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Condensed COP Report

Haiti

2005

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Country Operational Plan (COP)

Country Name: Haiti
Fiscal Year 2005

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Table 1: Country Program Strategic Overview

1.1

National Response

The USG/Haiti is committed to rally and support the various components of the Haitian society through a stepwise, multi-sectoral approach in order to generate a sustainable response to the AIDS epidemics. To ensure the success of this endeavor, the USG/HAITI for the next five years will develop its interventions along the line of the following principles: (i) support response in a broad range of sectors (ii) focus on partnership between sectors for joint or complementary interventions, (iii) use of flexible designs adapted to local conditions to foster ownership of interventions (iv) reliance on and scaling up of existing initiatives, (v) comprehensive funding to support both provision of services and institutional development (vi) multiple mechanisms to channel support directly to civil society, communities, local government and decentralized public agencies. These interventions will be undertaken within the guidelines of the National Strategy for HIV/AIDS and with focus on ensuring that national coverage is obtained.

The National Strategic Plan (NSP) for HIV/AIDS provides a good foundation for the national response to HIV/AIDS. However, a comprehensive multi-sectoral action plan that would synthesize strategies and integrate multiple sectors and groups affected by the epidemic including: people living with HIV/AIDS, private business, public sectors other than health, local government, and decentralized public agencies has not yet materialized. The education sector has initiated some planning, but key activities and allocation of funding has remained limited to the health sector. The USC will address this gap in FY '05 by advocating the development of a multi-sectoral action plan and by allowing two important sectors, Public Education and the Private sector, to reinforce current activities through limited funding and support to beef up activities in areas where synergy can be created with other PEPFAR activities. Reinforcement of the public education sector will include development/adoption of pre-service training curricula and technical assistance to universities for their implementation. Assistance to the private sector includes support and reinforcement of testing and counseling and prevention activities in industrial parks. The advocacy for a multi-sectoral plan and reinforcement of education and private sectors will progress towards the emergence of sector-specific models that can be synchronized into an overarching multi-sector plan in future years. To encourage the development and implementation of a multi-sectoral plan, the USG will provide financial support to the MOH to manage a special fund. This fund will be made available to other Ministries to encourage HIV/AIDS prevention, care and treatment activities within their Ministry.

The CCM, originally created as a committee of the whole for PIs and SRs of the Global Fund, chaired by the MOH with the First Lady, and including representatives from other ministries, and USAID and CDC representing bilaterals, the private sector, as well as a PLWHA representative, also had an executive committee. With the change in government, the composition and nature of the CCM has also changed. It is chaired by the MOH, but it is managed by a MOH Coordinator for the GF, as well as for all other internationally-supported HIV/AIDS programs, who reports to the Minister. This person is also the Executive Secretary of the CCM at present. The CCM still has representatives of other ministries, USAID and CDC representing bilaterals, private sector, multilaterals, but no formal executive committee. The facilitator is now an intermediary "facilitator" between the UCC (coordination and monitoring unit for HIV/AIDS) and the Minister and her cabinet, and will be supported by a Coordination Office with cross-cutting coordination and administrative responsibilities, including a strong M%E Unit. USG hopes to promote grants from the MOH to other ministries on the CCM to engage them more fully in HIV/AIDS activities in their respective sectors. The MOH will become the PI for the GF in 2006 under current plans.

PEPFAR funding in FY '04 has enabled the selection of a set of national indicators and variables along with collection of data for the scale up of two main interventions VCT and PMTCT. Funding in '04 will allow for the development of a national monitoring and evaluation system for scale up of other interventions to including clinical care, high risk groups, and non-facility based interventions such as ABY, OVC, and palliative care. The current approach being pursuing includes: (i) Continued support to a national technical committee to coordinate M&E efforts, (ii) provision of guidance, review and approval of indicators and instruments (iii) provision of technical assistance and consultancies and use of existing partnership between the MOH and NGO for the elaboration of instruments; collection, process, and analyze data (iv) reinforcement of M&E and surveillance infrastructure by incorporating IT capacity at the facility level and at the MOH (v) reinforcement of MOH capacity to access information and perform analysis, by assisting the MOH to access and manipulate information and data, and by training relevant staff. The long-term goal is to constitute a national repository where information on services, commodities, financing for HIV converge and where sufficient capacity exists to perform queries, correlation and analysis. This plan to reinforce the development of a national M&E system through strong support and capacity building for the ministry will work towards the 3 ones goal.

Network Model

PEPFAR FY04 provided funding for the initiation of regional planning and coordination of activities in 5 of the 9 geographical departments in the country, with the purpose of galvanizing resources and expertise to generate regional responses under the leadership of departmental directorates reinforced to assume their leadership, coordination, and monitoring roles. Public entities, NGO, CBO, FBO, PLWA associations, commercial health sector will develop a five year plan that will lay out strategies and actions to increase coverage on the basis of a regional map, reinforce regional referral mechanisms, develop a strategy to address training needs, monitoring and evaluation at the regional level. Efforts are simultaneously underway to strengthen the departmental hospitals to serve as referral centers not only to treat patients, but also to ensure training and quality control for all providers within the region. Commercial private providers, such as private labs, and private practitioners are being targeted in different regions for training. The mid-term vision is to create in each one of the 9 departments of the country a network of resources involved in various aspects of prevention and treatment and supported in their endeavor by regional capacity to plan, coordinate, train, supervise, monitor and control.

Human Capacity Development

During the first years of the program, the approach utilized for human capacity development was the provision of initial trainings to a core of in-services staff at various sites to enable them to deliver basic counseling and testing services rapidly to their target population. As the program has matured and as it is entering into a new era of scaling up care and treatment services, the need for well trained personnel has increased considerably. Health care facilities, familiar mainly with the provision of care for acute illnesses and operating with limited number of staff, without genuine links with communities are now facing the challenges of providing chronic care for a large number of patients and ensuring follow up outside health facilities. CBO and FBO need more outreach workers to ensure awareness, promotion, and the ability to bridge patients to care facilities. This situation places tremendous stress on institutions already strapped for human resources in a country with limited number HIV/AIDS specific training. The strategies that will be supported by the USG for the next years are to: (i) training at all sites, outside the core personnel (ii) short term initial trainings for starters in parallel with advanced training for enhancement of skills for in service personnel; (iii) incorporating in the AIDS arena new category of personnel such as social workers, and information technology specialists to improve efficiency (iv) provision and improvement of pre-service training by integrating HIV/AIDS training modules in faculty and teaching hospitals and develop capacity of teaching hospital to offer field practice to their trainees (v) building capacity at the regional level for training (vi) recruiting in the least disruptive way, temporary workers to beef up existing staff where the need exist, and create hence another pool of trained people that can easily integrate into an existing structure and operate efficiently.

Haiti has a long history of public-private partnership specially in the area of the fight against HIV-AIDS, with NGOs collaborating with the MOH for the elaboration of the National Strategic Plan and the national norms for provision of services, for drug management and distribution, and for collection and processing of data. Other examples are the fact that PIH and Gheskio, the two pioneers in provision of HIV/AIDS services, are developing capacity at various public sites. Gheskio is headquartered and operates currently in a MOH facility. The USG will continue to provide opportunity and encourage these types of partnerships by among other things: supporting sharing of experience through field visits and regular forums; encouraging sharing of responsibility between both sectors and hence build capacity for training and quality control; creating cooperative agreements with leading NGOs to provide field support services to public sites for improvement of services; and involving NGOs that already have some capacity in national logistic management and commodity distribution. The USG will take also initial steps to bring the private commercial health sector into the initiative. In addition to NGOs and CBOs, USG Haiti partners with multiple faith-based organizations, various agencies of the United Nations System, other bilateral donors, as well as government bodies including the Ministry of Health. These partnerships will be strengthened and expanded in FY 05.

Haiti has benefited from a four-year program called SMARTWork (Strategically Managing AIDS Responses Together in the Workplace), funded by the U.S. Department of Labor (DOL) for period (2001-2005), implemented by the Academy for Educational Development (AED). The objective of this program was to: (i) increase understanding of the existing workplace HIV/AIDS prevention efforts and policies in key sectors of the economy (ii) prepare a country needs assessment. (iii) mobilize national level tripartite effort to establish and expand HIV/AIDS programs and policies to reduce stigma and discrimination in the workplace and (iv) increase the number of enterprises (including business, labor union, and ministry of labor workplaces) that have effective workplace HIV/AIDS prevention and support programs and policies that serve to reduce stigma and discrimination.

Some major achievements these programs are: (i) formation of a Tripartite Advisory Board, whose six members include representatives from business, labor, government and, NGOs. (ii) provision of technical assistance to ADIH members (Association des Industries d'Haiti), workers, government and labor unions in the creation of a Workplace Policy on HIV/AIDS. (iii) provision of training, technical assistance, and information to over eight (8) businesses, three (3) union confederations, and NGOs on establishing effective workplace HIV/AIDS prevention programs and policies. Eight companies have adopted the Policy, have put in place HIV/AIDS and have already begun to implement workplace programs around HIV/AIDS. (iii) Completed a country profile and needs assessment that pinpoints areas where issues around HIV/AIDS can be affected. (iv) Provided technical assistance to participating businesses to create HIV/AIDS planning committees in each enterprise.

This program will continue to be funded under PEPFAR for FY 05 through USAID.

Strengthening capacity of health care facilities to deliver services has always been part of the USG strategy to combat the epidemic. Currently there is a mix of 40 public and NGO sites that are receiving support from the USG; and 30 more are expected to be reached over the five year span of the project. These facilities located throughout the country are receiving various inputs ranging from: renovation of facilities, and procurement of office and lab equipment, test kits, drugs, consumables, and medical equipment. The approach adopted by the USG is to ensure that the sites selected for support respond to criteria set by the Ministry of Health and can ensure by their location, and attendance significant coverage and impact. In addition to the physical improvement of facilities, as well as provision of equipment and supplies, the hiring and training of personnel and improved management and operational capacity are also major elements of support provided by USG.

In Haiti, like in other parts of the world, women are at increasing risk of being infected by HIV/AIDS and the rate of HIV/AIDS among women is soaring at an alarming pace. While only one woman was infected for every 6 men in 1980, two decade later women are accounting for half of those infected with the virus. The consequences not only for the women who get sick and die in their prime age but also their infected children, the orphans they leave behind, and their families. The bleak reality is that : (i) the sexual and economic subordination of women leads to higher vulnerability (ii) the programs reaching out to women are limited as prevention of methods are not always effective since women have little or no power to apply them and negotiate condom use, abstinence or mutual fidelity; (iv) with focus and resources for HIV AIDS programs going almost exclusively to the health sector, there is never being a clear strategy to reach out women outside the health settings; (v) efforts to reach those who are occupationally exposed such as the Commercial Sex Workers have been historically limited (ii) even when conclusive proof exists that STI facilitate the spread of HIV and augment women's biological vulnerability to HIV, women often go untreated even when symptomatic, under the belief that they are experiencing normal women's problems. The USG has taken concrete steps to increase access of women to information and services by expanding the PMTCT program targeting pregnant women and by supporting three CSW clinics. The strategy for the future will be to: (i) support school programs targeting young girls to give them better understanding of their reproductive system or the mechanism of HIV/STI transmission (ii) support women's groups to allow them to develop multipurpose program with HIV component (iii) expanding the program for commercial sex workers (iv) promoting female controlled prevention methods such as female condoms and lubricants (v) reinforce STI screening management at all USG supported sites, including VCT/PMTCT sites, family planning clinics (vi) providing free services to infected pregnant women.

The efforts to combat stigma and discrimination will be directed at different levels:

- **The health care system:** Stigma takes different forms in the health sector: breaches of confidentiality, denial of hospital facilities and medication, testing without consent. As for the general public the major reason for stigma within the health care sector is ignorance and lack of knowledge about HIV/AIDS transmission. There is being some isolated initiative to combat stigma by organizing information sessions at some sites personnel. Among the measures contemplated to fight stigma within the health sector are: (i) formalization of a curriculum for information of health personnel and systematic organization of sessions at each sites. (ii) provision of Kits for AES at all sites (iii) specific measures for reinforcing confidentiality such as the inclusion of a confidentiality clause in all individual contract financed by the USG, sign-in sign off procedures, written commitment of all organizations working with the USG to investigate and take appropriate sanction
- **Family and the community:** Families are primary care givers to sick members and because of stigma they often shield affected members from the wider community by keeping them within the house. Moreover, fear of rejection within home and the local community prevent people living with HIV/AIDS revealing their serostatus. The strategy to combat stigma within family and the community include the following: (i) Creation of more community-based VCT, where the involvement and training of community members will create more openness toward HIV (ii) creation of PLWA support groups with participation of affected family members (iii) Involvement of PLWA
- **The work place:** With the increase availability of resources that render testing readily available and affordable, pre-employment screening are becoming increasingly popular in Haiti. Under pressure from employer-sponsored insurance schemes, some employers have started to deny employment to infected people. Baby steps have been taken last year to develop a program for factory workers at the biggest industrial campus "Parc Industriel" by providing voluntary counseling and testing services and making referrals to PEPFAR supported sites for Care and treatment. The strategy for the future will be centered on working in collaboration with a US supported project "Smartwork" to develop and implement a comprehensive program for the business community. This organization working already with union workers and association of entrepreneurs would facilitate: (i) HIV/AIDS advocacy in the enterprise, (ii) creation and training of HIV/AIDS focal point within the enterprise (iii) awareness, promotional and educational activities (iv) inventory of associations from the informal sector and their incorporation in future planning (v) elaboration of an overall blueprint for the private sector.

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Table 2: HIV/AIDS PREVENTION, CARE AND TREATMENT TARGETS

	<u>National</u> <u>2-7-10</u>	<u>USG Direct Support</u> <u>Target End FY05</u>	<u>USG Indirect Support</u> <u>Target End FY05</u>	<u>Total USG Support</u> <u>Target End FY05</u>
Prevention	Target 2008: 122,307			
Number of pregnant women receiving a complete course of antiretroviral prophylaxis in a PMTCT setting		2,108	210	2,118
Number of pregnant women who received PMTCT services in FY05		85,000	850	85,850
Care	Target 2008: 125,000	51,250	513	51,763
Number of HIV-infected individuals (diagnosed or presumed) receiving palliative care/basic health care and support at the end of FY05		31,250	312	31,562
Number of HIV-infected individuals (diagnosed or presumed) who received TB care and treatment in an HIV palliative care setting in FY05		20,000	0	20,000
Number of individuals who received counseling and testing in FY05		168,000	2,000	170,000
Number of OVCs being served by an OVC program at the end of FY05		10,000	0	10,000
Treatment	Target 2008: 25,000	9,250	0	9,250
Number of individuals with advanced HIV infection receiving antiretroviral therapy at the designated PMTCT+ site at the end of FY05		236	0	236
Number of individuals with HIV infection receiving antiretroviral therapy at the end of FY05		9,250	0	9,250

Table 3.1: COUNTRY PLAN - FUNDING MECHANISMS AND SOURCE

Prime Partner: None Selected

Mech ID: 1,580
Mech Type: Unallocated
Mech Name: Unallocated
Planned Funding Amount:
Agency:
Funding Source:
Local:

Prime Partner: To Be Determined

Mech ID: 1,549
Mech Type: Locally procured, country funded (Local)
Mech Name: HHS/GAC/Local
Planned Funding Amount:
Agency: HHS
Funding Source: GAC (GHAJ account)
Prime Partner ID: 537
Prime Partner Type: Own Agency
Local: No
New Partner: Yes

Prime Partner: Academy for Educational Development

Mech ID: 1,356
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: USAID/GAC/HQ
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHAJ account)
Prime Partner ID: 415
Prime Partner Type: NGO
Local: No
New Partner: Yes

Sub-Partner Name: Association pour la Prévention de l'Alcool et Autres Accoutumances Chimiques
Sub Partner Type: NGO
Planned Funding Amount: Funding To Be Determined
Local: Yes
New Partner: Yes

Sub-Partner Name: International Organisation for Migration
Sub Partner Type: Multi-lateral Agency
Planned Funding Amount: Funding To Be Determined
Local: No
New Partner: Yes

Sub-Partner Name: Johns Hopkins University Center for Communication Programs
Sub Partner Type: Private Contractor
Planned Funding Amount: Funding To Be Determined
Local: No
New Partner: No

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Prime Partner: Academy for Educational Development

Sub-Partner Name: Konesans Fanmi

Sub Partner Type: NGO

Planned Funding Amount: Funding To Be Determined

Local: Yes

New Partner: No

Sub-Partner Name: The Futures Group International

Sub Partner Type: Private Contractor

Planned Funding Amount: Funding To Be Determined

Local: No

New Partner: No

Prime Partner: Association of Public Health Laboratories

Mech ID: 15

Mech Type: Headquarters procured, country funded (HQ)

Mech Name: HHS/APHL/HQ

Planned Funding Amount:

Agency: HHS

Funding Source: GAC (GHAJ account)

Prime Partner ID: 171

Prime Partner Type: NGO

Local: No

New Partner: No

Prime Partner: CARE USA

Mech ID: 1,424

Mech Type: Headquarters procured, country funded (HQ)

Mech Name: CARE/GAC/HQ

Planned Funding Amount:

Agency: USAID

Funding Source: GAC (GHAJ account)

Prime Partner ID: 759

Prime Partner Type: NGO

Local: No

New Partner: No

Prime Partner: Catholic Relief Services

Mech ID: 1,423

Mech Type: Headquarters procured, country funded (HQ)

Mech Name: USAID/GAC/HQ

Planned Funding Amount:

Agency: USAID

Funding Source: GAC (GHAJ account)

Prime Partner ID: 7

Prime Partner Type: NGO

Local: No

New Partner: No

Mech ID: 1,579

Mech Type: Headquarters procured, centrally funded (Central)

Mech Name: Central/Track 1

Planned Funding Amount:

Agency: HHS

Funding Source: N/A

Prime Partner ID: 7

Prime Partner Type: NGO

Local: No

New Partner: No

B5

Prime Partner: Creative Associates International Inc
Mech ID: 1,357
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: RAMAK Project
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHAJ account)
Prime Partner ID: 471
Prime Partner Type: NGO
Local: No
New Partner: Yes

B5

Prime Partner: Family Health International
Mech ID: 48
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: HHS/GAC/HQ
Planned Funding Amount:
Agency: HHS
Funding Source: GAC (GHAJ account)
Prime Partner ID: 180
Prime Partner Type: NGO
Local: No
New Partner: Yes

Mech ID: 1,418
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: USAID/GAC/HQ
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHAJ account)
Prime Partner ID: 180
Prime Partner Type: NGO
Local: No
New Partner: No

Sub-Partner Name: Centre d'Evaluation et de Recherche Appliquée (CERA)
Sub Partner Type: NGO
Planned Funding Amount: Funding To Be Determined
Local: Yes
New Partner: No

Sub-Partner Name: Promoteurs de l'Objectif ZéroSida
Sub Partner Type: NGO
Planned Funding Amount: Funding To Be Determined
Local: Yes
New Partner: No

Prime Partner: Foundation for Reproductive Health and Family Education
Mech ID: 1,050
Mech Type: Locally procured, country funded (Local)
Mech Name: HHS/GAC/LOCAL
Planned Funding Amount:
Agency: HHS
Funding Source: GAC (GHAJ account)
Prime Partner ID: 246
Prime Partner Type: NGO
Local: Yes
New Partner: No

B5

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

Mech ID: 17
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: HHS/GAC/HQ
Planned Funding Amount:
Agency: HHS
Funding Source: GAC (GHAJ account)
Prime Partner ID: 247
Prime Partner Type: NGO
Local: Yes
New Partner: No

Prime Partner: Haitian Child Health Institute

Mech ID: 54
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: HHS/GAC/HQ
Planned Funding Amount:
Agency: HHS
Funding Source: GAC (GHAJ account)
Prime Partner ID: 250
Prime Partner Type: NGO
Local: Yes
New Partner: No

Prime Partner: Institute of Human Virology at the University of Maryland

Mech ID: 1,548
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: HHS/GAC/HQ
Planned Funding Amount:
Agency: HHS
Funding Source: GAC (GHAJ account)
Prime Partner ID: 594
Prime Partner Type: University
Local: No
New Partner: Yes

B5

Prime Partner: International Child Care

Mech ID: 29
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: USAID/GAC/HQ
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHAJ account)
Prime Partner ID: 591
Prime Partner Type: FBO
Local: No
New Partner: No

B5

Prime Partner: International Training and Education Center on HIV

Mech ID: 28
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: HHS/GAC/HQ
Planned Funding Amount:
Agency: HHS
Funding Source: GAC (GHAJ account)
Prime Partner ID: 190
Prime Partner Type: University
Local: No
New Partner: No

B5

Prime Partner: John Snow Inc
Mech ID: 64

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Prime Partner: John Snow Inc
 Mech Type: Headquarters procured, centrally funded (Central)
 Mech Name: HHS/GAC/Central
 Planned Funding Amount:
 Agency: HHS
 Funding Source: GAC (GHA) account
 Prime Partner ID: 427
 Prime Partner Type: NGO
 Local: Yes
 New Partner: Yes

Mech ID: 1,543
 Mech Type: Headquarters procured, country funded (HQ)
 Mech Name: HHS/GAC/HQ
 Planned Funding Amount: B5
 Agency: HHS
 Funding Source: GAC (GHA) account
 Prime Partner ID: 427
 Prime Partner Type: NGO
 Local: Yes
 New Partner: No

Prime Partner: Johns Hopkins University Center for Communication Programs
 Mech ID: 26
 Mech Type: Headquarters procured, country funded (HQ)
 Mech Name: USAID/GAC/HQ
 Planned Funding Amount:
 Agency: USAID
 Funding Source: GAC (GHA) account
 Prime Partner ID: 481
 Prime Partner Type: Private Contractor
 Local: No
 New Partner: No

Sub-Partner Name: APAAC
 Sub Partner Type: NGO
 Planned Funding Amount: Funding To Be Determined
 Local: Yes
 New Partner: No

Sub-Partner Name: CARE USA
 Sub Partner Type: NGO
 Planned Funding Amount: Funding To Be Determined
 Local: No
 New Partner: No

Sub-Partner Name: Centre de Communication sur le SIDA (CECOSIDA)
 Sub Partner Type: NGO
 Planned Funding Amount: Funding To Be Determined
 Local: No
 New Partner: No

Sub-Partner Name: Fondation for Reproductive Health and Family Education
 Sub Partner Type: NGO
 Planned Funding Amount: Funding To Be Determined
 Local: Yes
 New Partner: No

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Prime Partner: Johns Hopkins University Center for Communication Programs

Sub-Partner Name: Haitian Health Foundation
Sub Partner Type: FBO
Planned Funding Amount: Funding To Be Determined
Local: Yes
New Partner: No

Sub-Partner Name: Inteliconsult
Sub Partner Type: Private Contractor
Planned Funding Amount: Funding To Be Determined
Local: No
New Partner: Yes

Sub-Partner Name: Ministere de la Sante Publique et de la Population
Sub Partner Type: Host Country Government Agency
Planned Funding Amount: Funding To Be Determined
Local: Yes
New Partner: No

Sub-Partner Name: Promoteurs de l'Objectif ZeroSida
Sub Partner Type: NGO
Planned Funding Amount: Funding To Be Determined
Local: Yes
New Partner: No

Sub-Partner Name: The Futures Group International
Sub Partner Type: Private Contractor
Planned Funding Amount: Funding To Be Determined
Local: No
New Partner: No

Prime Partner: Johns Hopkins University Insititue for Interanational Programs

Mech ID: 1,344
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: USAID/GAC/HQ
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHA) account)
Prime Partner ID: 482
Prime Partner Type: University
Local: No
New Partner: No

Sub-Partner Name: Ministere de la Sante Publique et Population
Sub Partner Type: Host Country Government Agency
Planned Funding Amount: Funding To Be Determined
Local: Yes
New Partner: No

Prime Partner: Joint United Nations Program on HIV/AIDS

Mech ID: 23
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: HHS/GAC/HQ
Planned Funding Amount:
Agency: HHS

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Prime Partner: Joint United Nations Program on HIV/AIDS
Funding Source: GAC (GHA account)
Prime Partner ID: 518
Prime Partner Type: Multi-lateral Agency
Local: No
New Partner: No

Prime Partner: Management and Resources for Community Health
Mech ID: 1,573
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: CDC/GAC/HQ
Planned Funding Amount:
Agency: HHS
Funding Source: GAC (GHA account)
Prime Partner ID: 2,471
Prime Partner Type: NGO
Local: Yes
New Partner: No

Prime Partner: Management Sciences for Health
Mech ID: 18
Mech Type: Locally procured, country funded (Local)
Mech Name: USAID/GAC/Local
Planned Funding Amount: B5
Agency: USAID
Funding Source: GAC (GHA account)
Prime Partner ID: 194
Prime Partner Type: NGO
Local: No
New Partner: No

Sub-Partner Name: AOPS
Sub Partner Type: NGO
Planned Funding Amount: Funding To Be Determined
Local: Yes
New Partner: No

Sub-Partner Name: Association entre aide Dame Marie
Sub Partner Type: NGO
Planned Funding Amount: Funding To Be Determined
Local: No
New Partner: No

Sub-Partner Name: BERACA
Sub Partner Type: FBO
Planned Funding Amount: Funding To Be Determined
Local: No
New Partner: No

Sub-Partner Name: CEGYPEF
Sub Partner Type: NGO
Planned Funding Amount: Funding To Be Determined
Local: Yes
New Partner: No

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Prime Partner:

Management Sciences for Health

Sub-Partner Name: Centers for Development and Health, Haiti
Sub Partner Type: NGO
Planned Funding Amount: Funding To Be Determined
Local: Yes
New Partner: No

Sub-Partner Name: Centre Leon Coicou
Sub Partner Type: NGO
Planned Funding Amount: Funding To Be Determined
Local: No
New Partner: No

Sub-Partner Name: Cite Lumiere
Sub Partner Type: FBO
Planned Funding Amount: Funding To Be Determined
Local: Yes
New Partner: No

Sub-Partner Name: CityMed/March
Sub Partner Type: NGO
Planned Funding Amount: Funding To Be Determined
Local: Yes
New Partner: No

Sub-Partner Name: Clinique Dugue, Haiti
Sub Partner Type: NGO
Planned Funding Amount: Funding To Be Determined
Local: Yes
New Partner: No

Sub-Partner Name: Clinique La Fanmi
Sub Partner Type: NGO
Planned Funding Amount: Funding To Be Determined
Local: No
New Partner: No

Sub-Partner Name: Clinique Le Prête
Sub Partner Type: NGO
Planned Funding Amount: Funding To Be Determined
Local: Yes
New Partner: No

Sub-Partner Name: Clinique Pierre Payen
Sub Partner Type: NGO
Planned Funding Amount: Funding To Be Determined
Local: Yes
New Partner: No

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Prime Partner:

Management Sciences for Health

Sub-Partner Name:	Clinique Saint Paul
Sub Partner Type:	FBO
Planned Funding Amount:	<input checked="" type="checkbox"/> Funding To Be Determined
Local:	Yes
New Partner:	No
<hr/>	
Sub-Partner Name:	Comite de Bienfaisance de Pignon
Sub Partner Type:	FBO
Planned Funding Amount:	<input checked="" type="checkbox"/> Funding To Be Determined
Local:	Yes
New Partner:	No
<hr/>	
Sub-Partner Name:	Fille de la Charité
Sub Partner Type:	FBO
Planned Funding Amount:	<input checked="" type="checkbox"/> Funding To Be Determined
Local:	Yes
New Partner:	No
<hr/>	
Sub-Partner Name:	FOCAS
Sub Partner Type:	NGO
Planned Funding Amount:	<input checked="" type="checkbox"/> Funding To Be Determined
Local:	Yes
New Partner:	No
<hr/>	
Sub-Partner Name:	Fondation pour le Developpement de la Famille Haitienne
Sub Partner Type:	NGO
Planned Funding Amount:	<input checked="" type="checkbox"/> Funding To Be Determined
Local:	Yes
New Partner:	No
<hr/>	
Sub-Partner Name:	Foundation for Reproductive Health and Family Education
Sub Partner Type:	NGO
Planned Funding Amount:	<input checked="" type="checkbox"/> Funding To Be Determined
Local:	Yes
New Partner:	No
<hr/>	
Sub-Partner Name:	GRACE Children
Sub Partner Type:	NGO
Planned Funding Amount:	<input checked="" type="checkbox"/> Funding To Be Determined
Local:	No
New Partner:	No
<hr/>	
Sub-Partner Name:	Groupe Haitien d'Etude du Sarcome de Kaposi et des Infections Opportunistes
Sub Partner Type:	NGO
Planned Funding Amount:	<input checked="" type="checkbox"/> Funding To Be Determined
Local:	Yes
New Partner:	No

UNCLASSIFIED

Prime Partner:

Management Sciences for Health

Sub-Partner Name: Haitian Child Health Institute
Sub Partner Type: NGO
Planned Funding Amount: Funding To Be Determined
Local: Yes
New Partner: No

Sub-Partner Name: Haitian Health Foundation
Sub Partner Type: FBO
Planned Funding Amount: Funding To Be Determined
Local: Yes
New Partner: No

Sub-Partner Name: HAS
Sub Partner Type: NGO
Planned Funding Amount: Funding To Be Determined
Local: Yes
New Partner: No

Sub-Partner Name: HHF - Haitian Health Foundation
Sub Partner Type: NGO
Planned Funding Amount: Funding To Be Determined
Local: Yes
New Partner: No

Sub-Partner Name: Hopital Bon Berger
Sub Partner Type: NGO
Planned Funding Amount: Funding To Be Determined
Local: Yes
New Partner: No

Sub-Partner Name: Hopital Bonnefin
Sub Partner Type: FBO
Planned Funding Amount: Funding To Be Determined
Local: Yes
New Partner: No

Sub-Partner Name: Hopital Claire Heureuse
Sub Partner Type: NGO
Planned Funding Amount: Funding To Be Determined
Local: Yes
New Partner: No

Sub-Partner Name: Hopital Communauté Haitienne
Sub Partner Type: NGO
Planned Funding Amount: Funding To Be Determined
Local: Yes
New Partner: No

UNCLASSIFIED

Prime Partner:

Management Sciences for Health

Sub-Partner Name: Hopital de Fermathe, Haiti
Sub Partner Type: FBO
Planned Funding Amount: Funding To Be Determined
Local: Yes
New Partner: No

Sub-Partner Name: Hopital de Mirabalais
Sub Partner Type: NGO
Planned Funding Amount: Funding To Be Determined
Local: Yes
New Partner: No

Sub-Partner Name: Hopital Diquini
Sub Partner Type: FBO
Planned Funding Amount: Funding To Be Determined
Local: Yes
New Partner: No

Sub-Partner Name: Hopital Sainte Claire
Sub Partner Type: FBO
Planned Funding Amount: Funding To Be Determined
Local: Yes
New Partner: No

Sub-Partner Name: Hopital Ste. Croix
Sub Partner Type: FBO
Planned Funding Amount: Funding To Be Determined
Local: Yes
New Partner: No

Sub-Partner Name: ICC
Sub Partner Type: NGO
Planned Funding Amount: Funding To Be Determined
Local: No
New Partner: No

Sub-Partner Name: ICC
Sub Partner Type: NGO
Planned Funding Amount: Funding To Be Determined
Local: No
New Partner: No

Sub-Partner Name: INHSAC
Sub Partner Type: NGO
Planned Funding Amount: Funding To Be Determined
Local: Yes
New Partner: No

UNCLASSIFIED

Prime Partner:

Management Sciences for Health

Sub-Partner Name: Konesans Fanmi
Sub Partner Type: NGO
Planned Funding Amount: Funding To Be Determined
Local: Yes
New Partner: No

Sub-Partner Name: La Fossetto
Sub Partner Type: NGO
Planned Funding Amount: Funding To Be Determined
Local: No
New Partner: No

Sub-Partner Name: MSPP
Sub Partner Type: Host Country Government Agency
Planned Funding Amount: Funding To Be Determined
Local: Yes
New Partner: No

Sub-Partner Name: Obstetrical Care Group, Haiti
Sub Partner Type: NGO
Planned Funding Amount: Funding To Be Determined
Local: Yes
New Partner: No

Sub-Partner Name: Population Services International
Sub Partner Type: NGO
Planned Funding Amount: Funding To Be Determined
Local: No
New Partner: No

Sub-Partner Name: POZ
Sub Partner Type: NGO
Planned Funding Amount: Funding To Be Determined
Local: Yes
New Partner: No

Sub-Partner Name: SADA
Sub Partner Type: NGO
Planned Funding Amount: Funding To Be Determined
Local: Yes
New Partner: No

Sub-Partner Name: Sainte Helene
Sub Partner Type: FBO
Planned Funding Amount: Funding To Be Determined
Local: Yes
New Partner: No

UNCLASSIFIED

Prime Partner:

Management Sciences for Health

Sub-Partner Name: Save the Children US
Sub Partner Type: NGO
Planned Funding Amount: Funding To Be Determined
Local: No
New Partner: No

Sub-Partner Name: Université Quisqueya
Sub Partner Type: University
Planned Funding Amount: Funding To Be Determined
Local: Yes
New Partner: No

Mech ID: 1,544
Mech Type: Locally procured, country funded (Local)
Mech Name: USAID/GACRPM+/LOCAL
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHA) account
Prime Partner ID: 194
Prime Partner Type: NGO
Local: No
New Partner: No

B5

Mech ID: 1,545
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: USAID/GAC/HQ
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHA) account
Prime Partner ID: 194
Prime Partner Type: NGO
Local: No
New Partner: No

B5

Prime Partner:

Ministre de la Sante Publique et Population

Mech ID: 60
Mech Type: Headquarters procured, centrally funded (Central)
Mech Name: Blood Safety/HHS/NA/Central
Planned Funding Amount:
Agency: HHS
Funding Source: N/A
Prime Partner ID: 599
Prime Partner Type: Host Country Government Agency
Local: Yes
New Partner: No

Sub-Partner Name: Haitian Red Cross
Sub Partner Type: NGO
Planned Funding Amount: Funding To Be Determined
Local: Yes
New Partner: Yes

Mech ID: 1,438
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: HHS/GAC/HQ
Planned Funding Amount:
Agency: HHS
Funding Source: GAC (GHA) account

UNCLASSIFIED

Prime Partner: *Ministre de la Sante Publique et Population*
Prime Partner ID: 599
Prime Partner Type: Host Country Government Agency
Local: Yes
New Partner: No

Prime Partner: *National Association of State and Territorial AIDS Directors*
Mech ID: 51
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: HHS/GAC/HQ
Planned Funding Amount:
Agency: HHS
Funding Source: GAC (GHAJ account)
Prime Partner ID: 590
Prime Partner Type: NGO
Local: No
New Partner: No

Prime Partner: *Pact, Inc.*
Mech ID: 1,429
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: USAID/GAC/HQ
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHAJ account)
Prime Partner ID: 200
Prime Partner Type: NGO
Local: No
New Partner: Yes

Prime Partner: *Partners in Health*
Mech ID: 59
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: HHS/GAC/HQ
Planned Funding Amount:
Agency: HHS
Funding Source: GAC (GHAJ account)
Prime Partner ID: 598
Prime Partner Type: NGO
Local: No
New Partner: No

Prime Partner: *Population Services International*
Mech ID: 22
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: HHS/GAC/HQ
Planned Funding Amount:
Agency: HHS
Funding Source: GAC (GHAJ account)
Prime Partner ID: 206
Prime Partner Type: NGO
Local: No
New Partner: No

Mech ID: 52
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: USAID/GAC/HQ
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHAJ account)
Prime Partner ID: 206
Prime Partner Type: NGO
Local: No

UNCLASSIFIED

Prime Partner: Population Services International
New Partner: No

Prime Partner: Promoteurs de l'Objectif ZéroSida
Mech ID: 1,389
Mech Type: Locally procured, country funded (Local)
Mech Name: USAID/GAC/Local
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHAI account)
Prime Partner ID: 2,426
Prime Partner Type: NGO
Local: Yes
New Partner: No

Mech ID: 1,390
Mech Type: Locally procured, country funded (Local)
Mech Name: HHS/GAC/Local
Planned Funding Amount:
Agency: HHS
Funding Source: GAC (GHAI account)
Prime Partner ID: 2,426
Prime Partner Type: NGO
Local: Yes
New Partner: Yes

Prime Partner: Save the Children US
Mech ID: 1,571
Mech Type: Locally procured, country funded (Local)
Mech Name: USAID/GAC/Local
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHAI account)
Prime Partner ID: 213
Prime Partner Type: NGO
Local: No
New Partner: No

Prime Partner: The Futures Group International
Mech ID: 49
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: USAID/GAC/HQ
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHAI account)
Prime Partner ID: 435
Prime Partner Type: Private Contractor
Local: No
New Partner: No

Prime Partner: Tulane University
Mech ID: 55
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: HHS/GAC/HQ
Planned Funding Amount:
Agency: HHS
Funding Source: GAC (GHAI account)
Prime Partner ID: 488
Prime Partner Type: University
Local: No
New Partner: No

Prime Partner: University of Medicine and Dentistry, New Jersey

UNCLASSIFIED

Prime Partner: University of Medicine and Dentistry, New Jersey
Mech ID: 1,546
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: HHS/GAC/HQ
Planned Funding Amount:
Agency: HHS
Funding Source: GAC (GHAI account)
Prime Partner ID: 2,270
Prime Partner Type: University
Local: No
New Partner: Yes

B5

Prime Partner: US Agency for International Development
Mech ID: 1,419
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: USAID/GAC/HQ
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHAI account)
Prime Partner ID: 527
Prime Partner Type: Own Agency
Local: No
New Partner: No

Mech ID: 1,569
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: USAID/deferred/HQ
Planned Funding Amount:
Agency: USAID
Funding Source: Deferred (GHAI)
Prime Partner ID: 527
Prime Partner Type: Own Agency
Local: No
New Partner: No

Prime Partner: US Centers for Disease Control and Prevention
Mech ID: 47
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: HQ/GAC/CDC
Planned Funding Amount:
Agency: HHS
Funding Source: GAC (GHAI account)
Prime Partner ID: 528
Prime Partner Type: Own Agency
Local: No
New Partner: No

Mech ID: 1,518
Mech Type: Locally procured, country funded (Local)
Mech Name: HHS/GAC/LOCAL
Planned Funding Amount:
Agency: HHS
Funding Source: GAC (GHAI account)
Prime Partner ID: 528
Prime Partner Type: Own Agency
Local: No
New Partner: No

Mech ID: 1,517
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: HHS/Deferred
Planned Funding Amount:
Agency: HHS

UNCLASSIFIED

Prime Partner: US Centers for Disease Control and Prevention

Funding Source: Deferred (GHA)
Prime Partner ID: 528
Prime Partner Type: Own Agency
Local: No
New Partner: No

Mech ID: 1,574
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: CDC/Base/HQ
Planned Funding Amount:
Agency: HHS
Funding Source: Base (GAP account)
Prime Partner ID: 528
Prime Partner Type: Own Agency
Local: No
New Partner: No

Prime Partner: World Health Organization

Mech ID: 57
Mech Type: Headquarters procured, centrally funded (Central)
Mech Name: HHS/NA/Central
Planned Funding Amount:
Agency: HHS
Funding Source: N/A
Prime Partner ID: 523
Prime Partner Type: Multi-lateral Agency
Local: No
New Partner: No

Prime Partner: World Vision International

Mech ID: 45
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: USAID/GAC/HQ
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHA) account)
Prime Partner ID: 26
Prime Partner Type: FBO
Local: No
New Partner: No

Program Area:

Budget Code:

Program Area Code:

Table 3.3.1: PROGRAM PLANNING OVERVIEW

- Result 1: Increased access to quality PMTCT services.
- Result 2: Quality PMTCT services integrated into routine maternal and child health services
- Result 3: Increased awareness and demand created for PMTCT services
- Result 4: Improved logistics system for the rollout of PMTCT services
- Result 5: Increased use of complete course of ARV prophylaxis by HIV+ pregnant women
- Result 6: Internationally approved PMTCT curriculum adapted and implemented
- Result 7: Increased number of trained staff skilled, motivated and productive

Total Funding for Program Area (\$): **Current Program Context:**

The success of the PMTCT pilot project carried out from 1998-2000 in three sites (GHESKIO, PIH, CHOSCAL) determined MOH to endorse PMTCT as one of the technical interventions in the 5-year National Strategic Plan to reduce the HIV transmission in the Haitian population where MTCT was the second leading cause of HIV transmission. Under this project, the transmission dropped down from 30% to 9%. But till the launch of the President Initiative for PMTCT in July 2003, there were only 3 PMTCT sites up and running, the same that were involved in the MOH/UNICEF pilot project. Nowadays the PMTCT network consists of 32 sites. For the sites reporting so far 20,755 Women have been tested from March 2003 to March 2004. Eight Hundred Twenty Eight (828) have been tested HIV+ (4%). Among women tested HIV+, only 29% received the ARV prophylactic regimen. As shown by this poor performance above, PMTCT in Haiti is characterized by a weak enrollment and poor management of enrollees; a low ARV prophylaxis coverage due to an important loss in the follow up process of HIV+ pregnant women; a very weak postnatal activities. The objective for FY05 aims especially at consolidating the PMTCT network while increasing moderately the number of new sites.

UNCLASSIFIED

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

Budget Code: (MTCT)

Program Area Code: 01

Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: HHS/APHL/HQ / Association of Public Health Laboratories

Planned Funds:

Activity Narrative: The prime partner will conduct rapid test training to 44 health care workers in PMTCT sites throughout the country. There will be three trainings separate trainings for 14 people per session.

Activity Category
 Training % of Funds
100%

Targets:

		<input type="checkbox"/> Not Applicable
Number of health workers newly trained or retrained in the provision of PMTCT services	100	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	0	<input checked="" type="checkbox"/> Not Applicable
Number of pregnant women provided with PMTCT services, including counseling and testing	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets providing the minimum package of PMTCT services	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

Health Care Workers

Key Legislative Issues:

Coverage Area: National

State Province: ISO Code:

UNCLASSIFIED

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

Budget Code: (MTCT)

Program Area Code: 01

Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: USAID/GAC/Local / Management Sciences for Health

Planned Funds:

Activity Narrative:

About thirty NGO's from MSH network are expected to provide PMTCT services in FY05. For the last 10 years, MSH has been provided support to sites for primary health care services including: maternal and child health, family planning, immunization, nutrition. MSH also has links and now a mandate to work with the public sector as well. MSH will assess the needs at both the public and private sector sites and provide the appropriate support for remodeling, training, reorganization of patient follow, procurement of equipment. They will ensure that:

- (i) counseling and testing are offered routinely to all pregnant women
- (ii) testing are available to women showing up late for delivery without prior pre-natal visit and that they get tested before delivery
- (iii) women who test positive are enrolled in the PMTCT program, and that enrolment implies a package of services including regular training sessions, ARV prophylaxis for the mother and the child, psycho-social support
- (iv) the prophylactic drugs for the positive women and the child to born are give early during the pregnancy to avoid any missed opportunity
- (v) positive women enrolled accept the support from a relative or for a community worker to supervise adherence and correct uptake of the prophylaxis drugs
- (vi) positive women accept to refer their partners for counseling
- (vii) children born from positive mothers are captured early, receive their prophylaxis drugs, and are tested regularly according to the schedule established by the norms
- (viii) all staff members at prenatal, gynecologic, and maternity wards receive appropriate training for delivering services
- (ix) the information system capture all information needed to monitor the program and that the data collection and reporting tools are used by the personnel.

[redacted] HUEH and Maternite Isaie Jeanty are the two major teaching hospitals that host residency training for all categories of personnel and have the highest turn-out for prenatal, gynecological and maternity services in the country, with each one of which performing more than 10,000 delivery per year. In FY05 these 2 sites will be two of the 44 sites listed above however it is recognized that as teaching hospitals that additional support will be necessary in organization of services and interns as well as incentives for teaching staff to provide the supervision required [redacted]. The partner will also provide support to MARCH in order to maintain their mobile clinics which link PMTCT services to Title 2 food distribution sites [redacted].

The biggest challenge for effectiveness of the PMTCT program is to ensure compliance and appropriate uptake of the ARV prophylaxis by infected mothers and their babies. With 80% of pregnant delivering home the program has no leverage over the uptake of the drugs at the expected critical moments such as around labor for pregnant women and within 72 hours of delivery for the babies. Subsidies for encouraging infected pregnant women to deliver at hospital will be included as an alternative, mainly when the recourse of a reliable buddy companion (accompagneurs) is not possible. This financial support which will be available for all public and private sites (NGO) and will include two components: (i) the hospital cost (ii) direct subvention to the beneficiary for covering transportation costs. MSH will be tasked: (i) to conceptualize and implement the system (ii) put in place mechanism for control at the site level (iii) provide quarterly reports on progress made on this component [redacted].

All drugs to be distributed as part of the PMTCT package need to be available at the pre-natal and maternity ward. Usually in larger hospitals only those drugs that do not require payment are stored at the institutional pharmacy and distributed to the wards. PEPFAR plans to use this system to distribute MTCT drugs to prenatal, maternity and pediatric wards. In order to do so the partner will be tasked to improve storage capacity at the wards and procure the prophylactic drugs at the 44 existing PMTCT sites. This will be a component of the central pipeline for essential VCT PMTCT and ART commodities. [redacted]

Activity Category

Activity Category	% of Funds
<input checked="" type="checkbox"/> Infrastructure	15%
<input checked="" type="checkbox"/> Logistics	50%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Training	25%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of health workers newly trained or retrained in the provision of PMTCT services	0	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	1,590	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with PMTCT services, including counseling and testing	64,000	<input type="checkbox"/> Not Applicable
Number of service outlets providing the minimum package of PMTCT services	44	<input type="checkbox"/> Not Applicable

Target Populations:

- Faith-based organizations
- Health Care Workers
- HIV+ pregnant women
- Nongovernmental organizations/private voluntary organizations

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

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

Budget Code: (MTCT)

Program Area Code: 01

Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: HHS/GAC/HQ / Population Services International

Planned Funds:

Activity Narrative: Support for ongoing 4 PMTCT sites. Expand all sites in FY05 to PMTCT+ by linking to GHESKIO and Fanne Pereo.

Activity Category

% of Funds

Targets:

Activity Category	% of Funds	
		<input type="checkbox"/> Not Applicable
Number of health workers newly trained or retrained in the provision of PMTCT services	0	<input checked="" type="checkbox"/> Not Applicable
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	0	<input checked="" type="checkbox"/> Not Applicable
Number of pregnant women provided with PMTCT services, including counseling and testing	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets providing the minimum package of PMTCT services	4	<input type="checkbox"/> Not Applicable

Target Populations:

Medical/health service providers

Pregnant women

Key Legislative Issues:

Coverage Area:

State Province: Ouest

ISO Code: HT-OU

UNCLASSIFIED

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

Budget Code: (MTCT)

Program Area Code: 01

Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: USAID/GAC/HQ / Johns Hopkins University Insititue for Interanational Programs

Planned Funds:

Activity Narrative:

JHPIEGHO, as the organization that has put together the training curriculum and modules for PMTCT, is in the best position to take on the role of a technical lead in updating policies and norms, encouraging strategies to increase access to services, ensuring quality assurance, training trainers, disseminating. They will specifically: (i) convene meetings of stakeholders to discuss new guidelines issued internationally (ii) incorporate elements on which consensus are obtained into existing norms and algorithm and ensure their dissemination; (iii) render training materials available in French (iv) organize training of trainers, with participation both international and trained local trainers from various sources (v) elaborate a framework for ensuring quality of PMTCT services (vi) put in place mechanisms for carrying out continuous quality of services, by implementing among others a mysterious client program (vii) by preparing a bi-annual report of the progress of implementation of PMTCT services nationwide. []

Switching from a model where at each site only a core staff composed of 1 physician, 1 nurse, 1 lab technician were trained to carry out services for the entire facility, to one where each member of the staff providing prenatal, gynecological and maternity care at 44 sites will have to be trained to provide PMTCT services will require significant capacity for massive training. Moreover, refresher training should be organized for all last year trainees. JHPIEGHO will capacitate INHSAC to ensure this training and support the logistics of training for at least 300 staff members. INHSAC is a training institution specialized in community health training destined to different categories of personnel working in community health, nutrition or reproductive health program. With its class room facilities, and its vast experience in training engineering, scheduling of training sessions, setting up of curricula, production of training materials INHSAC will contribute significantly in creating training capacity for massive scale-up of services. [] INSHAC)

One of the biggest obstacles for scaling-up PMTCT services in Haiti is the limited availability of trained personnel on the market. Tremendous effort was deployed in FY04 to train personnel already in service. The result has so far been disappointing. On one hand due to limited existing training capacity only a very small number of people have been trained; a core of 3 persons per institution. On the other hand, the difficulty of keeping in-service personnel away from their work sites for any length of time which results in significantly interruption of provision of services has forced the program to provide short training sessions aimed at providing only very basic information to the trainee to enable them to hit the ground running. The only way to ensure continuous supply of trained personnel having all the appropriate skills to be rapidly effective in the provision of services is to integrate PMTCT into the curriculum of residency training for physicians and nurses. HUEH and Maternite Isaie Jeanty are the two major teaching hospitals that host residency training for all categories of personnel, including those specialized in obstetric-gynecology and pediatrics. These domains are run in autonomous wards, which would allow complete integration of PMTCT services. The mandate for JHPIEGHO is to: (i) integrate PMCT in the existing curriculum so that interns, residents, and medical students performing their stage there get exhaustive training (ii) provide PMTCT services to the service users according to the same standards already described above for the public sites. []

JHPIEGHO will also provide this service to the School of Nurse Midwives in Port au Prince []

In both aspects of pre-service and in-service training, JHPIEGHO will also work with AED/LINKAGES to implement the UGS strategy for infant feeding.

- Activity Category
- Policy and Guidelines
 - Training

% of Funds
15%
85%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of health workers newly trained or retrained in the provision of PMTCT services	300	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	2,500	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with PMTCT services, including counseling and testing	10,000	<input type="checkbox"/> Not Applicable
Number of service outlets providing the minimum package of PMTCT services	1	<input type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers
- HIV+ pregnant women
- Pregnant women
- University

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

UNCLASSIFIED

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

Budget Code: (MTCT)

Program Area Code: 01

Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: CDC/Base/HQ / US Centers for Disease Control and Prevention

Planned Funds:

Activity Narrative:

Women, even when counseled and well disposed to being tested, failed to do so, because taking an extra time at the lab after a lengthy period in the waiting and the examination room take a heavy toll on them. Most of the time they either avoid being tested or they do not wait for the result. Therefore rendering the test available at the ward where they receive the service could go along way in increasing access. Moreover making the test available at the ward is the only way to perform the test for women that show up late for delivery without previous prenatal visits. This component should help: (i) establish the appropriate setting for testing at the ward, (ii) training maternity nurses in HIV testing, (iii) procure test kits for testing pregnant women.

Commodity Procurement

CDC will carry out forecasting and procurement for rapid test kits in support of PMTCT to enable testing of prenatal and maternity ward to enable testing of pregnant women; especially those who present late in their term. Testing of 100,000 women will cost

Infrastructure

In addition, the maternity wards will be provided with much needed office equipment, furniture, and necessary supplies including lab benches, stools, tables and other essential items that will enable them to do the testing in the ward.

Activity Category

- Commodity Procurement
- Infrastructure

% of Funds

72%
28%

Targets:

		<input type="checkbox"/> Not Applicable
Number of health workers newly trained or retrained in the provision of PMTCT services	0	<input checked="" type="checkbox"/> Not Applicable
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	0	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with PMTCT services, including counseling and testing	100,000	<input type="checkbox"/> Not Applicable
Number of service outlets providing the minimum package of PMTCT services	44	<input type="checkbox"/> Not Applicable

Target Populations:

- Women
- HIV+ pregnant women

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area:

Budget Code:

Program Area Code:

Table 3.3.2: PROGRAM PLANNING OVERVIEW

- Result 1: Changed social and community norms to reduce high risk behaviors.
- Result 2: HIV/AIDS stigma and discrimination reduced.
- Result 3: HIV preventive behaviors (AB) among youth improved.
- Result 4: A/B prevention messages in faith-based and community networks strengthened.

Total Funding for Program Area (\$): **Current Program Context:**

Forty-two percent of Haiti's present population is 15 years of age and younger (Census, 2003). The 2003 BSS shows that of all respondents 15-19, the youngest of all those surveyed were as follows: 29% of female migrants, 14% of male migrants and 14% of female sex workers. Haitian children are living in their natal households. Some 800,000 children and youth are living away from their natal households, "come of age" as independent social and economic actors when they are as young as 10. Others, who are in some sort of home environment, "come of age" at 15 or so (Smucker and Murray, 2004). Expectations about sexual behavior, and age at first sexual encounter vary by sex and by socio-economic class, as well as by rural versus urban location. There is a growing tendency for adolescent girls to practice "transactional sex" with older men for economic reasons, while maintaining a relationship with a partner of their own age. Generally, girl's ability to successfully negotiate their sexual encounters is very low, and the worsening economic situation has caused more and younger girls to turn to commercial sex work as well as encouraging increased trafficking in children and youth, and increased rural to urban and cross-border migration by girls and boys. The BSS shows that a significant number of boys and girls who remain in school say they have been faithful for the past 12 months, while proportions of youth of each sex who are out of school report significantly lower rates of fidelity. Primary abstinence for the same sample was 51% for girls 15-24 and 33% for boys, but only 24.8% for "boys on the street" ages 10-29. Those who were abstinent were: a) still in the school system; b) considerably more numerous than those who were non-abstinent—81% of girls in school said they were abstinent as against 56% who were not. Of school boys, 82% said they were abstinent as against 74% who were not. For those on the street, 20% reported they were abstinent vs. 13% non-abstinent. To date, many NGOs and FBOs in Haiti have been disseminating AB (and C) Youth messages, using government-sponsored and private-sector media of all kinds, face to face counseling, "info-tainment" methods and peer education. USG partners have been working on AB/Y messaging, counseling, IEC and BCC approaches for 2-3 years, and social-marketing of AB (C) is becoming more sophisticated, with better audience segment targeting. Many types of youth clubs are now organized around AB principles, offering peer education to sustain A and B. Track 1.0 awardees are working through churches (World Relief) and at popular youth-oriented events (AMC). Both organizations encourage youth to take vows of fidelity, or abstinence (or secondary abstinence) with support and counseling provided. HCP has been running an MSPAP-approved campaign linking AB and VCT, which will be supplemented with a special "VCT campaign" running up to World AIDS Day. Increased emphasis will be given to monitoring and evaluation, including targeted evaluation and measurement of program level indicators for PE.

Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: USAID/GAC/HQ / Johns Hopkins University Center for Communication Programs

Planned Funds:

Activity Narrative:

Building on AB and other BCC programs developed and expanded under previous PEPFAR and Base funding, HCP will now emphasize the following 5 areas: 1) Skills-based education for the youngest for appropriate Behavior Development; 2) Promotion of social norms supportive of healthy/safe behaviors; 3) Reinforcement of parents' ability to communicate adequately with their children about sexuality, sex and HIV prevention; 4) Promotion of AB adolescents and youth, both in and out of school; 5) Strengthening BCC interventions including training and monitoring and evaluation. Specific activities include the following: Radio and TV programs for the youngest in collaboration with HCP partner, Sesame Street. Printed materials based on these radio and TV programs; approaches and tools for community dialogue for supportive social norms; mass media interventions and interactive programs for supportive social norms; approaches, tools and materials for parents' education (PTAs, church groups, and other groupings, and capacity building for partner organizations working with parents; Development and diffusion of a radio/TV talk show for promotion of AB/Y (see RAMAK soap opera as well); Expansion and extension of sexual life planning and community outreach activities with Scouts and Guides, and other youth organizations; Interventions to increase young girl's and women's abilities to negotiate sexual encounters based on qualitative research; Strengthening of management and youth programs (AB) with youth programs such as FOSREF; Production and dissemination of IEC programs on audio and video cassettes (see RAMAK); Develop and implement monitoring and evaluation system; targeted evaluation, research and field testing to ensure better targeting of messages to and dialogue with audience segments; integration of results of the male circumcision pilot in AB (and C) messaging and counseling; providing AB prevention activities to in-school youth in a para-educational context (MEN), and providing AB activities to out-of-school youth through OIM youth projects, CAD and UNDP projects with gang members and other out-of-school youth. Production of a video tape to raise awareness on issues surrounding stigmatization of HIV positive individuals on ARV treatment.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Information, Education and Communication	80%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	10%
<input checked="" type="checkbox"/> Training	10%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	250,000	<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	500,000	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	2	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	10	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	100,000	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	100	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	100	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	100	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	1	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	5	<input type="checkbox"/> Not Applicable

Target Populations:

- Caregivers
- Faith-based organizations
 - Community health workers
 - Migrants
- Students
- Trainers
- Volunteers
- Youth

Key Legislative Issues:

- Addressing male norms and behaviors
- Reducing violence and coercion
- Volunteers

Coverage Area: **National**

State Province:

ISO Code:

UNCLASSIFIED

Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: USAID/GAC/HQ / Academy for Educational Development

Planned Funds:

Activity Narrative:

The existing SMARTWORK Project, funded by the DOL, is working in industrial parks with employees of the assembly and other local industries in collaboration with ADIH, the industrialists' association. It is also working with several unions, starting with truckers, to provide BCC and VCT services in collaboration with HCP, the POLICY Project, and other entities. Increase number of programs with unions and other professional associations, including start-up funds for self-initiated activities. Sufficient funds remain in the DOL project to continue this level of activity with these same target beneficiaries for FY 2005, till the DOL project ends. Using this money AED will establish 4 VCT centers for truckers as their partners as well as one in the industrial park in Port au Prince linking the SMARTWORK activities with VCT services.

However, there are many more workers, including unionized workers, who are not being reached at present by SMARTWORK. Many of these, like the majority of workers in Haiti, are in the non-formal sector, and have had little or no direct exposure to BCC IEC, although they may be among the highest risk groups—young girls who are street food vendors, migrant youth who are casually employed, self-employed street-side mechanics and tire-repairers, unskilled construction workers, and sellers of used clothing, cosmetics and other manufactured goods, many of whom travel to the DR to buy their wares. Among these groups, especially in Carrefour, but also in other urban slum areas, use of drugs is common, as is casual sex work among males and females, increasing at risk behaviors.

By collaborating with a variety of sub-partners who are already working with some of these groups on other issues (FONKOZE on literacy with commerces, APAAC with young drug-users, Konesans Fanmi with unions and women's organizations.), and ex-gang members being trained to start their own micro-enterprises by OIM, SMARTWORK can reach these very important and numerous groups with specific work-related programming stressing AB/Youth, but also orienting them toward needed services, and providing for unions some funding for start-up activities of their own.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Information, Education and Communication	25%
<input checked="" type="checkbox"/> Workplace Programs	75%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	1	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	5	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	100,000	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	100,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	200	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	200	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Faith-based organizations
- Community health workers
- Truckers
- Nongovernmental organizations/private voluntary organizations
- People living with HIV/AIDS
- Youth

Key Legislative Issues:

- Increasing women's access to income and productive resources
- Volunteers
- Stigma and discrimination

Coverage Area:

State Province: Ouest

ISO Code: HT-OU

UNCLASSIFIED

Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: RAMAK Project / Creative Associates International Inc

Planned Funds:

Activity Narrative: A 2004 Gallop Poll showed that 95% of Haitians have radio access, and 25% have tv access. Radio, and most recently, community radio, has become a key source of news, other information, multi-sectoral programming, and local interviews with key informants, decision-makers, other influential figures, and "the man in the street". The REMAK project is designed to strengthen capacity of community radio stations, and to network them for better programming and eventually for greater production-capability.

RAMAK already has 41 member stations throughout Haiti, but until it is networked by satellite connection, will not be readily able to share programs nor produce its own product. An objective of the project in Haiti this year is to improve its access to multi-sectoral product, including health and HIV/AIDS related product. The DHS, and other recent surveys, indicate that radio listenership is key to the success of multi- or mass-media behavior change communication programs, giving men and women, as well as youth of both sexes, access to new information that will reinforce positive deviance, and/or change risky behavior. The fact that all household members may be able to listen to the same programs will also promote intra-household dialogue, which in turn should help parents and their children to discuss difficult subjects such as sexual behavior and HIV/AIDS and other STI prevention, including abstinence and fidelity as attainable household and social norms.

RAMAK has run an extremely successful soap opera on all its stations, providing the product in exchange for free radio time. This activity will develop a new soap opera focused on a family situation in which children/adolescents face hard questions of peer pressure and personal desire that relate to abstinence and fidelity issues. For accuracy of message content, RAMAK and its subcontractors will consult with HCP and with the BCC Technical Cluster.

Activity Category Information, Education and Communication % of Funds 100%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	500,000	<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	500,000	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	100	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	42	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	42	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
- Community members
- Faith-based organizations
- High-risk population
- HIV/AIDS-affected families
- Nongovernmental organizations/private voluntary organizations
- Religious/traditional leaders
- Women of reproductive age
- Youth

Key Legislative Issues:

- Addressing male norms and behaviors
- Stigma and discrimination

Coverage Area: National

State Province:

ISO Code:

UNCLASSIFIED

Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: USAID/GAC/HQ / Family Health International

Planned Funds:

Activity Narrative:

Background

All available data indicate that girls and women in Haiti have very little ability to negotiate their sexual encounters ("agency"). One way in which this is demonstrated is through "transactional" sex work by young girls who form relationships with older men (usually referred to as "sugar daddies") who either force them into these relationships, or who are able to provide them with financial and status incentives to start and continue them. Transactional sex work has not been formally assessed in Haiti, although it is seen as a growing phenomenon, one which puts these girls, their older partners, and their younger boyfriends at risk. Under core funds, FHI's Youthnet Project proposed to carry out a study of transactional sex work in Haiti in 2004.

Targeted Evaluation

The protocol has now been approved, but it is unlikely that the research will begin in calendar year 2004 for a variety of reasons, including civil unrest. The new protocol includes a larger sample of adolescent girls and their partners, and additional funding is required. These girls are a target under funding for FY 04, and will continue to be a target in FY 05, as part of the broader category of youth to whom messages and face to face counseling for behavior change toward partner reduction and fidelity will be oriented. This targeted program evaluation will allow such messages and counseling to be better oriented toward its intended audience. The activity also provides training for PLWHAs to become qualitative survey interviewers.

Activity Category

Strategic Information (M&E, IT, Reporting)

% of Funds

100%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence.	0	<input checked="" type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	1	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	24	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	50	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Community members
- Faith-based organizations
- Truckers
- Nongovernmental organizations/private voluntary organizations
- People living with HIV/AIDS
- Youth

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

UNCLASSIFIED

Program Area:

Budget Code:

Program Area Code:

Table 3.3.3: PROGRAM PLANNING OVERVIEW

- Result 1: Improved quality of national blood transfusion service.
- Result 2: standard blood safety precautions in public and private hospitals strengthened.
- Result 3: Management of blood transfusion services strengthened.
- Result 4: Infrastructure for the collection, testing, storage and distribution of safe blood and blood products built and expanded.

Total Funding for Program Area **Current Program Context:**

BackgroundThe Haitian Red Cross has been diligently screening blood for HIV, syphilis, and Hepatitis B since 1986 and has made great contributions to the blood safety of Haiti. Despite these efforts, many weaknesses persist including (a) the lack of national regulations and guidelines, (b) inadequate supply of blood and blood products, (c) insufficient number of blood transfusion services throughout the country, (d) insufficient Blood Safety Education and training activities, (e) inadequate blood donors promotion and selection, (f) lack of data regarding the adverse effect of blood transfusion, (g) lack of adequate control on blood safety and testing, (h) inappropriate use of blood transfusion.

GoalsThe goals of the national transfusion program are: (a) formulate a National Blood Commission and functioning National Blood Safety Coordination Unit to regulate, legislate, and develop national guidelines for the clinical use of blood, and guidelines that are essential for blood safety practices in Haiti, (b) promote blood donation through training course (WHO/AMRO) and mass media public relations (PSI) to educate, motivate, recruit, and retain blood donors from low risk populations. (c) Build 2 new regional blood transfusion centers in Haiti (HRC), (d) Provide workshop to develop policies and training courses for physicians and nurses (clinical use of blood) and blood bank technicians (quality assurance/control and preparation of blood components (WHO/AMRO)), (e) improve blood donor screening and testing facilities. Introducing HTLV 1/11 and HCV into the testing policy (HRC, WHO/AMRO), (f) Develop standard data collection and data recording system (MOH, HRC), (g) Establish external quality assurance and quality control on blood safety and testing (GHESKIO, HRC, MOH).

FY 04 In FY 04, the Ministry of Health and the Haitian Red Cross received an award from PEPFAR to rapidly strengthen the national blood transfusion services. The award will be used to fund the blood safety program in Haiti. MOH works with 3 partners, namely the Haitian Red Cross, GHESKIO, and PSI. CDC Haiti provides technical assistance and guidance to the MOH and the partners throughout.

Property was rented in October to be used temporarily as an operational space for the National Blood Safety Management Unit. An administrative officer and a financial specialist were hired to run the unit. The MOH is currently in the process of hiring a National Director, and other staff for the Blood Safety program. We anticipate that the Blood Safety management Unit will start functioning at the end of October/November. CDC Haiti provided technical assistance by bringin in a senior operational and management manager to work with MOH staff to set up the management unit. We will continue to provide this support until the unit is fully operational.

FY 05 plansWith assistance from PAHO/WHO experts, the National Blood Safety Director and his/her staff will develop, adopt and disseminate national blood safety/transfusion guidelines throughout the country. Approximately 20 personnel from blood transfusion centers nation-wide, including MDs, nurses and lab technicians will be trained. Two new blood transfusion services in 2 departments lacking blood transfusion services (in Port du Paix and Fort Liberté) will be constructed, equipped, staffed, and operated. The Haitian Red Cross will continue to improve existing blood transfusion services in the country. The MOH will continue contract with GHESKIO and PSI to perform QA/QC testing at all blood transfusion sites and promote of blood donation respectively.

The MOH will continue to receive technical assistance from WHO/PAHO through its dedicated Blood Safety Officer who will provide expertise to the Blood safety Management Unit to develop the national guidelines and to conduct training workshops for lab technicians in QA/QC and proper usage of blood transfusions.

UNCLASSIFIED

Program Area: Medical Transmission/Blood Safety

Budget Code: (HMBL)

Program Area Code: 03

Table 3.3.3: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: HHS/NA/Central / World Health Organization

Planned Funds:

Activity Narrative: WHO will dedicate a Blood Safety Officer to conduct training workshops for lab technicians in QA/QC and proper usage of blood transfusions.

WHO will also provided technical assistance in the development of national blood safety/ transfusion guidelinesguidelines.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Policy and Guidelines	50%
<input checked="" type="checkbox"/> Training	50%

Targets:

Target	Value	Notes
Number of individuals trained in blood safety	24	<input type="checkbox"/> Not Applicable
Number of service outlets/programs carrying out blood safety activities	0	<input type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers
- Ministry of Health staff

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

UNCLASSIFIED

Program Area: Medical Transmission/Blood Safety

Budget Code: (HMBL)

Program Area Code: 03

Table 3.3.3: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Blood Safety/HHS/NA/Central / Ministre de la Sante Publique et Population

Planned Funds:

Activity Narrative:

Blood Safety Continuing Activities

The Ministry of Health will continue to expand activities began with FY 04 funding from PEPFAR. The MOH will continue to implement the operational plan to improve and increase safe blood supply. It will develop new blood transfusion services in 2 departments lacking blood transfusion services in the departmental hospitals of Port du Paix and Fort Liberté. The MOH will also continue to improve existing blood transfusion services at Port-au-Prince University Hospital.

Human Resources

Through a cooperative agreement with the Ministry of Health, HHS will support the Blood Safety Management unit, including hiring 10 staff.

Training

The Ministry of Health will develop and disseminate national blood safety/transfusion guidelines and train approximately 20 personnel from blood transfusion centers nation-wide, including MDs, nurses and lab technicians. Training of 10 local staff located in the Blood Safety Management unit of the ministry will also take place.

QA/QC

MOH will continue contract with GHESKIO to perform QA/QC testing at all blood transfusion sites as well as to continue to contract with PSI for promotion of blood donation. CDC/Haiti will provide technical guidance to both the MOH and the Haitian Red Cross to improve national blood safety program.

Activity Category

% of Funds

Targets:

Activity Category	% of Funds	
		<input type="checkbox"/> Not Applicable
Number of individuals trained in blood safety	25	<input type="checkbox"/> Not Applicable
Number of service outlets/programs carrying out blood safety activities	4	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
- Ministry of Health staff

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area:

Budget Code:

Program Area Code:

Table 3.3.4: PROGRAM PLANNING OVERVIEW

- Result 1: Improved policy support and demand for safe injection practices
- Result 2: result removed
- Result 3: Universal safety precautions implemented and safe medical injections ensured
- Result 4: Injection-related HIV transmission reduced
- Result 5: Full supply of related medical equipment and supply achieved

Total Funding for Program Area

Current Program Context:

The prime partner (JSI) received an award from Track 1.0 funding in FY 2004. It is anticipated that it will continue to receive award for the next 5 years PEPFAR program. Based on findings of assessment of current injection and biologic waste management practices in Jul-Aug 2004, JSI will work with MSH to complete national policies, guidelines, and a national strategy to improve waste management. The partner will implement a strategy to improve waste management, including ongoing quality assurance to ensure adherence to guidelines National policies, guidelines, and training materials will be disseminated. All healthcare personnel in 14 ARV sites will be trained in new guidelines for hospital infection control and injection and biologic waste management. The prime partner will perform ongoing monitoring of training effectiveness as well as design long-term maintenance plan, including personnel and costs. The prime partner will also procure/purchase equipment and supplies for ARV 14 sites to ensure appropriate disposal of biomedical waste. It will design and field test safety approaches in five selected field sites. Finally, it will develop and disseminate an occupational Post-Exposure Prophylaxis (PEP) plan and training strategy.

UNCLASSIFIED

Program Area: Medical Transmission/Injection Safety

Budget Code: (HMIN)

Program Area Code: 04

Table 3.3.4: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: HHS/GAC/Central / John Snow Inc

Planned Funds:

Activity Narrative:

JSI will work with MSH to complete a national policy, guidelines, and strategy to improve waste management based on findings of assessment of current injection and biologic waste management practices. A strategy and improve waste management, including ongoing quality assurance to ensure adherence to guidelines will be implemented. National policies, guidelines, and training materials will be disseminated and personnel trained in 14 sites in new guidelines for hospital infection control and injection and biologic waste management.

The partner will perform ongoing monitoring of training effectiveness and design and a long-term maintenance plan, including personnel and costs. Equipment and supplies for 14 sites will be procured to ensure appropriate disposal of biomedical waste.

Safety approaches will be designed and tested in five selected field site and an occupational Post-Exposure Prophylaxis (PEP) plan and training strategy will be developed and disseminated.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Policy and Guidelines	50%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	25%
<input checked="" type="checkbox"/> Training	25%

Targets:

Target	Value	Notes
Number of individuals trained in injection safety	150	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
- Health Care Workers
- Nongovernmental organizations/private voluntary organizations

Key Legislative Issues:

Coverage Area: National

State Province: ISO Code:

UNCLASSIFIED

Program Area:

Budget Code:

Program Area Code:

Table 3.3.5: PROGRAM PLANNING OVERVIEW

- Result 1: Increased access to HIV/AIDS prevention services for high risk populations.
- Result 2: result removed
- Result 3: Awareness and knowledge about HIV/AIDS preventive practices increased.
- Result 4: Full supply of related drugs, condoms, medical equipment and supplies achieved.

Percent of Total Funding Planned for Condom Procurements

18%

Total Funding for Program Area (\$):

Current Program Context:

Available statistics and qualitative research results indicate that while more than half of youth and adults surveyed may know three key signs of HIV/AIDS, significantly fewer understand how prevent transmission (BSS 2003). It is probable that among those who understand the causes, and have some knowledge of preventive measures, a relatively small proportion use those measures either because of lack of access, intervening cultural and social causes, or poverty. The AIDS epidemic in Haiti has become increasingly feminized, and both young girls and married women have little ability to successfully negotiate their sexual experiences and relationships. Increases in the environment of impunity, increasing acute poverty—exacerbated by the recent civil disorder—have contributed to an increase in risky behaviors on the part of many social categories who before might have been able to be more prudent. Thus, Haiti's COPO5 includes numerous and varied prevention activities beyond AB/Y, targeting many different "high risk" segments of the population, as well as those who are likely to engage in risky behaviors.

In FY05 The USG Team will expand the number of clinics for commercial sex workers and add a clinic specifically for men who have sex with men. These clinics will provide VCT, screening and treatment of STIs, training of risk reduction behaviors, and in the case of CSWs, training in alternative forms of income generation. Prevention messages and VCT will also be expanded to migrant CSWs who are crossing the borders from the Dominican Republic as a result of the large influx into Haiti of MINUSTA personnel. In FY05 the USG team will expand its program within the workplace collaborating with the Department of Labors SMART program to include VCT services that located in the industrial park where the SMART program in operating. In FY05 with the collaboration of SMART four VCT centers will be set up in 4 Departments of Haiti for truckers and their partners. All of these centers will be developed with strong linkages for referral of ART Treatment centers.

Traditional Healers play a significant role in the life of the average Haitian with 1 in 3 household stating that they consult traditional healers when someone in their family is ill. Often healthcare providers are only consulted after repeated visits to the traditional healer have depleted the family's resources and the patient has not improved. In FY05 the USG team will be initiate a program to sensitize the traditional healers to HIV/AIDS and incorporate them into a referral network with the health care system.

Condom procurement, social marketing and free distribution for HIV/AIDS is included in this program area, and accounts for approximately X% of funds in the program area. Several new partners are foreseen, and appropriate amounts of laboratory equipment and supplies, and drugs are included as this category was substantially reduced by the FY 2004 deferral.

UNCLASSIFIED

Program Area: Other Prevention Activities
 Budget Code: (HVOP)
 Program Area Code: 05

Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: HHS/GAC/HQ / Population Services International

Planned Funds:

Activity Narrative: This partner will be responsible for coordinating post test counseling training for the appropriate personnel at the Haitian National Police Academy clinic. This training should include support for partner notification. The partner will also be responsible for coordinating the training of trainers in the area of HIV AIDS prevention with the HNP including AB(C), and related Behavioral Change Communication Messages about risky behaviors.

The partner will support the training and expansion of VCT services at 2 new sites within the HNP health care system coordinating with other PEPFAR partners to ensure that the appropriate training is provided, logistical support is in place and functioning, and gaps in capacity are identified with plans for filling the gaps implemented. The partner will be responsible for ensuring that a strong follow-up and referral system is established between the VCT service and an ART care center to follow all officers who test HIV positive. The partner will establish mechanisms for ensuring that least 85% of those referred actual make it to the Care Center for follow up. The partner is responsible for ensuring all reporting requirements are met in a timely matter for sites within the HNP.

Activity Category % of Funds

Targets:

Activity Category	% of Funds	
		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	2	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

Police

Key Legislative Issues:

Addressing male norms and behaviors

Coverage Area: National

State Province:

ISO Code:

UNCLASSIFIED

Program Area: Other Prevention Activities

Budget Code: (HVOP)

Program Area Code: 05

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: USAID/GAC/HQ / Johns Hopkins University Center for Communication Programs

Planned Funds:

Activity Narrative: Though many public sector health care providers have received training in IEC/BCC in the past, most of them are no longer in place, and many have left the Ministry. Further, most who remain may not be in positions where they can use this training to the fullest. Thus, there is a demonstrated need for refresher in-service training for IEC/BCC professionals and departmental heads in MSPP and for staff and managers of NGOs/FBOs, on interpersonal communication. Given the increasing need to focus on boys and men undertaking risky behavior, such training should include as many men as possible among trainees, so as to make communication with male clients easier, and also so that they themselves will be more aware of the issues at stake in HIV/AIDS. The partner will be responsible for coordinating with MSH and FHI who are supporting public and private VCT sites in order to link these trained peer educators to VCT service sites within their communities. The messages will be VCT MTCT, ART, service promotion, stigmatization, risk reduction. (100)

A second significant need is for pre-service or in-service training for community-level workers on interpersonal communication and implementation of community dialogue (e.g., town meetings). Such trainees will include boy and girl scouts, CBO and FBO members, lay volunteers, PLWHA group members, nurse auxiliaries and members of community support groups. (500)

In-service refresher training for IEC/BCC professionals in MSPP and NGOs/FBOs on interpersonal communication, including as many men as possible among trainees.

Activity Category
 Training **% of Funds**
100%

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	600	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> Faith-based organizations | <input checked="" type="checkbox"/> Nongovernmental organizations/private voluntary organizations | <input checked="" type="checkbox"/> Volunteers |
| <input checked="" type="checkbox"/> Ministry of Health staff | <input checked="" type="checkbox"/> People living with HIV/AIDS | |

UNCLASSIFIED

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

UNCLASSIFIED

UNCLASSIFIED

Program Area: Other Prevention Activities

Budget Code: (HVOP)

Program Area Code: 05

Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: HQ/GAC/CDC / US Centers for Disease Control and Prevention

Planned Funds:

Activity Narrative: STI lab procurement
 Purchase STI laboratory kits and supplies for 6,000 CSWs at the FOSREF clinics at This would cover syphilis, Hep. B surface, antigen, tric, (equipment), gonorrhea. Purchase of microscopes for 6 sex worker clinics These microscopes will be used for clinical microscopy for tric. And gonorrhea diagnosis.

Activity Category Commodity Procurement % of Funds 100%

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	6	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	6,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Commercial sex workers
- Health Care Workers
- High-risk population
- Volunteers

Key Legislative Issues:

- Addressing male norms and behaviors
- Volunteers
- Stigma and discrimination

Coverage Area:

State Province: Nord
 State Province: Ouest

ISO Code: HT-ND
 ISO Code: HT-OU

UNCLASSIFIED

Program Area: Other Prevention Activities

Budget Code: (HVOP)

Program Area Code: 05

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: USAID/GAC/HQ / Population Services International

Planned Funds:

Activity Narrative: The partner will continue to provide and expand marketing/publicity activities for condom social marketing and continue to expand its condom distribution network. This plan includes special condom promotion events in bars and gathering places of high risk groups, CSW peer advocates, mass media, etc

Activity Category
 Information, Education and Communication **% of Funds**
100%

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	4,000,000	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	1	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	3,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	1	<input type="checkbox"/> Not Applicable

Target Populations:

- Clients of sex workers
- Commercial sex workers
- High-risk population
- Partners of sex workers
- Police
- Peacekeeping personnel

Key Legislative Issues:

- Addressing male norms and behaviors
- Stigma and discrimination

Coverage Area: National

State Province: _____ **ISO Code:** _____

UNCLASSIFIED

Program Area: Other Prevention Activities

Budget Code: (HVOP)

Program Area Code: 05

Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: HHS/GAC/LOCAL / Foundation for Reproductive Health and Family Education
 Planned Funds:

Activity Narrative:

Continue to provide services at 3 ongoing SW sites and expand with FY05 funds to 3 additional sites (suggest locations Cap Haitien, Jacmel, Cayes, Gonaves, St.Marc) to reach an estimated 6,000 SWs. These sites will provide essential VCT and clinical treatment and will develop referral networks to the appropriate center of excellence for advanced treatment for those individuals who test positive.

The partner is responsible of finding and renting a suitable site for the new clinics. Hiring and coordinating the training for each site. Ensuring commodities and appropriate drugs are available. Ensuring that the clinic is known in the CSW community without openly advertising its location to the general population. The partner will be responsible for supervising the management of the clinic ensuring that logistic and commodity needs are met and gaps in capacity are identified with plans of filling these gaps implemented. The partner will be responsible for establishing a training program for the CSW in order that those who wish to have a means to support themselves by other means the SW. The partner is also responsible to assure that the reporting requirements for the sites are met in a timely fashion.

The partner will work with FHI in the DR and with the PADF project along the Haiti/DR border working specifically with migrant CSW who are primarily servicing MINUSTA-related civilian employees. The partner will be responsible for BCC and condom distribution in this target population.

Provision for technical assistance will be provided by the Centers of Disease Control and Prevention, Prevention Branch as well as the University of North Carolina through funding from CDC headquarters. UNC will continue to collaborate with the sex worker clinics with which they have already established a rapport and provide their expertise and technical assistance in the area of STI and prevention, treatment, and care for this high-risk population.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Human Resources	20%
<input checked="" type="checkbox"/> Infrastructure	20%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	10%
<input checked="" type="checkbox"/> Logistics	30%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	20%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	6,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	25	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

Commercial sex workers

Police

Peacekeeping personnel

Key Legislative Issues:

Addressing male norms and behaviors

Stigma and discrimination

Coverage Area:

State Province: Artibonite

ISO Code: HT-AR

State Province: Nord

ISO Code: HT-ND

State Province: Ouest

ISO Code: HT-OU

State Province: Sud-Est

ISO Code: HT-SE

UNCLASSIFIED

Program Area: Other Prevention Activities

Budget Code: (HVOP)

Program Area Code: 05

Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: USAID/GAC/Local / Promoteurs de l'Objectif ZéroSida

Planned Funds:

Activity Narrative:

Almost one out of every three households consult a traditional healer when a member of the family become sick (EMMUS, 2000). There is no gender difference and the proportion of households is equally important in urban and rural areas. It is also reported that persons in the late stages of chronic diseases and diseases such as AIDS often crosses the path of traditional healers. People see this as their first line of defense and seek modern medicine often as a last resort, when it is often too late.

Since the beginning of the AIDS epidemic to date, the mainstream acceptance and support for traditional healers has been minimal. There is no dialogue and few contacts between the two sectors delivering health care to the population.

The partner will be responsible for the management and coordination of training traditional healers to promote VCT service, sensitize them as partners to refer clients to VCT sites and ARV sites, as well as providing training to traditional healers to provide psycho-social support and home-based care in order to encourage referrals to VCT and treatment. The partner will be responsible developing linkages between the traditional healers and health care workers. The Partner will sensitize traditional healers and popular opinion leaders (POL) to increase awareness about PMTCT and ART. The partner will also be responsible for providing sensitization to healthcare workers to accept and coordinate with traditional healers. This will help motivate traditional healers and give them value in the community which in turn will help increase referrals.

This type of interventions is new to Haiti and as a result, the first activities will start small and learn through the process and scaling up as we better understand the environment. The partner will develop a system to facilitate and encourage the involvement of traditional healers and increase their buy in despite barriers of loss of income due to referrals of patients. Areas selected will depend on certain criteria such as: the existing VCT and treatment service, existing organization of traditional healers, past experience of collaboration in the areas selected, and ease of logistics.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Human Resources	18%
<input checked="" type="checkbox"/> Infrastructure	17%
<input checked="" type="checkbox"/> Needs Assessment	14%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	11%
<input checked="" type="checkbox"/> Training	40%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	4	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	1,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	400	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

Traditional healers

Key Legislative Issues:

Stigma and discrimination

Coverage Area:

State Province: Ouest

State Province: Sud

State Province: Sud-Est

ISO Code: HT-OU

ISO Code: HT-SD

ISO Code: HT-SE

UNCLASSIFIED

Program Area: Other Prevention Activities

Budget Code: (HVOP)

Program Area Code: 05

Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: HHS/GAC/Local / Promoteurs de l'Objectif ZéroSida

Planned Funds:

Activity Narrative: — The partner will be responsible for establishing a anonymous care center for the MSM population in Port au Prince. This site will provide essential VCT and clinical treatment and will develop referral networks to the appropriate center of excellence for advanced treatment for those individuals who test positive.

The partner is responsible for: finding and renting a suitable site for the care center, hiring and coordinating the training for the site, ensuring commodities and appropriate drugs are available, ensuring that the center is known in the MSM community without openly advertising its association to the general population.

The partner will also be responsible for supervising the management of the site, ensuring that logistic and commodity needs are met and gaps in capacity are identified with plans of filling these gaps implemented.

The partner will be responsible for behavior change outreach and communications activities for the MSM community emphasizing risk reduction behaviors. The partner will assure that the reporting requirements for the sites are met in a timely fashion.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Human Resources	20%
<input checked="" type="checkbox"/> Infrastructure	20%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	10%
<input checked="" type="checkbox"/> Logistics	30%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	20%

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	1	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	600	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

UNCLASSIFIED

Target Populations:

- High-risk population*
- Men who have sex with men*

Key Legislative Issues:

- Addressing male norms and behaviors
- Stigma and discrimination

Coverage Area:

State Province: Ouest

ISO Code: HT-OU

Program Area: Other Prevention Activities

Budget Code: (HVOP)

Program Area Code: 05

Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: USAID/GAC/HQ / Family Health International

Planned Funds:

Activity Narrative: The partner will be responsible for providing technical assistance to MINUSTA on ABC prevention programs and condom distribution for MINUSTA civilian employees and develop linkages with VCT using MINUSTA funds to implement the programs.

Activity Category
 Workplaces Programs

% of Funds
 100%

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	1	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	7,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	1,000	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Police
- Peacekeeping personnel

Key Legislative Issues:

- Addressing male norms and behaviors

Coverage Area: National

State Province:

ISO Code:

Program Area: Other Prevention Activities

Budget Code: (HVOP)

Program Area Code: 05

Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: USAID/GAC/HQ / US Agency for International Development.

Planned Funds:

Activity Narrative: USAID will provide PSI with 7,000,000 condoms to continue with HIV/AIDS related social marketing of condoms to targeted risk groups.

Activity Category % of Funds
 Commodity Procurement 100%

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	1	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	4,000,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Adults
- High-risk population

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Other Prevention Activities

Budget Code: (HVOP)

Program Area Code: 05

Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: HHS/GAC/LOCAL / US Centers for Disease Control and Prevention

Planned Funds:

Activity Narrative: **Prevention/Outreach by PCVs**
 These funds are reserved for use by Peace Corps for In-service training of volunteers and their counterparts in of management of HIV/AIDS programs as well as for the purchase of toolkits for working on HIV/AIDS community awareness and/or stigma reduction initiatives in their communities.

Training
 Health care workers who work at the 6 STI/Sex workers clinics will be trained on STI laboratory diagnosis. There will be at least one training conducted for at least 6 health care workers- 1 per clinic, to be trained on the four laboratory diagnostic testing syphilis, Hep. B surface, antigen, tric, gonorrhea). The training will be a one week workshop for health care lab workers in the 6 sites at a cost of =

Activity Category
 Training **% of Funds**
100%

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable -
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	7	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	7,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	26	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

Volunteers

Key Legislative Issues:

Volunteers

Stigma and discrimination

Coverage Area:

State Province: Artibonite	ISO Code: HT-AR
State Province: Nord	ISO Code: HT-ND
State Province: Ouest	ISO Code: HT-OU
State Province: Sud	ISO Code: HT-SD
State Province: Sud-Est	ISO Code: HT-SE

Program Area:

Budget Code:

Program Area Code:

Table 3.3.9: PROGRAM PLANNING OVERVIEW

Result 1:	Improved availability of an access to HIV testing and counseling services
Result 2:	Increased use of HIV testing and counseling services
Result 3:	Increase public information and understanding of HIV counseling and testing
Result 4:	Through training, enhance quality of counseling and testing services
Result 5:	Expand linkages between counseling and testing services and care and treatment facilities
Result 6:	Provide related medical and diagnostic supplies

Total Funding for Program Area (\$): **Current Program Context:**

When the PEPFAR initiative was launched in Haiti, well established plans were underway for the expansion of VCT services through VCT/PMTCT services at health care facilities. While the USG team will continue to use this expansion plan as the basis for expanding VCT and PMTCT services to cover areas of Haiti where currently no services exist, certain weaknesses in this plan have been noted that will be addressed in FY05. First, there has been a weakness in referral from other specialty areas within the hospital/clinic to VCT services. Strengthening these referrals from other areas such as TB and infectious disease will be a primary focus of the VCT program this year. Second, there has been a lack of expansion of use of VCT services in the broader community. Two approaches will be used in FY05 address this issue. Facility based VCT services will develop a peer counseling networks to broaden the service uptake for VCT beyond pregnant women. Six new community based VCT sites will be established in order to attract individuals who might be hesitant to seek services from a more formal medical setting. These community based sites however, will be developed from the beginning with strong linkages to ART care facilities, which will follow and provide care to those individuals who test positive at the community based sites.

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: USAID/GAC/Local / Management Sciences for Health

Planned Funds:

Activity Narrative: MSH currently supports a network of 30 sites which offer VCT and PMTCT services within health clinics. In FY05 the USG will continue to support the ongoing VCT component at these sites (PMTCT component is discussed in the PMTCT table. The partner will be responsible for helping to develop both referrals within the institution from other departments as well as proactively developing linkages to the community to promote their VCT services. The partner will work with HCP which is training peer counselors in communities surrounding VCT sites. They will develop linkages between these peer counselors and those providing VCT services within the site.

The partner will be responsible with FY05 funding to continue technical support of the sites, provide operating expenses for VCT. The partner will be responsible for the acquisition and dissemination of appropriate demonstration materials to be used in the VCT setting (i.e. proper condom use demonstration, anatomical charts and models etc.) as well as needed office equipment. After approval from the Ministry of Health the partner will be responsible for the dissemination of the rapid test algorithm and for ensuring that the algorithm is used in their sites. The partner will be responsible for holding 2 forums annually to cover identified gaps and/needs among sub-partners.

The 18 NGO are: (1) Hopital Bonne Fin (2) Cité Lumiere (3) Hopital Bon Berger, Thiote (4) Hopital Fermathe (5) Hopital Ste Croix, Leogane (6) Grace Children Hospital (7) CSL Pierre Payen (8) Hopital Albert Schweitzer (9) Hopital Claire Heuréuse, Marchand Dessalines (10) Hopital Beracca (11) CS La Fossette (12) CBP Pignon (13) Hopital de Mirebalais (14)AEADMA, Dame Marie (15) HHF (16) Hopital Communauté Haitienne (17) Hopital Diquini (18) CEGYPEF.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Infrastructure	25%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	75%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	25,000	<input type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	30	<input type="checkbox"/> Not Applicable

Target Populations:

Adults

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

UNCLASSIFIED

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: HHS/GAC/HQ / International Training and Education Center on HIV

Planned Funds:

Activity Narrative:

Working with indigenous post graduate school (INHSAC) the partner will help increase the capacity of the sub-partner through consultation services for curriculum adaptation, scheduling and administration of sessions in order that 200 new counselors can be trained in VCT pre and post test counseling. The partner will also help the sub-partner to organize advanced counseling courses for 30 trainers and 80 existing counselors. Themes for this advanced course should include counseling of couples, management of crises, bereavement counseling and partner referral counseling.

The partner will also be responsible for acquisition of appropriate demonstration and training materials as well as ensuring that the sub-partner has adequate human resources to provide a continues training of trainers program.

Activity Category

- Infrastructure
 Training

% of Funds

- 20%
80%

Targets:

Table with 3 columns: Target Description, Value, and Status. Rows include: Number of individuals trained in counseling and testing (310, Not Applicable), Number of individuals who received counseling and testing (0, Not Applicable), Number of service outlets providing counseling and testing (0, Not Applicable).

Target Populations:

- Health Care Workers

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

UNCLASSIFIED

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: HQ/GAC/CDC / US Centers for Disease Control and Prevention

Planned Funds:

Activity Narrative: Procurement

CDC will procure diagnostic rapid test kits for 100,000 persons at an average cost of per test/per person for a total =

This average cost per person per test depends on the number of samples which need confirmatory tests. Non-confirmatory test for those samples which test negative costs an average of \$2, however, for those samples which require a second and third test for confirmation may cost as high as \$10 per test.

21 public sites are: (1) Hopital Immaculée Conception-Cayes (2) CSL Aquin (3) CSL Port Salut (4) Hopital St Michel Jacmel (5) Hopital Carrefour (6) Hopital Petit Goave (7) Centre Portail Leogane (8) Centre Santé La renaissance (9) Hopital des Gonaives (10) Hopital Gros Morne (11) Hopital Port de Paix (12) Hopital Jean Rabel (13) Hopital Fort Liberté (14) CSL Ouanaminthe (15) CSL Fort Liberté (16) Hopital Justinien Cap (17) Hopital Ste Therese-Miragoane (18) Hopital St Antoine Jérémie (19) HUEH (20) Maternité Isaie Jeanty (21) Hopital Sre Catherine Laboure

26 NGO are: (1) Hopital Bonne Fin (2) Cité Lumiere (3) Hopital Bon Berger, Thiotte (4) Hopital Fermathe (5) Hopital Ste Croix, Leogane (6) Grace Children Hospital (7) CSL Pierre Payen (8) Hopital Albert Schweitzer (9) Hopital Claire Heureuse, Marchand Dessalines (10) Hopital Beracca (11) CS La Fossette (12) CBP Pignon (13) Hopital de Mirebalais (14) AEADMA, Dame Marie (15) HHF (16) Hopital Communauté Haitienne (17) Hopital Diquini (18) CEGYPEF (19) Fame-Pere, (20) Food for the Poor (21) Centre Rosalie Rendu (22) Hopital St Damien (23) Hopital Milo (24) Hopital Pilate (25) Hopital St Jean Limbe (26) Bethel-Fonds des Negres.

Activity Category

- Commodity Procurement
- Training

% of Funds
100%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	100,000	<input type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	47	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Health Care Workers

Key Legislative Issues:

UNCLASSIFIED

Coverage Area: National

State Province:

ISO Code:

UNCLASSIFIED

UNCLASSIFIED

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: HHS/GAC/HQ / Family Health International

Planned Funds:

Activity Narrative:

This partner will be responsible for working with community organizations to provide a full package of renovation, equipment, staff and lab to institute 3 new community based VCT sites in FY05. The partner will be responsible for coordinating with other PEPFAR partners to ensure that the appropriate training is provided and commodities are in place.

The partner will be responsible for helping to develop referrals institutions providing care as well as proactively developing linkages to care and social support within the community. The partner will work with HCP which is training peer counselors in communities surrounding VCT sites. They will develop linkages between these peer counselors and those providing VCT services within the site.

The organization will provide quality assurance supervisory visits; identify gaps in capacity and work to fill those gaps.

Activity Category

Activity Category	% of Funds
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	20%
<input checked="" type="checkbox"/> Infrastructure	30%
<input checked="" type="checkbox"/> Local Organization Capacity Development	20%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	30%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	5,000	<input type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	3	<input type="checkbox"/> Not Applicable

Target Populations:

Adults

Key Legislative Issues:

Coverage Area:

State Province: Ouest
State Province: Sud-Est

ISO Code: HT-OU
ISO Code: HT-SE

UNCLASSIFIED

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: USAID/GAC/HQ / Family Health International

Planned Funds:

Activity Narrative:

FHI currently supports a network of 18 sites which offer VCT and PMTCT services within public and NGO clinics, with direct funding to seven of these. In FY05 the USG will continue to support the ongoing VCT component at these sites (PMTCT component is discussed in the PMTCT table). While human resources and operational expenses for these sites will be covered by a CoAg with the MOH, FHI will provide TA for improved, integrated service organization as it relates to VCT with the sites. FHI will help develop referrals within the institution as well as proactively developing linkages to the community to promote their VCT services. FHI will also work with HCP to train and supervise peer counselors in communities surrounding VCT sites. They will develop linkages between these peer counselors and those providing VCT services within the site.

In support of the national quality assurance effort, FHI will provide supervisory visits not only to these 9 sites but also to the 30 NGO sites supported by MSH and the 4 PSI sites. FHI will help support one annual technical forum for VCT staff from all 44 active PEPFAR-partner VCT centers.

Active FHI-partner VCT sites: Hopital St Antoine/Jeremie, Hopital Immacule Conception/Cayes, Hopital St Michel/Jacmel, Centres Montruis (POZ), Hopital Arcachon, Centre de Centre Bernard Mevs, CityMed Delmas.

Activity Category

- | | |
|--|--------------------------|
| <input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems | % of Funds
40% |
| <input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision | 60% |

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	800,000	<input type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	18	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults

Key Legislative Issues:

Coverage Area: National

State Province: _____ ISO Code: _____

UNCLASSIFIED

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: HHS/GAC/HQ / Ministre de la Sante Publique et Population

Planned Funds:

Activity Narrative: This partner currently supports a network of 19 public sites which offer VCT and PMTCT services within public health clinics and hospitals. In FY05 the USG will continue to support the ongoing VCT component at these sites (PMTCT component is discussed in the PMTCT table).

The partner will be responsible with FY05 funding to continue technical support of the sites, provide operating expenses and salaries for Social Workers for VCT. The partner will be responsible for the acquisition and dissemination of appropriate demonstration materials to be used in the VCT setting (i.e. proper condom use demonstration, anatomical charts and models etc.). After approval from the Ministry of Health they will be responsible for the dissemination of the rapid test algorithm and for ensuring that the algorithm is used in their sites.

The public sites are: (1) Hopital Immaculée Conception-Cayes (2) CSL Aquin (3) CSL Port Salut (4) Hopital St Michel Jacmel (5) Hopital Carrefour (6) Hopital Petit Goave (7) Centre Portail Leogane (8) Centre Santé La renaissance (9) Hopital des Gonaives (10) Hopital Gros Morne (11) Hopital Port de Paix (12) Hopital Jean Rabel (13) Hopital Fort Liberté (14) CSL Ouanaminthe (15) CSL Fort Liberté (16) Hopital Justinien Cap (17) Hopital Ste Therese-Miragoane (18) Hopital St Antoine Jérémie (19) Hopital Ste Catherine Laboure(Choscal).

Activity Category	% of Funds
<input checked="" type="checkbox"/> Human Resources	50%
<input checked="" type="checkbox"/> Infrastructure	50%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	50,000	<input type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	19	<input type="checkbox"/> Not Applicable

Target Populations:

Adults

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

UNCLASSIFIED

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: HHS/GAC/LOCAL / US Centers for Disease Control and Prevention

Planned Funds: []

Activity Narrative: Training
GHESKIO will train 22 health care personnel from the MSH network and 18 health care personnel from the FHI network on HIV rapid testing. The training will consist of 3 sessions with 13 persons per session at a cost of [] per session.

Activity Category

Training

% of Funds

100%

Targets:

Not Applicable

Number of individuals trained in counseling and testing 40 Not Applicable

Number of individuals who received counseling and testing 0 Not Applicable

Number of service outlets providing counseling and testing 40 Not Applicable

Target Populations:

Health Care Workers

Medical/health service providers

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Central/Track 1 / Catholic Relief Services

Planned Funds:

Activity Narrative: The AIDSRelief Project will also work in the departments of Grande Anse and South in order to provide community mobilization to promote the use of VCT services in Hospital Saint-Antoine and Immaculee Conception.

Activity Category Information, Education and Communication % of Funds
100%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	0	<input type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	0	<input type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	2	<input type="checkbox"/> Not Applicable

Target Populations:

- Community leader
- Community members
- Medical/health service providers

Key Legislative Issues:

Coverage Area:

State Province: Grand-Anse
State Province: Sud

ISO Code: HT-GA
ISO Code: HT-SD

Program Area:

Budget Code:

Program Area Code:

Table 3.3.7: PROGRAM PLANNING OVERVIEW

Result 1: Strengthened capacity of health professionals to care for HIV infected TB patients

Result 2: Strengthened delivery of integrated HIV and TB services

Result 3: Improved diagnostics and treatment of TB among HIV+ individuals

Result 4: Strengthened institutional capacity of local organizations caring for HIV+ TB patients

Result 5: Full supply of related drugs and diagnostics achieved

Total Funding for Program Area (\$): **Current Program Context:**

TB incidence in Haiti is estimated to be 138/100,000 and the prevalence of HIV among TB patients is estimated to be about 40%. Among the estimated 660 health facilities (public and private) operating nation wide 238 are providing TB services. This represents 36% of all health facilities. DOTS coverage is estimated to be 50% with 186 TB clinics practicing DOTS. The number of new TB cases detected in 2003 was 14,000. Scaling up of HIV services in Haiti over the last 2 years has consisted primarily of the development of counseling and testing services with the primary focus of capturing pregnant women for PMTCT. The result of this scaling up is that by the end of FY04 VCT services were located in 53 facilities (not all PEPFAR funded) of which 34 also have a TB program. The reality however, is that though the VCT and TB are located in the same facility, at the majority of sites, they are not integrated. To date only 7 sites offer an integrated program between the two services. In the wake of the new guidelines issued by WHO to create more integration between the two programs and to offer routine HIV testing to TB patients, the MOH has designated a TB/HIV coordinator to reinforce coordination of the two programs. A national plan for this integration has been drafted which includes the following: (i) TB patients to be routinely counseled and tested for HIV at 87 TB clinics without need for referral to do so (ii) 100 stand alone TB clinics to at least provide counseling to the TB patients and refer them to a nearby facility where they could get tested (iii) all VCT clinics to be engaged in active case finding of TB among HIV patients, (iv) and a selected number of VCT clinics to provide INH prophylaxis for those that are eligible. It is the goal of the USG team to support the MOH in the realization of this national plan.

Program Area: Palliative Care: TB/HIV

Budget Code: (HVTB)

Program Area Code: 07

Table 3.3.7: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: HHS/APHL/HO / Association of Public Health Laboratories

Planned Funds:

Activity Narrative: CDC Haiti will train TB/HIV diagnostics to lab staff and other health care personnel. The staff of 100 TB clinics will be trained, 14 persons per training, at 7 sessions, for a total of. (7 sessions =)

Activity Category

Training

% of Funds

100%

Targets:

		<input type="checkbox"/> Not Applicable
Number of HIV-infected individuals (diagnosed or presumed) who received clinical prophylaxis and/or treatment for TB	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for TB for HIV-infected individuals (diagnosed or presumed)	100	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

Medical/health service providers

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Palliative Care: TB/HIV

Budget Code: (HVTB)

Program Area Code: 07

Table 3.3.7: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: USAID/GAC/Local / Management Sciences for Health

Planned Funds:

Activity Narrative:

Logistics

MSH will increase its current partnership with ICC to expand HIV/TB screening outreach for up to 10,000 orphans and vulnerable children in the West Department using TB tests from the Global Fund and HIV tests from PEPFAR. These funds will support logistics and monitoring of those testing activities.

Human Resources

Through this same partnership, ICC will increase its capacity for laboratory diagnosis, training of TB providers in HIV counseling, following a training of trainers approach. ICC will also greatly expand its network of TB DOTS workers with these skills for more active TB case-finding and referrals for VCT. ICC will hire and supervise accompagnateurs around HIV/DOIS sites, particularly the projected 18 ART sites, to provide close counseling and follow-up to patients and their families

Infrastructure

The vast majority of TB stand alone clinics are staffed by only one person. This chronic lack of personnel has in many instances affected the quality of services. This activity will establish capacity for dual TB - HIV screening at 100 TB DOTS clinics, including improved counseling and interpersonal communication skills of clinic workers, to capture the greatest number of co-infected patients possible for treatment referrals. For most effective use of resources, DOTS clinics will be selected for additional VCT services based on client load, proximity of HIV-related treatment capacity, and potential for the greatest number of referral patients. The MOH National TB Control Program will use funds from the Global Fund for AIDS, TB and Malaria to strengthen TB diagnostics and treatment capacity, including drugs and increasing the number of TB DOTS clinics. PEPFAR resources will strengthen referral linkages between the TB and HIV programs. A formal referral mechanism will be integrated into the overall scheme to allow stand-alone facilities of both types to refer their patients to the nearest complementary screening service. This will be supplemented by non-PEPFAR coordination and communications support to all 9 MOH Departmental Teams.

Training

MSH will provide logistical support for specific training sessions for 310 TB providers in basic ART therapy in collaboration with GHESKIO trainers and curriculum materials. This logistics package will include travel and per diem for participants, venue, and classroom materials. As with its non-PEPFAR programs, MSH will maintain a training database to monitor specific skills MOH and NGO staff should have acquired and their facility assignments. This will enable the MOH and partners to make informed decisions on future training needs and effective deployment of human resources, as well as specific sites which should have requisite staff for service scale-up.

Activity Category

- Human Resources
- Infrastructure
- Logistics
- Training

% of Funds

- 40%
- 30%
- 7%
- 23%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of HIV-infected individuals (diagnosed or presumed) who received clinical prophylaxis and/or treatment for TB	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)	510	<input type="checkbox"/> Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for TB for HIV-infected individuals (diagnosed or presumed)	100	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
- TB clients

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Palliative Care: TB/HIV

Budget Code: (HVTB)

Program Area Code: 07

Table 3.3.7: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: USAID/GAC/HQ / International Child Care

Planned Funds:

Activity Narrative:

Background

TB program is implemented through a partnership between the Ministry of Health and three organizations CARE, CDS and ICC. These organizations are responsible for carrying out training of staff, quality control and supervision. ICC which covers 6 of the 9 geographical departments and covers 72% of the network in terms of facilities and number of patients enrolled. In addition the ICC has created mechanisms to financial support the PNL (Programme National de Lutte contre la Tuberculose) in its role as the MOH's coordinating body for TB, assistance for national surveillance and monitoring of the TB program.

Organizational Capacity Development

In FY05 funds will be provided to the ICC to: (i) reinforce at the central level coordination between the two programs by elaborating a concept paper and by revising norms, guidelines and algorithms (iv) reinforce capacity of ICC, the national lab and the departmental directorate to perform supervision and quality control (v) integrate surveillance of HIV/TB in the TB surveillance system and create linkages with the HIV surveillance system.

Activity Category

Local Organization Capacity Development

% of Funds

100%

Targets:

		<input type="checkbox"/> Not Applicable
Number of HIV-infected individuals (diagnosed or presumed) who received clinical prophylaxis and/or treatment for TB	0	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)	0	<input type="checkbox"/> Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for TB for HIV-infected individuals (diagnosed or presumed)	0	<input type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers
- Ministry of Health staff

Key Legislative Issues:

Coverage Area:

State Province: Ouest

ISO Code: HT-OU

Program Area: Palliative Care: TB/HIV

Budget Code: (HVTB)

Program Area Code: 07

Table 3.3.7: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: HQ/GAC/CDC / US Centers for Disease Control and Prevention

Planned Funds:

Activity Narrative:

When HIV counseling and testing services are centralized at a facility which requires wards to refer their patients off ward for counseling and testing, the uptake of HIV services by referred patients has been very low. In order to test as many TB patients as possible and avoid losing them during the referral process, the strategy that will be pursued is to outfit the TB wards with capacity to conduct their own testing; hence, the need to supply them in lab equipment and materials.

In FY04 VCT/ARV sites were provided with the capacity to perform active TB case finding in HIV patients through procurement of microscope and reagents. In FY05, they will continue to be supplied in TB reagents, and those that have XRAY capacity will be provided capacity to perform PPD provided by the Global fund to determine eligibility for INH prophylaxis. TB wards will also receive rapid tests and training so that VCT services can be offered in TB wards.

CDC will procure laboratory diagnostic kits and HIV rapid tests, to test 20,000 HIV/TB patients.

Activity Category

Commodity Procurement

% of Funds

100%

Targets:

		<input type="checkbox"/> Not Applicable
Number of HIV-infected individuals (diagnosed or presumed) who received clinical prophylaxis and/or treatment for TB	0	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for TB for HIV-infected individuals (diagnosed or presumed)	200	<input type="checkbox"/> Not Applicable

Target Populations:

Adults

People living with HIV/AIDS

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area:

Budget Code:

Program Area Code:

Table 3.3.6: PROGRAM PLANNING OVERVIEW

- Result 1: Strengthened organizational capacity to promote long-term sustainability of palliative care services
- Result 2: Increased use of wellness programs by PLWHA and their families
-
- Result 3: Community based groups to provide home -based services to PLWHAs identified and strengthened
- Result 4: Improved quality of basic health care clinical services for HIV+ patients, including provision of the Basic Care Package for PLWHAs
- Result 5: Full supply of related drugs and medical supplies achieved

Total Funding for Program Area (\$): **Current Program Context:**

Best estimates are that between 250,000 and 350,000 PLWHAs need palliative care and support, although not all of them may yet be symptomatic. Many of them are cross-infected with TB (some estimates are as high as 40%), and other opportunistic infections are common. Total public and private sector hospital beds are limited, and access to hospital-based care is even more limited for the majority of this population due to distance, lack of public sector financial and human resources, and lack of ability to pay for transaction and monetary costs of hospitalization even at those public sector facilities that exist. Broad-scale palliative care efforts in Haiti have been largely confined to the Central Plateau, where Partners in Health has taken a holistic, family-oriented approach to TB and HIV/AIDS care and treatment. In other areas, little support has been available to date for symptomatic PLWHAs and their families, except through a CARE-implemented pilot community based support activity in the Grande-Anse and the Northwest. Some palliation has also been provided through other US NGOS, but primarily for PAHA families or adoptive families of OVCs. POZ has also provided palliative kits to PLWHAs through PLWHA support groups in Port au Prince and some other regions. World Vision provides support to communities in which it sponsors children for community-based care and support. The Technical Cluster for BCC and Community Mobilization and Care has developed a guide for community-based care, including a model kit which will now be modified to conform to the Prevention Care Package plus medication for pain relief, and some highly nutritional food supplementation.

Faith-based groups are beginning to become organized to help care for PLWHAs either individually, or through community-based programs to support the majority of the community's PLWHAs. Many medical missions are beginning to move from primary health care into care for those with HIV/AIDS, but their approaches are largely ad hoc and poorly coordinated with each other or with the public health system. Efforts described in this program area are becoming more coordinated with treatment centers, and also with other sources of health care and psycho-social support. So far, hospice care in clinical settings is not available in Haiti, and organized hospice and end of life care is rare as well. There has been little in the way of emphasis on pain management, on succession planning, family albums, memorial art, inheritance rights, and other kinds of legal and psychosocial support to those who remain at or "go" home to die, or their families and successors. Many examples are available from other countries, especially in Sub-Saharan Africa that can be successfully adapted to the Haitian setting, but all require cultural sensitivity and the awareness that the vast majority of Haitians—as many as 80%—live in acute poverty before they fall sick with AIDS or related opportunistic infections.

One of the emphases for COP O5 will be able to build on and expand efforts in strengthening PLWHA support groups around each of the ART sites, and ensuring that these groups can provide related palliative care, transport to appointments, and income-generating activity support to these groups. This activity is in addition to the generation and support of an additional number of PLWHA associations that will group together and further strengthen these support groups, and militate for reduction of stigma and discrimination, and for better socioeconomic conditions for PLWHA.

Program Area: Palliative Care: Basic health care and support
 Budget Code: (HBHC)
 Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: USAID/GAC/Local / Management Sciences for Health
 Planned Funds:

Activity Narrative: MSH have already established network of community health workers in the quasi totality of NGO that they are supporting with the purpose of providing primary health care services.
 The objective in FY05 is to either involve existing health workers in provision of HIV/AIDS services or when not possible recruit dedicated workers to provide the services.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Human Resources	80%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	20%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:
 Community health workers

Key Legislative Issues:
 Coverage Area: National
 State Province:

ISO Code:

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: USAID/CAC/Local / Management Sciences for Health

Planned Funds:

Activity Narrative:

MSH will provide logistical support for specific training sessions in care and management of opportunistic for 3 clinicians from each of 34 VCT/MTCT sites in collaboration with GHESKIO trainers and curriculum materials. This logistics package will include travel and per diem for participants, venue, and classroom materials. As with its non-PEPFAR programs, MSH will maintain a training database to monitor specific skills MOH and NGO staff should have acquired and their facility assignments. This will enable the MOH and partners to make informed decisions on future training needs and effective deployment of human resources, as well as specific sites which should have requisite staff for service scale-up.

Activity Category

Logistics

% of Funds

100%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	112	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	34	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	34	<input type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers
 - Community health workers
 - Doctors
 - Medical/health service providers
 - Nurses
 - Pharmacists

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: HHS/GAC/HQ / Joint United Nations Program on HIV/AIDS

Planned Funds:

Activity Narrative:

In FY 04 the AIDS Advisor program was established with one third year Peace Corps Volunteer and funding for capacity building by supporting UN Volunteers within 3 PLWHA associations and 1 MSM association in the Port au Prince area. This pilot was very successful with a result that 3 grant proposals (2 education and 1 income generation) were successfully submitted, membership lists developed, strategic planning done within the organizations and establishment of food and condom distribution. Through parallel funding from UNFPA and UNCEF the program has also established a youth HIV/AIDS prevention program which is targeting approximately 5000 youth

FY05 the program will continue to work with the 4 associations targeted in FY04 and look to expand to at least one new association in Jacmel in FY05. Focus will be on increasing capacity within each association to execute, monitor and evaluate small projects and to mobilize resources aimed at achieving institutional goals. Increase leadership in the PLWHA and MSM community through the support of four National UNVs working daily for their respective organizations. Increase advocacy for treatment and against discrimination by strengthening solidarity between associations and focusing on human rights and gender using the Unity Platform as a step towards establishing a national network of PLWHA associations.

Activity Category

- Community Mobilization/Participation
- Human Resources
- Training

% of Funds

- 20%
- 50%
- 30%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	2,500	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	0	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	5	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	0	<input type="checkbox"/> Not Applicable

Target Populations:

- Men who have sex with men
- People living with HIV/AIDS

Key Legislative Issues:

- Volunteers
- Stigma and discrimination

UNCLASSIFIED

Coverage Area:

State Province: Ouest

State Province: Sud-Est

ISO Code: HT-OU

ISO Code: HT-SE

UNCLASSIFIED

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: HQ/GAC/CDC / US Centers for Disease Control and Prevention

Planned Funds:

Activity Narrative: CDC will procure lab diagnostic kits, supplies and reagents to follow up 20,000 people identified as HIV positive (this is to determine eligibility for ART). (at per person (20,000) = (CD4, hematology, blood chemistry, clinical microscopy).

Activity Category Commodity Procurement % of Funds 100%

Targets:

		<input type="checkbox"/> Not Applicable
Number of Individuals provided with general HIV-related palliative care	20,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	44	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

People living with HIV/AIDS

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Palliative Care: Basic health care and support
 Budget Code: (HBHC)
 Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: HHS/GAC/HO / Family Health International
 Planned Funds:

Activity Narrative: *The partner will pilot a social services support program through 4 PLWHA groups in four Departments providing a reimbursement system for transportation of PLWHAs to the clinic and school fees for the children of PLWHAs. This will build on the efforts in FY04 to establish PLHWA group through this partner.*

Activity Category % of Funds
 Linkages with Other Sectors and Initiatives 100%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	1,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	4	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Orphans and other vulnerable children
- People living with HIV/AIDS

Key Legislative Issues:

Coverage Area:

State Province: Grand-Anse	ISO Code: HT-GA
State Province: Nord	ISO Code: HT-ND
State Province: Sud	ISO Code: HT-SD
State Province: Sud-Est	ISO Code: HT-SE

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: HHS/GAC/HQ / Partners in Health

Planned Funds:

Activity Narrative:

This partner has a long history as one of the first organizations in Haiti to provide ART services. The partner has built a highly successful program based on "Four Pillars": 1) The provision of HIV care and treatment, including ART. 2) Instituting state-of-the-art STI case detection and treatment which has proved to be a crucial component on HIV case detection. 3) Aggressive case finding and supervised treatment of TB which also leads to HIV case detections. 4) Women's health services including VCT and PMTCT. In FY05 PIH will expand their program to three new sites (Hinche, St. Marc, and Cerca La Sourc). This expansion in services will expand the need to provide palliative care to an estimated 800 additional HIV positive individuals. The PIH program ensures that patients not yet eligible for ART receive the same services as ART patients, including disease monitoring, counseling, social support, and diagnosis and management of other health problems, including opportunistic infections.

In PIH Community health workers, known as *accompagnateurs*, are the backbone of the HIV care and treatment program. The *accompagnateurs* in PIH's program undergo training in the importance of directly observed therapy, symptom and side effect recognition and patient confidentiality. These *accompagnateurs* provide emotional and social support to the patient and serve as a link to physicians and the clinic. In FY05 PIH will provide the same training that the give to community health workers in their program to approximately 250 community health workers from other PEPFAR supported programs.

Activity Category

- | | |
|--|-----|
| <input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision | 50% |
| <input checked="" type="checkbox"/> Training | 50% |

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	800	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	310	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	3	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Community health workers
- Medical/health service providers
- People living with HIV/AIDS

Key Legislative Issues:

UNCLASSIFIED

Coverage Area:

State Province: Artibonite

ISO Code: HT-AR

State Province: Centre

ISO Code: HT-CE

UNCLASSIFIED

Coverage Area:

State Province: Artibonite

ISO Code: HT-AR

State Province: Centre

ISO Code: HT-CE

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: USAID/GAC/Local / Promoteurs de l'Objectif ZéroSida

Planned Funds:

Activity Narrative: There is increasing and increasingly public evidence that PLWHA, and even those going for testing in certain centers, are subject to stigma and discrimination on the part of service providers. In addition to the training in sensitivity to non-clinical providers and traditional healers to be provided under "other prevention", there is a need to educate all level of providers, including the lowest level of personnel at clinical sites in stigma and discrimination reduction, so as to provide sensitive care to PLWHAs. Curricula are already available from POZ, and related interpersonal communication training for care-givers by HCP can meet this need.

Activity Category
 Training % of Funds
100%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	300	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers
- Ministry of Health staff
- People living with HIV/AIDS

Key Legislative Issues:

- Increasing women's legal protection
- Stigma and discrimination

Coverage Area: National

State Province: _____ ISO Code: _____

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: USAID/GAC/IG / Family Health International

Planned Funds:

Activity Narrative:

Support to PLWHA and their families is a critical element of any comprehensive HIV/AIDS plan including, providing them with an enabling environment that will evoke, nourish and sustain their care, allowing them to crease use of wellness programs. Given continued stigma and discrimination in all areas of social life and in some treatment settings, those infected and affected by HIV/AIDS hide their status for fear of being shunned, therefore suffering in silence. This negative impact must be addressed to decrease HIV transmission and to improve the quality of life for PLWHA and PAHA, particularly in conjunction with growing availability of ART. One means of doing this is to encourage formation of post-test clubs at VCT sites, in which both those who test negative and those who test positive will join to promote positive attitudes within the community and positive living and prevention among group members themselves.

Replicate POZ model. Social/Psych support, transportation assistance to treatment, referral to treatment, job skills, employment agency, small business loans. Active identification of potential orphans and vulnerable children at the facilities and in the community to assist with succession planning, and placement of these children in positive conditions, rather than allowing them to become institutionalized by default. Additionally, PLWHA and PAHA will be educated about their rights.

FHI will be tasked to: (i) inventory existing autonomous PLWA associations and sites that organize support for PLWA outside the POZ network (ii) Provide brief description of their current activities (iii) provide them technical expertise or sub-contract professional services for capacity building. (iv) provide funding to cover start-up and operation costs to PLWA associations. Capacity building activities includes: elaboration legal status and organizational chart, skill based training for performing administrative tasks or participating in provision of services, assistance for elaboration of proposal, office setting, administrative and financial tools.

Will also serve as a small grants manager providing grants to PLWHA associations, CBOs and FBOs who apply for small grants for fund HIV/AIDS awareness and educational activities as well as, income generation activities for PLWHA.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	25%
<input checked="" type="checkbox"/> Local Organization Capacity Development	70%
<input checked="" type="checkbox"/> Training	5%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	10,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	20	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Faith-based organizations
- HIV/AIDS-affected families
- Nongovernmental organizations/private voluntary organizations
- People living with HIV/AIDS

Key Legislative Issues:

- Stigma and discrimination

Coverage Area: National

State Province:

ISO Code:

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: HHS/GAC/HQ / Ministère de la Santé Publique et Population

Planned Funds:

Activity Narrative:

Through its cooperative agreement with the Ministry of health CDC will render resources available to recruit community health workers for 22 public sites on the basis of 10 CHW per sites. These community workers will be involved in: (i) promotional activities and awareness campaign. They will be responsible for holding town meetings, talks with community groups (ii) counseling and follow-up of patients and affected families that accept them as accompagnateurs

Activity Category	% of Funds
<input checked="" type="checkbox"/> Human Resources	80%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	20%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	220	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	22	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

Community health workers

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: USAID/GACRPM+LOCAL / Management Sciences for Health

Planned Funds:

Activity Narrative:

Life Extending Treatment Packages

As part of the community based palliative care and treatment program, PLWHA will be provided with the "Basic Care Package", known for Haiti as the Life Extending Treatment Package (LET). The package will include ORS salts, safe water purification solution, multivitamins, zinc tablets, ibuprofen, paracetamol, tooth brush, and tooth paste. During the course of program scale-up and with experiences from other countries, this package may be adjusted for Haiti, and for the needs of specific PLWHA clients. The average cost this package is projected at PLWHA per year for all clients. Outreach workers visiting these PLWHAs will be trained and supervised to provide counseling and other non-material support, in addition to re-supplying these basic household commodities as needed.

Opportunistic Infection Drug Procurement and Distribution

Efforts have been deployed in FY04 both by PEPFAR and the Global Fund to render palliative and Opportunistic infection (OI) drugs available for PLWHAs. However the access of the sites to those drugs has not been systematic and consistent and the mix of drugs at sites depend upon availability. PEPFAR will render a standard list of drugs accessible to all 50 targeted VCT/PMTCT and 50 targeted stand along TB clinics that will participate in the TB/HIV efforts. The list includes: (i) palliative drugs for the relief of most common symptoms such as: headache, pain, diarrhea, cough, fever, nausea, shortness of breath, and skin rash (ii) treatment for most common OI as well as STIs and cotrimoxazole; (iii) drugs for pain management and ART side effects. Drugs and other supplies will be available both at the sites and for community distribution with close supervision, especially for bedridden and terminally patients that can no longer afford to attend clinics.

These funds are projected to cover commodity procurement costs only. Support for provider and stock management training, distribution and any other infrastructure are included elsewhere in the COP.

Activity Category

- Commodity Procurement
- Training

% of Funds

72%
28%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	12,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	44	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Nurses
- Pharmacists
- People living with HIV/AIDS

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Central/Track 1 / Catholic Relief Services

Planned Funds:

Activity Narrative:

In FY04 and continuing in FY05 CRSC will continue to offer a basic package of services at it's 7 sites which will include palliative care in the form of providing treatment for OI and STI infections for 3000 PLWHAs as well as pain management and psycho-social support. CRSC is also involved in the USAID Title 2 food program and when possible will include this as part of their palliative care program for PLWHAs.

Activity Category

- Commodity Procurement
- Training

% of Funds

- 80%
- 20%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	3,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	20	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	7	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- People living with HIV/AIDS

Key Legislative Issues:

Coverage Area:

State Province: Artibonite

ISO Code: HT-AR

State Province: Nord

ISO Code: HT-ND

State Province: Ouest

ISO Code: HT-OU

State Province: Sud

ISO Code: HT-SD

Program Area:

Budget Code:

Program Area Code:

Table 3.3.8: PROGRAM PLANNING OVERVIEW

Result 1: Strengthened capacity of national and provincial government coordinating structures in support of OVCs

Result 2: Policy initiatives that support care for OVCs advanced

Result 3: Improved preventive behaviors of OVCs and family members to protect themselves from HIV infection

Result 4: Existing orphan support programs strengthened and expanded

Total Funding for Program Area (\$): **Current Program Context:**

The estimated number of orphans for 2005 is 400,000, based on forecasts from the 2000 DHS. A situational assessment carried out in 2000 estimated some 200,000 orphans, but was unable to determine what proportion of these orphans (single and double) were orphaned due to HIV/AIDS-related deaths. One of the likely reasons that the HIV/AIDS prevalence rate in Haiti appears to have decreased over the past five years is probably because deaths due to HIV/AIDS-related illnesses have increased, leaving more orphaned and vulnerable children. *via* a recent study of the giving and taking of children in Haiti as a background to understanding trafficking in children (Smucker and Murrey, 2004, *Estimates that some 800,000 Haitian children in Haiti and in the DR are living away from their natal household. Among the main correlates with such status is coming from a family of 5-10 children, the death of one or both parents, significant crisis in the household (such as serious illness). Most of these children leave home or are sent from home to live in other households. These may be of relatives, acquaintances, or strangers. Traditionally, the choice was made by the sending household. Today, brokers are entering the picture. The phenomenon of children living in other households does not necessarily mean that these children are exploited or abused as "rest-avek", or unpaid household servants. Some may be considered "petit kay", or children of the house, though they may receive treatment that is less generous than children born to that household. Increasingly, children who are rest-avek run away when they can, and either live on the street, go to another household, or attempt to migrate to the DR for gainful employment. Many of the girls, and some of the boys, wind up as part-time sex workers when they are "homeless"; many of them are sexually abused when in the unpaid domestic servant status of rest-avek. All are vulnerable. UNICEF is the leading agency working on the "rest-avek" (children in domesticity) problem currently. *via* HIV positive orphans, and has achieved considerable recognition for its approach, but is now trying to learn how to re-insert its orphan. Many children are placed in orphanages in Haiti, and many of these orphanages are run by honest, though untrained, priests, nuns, or lay religious. Others, however, are run as private institutions, and significant profits are made through adoption services, especially to expatriates. Some orphanages allow the children to be outside during the day as "externs", at school, or earning money, and coming to sleep at night; others keep the child throughout the day and provide food and clothing according to their means. Some orphanages are supported by the Ministry of Social Affairs, though they appear to be poorly or un-regulated. CRS, under Track 1.0 funding, is helping to organize and train managers of urban orphanages, mostly in Port-au-Prince, that serve approximately 10,000 children. World Concern is a candidate for a second Track 1.0 award to work through church groups to identify and support OVCs. World Vision is working with OVCs in communities where it sponsors children. CAD, a local NGO, is supporting urban orphans and providing them with education in a child-shelter context. Maison Arc-en-Ciel is the only orphanage specifically for population into host communities. The USG policy of promoting maintenance or insertion of OVCs at the community level; and thus keeping them from being institutionalized, will be difficult to implement and monitor in Haiti due to the proliferation of orphanages, and the pattern of taking or placing children in other households as unpaid domestic servant rest-aveks. Close monitoring and targeted evaluation will be critical to program success.*

Program Area: Orphans and Vulnerable Children

Budget Code: (HKID)

Program Area Code: 09

Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: USAID/GAC/HQ / World Vision International

Planned Funds:

Activity Narrative:

World Vision presently provides support to communities in which it has sponsored children. It also supports orphans and vulnerable children (OVCs) in its areas of operation. These children may be in families, or may be independent. World Vision provides them with schooling, but with other extra-curricular skills, such as music and dance, and provides supplementary feeding. WV would expand its existing program of assistance to OVCs in communities where it is operating and allow it to expand to other communities as well as, provide linkages to Title 2 food distribution.

Activity Category

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	50%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	30%
<input checked="" type="checkbox"/> Training	20%

Targets:

		<input type="checkbox"/> Not Applicable
Number of OVC programs	2	<input type="checkbox"/> Not Applicable
Number of OVC served by OVC programs	300	<input type="checkbox"/> Not Applicable
Number of providers/caretakers trained in caring for OVC	5	<input type="checkbox"/> Not Applicable

Target Populations:

- Orphans and other vulnerable children
- Program managers

Key Legislative Issues:

- Reducing violence and coercion
- Volunteers

Coverage Area:

State Province: Centre

ISO Code: HT-CE

Program Area: Orphans and Vulnerable Children

Budget Code: (HKID)

Program Area Code: 09

Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: USAID/GAC/HQ / Family Health International

Planned Funds:

Activity Narrative:

Although the State University graduates both psychology majors and social workers, they have difficulty finding employment, and few are employed in the MSPP. The Ministry of Women's Affairs and Rights has an extremely small staff, relying mainly on consultants, while the Ministry of Social Affairs, which houses the Institute for Family Well-being and Research, the entity that governs adoptions, orphanages, and related matters, has long needed re-staffing and training to encourage an outreach and service mission, rather than one premised on establishing hurdles so as to extract rents from lawyers, potential adoptive parents, and orphanage managers. The MSPP's UCC for HIV/AIDS has recently begun training for institute staff, and is trying to instill this kind of mission and vision. However, funding is short, and the parameters of the changes required are broad.

At the same time, those running orphanages either for social service purposes or for profit, are largely untrained, and ill-prepared to provide psycho-social, health or even education services to their wards. CRS under Track 1.0 is working with urban based, predominantly Catholic orphanages to improve management skills and the quality and range of care offered. Links between community and orphanage are weak, and as noted above, traditional and current practices of placing orphans with other families where they become unpaid and often abused domestic servants makes re-insertion into communities more complex in Haiti than may be the case elsewhere. The tradition in Haiti, as well as the growing reality, is that children should be "small adults", obeying their elders, not posing questions, not causing "disorder" and regarding those adults in whose charge they find themselves with a cross between fear and respect. Corporal punishment is common, and positively sanctioned, and the idea of providing psychological support to children is largely a novel one, except among educated elites with a particularly modern outlook. Therefore, two following two activities are essential to change the environment in which orphans are found and find themselves, in orphanages or "child shelters", in domestic services, on the street in rural or urban areas, and as migrants for employment in town in Haiti or in the Dominican Republic:

Under this activity, FHI will provide training in orphan care and psychosocial services and outplacement to IBEFR of MSW, and others both in and out of government, including FBOs and NGOs, involved with child placement and management and provision of orphan care. In a second phase, FHI will work toward the development of community support groups, to enhance their knowledge of orphan care and support who later will be asked to host orphans, either as individual families, or as parts of community networks and church congregations. In addition, FHI will develop and disseminate country manuals for 1) psychological support for OVCs, 2) groups counseling for OVCS, 3) OVC life skills education, 4) Adolescent parenting and household maintenance. FHI will provide a semi-annual report on program coverage, and activities developed, and maintain a database on the program's targets and activities.

Palliative care, including care for OVCs, is a continuum, which includes clinical, community-based, and home-based care. In order to ensure that OVCs are identified early, receive the best testing, screening and OI treatment as necessary, as well as PCP kits to prolong a-symptomatic life for those who are HIV+, they should be identified at those locations—both clinical and others—where they are most likely to be found. Therefore, FHI will be tasked with collaborating with interested and specialized non-medical site personnel in 1) identifying OVCs at 18 VCT clinics in three-four Departments, and at 3-4 ART sites (in collaboration with POZ and CRS, who will carry out a similar same process in the Ouest and Northwest Departments see above); 2) ensure that they are screened and tested (ref. TB/HIV section above), and 3) they and their parents receive counseling, and are able to explore succession options, create memory books, and provide for bereavement counseling after a parent's death, 4) in terms of these succession plans, make sure that the children are placed with those individuals or groups (NGOs, FBOs, CBOs) most likely to be able to identify group homes, sibling-headed household supported living, fostering or adoption in own extended families, and the like, and 5) provide assistance for applications for grants to the PACT mechanism.

Activity Category

President's Emergency Plan for AIDS Relief
Country Operational Plan Haiti FY 2005

% of Funds

UNCLASSIFIED

- Local Organization Capacity Development 40%
- Training 60%

Targets:

		<input type="checkbox"/> Not Applicable
Number of OVC programs	30	<input type="checkbox"/> Not Applicable
Number of OVC served by OVC programs	1,000	<input type="checkbox"/> Not Applicable
Number of providers/caretakers trained in caring for OVC	500	<input type="checkbox"/> Not Applicable

Target Populations:

- Caregivers
- Community leader
- Community-based organizations
- Faith-based organizations
- Traditional healers
- Ministry of Health staff
- Nongovernmental organizations/private voluntary organizations
- Orphans and other vulnerable children
- People living with HIV/AIDS
- Religious/traditional leaders

Key Legislative Issues:

- Stigma and discrimination

Coverage Area: National

State Province:

ISO Code:

Program Area: Orphans and Vulnerable Children

Budget Code: (HKID)

Program Area Code: 09

Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: USAID/GAC/HQ / Catholic Relief Services
 Planned Funds:

Activity Narrative: Under its present Track 1.0 grant, and prior USAID/Haiti "safety net" funding, CRS has not been able to develop or operationalize a plan for HIV/AIDS and TB testing for the 10,000 or so orphans in "child shelters" whose management and quality of care it is trying to improve. It is imperative that these children, who are often living in extraordinarily crowded conditions, with relatively low-standard infrastructure and no standardized health care, be provided with such care. In addition, street children and other vulnerable youth should be put in touch with health care services, either through the community or through the households or institutions where they sometimes spend the night. Since CRS is already working with a large number of orphans already in care, under COP 05, funding will be provided for them to carry out the following activities, particularly with regard to testing and screening for HIV and TB, and then subsequent visits for care and treatment

Funds for this activity will allow CRS to educate institutional staff on the need to test and screen their wards, and what to do in the event of a positive diagnosis for either HIV or TB. CRS will develop linkages between the various orphanages and local health care institutions, so that these organizations will begin systematically to test and screen OVCs for HIV and TB. This must include transportation from OVC sites to health care sites; someone to accompany the child at every visit; and to monitor referrals for treatment and follow-up. The partner will also maintain and expand direct linkages with Title 2 food assistance for the nutritional support of orphans.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	30%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	40%
<input checked="" type="checkbox"/> Training	30%

Targets:

Target	Value	Notes
Number of OVC programs	20	<input type="checkbox"/> Not Applicable
Number of OVC served by OVC programs	5,000	<input type="checkbox"/> Not Applicable
Number of providers/caretakers trained in caring for OVC	0	<input type="checkbox"/> Not Applicable

Target Populations:

- Faith-based organizations
- Faith-based organizations
- Medical/health service providers
- Nongovernmental organizations/private voluntary organizations
- Nongovernmental organizations/private voluntary organizations
- Orphans and other vulnerable children
- Orphans and other vulnerable children

UNCLASSIFIED

Key Legislative Issues:

Volunteers

Coverage Area:

State Province: Nord-Ouest

State Province: Ouest

State Province: Sud

ISO Code: HT-NO

ISO Code: HT-OU

ISO Code: HT-SD

Program Area: Orphans and Vulnerable Children

Budget Code: (HKID)

Program Area Code: 09

Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: CARE/GAC/HQ / CARE USA

Planned Funds:

Activity Narrative:

CARE has already developed a pilot project for community networking in care and support in the Grande-Anse, and replicated it in the NorthWest. The Grande-Anse program was started as a USAID-funded pilot project, and subsequently funded by UNICEF. Additionally, CARE has a program that supports "extended families" taking in OVCs. Though such families are willing, and the program works well, there is a problem of income for parents and OVCs. It is worth noting that the Grande-Anse is one of the departments that "sends" most children to the DR to work in the cane plantations or in towns, begging, or shining shoes, or as unpaid domestic servants.

CARE already provides "hygiene" kits, but under this activity, they will be able to: 1) provide improved "Prevention Care Packages (PCP) to OVCs and any members of their families who are PLWHA or PAHA; 2) continue to provide training and quality control through the Foster Parents' Association of the Grande-Anse for artisanal production and marketing, to increase income for OVCs and their families. This program already exists, but can be expanded, and necessary additional inputs provided, such as a marketing/display area and increased work space. If this piloted activity from the Grande-Anse succeeds, it can be expanded to the NorthWest, and other areas. 3) Provide linkages to Title 2 food distribution programs

Activity Category

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	35%
<input checked="" type="checkbox"/> Local Organization Capacity Development	40%
<input checked="" type="checkbox"/> Training	25%

Targets:

Target	Value	Not Applicable
		<input type="checkbox"/> Not Applicable
Number of OVC programs	2	<input type="checkbox"/> Not Applicable
Number of OVC served by OVC programs	1,000	<input type="checkbox"/> Not Applicable
Number of providers/caretakers trained in caring for OVC	20	<input type="checkbox"/> Not Applicable

Target Populations:

- Migrants
- Migrant workers
- Orphans and other vulnerable children
- People living with HIV/AIDS
- Volunteers

Key Legislative Issues:

- Volunteers

UNCLASSIFIED

Coverage Area:

State Province: Grand-Anse

State Province: Nord-Ouest

ISO Code: HT-GA

ISO Code: HT-NO

Program Area: Orphans and Vulnerable Children

Budget Code: (HKID)

Program Area Code: 09

Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: USAID/CAC/HQ / Pact, Inc.

Planned Funds:

Activity Narrative: Sole source bilateral procurement PACT for work with FBOs and NGOs in community care and support for OVCs.

Including development of projects for production and sale of AKA 1000, to provide OVCs, and PLWHA on ART treatment, with nutritious, easily digestible, palatable food made locally. Proceeds of sale will support PLWHA OVC host families, and other OVC host families. (MEDISHARE/CRS/MHF/PIH)

Under the President's Emergency Plan, it is possible to provide funding for education to OVCs to bring them to the equivalent level of schooling to children their age groups. Rural children in Haiti have much less access to public or private schooling than do urban children. Therefore, judgments about how much schooling is "equivalent" depending on the age and situation of the OVCs in question, and their location. Since so many orphans are promised schooling by the households that accept them as "rest-aveks", but so few are actually sent to school, and of those who are most are sent to shorter, less comprehensive classes or courses than the household's biological children, an aspect of this program will have to target these and other out of school youth, as well as those who may be in school, but who have started late and who have an unusual repetition rate. The NGOs that will implement this program are already working with OVCs and other children in connection with schooling and are therefore well-placed to know the underlying problems, and to have experimented with at least some of the real-world solutions. The funds are intended to cover some minor program expenses: school fees, books, uniforms and/or economic support for 7,500 OVCs at per child/year. (SAVE THE CHILDREN/USA CRS, CAD/World Vision, CARE/USA)

Activity Category	% of Funds
<input checked="" type="checkbox"/> Local Organization Capacity Development	50%
<input checked="" type="checkbox"/> Training	50%

Targets:

		<input type="checkbox"/> Not Applicable
Number of OVC programs	10	<input type="checkbox"/> Not Applicable
Number of OVC served by OVC programs	7,500	<input type="checkbox"/> Not Applicable
Number of providers/caretakers trained in caring for OVC	750	<input type="checkbox"/> Not Applicable

Target Populations:

Orphans and other vulnerable children

Key Legislative Issues:

Volunteers

Coverage Area: National

State Province:

ISO Code:

Program Area: Orphans and Vulnerable Children

Budget Code: (HKID)

Program Area Code: 09

Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: USAID/GAC/Local / Save the Children US

Planned Funds:

Activity Narrative: Save the Children presently provides support to communities in which it has sponsored children. It also supports orphans and vulnerable children (OVCs) in its areas of operation. These children may be in families, or may be independent (?) Save the Children provides them with schooling, but with other extra-curricular skills, such as music and dance, and provides supplementary feeding. Save the Children would expand its existing program of assistance to OVCs in communities where it is operating and allow it to expand to other communities as well as, provide linkages to Title 2 food distribution in the Central Plateau and provide linkages to MARCH's MTCT program.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	20%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	80%

Targets:

		<input type="checkbox"/> Not Applicable
Number of OVC programs	2	<input type="checkbox"/> Not Applicable
Number of OVC served by OVC programs	500	<input type="checkbox"/> Not Applicable
Number of providers/caretakers trained in caring for OVC	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Orphans and other vulnerable children
- Program managers

Key Legislative Issues:

- Volunteers

Coverage Area:

State Province: Centre
 State Province: Ouest

ISO Code: HT-CE
 ISO Code: HT-OU

Program Area: Orphans and Vulnerable Children
 Budget Code: (HKID)

Program Area Code: 09

Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Central/Track 1 / Catholic Relief Services

Planned Funds:

Activity Narrative: In FY05 CSR will provide infrastructure support, reinforcement of health care, food, psychosocial support, educational support as well as, education on HIV/AIDS at 100 centers which provide care for approximately 11,000 OVC. Training will also be provided to Admin. Staff and Caregivers in care, human rights of children, HIV risk reduction and stigma reduction.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Local Organization Capacity Development	30%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	50%
<input checked="" type="checkbox"/> Training	20%

Targets:

		<input type="checkbox"/> Not Applicable
Number of OVC programs	1	<input type="checkbox"/> Not Applicable
Number of OVC served by OVC programs	11,000	<input type="checkbox"/> Not Applicable
Number of providers/caretakers trained in caring for OVC	150	<input type="checkbox"/> Not Applicable

Target Populations:

- Caregivers
- Orphans and other vulnerable children

Key Legislative Issues:

Coverage Area:

State Province: Grand-Anse	ISO Code: HT-GA
State Province: Ouest	ISO Code: HT-OU
State Province: Sud	ISO Code: HT-SD
State Province: Sud-Est	ISO Code: HT-SE

Program Area:

Budget Code:

Program Area Code:

Table 3.3.10: PROGRAM PLANNING OVERVIEW

Result 1:	Pharmaceutical and commodities management strengthened to support expanded access to ART
Result 2:	ARV treatment for qualified HIV positive individuals expanded.
Result 3:	Strengthened national management support systems for HIV/AIDS related pharmaceuticals and commodities.
Result 4:	Pharmaceutical management strengthened to support expanded access to ARV treatment at PMTCT+ sites.

Estimated Percentage of Total Planned Funds that will Go Toward ARV
Drugs for PMTCT+

7%

Total Funding for Program Area (\$):

Current Program Context:

Estimated % of total funds for PMTCT+ = 0%
Estimated % for drug procurement = 7%
The current country context for the purchase, storage, and distribution of ARV drugs is that the Global Fund has been chiefly responsible for the purchase of drugs for 2,000 people. They provided resources for two sites- PIH and Gheskio -- to enable them to conduct their own forecasting, procurement, and distribution of drugs. These two NGOs have built capacity, have learned lessons, and have developed tools and mechanisms to ensure continual supply of drugs without stock outs, and have provided technical assistance to the pharmacies to develop and implement adherence plans. The implementation model has been created and these lessons learned will be utilized by the USG team to scale up the next year. Last year, with PEPFAR 2.0 resources, the USG team planned to extend HAART throughout the country. USG has secured resources for MSH's RPM+ project to procure additional drugs for 1500 in addition to the 2000 that the Global Fund was providing. RPM/MSH was also mandated to improve logistics, forecasting, and infrastructure reinforcement through minor renovations of pharmacies at local sites. The USG team and MSH (RPM) conducted a needs assessment in fiscal year '04 PEPFAR funding. Based on the results of the needs assessment, tasks have been taken to move towards an overall system for forecasting focusing on training and minor renovations. The drugs have been successfully procured through RPM and the steps to improve logistics are on the way to becoming a reality. However, many challenges remain including such the lack of a central pipeline to supply the ARV needs of the entire country. There is a general lack of coordination between the various stakeholders. Also, more resources are needed to address the needs for infrastructure above and beyond minor renovations to further improve the infrastructure of the pharmaceuticals at all sites. In addition, more training and human resources needs have to be met at a local level to ensure the successful implementation of the overall system of distribution of drugs.

Program Area: HIV/AIDS Treatment/ARV Drugs

Budget Code: (HTXD)

Program Area Code: 10

Table 3.3.10: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: USAID/GAC/Local / Management Sciences for Health

Planned Funds:

Activity Narrative:

Partner will be responsible for a range of activities including training, infrastructure, quality support and supervision, and logistics support. Activities include:
 The partner will be responsible for proactive coordination with MOH & GF to develop a single pipeline for drug/commodities management. Training and TA to MOH and UCC in coordination role. Training & TA. Public/Private sector pharmaceutical management.
 Establish functioning distribution network from procurement to importation, central warehousing, delivery to departmental depots and specific sites. Establish a computerized stock management and forecasting system based on functioning feedback loop linked to statistical data. Renovation of warehouse space (central, departmental, and site level) Ensure equipment and power supply for adequate cold chain (generator purchase and/or repair; refrigerator repair and fuel supply) Tracking of inventory of USG provided equipment and materials (in addition to commodities)

Training/Quality Support and Supervision.
 In addition, training and technical assistance to MOH and UCC will be provided to strengthen their coordination role. Training & technical assistance will also be provided for public and private sector pharmaceutical management. A functioning distribution network will be established from the procurement to importation, central warehousing, delivery to departmental depots and specific sites.

Infrastructure
 There will be renovation of warehouse space at the central, departmental, and site level. Ensure equipment and power supply for adequate cold chain (generator purchase and/or repair; refrigerator repair and fuel supply). All USG procured equipment and materials (in addition to commodities) will be tracked through a systemized inventory tracking system.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Infrastructure	30%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	50%
<input checked="" type="checkbox"/> Training	20%

Targets:

Not Applicable

Target Populations:

- Health Care Workers
- People living with HIV/AIDS

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: HIV/AIDS Treatment/ARV Drugs

Budget Code: (HTXD)

Program Area Code: 10

Table 3.3.10: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: USAID/GAC/HQ / Management Sciences for Health

Planned Funds: []

Activity Narrative: The goal of this intervention is for ARVs procurement for 4,800 PLWHA and provision of ARV drug logistics. This will contribute to the national target with Global Fund contributing [] person/yr and CRS [] person/yr

Commodity Procurement The partner will be responsible for proactive coordination with MOH & Global Fund to develop a single pipeline for drug/commodities management. The model that has been developed and by PIH and Gheskio through FY 04 funding. This model will be used to improve the system so that the pharmacies will have increase capacity to implement adherence plans. ARVs will be procured through this model and a computerized stock management and forecasting system based on functioning feedback loop will be linked to statistical data will be developed.

Activity Category
 Commodity Procurement

% of Funds
100%

Targets:

Not Applicable

Target Populations:

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: HIV/AIDS Treatment/ARV Drugs

Budget Code: (HTXD)

Program Area Code: 10

Table 3.3.10: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: *Central/Track 1 / Catholic Relief Services*

Planned Funds:

Activity Narrative:

In FY05 the CRSC will buy 1500 patient years of ART. While negotiations are still under way the consortium is planning to use RPM+ for storage and distribution.

Activity Category

Commodity Procurement

% of Funds

100%

Targets:

Not Applicable

Target Populations:

People living with HIV/AIDS

Key Legislative Issues:

Coverage Area:

State Province: Artibonite

ISO Code: HT-AR

State Province: Nord

ISO Code: HT-ND

State Province: Ouest

ISO Code: HT-OU

State Province: Sud

ISO Code: HT-SD

Program Area:

Budget Code:

Program Area Code:

Table 3.3.11: PROGRAM PLANNING OVERVIEW

Result 1: Strengthened infrastructure of ARV delivery system.

Estimated Percent of Total Planned Funds that will Go Toward ARV Services for PMTCT+

0

Total Funding for Program Area (\$):

Current Program Context:

Based on the success of GHESKIO and PIH in successfully implementing HAART in Haiti the USG team has made plan to extend this treatment throughout this country toward the objective to reach a total of 3800 PLWAs by the end of FY 04, and 9250 by the end of FY 05. To achieve this objective, this year, 15 new sites, including 6 public hospitals and 9 NGOs, were assessed and selected to provide HAART throughout the country. Based on the results of this assessment, critical needs were identified such as, the lack of qualified clinical and community personnel, the lack of social support services, the lack of lab infrastructure and equipment, the weaknesses in drug logistic and pharmacies. With PEPFAR 2.0 steps are being taken to fill these gaps through partnership between MOH, PIH, FHI, CRS GHESKIO, MSH etc. In collaboration with GHESKIO and PIH, effort is particularly made to improve service organization and ensure training, and quality control toward HAART service delivery at these new sites. Despite these efforts, there still some important gaps to fill in order to scale up HAART in the country. The University teaching Hospitals that are serving the biggest portion of patients in the Metropolitan area where two third of the population is living, are not included in the network of the HAART institutions. Many resources will be needed to support these institutions where service organization is in general very poor. GHESKIO and PIH need more resources to strengthen their capacity in order to expand their activities beyond their existing sites and to support training and QA/QC at the new sites. Very few resources are now available to support community personnel, social services, which are key to ensure adherence to HAART and to ensure a continuum of care between the clinic and the community, as demonstrated in the HAART models experienced in Haiti. Pediatric HAART services are poorly developed in the country. Although these services are being implemented at GHESKIO, national pediatric HAART treatment guidelines need to be adopted and services need to be scaled up.

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: HHS/GAC/HQ / Groupe Haïtien d'Etude du Sarcome de Kaposi et des Infections Opportuniste

Planned Funds:

Activity Narrative:

Cross cutting activities for GHEKIO

Training

GHEKIO has been mandated by the Ministry of Health, along with PIH, to provide training. CDC will support clinical training through GHEKIO for 84 health professionals, not only in the four sites, but for all sites. Another component of the training will consist of refresher training which includes 70 persons for a total of 154 persons trained. This training is an integrated training for health care professionals, which includes physicians, nurses, laboratorians, and social workers from ART sites and will include training in ART management, OI and STI management, laboratory testing, as well as pre and post test counseling. GHEKIO will also reinforce their own capacity through training of mobile teams (24) and continuing education for training staff (8). Some funds will also be available to expand training equipment and establish a HIV/AIDS reference library.

Quality Support and Supervision

GHEKIO will support quality assurance/quality control for 18 sites. The associated costs include: logistics support, associated per-diem, and transport costs to ensure adequate coverage of these sites for quality control. The partner will also be responsible for providing institutional support to IMIS in the West Department

Human Resources

GHEKIO has many human resource needs to alleviate the management burden of overseeing the quality of 18 sites throughout the country. In order to more efficiently and effectively assure quality, GHEKIO first needs to strengthen the central team for efficient oversight and coordination. In addition to strengthening the central team through new personnel, three new mobile teams will be created including the hiring of new personnel with specialized skills for management, supervision, and on-site training to ensure high-quality HAART service delivery across all sites.

Focus on four public sites and 1 NGO

Quality Support and Supervision

In FY 04, resources were provided to GHEKIO to provide ARV services to 4 public sites and one NGO including: (Hopital St. Antoine (Jeremie), Hopital St. Michel (Jacmel), Hopital Justinian (Cape Hatien), Hopital Immaculate Conception (Les Cayes), and one NGO Fame Pereo. These resources were used to hire personnel, cover operational costs, materials and supplies procurement, and quality support and supervision for these sites. Additional resources in FY 05, will allow the continued strengthening of these sites in terms of logistics and quality support and supervision.

Human Resources

GHEKIO will provide human resource needs for the four public sites and 1 NGO site. These human resources will include: provision of additional personnel as needed.

UNCLASSIFIED

Activity Category

- Human Resources
- Quality Assurance and Supportive Supervision
- Training

% of Funds

- 30%
- 50%
- 20%

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	5	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	600	<input checked="" type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	154	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	2,200	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	1,600	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers
- Nongovernmental organizations/private voluntary organizations
- People living with HIV/AIDS

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: USAID/GAC/Local / Management Sciences for Health

Planned Funds:

Activity Narrative: The partner will develop performance contracts with 4 NGO ART sites where HAART services are currently being delivered. These resources will allow the expansion and reinforcement of HAART service delivery and integration into existing services to increase uptake and improvement of services for PLWHAs. These ART sites will include: March, CBP, Grace Children; Beraca. These performance-based contracts will include the provision of resources for the achievement of specific targets. Funding will be provided to those sites which perform well for continued financial support and additional bonuses will be provided for high success rates.

Activity Category
 Local Organization Capacity Development **% of Funds**
100%

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	4	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	600	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	2,200	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	1,600	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

Health Care Workers

Key Legislative Issues:

Coverage Area:

State Province: Centre	ISO Code: HT-CE
State Province: Nord	ISO Code: HT-ND
State Province: Nord-Est	ISO Code: HT-NE
State Province: Ouest	ISO Code: HT-OU

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: HHS/GAC/HQ / International Training and Education Center on HIV

Planned Funds:

Activity Narrative:

Human Resources

Under track 1.5, resources were provided to support on-site clinical training for GHESKIO. The responsibilities of a full time resident include not only clinical training but also the review and elaboration of GHESKIO's curriculum. Additional resources for FY 05 will support continued financial support for continued specialized on-site clinical technical assistance for the upcoming fiscal year.

Due to the lack of human resources in Haiti, particularly those specializing in infectious disease, in FY 05 financial support will be allocated for long term consultants at 2 teaching hospitals for the provision of technical support. They will also assist with training of residents and will help to develop an infectious disease unit integrated with HIV/AIDS HAART services. (2 consultants one for each of 2 teaching hospitals)

There will also be provision of technical support to the departmental teaching hospital -Justinian- through a subcontract with the University of Miami by bringing in a long-term and short-term consultants to provide training and supervision. In FY 04, PEPFAR funding was allocated for the establishment of a relationship between the departmental hospital in Justinian and the University of Miami. This relationship will be strengthened to further reinforce training capacity and improvement of services at the departmental level.

Activity Category

Human Resources

% of Funds

100%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	3	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at AKI sites	0	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	0	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	0	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	0	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input type="checkbox"/> Not Applicable

Target Populations:

Health Care Workers

Key Legislative Issues:

Coverage Area:

State Province: Ouest

ISO Code: HT-OU

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: HQ/GAC/CDC / US Centers for Disease Control and Prevention

Planned Funds:

Activity Narrative:

Commodity Procurement

CDC will procure of ARV laboratory testing reagents and monitoring for 5,000 HIV+ persons receiving ART. They will be monitored twice per year for a complete clinical laboratory testing including: CD4, Hematology, Blood Chemistry, and Clinical Microscopy at a cost of per single monitoring. = per year = per year

The same number of patients (5,000) will also receive basic laboratory services four times per year for monitoring, which includes: Hematology, Blood Chemistry, and Clinical Microscopy (ie without CD4) = at a cost of

Activity Category

Commodity Procurement

% of Funds

100%

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	20	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	1,500	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	6,500	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	5,000	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

People living with HIV/AIDS

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: HIV/AIDS Treatment/ARV Services
 Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: HHS/GAC/HQ / Partners in Health
 Planned Funds:

Activity Narrative:

Background

PH is a stand alone project which has been operational in Haiti since 1987 along with its sister organization Zanmi Lasante. The organization has been providing primary health care in Cange. ZL HIV Equity Initiative was one of the first programs in the world to provide antiretroviral therapy for AIDS in resource-poor settings. The pilot effort demonstrated high adherence rates and showed undetectable viral loads in over 85% of their patients. USG Haiti will continue to provide financial support to this highly successful initiative which has been able to provide proven results since its inception, and which has been able with FY 04 funding to put 300 HIV+ on ART with great success.

Human Resources

Additional personnel will be hired: an accountant and a bookkeeper will assist the financial administrator based in Haiti. The management of the electronic medical record will require a data entry specialist to ensure that all data are accurately entered into the EMR. Additional health care personnel will include 1 physician, 2 nurses, 4 auxiliary nurses, 1 family planning nurses, 100 accompaniers, and 125 traditional birth attendants, and financial staff for the three sites. One additional pharmacist and 2 pharmacy assistants will manage the pharmacy and drug warehouse. An additional laboratory technician will perform the laboratory tests necessary for the proposed program. One full-time x-ray technician will assist with the management of patients who are HIV-TB co-infected. One social worker will work closely with patients and their families to ensure that they receive adequate psychosocial and material support. Six support staff, including 2 guards, 2 cooks, and 2 drivers will also be needed. (St. Marc, Hinche, and Circa la Source).

Infrastructure

Equipment will be purchased including computers, IT materials, radio communication system, satellite internet system and some renovation costs. Included will be clinic reconstruction and hospital reconstructive. Laboratory equipment will also be purchased including: CD4 count machine, incinerator, general hospital equipment, beds, EKG machine etc. A well equipped vehicle and motorcycle will be purchased. Supplies will also be purchased including rapid tests

Quality Support and Supervision

PH will provide technical assistance and support and supervision to the three sites including travel and other related expenses.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Human Resources	38%
<input checked="" type="checkbox"/> Infrastructure	48%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	14%

Program Area: HIV/AIDS Treatment/ARV Services
 Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: HHS/GAC/HQ / Partners in Health

Planned Funds:

Activity Narrative:

Background

PIH is a stand alone project which has been operational in Haiti since 1987 along with its sister organization Zanmi Lasante. The organization has been providing primary health care in Cange. ZL HIV Equity Initiative was one of the first programs in the world to provide antiretroviral therapy for AIDS in resource-poor settings. The pilot effort demonstrated high adherence rates and showed undetectable viral loads in over 85% of their patients. USG Haiti will continue to provide financial support to this highly successful initiative which has been able to provide proven results since its inception, and which has been able with FY 04 funding to put 300 HIV+ on ART with great success.

Human Resources

Additional personnel will be hired: an accountant and a bookkeeper will assist the financial administrator based in Haiti. The management of the electronic medical record will require a data entry specialist to ensure that all data are accurately entered into the EMR. Additional health care personnel will include 1 physician, 2 nurses, 4 auxiliary nurses, 1 family planning nurses, 100 accompaniers, and 125 traditional birth attendants, and financial staff for the three sites. One additional pharmacist and 2 pharmacy assistants will manage the pharmacy and drug warehouse. An additional laboratory technician will perform the laboratory tests necessary for the proposed program. One full-time x-ray technician will assist with the management of patients who are HIV-TB co-infected. One social worker will work closely with patients and their families to ensure that they receive adequate psychosocial and material support. Six support staff, including 2 guards, 2 cooks, and 2 drivers will also be needed. (St. Marc, Hinche, and Circa la Source).

Infrastructure

Equipment will be purchased including computers, IT materials, radio communication system, satellite internet system and some renovation costs. Included will be clinic reconstruction and hospital reconstructive. Laboratory equipment will also be purchased including: CD4 count machine, incinerator, general hospital equipment, beds, EKG machine etc. A well equipped vehicle and motorcycle will be purchased. Supplies will also be purchased including rapid tests

Quality Support and Supervision

PIH will provide technical assistance and support and supervision to the three sites including travel and other related expenses.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Human Resources	38%
<input checked="" type="checkbox"/> Infrastructure	48%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	14%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	3	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	300	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	0	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards; in the provision of treatment at PMTCT+ sites	0	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	1,100	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	800	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers
- People living with HIV/AIDS

Key Legislative Issues:

Coverage Area:

State Province: Artibonite
 State Province: Centre

ISO Code: HT-AR
 ISO Code: HT-CE

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: USAID/GAC/HQ / Family Health International

Planned Funds:

Activity Narrative:

FHI will continue to provide operational, technical and management support to Food for the Poor (FFP) at the Arcachon Hospital ARV treatment center, which will have been activated by March 2005 under the FY04 COP. FHI will assist the site staff to increase the number of eligible ART patients screened and recruited for treatment, increase frequency of home follow-up visits and referrals to clinic services. Support to improve quality of clinical care will parallel ongoing management and planning assistance, to assist the site staff to coordinate actions of the various PEPFAR partners providing material and technical inputs (drugs and consumables, clinical training, etc). FHI will build on its existing excellent partnership with FFP to strengthen integration of VCT and HIV treatment referrals from maternity and in-patient wards, STI screening, and other related services within the hospital. FHI will improve coordination between clinic-based and community health agents and promoters for individual follow-up and counseling of ARV patients and others receiving HIV-related to improve acceptance and adherence to therapy, including regular screening and treatment of opportunistic infections.

Funding from other FY05 PEPFAR and non-PEPFAR activities will bring HIV-related screening and services into close proximity to existing USAID Title II food security programs, including approaches to increase attendance at peri-natal services and acceptance of VCT and MTCT.

Activity Category

Quality Assurance and Supportive Supervision

% of Funds

100%

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	1	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	100	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	10	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	300	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	200	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input type="checkbox"/> Not Applicable

Target Populations:

- Nongovernmental organizations/private voluntary organizations*

Key Legislative Issues:

Coverage Area:

State Province: Ouest

ISO Code: HI-OU

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: HHS/GAC/HQ / Ministre de la Sante Publique et Population

Planned Funds:

Activity Narrative: As part of the cooperative agreement between the CDC-Haiti and the Ministry of Health, this funding will support reinforcement of services at 2 teaching hospitals (HUEH, Isaie Jeanty.) The focus will be on resource provision for operational costs including procurement of equipment and materials. This funding will also support the hiring of (10) additional personnel including physicians, nurses, and pharmacists, and social and workers at these two facilities.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	50%
<input checked="" type="checkbox"/> Infrastructure	50%

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	2	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	0	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	0	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	800	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers
 - Doctors
 - Medical/health service providers
 - Nurses
 - Pharmacists
- Ministry of Health staff

Key Legislative Issues:

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: HHS/CAC/HO / Ministre de la Sante Publique et Population

Planned Funds:

Activity Narrative: As part of the cooperative agreement between the CDC –Haiti and the Ministry of Health, this funding will support reinforcement of services at 2 teaching hospitals (HUEH, Isaie Jeanty.) The focus will be on resource provision for operational costs including procurement of equipment and materials. This funding will also support the hiring of (10) additional personnel including physicians, nurses, and pharmacists, and social and workers at these two facilities.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	50%
<input checked="" type="checkbox"/> Infrastructure	50%

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	2	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	0	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	0	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	800	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers
 - Doctors
 - Medical/health service providers
 - Nurses
 - Pharmacists
- Ministry of Health staff.

Key Legislative Issues:

UNCLASSIFIED

Coverage Area:

State Province: Ouest

ISO Code: HT-OU

UNCLASSIFIED

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: HHS/GAC/HQ / University of Medicine and Dentistry, New Jersey

Planned Funds:

Activity Narrative:

The partner will identify and adopt international pediatric treatment guidelines for HIV pediatric treatment and provide technical assistance for adoption and implementation in 3 pediatric hospitals. These sites will be at Hopital Petit Frere et Soeur, Grace Children's Hospital, and the State University Hospital

In these three sites, resources will be allocated for reinforcement of the sites for purchase of medical equipment, and supplies

Resources will be allocated to hire additional personnel based on need

The partner will also provide a formal and on-site training for 4 health care providers at each of the 3 sites with pediatric HAART.

Activity Category

- Human Resources
- Infrastructure
- Policy and Guidelines
- Training

% of Funds

- 24%
- 20%
- 20%
- 36%

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	3	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	0	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	12	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	200	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	200	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

UNCLASSIFIED

Target Populations:

- Health Care Workers
- Youth
- Girls
- Boys

Key Legislative Issues:

Coverage Area:

State Province: Ouest

ISO Code: HT-OU

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Central/Track 1 / Catholic Relief Services

Planned Funds:

Activity Narrative:

In FY04 CRSC initiated a package of services which includes VCT, PMTCT, ART, palliative care to those receiving ART, community mobilization at three sites Clinique Bethel de Fond des Nègres, Hospital Ste Croix de Leogane and Hospital Albert Sweitzer.

In FY05 CRSC will continue to support the above sites and expand the same package of services to Hospital de Pilate, Hospital Alma Mater de Gros Mome, Hospital Sacre Coeur de Milot, CS Aquin and CS Fond des Blancs.

Activity Category

Training

% of Funds

100%

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	7	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	500	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	28	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	1,500	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	1,000	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input type="checkbox"/> Not Applicable

Target Populations:

People living with HIV/AIDS

Key Legislative Issues:

Coverage Area:

State Province: Artibonite

State Province: Nord

State Province: Ouest

State Province: Sud

ISO Code: HT-AR

ISO Code: HT-ND

ISO Code: HT-OU

ISO Code: HT-SD

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Central/Track 1 / Catholic Relief Services

Planned Funds:

Activity Narrative:

In FY04 CRSC initiated a package of services which includes VCT, PMTCT, ART, palliative care to those receiving ART, community mobilization at three sites Clinique Bethel de Fond des Nègres, Hospital Ste Croix de Leogane and Hospital Albert Sweitzer.

In FY05 CRSC will continue to support the above sites and expand the same package of services to Hospital de Pilate, Hospital Alma Mater de Gros Mome, Hospital Sacre Coeur de Milot, CS Aquin and CS Fond des Blancs.

Activity Category

Training

% of Funds

100%

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	7	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	500	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	28	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	1,500	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	1,000	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input type="checkbox"/> Not Applicable

Target Populations:

People living with HIV/AIDS

Key Legislative Issues:

Coverage Area:

State Province: Artibonite

State Province: Nord

State Province: Ouest

State Province: Sud

ISO Code: HT-AR

ISO Code: HT-ND

ISO Code: HT-OU

ISO Code: HT-SD

UNCLASSIFIED

Program Area:

Budget Code:

Program Area Code:

Table 3.3.13: PROGRAM PLANNING OVERVIEW

- Result 1: Local health management information systems strengthened.
- Result 2: Improved quality and operationalization of monitoring and evaluation plans
- Result 3: Expand use of quality program data for policy development and program management.
- Result 4: Increased use of strategic information for surveillance of HIV/AIDS/STI
- Result 5: Improved human resource capacity for monitoring and evaluation.
- Result 6: Improved national coordination in HIV/AIDS monitoring and evaluation.

Total Funding for Program Area (\$)

Current Program Context:

The unprecedented level of financing available for HIV/AIDS activities has allowed the rapid scale up of HIV/AIDS related services and activities in Haiti. Indeed in less than two years, services piloted experimentally by very few research oriented settings have been rolled out throughout the entire country. This has especially been true for VCT, PMTCT services that are now available at nearly 30 sites across the country. Anti retroviral therapy, which was recently limited at 2 sites are now available at least 6 new sites, and plans are underway to expand them to 13 new sites. In parallel, HIV/AIDS interventions targeting at risk groups such as sex workers, truck drivers, the men in uniform (Policemen, International Peace Keepers) and TB patients are being scaled up. One of the biggest challenges is putting in place appropriate health information system to monitor the coverage, the performance and the effectiveness of these interventions. Indeed the impressive efforts and planned activities around HIV prevention and treatment are not well supported by strong national monitoring and surveillance infrastructures. The direct consequence of this situation is the barrier of measuring, outside few indicators that provide information on coverage, the performance and the effectiveness of interventions carried out, and the development of analysis that would help to explain the characteristics and the trends of the epidemic in Haiti. Another barrier in Haiti is the lack of communication infrastructure to allow information to flow within the country. Most of the sites currently providing VCT and PMTCT services as well as those initiating ART are located in geographically isolated areas and most do not even have telephone service. The poor road conditions and the ever changing political unrest make travel to and from sites often difficult or impossible. Roads can be blocked by opposition groups for weeks or longer making transport of personnel or paper reports impossible and finding another means of communication imperative. While the amount of budget allocated for computer and satellite connections looks high they will be multifunctional in nature. At some sites they will be used primarily for SI but as sites develop into ART treatment centers there use will definitely expand. As our partner Partners in Health has already successfully demonstrated, once a satellite site initiates ART services the ability of the physicians at these remote sites to share computerized patient records and communicate questions in real time about difficult cases that arise with doctors at a center of excellence (Cange and GHESKIO) greatly increases the quality of care they are able to provide. Often these physicians are one of only a couple at the site. Leaving their sites for even the required 3 week training in ART management at Cange or GHESKIO is difficult. These satellite connections offer the ability for these physicians to receive further support and education once they return to their sites and questions arise. While we understand and are working on developing a standardized paper based system for monitoring PEPFAR and tracking patients, in order to reach PEPFAR goals in Haiti developing simultaneously the capacity to track these things electronically is imperative.

Program Area: Strategic Information

Budget Code: (HVS)

Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: HHS/GAC/HO / International Training and Education Center on HIV

Planned Funds:

Activity Narrative: Assessment and development of paper based medical records
 Currently the two leading sites providing ARV treatment in Haiti, GHESKIO and PIH, have developed their own information system to monitor patients under clinical care. Both have developed their own paper-based system supported by an electronic database. A recent evaluation conducted by ITECH of the two systems has shown the need for improvement to enable the existing systems to comply with reporting requirements (M&E and case notification) for PEPFAR as well as the need for the provision of all the necessary elements for the comprehensive monitoring of patients. After the evaluation, a draft paper-based medical record was developed which is currently under review by key stakeholders. Funding has been earmarked under FY '04 to implement a system of registers and to create an electronic database (EMR), which will be implemented in two sites using FY04 funding.

Development, fine-tuning, and expansion to EMR
 The needs in FY05 will be to fine tune the system initiated in FY04 and to expand it at all existing and newly developed sites. Efforts will also be placed on finding a technological solution to the difficulty of coding appropriately patients' files. This partner will be responsible for beta testing, fine tuning, coding, expansion and maintenance of the Electronic Medical Record to 6 ARV sites (Hardware, software training) as well as, editing and distribution of standard paper-based individual records and registers. HHS will provide in-house technical assistance to ITECH in the MIS development.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	75%
<input checked="" type="checkbox"/> Training	25%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	300	<input type="checkbox"/> Not Applicable

Target Populations:

- Faith-based organizations
- Health Care Workers
- Private health care providers
- Host country national counterparts
- Nongovernmental organizations/private voluntary organizations
- Program managers

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

UNCLASSIFIED

Program Area: Strategic Information

Budget Code: (HVSI)

Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: HHS/GAC/HQ / National Association of State and Territorial AIDS Directors

Planned Funds: []

Activity Narrative: The FY04 COP provided resources to conduct a thorough assessment of the case notification system, which had been dormant for years, and revitalize at least the AIDS case notification system in few selected sites.

FY05 should offer the possibility to adopt a definitive case notification system and expand it to all other ARV sites. The partner will be responsible for the evaluation of pilot activities, facilitation of post pilot consensus meeting, elaboration of definitive operation manual, training manual, instruments, analysis plan, and quarterly national report. The partner will also provide peer-to peer technical assistance to departmental and central epidemiologists and participate in the training of Disease reporting specialists. The partner will be responsible for providing technical assistance to IHE and the MOH epidemiologists on QA related to Case notification, and develop of a periodic bulletin to disseminate HIV/AIDS case notification data.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	70%
<input checked="" type="checkbox"/> Training	30%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	30	<input type="checkbox"/> Not Applicable

Target Populations:

- Implementing organization project staff
- M&E specialist/staff
- Ministry of Health staff
- National AIDS control program staff

Key Legislative Issues:

Coverage Area: National
State Province:

ISO Code:

Program Area: Strategic Information

Budget Code: (HVS)

Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: HHS/GAC/HQ / Haitian Child Health Institute

Planned Funds:

Activity Narrative:

Data Analysis and Dissemination

The partner will be responsible for updating information on prevalence among vulnerable and at risk groups and making inferences for population estimates. They will also execute field operations, analyze and disseminate results for the 2005 ANC sero-survey with participation of the MOH personnel (CERA)

Needs Assessment

The partner will carry out a needs assessment for case notification at the remaining 18 C&T sites. They will organize and training for logistics of all category of personnel (Disease reporting specialist, epidemiologists).

Quality Support and Supervision

They will conduct regular field visits of all 44 VCT/PMTCT sites for supervision and quality assurance. Other activities will include: i. reproduction and distribution of CN registers, ii. hosting, processing and analyzing data iii. data collection and quality control for case notification, iv. training of MOH staff, and acquisition of capacity to ensure supervision and analyze data

Human Resources

The Haitian Child Health Institute will also provide support for M&E and Disease reporting personnel at 18 ARV sites 13 months * 18 sites

Activity Category

Activity Category	% of Funds
<input checked="" type="checkbox"/> Human Resources	15%
<input checked="" type="checkbox"/> Needs Assessment	18%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	36%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	31%

Targets:

Target	Value	Applicability
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	300	<input type="checkbox"/> Not Applicable

Target Populations:

- Community-based organizations
- Government workers
- Health Care Workers
- Host country national counterparts
- Implementing organization project staff
- M&E specialist/Staff
- Nongovernmental organizations/private voluntary organizations
- USG in country staff

Key Legislative Issues:

UNCLASSIFIED

Coverage Area: National

State Province:

ISO Code:

Program Area: Strategic Information

Budget Code: (HVS)

Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: HHS/GAC/HQ / Tulane University

Planned Funds:

Activity Narrative:

Satellite Communication

In FY04 Internet connection was provided to 22 VCT/PMTCT sites. In FY05 connection will be extended to other sites that are also providing counseling and testing sites in non medical facility such as Commercial sex worker clinics, youth clinics, community-based VCT programs. Tulane will continue subcontract Haiti Satellite to: (i) pay a one-year fee for the sites already installed (ii) ensure maintenance for the 22 sites already installed and for the new site to be installed (iii) install new kits including: a PC, Microsoft office application, satellite dish in remaining sites. (iv) at six months after installation, Haiti Satellite should visit the sites to ensure that all of the equipment is properly functioning and still in place. Tulane will also subcontract to visit each site to technically assess the installation, ensure that the users know how to properly use the internet and give the users email addresses and training in Microsoft Outlook

Technical assistance and Training

In FY04 CERA has developed an analysis plan for measuring outcomes and effectiveness for facility based interventions and provide inputs for modification of the data collection tools accordingly. IN FY05 CERA responsibilities will be expanded to: (i) produce templates for reporting manually and electronically on information needed for in-depth analysis. CERA will particularly work with programmers developing electronic supports for VCT, PMTCT, and clinical care (EMR), and HRG to incorporate template reports and statistical analysis in applications (ii) provide ongoing assistance and training to IHE and ARV sites to report on cohort information (iv) provide training and technical assistance to VCT, PMTCT, ARV, HRG sites, and MOH staff in use of data for decision making. (v) perform continuous analysis on data and prepare four articles to be published in the quarterly bulletin. (vi) QA/QC for behavioral data and STI data collected at CSW clinics. (vii) Develop indicators, instruments and collect data for all non facility activities and provide program level monitoring. (CERA)

Data Triangulation and Non-facility based Program Monitoring

Tulane will be responsible for the triangulation of data coming from Routine Service Statistics, ANC sero survey, and the DHS as well as, the logistics of meetings and a forum for the presentation of data Through Genesis, Tulane will develop indicators, instruments and collect data for all non facility activities and program level monitoring. (Genesis)

Instrument development/HMIS/facility survey

Elaboration of protocols and data collection instruments, field operations, data entry, processing, analysis, elaboration of reports An HMIS assessment will be conducted and a limited facility survey will be conducted (AOPS)

Activity Category

- Human Resources
- Infrastructure
- Strategic Information (M&E, IT, Reporting)

% of Funds

- 15%
- 28%
- 57%

Targets:

Not Applicable

Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)

30

Not Applicable

Target Populations:

- M&E specialist/staff
- Ministry of Health staff
- National AIDS control program staff

Key Legislative Issues:

Coverage Area: National

State Provinces: _____ ISO Code: _____

Program Area: Strategic Information
 Budget Code: (HVSF)
 Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: USAID/GAC/HQ / Family Health International
 Planned Funds:

Activity Narrative: The partner and subpartner will design and carry out a Behavioral Surveillance Survey (BSS) based on the one carried out in 2003 and published in 2004. However, once again, the sample of surveillance sites will change, as it will have to be reduced to adjust to funding availability. FHI will organize and support a MOH-Donor Steering Committee to monitor CERA, which will carry out: 1) sampling frame modification; 2) questionnaire modification; 3) survey implementation, including logistical support; 4) data cleaning; 5) data analysis; 6) data write up and presentation; 7) preliminary dissemination of findings to the Steering Committee. FHI will then be responsible to support CERA in finalization of the BSS report, and its broad dissemination, leading to a workshop at which recommendations will be made for changes in programs and projects on the basis of the BSS findings.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	75%
<input checked="" type="checkbox"/> Training	25%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	10	<input type="checkbox"/> Not Applicable

Target Populations:

- Host country national counterparts
- Orphans and other vulnerable children
- Program managers

Key Legislative Issues:

Coverage Area: National
 State Province:

ISO Code:

Program Area: Strategic Information

Budget Code: (HYSI)

Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: HHS/CAC/1Q / Ministre de la Sante Publique et Population

Planned Funds:

Activity Narrative: Human Capacity Development
 One of the major constraints in implementing surveillance as well as monitoring and evaluation activities within the public sector sites is the lack of human capacity within the Ministry of Health. This lack of capacity is evident both in terms of numbers and expertise. In FY05, the USG team will provide support to the Ministry of Health at the central and departmental levels, for the implementation and management of a national data-base and associated training. This is will include the hiring of personnel for the M&E unit at the UCC, as well as the TB/HIV surveillance unit.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Human Resources	25%
<input checked="" type="checkbox"/> Infrastructure	50%
<input checked="" type="checkbox"/> Needs Assessment	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	15%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Government workers
- Ministry of Health staff
- National AIDS control program staff

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Strategic Information

Budget Code: (HVS1)

Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: HHS/GAC/HQ / John Snow Inc

Planned Funds:

Activity Narrative: Instrument development, supervision, and training
 This partner will be responsible for the improvement of the filing and archiving systems at all 44 sites as well as, training on the archiving system and procurement of the cardex and file cabinets. They will also be responsible for the training of departmental and national level personnel on the use of reporting instruments and technology.

To accomplish this objective, the partner will: (i) Work in collaboration with CERA, IHE and ITECH to obtain paper-based templates (ii) organize expert reference groups for consensus on definitive format of individual forms and registers. Registers for patient under ARV needs to take into account recent WHO guidelines (iii) Procurement of registers that will serve to report information form individual record (iv) Editing and printing of definitive VCT, PMTCT, ARV forms and registers (v) Organize sessions to train personnel of all sites in use of newly revamped data collection instruments.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	75%
<input checked="" type="checkbox"/> Training	25%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	150	<input type="checkbox"/> Not Applicable

Target Populations:

- Medical/health service providers
- Private health care providers
- Ministry of Health staff

Key Legislative Issues:

Coverage Area: National
 State Province:

ISO Code:

Program Area: Strategic Information

Budget Code: (HVSI)

Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: HHS/GAC/HQ / John Snow Inc

Planned Funds:

Activity Narrative: Instrument development, supervision, and training
 This partner will be responsible for the improvement of the filing and archiving systems at all 44 sites as well as, training on the archiving system and procurement of the cardex and file cabinets. They will also be responsible for the training of departmental and national level personnel on the use of reporting instruments and technology.

To accomplish this objective, the partner will: (i) Work in collaboration with CERA, IHE and ITECH to obtain paper-based templates (ii) organize expert reference groups for consensus on definitive format of individual forms and registers. Registers for patient under ARV needs to take into account recent WHO guidelines (iii) Procurement of registers that will serve to report information from individual record (iv) Editing and printing of definitive VCT, PMTCT, ARV forms and registers (v) Organize sessions to train personnel of all sites in use of newly revamped data collection instruments.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	75%
<input checked="" type="checkbox"/> Training	25%

Targets:

		Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	150	<input type="checkbox"/> Not Applicable

Target Populations:

- Medical/health service providers
- Private health care providers
- Ministry of Health staff

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

UNCLASSIFIED

Program Area:

Budget Code:

Program Area Code:

Table 3.3.12: PROGRAM PLANNING OVERVIEW

- Result 1: Capacity strengthened for long-term sustainability of quality lab systems
- Result 2: National lab quality assurance operationalized
-
- Result 3: Strengthened capacity of the national reference lab system
- Result 4: Expanded establishment and improved maintenance of national health laboratory network
-
-

Total Funding for Program Area (\$): **Current Program Context:**

At present, Haiti has no National Reference Laboratory (NRL) or National QA/QC program. The NRL will be constructed by Taiwanese government towards the end of 2004 and is anticipated to be ready by the end of 2005 or mid 2006. For this year (FY 05), we, therefore, are not requesting funds for laboratory equipment or supplies for the NRL. FY 05 funds will be used to strengthen the National QA/QC Program and Laboratory at Hopital Universitaire de la Paix, Delma 33, Port au Prince where facilities are already exist. Laboratory capacity to provide accurate laboratory testing results is very critical for public health whether it is for care, treatment, VCT/PMTCT or surveillance. Currently, Haiti does not have any regulatory body to determine laboratory performances in both public and private health sectors. For this reason, USG Haiti wants to support the MOH to develop a national QA/QC program. We will support the development of the National QA/QC Laboratory at Delma 33 Hospital, and develop a national Proficiency Testing (PT) program primarily for HIV testing. We anticipate that the PT program will be expanded in FY 06 for other diseases such as TB, STI, malaria, etc.

As we are introducing a governmental regulatory body to oversee the performance of laboratory services in Haiti, it is essential that USG to support the quality of laboratory services. Current conditions of many public laboratories in Haiti are sub-optimal that reflect the quality of laboratory services in Haiti. USG team wants to improve the quality of laboratory services in Haiti by:

- improving the physical layout of 7 laboratories that provided ARV services
- provide basic package of laboratory equipment needed for ARV services
- providing high-voltage UPS to protect laboratory equipment
- support laboratory equipment maintenance contracts, and train laboratory staff to maintain and repair laboratory equipment
- improving knowledge of laboratory personnel by providing several training courses
- introducing the concept of QA/QC to all laboratory personnel
- introducing a computerized laboratory recordation system to selected public laboratories
- ensuring regular supply of laboratory testing reagents (see relevant program areas)
- provision of laboratory-related consultations and recommendations through laboratory specialists

In addition, USG Haiti recognizes the importance of early HIV diagnosis in infants as a linkage between HIV care and treatment programs as well as a means to assess the effectiveness of PMTCT programs. We plan to evaluate a less expensive ultra-sensitive p24 antigen testing (up24 Ag) as a tool for pediatric diagnosis and implement such testing in Haiti. Haiti currently receives support from Global Fund. Funding allocated for lab activities is minimal. According to Dr Frantz Lamothe, MOH Laboratory Coordinator, approximate was provided from Global Fund for national TB laboratory. This funding does not cover the laboratory activities described above.

Early infant diagnosis is essential for linking HIV-exposed infants to care and treatment programs and for effective evaluation of PMTCT programs. Prime partner will evaluate a) an inexpensive "boosted" p24 antigen assay and b) a much simplified dried blood spot PCR assay, both for use in early infant HIV diagnosis at GHESKIO laboratory. Following that, one of these assays will be selected for used at GHESKIO and 2 other sites (MARCH and PIH) for use in pediatric HIV diagnosis. We anticipate that the implementation process at sites will occur in year FY 06.

Assay validation and quality assurance: Once the technology has been tested in-country and site laboratory technicians are familiar with the process, validation and quality assurance of specimens could be undertaken with prospectively collected specimens.

Program Area: Laboratory Infrastructure

Budget Code: (HLAB)

Program Area Code: 14

Table 3.3.12: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: HHS/APHI/MO / Association of Public Health Laboratories

Planned Funds:

Activity Narrative:

Human Resources =

- Hire one full-time Deputy PHA QA/QC laboratory technical specialist (ex-pat) to work with the ministry of health.
- Hire a Technical Lab Specialist (ex-pat) who will coordinate procurement of lab equipment, reagents and supplies to all 10 ARV sites, and the central training laboratory supported through PEPFAR. The person will provide technical assistance and supervision to ensure a steady supply and proper storage of ARV laboratory reagents. To ensure and supervise proper laboratory ARV services and implementation of QA/QC laboratory system to those ARV laboratories.
- Partner will provide a VCT laboratory specialist who will coordinate the procurement of rapid test to all VCT, PMTCT, and TB centers/clinics supported through PEPFAR and provide technical assistance and supervision to ensure a steady supply and proper storage of rapid test stock without stock outs. To ensure and supervise the proper implementation of rapid testing algorithm and quality control quality assurance measurement

Local Organization Capacity Development =

- Continue to provide short term technical assistance to the MOH and USG to improve laboratory services.
(6 TAs for 1 month each at each)

Activity Category	% of Funds
<input checked="" type="checkbox"/> Human Resources	84%
<input checked="" type="checkbox"/> Local Organization Capacity Development	16%

Targets:

Target	Value	Applicability
Number of individuals trained in the provision of lab-related activities	0	<input checked="" type="checkbox"/> Not Applicable
Number of laboratories with capacity to perform HIV tests and CD4 tests and/or lymphocyte tests	14	<input type="checkbox"/> Not Applicable

Target Populations:

- Medical/health service providers
- Laboratory Technologists

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Laboratory Infrastructure

Budget Code: (HLAB)

Program Area Code: 14

Table 3.3.12: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: HHS/GAC/HQ / Groupe Haitien d'Etude du Sarcome de Kaposi et des Infections Opportuniste

Planned Funds:

Activity Narrative:

This partner will be responsible for conducting the laboratory analysis for the upcoming DHS and ANC sero-surveys. They will also be responsible for sending samples to the national QA/QC laboratory for quality assurance testing, and for the development of laboratory reports of these associated activities.

Human Resources:

Partner will hire local staff to conduct laboratory analysis for DHS and ANC sero-survey. (personnel for 12 months-supervisor tech, data entry)

Generator Gas

Supply the power needed to preserve samples and perform needed tests for the time required to clean data and run the tests.

Activity Category

- Commodity Procurement
- Human Resources

% of Funds

- 60%
- 40%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in the provision of lab-related activities	0	<input checked="" type="checkbox"/> Not Applicable
Number of laboratories with capacity to perform HIV tests and CD4 tests and/or lymphocyte tests	1	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Other/policy analysis and system strengthening

Budget Code: (OHPS)

Program Area Code: 14

Table 3.3.14: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: USAID/GAC/ oral / Management Sciences for Health

Planned Funds:

Activity Narrative:

Haiti's national AIDS Control Program faces enormous challenges to improve and scale up basic diagnostic, care and treatment services. Some obstacles to improved and accessible services are technical, requiring additional clinical and other expertise and materials. However, many factors inhibiting service access and quality are related to weak public sector coordination and basic resource management capacity. Critical services and interventions can be stopped by problems as mundane as lack of paper to copy data collection forms, or fuel for critical drug and commodity deliveries or cold chain. With the Global Fund, PEPFAR and other bilateral donor programs, significant resources are currently available to Haiti, and strong pro-active leadership and coordination at both the central and sub-national level are essential to achieve real results for the national program. MSH has recently signed a 36-month contract to support basic MCH/FP and other services, as well as strengthen key management and coordination capacity to the MOH. PEPFAR resources will enable MSH to provide MOH with additional capacity to manage HIV/AIDS related programs and partners.

MSH will build capacity of the MOH HIV/AIDS Coordination and Control Unit (UCC) to coordinate the national response by strengthening national leadership, increasing technical competence, strengthening internal management systems and establishing mechanisms for coordination and synergy. MSH will second one senior technical and one senior operational advisor to the MOH/UCC for internal leadership development and governance. Strengthening the critical leadership and coordination function of the MOH/UCC will include a workshop to review roles and responsibilities based on an earlier MSH situational analysis, and revitalization of the basic UCC governance model through planning meetings and specific deliverables for the technical clusters. Support for general coordination clusters meetings will update progress of the national program. Specific TA from MSH will develop UCC procedures and mechanisms to manage programmatic operational planning, financial and human resources management, as well as capacity to organize high level planning and coordination meetings with donors and all stakeholders in the national response decision making process.

To promote decentralized management, MSH will strengthen the capacity of the 10 MOH Departmental Directorates to coordinate local HIV/AIDS interventions through TA and training to strengthen leadership and internal management systems, and establish mechanisms for coordination and synergy among partners. To ensure close ongoing management support, MSH will hire technical and administrative staff to be seconded to departmental directorates. Ongoing collaboration between MSH and the MOH for the "Departmental Strategy" of support for priority activities and MOH functions will be supplemented by TA and planning assistance for integrated HIV/TB interventions within overall departmental health plans. This planning exercise will include resources and management requirements from various sources to ensure that all available HIV/AIDS funds are coordinated and effectively accessible for disbursement.

Activity Category

- Linkages with Other Sectors and Initiatives
- Training

% of Funds
60%
40%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of HIV service outlets/programs provided with technical assistance or implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	10	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	120	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

Ministry of Health staff

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Other/policy analysis and system strengthening

Budget Code: (OHPS)

Program Area Code: 14

Table 3.3.14: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: HHS/CAC/HQ / International Training and Education Center on HIV

Planned Funds:

Activity Narrative: The partner will be responsible for identifying the appropriate curriculum for HIV/AIDS related care for the Medical School, Nursing School, Pharmacy Program, Laboratory Technology Program, and Social Sciences Department to the Public University in Port au Prince. They will proactively engage the appropriate stakeholders in the curriculum review and adoption. Once the appropriate curriculum has been identified for each specialty program the partner obtain the necessary materials to implement the curriculum and identify and bring in the appropriate personnel to serve as training of faculty in the didactic and practicum aspects of the curriculum.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Policy and Guidelines	75%
<input checked="" type="checkbox"/> Training	25%

Targets:

		<input type="checkbox"/> Not Applicable
Number of HIV service outlets/programs provided with technical assistance or implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	5	<input type="checkbox"/> Not Applicable
Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- University
- Teachers

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

UNCLASSIFIED

Program Area: Laboratory Infrastructure

Budget Code: (HLAB)

Program Area Code: 14

Table 3.3.12: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: HQ/GAC/CDC / US Centers for Disease Control and Prevention

Planned Funds:

Activity Narrative:

Commodity Procurement =
 CDC will procure HIV and ARV-related lab equipment and high-voltage universal surge protectors (USP) for CD4 testing, hematology, clinical chemistry, microscopy testing supplies and other lab equipment for 10 laboratories providing ARV as identified by FY04 needs assessments. The cost of the equipment, which will include a CD4 testing instrument, blood chemistry analyzer, autoclave, vortex, hematocrit centrifuge, microscopes (4 per site), rotator, centrifuge, incubator, refrigerator, inverter, batteries (10 per site), high-voltage UPS (6 per sites), other small laboratory equipment, and shipment/insurance will be for per site (total 10 sites). Partner will procure lab supplies and test kits for DHS and ANC survey: (kits per survey ; supplies per survey) =

Quality Assurance and Supportive Supervision =
 Support short-term consultancies by CDC headquarter laboratory technical advisors.
 5 TAs for 2 weeks each at each TA =

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	90%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%

Targets:

Target	Value	Applicability
Number of individuals trained in the provision of lab-related activities	0	<input checked="" type="checkbox"/> Not Applicable
Number of laboratories with capacity to perform HIV tests and CD4 tests and/or lymphocyte tests	10	<input type="checkbox"/> Not Applicable

Target Populations:

People living with HIV/AIDS

Key Legislative Issues:

Coverage Area: National

State Province: ISO Code:

Program Area: Other/policy analysis and system strengthening

Budget Code: (OHPS)

Program Area Code: 14

Table 3.3.14: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: USAID/GAC/HQ / The Futures Group International

Planned Funds:

Activity Narrative: The partner will be responsible for various activities involving policy analysis, dissemination, and advocacy. Activities will include:

Continue formative research for policy discussions for PLWHA, orphans, status of woman, gender violence, stigma, workplace

Promote the use of information in policy decision making (DDM)

Responsible for organizing workshops, training etc. in effective data use packaging and advocacy and presentation for policy makers. 3 workshops

Dissemination of developed guides lessons learned for palliative care (after push for MOH sign off)

Draft legislation for OVCs

Advocacy for appropriate evidenced based policy development (Smart Work see ABY, religious community)

Packaging and analysis of DHS and other surveillance data

Activity Category	% of Funds
<input checked="" type="checkbox"/> Policy and Guidelines	100%

Targets:

Target Description	Value	Applicable
Number of HIV service outlets/programs provided with technical assistance or implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	18	<input type="checkbox"/> Not Applicable
Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	0	<input type="checkbox"/> Not Applicable

Target Populations:

Policy makers

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs
- Addressing male norms and behaviors
- Increasing women's legal protection

Stigma and discrimination

Coverage Area: National

State Province:

ISO Code:

UNCLASSIFIED

Program Area: Other/policy analysis and system strengthening

Budget Code: (OHPS)

Program Area Code: 14

Table 3.3.14: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: HHS/GAC/HQ / Ministre de la Sante Publique et Population

Planned Funds:

Activity Narrative: Human Resources
 Hire counterpart in the DHP, DELR (new section, policy framework) FETP startup

Hire IT support staff, computers, and internet connection for policy shop

Linkages with other sectors and initiatives
 MOH will manage a fund available to other Ministries to encourage HIV/AIDS prevention, care and treatment activities within their Ministry. This is part of the advocacy for the development of a multi-sectoral plan for HIV AIDS which will be encouraged in the education, labor, social services, industry, and transportation.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Human Resources	60%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	40%

Targets:

		<input type="checkbox"/> Not Applicable
Number of HIV service outlets/programs provided with technical assistance or implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	1	<input type="checkbox"/> Not Applicable
Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

Policy makers

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Laboratory Infrastructure

Budget Code: (HLAB)

Program Area Code: 14

Table 3.3.12: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: HHS/GAC/HQ / Ministre de la Sante Publique et Population

Planned Funds: [redacted]

Activity Narrative:

Infrastructure [redacted]

- Improve physical layout and infrastructure at national QA/QC laboratory. [redacted]
- Develop QA/QC lab by procuring HIV lab equipment and diagnostic test kits and commodities for QA/QC lab and developing data collection system for QA/QC lab [redacted]
- Procurement, maintenance, insurance, and funding for gas for 1 vehicle which will be used to transport the HIV proficiency testing panels to participating laboratories and for transportation for MOH personnel to visit sites for needs assessment and supervision [redacted] for car and [redacted] for maintenance/insurance/gas=[redacted]

Policy/Guidelines [redacted]

- The Ministry of Health will develop and adopt national QA/QC laboratory guidelines for HIV antibody testing. They will also coordinate a workshop in which they will disseminate the guidelines. The MOH will develop and disseminate reports summarizing the results generated from the National QA/QC program [redacted]

Training [redacted]

- Laboratory personnel and policies makers nationwide will be trained at a workshop on the guidelines, the importance of QA/QC in laboratory, and inform them on national HIV QA/QC program. Toward the end of the year, the Ministry of health will held another workshop to announce the outcome of its HIV QA/QC external proficiency program [redacted]

Needs Assessment [redacted]

- The MOH will perform an external proficiency testing assessment of the quality of HIV antibody testing at 30 laboratories nationwide two times per year at a cost of [redacted]

Quality Control and Supervision [redacted]

The MOH will perform QA/QC testing on samples collected from DHS survey and ANC sero-survey in collaboration with GHESKIO at a cost of [redacted]

Logistics [redacted]

Collect and analyze data generated from the national QA/QC program, coordinate with participants, and disseminate results to participants (IT hardware—4 systems [redacted] photocopier, printers, paper, ink [redacted] internet & satellite installation and fees [redacted])

Activity Category

- Infrastructure
- Logistics
- Needs Assessment

% of Funds

- 75%
- 10%
- 5%

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- Policy and Guidelines 3%
- Quality Assurance and Supportive Supervision 2%
- Training 5%

Targets:

		<input type="checkbox"/> Not Applicable
Number of laboratories with capacity to perform HIV tests and CD4 tests and/or lymphocyte tests	1	<input type="checkbox"/> Not Applicable

Target Populations:

- Laboratory Service Providers

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

UNCLASSIFIED

Program Area: Laboratory Infrastructure

Budget Code: (HLAB)

Program Area Code: 14

Table 3.3.12: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: HHS/GAC/LOCAL / US Centers for Disease Control and Prevention

Planned Funds: []

Activity Narrative:

Infrastructure = []

- Procure maintenance and repair contracts for HIV, STI and TB lab equipment []
- Procure, insure, maintain and purchase gas for one vehicle for the purpose of performing site visits, transportation of lab personnel for supervision and quality assurance. []
- Procure software at the cost [] to track services provided by 3 laboratories, and purchase/procurement of computers and printers for 3 labs at a cost of []

The partner will procure equipment to conduct tests of biological components for the DHS and ANC surveys. The necessary equipment will include the following: fridges, freezer, UPS- 8 surge protectors; computers, 2 printers; + administrative costs—DHS = []

Training = []

- Develop training curriculum and training materials. Provide training and logistics to lab staff (n=16) for biomedical engineering to support equipment maintenance and repair. []
- Develop training curriculum and training materials. Set up a central ARV services training laboratory at Delma 33 hospital (MOH). Partner will procure equipment [] reagents [] and lab supplies [] needed for training. Provide training and logistics to train laboratory personnel at 16 ARV sites in ARV laboratory services. Training courses include CD4 testing technology (Facscout, Flowcare, CD4 manual test), hematology (CBC: hemoglobin, hematocrit, WBC, and differential WBC), Blood chemistry, clinical microscopy, and laboratory safety). (Total Supplies = [] 6 sessions of training, @ [] Total number of lab techs trained = 32

Activity Category

- Infrastructure
- Training

% of Funds

64%
36%

Targets:

Target	Value	Notes
Number of individuals trained in the provision of lab-related activities	24	<input type="checkbox"/> Not Applicable
Number of laboratories with capacity to perform HIV tests and CD4 tests and/or lymphocyte tests	12	<input type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Laboratory Infrastructure

Budget Code: (HLAB)

Program Area Code: 14

Table 3.3.12: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: HHS/GAC/HQ / Institute of Human Virology at the University of Maryland

Planned Funds: [redacted]

Activity Narrative:

Laboratory testing to monitor the success or failure of antiretroviral therapy in HIV infected patients, in general includes CD4 and viral load. However, in developing countries, due to limited resources (funding and human resources) and infrastructure measurement of HIV viral load in ARV-treated patients is omitted. As laboratory technology improves, there is a new HIV Viral load test kits developed that is ELISA-based. This new ELISA-based test kits (Exavir, Cavid) was developed to measure HIV reverse transcriptase, which in turn reflects the number of HIV virions or HIV RNA copies (viral load) in patients blood specimens. The kits were evaluated by UNC and IHV to determine its usefulness in ARV-related clinical setting. The ELISA-based HIV viral load test is not complicated as HIV RNA PCR viral load. It does not required special laboratories infrastructure and PCR laboratory equipment. The test also costs much cheaper than the RNA viral load. The availability of such ELISA-based viral load testing at central laboratories in Haiti would assist physicians to determine the effectiveness of ARV and allow them to change the regimen of treatment if needed based on the laboratory test results. Partner will set up and validate the ELISA-based HIV viral load test results at GHESKIO laboratory. A total of 200 plasma samples collected from HIV positive patients will be tested for ELISA- viral load testing. The same plasma samples (n=200) will be aliquot, stored at -70C, and sent to IHV laboratory by air freight and dry ice for HIV RNA viral load testing for results validation. After results validation, the sub-partner would be able to provide the laboratory services at GHESKIO. Subsequently, it can also be implemented at Cange. Approximately 5-10% of samples will be sent to IHV for QA testing on a regular basis.

Human Resources [redacted]

Partner will provide 6-months technical assistance of an experienced laboratory personnel (A) to assist with the conduct and validation of the ELISA-based HIV viral load testing in Haiti (Stipend - [redacted] housing - [redacted] To ensure the sustainability of the project, partner or sub-partner will also hire a local laboratory staff to work along side and to be trained by staff A [redacted] Infrastructure [redacted]

Partner will procure the necessary lab testing equipment for performing HIV ELISA-based viral load testing [redacted]

Commodity Procurement [redacted]

Partner will procure a full supply of Exavir Cavid kits ([redacted] test, 2000 samples = [redacted] and lab supplies [redacted] to validate and continue to provide services to patients receiving ART.

Quality Assurance and supportive supervision [redacted]

Partner/subpartner will send 200 plasma samples stored at -70C to IHV for HIV RNA testing at the cost of \$88/test. [redacted] Air freight shipment of specimens twice a year [redacted]

Staff A from IHV will continue to provide technical assistance to GHESKIO and other laboratories in Haiti twice a year (.one week each) after his/her departure for quality control and continuation of supervision (flight - [redacted] per diem [redacted]

[redacted] total 1 week TA = [redacted] 2 weeks TA = [redacted]

Policy and Guideline [redacted]

Partner will develop bi-annual reports to USG Haiti, publish and/or present the findings of this project at USG meetings or other scientific meetings.

Activity Category

% of Funds

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in the provision of lab-related activities	3	<input type="checkbox"/> Not Applicable
Number of laboratories with capacity to perform HIV tests and CD4 tests and/or lymphocyte tests	1	<input type="checkbox"/> Not Applicable

Target Populations:

- Medical/health service providers

Key Legislative Issues:

Coverage Area:

State Province: Ouest

ISO Code: HT-OU

Program Area: Laboratory Infrastructure

Budget Code: (HLAB)

Program Area Code: 14

Table 3.3.12: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: HHS/GAC/Local / To Be Determined

B5

Planned Funds:

[Redacted]

Activity Narrative:

A local Haitian contractor will be hired to provide minor renovations for 12 ARV laboratories ([Redacted] per lab x 12) = [Redacted]

Activity Category

% of Funds

Targets:

Not Applicable

Target Populations:

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Laboratory Infrastructure

Budget Code: (HLAB)

Program Area Code: 14

Table 3.3.12: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: CDC/GAC/HQ / Management and Resources for Community Health

Planned Funds: [redacted]

Activity Narrative:

Early infant diagnosis is essential for linking HIV-exposed infants to care and treatment programs and for effective evaluation of PMTCT programs. Prime partner will evaluate a) an inexpensive "boosted" p24 antigen assay and b) a HIV RNA/DNA PCR assay, both for use in early infant HIV diagnosis at Mirabelais laboratory. Five hundred whole blood samples will be collected from infants born to HIV positive mothers. Paired dried blood spots and plasma will be made, and separated from each samples and stored at -70C. All plasma samples will be tested by an ultrasensitive p24 antigen assay at Mirabelais Hospital. All DBS from p24 antigen positive samples and 10% of p24 negative DBS samples will be sent to the University of North Carolina for HIV PCR molecular diagnostic testing for confirmation and validation of results. Following the validation, one of the assays will be selected for use in pediatric HIV diagnosis in Haiti. We anticipate to implement setting such testing capacities in other regional MTCT sites such as GHESKIO and Cange, etc.

Human Resources [redacted]
Partner will provide 6-months technical assistance of an experienced laboratory personnel (A) to assist with the conduct and validation of the ultra-sensitive p24 antigen test in Haiti (Stipend - [redacted] housing - [redacted])

To ensure the sustainability of the project, partner or sub-partner will also hire a local laboratory staff to work along side and to be trained by staff A [redacted]

Infrastructure [redacted]
Partner will procure the necessary lab testing equipment for diagnosis of pediatric HIV infection [redacted] Minor renovation of the laboratory at Mirabelais hospital will cost [redacted]

Quality assurance and supportive supervision [redacted]
Partner will send DBS samples (all positive for [redacted]) to UNC for HIV RNA testing at the cost of [redacted] Air freight shipment of specimens costs [redacted]

After departure, staff A will continue to provide technical assistance to Mirabelais hospital for quality control and supervision twice a year, one week each (flight - [redacted])

Policy and Guideline [redacted]
Partner will develop bi-annual reports to USG Haiti, publish and/or present the findings of this project at USG meetings or other scientific meetings.

Commodity Procurement [redacted]
Partner will procure a full supply of ultra-sensitive p24 antigen kits ([redacted] est, 500 samples = [redacted] and lab supplies [redacted] to evaluate 500 samples collected from infants born to HIV positive mothers [redacted])

UNCLASSIFIED

Activity Category

- Commodity Procurement
- Human Resources
- Infrastructure
- Policy and Guidelines
- Quality Assurance and Supportive Supervision

% of Funds

28%
38%
19%
5%
10%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in the provision of lab-related activities	0	<input type="checkbox"/> Not Applicable
Number of laboratories with capacity to perform HIV tests and CD4 tests and/or lymphocyte tests	1	<input type="checkbox"/> Not Applicable

Target Populations:

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area:

Budget Code:

Program Area Code:

Table 3.3.15: PROGRAM PLANNING OVERVIEW

Result 1: Ability of USG in country team to manage and administer HIV/AIDS program strengthened.

Total Funding for Program Area (\$):

Current Program Context:

Rapidly increasing AIDS program resources and extremely ambitious program objectives demand an increasing level of oversight and effort from CDC and USAID, the two primary agencies implementing PEPFAR in Haiti.

USAID/Haiti HIV/AIDS program budget has increased from in FY03 to roughly half of the FY05 country level. CDC opened a new office in Haiti in 2003 to help manage the PEPFAR/Haiti program. Both agencies are in process of adding staff positions for technical and management oversight. Proportional resources will be needed for office equipment, post-employment training, and in-country travel to monitor program implementation.

At various times during calendar year 2004, the PEPFAR/Haiti team was compelled to take extraordinary actions to find creative solutions to insecurity in country to find safe meeting space... partners meeting in Miami, twice, office space Montana.. need ability to remain flexible in daily operations - spent additional funds even for meeting space in safe location in Port au Prince to avoid insecurity in downtown area.

Program Area: Management and Staffing

Budget Code: (HVMS)

Program Area Code: 15

Table 3.3.15: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: USAID/GAC/HQ / US Agency for International Development

Planned Funds: [Redacted]

Activity Narrative:

USAID/Haiti has increased its health program staff by 4 persons over the past 12 months to handle the increased burden of PEPFAR and integration into other health interventions. Virtually all health staff are contributing to varying degrees to the management and technical oversight of USG PEPFAR activities. Portions of each person's time are indicated below. Funds are also reserved to equip and train new staff, and increased travel for closer program supervision.

Total staff	[Redacted]
Senior Technical Advisor	[Redacted]
Reproductive health/MTCT Specialist	[Redacted]
M & E Specialist	[Redacted]
Child Survival/TB Technical Specialist	[Redacted]
TB/ID Program Manager	[Redacted]
Logistics Specialist	[Redacted]
Financial Manager	[Redacted]
Contracting Officer	[Redacted]
Denton Program Manager	[Redacted]
Secretaries (2)	[Redacted]
Driver	[Redacted]

Office equipment, including 1 vehicle/fuel [Redacted]
Travel & Training (including one new vehicle) [Redacted]

Activity Category	% of Funds
<input checked="" type="checkbox"/> Human Resources	30%
<input checked="" type="checkbox"/> Infrastructure	13%
<input checked="" type="checkbox"/> Training	57%

Targets:

Not Applicable

Target Populations:

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

UNCLASSIFIED

Program Area: Management and Staffing

Budget Code: (HVMS)

Program Area Code: 15

Table 3.3.15: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: HHS/Deferred / IIS Centers for Disease Control and Prevention

Planned Funds:

Activity Narrative:

CDC Haiti main office is currently co-located within the USAID Mission. This affords excellent opportunities for sharing of infrastructure, as well as synchronization of key activities (joint staff meetings, birthday parties, technical presentations, etc.). In addition, CDC is co-located in 3 locations within the MOH in the capitol of Port au Prince. There is CDC Haiti staff co-located within the NACP (UCC), the National Laboratory, and Epidemiology and Surveillance unit, all key areas where the agency is providing proximity assistance with senior level technical advisors for the USG/Haiti to the National Program. In addition, 4 field stations are being established with a team of 3 technical advisors, a laboratory, information, and treatment specialist. All of these positions will be co-located within the staff of 4 public treatment facilities, designated as Centers of Excellence. These staff will serve first to fill essential gaps within the context of the existing staff, performing treatment, lab, and monitoring activities. In addition, each technical advisor will have a counterpart position supported through the COAG with the MOH. These technical advisors will perform staff line staff functions, train additional staff in the region (including their designated counterpart), mobilize resources, and ensure that the program is functioning well, from the onset of the first USG/Haiti supported activities.

Additional resources will be mobilized to ensure each site has communication, transportation, and basic office structure to be able to support the necessary programmatic activity supported by the USG/Haiti. In addition, Core funding will be used to assure that each employee has the necessary support and competency to accomplish USG/Haiti program goals and objectives.

Name	Title	Section	Location
Yves Marie Bernard	Care and Treatment Specialist	C&T	CDC/PAP
Alissa Krain	I-TECH Clinical Training Coordinator	C&T	GHESKIO
Wolf Jean Phillippe	I-TECH Project Coordinator	C&T	CDC/PAP
Vacant	Care and Treatment Specialist	C&T	Central Plateau
Vacant	Care and Treatment Specialist	C&T	North Department
Vacant	Care and Treatment Specialist	C&T	South East Department
Vacant	Care and Treatment Specialist	C&T	South Department
Vacant	Care and Treatment Specialist	C&T	Artibonite Department
Rachanee Cheingsong	Laboratory Director	Lab	CDC/PAP
Vacant	Laboratory Trainer (GHESKIO)	Lab	GHESKIO
Vacant	Laboratory Specialist (MOH, Blood Safety)	Lab	MOH/UCC
Vacant	Lab Technologist	Lab	West Department
Vacant	Lab Technologist	Lab	North Department
Vacant	Lab Technologist	Lab	South East Department
Vacant	Lab Technologist	Lab	South Department
Vacant	Lab Technologist	Lab	Artibonite Department
Patrice Joseph	Strategic Information Specialist	SI	CDC/PAP
Otilia St. Charles	Program Monitoring Coordinator	SI	MOH/UCC
Vacant	Driver/Surveillance Specialist	SI	West Department
Vacant	Driver/Surveillance Specialist	SI	North Department
Vacant	Driver/Surveillance Specialist	SI	South East Department
Vacant	Driver/Surveillance Specialist	SI	South Department
Vacant	Driver/Surveillance Specialist	SI	Artibonite Department

Activity Category

% of Funds

UNCLASSIFIED

Targets:

Not Applicable

Target Populations:

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

UNCLASSIFIED

Program Area: Management and Staffing

Budget Code: (HVMS)

Program Area Code: 15

Table 3.3.15: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: USAID/defense/HQ / US Agency for International Development

Planned Funds: [Redacted]

Activity Narrative: USAID/Haiti has increased its health program staff by 4 persons over the past 12 months to handle the increased burden of PEPFAR and integration into other health interventions. Virtually all health staff contribute to varying degrees to the management and technical oversight of USG PEPFAR activities, and are charged proportionally to PEPFAR. This break-out of staff costs represents the total amount of USAID funds deferred from the FY04 COP.

- Total Staff deferred: [Redacted]
- Technical Advisor for AIDS and Child Survival (TAACS) [Redacted]
- Care and Treatment Advisor (CASU) [Redacted]
- Management Advisor, GHESKIO (CASU) [Redacted]
- Financial Analyst [Redacted]
- Secretary [Redacted]
- Technical Communications Advisor [Redacted]
- Driver [Redacted]

Activity Category

% of Funds

Targets:

Not Applicable

Target Populations:

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

UNCLASSIFIED

Program Area: Management and Staffing

Budget Code: (HVMS)

Program Area Code: 15

Table 3.3.15: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: CDC/Base/HQ / US Centers for Disease Control and Prevention

Planned Funds:

Activity Narrative:

Name	Title	Section	Location	
Vacant	ASPH Fellow	OD	CDC/PAP	
Vacant	PHPS Fellow	OD	CDC/PAP	
Vacant	M&E Specialist (FTE)	OD	CDC/PAP	
Vacant	Country Director (FTE)	OD	CDC/PAP	
Matthew Brown	Deputy Director (FTE)	OD	CDC/PAP	
Julio Desormeaux	Technical Director	OD	CDC/PAP	
Juanita Folmsbee	Deputy Program Manager	OD	CDC/PAP	
Geneve Mongene	Procurement Specialist/Commodities Manager	OD	CDC/PAP	
James Coffin	Administrative Section Chief	OD	CDC/PAP	
Ednel St. Jean	Financial Specialist	OD	CDC/PAP	
Salon Valez	Information Specialist (LAN Administrator, Data base specialist)			OD
	CDC/PAP			
Jerry Cadet	Information Specialist (LAN Administrator, Data base specialist)			OD
	MOH/UCC			
Josh Kunin-Goldsmith	AIDS Advisor Program Coordinator	OD		
	UNAIDS/PAP			
Celibon St. Louis	Motor pool Supervisor	OD	CDC/PAP	
Kettia Chery	Administrative Assitant/Secretary	OD	CDC/PAP	
Manoucheka Thomas	Administrative Assistant/Secretary	OD	CDC/PAP	
Rud-Mare Joseph	Driver/Clerk	OD	CDC/PAP	
Vacant	Driver/Clerk	OD	CDC/PAP	
Nirva Pierre	Procurement Coordinator (GSO)	OD	CDC/PAP	

Activity Category

% of Funds

Targets:

Not Applicable

Target Populations:

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Table 5: PLANNED DATA COLLECTION IN FY05

Please answer each of the questions in this table in relation to data collection activities planned in your country in fiscal year 2005.

1. Is an AIDS Indicator Survey (AIS) planned for FY05? Yes No
 If yes, will HIV testing be included? Yes No
 When will preliminary data be available?
2. Is a Demographic and Health Survey (DHS) planned for FY05? Yes No
 If yes, will HIV testing be included? Yes No
 When will preliminary data be available? June 30, 2005

3. Is a Health Facility Survey planned for FY05? Yes No
 When will preliminary data be available?

4. Is an ANC Surveillance Study planned for FY05? Yes No
 If yes, approximately how many service delivery sites will it cover? 21.00
 When will preliminary data be available? October 01, 2005

5. Other significant data collection activity

Name: BSS/CSW sero survey/assessment of youth friendly services/assessment of transactional sex with older men.

Brief description of the data collection activity:

Will Add description later...

Preliminary data available:

6. Is an analysis or updating of information about the health care workforce or the workforce requirements corresponding to EP goals for your country planned for fiscal year 2005? Yes No