS in Haiti (From:2002 to 2006)	The National Strategic Plan (NSP) document is titled, "Plan Stratégique National 2002-2006 pour la Prévention et le Contrôle des IST et du VIH/SIDA en Haïti". This document describes the scope of the problem and defines the national strategies: a) Strengthening of prevention activities with focus on promotion of safe behavior, STI management, condom social marketing and distribution, blood safety, post exposure prophylaxis (PEP), reduction of MTCT, and implementation of short course ARV regimen. b) Empowerment of vulnerable groups with a focus on fighting against the "juvenilization" (fact that the epidemic attains adolescents and youths) of the epidemic, the feminization of the epidemic, the ethno-cultural environment, and poverty. c) Mitigation of the impact of the epidemic with focus on PLWA management, effects on people infected or affected by HIV/AIDS and strengthening rights of affected people. d) Strengthening the national response capability with a focus on stronger commitment of decision makers, multi-sector coordination, stronger public to private partnership, greater involvement of PLWA in fighting against HIV/AIDS, social mobilization, and resource mobilization In accordance to the National Strategic Plan to control HIV/AIDS in Haiti, employs a strategic framework recommended by UNAIDS, the MOH has identified three primary objectives: 1. Reduce the rate of new HIV infections; 2. Decrease the vulnerability to HIV infection of key target populations; 3. Reduce the impact of the epidemic by maintaining the quality of productive life of affected people.

National Operational Plan for the Prevention of Mother to Child Transmission of HIV/AIDS (From: 2002 to 2008)	National Operational Plan for the Prevention of Mother to Child Transmission of HIV/AIDS (From 2002 to 2006)	
2.3 Major Donor/Partner Organizations	**Primary activities supported that are related to PEPFAR goals**	**Estimated 2004 Budget**
Care and Treatment for HIV/AIDS coordination "Clusters" (PEPFAR Coordination)	7 Clusters of activity formed around the necessary functions to rapidly scale up HAART. The clusters are made up of a MOH lead counterpart, an Implementing Partner, and one or more Donor Organization. These have not been formally adopted by the MOH and were created on December 5, 2003 to assist the MOH/UCC to better coordinate rapid expansion of HAART. The Clusters include: 1. Site Management, Renovation 2. Behavior Change Communications, Community Mobilization 3. Monitoring and Evaluation, Surveillance 4. Clinical Training 5. Laboratory Strengthening, QC/QA 6. Equipment and Commodities Logistics 7. Care for Orphans and Vulnerable Children	Un-funded
PAHO/WHO	PAHO/WHO is a technical cooperation agency working the health sector in the following areas: MCH including Reproductive Health, Child Health, Global Health and Development for Youths and Adolescents, Health Reform, Health Information System, Epidemiology, Water and Sanitation, Malaria, and leads contingency planning efforts in Health-related emergencies.	

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UNICEF	UNICEF is concerned with assisting children and adolescents particularly in devastated areas and developing countries. UNICEF focuses on meeting the basic needs of children and women as well as protecting their fundamental rights in terms of health, education, equality, security, etc. In Haiti, provides routine vaccines, works with children in domesticity, provides for community-based primary education, supports gender equity, and surveillance surveys.	
UNFPA	UNFPA has been active in many development issues. Its main foci are: meeting development goals, improving reproductive health, supporting adolescents and youth, preventing HIV/AIDS, promoting gender equality, securing essential supplies, assisting in emergencies, advancing sustainable development and building support.	
UNDP	Advocates for change and connects countries to knowledge, experience and resources to help people build a better life. Its substantive focus is helping Haiti build and share solutions to the challenges of: democratic governance, poverty reduction, crisis prevention and recovery, energy and environment, information and communication technology, HIV/AIDS. Currently heads effort to create a Poverty Reduction Strategy Paper (PRSP), and is one of GFATM recipients, providing support to a number of sub-recipients.	

UNAIDS	The Joint United Nations Program on HIV/AIDS, UNAIDS, is the main advocate for global action on the HIV/AIDS epidemic. It leads, strengthens and supports an expanded response aimed at preventing transmission of HIV, providing care and support, reducing the vulnerability of individuals and communities to HIV/AIDS, and alleviating the impact of the epidemic. UNAIDS supports a more effective global response to AIDS through: • Leadership and advocacy for effective action on the epidemic. • Strategic information to guide efforts against AIDS worldwide. • Tracking, monitoring and evaluation of the epidemic and of responses to it. • Civil society engagement and partnership development. • Mobilization of resources to support an effective response	
CIDA	Canadian Development Assistance is focused on HIV/AIDS, gender equity and against gender-based violence;, is working primarily in the Artibonite region at project level. Programmatically, CIDA is developing an HIV/AIDS data base, and a plan for HIV/AIDS care and treatment for the Island of Hispanola (Haiti and the Dominican Republic).	
IDB	The Inter American Development bank is projecting a 20 million dollar loan to the MOH to support Health reform in Haiti, and is currently developing a health financing database with mapping	

Gates Foundation	The foundation's Global Health Program is focused on reducing global health inequities by accelerating the development, deployment and sustainability of health interventions that will save lives and dramatically reduce the disease burden in developing countries. In Haiti, the foundation supports the project of Lymphatic Filariasis Elimination, HIV prevention, etc	
Clinton Foundation	The Foundation sent a business volunteer team to Haiti in April through August 2003 to write a Health System Reform proposal, including strengthening the public sector to control and treat HIV/AIDS in Haiti. The Foundation is currently seeking funding for the $250 million Haiti proposal.	
Turner Foundation	In Haiti, the Foundation supports HIV/AIDS interventions targeting Adolescents and Youth through FOSREF and VDH	

The Global Fund to Fight HIV/AIDS, Malaria, and TB	The advent of the Application to the Global Fund to Fight HIV/AIDS, TB, and Malaria, gave birth to the CCM (Country Coordinating Mechanism), which meets regularly and is chaired by the First Lady of Haiti. With the recent departure of the President and First Lady, the CCM itself has elected Dr Bill Pape, GHESKIO Director, as interim Chairperson. The CCM has an expanded mandate beyond the coordination of the Global Fund. In Haiti it is responsible to coordinate the implementation of the National Strategic Plan for the Control of HIV/AIDS in Haiti. It tends to play the role for the former CNLS. The UCC, the technical coordinating arm of the CCM, shares responsibility with the CCM for the implementation of the National Strategic Plan for the control of HIV/AIDS in Haiti. *The Global Fund is coordinating through the* Country Coordination Mechanism CCM. The first round award ($67 million) has two PIs, and supports 17 sub-recipients, including MOH bodies (UCC) and indigenous NGOs. A new award for Malaria has just been approved, and one for TB is under consideration. An application for a second HIV/AIDS submission is in preparation, focused on ARVs and, perhaps, capital infrastructure.	

Table 3. President's Emergency Plan In-Country Coordination and Targets for 2004-2008

3.1 President's Emergency Plan In-Country Coordination

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Within USG:

In November of 2003 a USG HIV/AIDS Coordinating Committee, chaired by the Ambassador, was established to ensure that there will be a multi-sectoral, inter-agency entity for integrated planning, implementation and monitoring of PEPFAR. The core membership includes USAID, CDC, DOD, State, MLO, Peace Corps and Public Diplomacy (PD). For the more technical work involved in drafting, implementing, and evaluating the PEPFAR initiative, CDC and USAID work in close collaboration. Weekly joint staff meetings keep all staff informed on the progress of planning and implementation.

Between USG and other international partners:

- Global Fund: Both CDC and USAID are members of the CCM
- World Bank-MAP: Discussions held with exploratory WB teams in 2003
- Health donor coordination group (Partenaires en Sante) meets monthly

Between USG and host government::

The US Government has excellent relations with the Ministry of Health. Both CDC and USAID meet regularly with the Minister and the HIV/AIDS Control Unit to coordinate USG support to the National Strategic Plan to fight HIV/AIDS. The USG is represented on all technical sub committees ensuring input and coordination on all levels. In addition, the USG provides extensive technical assistance to the Ministry at the central and departmental level to improve capacity, management and coordination of HIV/AIDS programming throughout the country. Both CDC and USAID remain in close touch with the Minister and the HIV/AIDS Coordination and Control Unit (UCC) through individual meetings, as well as through the recently-established Thematic Cluster Groups. Both Agencies have provided in-house TA to the UCC and other entities (lab, HMIS, M&E). USAID, through its major health/AIDS contractor, MSH, provides organizational development and management training to the UCC. CDC and USAID also work with other vertical MOH programs, including Reproductive Health, the National TB Program, HIV/AIDS, Ministry laboratory development, the National Malaria Program; the National Department on Child Health. We will soon be working with the National Institute on Family Welfare of the Ministry of Social Affairs. USAID also consults with the Ministry of Economy and Finance and the Ministry of National Education in support of private micro-credit programs, literacy training, and support to traditional in-school and innovative out-of-school youth training related to health, life skills and HIV/AIDS. Peace Corps volunteers carry out similar work in the education sector at the local level.

Between USG and other in-country organizations (specify):

USAID and CDC work through major partners (contractors/grantees) who in turn support networks of local NGOs, FBOs and CBOs, as well as the Public Sector. Under the President's PMTCT Initiative, and under Track 1.5 of PEPFAR, increased support has been made available to overseas and indigenous FBOs, providing training and renovation in accordance with the public/private partnership model characteristic of USAID's health sector work in Haiti, and in conformity with the National Strategic Plan for Health System Reform. Health indicators in USAID/MSH supported target areas are approximately 57% above the national average, indicating the success of this public/private model.

GHESKIO is an internationally renowned HIV/AIDS research and service delivery organization with a central role in the national strategic plan to fight HIV/AIDS. GHESKIO works in close collaboration with the Ministry and provides technical leadership and quality control for the National program. The USG provides significant support to GHESKIO for the expansion of HIV services nationwide. USG supports administrative reinforcement, training, renovation, technical expertise, logistics, drugs, reagents and supplies.

3.2 President's Emergency Plan Targets for 2004 - 2008							
Target Area	2004	2005	2006	2007	2008	2009	2010
Total # Infections averted	19,500	-	-	-			Total is 122,307
# Infections averted: PMTCT	143	-	-	-	-		Total is 122,307*
# Infections averted: Other (not PMTCT)	18,320 1,037	-	-	-			Total target 122,307*
Total # receiving Care and Support		-	-	-	Total target 125,000	N/A April 2003 to July 2003 * need to total 122,307 **VCT 2003 (53,946 clients, 52 VCT = 1 infection averted) ***56 ARV for PMTCT * .35 infection rate * .5	
# OVC receiving Care and Support	5,000	-	-	-	Total target 125,000*		
# receiving Palliative Care	20,000	-	-	-	Total target 125,000*		
# receiving HAART	1,500 (1,500+)	5,000	10,000	20,000	25,000		

*PEPFAR/Haiti team will complete data modeling using DHS+ from 2004 and ANC data to project targets for FY05 and subsequent years.

Table 4. Implementing Partners, FY 04 Objectives, Activities, Budget

Table 4.1 Prevention of Mother-to-Child Transmission (PMTCT)

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4.1.1 Current status of program in country

Prevention of Mother to Child Transmission is a priority area under the national strategic plan and is the foundation for the expansion into other HIV care and treatment services. The USG strategy for PMTCT implementation builds upon existing systems and compliments efforts of other donors. To date, the USG focus has primarily been to:

- Reinforce the management capacity of central, departmental and local levels of the MOH to effectively plan, coordinate and monitor the implementation of PMTCT activities in integration with other HIV/AIDS/STI and health program activities.
- Reinforce cross cutting interventions such as: drug management, health information, monitoring and evaluation..
- Reinforce service delivery capacity at clinic level (human resources, lab and infrastructure capacity etc.)

The PMTCT activities were based on the initial efforts of USG to implement VCT centers throughout the country. Three years ago, with USAID resources, VCT services were implemented in 13 public and private hospitals throughout the country scaling up the VCT model developed by GHESKIO in Port au Prince. These initial VCT sites have served as reference centers for the confirmation of the diagnosis of HIV/AIDS. USAID and CDC have collaborated to establish 20 functioning VCT/PMTCT sites throughout the country, providing basic lab support and test kits, training for counselors and testing, infrastructure renovations and other equipment and furniture. With Track 1.5 resources, a plan is underway to establish 7 additional PMTCT sites. So far about 10,000 pregnant women have had access to VCT services, with about 300 enrolled in PMTCT services.

In Haiti a vast majority of women seek prenatal services very late in their pregnancy, while 50% of them will do only two prenatal visits and most of them (80%) will deliver at home. This limits opportunities to capture pregnant women for PMTCT services. To increase the coverage of PMTCT services, resources were allocated to MSH and FHI to support strengthening existing PMTCT sites and to extend PMTCT services to 20 other NGO and faith-based sites. With these resources, MSH and FHI have already taken steps to assess and improve infrastructure and human capacity needs in ANC and maternity services. JHU has started to develop tools and implement communication strategies to increase use of prenatal services and to reduce stigma regarding HIV. To ensure continuity of services between the PMTCT clinic sites and the community and home based care, resources were also made available through MSH HS-2004 to reinforce capacity of TBAs, working in its network of 30 NGOs, to provide care and follow up of HIV positive women before and after delivery. Strengthening these community linkages will be critical to improving the reach and quality of PMTCT and other care and treatment services under PEPFAR/Haiti. With these resources plan was made to train at least 1,500 TBAs. More resources are needed to mobilize community agents of various kinds outside of the HS-2004 network to identify infected women and to support new community care initiatives.

The majority of the 27 VCT/PMTCT existing or planned sites fall within USG project network, and so also benefit from improved supervision and "wrap-around" service improvements not financed by PEPFAR. HS2004 has supported improvements in maternity services and community outreach, family planning and STI screening and treatment, childhood vaccinations and treatment for diahhrea, and a broad range of other basic healthcare services. MSH support has also helped improve basic planning and management of peripheral services operated by NGOs and the MOH. Haiti's overall health infrastructure is extremely weak, and lacks much of the basic support elements necessary to roll out even simple HIV-related services. Many health providers also may not view HIV care as their primary task when confronted by large numbers of children dying from vaccine-preventable diseases or simple illness that they may better understand. The AIDS program will be more successful if integrated into those related health services, both to build capacity and to increase enrolment through cross-referrals from services such as TB screening. PEPFAR/Haiti will actively seek to capitalize on existing wrap-around health services and education initiatives across the board, coordinating elements of psycho-social and community support from non-HIV programs wherever possible.

The USG is working to provide technical assistance at the central and departmental level to build capacity in the MOH to improve coordination between the public and private sector, developing departmental plans for the expansion and improvement of HIV service

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4.1.2 How new activities will contribute to PEPFAR targets, linkages to other activities	With the additional resources of Track 2.0, plans are in place to continue to extend and strengthen the existing VCT/PMTCT sites and to extend services to 13 additional sites that will be able to reach at least 30,000 pregnant women and their families. Improved quality and follow-up will increase uptake and client satisfaction with these critical services. Reinforcing the health service delivery infrastructure related to HIV screening and ante-natal care will also accelerate the expansion of HAART services for achievement of treatment targets.

4.1.3 Existing activities, initiated prior to FY 04

Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount ($)	Budget Source (Base, PMTCT, S/GAC)	Track (1, 1.5, 2)
JHU New partner? No FBO? No	Increase the number of pregnant women seeking prenatal services, and decrease drop out from PMTCT services by 25%.	Provide TA to develop norms and standards for social and mobilization and communication including ANC/ PMTCT services promotion. Develop training curricula based on these new norms and standards. Train trainers in social mobilization, and support cascade-style training of community health workers for community mobilization. Conduct mass media campaign to promote awareness of MTCT.	USAID		PMTCT	1.5

FHI New partner? No FBO? Yes FBO sub-grantees: Food for the Poor, World Relief, Armee du Salut, HHF, Hopital Lumiere de Bone Fin , POZ	Infrastructure, human capacity, and quality assurance will be reinforced in 40 sites to integrate PMTCT services in ANC and maternity services.	Assessment and renovate minor infrastructure in 40 PMTCT centers and provide a minimum package of equipment and supplies. (27 existing and new sites under Track 1.5, plus 13 new sites under track 2) Training and retraining of health professionals and counselors at all PMTCT centers (about 120). Develop supervision and quality control of service delivery and support monthly supervision visit of all PMTCT sites. Facilitate monthly meeting with PMTCT sties to discuss lessons learned and QA issues.	USAID		PMTCT	1.5
MSH HS-2004 New partner? No FBO? Yes FBO sub-grantees: CBP, Hopital Claire heureuse, Hopital de fermathe Centre de sante Rosalie Rendu, FOCAS, HHF, ICC, MEBSH, Centre de sante Pierre payan, Hopital St Croix, Centre de sante Leon Coicou, Centra de Sante de Sainte Helene, AEADMA	Reinforce management capacity of MOH and NGOs at central, departmental and local level.	Train 1,500 TBAs in MTCT principles to improve outreach and community care. Train 500 institution-based network providers of services in MTCT. Develop management guide for standardization, service integration and coordination, and provide TA to strengthen management capacity at 27 existing and planned VCT/PMTCT sites and 5 HAART centers of excellence. Develop guidelines for basic performance monitoring and train staff	USAID		PMTCT	1.5
AED/LINKAGES New partner? No FBO? No	Train health professionals in 40 PMTCT centers infant feeding related to PMTCT.	TA to adapt norms, standards and curricula. Train 80 health providers in infant feeding and PMTCT.	USAID		PMTCT	1.5

4.1.4 Proposed new activities in FY 04

Partner	FY04 Objective	Activities for each objective	Agency	Budget
I-TECH New partner? YES FBO? No **FHI** New partner? NO FBO? Yes FBO sub-grantees: Food for the Poor, [redacted] Armee du Salut, HHF, [redacted] POZ	**Adopt a harmonized approach and manual for integration of VCT/PMTCT services.**	FHI: Provide TA to collect information, share best practices, and develop a conceptual model for integration of VCT/PMTCT services I-TECH, in collaboration with the country team and FHI, identify consultants to update norms, standards and curricula and training materials based on new conceptual model. Hold workshop for 50 public health professional to validate tools developed I-TECH: Reproduction of training materials, user guides, and operational handbooks to support the conceptual model for VCT/PMTCT service integration (instructors guide, participant guides, cue cards, wall charts, etc.)	CDC	[redacted] (FHI) [redacted] (I-TECH)
MSH HS2004 New partner? No FBO? Yes FBO sub-grantees: CBP, Hopital Claire heureuse, Hopital de fermathe Centre de sante Rosalie Rendu, FOCAS, HHF, ICC, MEBSH, Centre de sante Pierre payan, Hopital St Croix, Centre de sante Leon Coicou, Centra de Sante de Sainte Helene, AEADMA	**Increase human capacity of 40 PMTCT sites.**	Hire and train 120 VCT/PMTCT counselors and care givers in 40 sites. (27 existing and new sites under Track 1.5, plus 13 new sites under Track 2).	USAID	[redacted]

MSH HS2004 New.partner? Yes FBO? Yes FBO sub-grantees: CBP, Hopital Claire heureuse, Hopital de fermathe Centre de sante Rosalie Rendu, FOCAS, HHF, ICC, MEBSH, Centre de sante Pierre payan, Hopital St Croix, Centre de sante Leon Coicou, Centra de Sante de Sainte Helene, AEADMA	**Maternity services of all 40 PMTCT services will be reinforced with adequate equipment and trained personnel**	Needs assessment and procurement of equipment for 40 PMTCT centers. Adapt training material in maternity care in the context of PMTCT and train staff	USAID

Total partners:	5	New partners:	1	FBOs:	2	Total budget:	

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Table 4.2	Abstinence and Faithfulness Programs
4.2.1 Current status of program in country	Adolescents under 19 represent 63% of Haiti's population. And recent surveys show that 60% of young males and 36% of young females reported having their first sexual contact before 15 years of age. A shocking 90% percent of street children are sexually active and 75% had commercial or casual sexual contacts during the last twelve months (40% did not use condoms in their last contact with CSWs). With the majority of HIV infection through sexual contact, young people therefore represent an important target group to promote responsible, protective behaviors. All 27 institutions providing VCT/PMTCT with support from the USG already carry out community outreach programs for maternal/child health (MCH) promotion using non-PEPFAR funds. These "wrap-around" activities provide an important platform from which PEPFAR-funded activities will achieve greater impact in less time than if the program were to begin in isolation. Most USG partners are actively designing and disseminating AB messages, especially targeting youth, but also other cohorts. Mass media and FBO approaches (in-church training and outreach, abstinence vows, etc.) are all being designed and put into practice. Outreach workers conduct activities to increase awareness of MCH problems as well as HIV/AIDS, the benefits of VCT, and risk-reducing behavior such as abstinence, condom use, and limitation of sex partners. PEPFAR/Haiti will seek to strengthen these existing community outreach networks and harmonize communication approaches. FOSREF also sponsors youth-focused messages to promote responsible behavior and decision-making. Community mobilization activities are conducted by community groups trained by MSH and Johns Hopkins University (JHU) and supported by the health facility. Several MSH sub-grantees are faith-based organizations with strong ties to youth-centered activities in their communities, presenting opportunities to accelerate both behavior change and palliative care interventions. The Haitian associations of Catholic, and of Protestant churches have requested assistance and support to organize discussion for to educate clergy and parishioners about AIDS and how to promote safe behavior. FHI has guidance and support to both groups at their own request, and is enthusiastic to continue building their capacity to inform and educate their communities about practical AB strategies. World Relief has been awarded a grant under Track 1.0 to further expand life skills counseling for youth through the network of Protestant churches.

4.2.2 How new activities will contribute to PEPFAR targets; linkages to other activities	Effective communication interventions will encourage adolescents and youth to adopt risk-reducing behavior and prevent new infections, and interventions will have content/messages aimed at youth using methodologies appropriate to that target group. Training members of FBOs and clergy, coupled with dissemination of practical, culturally appropriate educational materials and counseling guides, will empower Haiti's extensive network of FBOs to encourage adoption of AB behaviors. These safer behaviors will reduce risky sexual encounters, and new HIV infections. Increasing the number and types of venues through which A and B messages are disseminated, such as church youth groups, other community groups, as well as improving the targeting of messages themselves, should substantially enhance the value of AB BCC and other prevention campaigns already in place using print, audio, local radio, TV, video, film and other media. The Cluster will continue to work with the MOH to try to coordinate and harmonize messages disseminated through peer counseling, referrals, at clinical and non-clinical sites, so as to maximize impact and linkages to existing programs, including both clinic and community-based testing and counseling, and treatment programs.

4.2.3 Existing activities, initiated prior to FY 04

Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount ($)	Budget Source (Base, PMTCT, S/GAC)	Track (1, 1.5, 2)
JHU New partner? No FBO? Yes Will work with FBO sub-grantees	AB promotion messages transmitted to 20,000 adolescents and young people.	Develop and disseminate AB promotion strategy and BCC materials for parents. Sponsor "Town meetings for HIV" and other community events with media coverage organized. Media coverage of model communities, leaders, services and model citizens done to inspire continued positive community care and support actions and to motivate new audiences to adopt similar practices. Train musicians and radio DJs in HIV/AIDS prevention messages and promotion of positive youth behavior. Actual behavior change will be measured in by future rounds of behavior surveillance surveys (BSS) using the 2003 BSS as baseline.	USAID		Base	1.5

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Word Relief New partner? No FBO? Yes	Empower youth to make responsible decisions about their sexual life.	Life skills training for youth through protestant church networks, to promote responsible behavior and decision making.	USAID	$0	S/GAC	1.0
American Red Cross New partner? Yes FBO? No	Empower youth to make responsible decisions about their sexual life.	Train youth leaders to promote responsible behavior among peers. (Expand the "Together We Can" program)	USAID	$0	S/GAC	1.0

4.2.4 Proposed new activities in FY 04

Partner	FY04 Objective	Activities for each objective	Agency	Budget
FHI New partner? No FBO? Yes FBO sub-grantees:	Reach 5,000 additional youth with AB messages	Train and provide exchange for NGOs to share experiences from successful program models to promote responsible behavior (POZ and other NGOs in Haiti).	USAID	
PSI New partner? No FBO? No	Empower 400 girls to negotiate protective behavior in high-risk sexual encounters.	Develop and disseminate messages targeted toward girls engaged in transactional sex. Train youth leaders and peer educators to teach girls to negotiate risky sexual encounters.	USAID	
MSH HS2004 New partner? No FBO? Yes FBO sub-grantees: CBP, Hopital Claire heureuse, Hopital de fermathe Centre de sante Rosalie Rendu, FOCAS, HHF, ICC, MEBSH, Centre de sante Pierre payan, Hopital St Croix, Centre de sante Leon Coicou, Centra de Sante de Sainte Helene, AEADMA	Reach 20,000 young people in 6 Departments with messages to promote abstinence and faithfulness.	Conduct a sub-national media campaign (6 of 10 Departments) to promote risk-reducing behavior among young people. This campaign will be focused on zones where other community education and counseling activities are present, to link with peer counseling and specific youth-centered services.	USAID	
[redacted] New partner? No FBO? No	Increase BCC capacity within MOH and local and faith-based NGOs	Train 100 staff in partner organizations in BCC/IEC focused on youth (specialists, but also members of community groups, youth groups, etc)	USAID	

MSH HS2004 New partner? No FBO? Yes FBO sub-grantees: CBP, Hopital Claire heureuse, Hopital de fermathe Centre de sante Rosalie Rendu, FOCAS, HHF, ICC, MEBSH, Centre de sante Pierre payan, Hopital St Croix, Centre de sante Leon Coicou, Centra de Sante de Sainte Helene, AEADMA	Strengthen NGO network BCC capacity	Train and ensure supervision of 300 community peer counselors within the HS2004 network in 8 Departments.	USAID

Total partners:	6	New partners:	1	FBOs:	4	Total budget:	

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Table 4.3.2	Blood Safety
4.3.1 Current status of program in country	In Haiti, there is a direct priority in the NSP to address Blood Safety. The National Blood Transfusion Service (NBTS) under the arm of the Haitian Red Cross (HRC) has a distinguished experience of providing safe blood to the population of Haiti since 1986, when the Ministry of Health (MOH) assigned to the HRC the responsibility of blood collection and storage services in the country. The NBTS maintains 8 blood transfusion centers (2 in Port Au Prince and 6 in regional centers) throughout the country accounting for 9351 units of blood collected in year 2003. There is 100% testing of blood units for HIV, 82% for HBsAg, and 95% for HCV and syphilis respectively at the National Blood Transfusion Center (NBTS). At the regional transfusion services, all blood units are tested for HIV, HBsAg, and syphilis, but none are tested against HCV. The prevalence of infectious markers among blood donors recruited by the Haitian Red Cross is 2.3% for HIV, 4.3% for HBsAg, 0.56% for HCV, and 1.82% for syphilis. Although the NBTS has a facility to separate blood components, blood units are not separated due to the lack of trained staff, updated equipment, and appropriate storage of blood components. All patients receive transfusion of whole blood. The NBTS/HRC is a budgetary unit within the MOH and its employees are MOH employees. Currently, there are no national approaches, regulations, legislation or guidelines to attain satisfactory level of safe blood transfusion services in Haiti. With under 8 million inhabitants, Haiti has the lowest blood donor rate of 0.76 units per 1,000 populations. So far, the majority of blood donors are from families of patients who need blood transfusion (>90%). A very small proportion of blood donors are voluntary and unsolicited (<10%). Indications for blood transfusion in Haiti pertained primarily to surgical, obstetric, medical or pediatric services. At the NBTS in Port Au Prince, the training module on universal precautions required for safe blood collection and storage is being offered to nurses who are newly employed. The NBTS is depending heavily on GHESKIO, serving as a technical support institute for the training of the NBTS laboratory technicians for laboratory screening of HIV, hepatitis, and syphilis. There are no other courses offered for other NBTS staff due to limited funding. HRC estimates that the number of blood unit needed for an adequate supply for Haiti should be 4 times greater than the blood collected last year (9351 x 4 = 37,404 units). Quite often there is a shortage of blood supply in Haiti. Once this occurs, the NBTS arranges a mobile blood drive in certain communities such as universities, select corporations, etc. Such blood drives have increased the blood supply slightly. Due to certain beliefs and other factors, it is uncommon for Haitians to voluntarily donate blood.
4.3.2 How new activities will contribute to PEPFAR targets; linkages to other activities	PEPFAR/Haiti will assist the MOH to develop national guidelines for blood transfusion and to serve as a regulatory body to ensure the highest level of safe and adequate blood supply in Haiti at both public and private health sectors. The proposed PEPFAR activities will strengthen blood transfusion services in Haiti through four levels of activities; 1) the regulation and coordination body (MOH), 2) ensuring high quality services (HRC) with QA/QC program supported by GHESKIO, 3) training (MOH/HRC), and 4) promotion of blood donations (PSI). These concerted actions will provide increase of the number of safe blood supply to meet the demand in Haiti, thus averting new HIV infections related to unsafe blood transfusion.

4.3.3 Existing activities, initiated prior to FY 04

Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount ($)	Budget Source (Base, PMTCT, S/GAC)	Track (1, 1.5, 2)
HRC New partner? Yes FBO? No	**Upgrade infrastructure of blood transfusion services (BTS) in Haiti**	Conduct needs assessment and renovations of blood transfusion services. Provide essential equipment and reagents. Renovate blood transfusion centers and provide essential equipment. Train staff in basic safe blood handling and transfusion management. [redacted] track 1.0)	CDC	[redacted]	S/GAC	1.0
HRC New partner? No FBO? No	**Improve knowledge in blood safety for blood transfusion staff and blood transfusion prescribers**	Hire and train staff to support national blood safety program. Identify skills gaps and train existing HRC staff in blood transfusion staff in improved blood safety. Provide TA to develop guidelines and National external quality assurance (EQA) for blood safety	CDC	[redacted]	S/GAC	1.0
HRC New Partner? No FBO? No	**Establish QA/QA program for blood safety**	Provide QA/QC services to all blood transfusion services (public and private) Establish External Quality Assessment Program (proficiency testing panels) and retest 10% of samples and all positive (sub-contract with GHESKIO)	CDC	[redacted]	S/GAC	1.0
PSI New partner? No FBO? No	**Increase numbers of blood donations**	Conduct media campaign to promote blood donations.	CDC	[redacted]	S/GAC	1.0

Tulane University New Partner? No FBO? No	**Strengthen communication and data management for blood safety program.**	Install database software at all blood transfusion centers/posts Install satellite data collection sites and 2-way radios to create effective communication system	CDC	S/GAC	1.0
CDC/TBD New partner? No FBO? No	**Provide TA to MOH in blood safety**	Atlanta-based cooperative agreement for technical assistance.	CDC	S/GAC	1.0

4.3.4 Proposed new activities in FY 04

Partner	FY04 Objective	Activities for each objective	Agency	Budget

Total partners:	4	New partners:	1	FBOs:	0	Total budget:	

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Table 4.4:	Safe Injections and Prevention of Other Medical Transmission of HIV
4.4.1 Current status of program in country	This program is much needed, since there are few reliable systems and facilities in existence to date to guarantee injection safety and to prevent other medical HIV transmission, including through incorrect disposal of medical waste of all kinds. It is estimated that dirty needles account for roughly 10-20% of HIV infections in Haiti. Further, due to lack of funding, many public-sector departmental level reference hospitals currently lack mechanized facilities for washing and sterilizing sheets, towels, instruments, and other equipment. The MSH HS2004 project has constructed simple incinerators in a number of health facilities within its network, and trained providers in infection prevention techniques, but much remains to be done. Medical waste dumps around many health centers represent serious health hazards. In the private sector health marketplace, "injectionists" abound who are paid by patients to inject the drugs (antibiotics, vaccines, etc) prescribed by physicians and purchased at public or private-sector pharmacies. There are presently no controls whatever on such practitioners, whether "modern" or "traditional".
4.4.2 How new activities will contribute to PEPFAR targets, linkages to other activities	This initiative will increase the occupational safety of Haiti's health workers, themselves at high risk of infection through medical sharps, and decrease the risk of infection with HIV and a barrage of other diseases by community members who come into contact with discarded materials by rendering them harmless. Provision of needles in sufficient quantities for safe disposal after HIV-related services will also reduce dangerous re-use and further possibilities of infection.

4.4.3 Existing activities initiated prior to FY 04

Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount ($)	Budget Source (Base, PMTCT, S/GAC)	Track (1, 1.5, 2)

John Snow Inc. (JSI) New partner? No FBO? No	**Establish a Safe Injection program in Haiti to decrease HIV infection**	Provide technical guidance to MOH and NGO health centers on hospital-based infections. Develop and disseminate guidelines for occupational post-exposure prophylaxis (PEP) for HIV to all health workers. Develop appropriate curriculum and train health workers in bio-safety, safe injections, and universal precautions, including post-exposure prophylaxis (PEP). Provide appropriate safe needles, syringes, and gloves to selected health centers. Install safe disposal of needles, sharps, and medical waste Create accidents and Needle-sticks injury reporting system, and assure availability of antiretroviral drugs for PEP and make it known to health care personnel at each site where the drugs are kept. ($1,000,000 Track 1.0)	CDC		S/GAC	1.0

4.4.4 Proposed new activities in FY 04

Partner	FY 04 Objective	Activities for each objective	Agency	Budget

Total partners:	2	New partners:	0	FBOs:	0	Total budget:	

Table 4.5 Other Prevention Initiatives (e.g., provision of condoms, control of STIs, high-risk groups)

4.5.1 Current status of program in country

Sexual transmission accounts for about 80 to 90% of all HIV cases in Haiti. Mother to child transmission, blood transfusion and medical transmission (by dirty needles, etc) account for the remaining 10 to 20% of cases. Since injecting drug use is rare in Haiti, it is not an important factor in HIV transmission. Condom use among Haitian migrants in the Dominican Republic is only around 0.4% for women, and 10% for men. Nearly one fifth (19.8%) of men had commercial or casual sexual contacts during the last twelve months, and almost half of them did not use condom during their last contact with a CSW. Increased correct and consistent condom use is a priority goal for PEPFAR and the Haitian National AIDS Strategic Plan. Other prevention (non-AB) therefore focuses largely on condom promotion and targeted screening and treatment of Haiti's high level of sexually transmitted infections (STIs).

PSI operates a social marketing program with annual sales of over 10 million condoms and increasing, and they are available in virtually every town in the country, though data show that men are more likely to use them in perceived high risk encounters (non-regular partners) than in stable relationships. To achieve greater impact on the epidemic, therefore, condom promotion is becoming more targeted to specific risk groups and paired with education for behavior change. Counseling to more effectively negotiate non-consentual or risky sexual encounters is now a central component of many youth-centered AIDS prevention interventions (under AB - or abstinence and be-faithful activities). Other condoms are also made available for free distribution through MOH and other health clinics through family planning and STI services.

Three organizations, FORSREF, VDH, and PSI have become models in providing clinical and counseling services through a client-centered approach to high-risk groups in an increasing coverage area of Haiti. Clinical services linked with peer education, and holistic counseling are aimed to empower youth to take charge of their own responsible sexual and overall life decision-making. FORSREF and VDH support existing community youth groups, while PSI has created new youth clubs, "Club Cool", around the idea responsible sexual behavior. FORSREF is building capacity to provide technical assistance to other organizations or communities willing to support youth programs. To reach the high-risk population of Haitian migrant workers in the neighboring Dominican Republic (DR), FHI and PSI are targeting behavior change interventions in Creole in barrios in the DR with large numbers of Haitians, and collaborating with their sister programs in Haiti to ensure consistent cross-border messages counseling approaches.

Several years ago, Haiti adopted the syndromic approach for management of STIs. Treatment algorithms, training and demonstration materials were developed, providers trained, and drugs for treatment were made available. But the rapid decay of the health infrastructure and the brain drain that the country has known during those last years have depleted the technical, material and human resources available for this program. PEPFAR/Haiti will re-invigorate this program, beginning by updating the clinical treatment algorithms based on current international assessments of the syndromic approach. Providers in mainstream services will be trained and supervised in improved STI treatment, as well as active integration with other clinical services (e.g. ANC, family planning, child immunization, and other entry points for sexually active women) to capture more STI cases.

As with condom promotion, some services will also be targeted specifically at high risk clients, particularly CSWs. Though 65% of CSWs attending the GHESKIO clinics tested positive for HIV in 1992, few specific services were established for this group. FORSREF has now started 2 Port au Prince clinics catering to CSWs, offering STD screening and treatment, HIV testing, condom distribution, counseling and psychosocial support. With the ongoing deterioration of Haiti's economic and the social environment one could expect a surge in commercial sex activities and subsequently an increase in the spread of the HIV. PEPFAR will support creation of other client-friendly clinics for this high-risk group. Current plans include improving and multiplying client-centered fixed facilities, but the PEPFAR/Haiti team will also consider transforming some planned services into mobile clinics if appropriate for the target CSW or other high-risk client group.

As with all other care and treatment services, PEPFAR/Haiti will use and expand the extensive network of community outreach agents and peer educators to recruit and maintain clients for these services. These activities will link to the cadres of outreach workers to be trained

4.5.2 How new activities will contribute to PEPFAR targets, linkages to other activities	With sexual transmission accounting for the bulk of HIV infections, interventions targeted at changing sexual behavior among specific high-risk groups are therefore expected to reduce national transmission rates. Active condom promotion to groups with multiple sexual partners, such as CSWs and their clients, will also decrease HIV transmission. Data from Haiti indicate more consistent condom use in sexual encounters perceived to be higher risk, so this targeted promotion strategy is expected to have a greater impact on overall transmission rates than the traditional mass marketing campaign. Additionally, STIs are known to facilitate sexual HIV transmission. Aggressive STI screening and treatment with improved guidelines, particularly among high-risk groups, will also decrease secondary infections. Also, STI clients will routinely be referred (accompanied if feasible) to HIV testing and counseling services, either in the same facility or at the nearest community site. Purposefully co-locating outreach and health education networks, VCT, and various other services will increase capture of clients currently missing opportunities for much-needed care. This will be a fundamental theme of PEPFAR/Haiti.

4.5.3 Existing activities, initiated prior to FY 04

Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount ($)	Budget Source (Base, PMTCT, S/GAC)	Track (1, 1.5, 2)
UTAP-UNC New partner? NO FBO? No	**Decrease HIV transmission through effective treatment of STIs among HIV-infected people.**	Update and validate protocol of STI syndromic treatment algorithm and draft national guidelines for MOH approval.	CDC		S/GAC	1.5

4.5.4 Proposed new activities in FY 04

Partner	FY04 Objective	Activities for each objective	Agency	Budget
FHI New partner? NO FBO? Yes FBO sub-grantees: Food for the Poor, [redacted] Armee du Salut, HHF, [redacted] POZ	**Establish three CSW clinics, one in Les Cayes, one in Jacmel, one in Petion-ville to provide essential VCT and clinical treatment services to 300 CSWs.**	Needs assessment and renovation clinic space. Provide basic equipment and supplies, including BCC materials. Hire and train clinicians, counselors/social workers and peer educators. Support ongoing operational costs. (Probable sub-grants to FORSREF and Konesans Fanmi)	USAID	[redacted]

MSH HS2004 New partner? NO FBO? Yes FBO sub-grantees: CBP, Hopital Claire heureuse, Hopital de fermathe Centre de sante Rosalie Rendu, FOCAS, HHF, ICC, MEBSH, Centre de sante Pierre payan, Hopital St Croix, Centre de sante Leon Coicou, Centra de Sante de Sainte Helene, AEADMA	**Expand community outreach programs to 20 new communities where HIV clinical care services exist.**	Train and provide BCC materials to local NGOs groups to promote VCT and enrollment in available treatment programs to at risk youth, commercial sex workers, mobile men and others. (Different NGO partners will target specific risk groups, depending on their capacity and affinity. Probable sub-grants to Konesans Fanmi and other local organizations)	USAID	
PSI New partner? No FBO? No	**Increase condom use with non-regular sex partners.** (as reported in annual behavior surveillance survey). Reach 15,000 high-risk clients with condom promotion messages and physical access.	Conduct BCC campaign for condom promotion targeting high risk groups (CSWs, youth, truck drivers, and others). Use various media and local face to face communication channels to reach audience. PSI currently has 20 million condoms in-country. USAID will therefore not move immediately to procure additional stocks. USG will try to recruit other donors to buy condoms)	USAID	

Total partners:	3	New partners:	0	FBOs:	0	Total budget:	

	Voluntary Counseling and Testing
4.6.1 Current status of program in country	*Voluntary counseling and testing has been identified as a priority in the NSP. It is a critical part of the CDC and USAID Haiti strategy as it* is the base upon which the PMTCT has been built and around which the care, treatment and prevention program is being built. Three years ago, with USAID resources, VCT services were implemented in 13 public and private hospitals throughout the country scaling up VCT model developed by one of our NGO partner, GHESKIO. With additional resources from the Global Funds, the number of VCT sites was extended to 23. Two years ago, the VCT centers served as the basis to launch the USG PMTCT initiative in the country. To date, roughly 40,000 people sought VCT services from the current 23 sites. National VCT Guidelines and curricula have been developed and resources made available through GHESKIO to train counselors in a centralized training site in Port-au-Prince and to build a supervision mobile team that ensures learning objectives are being achieved in the field. Despite these achievements, recent evaluation of the VCT centers had shown that VCT services need to be strengthened. VCT services have been too medicalized. They have primarily served as a reference center to confirm the diagnosis of HIV/AIDS and, recently with the integration of PMTCT, to screen pregnant women for HIV. Current VCT services do not target risk groups, and are generally available at the convenience of the providers, rather than the clients. A modest number of new client-centered VCT services will be established to target specific core transmitters, including CSWs and youth. FHI, MSH, and PSI will all create new VCT centers in 2004, in different locations and for target groups according to their network partners and affinities. This year's PEPFAR resources will permit only modest scale-up this component, but will set the stage for more expansion in FY05. The PEPFAR program will address these gaps to better target high risk groups, improve VCT service quality (particularly counseling and outreach) and integrate VCT with other related health and HIV-related services. JHU is updating VCT norms and standards to integrate into ANC and other "mainstream" services as a routine, "opt-out" component. Additional resources will be needed to adapt VCT training curricula and materials to new norms and standards. JHU and other partners are also working to mobilize potential clients around specific VCT sites to increase usership, and stimulate referrals to and from other care and treatment services (PMTCT, HIV clinical care, ARV etc.). Planning is underway to update tools in this area and to develop department al and local plans for the implementation of activities.

4.6.2 How new activities will contribute to PEPFAR targets, linkages to other activities	PEPFAR/Haiti will continue to support the strengthening and expansion of VCT services to target the general population and high risk groups. Eleven new VCT sites will be established under Track 2 to target around 60,000 new VCT clients. VCT services will be decentralized and de-medicalized to target more people and to allow more quality counseling and increased integration with community support systems. New VCT outside of clinics will present more accessible and acceptable services, particularly to those potential clients who feel embarrassed to be seen visiting a health clinic. These VCT services may be embedded in other community activities, such as youth drop-in centers, or discrete venues for CSWs and clients to be tested when and where those risky sexual encounters are initiated. VCT services better integrated with other HIV-related services like TB, ante-natal care and others within health facilities, and out in the community will increase the number of people tested, and directly feed the recruitment for the expanding range of care and treatment services in Haiti. As always, co-location of these related and inter-dependent services will multiply the quality and impact of PEPFAR interventions, and accelerate achievement of 2-7-10 goals.

4.6.3 Existing activities, initiated prior to FY 04

Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount ($)	Budget Source (Base, PMTCT, S/GAC)	Track (1, 1.5, 2)
HCP/JHU New partner? No FBO? No	**Revise norms and standards for VCT.**	Provide TA to revise VCT norms and standards. Conduct validation workshop to build ownership, and seek MOH approval.	USAID		Base	1.5

4.6.4 Proposed new activities in FY 04

Partner	FY04 Objective	Activities for each objective	Agency	Budget

FHI New partner? No FBO? Yes FBO sub-grantees: Food for the Poor, [redacted] Armee du Salut, HHF [redacted] POZ	**Establish 2 additional VCT sites in health centers.**	Renovate sites as needed. Provide basic equipment and supplies, including BCC materials. Hire and train staff (social worker and 1 counselor per site). Support ongoing operational costs. Train VCT counselors in interpersonal communications, and lab technicians in use of HIV rapid tests. Provide TA and additional training in service integration for related referral services. (refer risk clients from other clinic services – TB, STI, etc). Counsellors' skills will be built to provide quality pre- and post-test counseling, and that this intervention will include follow up support and mentoring to the counselors, once trained	CDC	[redacted]
MSH HS-2004 New partner? No FBO? Yes FBO sub-grantees: CBP, Hopital Claire heureuse, Hopital de fermathe Centre de sante Rosalie Rendu, FOCAS, HHF, ICC, MEBSH, Centre de sante Pierre payan, Hopital St Croix, Centre de sante Leon Coicou, Centra de Sante de Sainte Helene, AEADMA	**Establish 5 VCT services in health centers and 2 at the community level (in non-medical settings), targeting high risk groups.**	Renovate and equip 7 new VCT centers: 5 in health centers and 2 in non-clinical settings. Provide basic equipment and supplies, including BCC materials. Hire and train staff (social worker and 1 counselor per site). Support ongoing operational costs. Sites in health centers will ensure integration with other clinical services, including TB/infectious disease screening, ANC and reproductive health, and others. Non-clinical sites will be situated and operate to be most convenient to targeted risk groups (night services for CSWs, truck stops, etc). Develop logistics plan for each site (transport, communication, equipment and material). This strategy may include one or more mobile clinics. Train VCT counselors in interpersonal communications, and lab technicians in use of HIV rapid tests. Provide TA and additional training in service integration for related referral services. (to refer risk clients from other clinic services – TB, STI, etc).	USAID	[redacted]

PSI New partner? No FBO? No	Establish 2 functioning VCT services at the community level (in non-medical settings), targeting risk groups.	Renovate and equip 2 new VCT centers in non-clinical settings. These sites will be situated and operate to be most convenient to targeted risk groups (night services, truck stops, etc). Develop logistics plan for each site (transport, communication, equipment and material). This strategy may include one or more mobile clinics. Train VCT counselors in interpersonal communications, and lab technicians in use of HIV rapid tests.	USAID	
PSI New partner? No FBO? No	Train 2,000 community agents and opinion leaders to promote use of VCT services in target areas.	Identify and train community leaders, including training of trainers to mobilize potential VCT clients to use local VCT services and follow-up individuals (infected and non-infected) after testing. Promotion will include local peer counselors, street theatre, and other local communication media.	USAID	

Total partners:	4	New partners:	0	FBOs:	1	Total budget:

Table 4.7	HIV Clinical Care and Support, Prevention and Treatment of TB and Other OIs (non-ART)
4.7.1 Current status of program in country	In Haiti, between 15 to 40% of TB patients are co-infected with HIV. At management and operational level, there is no integration between the HIV/AIDS and TB care and treatment activities. With support from USAID, 1/3 of health institutions are delivering TB/DOTS services through which HIV/AIDS care and treatment could be integrated. Actually new additional resources from the Global Funds are secured to extent TB/DOTS services to all health institutions, prioritizing marginalized urban areas with high burden of Tuberculosis and also HIV/AIDS. The success of the TB program was based on a good leadership of the MOH and continuous technical and financial support of donors to issue and disseminate norms and guidelines, to provide drugs and to ensure continuous training, program coordination and follow up. USG will draw on this success to implement HIV clinical care activities. Although HIV clinical care has been identified as a priority for the MOH and USG, very few activities have been undertaken at national level to provide quality clinical care to HIV/AIDS patients. Most of the health facilities lack technical and logistic capacity to deliver care to HIV/AIDS patients. In general, this is due to the overall deficiencies in the health system to issue national guidelines, to procure necessary inputs and ensure good program management. At two NGO sites, GHESKIO and PIH, initiatives were taken to implement successful models for HIV clinical care integrated with Tuberculosis prevention and treatment program. These models have served as a basis to implement ARV treatment in these sites. These models could be used for extension of HIV clinical care. Also, over the last three years, with the efforts of USG to expand VCT services to more health facilities, steps were taken to establish a more purposeful approach to clinical care for HIV/AIDS patients at the VCT center, with treatment of opportunistic infections (OIs) and ensuring patient follow up. Recent follow up of VCT activities has shown that the HIV clinical services are still poor due to the lack of integration of these services into other services such as internal medicine, STI and TB services. FHI has assisted the MOH and partners develop national guidelines for HIV/AIDS clinical care and treatment based on the different tools experienced in the country. Under this program, these guidelines will be disseminated to providers through decentralized training for improved care. I-TECH will update remaining needed training materials and to develop a consolidated training plan. Additional resources will be needed to reinforce infrastructure clinical training capacity to cover the operation costs for the training and on the job follow up training. MSH HS-2004 resources were made available to start addressing the gaps for the implementation of integrated HIV/TB care and treatment, and MSH was recently mandated by the MOH to develop and validate national protocol for HIV/TB co-infection. MSH resources should reinforce services in its network of NGOs to ensure effective integration of TB/HIV. Additional resources will be needed to purchase additional HIV tests kits for about 10,000 TB patients. Additional resources will also be needed for the screening of TB among HIV patients (PPD test, X-ray equipment and material). RPM will purchase OI drugs needed for non-ARV care. TB drugs are normally secured through existing TB funds. However, Track 2 funds will buy additional OI drugs and INH for the prevention of TB among HIV/AIDS patients.

4.7.2 How new activities will contribute to PEPFAR targets, linkages to other activities	Activities in this section are designed to directly address 2-7-10 goals by placing larger numbers of tested PLWHAs on treatment. With PEPFAR new resources, the USG will continue strengthening the health systems to make HIV clinical care services available at all level. Emphasis will be on pursuing the efforts to integrate HIV/TB care and treatment services, to improve human, logistic and lab capacity, to procure necessary drug to prevent and treat OI (including TB). The overall HIV clinical care services will be based on a reference and counter reference system throughout the different levels of the healthcare system. The reinforcement of clinical services will serve to provide HIV care and treatment to women and children enrolled in PMTCT services in the context of PMTCT plus and patients diagnosed at the VCT centers. The USG will make available in four departments a package of HIV clinical care services at each level of the healthcare system depending on the complexity of services at each level. The different packages will be defined in reference to the national norms and guidelines. In general, a package of palliative care will be available at primary health center while a package to treat OI, based on syndromic approach, will be available at communal hospital. A package of advanced clinical care including HAART will be available at departmental hospital, the center of excellence (see ARV plan). A system of reference and counter reference will be implemented within the different level of the system to ensure a continuity of care. An HIV/AIDS care and treatment specialist will be hired in each department to coordinate all these efforts. Additional human resources at community level to ensure link with community and home based services (see palliative care) With new resources, additional HIV test kits will be purchased to provide VCT in TB DOTS clinics while the capacity of VCT/PMTCT centers will be reinforced to screen TB among HIV/AIDS patients. FHI will assist the MOH in organizing service delivery of the package of HIV clinical services at each level in four departments. This package will include human capacity building, non-medicine commodities and supplies, and essential equipment at each level. FHI will provide proximity technical assistance to coordinate and supervise activities in the four health departments, while building the capacity of the MOH Departmental team to do so. Additional OI drugs (including INH for TB prevention) needed and PPD tests will be procured thru RPM+. Additional laboratory material and commodities will be addressed in laboratory plan below.

4.7.3 Existing activities, initiated prior to FY 04

Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount ($)	Budget Source (Base, PMTCT, S/GAC)	Track (1.1, 1.5, 2)

MSH HS-2004 New partner? No FBO? Yes FBO sub-grantees: CBP, Hopital Claire heureuse, Hopital de fermathe Centre de sante Rosalie Rendu, FOCAS, HHF, ICC, MEBSH, Centre de sante Pierre payan, Hopital St Croix, Centre de sante Leon Coicou, Centra de Sante de Sainte Helene, AEADMA	**Strengthen referrals and counter-referrals between VCT and TB services at 65 TB DOTS clinics.**	Develop, validated and disseminate *protocol for HIV/Tb co-infection. Provide* commodities and materials to TB clinics for HIV counseling and care or referral. Train TB clinic workers in VCT counseling, and train VCT counselors in BIV/TB protocol in 65 VCT sites.	USAID		S/GAC	1.5
FHI New partner? No FBO? Yes FBO sub-grantees: Food for the Poor, World Relief, Armee du Salut, HHF, Hopital Lumiere de *Bone Fin , POZ*	**Provide coordination and planning assistance to Southern Department in preparation for rapid expansion ofHAART**	Provide TA and training to MOH staff to strengthen clinical services and planning capacity. Train partner staff to expand counseling to all health institutions in the department Development of a regional services strategy in the Southern Department and assist MOH to coordinate the provision of clinical services through local partners.	*CDC*		S/GAC	1.5
RPM+ New partner? No FBO? No	**Meet immediate medical commodity needs for the VCT/PMTCT network of 40 centers**	Provide TA to create a nation-wide essential drug and commodity forecasting, procurement, distribution, warehousing, delivery, stock management, monitoring and evaluation (Health Information System) and re-forecasting system developed, tested and functioning, able to move HAART drugs. Procure and deliver HIV-related commodities, including drugs to all 40 PMTCT centers of excellence at national, Departmental, and local levels.	USAID		S/GAC	1.5

4.7.4 Proposed new activities in FY 04

Partner	FY 04 Objective	Activities for each objective	Agency	Budget
FHI New partner? No FBO? Yes FBO sub-grantees: Food for the Poor, [redacted] Armee du Salut, HHF, [redacted] POZ	Strengthen infrastructure in health institutions in 4 departments for expanded HIV clinical care to 5,000 HIV patients.	Needs assessment and infrastructure rehabilitation for clinical follow up as needed. Technical assistance and operation support for training, follow-up post-training, and coordination in targeted MOH Departments. FHI will strengthen one supervision team in each Department, and facilitate regular coordination meetings with MOH and other partners.	USAID	[redacted]
MSH New partner? No FBO? Yes **FBO sub-grantees:** CBP, Hopital Claire heureuse, Hopital de fermathe Centre de sante Rosalie Rendu, FOCAS, HHF, ICC, MEBSH, Centre de sante Pierre payan, Hopital St Croix, Centre de sante Leon Coicou, Centra de Sante de Sainte Helene, AEADMA	Ensure logistical support to train 100 clinicians and 200 social workers, in collaboration with partner training organizations.	Identify training needs with partner training organizations. Provide logistics support to training activities conducted by other PEPFAR/Haiti training partners to maintain consistent quality and cost-effectiveness. $200,000 for FHI to train 200 social workers from 8 existing VCT/PMTCT sites. $100,000 for I-TECH to train 100 clinicians in clinical management and integration of TB/HIV/AIDS.	USAID	[redacted]

Total partners	3	New partners	0	FBOs	2	Total budget	[redacted]

Table4.8.1 Palliative care

4.8.1 Current status of program in country

Though the roughly 1,700 people currently receiving ARV therapy in Haiti are relatively well documented, little information has been collected in a systematic way on the number of HIV-infected people and their families receiving some form of palliative care or socio-economic support. A number of NGOs and faith-based organizations (FBOs) have been providing community-based support through various approaches, and with varying levels of technical expertise and resources, for the past several years. The USG will continue to be a leader in supporting FBO health services throughout Haiti to ensure close linkages to communities and specific target population to continue care. CARE International has managed what is considered a successful, though costly, model for community-based care through a network of home visitors and health promoters. Partners in Health (PIH) also ensures follow-up for treatment adherence of HAART patients through a large cadre of outreach agents ("accompagnateurs") who visit enrolled PLWHAs on a daily basis. Substantial "wrap-around" health promotion outreach initiatives are also operating in most of Haiti, for TB screening and treatment, nutrition support and education, childhood vaccination, and other health areas. PEPFAR/Haiti will seek to build on these networks as well to strengthen care to PLWHAs.

PEPFAR/Haiti will define palliative care to include all non-ARV care and treatment, outside of clinic-based care, provided to infected individuals, from the moment of receiving VCT results through end-of-life care. Clinic-based care is covered in the section 4.7 above, though the overall program will support a seamless continuum of care from clinic to community through referral and counter-referral by community outreach agents. The USG program will support expansion of a holistic care and treatment package delivered with close counseling follow-up and psycho-social support by community agents.

USG support has enabled the MOH and partners to harmonize guidelines and standards for home-based care, and a technical working group is in process of finalizing and disseminating a set of standard guides and kit of commodities to support home-based care.

PEPFAR/Haiti will focus on targets of opportunity to strengthen a number of existing palliative care initiatives this year, beginning in communities with existing health outreach networks and available VCT services to identify PLWHAs. The program will provide home care and "positive living" guides for infected people and their families, as well as training and TA to support ongoing supervision of outreach work to ensure consistent quality and adherence to accepted norms. PEPFAR/Haiti will also provide basic Life Extending Treatment (LET) commodities to broaden the scope of home-based care to a more aggressive intervention to prevent opportunistic infections and improve the quality of life of those infected people. LET will include simple commodities and interventions well known to improve health status of vulnerable individuals, such as soap and disinfectant for improved household hygiene, insecticide-impregnated mosquito nets for malaria prevention, ORS and water purification tablets to prevent or mitigate water-borne diseases, vitamin A and zinc nutritional supplements, and other basic items. This package will also include readily available antibiotics for simple opportunistic infections and pain medications (acetaminophen or aspirin), and will therefore be closely monitored and supervised by the partnering NGO program and the nearest health clinic. MSH HS2004 will train a large cadre of home visitors, hiring new individuals where necessary. Commodities will be purchased through the RPM project.

Aside from these more medical interventions, PEPFAR/Haiti will support bereavement counseling and succession planning, including wills and inheritance, for affected families. POLICY Project has already been contracted to examine ways to strengthen the legal and policy framework protecting the rights of PLWHAs to work, attend school, and live normal lives within their communities.

4.8.2 How new activities will contribute to PEPFAR targets, linkages to other activities	Presently, only two organizations provide ARV care in Haiti, and the network of VCT services and post-test support, though growing, is still limited. Providing simple, accessible compassionate care to infected individuals and their families will help decrease the stigma associated with HIV infection. Communication interventions by PSI will help sensitize communities to care for PLWHAs. In addition to providing simple life extending care to infected individuals, outreach workers will visit PLWHAs to encourage them to seek further testing for HAART eligibility, and facilitate adherence to ARV treatment if they enroll in a program. This should increase the uptake and adherence to HAART care.

4.8.3 Existing activities, initiated prior to FY 04

Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount ($)	Budget Source (Base, PMTCT, S/GAC)	Track (1, 1.5, 2)

4.8.4 Proposed new activities in FY 04

Partner	FY04 Objective	Activities for each objective	Agency	Budget
PSI New partner? No FBO? No	**Fifty percent of community radio stations around VCT/PMTCT sites will broadcast appropriate messages for care PLWHAs.**	Inventory and support community radio stations to develop appropriate messages and programming to promote positive living and compassionate care of PLWHAs. Finance broadcast time.	USAID	

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FHI New partner? No FBO? Yes FBO sub-grantees: Food for the Poor, Armee du Salut, HHF, POZ	**Create 5 new PLWHA associations and assist to participate in BCC "prevention for positives" and care initiatives.**	Provide member training and guidance for organizational development of local PLWHA association members. Support small grants to PLWA associations for peer counselor training, care of members, and other support to members. Train FBO community agents in bereavement counseling and succession planning and wills, survivor support. FHI will collaborate with POZ and other local organizations to build on existing experiences. (link with Policy project Track 1.5 activities for legal rights, etc)	USAID	
MSH HS2004 New partner? No FBO? Yes FBO sub-grantees: 1CBP, Hopital Claire heureuse, Hopital de fermathe Centre de sante Rosalie Rendu, FOCAS, HHF, ICC, MEBSH, Centre de sante Pierre payan, Hopital St Croix, Centre de sante Leon Coicou, Centra de Sante de Sainte Helene, AEADMA	**Provide community outreach palliative care to 15,000 infected people (including ensuring compliance to 1,500 new DOT-HAART patients).**	Hire 1,000 community agents to promote use of VCT/MTCT services and provide community-based information and follow-up after testing. Train these community agents for referral and accompaniment of PLWHAs to enroll in, and continue available treatment and community care services. Provide TA and guidance to strengthen linkages for referral and counter-referral between VCT/PMTCT sites and outreach agents to monitor drug adherence and non-clinical services, drawing on PLHA, field workers in urban settings, and *accompagnateurs* in rural areas	USAID	

Total partners:	3	New partners:	0	FBOs:	2	Total budget:	

Table 4.9 Support for Orphans and Vulnerable Children

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4.9.1 Current status of program in country

Forecasts show that there are probably 370,000 orphans in Haiti in 2004. Of these, it is difficult to tell how many, or even what proportion, are singly or doubly orphaned by HIV/AIDS. As discussed in other sections, data systems in Haiti, including case reporting systems, are weak to non-existent. Stigma and discrimination against PLWHA and those affected are so high that even if people suspect that someone has died of un-diagnosed HIV/AIDS, they will not say so openly. Thus, many children do not know what their parents may actually have died from, or may think they died from some other diseases, or mystical forces. There is a long tradition of small religious orphanages in towns and cities, run by Catholic or Evangelical groups, usually, taking in either young girls or boys, or sometimes, both sexes. Many orphanages receive small donations or support from US-based NGOs, such as CRS. Some orphanages keep the children until they are at least 18 years old. Poor families overburdened with dependents may send a child to an orphanage hoping that this yields a better quality of life.

Aside from being orphaned by AIDS, Haiti's children are made vulnerable to HIV infection various ways. Children often placed in domestic service with a wealthier relative or acquaintances, in the hope they will be well cared for and sent to school. These children (known as "reste-avecs") often become marginalized and vulnerable to abuse. Many children are also forced to make their way in the street at an early age, usually in the nearest city. With the poor condition of public health services in Haiti, unaccompanied children are unlikely to learn their HIV status, or benefit from meaningful counseling and care.

Community-level care and support for OVCs is a new approach in Haiti. FEBS, an association of PLWHAs, has now begun an experiment in finding foster parents for its small number of PAHA in the town of St. Marc. The Ministry of Social Affairs is beginning to train outreach staff for the first time. They are now involved in adoption proceedings, as are the Haitian courts. Several international and local NGOs operate support programs for street children in Haiti, including CARE and CRS, WV and UNICEF. CARE has reached over 1,400 children, and WV has worked with 223 households. UNICEF funds local NGOs to work with street children and those on the edge of the street life. The Maison Arc en Ciel orphanage cares for a group of 60 HIV infected children. It is now trying to help them re-integrate into their communities of origin. CRS provides largely community-based care and support for 30,000 OVCs in conjunction with other community development activities, including food supplementation, education and skills training, reintegration into families and communities, and ultimately into the productive workforce. This has helped to reduce stigma and discrimination and protect family structures. PEPFAR/Haiti will seek to strengthen re-integration of orphans and vulnerable street children into viable community or family structures.

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4.9.2 How new activities will contribute to PEPFAR targets, linkages to other activities

The Track 1.0 funding provided to CRS for OVC activities in Haiti will substantially contribute to sustaining existing, CRS/USAID-funded coverage of extremely vulnerable orphans and street children in a group of networked "child shelters" in Port au Prince and environs. In addition, there are a number of Catholic-supported and other "shelters" and other institutions that provide a variety of "intern", "extern" and "drop-in" programs for these children, and these are beginning to include efforts at re-integration of children and youth into their communities and families of origin. However, these are very new and tentative efforts, and much remains to be done to catalyze a broad-range, "community-based" response to the growing numbers of displaced and vulnerable children.

Under Track 2.0, The USG/Haiti team will work with existing and new partners in addition to CRS to model new and more community and family based approaches to meeting the needs of HIV/AIDS affected orphans and other vulnerable children, in metropolitan Port-au-Prince, secondary cities, and smaller, more rural communities of origin. These activities will be linked to VCT (most of the 10,000 OVCs currently in "shelters" sponsored by CRS have never been tested for HIV or TB), and to LET, and eventually to ARV treatment where required. Care will be taken to develop and replicate models in which support given to reintegrated or existing families that incorporate orphans will not lead to stigma and discrimination. But at the same time, we recognize that given the present severe underlying poverty of 80% or more of the Haitian population, financial and other support will be required to enable families and communities to meet the needs of these additional dependants.

Further, where nutritional and food supplementation and micro-enterprise credit are needed, but cannot be funded by PEPFAR, the USAID mission will seek to "wrap these around": PEPFAR-fundable support to individuals, families and community or institutional groupings. Capacity development, training and skills development are currently being provided with other USAID ear-marked funds, and can aid in this wrap-around program.

New activities will emphasize community-based approaches, and help provide best practice lessons to those who are wedded at present to institutionalizing OVCs. They will also link community-based palliative care systems with OVC care and support, in such a way as to maximize synergies, but avoid stigmatizing the OVC population, if possible. Some programmatic evaluation will have to help us see the outcomes after this fiscal year. By providing non-construction support to institutions/shelters, through CRS and other FBOs, we should be able further to wean them from always thinking in institutional terms, and also to move them toward willingness to test their OVCs for HIV/TB and other chronic and infectious diseases. Studies have shown that those who are externs or drop ins have much higher rates of STIs, including syphilis and HIV/AIDS, in part due to risky behavior resulting from abuse. Yet, by being outside, they are also able to attend vocational training classes. By linking new activities with the USAID mission's out of school youth program, there should be a resolution to some of the problems with the present "Extern" and "drop in" approaches., thus reducing risk of abuse and infection.

4.9.3 Existing activities initiated prior to FY04

Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount ($)	Budget Source (Base, PMTCT, S/GAC)	Track (1, 1.5, 2)

Policy Project New partner? No FBO? No	**Strengthen national legal and policy framework for OVC care**	Prepare draft protection plan for newly orphaned children (with JHU), along with model framework/guidelines and materials for peer education programs prepared and disseminated. Supervise its implementation. TA to produce guidelines developed for "at risk" groups incorporating "knowing your status" and "living positively". Provide TA and guidance to Govt of Haiti to develop legislation to protect rights of HIV-affected OVCs. Develop and disseminate a framework for reducing gender-based violence. Provide guidance to government and NGO partners to implement.	USAID		S/GAC	1.5
New partner? No FBO? Yes	Strengthen social safety net for orphans and high-risk children by empowering families and the children themselves to better care for them.	Train 600 staff from 120 children's shelters and 100 community leaders to improve care of orphans and increase placement in foster homes. Improved care and understanding of support needs will touch 15,000 direct children. Conduct community awareness-raising interventions to provide communication support to orphans. (CRS Track 1.0 includes roughly for Haiti)	USAID		S/GAC	1.0

4.9.4 Proposed new activities in FY 04

Partner	FY04 Objective	Activities for each objective	Agency	Budget

New partner? No FBO? Yes		Strengthen local NGOs within 10 communities to care for orphans and high-risk children, and children to care for themselves.		Complete rapid inventory of NGOs and others working with OVCs, and provide grants for targeted care and support. Train 200 community leaders to care for orphaned children outside of orphanages. Provide life skills training and household support to 300 older orphans and at-risk children to establish viable/ responsible households. [redacted] and USG will work to establish community-based alternatives to institutional care for orphans, including family counseling and support to encourage fostering in stable home environments, and counseling and material support to older children to establish their own responsible households in their community.	USAID		
Total partners:	2	New partners:	0	FBOs:	1	Total budget:	

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Table 4.10	Anti-Retroviral Therapy (non-PMTCT plus)
4.10.1 Current status of program in country	Between 250,000 and 300,000 Haitians are infected with HIV. Of those, about 30,000 are living with AIDS throughout the country. While there are a large number of people in need of HIV care and treatment, including HAART, the general healthcare system is very weak to respond efficiently to this need. Two NGOs partners, GHESKIO and PIH, have a long history of providing quality HAART in Haiti. Recently with Global Fund resources, both organizations have expanded their HAART program to reach about 2,000 patients. GHESKIO and PIH are well known for their quality of care, and have contributed to develop successful HAART models in urban and rural areas that will be used to expand care throughout Haiti. PEPFAR/Haiti will assist the MOH and NGO partners to extend HAART to 5 additional sites throughout the country this year. The program will provide technical support to fill remaining gaps in national policies and guidelines, training interventions, and strengthen the healthcare systems and clinic sites in order to deliver quality HAART to 1,500 additional HIV/AIDS patients. In order to provide comprehensive and integrated quality care, services at these new HAART sites will rely heavily on the growing network of community outreach workers, social workers, community health workers, home visitors ("accompagnateurs"), and highly trained technical teams for supervision and quality control. Through FHI, the USG has supported the development of national norms and guidelines to deliver HAART, and these will soon be disseminated to providers throughout Haiti. Most in-service training for HIV clinical care and HAART is centrally carried out by GHESKIO and PIH. PEPFAR/Haiti will reinforce in-country training capacity through the partner US-based university consortium, I-TECH, to rapidly scale up HIV/AIDS treatment. I-TECH will provide technical resources through GHESKIO and PIH to update training curricula and guidelines and to train clinicians for improved ARV care. Unlike PMTCT, though similar to VCT outside of PMTCT and ante-natal services, ARV treatment for other than pregnant women will be targeted first to the backlog of existing know PLWHAs around improved service delivery sites. Community outreach workers and various types of health promoters will actively recruit and ensure treatment adherence by infected individuals. These outreach agents will also provide simple, home-based care and support to PLWHAs and their families with the support of local NGOs and FBOs.

4.1.0.2 How new activities will contribute to PEPFAR targets, linkages to other activities	PEPFAR/Haiti will support the national priorities for HIV/AIDS treatment to expand HAART in 5 additional sites throughout the country to reach 1,500 additional AIDS patients. This HAART expansion program will be built on existing VCT/PMTCT services in those sites and will focus on service delivery strengthening and reorganization, and pro-active community outreach and follow-up of clients. These 5 sites will be selected based on MOH priorities, and the potential to scale up quality services rapidly, including the presence of related community networks for outreach and maintaining adherence. This activity will be closely linked with non-ART post-VCT services. PEPFAR will strengthen existing community networks for PMTCT, HAART for other than pregnant women, and other support to create a seamless continuum of care and non-clinical support to PLWHAs and their families. I-TECH, GHESKIO, and other partners will train and provide ongoing quality improving supervision to a cadre of clinicians for ARV care. Technical assistance from FHI and MSH will reinforce local coordination and program management for better use of resources. JHU will provide technical leadership and educational materials for community mobilization and social support to PLWA activities. All partners will emphasize continued use of quality services, as well as building Haitian capacity to expand the care and treatment initiative.

4.1.0.3 Existing activities, initiated prior to FY 04

Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount ($)	Budget Source (Base, PMTCT, S/GAC)	Track (1, 1.5, 2)
[redacted] New Partner? Yes FBO? Yes	**5 current VCT/PMTCT sites will be reinforced to provide ARV treatment to 1,500 patients.**	Renovate 5 sites and provide basic equipment and supplies. Hire and train new clinic staff (1 physician, 2 nurses, 20 social workers, and 100 community outreach workers) at each site. Ensure supply of ARV and drugs to sites. (PEPFAR/Haiti is trying increase the [redacted] CRS budget for Haiti)	CDC	[redacted]	S/GAC	1.0

I-TECH New partner? Yes FBO? No	**Reinforce local capacity to perform in-service clinical training for HIV care.**	Hire two national consultants to be placed at GHESKIO and PIH. Hire 2 senior level expatriate advisors for one year ($250,000/yr each for complete salary, housing and support package) Adapt and validate national curricula for clinical training of physicians, nurses, archivists and pharmacists. Provide basic training equipment and material. Train 25 physicians, 50 nurses, 20 pharmacists, and 20 archivists in clinical care best practices.	CDC		S/GAC	1.5
GHESKIO New partner? No FBO? No	**Strengthen care and treatment for HIV/AIDS in the West Department (Port au Prince)**	Procure lab commodities and supplies and monitoring tests for ARV therapy to 500 additional patients. Train staff at five service sites in comprehensive ARV treatment and care and provide ARV and OI prophylaxis drugs for 500 additional patients. Provide TA for Quality Assurance and Control (QA/QC) of labs, reorganization of pharmacies and archives at new ARV sites. Train staff in counseling on AB (and C) prevention methods for new clients enrolled.	NIH		S/GAC	1.5

4.1.0.4 Proposed new activities in FY 04

Partner	FY04 Objective	Activities for each objective	Agency	Budget
I-TECH New partner? Yes FBO? No	**Strengthen training capacity in 2 training sites for expanded local capacity for ARV care and treatment.**	Develop curricula and training materials for community accompaniers, social workers in community care and support, nurses and clinicians in HAART. Train trainers for departmental training centers and provide TA for follow-up and supervision post-training. Provide basic training equipment for 2 training sites.	CDC	

FHI New partner? No FBO? Yes FBO sub-grantees: Food for the Poor, Amiee du Salut, HRF, POZ	**Strengthen service delivery in 5 VCT/PMTCT sites to provide ARV to treatment to 1,500 people.**		Provide TA and management support for the organization and quality improvement of services at 5 existing VCT/MTCT sites using mobile team. FHI will coordinate with GHESKIO, I-Tech, and CRS technical staff for quality assurance. Train 200 social workers and community workers for community follow-up strengthen patient adherence, and to monitor quality of care. FHI will coordinate with CRS and GHESKIO, as well as I-TECH for training and TA.		USAID		
Total partners:	5	New partners:	2	FBOs:	1	Total budget:	

Table 4.1.1	PMTCT-Plus (access to care and treatment by women and families through PMTCT)
4.1.1.1 Current status of program in country	Expanding care and treatment services to PLWAs is a priority program under Haiti's National Strategic Plan for HIV/AIDS. However, existing national capability is not ready to address this demand. The necessary counseling, laboratory, clinical case management skills are not present in the health sector, and there is a dire need for equipment and commodities to expand access to ARVs. There are currently two sites in the country where HIV+ people are receiving ARVs, PIH in Cange and GHESKIO in the Port au Prince area. Beyond these two examples, there are no other centers that offer care and support beyond palliative care to a large number of PLWHAs. PEPFAR/Haiti will strengthen the capacity of a number of existing PMTCT sites to begin providing ARV therapy, and it will be from this expanded network of clinically competent facilities that ARV therapy will be promoted to PMTCT clients. Activities described elsewhere in this plan, notably under PMTCT and Palliative Care, will increase uptake of HIV-positive women into PMTCT services and ensure close follow-up in their communities for other, non-ARV care and support through a cadre of community-based home visitors ("accompagnateurs"). With this continuing relationship established with the new mother and her family, ARV therapy will also be possible. Mothers on the PMTCT roster, as well as their husbands and children, will be specifically targeted for ARV treatment. The three program areas (active PMTCT, community-based palliative care networks, and clinically competent ARV care) are essential and sufficient for PMTCT-Plus to succeed. Each of these specific components is described in other chapters of the PEPFAR/Haiti plan, so will not be repeated in detail here. CDC has provided $290,000 to the Haitian NGO MARCH to establish 2 holistic demonstration ARV care and support sites from FY03 PMTCT funds. Since then, the USG has dropped the idea of demonstration sites, and CDC and USAID are coordinating efforts to strengthen and expand existing PMTCT services under a coherent national plan with the MOH and other partners. These 2 sites will be incorporated into the national program for unified support and monitoring.
4.1.1.2 How new activities will contribute to PEPFAR targets; linkages to other activities	Many activities under PMTCT, palliative care, and ARV treatment will directly contribute to increasing enrollment of women in ARV treatment programs and continuation of care after the women has delivered. Strengthened outreach through expanded community mobilization and home visits will capture family members of infected new mothers for screening and ARV treatment. Specific TA on pediatric ARV therapy will aid ARV clinicians adopt appropriate treatment approaches for infants under this program.

4.1.1.3 Existing activities, initiated prior to FY04

Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount ($)	Budget Source (Base, PMTCT, S/GAC)	Track (1.1.5, 2)

4.11.4 Proposed new activities in FY 04						
Partner	FY04 Objective	Activities for each objective			Agency	Budget
Total partners:	0	New partners:	0	FBOs:	0	Total budget:

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Table 4.1.2 Strategic Information, Surveillance, Monitoring, Program Evaluation

To date, there has been no systematic approach for consistently collecting, analyzing and disseminating information on HIV/AIDS in Haiti. This is the major reason for the gap in information to describe sub-populations driving the epidemic, and to tailor policies and programs for greatest impact. Information on the burden and the trend of the disease, cost effectiveness, coverage and impact of current interventions are spotty, and believed to be inaccurate.

SENTINEL, GENERAL-BASED POPULATION AND CROSS SECTIONAL SURVEYS

The bulk of the information presently available on HIV/AIDS is coming principally from 3 ANC sero surveys that were conducted since 1991 (the last of which was completed in 2000), one Behavior Surveillance Survey (BSS) in 2000, the third Demographic and Health Survey (DHS) in 1990, which for the first time included an HIV/AIDS module, and analysis of service statistics data coming from institutions involved in HIV/AIDS.

So far, the Ministry of Health and Population's (MOS) participation in these studies and its appropriation of results has been minimal, and dissemination of results has been limited. Participating sites for ANC sero surveys are not informed regularly of the prevalence in their region. USG will support the MOS, through MESURE/DHS, Tulane/UTAP and the Child Health Institute (IHE in French) by providing needed human resources, training and technical assistance to build their capacity to address the unprecedented data management demand that will be generated due to PEPFAR activities.

The ANC sero surveys, from which inferences are made to obtain national estimates, have not been conducted at regular intervals, and results have always caused a great deal of speculation as to their credibility. One issue is that the number of sites was too few and the sample size too small to be considered as representative of the population. There is an ANC sero survey underway supported by CDC, which has increased the number of sites from 6, 9, and 12 respectively for the previous surveys to 21 in the current survey, and the sample size from 2,000 previously to 7,200. There is a critical need for more regular ANC surveys in the future, and as a way to ensure the reliability of data obtained, to provide ongoing support to the sites, so that the data collected throughout the year would serve to check the quality and accuracy of survey findings.

The second BSS is complete and data will soon be available on specific risk groups for the first time in Haiti. In order to link the BSS to the sero survey, a sample of pregnant women from some of the sero survey sites has also been selected. The USG has already supported three DHS surveys in Haiti, and is planning a fourth survey for this year. This DHS will include both HIV-related behavior information and a serology component. This will constitute the first effort to assess HIV prevalence in Haiti's general population.

CASE NOTIFICATION SYSTEM

Two attempts have been made to implement a sentinel case notification system, but those experiences were cut short by lack of funding and lack of commitment on the part of the MOS (Ministry of Health and Population). From the previous experiences only one reporting form is still in use, but this form does not collect risk information in a manner consistent with other HIV/AIDS reporting systems; and some risk factors are confusing and ambiguous. And, departmental health centers do not currently maintain or report case-level data on HIV-infected persons.

The most recent AIDS surveillance data has not been analyzed in over a year. CDC has commissioned NASTAD (a US-based consortium of HIV/AIDS administrators specialized in HIV/AIDS case surveillance) for an assessment of the system. Main findings are: (i) the current AIDS case definition allows cases to be reported without an HIV test, (ii) MOS lacks material and human capacity to conduct universal HIV/AIDS reporting, (iii) Health care workers responsible for reporting have very little time available to report and do not receive training regarding reporting and use of data. (iv) the country's weak infrastructure makes communication between health care providers and MOS difficult, (v) data necessary for completing a case report form may not be currently available in the medical record. PEPFAR/Haiti has

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4.1.2.2 How new activities will contribute to PEPFAR targets, linkages to other activities
Repeated, regular biological and behavioral surveys that will take place during the initiative should help capture the status and trend in prevalence, knowledge attitudes and practices that are driving the disease. Behavioral surveys for instance will help track and map sexual behaviors, attitudes and beliefs, and provide information on heterogeneity of behavior, rate of partner change, degree of concurrency in partnership, extent of mixing, presence of bridge population which may be used to reduce the spread of HIV, as sexually transmitted infections by definition are transmitted by interpersonal behavior. Behavioral surveys will also help to monitor the progress of interventions in reducing risk behaviors. Biological surveys will permit to check the quality of the routine reporting systems. Inferences drown from them, using appropriate modeling techniques will permit to estimate number of total cases, number sub groups infected, number of orphans, and all those parameters that are essentials in planning for services during the initiative. The surveillance system that will be put in place during FY 04 will play a key role in meeting PEPFAR's 2-7-10 targets: (i) It will permit better assessment of HIV trends over time as well as burden of disease, which will improve planning and help target resources, (ii) It will help better characterize the persons infected, and take pre-emptive measures to curtail transmission by collecting information on mode of transmission, date of diagnosis, sexual behavior, case surveillance (iii) and it will help monitor access of HIV positive individuals to appropriate services and treatment, as well as the progression of disease, effectiveness and adherence to treatment by collecting clinical information and treatment outcome, case surveillance. As noted, case surveillance will be very important for assuring USG access to the critical data related to the prevention of transmission and treatment of infected persons serviced by PEPFAR activities. A functional M&E system will provide access to accurate and reliable data that will empower the Haitian MOH, the participating institutions, and the USG to assess progress towards achieving PEPFAR's 2-7-10 targets. The efficient use of this data will allow for the appropriate programmatic modifications necessary to assure success in meeting established PEPFAR objectives and will allow for documentation of best practices. PEPFAR/Haiti will provide the appropriate programmatic support through training, technical assistance in the form of system audits and targeted evaluation activities that will allow for more consistent and accurate data management on the part of the National HIV/AIDS Coordination Program.

4.1.2.3 Existing activities, initiated prior to FY 04						
Partner	FY 04 Objective	Activities for each objective ((Partners receiving funding specifically to perform activity)	Agency	Budget Amount ($)	Budget Source (Base, PMTCT, S/GAC)	Track (1.1, 5, 2)
SENTINEL, GENERAL POPULATION BASED AND CROSS SECTIONAL SURVEYS						

FHI *New partner? Yes* FBO? Yes FBO sub-grantees: *Food for the Poor, World Relief, Armee du Salut, HHF, Hopital Lumiere de Bone Fin , POZ*	**Complete a *Behavior* Surveillance Survey (BSS) with HIV-related behavior data.**	Conduct data collection and analysis for BSS survey following standard FHI survey protocol. (nationwide sample of youth and high-risk groups) Host workshops at central level to disseminate the ANC sero-survey results. ([redacted] provided to FHI from USAID FY03)	USAID	[redacted]		Pre-1.0
MACRO New partner? Yes FBO? No	**Complete DHS+ survey with HIV behavior data.**	Adapt DHS+ standard HIV questionnaire module and train interviewers. Support costs of field data collection, analysis and dissemination. DHS survey follows an international standard protocol, so will not be described in detail here. Haiti sampling frame is organized to overlap with BSS and ANC sero-survey data to allow in-depth cross-analysis.	USAID	[redacted]	Base	1.5
CASE NOTIFICATION SYSTEM						

NASTAD *New partner?* Yes FBO? No **FHI** New partner? No FBO? Yes FBO sub-grantees: *Food for the Poor, World* Relief, Armee du Salut, HHF, Hopital Lumiere de Bone Fin , POZ	**Reinforce MOH capacity to monitor the epidemic through a national case notification system.**	Carry out an assessment of the case *notification system. Develop both paper-*based tools, and computerized system to support expanded ARV treatment. Hire an HIV/AIDS Surveillance Coordinator to supervise the establishment of the HIV/AIDS case *reporting system, and a Disease* Reporting Specialist to work within the *M&E unit within each facility.* Carry out 2 targeted program evaluation projects to strengthen the performance of the case notification system. Train local partners in case notification system *FHI will sub-contract to IHE*	CDC	[redacted] (NASTAD) [redacted] (FHI)	S/GAC	1.5
HMIS & PROGRAM MONITORING AND REPORTING						
IHE (Child Health Institute) New partner? No FBO? No	**Strengthen the MOH and the VCT/PMTCT sites for the Establish an M&E system for the monitoring of VCT *and PMTCT activities***	Support the creation of a National M&E Working Group to facilitate adoption of national indicators, standardization of collection instruments, as well as procedures for data analysis, aggregation and dissemination of data Set an immediate reporting system for *the collection of data at* functional sites *Establish a permanent system after* consensus with partners and ensure *ongoing collection of* data, and preparation regular aggregated reports. [redacted] provided to IHE from CDC IP portion)	CDC	[redacted]	PMTCT	IP

IHE (Child Health Institute) New partner? No FBO? No	**Strengthen the ability of the selected sites (6) and departments (4) to monitor, report, and use data to improve program performance**	Add personnel to (6 centers and 2 Departments) each departmental hospital charged with collection of MTCT performance data, training in data entry, use, treatment, and analysis, and overall monitoring of performance	CDC	[redacted]	S/GAC	1.5
PSI New partner? No FBO? No	**Increase the reporting and dissemination of information to improve site performance for the VCT/PMTCT Initiative**	Produce and disseminate an Epidemiological Bulletin and Communications Initiatives for PEPFAR- related activities. Design and Produce an Epidemiological Bulletin and Communications Initiatives (newsletter) for PEPFAR	CDC	[redacted]	S/GAC	1.5
UTAP-Tulane New partner? No FBO? No	**Provide technical capacity building to the central level of MOH for the development of M&E plans, program log frames and integrated Health Information System.**	Detail a Tulane assignee to the Ministry M&E unit to help in the development of M&E plan & strategy, and provide continuous training. Assign a CDC Haiti employee, data base manager, to the National AIDS Program, to assist in compiling and analyzing program data, reporting progress on interventions, and disseminating information to various stakeholders. Continue supporting the MOH M&E Unit, national M&E Working Group, and M&E Officer in the MOH/CDC Haiti office [redacted] provided to UTAP-Tulane through CDC IP portion)	CDC	[redacted]	PMTCT	IP

UTAP-Tulane New partner? No FBO? No	**Reinforce technical support to Central level, expand it to partners, and departmental level while increasing information infrastructure at VCT/PMTCT sites**	Conduct a Data Quality and Availability Assessment at the first 10 designated PMTCT/VCT sites to be integrated Support series of training for UCC, Departmental epidemiologists and other national level actors in M&E for NACP Establish a computer network linking 10 centers of excellence providing satellite equipment, maintenance, and support.	CDC		S/GAC	1.5
JSI/ MEASURE-Evaluation New partner? No FBO? No	**Adapt MOH MIS to HIV/AIDS reporting requirements.**	Provide training on program monitoring and host a validation and decision making Workshop. Provide additional computer equipment for 20 institutions. Hire 20 additional HIS staff for hospitals (This is in complement to staff hired by IHE on track 1.5)	USAID		Base	1.5
TARGETED EVALUATION						
TFGI (POLICY PROJECT) New partner? No FBO? No	Describe the situation of OVCs in Haiti and generate evidence-based action plans.	Conduct Situation Analysis of OVCs based on 2003 census data. Generate district level estimates of OVCs, and recommend policy priorities for Haitian Parliament. Design survey instrument to identify needs of families affected by HIV/AIDS and to monitor availability and effectiveness of existing services.	USAID		S/GAC	1.5
4.12.4 Proposed new activities in FY04						
Partner	**FY04 Objective**	**Activities for each objective**		**Agency**	**Budget**	
SENTINEL, GENERAL POPULATION-BASED AND CROSS-SECTIONAL SURVEY						

IHE (Child Health Institute) New partner? No FBO? No	**Reinforce capacity of MOH staff to participate in and conduct population-based surveys.**	Train 50 MOH personnel in the technical aspects of conducting an ANC sero-survey. Provide operations support the ANC sero-survey sites not part of the official VCT/PMTCT sites to enable them to continue to perform. Initiate procurement actions for the 5th ANC sero survey.	CDC	
HMIS & PROGRAM MONITORING AND REPORTING				
IHE (Child Health Institute) New partner? No FBO? No	**Establish a definitive USG program HIS system integrating PEPFAR indicators into existing VCT/PMTCT and continue generating monthly facility-based reports**	Integrate PEPFAR indicators in existing system and modify procedures manual, data collection tools and reports. Provide additional computer equipment for 15 institutions (This does not include centers of excellence covered by UTAP). Support salaries for year 2004 for 10 HIS staff already hired on track 1.5 and support salaries through March 05'. Train field and MOH personnel and supervise data collection and prepare reports in collaboration with MOH staff.	CDC	
Total partners:		**New partners:**		**FBOs:**
Total partners: 6	**New partners:** 0	**FBOs:** 0	**Total budget:**	

Table 4.13: Cross-Cutting Activities

4.1.3.1 Current status of program in country

Haiti's national AIDS control effort is building on a solid base of practical experiences and competencies. But despite its nucleus of highly skilled technicians in HIV/AIDS care, and substantial new resources becoming available through the Global Fund, PEPFAR, and other sources, a unified national response to the epidemic remains hampered by a number of cross-cutting issues. Most of these are related to management and coordination.

Overall program coordination and management: From the outset of the HIV/AIDS program the MOH has promoted public-private partnerships, involving all NGOs working in the domain in the elaboration of the National Strategic Plan (NSP) and by allowing NGOs to pilot approaches and roll out new interventions. For instance, IHE (Child Health institute has brought hosted facilitated consensus among partners to finalize the NSP document; and many medical NGOs provide technical and material resources to ensure services in MOH facilities which would otherwise face enormous difficulties to function. Today, the Network of VCT/PMTCT centers is made of a mix of public and private institutions.

As more funding becomes available and the HIV care network grows, the overall program is becoming increasingly complex. The number of specialized partners and sources of essential medicines and other inputs is multiplying, and the technical skills needed to expand ARV therapy increase the quality control burden exponentially as treatment scales up. Strong coordination, management and leadership from the Government of Haiti (GOH) are now more critical than ever. Currently the MOH does not have the capacity to lead, coordinate and oversee the program. Though efforts have been deployed to create and strengthen a national coordinating unit for HIV/AIDS activities, the challenges to transform the program into a national coordinated response are enormous:

- National guidelines for certain key services are still lacking or not enforced, and there is no mechanism for accreditation of institutions and providers for the complex services to be supported by PEPFAR. MOH authorization to provide specific services is sometimes granted without assessment of their capacity or whether the new services will duplicate existing efforts.
- MOH lacks a concrete operational HIV/AIDS plan to guide implementation, and neither the Central nor the Departmental MOH units have the resources to monitor field activities of partners. No consolidated national HIV/AIDS statistical or activity database exists to inform policy and program decisions.
- Lack of involvement of the local level leads to the lack of participation and program ownership by communities.
- MOH service monitoring is often neglected, leading to chronic low quality.

The MSH HS2004 Project has introduced performance-based contracting for NGO health programs to hold implementers accountable for concrete results. This approach has been greatly successful with the NGOs funded by HS2004, and will be adapted by PEPFAR/Haiti to support and monitor the ARV Centers of Excellence, as well as selected Departmental AIDS control plans, beginning this year. MSH will play a critical role in coordinating the planning and implementation by other USG-funded partners under PEPFAR, and will make essential program information readily available for monitoring and decision-making. (Though MSH will not supervise or control other awards.) During FY2004, PEPFAR/Haiti will establish a simple mechanism to provide direct funding to local Haitian NGO activities to increase accessibility of PEPFAR funds to a broader range of grass-roots organizations, though this program is expected to scale up support potential for FY05.

PEPFAR/Haiti has also engaged both MSH and FHI to provide management and coordination technical assistance to central and Departmental MOH units to assist with development and implementation of operational HIV/AIDS plans, program activity data management, and other program-level coordination functions. This collaborative assistance to strengthen MOH coordination will be most critical at the Central level in the Unite de Coordination Central (MOH/UCC), the MOH unit charged to coordinate inputs and results from all partners and funding sources.

...conditions and drugs at the national level is weak and

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4.13.2 How new activities will contribute to PEPFAR targets, linkages to other activities	PEPFAR/Haiti will provide the MOH and partners with critical elements to expand in-country human capacity through development of appropriate training curricula, training skills among Haitian professionals, and training infrastructure. Medium-term contracts with service providers and management specialists will ensure quality of care during PEPFAR funding, and improved capacity of Haitian counterparts to continue quality services and program management into the future. A key theme in this component will be to strengthen local technical and management capacity while ensuring critical tasks and coordination activities are accomplished. RPM will directly procure the bulk of medication and consumable supplies for much of PEPFAR/Haiti clinical interventions. This component is also designed to increase efficient management and use of commodities provided by other partners in Haiti. PEPFAR/Haiti's assistance to strengthen MOH coordination and management of the overall AIDS program through FHI and MSH will be critical to the success of other USG inputs. CDC will also support MOH management and implementation through a direct Cooperative Agreement (CoAG) to bring resources closer to MOH direct management control and program ownership. These interventions will enable the MOH to more effectively guide and manage the range of AIDS partners active in Haiti within a coherent program, and achieve real results. The adaptation of performance-based financing to both public and private HIV care centers ("Centers of Excellence") will ensure continuing priority on quality of services and concrete results. PEPFAR/Haiti will make use of existing implementation and management mechanisms for efficient operations, and draw on the technical strengths of partner USG agencies to manage the program. All key USG agencies working under PEPFAR in Haiti will collaborate in program decision-making and strategy, regardless of specific funding pathways.

4.13.3 Existing activities initiated prior to FY 04

Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount ($)	Budget Source (Base, PMTCT, S/GAC)	Track (1.1, 1.5, 2)
Overall Coordination and management						

MSH HS2004 New partner? No FBO? Yes FBO sub-grantees: CBP, Hopital Claire heureuse, Hopital de fermathe Centre de sante Rosalie Rendu, FOCAS, HHF, ICC, MEBSH, Centre de sante Pierre payan, Hopital St Croix, Centre de sante Leon Coicou, Centra de Sante de Sainte Helene, AEADMA	**Provide support to central MOH and 6 Departmental Directorates for ensuring regional planning, coordination and supervision of the program**	Support coordination and elaboration of departmental plans and map key services. Conduct a need assessment of each DD capacity to manage fully the program in terms of (staff, facilities, HIS, etc.). Prepare performance-based agreements Support training for TBAs and counselors to support elements for each department. These will be new agreements, most with public sector sites and programs, to extend existing agreements with local NGO partners. Reinforce supervision in targeted departments, and support regular coordination meetings of partners and MOH, including the MOH/UCC and sub-regional MOH management units.	USAID		Base	1.5
Commodities Management						
RPM+ New partner? No FBO? No	**Meet immediate medical commodity needs for the VCT/PMTCT network of 27 centers and provide systemic support to nationwide HAART centers.**	TA to establish a nation-wide essential drug and commodity forecasting, procurement, distribution, warehousing, delivery, stock management, monitoring and evaluation (Health Information System) and re-forecasting system developed, tested and functioning, able to move HAART drugs.	USAID		S/GAC	1.5
Training, Advocacy and Policy						

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TFGI (POLICY PROJECT) New partner? No FBO? No	**Strengthen national legal and policy framework for palliative care in preparation for rapid expansion of HAART**	Finalize and disseminate national community care and support guide. Develop Model framework/guidelines and materials for Peer Education programs prepared and disseminated; supervise use. Development of state-level strategic plan for adolescent and young adult "youth friendly" service provision facilitated. Models applied to facilitate funding and adequate funding allocation in national plans and strategies. Provide TA and guidance to GOH and advocacy groups for legislative changes supported for reinforcement of confidentiality, and legal prohibitions against discrimination due to HIV status. Analyze and disseminate lessons learned from palliative care, including pain relief from other-country experiences in relation to HIV/AIDS assessed and disseminated	USAID		Base	1.5

4.1.3.4 Proposed new activities in FY04

Partner	FY04 Objective	Activities for each objective	Agency	Budget
Overall Coordination and Management				
MOH New partner? Yes FBO? No	**Strengthen coordination and management capacity of the MOH.**	Provide funding and TA to MOH activities through a negotiated Cooperative Agreement (CoAg) between CDC and MOH. Funds will be managed by a local audit firm on behalf of MOH, and coordinated with Global fund and other donor inputs. MOH and CDC will negotiate specific priority activities to be funded. (activities will include hiring new staff, purchase equipment, etc)	CDC	

MSH New partner? No FBO? Yes FBO sub-grantees: CBP, Hopital Claire heureuse, Hopital de fermathe Centre de sante Rosalie Rendu, FOCAS, HHF, ICC, MEBSH, Centre de sante Pierre payan, Hopital St Croix, Centre de sante Leon Coicou, Centra de Sante de Sainte Helene, AEADMA	**Finance activities from HIV Operational Plans, through performance-based contracts with 6 MOH Departments**	MSH will assist in finalization and then finance (some or all activities in) 6 Departmental Operational Plans for HIV/AIDS. Funding to be provided through performance-based contracts with pre-negotiated benchmarks for disbursements. MSH will adapt its successful NGO program model to these selected "Centers of Excellence" for ARV care. Hold departmental meetings to share content and mechanism of contracts Illustrative activities for funding under this program could include capitated payments to MTCT centers for increased and earlier utilization of quality ANC services.	USAID	
MOH New partner? No FBO? No	**Strengthen program and information management capacity within the MOH.**	CDC and MOH will sign a detailed program agreement based on current MOH priorities and gaps in central management and program support. This agreement will be complementary to other PEPFAR support.	CDC	
Commodities Management				
New partner? No FBO? No	**Ensure critical drugs and commodities are available to service delivery sites.**	Purchase essential ARV and for opportunistic infections (OIs), along with LET commodities, for existing and planned FY04 sites. ARV drugs OI drugs LET commodities	USAID	

Total partners:	3	New partners:	0	FBOs:	1	Total budget:

Table 4.1.4 Laboratory Support

4.14.1 Current status of program in country

Adequate laboratory support is crucial for diagnosis, treatment and surveillance of the epidemic, and the overall success of PEPFAR. The laboratory system in public health sector in Haiti, however, is far from optimal. Currently, there is no national reference laboratory, no guidelines, and no quality assurance and quality control program in place. Up until now, GHESKIO, has provided laboratory, and surveillance services in the country. CDC will provide leadership under PEPFAR/Haiti to strengthen this area.

National QA/QC Reference lab: GHESKIO has provided technical quality control and other lab services to the national AIDS control effort. With FY03 funds, GHESKIO lab staff developed a HIV rapid test algorithm, including a "tie breaker test" appropriate for use in Haiti, and evaluated 6 new HIV rapid tests to determine their test performance. The American Public Health Laboratories (APHL) has hired and assigned a laboratory technician at the MOH/UCC and provided support to key laboratory partners to support rapid start up of PMTCT. PEPFAR will support the MOH leadership role in building a National QA/QC reference lab, publishing guidelines, and norms and standards. CDC will recruit a laboratory specialist through APHL to work with the MOH and GHESKIO to strengthen both strategic and operational plans for building national laboratory capacity, establish 2 regional labs, and guide planning for a central reference laboratory.

Care and Treatment: With scale-up of ARV treatment, the need for additional laboratory capacity to support HAART will increase. The NSP calls for the creation of one national QA/QC reference lab in Port Au Prince and 1-2 regional labs in Jacmel and Les Cayes. CDC will conduct a needs assessment at and mobilize resources to support expanded scale up of HAART.

Training: PEPFAR/Haiti will sponsor a series of training workshops (rapid tests, CD4, and others) to bring lab technicians throughout the country up to date on the technologies available for HIV and testing are related to monitoring HAART. CDC will jointly host these workshops with the MOH, GHESKIO, the National University, APHL, providing equipment and materials needed, technical oversight, and overall coordination. CDC will also develop strategies to engage the National University to enhance the quality of pre-service training to medical technologist, and biology students.

Surveillance: CDC/ Haiti will provide support for a laboratory system, training, testing, and data management for the year 2004 DHS+ survey. CDC will also support a national serosurveillance for high-risk groups.

VCT/PMTCT: CDC provided equipment, staining materials and test kits to the current network of 27 VCT/PMTCT sites to enable them to perform rapid HIV testing and screening for some opportunistic infections. CDC will continue to support this activity and expansion to additional sites. CDC is evaluating HIV rapid tests in order to identify appropriate HIV testing algorithm to be used at VCT/PMTCT sites. The program will also identify other rapid tests that have similar testing performance as those used in the algorithm in case there is shortage of the test supplies so that alternative rapid tests can be used.

The majority of the activities are in Port Au Prince, except the renovation of 1-2 regional laboratories:

1) Identify and procure HIV rapid tests and lab reagents (VCT/PMTCT)
2) Support and coordinate laboratory training programs (Care and Treatment)
3) Validate year 2003 surveillance results (SI)
4) Develop HIV testing system for yr 2004 DHS+ survey (SI)
5) Support laboratory testing for yr 2004 surveillance in high risk groups (SI)
6) Plan to renovate one national QA/QC laboratory and 1-2 regional laboratories (Care and Treatment)

Procure Lab equipment and commodities (Care and Treatment)

4.14.2 How new activities will contribute to PEPFAR targets, linkages to other activities	Activities will serve to build and strengthen laboratory capacity at both the national and regional levels. Strengthened laboratory capacity is essential to other PEPFAR diagnosis, care and treatment activities.

4.14.3 Existing activities, initiated prior to FY 04

Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount ($)	Budget Source (Base, PMTCT, S/GAC)	Track (1.1, 1.5, 2)
APHL New partner? Yes FBO? No	**Provide support to key laboratory partners to support rapid start up ofHAART**	Hire and support a laboratory assignee at GHESKIO Develop, coordinate, and implement training courses Procure lab equipment for 2 regional laboratories	CDC		S/GAC	1.5

4.14.4 Proposed new activities in FY 04

Partner	FY04 Objective	Activities for each objective	Agency	Budget
MOH CoAg New partner? No FBO? No	**Create a National QA/QC Reference Laboratory in Port Au Prince for diagnosis, monitoring, and surveillance of HIV, TB, and other related infections**	Renovate national laboratory and install a computer network at the program office to facilitate communications. Provide TA to MOH to develop terms of reference, hire and train national laboratory coordinators to coordinate program activities. Identify a program office and hire support staff. Develop operational plans, standard operating procedures, guidelines, and dissemination of documents. Procure a vehicle to facilitate program coordination between partners and laboratories	CDC	

MOH CoAg New partner? No FBO? No	**Provide laboratory equipment needed at central and 1 regional public health sectors for patients care and treatment monitoring**	*Procure* lab equipment, laboratory testing. Train laboratory staff.	CDC	
American Embassy New partner? No FBO? No	**Ensure supply of rapid tests to all PEPFAR-funded VCT/PMTCT and HAART services.**	*Procure 100,000 HIV rapid tests and other lab supplies needed to assure continuation of VCT/PMTCT activities*	CDC	
TBD New Partner? Yes FBO? No	**Ensure maintenance for all lab equipment purchased under PEPFAR**	Identify services provider, equipment, laboratories, frequency of *maintenance, and starting date*	CDC	
TBD New Partner? Yes FBO? No	**Provide a USDH employee to coordinate laboratory activity**	Hire senior level Laboratory Specialist to provide TA to MOH reference lab network.	CDC	

Total partners:	5	New partners:	2	FBOs:	0	Total budget	

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Table 5.1 U.S. Agency Management and Staffing - U.S. Agency for International Development (USAID)

5.1.1 U.S. Agency Management Items and Activities	Budget
Staff and management costs previously provided under Track 1.5 verify what was actually awarded under Track 1.5	
Additional resources: Current and new USAID staff to support PEPFAR (includes 2 expatriate benefits packages) Operating Expanses for USAID Haiti estimated at $200,000 Salaries: $1,000,000	
Total	

5.1.2 U.S. Agency Management and Program Staff, Existing and New, By Category

	Number of Existing U.S. direct-hire	Number of New U.S. direct-hire for PEPFAR	Number of Existing FSN	Number of New FSN for PEPFAR	Number of Existing International PSC	Number of New International PSC for PEPFAR	Total Number of Staff
Number of Program Staff	1	1	13	4	0	1	20
Number of Management Staff	2						2
Total Number of Staff	3	1	13	4	0	1	23

Table 5.2 U.S. Agency Management and Staffing - Department of Health and Human Services (HHS)

5.2.1 U.S. Agency Management Items and Activities	Budget
Current and new staff to support PEPFAR	
Operating Expanses for CDC Haiti	

	Total	

5.2.2 U.S. Agency Management and Program Staff, Existing and New, By Category

	Number of Existing U.S. direct-hire	Number of New U.S. direct-hire for PEPFAR	Number of Existing FSN	Number of New FSN for PEPFAR	Number of Existing International PSC	Number of New International PSC for PEPFAR	Total Number of Staff
Number of Program Staff	1	1	10	11	1	2	27
Number of Management Staff							
Total Number of Staff	1	1	10	11	1	2	27

Table 5.3 U.S. Agency Management and Staffing - U.S, Department of Defense (DOD) (subject to further review and approval by the Office of the Secretary of Defense)

5.3.1 U.S. Agency Management Items and Activities	Budget
No specific actions were assigned to DoD at the time of submission. Stability operations currently underway in Haiti preclude specific planning at this time. Haiti does not have a national military force so there are no targets for military-to-military intervention. United States Southern Command anticipates responding to specific Humanitarian Assistance and Humanitarian Civil Assistance requests made through the Office of Disaster and Foreign Assistance.	
Total	

5.3.2 U.S. Agency Management and Program Staff, Existing and New, By Category

	Number of Existing U.S. direct-hire	Number of New U.S. direct-hire for PEPFAR	Number of Existing FSN	Number of New FSN for PEPFAR	Number of Existing International PSC	Number of New International PSC for PEPFAR	Total Number of Staff
Number of Program Staff							
Number of Management Staff							
Total Number of Staff							

Table 5.4 U.S. Agency Management and Staffing - Department of State (DOS)

5.4.1 U.S. Agency Management Items and Activities	Budget
Total	

5.4.2 U.S. Agency Management and Program Staff, Existing and New, By Category

	Number of Existing U.S. direct-hire	Number of New U.S. direct-hire for PEPFAR	Number of Existing FSN	Number of New FSN for PEPFAR	Number of Existing International PSC	Number of New International PSC for PEPFAR	Total Number of Staff
Number of Program Staff							

Number of Management Staff							
Total Number of Staff							

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Table 6. Budget for the President's Emergency Plan for AIDS Relief

Program Area	USAID			HHS			DOD*	DOD*	Other	
	Base Budget FY04	PMTCT Budget FY04	S/GAC Request FY04	Base Budget FY04	PMTCT Budget FY04	S/GAC Request FY04	Base Budget FY04	S/GAC Request FY04	S/GAC Request FY04	TOTAL
PMTCT										
Abstinence /Faithfulness										
Blood Safety										
Safe Medical Injections										
Other Prevention										
VCT										
HIV clinical care (non-ART)										
Palliative Care										
OVC										
ART (non-PMTCT Plus)										
PMTCT Plus										
Strategic Information										
Cross Cutting Activities										
Laboratory Support										
Management & Staffing										
TOTAL										

- Subject to further review and approval by the Office of the Secretary of Defense