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Country Contacts

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Table 1: Country Program Strategic Overview

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

☐ Yes ☑ No

Description:

Table 2: Prevention, Care, and Treatment Targets

2.1 Targets for Reporting Period Ending September 30, 2006

	National 2-7-10	USG Direct Target End FY2006	USG Indirect Target End FY2006	USG Total target End FY2006
Prevention				
	Target 2010: 122,307			
Total number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		40,000	0	40,000
Number of pregnant women provided with a complete course of antiretroviral prophylaxis for PMTCT		900	0	900
Care				
	Target 2008: 125,000	50,000	0	50,000
Number of individuals provided with facility-based, community-based and/or home-based HIV-related palliative care (excluding those HIV-infected individuals who received clinical prophylaxis and/or treatment for tuberculosis) during the reporting peri		30,000	0	30,000
Number of OVC served by an OVC program during the reporting period		20,000	0	20,000
Number of individuals who received counseling and testing for HIV and received their test results during the reporting period		100,000	0	100,000
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease during the reporting period		2,000	0	2,000
Treatment				
	Target 2008: 25,000	10,000	0	10,000
Number of individuals receiving antiretroviral therapy at the end of the reporting period		10,000	0	10,000

2.2 Targets for Reporting Period Ending September 30, 2007

	National 2-7-10	USG Direct Target End FY2007	USG Indirect Target End FY2007	USG Total target End FY2007
Prevention				
	Target 2010: 122,307			
Total number of pregnant *women who received HIV* counseling and testing for PMTCT and received their test results		65,000	0	65,000
Number of pregnant women provided with a complete course of antiretroviral prophylaxis for PMTCT		1,500	0	1,500
Care				
	Target 2008: 125,000	115,000	0	115,000
Number of individuals provided with facility-based, community-based and/or home-based HIV-related palliative care (excluding those HIV-infected individuals who received clinical prophylaxis and/or treatment for *tuberculosis) during the reporting* peri		80,000	0	80,000
Number of OVC served by an OVC program during the reporting period		35,000	0	35,000
Number of individuals who received counseling and testing for HIV and received their test results during the reporting period		300,000	0	300,000
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease during the reporting period		2,700	0	2,700
Treatment				
	Target 2008: 25,000	16,000	0	16,000
Number of individuals receiving antiretroviral therapy at the end of the reporting period		16,000	0	16,000

Table 3.1: *Funding Mechanisms and Source*

Mechanism Name: HHS/GAC/HQ

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3402
Planned Funding($): [redacted] B5
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: To Be Determined
New Partner: No

Mechanism Name: N/A

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3737
Planned Funding($): [redacted]
Agency: Department of Labor
Funding Source: GAC (GHAI account)
Prime Partner: To Be Determined
New Partner:

Mechanism Name: N/A

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 3323
Planned Funding($): [redacted] B5
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: To Be Determined
New Partner:

Mechanism Name: LINKAGES

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3463
Planned Funding($): [redacted]
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Academy for Educational Development
New Partner: No

Mechanism Name: SmartWorks

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3143
Planned Funding($): [redacted]
Agency: Department of Labor
Funding Source: GAC (GHAI account)
Prime Partner: Academy for Educational Development
New Partner: No

Mechanism Name: N/A

Mechanism Type: Headquarters procured, centrally funded (Central)
Mechanism ID: 3637
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: American Red Cross
New Partner: Yes

Mechanism Name: HHS/APHL/HQ

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3148
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: Association of Public Health Laboratories
New Partner: No

Mechanism Name: N/A

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 3343
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: CARE USA
New Partner: No

Mechanism Name: AIDS Relief

Mechanism Type: Headquarters procured, centrally funded (Central)
Mechanism ID: 3434
Planned Funding($):
Agency: HHS/Health Resources Services Administration
Funding Source: N/A
Prime Partner: Catholic Relief Services
New Partner: No

Mechanism Name: AIDS Relief

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3314
Planned Funding($):
Agency: HHS/Health Resources Services Administration
Funding Source: GAC (GHAI account)
Prime Partner: Catholic Relief Services
New Partner: No

Mechanism Name: *USAID/GAC/HQ*

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 3736
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Catholic Relief Services
New Partner: No

Mechanism Name: RAMAK Project

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3414
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Creative Associates International Inc
New Partner: No

Mechanism Name: USAID/GAC/HQ

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3417
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Family Health International
New Partner: No

Sub-Partner: Centre d'Evaluation et de Recherche Appliquée
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Sub-Partner: Promoteurs Objectif Zéro Sida (Promoteurs de l'Objectif Zéro Sida)
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Mechanism Name: N/A

Mechanism Type: Headquarters procured, centrally funded (Central)
Mechanism ID: 3638
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Food for the Hungry
New Partner: No

Mechanism Name: N/A

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3136
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: Foundation for Reproductive Health and Family Education
New Partner: No

Mechanism Name: N/A

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3315
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: Groupe Haitien d'Etude du Sarcome de Kaposi et des Infections Opportunistes
New Partner: No

Mechanism Name: N/A

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 3144
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: Institut Haitien de l'Enfant (Haitian Child Health Institute)
New Partner: No

Mechanism Name: N/A

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 3126
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Institut Haitien de Santé Communautaire
New Partner: No

Mechanism Name: N/A

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 3436
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Interchurch Medical Assistance
New Partner: No

Mechanism Name: N/A

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 3684
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: International Child Care
New Partner: No

Mechanism Name: N/A

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3123
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: JHPIEGO
New Partner: No

Mechanism Name: N/A

Mechanism Type: Headquarters procured, centrally funded (Central)
Mechanism ID: 3316
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: John Snow, Inc.
New Partner: No

Mechanism Name: USAID/GAC/HQ

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3398
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Johns Hopkins University Center for Communication Programs
New Partner: No

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

Associated Program Areas: Abstinence/Be Faithful

Sub-Partner: Promoteurs Objectif Zéro Sida (Promoteurs de l'Objectif Zéro Sida)
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: Abstinence/Be Faithful

Sub-Partner: Centre de Communication sur le SIDA
Planned Funding:

Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: Abstinence/Be Faithful
Other Prevention

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

Associated Program Areas: Abstinence/Be Faithful

Mechanism Name: CDC/GAC/HQ

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3149
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: Management and Resources for Community Health
New Partner: No

Mechanism Name: HS2007

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 3124
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Management Sciences for Health
New Partner: No

Sub-Partner: Promoteurs Objectif Zéro Sida (Promoteurs de l'Objectif Zéro Sida)
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: Palliative Care: Basic health care and support

Sub-Partner: Population Services International
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: Palliative Care: Basic health care and support

Sub-Partner: Comite de Bienfaisance de Pignon
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: PMTCT
Treatment: ARV Services
Palliative Care: Basic health care and support
Palliative Care: TB/HIV
Counseling and Testing

Sub-Partner: Centers for Development and Health, Haiti
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: PMTCT
Palliative Care: Basic health care and support
Palliative Care: TB/HIV
Counseling and Testing

Sub-Partner: Groupe Haitien d'Etude du Sarcome de Kaposi et des Infections Opportunistes
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: PMTCT
Palliative Care: Basic health care and support
Palliative Care: TB/HIV
Counseling and Testing

Sub-Partner: Institut Haitien de l'Enfant (Haitian Child Health Institute)
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: PMTCT
Treatment: ARV Services
Palliative Care: Basic health care and support
Palliative Care: TB/HIV
Counseling and Testing

Sub-Partner: Grace Children Hospital, Haiti
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: PMTCT
Treatment: ARV Services
Palliative Care: Basic health care and support
Palliative Care: TB/HIV
Counseling and Testing

Sub-Partner: Hopital Beraca
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: PMTCT
Treatment: ARV Services
Palliative Care: Basic health care and support
Palliative Care: TB/HIV
Counseling and Testing

Sub-Partner: Association entre aide Dame Marie
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: PMTCT
Palliative Care: Basic health care and support
Palliative Care: TB/HIV
Counseling and Testing

Sub-Partner: Centre Leon Coicou
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: PMTCT
Palliative Care: Basic health care and support
Palliative Care: TB/HIV
Counseling and Testing

Sub-Partner: Clinique Dugue, Haiti
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: PMTCT
Palliative Care: Basic health care and support
Palliative Care: TB/HIV
Counseling and Testing

Sub-Partner: Clinique La Fanmi
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: PMTCT
Palliative Care: Basic health care and support
Palliative Care: TB/HIV
Counseling and Testing

Sub-Partner: Clinique Le Prête
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: PMTCT
Palliative Care: Basic health care and support
Palliative Care: TB/HIV
Counseling and Testing

Sub-Partner: Clinique Pierre Payen
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: PMTCT
Palliative Care: Basic health care and support
Palliative Care: TB/HIV
Counseling and Testing

Sub-Partner: Clinique Saint Paul
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: PMTCT
Palliative Care: Basic health care and support
Palliative Care: TB/HIV
Counseling and Testing

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

Associated Program Areas: PMTCT
Palliative Care: Basic health care and support
Palliative Care: TB/HIV
Counseling and Testing

Sub-Partner: The Sisters of Charity
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: PMTCT
Palliative Care: Basic health care and support
Palliative Care: TB/HIV
Counseling and Testing

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

Associated Program Areas: PMTCT
Abstinence/Be Faithful
Counseling and Testing

Sub-Partner: Fondation pour le Developpement de la Famille Haitienne
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: PMTCT
Palliative Care: Basic health care and support
Palliative Care: TB/HIV
Counseling and Testing

Sub-Partner: Hospital Albert Schweitzer, Haiti
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: PMTCT
Palliative Care: Basic health care and support
Palliative Care: TB/HIV
Counseling and Testing

Sub-Partner: Haitian Health Foundation
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: PMTCT
Palliative Care: Basic health care and support
Counseling and Testing

Sub-Partner: Hospital Claire Heureuse
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: PMTCT
Palliative Care: Basic health care and support
Palliative Care: TB/HIV
Counseling and Testing

Sub-Partner: Hopital de Fermathe, Haiti
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: PMTCT
Palliative Care: Basic health care and support
Palliative Care: TB/HIV
Counseling and Testing

Sub-Partner: International Child Care
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: Palliative Care: TB/HIV

Sub-Partner: Oeuvres de Bienfaisance de Carrefour et de Gressier
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: PMTCT
Palliative Care: Basic health care and support
Palliative Care: TB/HIV
Counseling and Testing

Sub-Partner: Service and Development Agency, Haiti
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: PMTCT
Palliative Care: Basic health care and support
Palliative Care: TB/HIV
Counseling and Testing

Sub-Partner: Save the Children US
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: PMTCT
Palliative Care: Basic health care and support
Palliative Care: TB/HIV
Counseling and Testing

Sub-Partner: Centre de Sante Sainte Helene
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: PMTCT
Palliative Care: Basic health care and support
Palliative Care: TB/HIV
Counseling and Testing

Sub-Partner: Université Quisqueya
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: Other Prevention

Sub-Partner: Konesans Fanmi (Konesans Fanmy)
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: PMTCT
Palliative Care: Basic health care and support
Counseling and Testing

Sub-Partner: Institut Haitien de Santé Communautaire
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: PMTCT
Treatment: ARV Services
Palliative Care: Basic health care and support
Palliative Care: TB/HIV
Counseling and Testing

Sub-Partner: Association des Oeuvres Privées de Santé

Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: PMTCT
Palliative Care: Basic health care and support
Palliative Care: TB/HIV
Counseling and Testing

Sub-Partner: Hopital Ste. Croix
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: PMTCT
Palliative Care: Basic health care and support
Palliative Care: TB/HIV
Counseling and Testing

Sub-Partner: Mission Evangelique Baptist d'Haiti
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: PMTCT
Other/policy analysis and system strengthening
Palliative Care: Basic health care and support
Palliative Care: TB/HIV
Counseling and Testing

Sub-Partner: Management and Resources for Community Health
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: PMTCT
Treatment: ARV Services
Palliative Care: Basic health care and support
Palliative Care: TB/HIV
Counseling and Testing

Mechanism Name: N/A

Mechanism Type: Headquarters procured, centrally funded (Central)
Mechanism ID: 3320
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: N/A
Prime Partner: Ministre de la Sante Publique et Population, Haiti
New Partner: No

Mechanism Name: N/A

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3125
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: Ministre de la Sante Publique et Population, Haiti
New Partner: No

Mechanism Name: N/A

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3147
Planned Funding($): [redacted]
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: National Association of State and Territorial AIDS Directors
New Partner: No

Mechanism Name: USAID/GAC/HQ

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3421
Planned Funding($): [redacted]
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Pact, Inc.
New Partner: No

Mechanism Name: PIH

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3337
Planned Funding($): [redacted]
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: Partners in Health
New Partner: No

Mechanism Name: HHS/GAC/HQ

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3396
Planned Funding($): [redacted]
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: Population Services International
New Partner: No

Mechanism Name: USAID/GAC/HQ

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3405
Planned Funding($): [redacted]
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Population Services International
New Partner: No

Mechanism Name: HHS/GAC/Local

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3416
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: Promoteurs Objectif Zéro Sida (Promoteurs de l'Objectif Zéro Sida)
New Partner: No

Mechanism Name: USAID/GAC/Local

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 3415
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Promoteurs Objectif Zéro Sida (Promoteurs de l'Objectif Zéro Sida)
New Partner: No

Mechanism Name: USAID/GAC/Local

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 3432
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Save the Children US
New Partner: No

Mechanism Name: Policy Project

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3403
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: The Futures Group International
New Partner: No

Mechanism Name: N/A

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3831
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: The Partnership for Supply Chain Management
New Partner: Yes
Early Funding Request: Yes
Early Funding Request Amount:
Early Funding Request Narrative: requested for ARV drugs and for OI drug procurement.
In FY05, Haiti experienced performance problems as a direct result of delays in release of funds to USAID for procurement of ARV drugs. PEPFAR/Haiti was forced to instruct all implementing partners to slow recruitment of new AT patients until the arrival of replenishing drug stocks was more certain.
We estimate the Haiti program would have placed several hundred more ART patients on therapy each month between December 2004 and May 2005, had these critical funds arrived on time. PEPFAR will require roughly 9,500 person-years of ARV drugs for *the FY06 program for* *including maintaining FY05 patients on* therapy. If PEPFAR commodities do not arrive on time, there will be no redundant funding to cover this enormous gap, and large numbers of patients could fall off treatment. Remaining FY05 ARV supplies should not be expected to last beyond March 2006. With the current lead time and backlogs in the commercial ARV market, orders must be funded and launched before the end of January 2006 at the latest. Though no patients actually fell off their treatment in 2005, PEPFAR's credibility as a partner has *been severely damaged by this episode, and partners will not return to a more proactive* scale-up until stocks are actually delivered to Haiti. At least six months worth of ARV funding should be contemplated for early disbursement.
For a larger patient cohort, PEPFAR/Haiti has planned drugs for opportunistic infections (OIs) and essential lab reagents for treatment monitoring, at *In-country stocks of OI drugs have been problematic as well* and will be expended (including expected deliveries) by March or April 2006. Lab supplies *must be purchased and delivered to continue monitoring patients by March 2006. No* less than six months of supplies should be reserved for early disbursement.

Early Funding Associated Activities:

Program Area:Treatment: ARV Drugs
Planned Funds:
Activity Narrative: FY06: Procurement of ARVs: Beginning with the purchase of ARVs for 1,500 patients in FY04, PEPFAR ha

Program Area:Palliative Care: Basic health care and support
Planned Funds:
Activity Narrative: FY06. The newly awarded SCMS contract consortium will procure drugs for the treatment of opportunist

Mechanism Name: UTAP

Mechanism Type: *Headquarters procured, country funded (HQ)*
Mechanism ID: 3146
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: Tulane University
New Partner: No

Sub-Partner: Solutions
Planned Funding:
Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Areas: Strategic Information

Sub-Partner: Centre d'Evaluation et de Recherche Appliquée
Planned Funding:
Funding Is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Strategic Information

Mechanism Name: UTAP

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3687
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: University of Maryland, Institute of Human Virology
New Partner: No

Mechanism Name: N/A

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 3127
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: University of Maryland, Institute of Human Virology
New Partner:
Early Funding Request: Yes
Early Funding Request Amount:
Early Funding Request Narrative: In order to correctly monitor the care for these patients and ensure rapid identification of new eligible patients for ARV therapy, the program will also require an uninterrupted supply of lab reagents and testing materials. The USG/Haiti team believes that it can commit to the proposed rapid scale up in patient care with early release of funds to procure 35% of commodities and drugs. These funds will not be used for training, technical assistance or other costs.

Early Funding Associated Activities:

Program Area:Laboratory Infrastructure
Planned Funds:
Activity Narrative: This activity is linked to 3886 for distribution of commodities
FY06: Procurement of laboratory te

Mechanism Name: MEASURE Evaluation

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3145
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: University of North Carolina Carolina Population Center
New Partner: No

Mechanism Name: ITECH

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3142
Planned Funding($):
Agency: HHS/Health Resources Services Administration
Funding Source: GAC (GHAI account)
Prime Partner: University of Washington
New Partner: No

Sub-Partner: University of Miami
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Areas: Treatment: ARV Services

Sub-Partner: Francois Xavier Bagnoud Center
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Areas: Treatment: ARV Services

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

Mechanism Name: USAID/GAC/HQ

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3418
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: US Agency for International Development
New Partner: No

Mechanism Name: N/A

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3321
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Base (GAP account)
Prime Partner: US Centers for Disease Control and Prevention
New Partner: No

Mechanism Name: N/A

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 3141
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: US Centers for Disease Control and Prevention
New Partner: No

Mechanism Name: N/A

Mechanism Type: Headquarters procured, centrally funded (Central)
Mechanism ID: 3716
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: N/A
Prime Partner: World Concern
New Partner: No

Mechanism Name: N/A

Mechanism Type: Headquarters procured, centrally funded (Central)
Mechanism ID: 3830
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: N/A
Prime Partner: World Health Organization
New Partner: No

Mechanism Name: N/A

Mechanism Type: Headquarters procured, centrally funded (Central)
Mechanism ID: 3639
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: World Relief Corporation
New Partner: Yes

Mechanism Name: USAID/GAC/HQ

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 3400
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: World Vision International
New Partner: No

Table 3.3.01: Program Planning Overview

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

Total Planned Funding for Program Area:

Program Area Context:

Since the initiation of the USG PMTCT program in FY03, it has served as the base for initiating HIV/AIDS care in Haiti. Many original PMTCT services delivery sites have expanded to become HAART sites building on the capacity that was established through the original PMTCT program. In Haiti PMTCT has successfully integrated funding from several sources in order to provide expanded and more holistic care to HIV+ pregnant women and their children. For example, at 40 (30 MSH sites and 10 departmental Hospitals) of the current 56 PMTCT sites USAID is using Maternal Child Health funding to provide a comprehensive package of reproductive health activities which include family planning and maternal health, as well as safe motherhood practices such as antenatal care, management of obstetrical emergencies, post natal care, post abortion care, and infection prevention. In 2005 the Global Fund through GHESKIO is providing support for 2 of 5 mobile teams whose role is to provide overall technical assistance for the National VCT, PMTCT and HAART program. PEPFAR is supporting the 3 other mobile teams through funding from our ART Services Section. UNICEF provides AZT for the National PMTCT program while PEPFAR provides the Nevirapine and all test kits partly form the Axios donation initiative.

At the end of FY05 there were 56 PMTCT sites nationwide receiving USG support. Twenty of these sites are public of which, 10 are departmental hospitals (4 of which are HAART sites), 1 teaching hospital and 9 public health clinics. Thirty additional sites make up the MSH network of private hospitals and clinics. Seven of these are hospitals (4 which are HAART sites) and 23 are clinics. CMMB manages 3 PMTCT sites at three private hospitals that with 2005 supplemental funding will also become HAART sites by the end of their funding year. The final 3 PMTCT sites are currently managed by PSI at 3 hospitals in Port au Prince.

While donor collaboration in the area of PMTCT has been good, major issues to achieve success remain. Of the 36,721 pregnant women who attended ANC clinics for the period Oct. 2004 to Jun. 2005 only 28,632 were tested; of 1,013 HIV+ women identified only 407 received the prophylactic treatment and only 166 infants received prophylaxis. In FY06 given the current constraints on funding and required earmarks the PMTCT program will become more targeted in scope. Support will focus on the 26 top performing sites, 12 public and 14 private (PMTCT site list in Annex), with networking to these sites for services from the other 30 sites supported by PEPFAR in previous years. The USG is also in negotiations with the Global Fund to see if they will be able to pick up some of these sites for PMTCT services.

In order to address to poor uptake of services, using FY05 funding which will continue into 2006, POZ is providing de-stigmatization training to health care providers to support a more costumer friendly service and encourage HIV+ pregnant women to seek care. In FY 05 it was noted that women even when counseled and well disposed to being tested, failed to do so, because of the extra time it took at the lab after a lengthy period in the waiting and the examination room. Most of the time they either avoid being tested or they did not wait for the results. Having the test available at the ward where they receive the services could go along way in increasing access. In FY05 equipment needed to provide services in the wards was budgeted for. In FY06 training of appropriate personnel will be added.

PEPFAR is also providing incentives to the hospitals to provide free delivery services for 1200 HIV+ women. Partners are also establishing a mechanism for reimbursement of travel expense for HIV+ pregnant women coming to the hospital for delivery. Given the security situation in Haiti and the continued high turnover of personnel, training of PMTCT care providers both initial and updated training will be necessary in FY06.

Program Area Target:

Number of service outlets providing the minimum package of PMTCT services according to national or international standards	26
Number of pregnant women provided with a complete course of *antiretroviral prophylaxis in a PMTCT setting*	1,100
Number of health workers trained in the provision of PMTCT services according to national or international standards	200
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	60,000

Table 3.3.01: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	JHPIEGO
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHAI account)
Program Area:	Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code:	MTCT
Program Area Code:	01
Activity ID:	3849
Planned Funds:	
Activity Narrative:	Linked to Activity 3851 by providing TA for patient flow etc. Linked to 3852 by providing TA and curriculum for new norms and standards.

In FY05 JHPIEGO was contracted to help with the issue of poor service uptake by providing assistance to the MOH and the community of service providers to update the national guidelines and protocols; provide TA in order to integrate VCT and PMTCT services into the routine prenatal care, labor and delivery room; introduced a new training curriculum based on the updated norms and guidelines which are currently being vetted by the Ministry of Health.

In FY 06 JHPIEGO will build on the technical expertise that they used in FY05 to elaborate and build consensus around the updated norms and standards for PMTCT. They will continue to work with the MOH to ensure that the revised norms and standards are fully vetted and approved. JHPIEGO will also be responsible for providing operational technical assistance to the hospitals in the PMTCT network. This responsibility will be for the 12 public hospitals (8 departmental hospitals and 2 teaching hospitals), and 2 former PSI hospitals (the 3 CMMB hospitals get additional support through CRSC and track one). The technical assistance provided will include assessing and improving service organization and patient flow, ensuring that sites are providing quality services in compliance with the norms and standards for PMTCT.

JHPIEGO will also be responsible to integrate PMTCT services into the hospitals ANC and the maternity wards. These hospitals will provide counseling and testing using the opt-out strategy for 40,000 pregnant women attending their ANC services. These hospitals will provide free delivery care to 750 HIV+ women. These sites will offer clinical staging and CD4 testing to all pregnant women tested HIV+. HAART will be offered to those eligible based on the new revised national guidelines. Effective short-course regimens (AZT-3TC) will be provided to those who are not eligible for HAART, according to the norms. Whether or not they are eligible for HAART, all HIV+ pregnant women will be registered for follow up care including palliative care and patient monitoring using the model that has been developed and implemented for use at the ART sites.

JHPIEGO will collaborate in the review and/or update of existing tools and the creation of others for better monitoring of PMTCT interventions as well as ensure the tools are available at each site. While JHPIEGO will be responsible for service organization and patient flow within 12 hospitals providing PMTCT services, MSH and MSPP will be responsible for supporting a referral system between clinics and Hospitals that provide PMTCT delivery services as well as between clinics and non HAART hospitals to HAART hospitals for follow-up post delivery. To support the efficacy of the intervention, JHPIEGO will provide technical assistance to the MOH regarding the current staffing patterns in the 10 departmental hospitals and 1 teaching hospital providing PMTCT services. Guidance will be given so that the MOH can recruit new categories of personnel such as counselors, social workers and community health workers, which currently do not exist at these sites. This will help reduce the high prevalence of drops out cases that were registered in previous years among HIV+ pregnant women. MOH and other PMTCT partners with JHPIEGO's technical assistance will also be responsible for defining appropriate staffing patterns for health settings providing ambulatory PMTCT services and referrals for delivery.

In FY06 JHPIEGO will provide continued TA to INSHAC trainers in the new curriculum, which JHPIEGO developed in FY05 based on the revised norms and standards for PMTCT.

In FY05 along with the activities listed above JHPIEGO mandated with the activities listed below. Because of funding cycles these activities will continue until May 2006 with FY05 funds:
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 serves 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. IHSAC 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.

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 way 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 JHPIEGO is to: (i) integrate PMCT in the existing curriculum so that interns, residents, and medical students performing their stage there gat exhaustive training (ii) provide PMTCT services to the service users according to the same standards already described above for the public sites.

JHPIEGO 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, JHPIEGO will also work with AED/LINKAGES to implement the UGS strategy for infant feeding.

Emphasis Areas	% Of Effort
Local Organization Capacity Development	51 - 100
Quality Assurance and Supportive Supervision	10 - 50
Policy and Guidelines	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national or international standards	12	☐
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting		☑
Number of health workers trained in the provision of PMTCT services according to national or international standards		☑
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		☑

Target Populations:

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)
Public health care workers
Private health care workers

Coverage Areas:

National

Table 3.3.01: Activities by Funding Mechanism

Mechanism:	*HS2007*
Prime Partner:	Management Sciences for Health
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHAI account)
Program Area:	*Prevention of Mother-to-Child Transmission (PMTCT)*
Budget Code:	MTCT
Program Area Code:	01
Activity ID:	3850
Planned Funds:	
Activity Narrative:	FY 06 MSH will be linked to activity 4351 for drug distribution; 3852 for training; 4907 and 3886 for test kits and lab supplies; 5148 for rapid test training; 5147 for appropriate infant feeding training; and will network with either 4340, 4387, 4636, 4661 or 4677 for follow up ART services depending on the geographic location of the PMTCT site.

MSH is linked to the implementation of the Haitian National Strategy by providing support for direct service delivery. In FY05 MSH provided support to its own network of 30 private PMTCT sites. In FY06 this mandate will become more focused on sites with high numbers of pregnant women who attend services. 13 PMTCT sites within the MSH network will keep on receiving PEPFAR support. MSH will develop a referral network between the sites that continue to offer PMTCT services and the other 17 sites. Discussions are currently underway with the Global Fund to see if they could support continued PMTCT services at some of the sites but to date no commitment has been made by the Global Fund. MSH will continue to support innovative strategies used by each organization such the MARCH mobile clinics at food security sites.

MSH will be responsible for providing technical assistance in the area of patient flow, QA/QC and staffing patterns in the 13 PMTCT hospitals within the MSH network. In FY06 the focus will be to move counseling and testing into the ANC site and delivery wards. Historically pregnant women have been referred to a separate location within the hospital for VCT. This also meant that women who presented in labor after normal business hours lost the opportunity to be tested. MSH will be responsible for hiring of appropriate staff; coordinating with INSHAC to ensure that they have the appropriate basic training or refresher training as it relates to PMTCT as well as stigma reduction sensitization from POZ and appropriate infant feeding from AED. The training by POZ was funded in FY05 for 300 health care workers but the majority of the training will be carried out during FY06. MSH will also be responsible for ensuring that the appropriate patient monitoring forms are used at all their sites and the monitoring data is turned into IHE in a timely fashion. USAID and CDC M&E Officers will provide training and support for the collection of the required data but it will be the ultimate responsibility of the site and MSH to ensure that the data is provided.

Within the MSH network of 13 PMTCT sites, MSH will be responsible for providing the hospital with reimbursement costs for deliveries of HIV+ women so that the hospital can provide the service free of charge to them. MSH will also take over the transportation reimbursement for HIV+ women who choose to deliver in the hospital at their network of 13 sites, which was established in FY05 by FHI. In FY06 MSH will be responsible for supporting a referral system between its network clinics and Hospitals that provide PMTCT delivery services as well as between clinics and non HAART hospitals to HAART hospitals for follow-up post delivery.

1- Increasing the effectiveness of the PMTCT program will not be possible without well-trained staff in the ANC clinic and delivery wards. MSH will be responsible for coordinating with INSHAC to ensure that the appropriate personnel receive the training required prioritizing first those sites with large numbers of pregnant women seeking services.
2- Inherent to the PMTCT site strengthening mechanism, MSH will provide resources to hire additional counselors and social workers according to the new staffing pattern of the national guidelines, continuation of salaries for existing staff, provision of office equipment, and other operating costs at the selected 14 sites of their network.
3- MSH will be responsible for storage of any drugs and commodities needed for

the provision of PMTCT care package. It will supply all PMTCT sites supported by PEPFAR. Necessary tools will be developed for adequate stock management at MSH storage facility and at the sites both public and private. It will undertake any minor renovation deemed relevant at each site for proper storage and management of drugs and commodities for the entire PEPFAR/PMTCT network.

Activities funded in FY05 and outlined below will continue to have funding until May 2006.

About thirty NGO's from MSH network are expected to provide PMTCT services in FY05. 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.

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. 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.

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 (accompagnateurs) 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

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.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	51 - 100
Linkages with Other Sectors and Initiatives	10 - 50
Logistics	10 - 50
Quality Assurance and Supportive Supervision	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national or international standards	13	☐
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	384	☐
Number of health workers trained in the provision of PMTCT services according to national or international standards		☑
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	20,000	☐

Target Populations:

Pregnant women

HIV positive pregnant women (Parent: People living with HIV/AIDS)

HIV positive infants (0-5 years)

Key Legislative Issues

Food

Coverage Areas

Artibonite

Centre

Grand-Anse

Nord

Nord-Ouest

Ouest

Table 3.3.01: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Ministre de la Sante Publique et Population, Haiti
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code:	MTCT
Program Area Code:	01
Activity ID:	3851
Planned Funds:	
Activity Narrative:	Linked to activity 3849 for TA in patient flow, QA/QC etc.; 4351 for drugs; 3852 for training; 5148 for rapid test training; 4907 and 3886 for test kits and lab supplies; 5147 for appropriate infant feeding training; 3850 for reimbursement of delivery costs; and will network with either 4340, 4387, 4636, 4661 or 4677 for follow up ART services depending on the geographic location of the PMTCT site.

In FY06, thru the departmental directorates, the MSPP will take over the operational management for PMTCT at all 12 public sites that were managed by GHESKIO in 2005. While JHPIEGO will be providing technical assistance in the area of patient flow, supervision for QA/QC, the MSPP will be responsible for hiring of appropriate staff and coordinating with INSHAC to ensure that they have the appropriate training. The MSPP will also ensure that staff, at public sites receives, other appropriate training as it relates to PMTCT such as stigma reduction sensitization from POZ. This training was funded in FY05 for 300 health care workers but the majority of the training will be carried out during FY06.

MSPP will be responsible for coordination with MSH for any renovation at public facilities for drug storage. The MOH will also be responsible for ensuring that the appropriate patient monitoring forms are used and the monitoring data is turned into IHE in a timely fashion. CDC Regional M&E Officers will provide training and support for the collection of the required data but it will be the ultimate responsibility of the site and MOH to ensure that the data is provided. In the 12 public hospitals, the MOH will be responsible for providing the hospital with reimbursement costs for deliveries of up to 750 HIV+ women so that the hospital can provide the service free of charge to these women.

The MOH will also take over the transportation reimbursement for HIV+ women who choose to deliver in the hospital which was established in FY05 by FHI. In FY06 the MOH will be responsible for supporting a referral system between public clinics and Hospitals that provide PMTCT delivery services as well as between clinics and non HAART hospitals to HAART hospitals for follow-up post delivery.

MSPP is responsible for facilitating the new national guidelines, curriculum dissemination and there implementation at all PMTCT sites within the care network (public and private). In collaboration with JHPIEGO, MSH, I-TECH and the USG team the MOH will set accreditation standards and ensure their enforcement. Different levels of accreditation will be set according to the complexity level of care provided (hospitals, health centers, dispensaries as described in the guidelines). They will ensure that such health institutions comply with the guidelines by maintaining the adequate staffing recommended for each level and by providing the staff with the appropriate training. The MSPP will hire the new personnel (counselors, social workers, etc) needed by public hospitals to meet accreditation requirements.

MSPP will chair the working group set up for developing accreditation criteria for each health setting category; designing a network/Linkages/Referral system; updating PMTCT indicators; updating or designing the new tools (register, medical record, daily and monthly report form, etc) to monitor the right implementation of PMTCT care package. They will validate the documents developed by the working group and will ensure of their integration into the care and management standards for each level.

In FY 06 the MOH will be proactive in facilitating the integration of the guidelines in pre-service training at the Schools of Medicine and Midwifery through JHPIEGO.

In FY 06 the Laboratory section of the MOH will assume responsibility for providing

rapid test training and CD4 count training to all PMTCT sites both public and private.

Emphasis Areas	% Of Effort
Human Resources	51 - 100
Infrastructure	10 - 50
Policy and Guidelines	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national or international standards	12	☐
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	768	☐
Number of health workers trained in the provision of PMTCT services according to national or international standards		☑
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	40,000	☐

Target Populations:

Pregnant women

HIV positive pregnant women (Parent: People living with HIV/AIDS)

HIV positive infants (0-5 years)

Coverage Areas:

National

Table 3.3.01: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Institut Haitien de Santé Communautaire
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 3852
Planned Funds:
Activity Narrative: INSHAC is linked to activities 3850 and 3851 by providing training to health care providers; 5147 for TOT, coordination and synchronization of training schedules; 3849 to obtain the updated curriculum to use in training and obtain TA for INSHAC staff.

Background: INSHAC is an indigous non governmental organization that was established in 1985 to provide training in in community health, family planning and other health issues at a postgraduate level.

In FY06 INSHAC will take the lead in coordinating and providing training to USG partners in the area of PMTCT. They will be responsible for arranging the logistics for the trainings including the travel and perdiem for at least 200 service providers covering all 26 sites listed in the current country context. They will coordinate with MSH, MOH, JHPIEGO and CRSC to identify the most appropriate staff members from each site to receive training prioritizing those sites with higher numbers of pregnant women seeking services. INSHAC will be responsible for coordinating for the support needed to provide training. From JHPIEGO INSHAC will subcontract for TOT of INSHAC trainers in the new curriculum which JHPIEGO developed in FY05 based in the revised norms and standards for PMTCT. From AED/Linkages INSHAC will subcontract for TOT and trainers for best practices for infant feeding by HIV+ women and integrate this into the PMTCT course for all health care providers. INSHAC will also be responsible for coordinating with the MOH on the process of accrediting the training program and providing certificates of training for those participants who successfully complete it. They will design a template to report on the training sessions; which will include the number of sessions; days of training; institutions and types of staff trained, the number of people trained and other indicators as required.

Emphasis Areas	% Of Effort
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national or international standards		☑
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting		☑
Number of health workers trained in the provision of PMTCT services according to national or international standards	200	☐
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		☑

Target Populations:

Public health care workers

Private health care workers

Coverage Areas:

National

Table 3.3.01: Activities by Funding Mechanism

Mechanism: HHS/GAC/HQ
Prime Partner: Population Services International
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 4611
Planned Funds:
Activity Narrative: In FY05 PSI was funded to support four ongoing PMTCT sites and expand services at these sites to provide PMTCT+ by linking them to GHESKIO and Fame Pereo which offer ART services. Given the delays in funding PSI will have funding to continue these activities until Febuary of 2006.

With FY06 funding, only the one public health facility will continue to be supported by PEPFAR and managment of the site will be transfered to the MSPP. For the 3 other sites a referral link will be made to other PMTCT sites for PMTCT service provition after Febuary 2006.

Emphasis Areas	% Of Effort
Logistics	10 - 50
Quality Assurance and Supportive Supervision	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national or international standards	4	☐
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting		☑
Number of health workers trained in the provision of PMTCT services according to national or international standards		☑

Target Populations:

Pregnant women

Coverage Areas

Ouest

Table 3.3.02: Program Planning Overview

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

Total Planned Funding for Program Area:

Program Area Context:

Adolescents under age 19 represent 63% of Haiti's population. With the majority of HIV infection occurring in Haiti through sexual contact, young people represent an important target group to promote responsible, protective behaviors. The 2004 BSS survey found that 60% of young males and 36% of young females reported having their first sexual contact before 15 years of age. While this sexually active population is at risk for unwanted pregnancy and HIV/AIDS/STIs, roughly half of the adolescent population is not yet active; both groups present opportunities for USG/Haiti AB program interventions aimed at reducing transmission of HIV/AIDS infections. USG/Haiti's strategy for averting HIV infections among adolescents and youth is consistent with the strategies of the Haitian National HIV/AIDS Strategic Plan, emphasizing abstinence, secondary abstinence, delayed sexual debut, and partner reduction, along with outreach and training to empower responsible life decisions and protective behaviors. The methodologies used are segmented and tailored to be appropriate to the age and risk factors faced by the targeted adolescent and youth populations. Increasing uptake of VCT services by young people is an important component of the AB program, serving as an entry point for youth to learn their status, and supporting persons who are HIV negative to remain so through safer behaviors. The needs of adolescents and youth who are at high risk of HIV/AIDS for information and prevention and care services are addressed under the USG/Haiti "Other Prevention" program area.

Haiti's chronic levels of impoverishment and current political instability contribute to both youth and adults' vulnerability to and risk of HIV/AIDS infection. USG/Haiti's work with adults under the AB program area will reinforce risk reduction behaviors such as mutual fidelity and partner reduction, while confirming that abstinence is the only sure way to avoid HIV infection. Haiti has a long history of public-private partnership, especially in the area of the fight against HIV/AIDS, with FBO/CBO/NGOs collaborating with the MOH for implementation of the National HIV/AIDS Strategic Plan. USG/Haiti's AB program draws upon this strength. By engaging adults from diverse community groups, USG/Haiti's AB program promotes social norms supportive of healthy/safer sexual behaviors. This includes mobilizing community support to promote abstinence, mutual monogamy and partner reduction, as well as addressing sexual coercion and exploitation of young people, and discouraging older men from engaging in trans-generational and/or transactional sex with young partners. Public dialogue on these topics with community leaders, parents and clergy, coupled with dissemination of practical, culturally appropriate educational materials and counseling guides, will encourage adults to reduce their own risky sexual encounters with other adults, as well as with youth. Training adults from FBO/CBO/NGOs to promote AB for the youth in their communities will not only reinforce safer behaviors among the youth, but will also support the adults' own behavior modification.

FY06 AB programming builds upon achievements of the USG/Haiti team in FY04 and 05. To build capacity for effective long-term adolescent and youth HIV prevention programs, USG/Haiti strengthened the leadership, technical capacity, and management ability of the Ministry of Health's Prevention Technical Cluster, and revitalized the Behavior Change Communication (BCC) cluster. Because these clusters are multi-sectoral alliances, this achievement has contributed to resuscitating public sector AB/ABY interventions as well as management of youth HIV Prevention programs by the NGO/FBO/CBO sector.

Program Area Target:

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	277,810
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)	27,781
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	14,631

Table 3.3.02: Activities by Funding Mechanism

Mechanism: USAID/GAC/HQ
Prime Partner: Johns Hopkins University Center for Communication Programs
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 4613
Planned Funds:
Activity Narrative: Linked to 4641 for the airing of radio programs

As of September 2005 JHU had completed a M&E workshop with the development and dissemination of tools for users on monitoring non facility based programs for PEPFAR. They have conducted research different messages effect on the underlying factors of youth sexual behavior and completed a study on the quality of HIV/RH services for youth. By the end of September 2005 they had also provided TA to FOSREF on management of their AB activities and completed the design of the radio and TV talk shows for youth described below.

Building on AB/Y and other Behavior Change Communication (BCC) programs developed and expanded under previous Emergency Plan and Base funding, the Health Communications Partnership Project (HCP) will emphasize five areas in FY 05: 1) skills-based education for the youngest in A, and slightly older in AB for appropriate behavior development through radio and TV programs for these youngest age groups in collaboration with HCP partner, "Sesame Street". Printed materials will be developed based on these programs for children, their parents. 2) Promotion of social norms supportive of A and B, including secondary abstinence, and other healthy and safe behaviors. 3) Reinforcement of parents' ability to communicate adequately with their children about sexuality and HIV prevention around AB/Y. 4) Promotion of AB for adolescents and youth, both in and out of school. 5) Strengthening BCC interventions including training and monitoring and evaluation.

Specific interventions/activities include the following: 1) Mass media interventions for youngest (see Sesame Street) including printed materials, and interactive programs for supportive social norms; 2) tools and materials preparation for parents' education (through PTAs, church groups, CBOs,) and capacity building with other partners working with parents, to provide context for effective AB discussions between children and their parents, and among parents. 3) Development and diffusion of a radio/TV talk show for promotion of AB/Y to be provided on audio cassettes to RAMAK community radio stations and commercial radio stations. 4) Expansion and extension of sexual life planning and community outreach activities with youth organizations, including Scouts and Guides, for A and B. 5) Messages and other interventions developed to increase young girl's and young women's abilities to negotiate sexual encounters based on qualitative research on transactional sex activities in these age groups. 6) Strengthening management of AB/Y programs with FOSREF, World Relief, and other established youth service organizations. 7) Preparation of AB message and counseling in collaboration with extension of male circumcision activity by FOSREF and PSI after pilot phase has been evaluated. 8) providing AB/Y prevention information and activities to in-school youth in a para-educational context through the Ministry of National Education (MEN), and to out-of-school youth through OTI, CAD and UNDP projects with former gang members and other out-of-school youth.

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

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	200,000	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)	100,000	☐
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	200	☐

Target Populations:

Faith-based organizations

Volunteers

Key Legislative Issues

Addressing male norms and behaviors

Reducing violence and coercion

Volunteers

Coverage Areas:

National

Table 3.3.02: Activities by Funding Mechanism

Mechanism: RAMAK Project
Prime Partner: Creative Associates International Inc
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 4641
Planned Funds:
Activity Narrative: Linked to activity 4613 for radio programing

As of September 2005 funding of this activity had just been recieved in country however, the launch of PEPFAR activities on the community radio network with RAMAK will now be delayed because of their intense involvement of community radio in the upcoming elections scheduled for November and January. PEPFAR radio activities will come on line after elections (January/Febuary 2006)

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.

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

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that *promotes HIV/AIDS prevention through abstinence and/or being faithful*		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)		☑
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	100	☐

Target Populations:

Adults

Faith-based organizations

Most at risk populations

HIV/AIDS-affected families

Non-governmental organizations/private voluntary organizations

Key Legislative Issues

Addressing male norms and behaviors

Stigma and discrimination

Coverage Areas:

National

Table 3.3.02: Activities by Funding Mechanism

Mechanism:	USAID/GAC/HQ
Prime Partner:	Family Health International
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHAI account)
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	4645
Planned Funds:	
Activity Narrative:	As of September 2005 the study protocol and SOW had been written and is currently in the approval process by the MSPP and the UCC. Data gathering is starting. No additional funding will be required to complete this activity

FY05 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.

Emphasis Areas	% Of Effort
Needs Assessment	51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	24	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)		☑
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	50	☐

Target Populations:

Faith-based organizations

Truck drivers (Parent: Mobile populations)

Non-governmental organizations/private voluntary organizations

People living with HIV/AIDS

Key Legislative Issues

Gender

Addressing male norms and behaviors

Reducing violence and coercion

Coverage Areas:

National

Table 3.3.02: Activities by Funding Mechanism

Mechanism:	SmartWorks
Prime Partner:	Academy for Educational Development
USG Agency:	Department of Labor
Funding Source:	GAC (GHAI account)
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	4684
Planned Funds:	
Activity Narrative:	In FY05 SMARTWorks activities were delayed due to unavailability of funds through the DOL mechanism and continued gang violence in the industrial zones. SMARTWorks has revised its work plan and will work to initiate employee based AB and BCC activities in up to 18 large enterprises within their network. They will conduct in house-training for about 5 to 8 HIV/AIDS planning committee members per enterprise. These committee members will be responsible for implementing HIV/AIDS-related workplace activities in their respective places of work. Also, SMARTWorks will provide TA to these enterprises and conduct an M&LL Workshop to train cadre of about 2 to 3 managers per enterprise to be key responsible for establishing HIV/AIDS related workplace activities and services. The enterprises for employer based AB and BCC activities include among others: ACG TEXTILES, AGC, and 4C, CLASSIC APPAREL DASH, GILDAN S.A., HAITI METAL, OLITEX S.A.; P. B. APPAREL, REC, SOHACOSA, and TEXTRADE along with 9 new companies. SMARTWorks will work with the factory managers to establish a workplace based program for HIV/AIDS behavior change targeted at factory workers in and around the Port au Prince environs. SMARTWorks will hire and train 6 Training of trainers (TOT) in order to increase their capacity to provide prevention education and other HIV/AIDS-related services to workers and their families. In addition, they will conduct training of trainers (TOT) for 15 women from participating labor union confederations in collaboration with Policy Project/Futures Group (CTH, CATH, OGITH) for advocacy with other partners. SMARTWorks will encourage partner enterprises to participate in outreach and advocacy activities aimed at encouraging broader private sector participation in workplace HIV/AIDS policies and programs. This will include holding the second annual SMARTWorks awards program. They will provide quality supervisory visits to 18 companies and organize and conduct on-going assessments to monitor delivery of education sessions at the workplaces. SMARTWorks will work with the PEPFAR BCC Cluster to adapt and distribute existing IEC/BCC materials for strategically targeting enterprises, their employees, factory services providers and key stakeholders within the union network. Every six months, SMARTWorks will hold follow-up workshops for reinforcing educator skills in AB messages which promote abstinence, risk reduction and behavior change and enhance health educator's facilitation skills. It is anticipated that as a result of these activities, in-house education sessions will reach 6,000 workers and referral systems to PEPFAR VCT and ART sites will be established.

Emphasis Areas	*% Of Effort*
Workplace Programs	51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being *faithful*	6,000	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)		☑
Number of individuals trained to promote HIV/AIDS prevention *through abstinence and/or being faithful)*	21	☐

Target Populations:

Business community/private sector

Factory workers (Parent: Business community/private sector)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Ouest

Table 3.3.02: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: American Red Cross
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 5172
Planned Funds:
Activity Narrative: FY06 -- In FY05, Track 1.0 partner the American Red Cross continued to implement ABY interventions throughout its network in Haiti. They will build of work initiated in Petitionville and Cite Sole and in the North in Cap Haitien. In FY 06, the Red Cross'major emphasis will be to build on their past successful work in targeting 10-14 year olds with AB messages through their "Together We Can (TWC)" curriculum, which has been translated into Creole. Working with the Ministry of Health and Ministry of Education, the Red Cross will continue to push for a standard AB curriculum, teaching materials, and guides as it rolls out the TWC intervention. To date, this Track 1 partner has trained a core group of master and instructional trainers resulting in over 150 peer educators who now deliver ABY messages to youth in key neighborhoods in Port-au-Prince. In FY06, they will expand their work in the North in the towns of Fort Liberte and Ouanaminthe. The Red Cross will build on their outreach and community mobilization activities and expand their work with in-school youth utilizing "edutainment" such as puppet shows, local theater, dance, and selected use of the media and radio programs and events targeted to youth 10-14 years old.

Through Track 1.0 funding, the Red Cross plans in 06 to gain access to and participate in televised youth programs such as "Pour les Jeunes" and "Miss Video Max" which are popular among Haitian youth. Through these media outlets peer educators and field managers will inform the public about the TWC program and participate in debates on the topic of HIV/AIDS. Ticket Magazine, a widely read newspaper by Haitian youth, will also be targeted as a channel to reach youth with key messages on HIV/AIDS and information on project activities. Youth Multiplier (YMs) who serve as motivators (YMs) and Youth Participants (YPs) will also be given an opportunity to participate and provide personal testimony on these TV shows and news columns to discuss what they have learned from TWC and what impact the methodology has had on their lives. It is anticipated that the Red Cross will help the MSPP and BCC cluster to consolidate ABY training and reference materials so that uniform messages will be used across all USG -supported groups, and possibly other donors' ABY initiatives in-country.

During FY06, it is anticipated that Red Cross program will train 5,850 youth motivators and 31 staff in abstinence activities. In addition, it is envisioned that the Red Cross will reach 40,950 youth and 2,045 adults with abstinence messages with central Track 1.0 funds.

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

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	42,905	☐
Number of individuals reached through community outreach that *promotes* HIV/AIDS prevention through abstinence (subset of AB)		☑
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	5,881	☐

Target Populations:

Adults

Street youth (Parent: Most at risk populations)

Children and youth (non-OVC)

Secondary school students (Parent: Children and youth (non-OVC))

University students (Parent: Children and youth (non-OVC))

Out-of-school youth (Parent: Most at risk populations)

Coverage Areas:

National

Table 3.3.02: Activities by Funding Mechanism

Mechanism:	USAID/GAC/HQ
Prime Partner:	World Vision International
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHAI account)
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	5173
Planned Funds:	
Activity Narrative:	FY06 – In FY05, Track 1.0 partner World Vision in Haiti has worked to initiate the Abstinance and Risk (ARK) avoidance programs. ARK will continue to work with URBANUS, an FBO developing educational materials for religious groups, Federation Protestante d'Haiti (FPH), an umbrella FBO providing support to churches in Haiti, and FOSREP, an anti-AIDS youth organization in Central Plateau. ARK will implement its activities in the southern part of Central Plateau and La Gonave Island. Since some of the activities are delayed, ARK activities in Haiti will not start up until October 2005 - year 2. ARK will work closely with World Concern—Haiti subgrantee to Food for the Hungry in the two sites by jointly mapping target areas and target groups to prevent duplication of resources and double counting. continued to implement ABY interventions throughout its network ARK will achieve its objectives through the use of trainers, youth, and parent peer educators to reach out to the target groups in and out of school. Behavior change messages will also be the means to support the youth in adopting and sustaining positive behavior. Likewise, key community resource persons and influential people will be trained in youth-focused communication methodology to promote "A&B" behaviors. The primary aim is to delay first intercourse among youth 10 to 14 years old, to delay first intercourse and/or increase "secondary abstinence" until marriage among sexually active 15 to 24 year olds and to strengthen youth understanding and capacity for mutual fidelity and commitment to a single partner within marriage. Youth in the 10 to 24 age target group will be further segmented by age, so that those in the 10 to 14 age group receive messages on abstinence only, while those in the 15 – 24 age group receive messages on abstinence, secondary abstinence, and faithfulness (for those who are married). Youth Advisory Groups, peer education groups, and parent-child discussions will also be segmented by age, to ensure that the very different needs of each age group are addressed, and to reduce the risk of "mixed messaging" occurring. Additionally, ARK will concentrate its messages on risk avoidance for all youth, regardless of their age group. (Some older youth, however, require additional information and services that fall outside the mandate of ARK. For those older youth who are sexually active or have been in the past, referrals will be made to appropriate youth friendly PEPFAR supported clinics and services where their specific HIV/AIDS and reproductive related needs can be met.

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

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	3,443	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)		☑
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	768	☐

Target Populations:

Children and youth (non-OVC)

Primary school students (Parent: Children and youth (non-OVC))

Secondary school students (Parent: Children and youth (non-OVC))

Out-of-school youth (Parent: Most at risk populations)

Key Legislative Issues

Addressing male norms and behaviors

Coverage Areas

Centre

Table 3.3.02: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Food for the Hungry
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 5174
Planned Funds:
Activity Narrative: FY 06 Seven of the nine members of the Association of Evangelical Relief and Development Organizations 's (AERDO) HIV/AIDS Alliance (AHA) form the Healthy Choices Partnership. In this project, AHA members in Ethiopia, Haiti, Mozambique, and Nigeria – four of the fifteen countries in the President's Emergency Plan for AIDS Relief – will work together to empower churches, schools, and other CBOs to provide youth and adult stakeholders with the skills, information, and strengthened community-level social structures necessary to reduce HIV transmission and risky behaviors among targeted youth and adults. This project will build on the current networks and skills of our principal faith-based partner organizations to increase prevention messages and methods to improve quality –and length- of life. In Haiti, Food for the Hungry (FFH) is a one grantees and serve as the Prime implementing partner in the alliance. FFH will work with several implementing sub-partners and sub-grantees among which is the Foundation of Compassionate American Samaritans (FOCAS). Due to the security situation the other subgrantee Medical Ambassadors (MAI) and Nazarene Compassionate Ministries (NCM) withdrew their participation in Haiti. Therefore, in 05 the mission has agreed that FFH establish new sites with FOCAS. They will now be working in three new locations which are in the Western Department in Port au Prince and include Ganthier, Mare Roseau and Thomazeau.

In FY05, FFH implementing partners will begin translating and adapting educational materials, and will develop a Youth and Adult Stakeholder Curriculum Review Committee to adapt the youth curriculum for use the Haitian context. This will be done in collaboration with the national MOH standardized curriculum and tools the PEPFAR BCC Cluster. Targeted ABc Awareness Campaigns will begin in mid 2005 to creating a supportive environment for youth and adults to change (and maintain) healthy sexual behaviors and to promote messages on the basics of abstinence, being faithful and condom usage (when youth or adults are not willing to be abstinent or faithful). FFH will target efforts to first listen to and then educate parents, youth, and community leaders on how to avoid coercive, trans-generational, and transactional sex and other unhealthy practices.

During targeted campaigns, FFH partners will i identify youth, parents, pastors, teachers, other community leaders, support networks for girls and youth, and other interested individuals and groups to participate in (and teach) skills-based education. A mass media campaign in partnership with Operation Blessing International will air targeted 30 to 60 second TV Public Service Announcements (PSAs) on the Telelumiere television network and local radio stations to raise awareness about HIV/AIDS, promote key behavior change messages with an emphasis on the importance of abstinence and faithfulness in HIV/AIDS prevention. USG will encourage all media activities to carefully reinforce targeted interpersonal messages for reaching youth groups and targeted schools and churches with similar messages to avoid risky behaviors. FFH partners will also conduct inventories in nine districts to determine the knowledge base and identify faith leaders and other community leaders in the area. Information gathered in both of these methods will strengthen messages and stimulate community dialogue on abstinence and faithfulness among youth.

In 2006, FFH will continue to adapt and utilize educational materials for use during Youth-to-Youth trainings, pastors, and other leaders. A Youth and Adult Stakeholder Curriculum Review Committee will ensure that all curricula are appropriate for use in the Haitian context. Barrier Analysis will be conducted to identify barriers to behavior change for youth making healthy choices and to inform the Review Committee regarding barriers to behavior change. During the ABc Awareness Campaigns, youth, parents, pastors, teachers, and other interested individuals and groups will be

identified and recruited to participate in and teach skills-based education. Groups and individuals that will be trained will be identified in FY2005 through the ABc Awareness Campaigns (which begin in June 2005). Included in the messages to these groups and to targeted schools and churches will be the basics of the ABc approach, and how to avoid coercive, trans-generational, and transactional sex. Efforts will be coordinated with World Relief's Mobilizing Youth for Life program in order to avoid duplication of efforts. Project partners will also consult with MOH, other USG PEPFAR funded ABY and other HIV/AIDS projects in Haiti when refining these messages. A mass media campaign in partnership with Operation Blessing International will air 30 to 60 second radio and TV spots to raise awareness about ABc and HIV/AIDS, promoting key messages, and reinforcing the importance of abstinence and faithfulness in HIV/AIDS prevention.

Stimulate broad community dialogue: Community dialogues will be held in local churches through conferences and through women's groups to stimulate discussion and build capacity to analyze issues related to HIV/AIDS. The USG will encourage that targeted ABc Awareness Campaigns that began in June 2005 will reinforce and create a spportive environment for youth and adults to change (and maintain) healthy sexual behaviors and to promote messages on the basics of the ABc approach. Communities will be engaged in discussions on ABc behaviors through churches, schools, parent/teacher associations, community banks, selected businesses, and community-wide meetings. Project partners will identify religious leaders, local leaders, local women's associations, and other CBOs and youth supporting clubs in order to mobilize communities for coordinated action. In FY2006, Haitian partners will begin to identify these groups through the ABc Awareness Campaigns and build on the national BCC efforts to better target messages and reinforce interpersonal communication. .

Reinforce role of parents and other protective influences: In FY2005, support networks will be identified for girls and youth. These networks with then be strengthened (beginning in Year Two) through one-on-one counseling on abstinence, faithfulness, and safer sexual behaviors, and training of pastors, other religious leaders, and volunteer mentors/counselors. In the same way, parents and guardians will be reached through churches and other CBOs in order to empower them to care for, teach, and create an open environment for dialogue with children and youth. These efforts will be refined in 2006, and parents will be taught to educate and counsel their children and youth (especially at-risk girls) on abstinence and healthy sexuality using stories and other methods appropriate for the Haitian context. Parents will also be encouraged to fight against cultural practices present in Haiti that increase girls' vulnerability to HIV/AIDS.

Address sexual coercion and unhealthy sexual behavior: Through the Awareness campaigns, youth and adults will learn the basics of the ABc approach, how to avoid coercive, trans-generational, and transactional sex and other unhealthy practices. Churches and other faith-based organizations, parents, and community members will be identified for mobilization to fight against sexual coercion and unhealthy sexual behavior. Communities and churches will be encouraged to help youth to have productive social outlets by helping youth to organize sports teams and other diversions. Key leaders and teachers in local schools will be approached for participation in information sessions to reinforce behaviors that are likely to protect youth and children.

In FY2005, project partners in Haiti will expand their current work. By 2006, it is anticipated that FFH will reach 165 churches and nearly 90,000 youth and 5,405 influential adults.

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

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	95,405	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)		☑
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful		☑

Target Populations:

Community leaders

Community-based organizations

Faith-based organizations

Teachers (Parent: Host country government workers)

Children and youth (non-OVC)

Religious leaders

Key Legislative Issues

Gender

Addressing male norms and behaviors

Reducing violence and coercion

Stigma and discrimination

Coverage Areas:

National

Table 3.3.02: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: World Relief Corporation
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 5175
Planned Funds:
Activity Narrative: FY 06 -- In FY05, Track 1.0 partner World Relief continued to implement ABY interventions throughout its network. In 05, World Relief's "Mobilizing Youth for Life" (MYFL) program in Haiti will expand its present work in Port au Prince to 300 churches in the city and in the surrounding West Department, bringing over 10,000 new youth into the Brigade Anti-SIDA (BAS) clubs. In subsequent years, the program will expand to the Southeast Department and lower Artibonite Valley Department. In FY 06, despite tremendous stress and insecurity, the MYFL Haiti team plans to move forward with program activities and has built a particularly strong foundation for youth outreach in its team of WR staff and volunteers. Over the last six months, the program remained focused on outreach through churches but has continued to expand work with church-affiliated schools.

The training approach for peer educators has been slightly modified from the proposed "care group" model (in which the WR officer travels throughout his or her zone training peer educators in small groups) to training in larger groups of volunteers who meet in a central location within the zone of the WR Officer. The WR officers meet monthly with the peer educators and train them in two sessions from the Choose Life curriculum. The peer educators are expected to train their fellow youth in the two modules before returning to meet with the WR officer and other volunteers the following month. Two peer educators are trained in each church.

Youth ages 10-14 and 15-24 will be reached through youth clubs, Sunday school classes, and school-based interventions. Several smaller churches in a region will come together to form a Brigade Anti-Sida club for youth ages 15-19 with volunteers from the participating churches serving as peer educators (2 peer educators per church). The younger age group (10-14) will be reached through older youth and/or adult Sunday school volunteers trained in the participatory curriculum. The volunteers will be trained and supervised by the BAS officers (WR staff) using a variation of the care group model developed for WR's highly successful USAID-funded Child Survival Programs in Mozambique, Malawi, Rwanda and Cambodia. The Haiti program will adapt these models which are culturally and age appropriate for promoting abstinence programs. Volunteer peer educators from participating churches are divided into smaller groups of 15-30 volunteers representing 8-15 congregations to form one training support group. Peer educators will meet in their training support groups one half-day per month and will be trained in two participatory lessons. They will then be responsible for sharing those lessons with other BAS members and youth in their local congregations prior to the next monthly meeting. Training support group meetings offer not only time for training but group supervision, accountability and peer support. Each of the seven BAS Officers in Year One will oversee 3-4 training support groups per training cycle within a designated geographical area.

It is anticipated that by the end of FY06, MYL will have reached nearly 8,000 youth through church and school networks and trained nearly 600 individuals in abstinence programs.

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

Targets

Target	Target Value	Not Applicable
Number of individuals reached through *community outreach that* promotes HIV/AIDS prevention through abstinence and/or being faithful	8,000	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)		☑
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	600	☐

Target Populations:

Faith-based organizations

Children and youth (non-OVC)

Coverage Areas

Ouest

Artibonite

Sud-Est

Table 3.3.02: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 5234
Planned Funds:
Activity Narrative: Linked to activity for other prevention.

In FY 06, a new coalition of partners will work in Haiti's Northeast to address abstinene and be faithfuls. The lead partner (TBD), has been operational in Haiti since 1973 and in the NorthEast Department since 1991. While the overall HIV/AIDS prevalence rate is Haiti is 3.2%, in the NorthEast the rate is more that twice as high estimated to be 6.3%. This is the second highest prevalence rate in the country. Located near the Dominican border, the NorthEast Department is inhabited by approximately 300,000 persons and the communes are grouped into five health districts (UCS) This Department is known to be one of the more rural areas in Haiti with limited access to health facilities. As a result, there are multiple factors affecting the transmission of HIV between the Haiti and Dominican Republic border. They include: 1) a high level of mobility across the border contributing to prostitution and transational sex, and a high rate of junvenile prostitution; 2) poverty is endemic throughout the department; 3) illiteracy affects 52% of the population; 4) severe stigma prevents people from learning their status before they are symptomatic and reduces families'willingness to care for HIV positive members. With an operational budget of $8million per year, the partner has significant experience in sub-granting, quickly disbursing funds, and coordinating local partner activities. With minimal investments, the partner can mobilize its network to initiate targeted cross borders activities to promote behavior change among youth in and out of school. Currently, this partner has operational agreements with existing PEPFAR partners such as CSD, FOSREF, POZ and VDH who target youth.

While PEPFAR and other donors have focused on awareness raising in the Northeast, coverage has been limited in focusing on behavior change, reducing high risk behavior and encouraging people to know their status. This new initiative will offer a more comprehensive strategy of preventing new infections by consolidating activities in all 13 communes where activities are currently occurring without optimal coordination and synergy.

In response to the APS, this partner will work in Fort Liberte, Ouanaminthe with several local NGOs targeted at supporting youth clinics in urban areas, AB training VCT services. In Carice, Mont-Organize; Capotile; Terrier Rough, this coalition will work with AB training for in and out of school youth; AB prevention activities and encourage the correct and consistent use of condoms among PLWHAs. In Trou du Nort, Perches; Terrier-Rouge; and Caracol, this coalition will conducted targeted AB training for both in and out of school youth, STI management, VCT services and work to support positive living among HIV/AIDS positive persons. Finally in Ste. Suzanne, Valieres, Mombin Crochu, this new coalition will continue to work in AB reaching both in and out of school youth with risk reduction messages and encouraging condom use among sexually active persons

The consortium will promote an AB strategy for in and out of school youth will sub partners using the same curriculum adopted at the national level and consistent with the PEPFAR BCC Cluster. One of the sub partners will focus their efforts in reaching peri-urban youth, while another will focus on reaching youth in the more rural areas of the 13 communes. The curriculum separates youth into three target groups: ages 10-14; ages 15-19; and age 20 and over. Younger teens will be sensitized in messages promoted delayed sexual debut, particularly to avoid infection and unwanted pregnancy as it undermines girls rights and access to education. Youth ages 15-19 who are sexually active will be targeted with messages to reduce the number of sexual partners, maintain sexual health and use condoms consistently and correctly.

Project sub partners will implement the AB approach by using peer educators in and our of schools settings with age appropriate messages. Three of the sub partners will help form anti-AIDS clubs within each of the target schools. One of the partners will take the lead to train 30 male and 30 female peer educators to work within the anti-AIDS clubs using a gender specific approach. Training will last for 5 days and undertaken during school holidays so that youth do not miss school. The 60 peer educators wil each train an addition 10 youth over the next ten week period. This will enable 600 peer educators to reach an additional 30 youth wit information on HIV prevention through drama, song, and peer education activities, including interpersonal counseling and communication, Therefore, it is estimated that 18,000 you will be reached with behavior change messages in the North East Department.

For out of school youth, 200 youth will be nominated to become peer educators from within youth clubs and other venues. They will be trained as peer educators. Eight five day trainings each for 25 out of school youth will be undertaken. Each youth will come from informal networks such as unemployed youth, vendors, transport workers, mechanics, iron workers, and food sellers. It is anticipated that each peer educator will reach a minimum of 20 peers during the 12 month period with up to 4,000 out of school youth reach with AB messages.

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

Targets

Target	**Target Value**	**Not Applicable**
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	*22,000*	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)		☑
Number of individuals trained to promote HIV/AIDS prevention *through abstinence and/or being faithful*	800	☐

Target Populations:

Street youth (Parent: Most at risk populations)

Volunteers

Children and youth (non-OVC)

Secondary school students (Parent: Children and youth (non-OVC))

Out-of-school youth (Parent: Most at risk populations)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Nord-Est

Table 3.3.02: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 5236
Planned Funds:
Activity Narrative: Linked to activity 5239 for Other Prevention; 5175 for other AB activities and for OVC.

In FY05, Haiti PEPFAR will address the challenges in distinguishing evidence based approaches for reaching different groups and tracking results from mobilization activities. One of the key challenges is to ensure a coherent framework for implementing well conceived prevention activities that provide the bases for educating individuals with age appropriate information and messages to promote abstinence and reinforce healthy sexual behaviors. An overall BCC framework was developed. See Demand Generation and BCC Chart in Additional Information section. In 05, PEPFAR Haiti is supporting more focused market segmentation and messaging for reaching youth under 15 with Abstinence (A) messages and Be Faithful (B) messages for youth 15 and over. To date, support has been provided with JHU as the lead consortium member with a dozen or more local partners to implement ABY activities in Haiti. So far this consortium of current PEPFAR partners' s have trained over 2,912 individuals in AB prevention strategies. As a result, 112,791 persons have been reached with AB messages as of March. 2005.

In FY06, Haiti PEPFAR will continue to ensure that age appropriate and evidence interventions are utilized to reach key groups with prevention messages.
In response to the APS, in FY06 several new faith based and NGO networks will be supported to expand ABY activities in a more coherent manner. One applicant has put together a new partnership to focus on creative and effective communication strategies to target Haitian families, communities and individuals with the knowledge and skills to maintain their sexual health, change behaviors where necessary and seek help from qualified service provides when needed in a timely fashion. The partner will focus AB activities on youth 10-14 years of age and other prevention activities on youth 15-24 years of age. This partnership will focus efforts at the national level and at the department level. In addition, this new partnership will implement focused interventions aimed at sexually active youth at risk. See Prevention Chapter for Other Prevention component by this new partnership.

At the national level this partnership will work with networks of collaborating youth and HIV/AIDS related organizations to: 1) design audience specific BCC strategies to support ABY and stigman reduction; 2) adapt and design prevention tools such as curricula, message guides and materials; 3) build the capacity of local department officials, CBOs, association, churches, PLWHA groups and NGO partners to manage ABY prevention programs; and 4) Reinforce coordination and involvement of key stakeholders through organizations such as national PLWHA association/youth division, the BCC committee of the MSPP, church alliances, and the Country Coordinating Committee. Working with the MSPP, the tools will be duplicated and distributed nationally toensure strategy and message content is harmonized and uniform. The partnership will also use these tools as focal points for its technical assistance to implementing partners at the departmental level. will build on USG supported efforts to assist the MSPP to develop a national strategy and an integrated package of prevention efforts, including abstinence

At the department level, the partnership will utilize a team approach made up of members of the consortium, sub partners, other PEPFAR partners working in ABY and MSPP officials to coordinate, manage, and monitor integrated work plans and activities. The three fold departmental strategy will focus on: 1) Community Mobilization which ensures linkages between AB activities and stigma campaigns and involves PLWHAs, youth, women and their families in planning prevention activities through a small grants program; 2) Facility catchment areas which develops strategies

to break down barriers between PEPFAR clinical and community services to increase awareness of services; 3) Church and school involvement which strengthens the capacity of youth clubs, church groups and schools to provide quality ""in-reach" and outreach to youth. The partnership will work in the North and West departments to implement its activities.

In FY06, this new partnership will work with Track 1.0 partner World Relief and an existing partner responsible for youth friendly clinics. Linkages will also be made with the OVC elements of its program. The lead partner will work with consortium partners to refine a comprehensive communication strategy based on proven ABY and other prevention strategies. Efforts will be strengthened to assist local planning committees, youth networks and department community mobilizations committees to refocus national communication strategies into more effective AB community mobilization programs. For example, messages will be refined to target young teens with abstinence messages since there is growing evidence these messages are most effective among young girls and boys who have not yet become sexually active. Such national strategies will be used to support interpersonal counseling and communication. National and departmental strategies will tailor AB messages by age group and will be implemented through local community institutions, media networks and during community events. This program will build on existing media efforts such as the ""Radio Lumiere--Mobilisons pour la vie" program. Such programs will have parallel AB outreach materials for use at the department and facility catchment level. These materials will reinforce age appropriate messages and strengthen the capacity of churches, youth groups, local media networks, and schools to undertake effective and well targeted AB programming. Through utilizing innovative message dissemination strategies, age appropriate messages will be used during theater, sports, games and reinforced by one to one interactions during pastoral counseling, parent/child dialogue, and life skills and gender training sessions.

Building on the strong influence of parent/adult leadership, the new partnership will work through youth services programs and schools to enable parents to better communicate with youth using a package of creative tools to inspire dialogue. Building on existing parent training curriculum used in Haiti, parents will be trained to communicate life skills including AB messages to their kids and parents will be empowered to support ABY mobilization interventions. The partners will organize parent/youth team clubs to promote parent child discussion and communication around abstinence and prevention. Community mobilization efforts will include peer outreach, out reach to adults and outreach to out of school youth, to reinforce prevention messages and help in the development of health behaviors among youth.

As a result of AB intervention, it is anticipated that this new partnership will reach up to 100,000 youth through church based, school based, and club based programs and over 6,000 individuals will be trained in abstinence and be faithful messages.

In addition, those youth who are in transition to becoming sexually active will be referred VCT and STI services within other partner service networks and youth friendly clinics.

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

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	100,000	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)		☑
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	6,000	☐

Target Populations:

Community-based organizations

Country coordinating mechanisms

Faith-based organizations

Street youth (Parent: Most at risk populations)

Children and youth (non-OVC)

Out-of-school youth (Parent: Most at risk populations)

Religious leaders

Key Legislative Issues

Addressing male norms and behaviors

Reducing violence and coercion

Stigma and discrimination

Coverage Areas:

National

Table 3.3.02: Activities by Funding Mechanism

Mechanism:	USAID/GAC/HQ
Prime Partner:	Pact, Inc.
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHAI account)
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	5237
Planned Funds:	
Activity Narrative:	In FY06, Haiti PEPFAR will have a more targeted approach in reaching the general population of sexually active adults with Be Faith messages. These messages will focus on adults at risk by encouraging they reduce sexual partners and avoid concurrent or high risk partnerships. Since reducing sexual partnerships is key to slowing down transmission of HIV/AIDS, opportunities will be identified to work with key partners with the "social capital" in changing social or community norms.

Haiti PEPFAR will build on utilizing umbrella NGOs and partnerships to facilitate social change that amplify and build on positive norms and beliefs that support prevention and reduce HIV transmission. In FY05, PEPFAR Haiti utilized the PACT mechanisms for identifying and building capacity of indigenous Haitian groups to participate in HIV activities in Haiti. In FY06, utilizing existing mechanisms, such at PACT or others, Haiti PEPFAR will launch a competitive process through rolling requests for proposals or concept papers to solicit innovative ideas and buy into existing institutions and networks to target more Be Faithful/Risk Reduction strategies. The response to the currently USG Prevention APS was overwhelming. However, while many of the proposals had innovative ideas, they were not suitable to be funded directly by the USG. Therefore, this mechanism is being considered to expand the number of sub partners participating in PEPFAR programs in Haiti. It is anticipated that modest grants up to $35,000 each will be awarded on a competitive bases and result in more targeted interventions to promote Be Faithful and Risk Reduction messages among young adults. Partnership grants will focus on engaging 1) individuals, such as journalists, broadcasters, Haitian Diaspora, local musicians, sports celebrities, chiefs or local leaders; 2) civil society such as community based organizations, FBOs, churches, youth groups, schools, PLWHAs, home based case networks and service providers; 3) private sectors such as labor unions, transporters, factory workers, local advertising and marketing firms, private sector providers and medical or nursing associations; and 4) government such as uniformed services, including Peace Keeping forces, the MSPP, departments and local communes, ministry of education and ministry of youth, culture or sports.

Innovative approaches of successful applicants will be supported which engage men and scale up prevention activities which increase their involvement and responsibility in reducing HIV transmission. In addition, male strategies which address cross generational sex and reduce exploitation of girls and young women among male peers will be promoted. Strategic partnerships which activate political, traditional, religious and other local leaders to communicate directly to their male constituents on being faithful have will also be funded . Evidence based strategies for discouraging cross generation sex, and supporting and normalizing fidelity, partner reduction and other risk reduction behavior change will be encouraged. Key interventions which target men where men commonly congregate will be vigorously encouraged. Such environments can include: sports events; formal and informal bars and social establishments; clinical settings targeting young males; male only church activities and religious groups. In these settings, targeted messages will be developed/adapted to promote definitions of male strength and power that are linked to responsibility, teamwork, leadership, self control and fidelity.

Haiti PEPFAR strategy will also continue to focus on targeted interventions to reach sexually active youth and adults with messages targeted on reducing high risk behaviors. These interventions will building on "Be faithful" messages which use community based interpersonal communication and mass media messages which promote fidelity, partner reduction, avoidance of commercial sex, and condom use during high risk sexual behavior. This component will give more attention to the role of gender, women's status including attention to discordant couples. More

support will be provided for skills building for partner reduction, fidelity, condom negotiation among sexually active groups.Applicants will also be encouraged to address needs of discordant couples and create linkages with counseling and testing and care components.

In FY06 All PEPFAR sites will increase attention to males and discordant couples and strengthen provider skills in correct and consistent use of condoms among those at highest risk for HIV infection. In addition, more concerted efforts will be to ensure all VCT sites actively promote condom use, partner reduction and that all care programs provide diagnosis and treatment of STIs for those at risk. Prevention services for HIV+ persons will continue to be a priority, in order to promote healthy behaviors and reduce HIV transmission.

As a result of solicitation for more Be Faithful/Risk Reduction partners, it is anticipated that existing and new partner alliances will be supported to reach MARPs in a more focused manner. It is envisioned that more concerted efforts will be used to ensure that interventions by subgroups are driven by epidemiological decisions for programming, building on concentrations of high risk activity, and demonstrating impact in changing high risk behavior. By the end of FY06, it is anticipated that up to 10 partnership grants will be awarded to promote AB messages, up to 50 individuals will be trained and up to 2,500 persons will be reached.

Emphasis Areas	**% Of Effort**
Local Organization Capacity Development	51 - 100

Targets

Target	**Target Value**	**Not Applicable**
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	2,500	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)		☑
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	50	☐

Target Populations:

Community-based organizations

Faith-based organizations

Discordant couples (Parent: Most at risk populations)

Military personnel (Parent: Most at risk populations)

Men (including men of reproductive age) (Parent: Adults)

Key Legislative Issues

Addressing male norms and behaviors

Reducing violence and coercion

Stigma and discrimination

Coverage Areas:

National

Table 3.3.02: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 5238
Planned Funds: [redacted]
Activity Narrative: As a result of the APS, it is anticipated that PEPFAR will support a new FBO/CBO alliance. In FY06, PEPFAR Haiti will support a new alliance of religious and development partners comprising of 18 FBOs (7 US and 11 Haitian organizations) to rapidly scale up comprehensive community faith-based responses to HIV/AIDS in Haiti. The alliance will build on work of Track 1.0 partners to implement these interventions avoid duplication. The alliance will collaborate to help churches and communities increased their response to the pandemic through prevention, care and support. See links with OVC and Palliative Care Chapters. Working with their existing network of 28 churches, 140 schools, 700 volunteers and 20 community based organizations, the FBO alliance will work in 6 departments to expand prevention efforts. These include: South (Cayes); South East (Jacmel, Bainet, Cayes Jacmel); North (Cap haitien, Port Margot, Pilate); Artibonite (Gonaives); Central(Hinche); and West (Metropolitan Area, Petit-Goave).

The Alliance's current abstinence and be faithful activities are gender balanced with more than 50% of the beneficiaries being female. Access to information will be targeted to women and girls in order to reinforce their capacity to control protect their reproductive health. This will be done by strengthening the capacity of older women to mentor younger girls. The Alliance will continue to challenge Haitian cultural, male traditions and use discussion groups as well as family and parent retreats to give parents the tools they need to educate themselves and other adults about HIV prevention and ensure equity in transmission of values regarding abstinence and faithfulness to boys as well as girls. In FY06, the Alliance will also promote such approaches through each agency church network and take advantage of on going church training and education events to incorporate prevention messages targeted at both adults and youth and males and females in a culturally acceptable manner. Interventions will be implemented national wide and linked other USG sites providing food, education, skill development and other wrap around services. More attempts will be made to link abstinence activities to PEPFAR OVC components and to other USAID funded school and nutrition feeding programs

The FBO alliance will design and implement prevention programs focusing on Abstinence and Be Faithful and other prevention efforts. By clustering programs, the Alliance will build on partner's geographic presence, reduce administrative costs and duplication and focus its interventions which build linkages with Global Fund, PEPFAR and USAID health activities. In addition, the Alliance will improve effectiveness and strengthen referral services between agencies and partner services. The three key areas in which the new FBO Alliance will focus on will include: 1) mobilizing community and religious leaders; 2) HIV education prevention program for children and youth; and 3) strategic media messages to reinforce A and B.

Given the importance of building local ownership and reinforcing local values, the FBO Alliance will conduct regular educational seminars for church leaders, community leaders (including PLWHA associations), volunteers, and health workers to raise awareness about HIV transmission and prevention. Building on the strong role of missionaries and churches in Haiti, innovative efforts will be targeted to promote more progressive and culturally appropriate prevention messages within church and faith networks. Education and training will focus on Be faithful and other prevention messages. The Alliance will utilize existing Track 1.0 partner "Mobilizing for Life" materials to train workers with skills in counseling and prevention. Training will also be undertaken to sensitize adults about the plight of restavek children and coercive sex among domestic workers within the church membership. Church members who are health workers, teachers and volunteers will also be trained in prevention counseling and stigma reduction regarding HIV/AIDS to reach their peers, opinion

shapers, or others in the circle of influence in the FBO community.

In addition, this FBO Alliance will establish preventative HIV education programs for children and youth. This component will be targeted to children and youth both in and out of school through youth clubs, schools, and churches. Drama and music will encourage creative communication related to abstinence and behavior change as well as consequences of contracting AIDS. With linkages with their OVC component, the Alliance will target vulnerable children and youth in orphanages. Youth will be sensitized with prevention messages through an entertainment strategy with skits and puppet shows based on the national BCC curriculum with age appropriate messages. Evidence-based training materials with themes such as "I Can Wait" or "Choose Life" will be used to focus on consistent and empowering messages to promote prevention.

With regard to out of school youth, the FBO Alliance will give special attention to reaching street children. Efforts will be focused to reinforce their self-esteem and sensitization and training will be given to them to address sexual coercion, abuse, violence and cross generational sex when they are gather at feeding canteens and FBO programs at street children. Through the church network, Alliance volunteers will identify rape victims and encourage them to seek medical help and emotional support. Support groups will be established for victims and victims will be referred to VCT clinics for testing to determine their serological status. Volunteers will be trained to give counseling in support groups using existing Track 1.0 materials such as "Facing AIDS Together" and "Choose Life" in order to help victims overcome the emotional trauma resulting from sexual coercion, promote secondary abstinence and reduce chances of transmitting infection, unknowingly.

One of the Alliance partners will enable the strategic and creative use of mass media to focus on HIV transmission, prevention and demand generation for VCT among church networks. This sub partners will use television and radio broadcasts to promote behavior change among specific target groups within the Alliance's target area. With production facilities in the U.S., this sub partner has already negotiated access to broadcast media and in Haiti for other church programs. This will enable the Alliance to add prevention messages to utilize the media to broadcast messages over a large area to reinforce interpersonal, one on one communication at the community level. The strategic use of the media combined with consistent, well targeted messages, will promote safer norms and sexual behaviors and use the mass media to get out messages to increase recognition and understanding for the need for VCT among sexually active youth. The public announcements will vertically integrate with peer education, print media, school and church programs and club activities to reinforce consistent and age appropriate messages within the Alliance network.

As a result of these activities, it is anticipated that 100 HIV affected youth will be trained as peer educators; 7,000 children and youth will be reached with HIV prevention messages; 375 individuals will be referred for rape crisis services; 300 women will be trained as mentors; 900 parents will be trained to conduct interpersonal communication with their children and children in there are and 5,000 youth will practice abstinence, including secondary abstinence.

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

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	7,000	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)		☑
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	1,300	☐

Indirect Targets

375 individuals will be referred for rape crisis services; 5,000 youth will practice abstinence, including secondary abstinence

Target Populations:

Adults

Community leaders

Street youth (Parent: Most at risk populations)

Orphans and vulnerable children

Teachers (Parent: Host country government workers)

Volunteers

Children and youth (non-OVC)

Out-of-school youth (Parent: Most at risk populations)

Religious leaders

Public health care workers

Private health care workers

Key Legislative Issues

Gender

Reducing violence and coercion

Stigma and discrimination

Wrap Arounds

Food

Coverage Areas

Artibonite

Centre

Nord

Ouest

Sud

Sud-Est

Table 3.3.03: Program Planning Overview

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

Total Planned Funding for Program Area:

Program Area Context:

Background: Since 1986, the Haitian Red Cross has been mandated by the MOH to manage the blood transfusion system in Haiti. However, the need to enhance the availability of this life saving resource was still apparent in 2004 – approximately 9000 units of blood were available for transfusion for a population of approximately 8.5 million indicating a significant need for more blood transfusion capacity. In order to address this issue, a national blood safety program, was established in 2004 when PEPFAR support became available. The goals of the program include: (1) increasing blood supply, (2) ensuring adequate screening of blood (HIV, HBsAG, HCV, VDRL, and HTLV 1-2), and (3) ensuring proper storage, transportation, and distribution of blood.

Despite continued political insecurity in Haiti, the blood safety program in Haiti has accomplished the following key activities with FY 05 funds:

1) Introduced new legislation to return supervision of the blood transfusion system to the MOH

2) *Created a National Blood Safety Coordination Unit to regulate and develop national guidelines for* clinical use of blood

3) Increased participation of voluntary donors from 5.4% to 10.8% by June 2005 with blood collection and public awareness campaigns. From Jan–June 2005, 5064 units of blood were collected.

4) Planning for the renovation of 5 blood centers (to be completed)

5) *Increased blood screening to nearly 100% for the above mentioned infectious agents. Testing of* collected blood for HTLV-I and II antibody was introduced.

6) Trained 172 clinicians and nurses in the clinical use of blood

7) Initial development of a national database at the national blood transfusion center (equipment has been purchased to set up a database to record blood donors, the number of blood units collected, the number of safe units of blood available)

8) Developed the National Commission on Blood Security and three sub-commissions for voluntary blood donation, production of blood components and QA/QC and clinical use of blood and *hemovigilance*

9) Developed the Management Unit to manage the program and to monitor financial and progress reports

10) Developed tools for public awareness

11) Organized 3 training sessions for donor recruitment in Port-au-Prince and Cayes

12) Organized one workshop in lab QA/QC

In COP FY 06, the Blood Safety Program in Haiti will continue to address the problems of insufficient blood donations and ensuring quality control of blood testing, storage, and distribution by utilizing the strategies described in the following activity narratives (see next sections).

Expected results:
1) Increase the number of blood units collected to 20%
2) A new National Blood Transfusion Center developed and renovated
3) Developed an electronic data recording system and improved communications

4) Improved storage condition of blood units by providing constant supply of electricity
5) All blood units collected tested
6) Two more blood services operated
7) Improve physical layout of 3 blood centers
8) Accuracy of laboratory testing components of blood centers reported
9) Blood safety QA/QC advisor hired and its program activities implemented

Program Area Target:

Number of service outlets/programs carrying out blood safety activities	16
Number of individuals trained in blood safety	300

Table 3.3.03: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Ministre de la Sante Publique et Population, Haiti
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: N/A
Program Area: Medical Transmission/Blood Safety
Budget Code: HMBL
Program Area Code: 03
Activity ID: 4346
Planned Funds: [redacted]
Activity Narrative: In COP FY 06, the MOH will take more leadership in ensuring the progress of the blood safety program in a timely manner and appropriate usage of USG funding. The activities of the MOH, blood safety program will be divided into 3 activities, 1) blood safety management unit, the services of blood transfusion centers, the public campaign for blood drives, and QA/QC for blood transfusion services, which are outlined below.

Blood Safety Management Unit: [redacted]
The MOH will continue its activities at the current Management Unit. It will continue to manage the blood safety program, monitor its financial status and activity progress [redacted] This will include the cost of office operations including 1 VSAT at [redacted] for the year.

1) To improve communications and data recording system, the MOH will procure computers, install and introduce an electronic data recording system and electronic (e-mail, Internet) communications to 10 blood transfusion centers. At present, the blood safety program has not made any purchases of computer equipment. [redacted]

2) To improve electric supply at 10 blood transfusion services, the MOH will procure and install at each site a set of inverter, 12 batteries, 1 UPS, 12 bottles of propane gas per site per year to ensure constant electric supply. This propane gas will be used in conjunction with refrigerators to store blood bags. A generator and gas will be procured for 1 blood center that is in need of generator [redacted]

3) As the current NBTS is located in downtown area in Port au Prince, which is very insecure and has deterred donors, a building connected to the National Reference Laboratory, in the Delma area, Port au Prince will be renovated for the new NBTS. The MOH will coordinate with partners (PAHO, CDC) to assist in design, and identify a contractor for the renovation of the new NBTS. The Blood safety Management Unit will be co-located with the NBTS, situated on the second floor of the building. [redacted]

Blood Transfusion Services: [redacted]
In COP FY 06, the Haitian Red Cross (HRC) will continue to conduct the key following activities using the funds received from COP FY 05 [redacted]
1) Increase voluntary and regular blood donations from 10% to 20%, blood drives will be conducted and intensified in Port-au-Prince and extended to Cap-Haitian, Jacmel and Cayes (coordinated with and supported by the Global Fund). Target populations for drives will include large organizations such as schools/colleges, workplaces, international headquarters, etc. [redacted]
2) Finalize the renovation of 5 Blood transfusion centers. These are activities that are carried over from COP FY05 fund. [redacted]
3) Extend the service outlets to the 2 new blood transfusion centers (equipment and staff cost was included in the fund from COP FY05, therefore, Haitian Red Cross will not request funding from these 2 activities [redacted]
4) Enhance human capacity and promote the quality of the blood supply:
-- PAHO/WHO will provide technical assistance and training of the personnel working in the 10 service outlets (blood centers and the hospitals) in the use of standardized criteria to select donors with low risk.
-- Routine supervision of the blood centers/ posts is done with resources provided by Global Funds.
-- All blood units collected are tested to prevent ITT: HIV, HBsAg, HCV, VDRL, and HTLV 1-2. The test kits are procured using the USG COP FY 05 funds. The Global

Fund supports the cost of malaria testing.
4) Increase the proper use of blood:
– With the technical assistance of PAHO/WHO, HRC will train clinicians in the clinical use of blood and its components
– HRC will increase availability of individual blood components using equipment that was provided by the funds from COP FY 05.

Mass Media Campaign:
In order to increase awareness of the importance of blood donations, the mobilization of local civil society groups, NGOs, schools, religious groups, and local leaders around the issue of blood transfusion is an essential activity. This activity is currently undertaken by PSI/Haiti which works in collaboration with the Red Cross, PAHO/ WHO and the MOH (mainly at departmental level). With FY 05 funds, PSI produced a mass media campaign and an extensive promotional and educational campaign to support the blood drives led by the Haitian Red Cross. Under the current agreement, the following mass media material was produced or is in production: TV spot, radio spot with receivers, radio spot with donors, jingle, documentary promoting the campaign (15mn), 2 billboards, announcement in newspapers, posters, brochures. In addition, the target population is reached through peer education, by a group of 15 trained youths as part of PSI's Youth Club. The funds budgeted for FY 06 will be used by sub-contractors (to be determined) to extend activities in mass media, blood donors campaigns, and public awareness campaigns to cover the entire country more effectively in coordination with the Haitian Red Cross to expand blood drives. Each individual project/work will be contracted by the MOH, Blood safety Management Unit to selected individual subcontractors who wins the bidding process on a job to job basis. Expansion and linkages as appropriate (including increase community participation) will be sought out in coordination with all health partners for maximum health impact. Around 100 promoters use by other MOH programs will be trained to work with the community particularly the youth. Using this strategy, the MOH expects wide selection of subcontractors, better deliverables and improved performance.

Blood Safety Quality Assurance/Quality Control:
The final component is the security control of blood transfusion services (QA/QC). One of the blood safety QA/QC activities is to ensure the quality of the tests that are done in the blood Transfusion Centers using External Quality Assurance (EQA) panels for blood borne pathogens (HIV 1-2, HTLV 1-2, Syphilis, Hepatitis B & C, Malaria). This component is currently coordinated by GHESKIO using funding from COP FY 05 starting form March 05. Seven staff including a QA/QC coordinator and a QA/QC supervisor, 3 lab technicians, a data clerk and a driver was hired. GHESKIO began testing NBTS specimens and has procured EQA panels. Enrollment form for EQA program was developed. One QA/QC workshop was conducted for lab technicians of the blood transfusion sites. GHESKIO will finalize the contract and provide final report to the MOH without further request of funding from COP FY 06 ($0). The following activities are:

1) Send out 3 EQA panels to 10 sites, and test 10% of all specimens tested on site for quality control at GHESKIO laboratory.
2) Conduct 2 workshops to train 20 laboratory workers in quality assurance programs in evaluating proficiency testing results
3) Generate a final report to the MOH.

In COP FY 06, the MOH will expand the QA/QC activities to cover all components of the blood safety program (not just laboratory testing) by the following strategies:
1) Utilize more resources from PAHO in blood safety QA/QC.
2) Hire one in-country blood safety QA/QC advisor via PAHO to provide technical assistance to the MOH
3) MOH and the National Lab QA/QC program will coordinate with PAHO and HRC to enroll all blood services center in the EQA lab testing program of the Latin American region to receive EQA panels free of charge. This activity will assume its role once GHESKIO completes its activities.
4) The National Lab QA/QC program will analyze and continue future EQA activities for the blood safety program

Emphasis Areas	% Of Effort
Human Resources	10 - 50
Infrastructure	51 - 100
Policy and Guidelines	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets/programs carrying out blood safety activities	16	☐
Number of individuals trained in blood safety	20	☐

Target Populations:

Adults

Secondary school students (Parent: Children and youth (non-OVC))

University students (Parent: Children and youth (non-OVC))

Key Legislative Issues

Stigma and discrimination

Coverage Areas:

National

Table 3.3.03: Activities by Funding Mechanism

Mechanism: N/A

Prime Partner: World Health Organization

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: N/A

Program Area: Medical Transmission/Blood Safety

Budget Code: HMBL

Program Area Code: 03

Activity ID: 5852

Planned Funds:

Activity Narrative: WHO received their first allotment of funding in August of 2004. Since that time WHO has performed an evaluation of the existing blood services and reviewed existing legislation. They provided TA in the writing of new legislation returning oversight control of the national blood supply from the Haitian Red Cross to the Ministry of Health. This legislation is currently in the process of ratification. They provided TA for the creation of the National Program of Blood Safety (NPBS) and in the training of health care professionals in the clinical use of blood and blood stock management. By the end of FY05, WHO had identified a mechanism which will provide external QA for blood specimens.

In FY06 the WHO will provide technical assistances in the further development of an overall QA/QC program including but not limited to blood temperature monitoring, internal controls, IT assistance, waste removal, proper laboratory techniques and customer service. They will continue to support training activities of health professionals in the appropriate clinical use of blood, stock management, and QA/QC of blood supplies.

Emphasis Areas	% Of Effort
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets/programs carrying out blood safety activities	16	☐
Number of individuals trained in blood safety	300	☐

Target Populations:

Policy makers (Parent: Host country government workers)

Laboratory technologists

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Public health care workers

Private health care workers

Coverage Areas:

National

Table 3.3.04: Program Planning Overview

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

Total Planned Funding for Program Area:

Program Area Context:

Background: The Safe Injection project started in Haiti in July 2004 with funds from PEPFAR. This project is commonly known by the abbreviated project name Making Medical Injections Safer (MMIS). The main goal of this project is to reduce the expansion of HIV/AIDS by promoting safe injections by implementing the three-step strategy recommended by Safe Injection Global Network (SIGN):
1) Change behavior of health care workers and patients to ensure safe injection practices.
2) Ensure availability of equipment and supply.
3) Manage waste safely and appropriately.

An assessment of injection safety and waste management issues, conducted in July - August 2004, showed that there were no norms and standards for injection safety. Specifically, the problems were associated with the following identified issues:
1) Non-motivated, non-trained staff unaware of the injection risk.
2) Lack of injection materials
-- Facilities were found to reuse syringes for patients as a cost saving measure in this resource poor environment
3) Lack of infrastructure for waste collection, treatment and disposal which included no municipal waste disposal
-- Very few working of incinerators; no transportation of waste; no regular distribution of waste disposal material
4) Lack of supervision of health facilities.

These factors resulted in waste being accumulated on the grounds of the health facilities because of a lack of knowledge, lack of high performance incinerators, and lack of transportation and a municipal waste disposal system.

To summarize accomplishments to date, the main following activities were conducted:
1) Creation of a national committee for the security of injections. This committee is very active and has meeting every month. Under this committee some documents like a National Policy and the Norms and Standards were elaborated.
2) Two training sessions (October 2004 and March 2005) for 60 participants were conducted for trainers issued from the 14 facilities providing ARV, the National Red Cross, and the Departmental Offices.
3) Organization and support of training sessions in the facilities for 350 medical and waste management personnel.
4) Supply and distribution of auto-disable syringes and material for safe waste disposal in the 14 participating institutions.
5) Implementation in the 14 participating institutions of an improvement of waste management with distribution of waste collectors, construction of enclosure to prevent access by children and unauthorized persons as well as animals.
6) Involvement to different symposia (Medical Association, Pediatrics Society, Ministry of Environment) to promote the project and advocate in favor of the reduction of non-necessary injection, the use of auto-disable syringe, the adequate disposal of sharps and the new Norms and Standards.
7) Development of BCC material for the public audience to make them understand the risk of injection and promote the change of behavior.

Plan: The strategy for 2006 will be to strengthen what has been done in previous years and expand to 4 additional departments for a total of 6:
1) Planning with departmental staff in the assessment of the situation, implementation of plans for training, supervision, logistics and supply (mainly syringes), BCC, and sharp waste disposal.
2) Establish regular meetings of the national committee that oversee the project activities
3) Search for additional funds to have a basic network of high performance incinerators in the health facilities in the country.

4) Address specific implementation problems such as how to ensure adherence of norms by personnel at clinical facilities, and how to continue provision of essential materials to facilities

Program Area Target:

Number of individuals trained in injection safety	600

Table 3.3.04: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: John Snow, Inc.
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Medical Transmission/Injection Safety
Budget Code: HMIN
Program Area Code: 04
Activity ID: 4345
Planned Funds:
Activity Narrative: For fiscal year 2006, project activities will be implemented in a total of six (6) health Departments. In addition to the North and Southeast Departments where we focused our main interventions during 2005, we will cover four (4) more departments – the Northeast, South, Grande Anse and Nippes.

The range of activities will basically remain the same but with a broadened geographic scope:

1) Strengthening the MSPP (Ministry of Health) capacity to improve the safety of injections administered in the curative sector, including development of policies, norms and standards

2) Training of personnel in safe injection practices and in the use of safe injection devices, in safe disposal techniques including correctly disposing of medical health care waste and, in particular, sharps

3) Developing and implementing a behavior change strategy including targeting BCC messages toward personnel and the population regarding injection safety, introduction of safe injection devices with reuse prevention features and safety boxes for safer sharps waste disposal

4) Strengthening systems for improved management of these supplies, and development and support for improved waste management systems in target areas.

The following 3 activities will be implemented:

1) Institutional strengthening by enhancing partnership with MSPP (MOH):
Central level: At the central level, collaboration with the MOH was a great challenge for the first two years; the project and the staff are now well accepted. For 2006, it will be even more challenging as we must focus on maintaining progress in an unstable political environment especially during the planned election in November 2005. Most likely, the monthly coordination meetings will be jeopardized since the Technical MSPP staff will change along with the Minister and the Director General. The focus will be on strengthening MSPP capacity to implement the national Policy and Norms elaborated in 2005 and strengthen collaboration and coordination with other partners such as private sector partners and political stakeholders involved in waste management. The 5-year behavior change strategy will be finalized and made operational, as well as improvements to the logistics system for injection supplies. The target populations for MMIS interventions remains focused on health workers and other ancillary staff to improve the safety of medical injections and waste management. In addition, behavior change interventions targeting the community and patients will begin in this year in areas where health facilities have already received training and supplies. It is anticipated that during this project year we will work with CDC to develop a methodology to conduct formative research on injections administered in the informal sector, to inform development of strategies to address this target group in the following years of the project. This methodology will be first used and refined in Haiti before application in other MMIS project countries.
Departmental level: At the departmental level, workshops will be conducted in each department to develop departmental plans designed to improve injection safety and waste management in the facilities of those departments. Basic material and equipment will be allocated to the facilities. Implementation of these department plans will involve rollout of training, distribution of safe injection supplies and waste management planning in each health facility in the target area.

2) Monitoring and Evaluation: A total of 4 baseline surveys will be conducted, one in each new department area (4) to assess the status of MMIS activities in these departments. Two follow-up surveys will be conducted in the In North and South East to assess Institutional reinforcement and Behavioral changes among North beneficiaries and service providers. Besides the surveys, training of personnel from the departmental facilities as well improvement in waste management and injection safety will be monitored closely through periodic supervision.

3) Training Activities: Training will be provided to health personnel and support staff in all health facilities at the departmental level. The training will cover safe injection practice, improved waste handling practices, logistics management training as well as interpersonal communication training for prescribers. The estimated number of beneficiaries is about 600 people of all categories.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Information, Education and Communication	10 - 50
Infrastructure	10 - 50
Logistics	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals trained in injection safety	600	☐

Target Populations:

Doctors (Parent: *Public health care workers*)
Nurses (Parent: Public health care workers)
National AIDS control program staff (Parent: Host country government workers)
Policy makers (Parent: Host country government workers)
Laboratory technologists
Public health care workers
Laboratory workers (Parent: Public health care workers)
Other health care workers (Parent: Public health care workers)
Private health care workers
Doctors (Parent: *Private health care workers*)
Laboratory workers (Parent: Private health care workers)
Nurses (Parent: Private health care workers)
Other health care workders (Parent: Private health care workers)

Coverage Areas

Grand-Anse

Nord

Nord-Est

Sud

Sud-Est

Table 3.3.05: Program Planning Overview

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

Total Planned Funding for Program Area:

Program Area Context:

Haiti's political instability exacerbates chronic impoverishment, increasing vulnerability to HIV/AIDS infection and fueling risky sexual behaviors. Sadly, risky behavior is not limited to adults; transactional (and other high risk) sex among youth is a reality in Haiti. Ninety percent of street children are sexually active, and 75% had commercial or casual sexual contacts during the last twelve months (BSS, 2004). Strong referral mechanisms between USG/Haiti's ABY and OVC program areas enable young persons engaging in risky behaviors to obtain needed counseling and HIV prevention services. Similarly for adults at risk of HIV/AIDS/STI infection, USG/Haiti takes a public health approach to prevention, relying on both risk elimination and risk reduction. Risk elimination strategies reduce exposure to disease, for example, behavior change interventions encouraging abstinence and mutual faithfulness or partner reduction. Risk reduction strategies reduce the likelihood of transmission during any given exposure, such as correct use of condoms. We work with Haitian prevention experts in all sectors to encourage risk elimination and risk reduction approaches. The "MARP" population in Haiti is diverse. Sex workers include not only adult sex workers found in most urban areas and at border transit points, but also youth engaging in survival sex and other economically-driven behaviors, and persons servicing civilian employees affiliated with the UN Peacekeeping forces. Men who have sex with men is a largely hidden high risk population, especially challenging to reach due to stigma and limited data. "Mobile" persons such as police, transport industry workers, itinerant vendors, and migrants crossing the DR border are another MARP group. An important component of our program is service provision to PLWHA and their partners. Reinforcing "prevention for positives" and providing counseling and support for sero-discordant couples helps PLWHA prevent secondary infection and transmission of HIV to their partners. Prevention activities targeted to MARPS are known to be effective when implemented in the high risk settings where infection transmission is likely to occur, and we seek as much as possible to engage promoters and program implementers who are also members of the diverse MARP community. USG/Haiti seeks to reduce risk through an "ABC" model, with the emphasis on "BC." Partner reduction and mutual faithfulness ("B") are promoted through communications and interpersonal activities supporting and reinforcing behavior change,, as is correct and consistent use of condoms ("C"). We also confirm that the only certain way to eliminate risk of HIV/SIT infection is to abstain from sex. For sex workers and their clients, we use an approach successful in West Africa: outreach conducted in high risk venues and within the community widely disseminates prevention education and non-clinical services, including VCT and condoms, complemented by referrals for clinical services offered at "friendly" sites providing essential counseling and testing services and clinical treatment of STIs and opportunistic infections. Persons who are HIV+ and their partners are referred via strong networks for care and treatment services, as needed. For MSM, as similar model combining targeted outreach and "friendly" clinical service provision and referrals to care and treatment services is being launched in late 05. Trained peer educators conduct behavior change "BC" communications and non-clinical services for PLWHA, mobile and emigrant populations. We create opportunities to reach and serve at-risk groups by linking HIV/STI prevention activities to "wraparound" services such as existing USAID health, food and education programs. An approach for stigma and discrimination reduction expected to resonate especially with Haitian men engages community and religious leaders and popular celebrities to promote using VCT to know one's own serostatus.

Program Area Target:

Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	218,000
Number of individuals trained to promote HIV/AIDS prevention prevention through other behavior change beyond abstinence and/or being faithful	3,700
Number of targeted condom service outlets	159

Table 3.3.05: Activities by Funding Mechanism

Mechanism: HHS/GAC/HQ
Prime Partner: Population Services International
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 4610
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 resporisible for ensuring all reporting requirements are met in a timely matter for sites within the HNP.

Emphasis Areas	% Of Effort
Local Organization Capacity Development	10 - 50
Logistics	51 - 100
Workplace Programs	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful		☑
Number of individuals trained to promote HIV/AIDS prevention prevention through other behavior change beyond abstinence and/or being faithful		☑
Number of targeted condom service outlets		☑

Target Populations:

Police Officers

Key Legislative Issues

Addressing male norms and behaviors

Coverage Areas:

National

Table 3.3.05: Activities by Funding Mechanism

Mechanism: USAID/GAC/HQ
Prime Partner: Johns Hopkins University Center for Communication Programs
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 4614
Planned Funds:
Activity Narrative: As of September 2005 with FY05 funding JHU had completed the refresher training for personnel on interpersonal communication and was starting training of the MSPP personnel on BCC which is inline with their 12 month workplan for FY05 funding.

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.

Production of a video tape to raise awareness on issues surrounding stigmatization of HIV positive individuals on ARV treatment.

Emphasis Areas	% Of Effort
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful		☑
Number of individuals trained to promote HIV/AIDS prevention prevention through other behavior change beyond abstinence and/or being faithful	600	☐
Number of targeted condom service outlets		☑

Target Populations:

Faith-based organizations

Non-governmental organizations/private voluntary organizations

People living with HIV/AIDS

Volunteers

Coverage Areas:

National

Table 3.3.05: Activities by Funding Mechanism

Mechanism:	USAID/GAC/HQ
Prime Partner:	*Population Services International*
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHAI account)
Program Area:	*Other Prevention Activities*
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	4631
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

B5

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	51 - 100

Targets

Target	**Target Value**	**Not Applicable**
Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	3,000	☐
Number of individuals trained to promote HIV/AIDS prevention prevention through other behavior change beyond abstinence and/or being faithful		☑
Number of targeted condom service outlets	1,200	☐

Target Populations:

Commercial sex workers (Parent: Most at risk populations)

Most at risk populations

Key Legislative Issues

Addressing male norms and behaviors

Stigma and discrimination

Coverage Areas:

National

Table 3.3.05: Activities by Funding Mechanism

Mechanism: USAID/GAC/Local
Prime Partner: Promoteurs Objectif Zéro Sida (Promoteurs de l'Objectif Zéro Sida)
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 4642
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 psyco-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, esisteng organization of traditional healers, past experience of collaboration in the areas selected, and ease of logistics.

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

Targets

Target	Target Value	Not Applicable
Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	1,000	☐
Number of individuals trained to promote HIV/AIDS prevention prevention through other behavior change beyond abstinence and/or being faithful	400	☐
Number of targeted condom service outlets		☑

Target Populations:

Traditional healers (Parent: Public health care workers)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Ouest

Sud

Sud-Est

Table 3.3.05: Activities by Funding Mechanism

Mechanism:	*USAID/GAC/HQ*
Prime Partner:	Family Health International
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHAI account)
Program Area:	Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	4646
Planned Funds:	
Activity Narrative:	*As of September 2005 the partner had recieved funds and was providing technical* assistanc to MINUSTA civilian employees on ABC, condom distribution and providing linkages to PEPFAR VCT sites. FY05 funding for the activity should continue to May 2006.

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

Targets

Target	Target Value	Not Applicable
Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	7,000	☐
Number of individuals trained to promote HIV/AIDS prevention prevention through other behavior change beyond abstinence and/or being faithful		☑
Number of targeted condom service outlets		☑

Key Legislative Issues

Addressing male norms and behaviors

Coverage Areas:

National

Table 3.3.05: Activities by Funding Mechanism

Mechanism: USAID/GAC/HQ
Prime Partner: US Agency for International Development
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 4652
Planned Funds:
Activity Narrative: With FY05 funding USAID provided PSI with 7,000,000 condoms to continue with HIV/AIDS related social marketing of condoms to targeted risk groups.

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	4,000,000	☐
Number of individuals trained to promote HIV/AIDS prevention prevention through other behavior change beyond abstinence and/or being faithful		☑
Number of targeted condom service outlets	1,200	☐

Target Populations:

Adults

Most at risk populations

Coverage Areas:

National

Table 3.3.05: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 5248
Planned Funds:
Activity Narrative: FY06 This activity is linked to 5234. This is a new APS consortium partner who will do both AB and Other Prevention at the Border. The Other Prevention activities will be supported by the agency match, while the AB activities will be PEPFAR funded, therefore, there are no funds in this activity box.

In addition to implementing AB activities at the border with the Dominican Republic in Haiti's North East Department, the new APS consortium partner will also target higher-risk and most at risk populations with efforts to prevent new HIV/AIDS/STI infections and to decrease transmission. Through targeted community mobilization and advocacy, the consortium's prevention efforts will prevent new infections and reduce HIV/STI transmission by promoting: partner reduction; correct and consistent condom use; STI management; VCT; referrals to care and treatment services for HIV + persons; positive living among HIV+ persons; and stigma reduction.

To effectively respond to the HIV pandemic, condoms will need to be a part of the prevention strategy. While the AB strategy will be the focus of youth prevention, there is a need to ensure that most at risk groups are aware of the health benefits of partner reduction and mutual fidelity, but also that they have access to condoms and referrals to other HIV/STI and reproductive health services. Peer educators will be trained to teach condom negotiation skills, correct and consistent condom use, and to ensure that condoms are available in high risk settings and as appropriate to most at risk populations. For most at risk groups, such as CSWs and their clients, mobile and uniformed populations at the border, vendors, and food sellers, older peer educators will provide counseling in HIV/STI infection risk reduction and access to condoms on demand. The consortium will ensure the availability of condoms to at-risk populations through sub partner health facilities, MSPP clinics and through non facility-based prevention outreach activities and events. Linkages will also be made to ensure that most at risk persons also have access to condoms as well through PEPFAR social marketing networks and targeted outlets. For example, special efforts will be made to ensure that condoms are available through kiosks, truck stops, brothels, local restaurants at and near the border through social marketing to ensure that supplies are available to high risk group transient and mobile groups.

Two of the consortium sub partners currently work with the MSPP to actively provide STI management services through their existing health centers. In FY06, the consortium will expand access to STI prevention, diagnostic and treatment services through training and outreach activities, with efforts to especially targeted most at risk groups. These two partners will train their staff and MSPP staff to improve skills in youth counseling, including counseling and support to high risk youth. In addition these staff will learn how to implement community based interpersonal communication interventions to strengthen non-clinical prevention outreach and to encourage greater use of existing facilities for prevention services. It is anticipated that the project will reinforce training and outreach around one partner's existing VCT/STI center in Trou du Nord and another sub partner's VCT/STI centers in Ouanaminthe, Fort Liberte and La Fossette. Support will also be given to the MSPP to expand STI management in communes where it is the sole provider, and to increase utilization of these health services among high risk groups near the border in the North East Department.

In addition, two consortium subpartners will also strengthen existing voluntary counseling and testing stations within health centers in the North East Department. One subpartner operates services in Quanaminthe, Fort Liberte and Mont Organize communes and another has a youth friendly VCT center in Fort Liberte and plans to

open another youth center in Ouanaminthe. The consortium plans to increase counseling and testing near the border in additional communes: Trou de Nord through a youth VCT center in Capotille, Terrier Rouge and Carice through another subpartner rapid testing center. At each of the sites the project will support a counselor trained to work with youth and high risk populations, who will be able to provide quality pre-and post test counseling and refer HIV+ patients for care and treatment services, as needed, at PEPFAR care and ART/PMTCT sites.

Community mobilization and targeted demand generation media events will be undertaken to help border communes launch an effective response to the epidemic. Community mobilization activities will reinforce targeted messages to stimulate and support behavior change, risk reduction, sexual health, positive living and stigma reduction. The media campaigns will publicize specific referral sites where HIV/STI testing, care and treatment services are available in the communes near the border. The consortium will work within the national guidelines and with the MSPP's BCC Cluster to ensure public service announcements, messages, and other materials are consistent with agreed protocols and that the communications and messages go beyond awareness raising to promote and support actual behavior change. The consortium will also prioritize targeted community radio and TV messages to reach the greatest segment of the rural and partially illiterate population in the North East Department, again, using approaches for low-literate populations that will lead to changed behaviors.

The greatest constraint to an effective response to HIV in Haiti is stigma. Civic and religious leaders have not yet been asked to take up leadership roles to support other prevention activities and reduce discrimination against PLWHAs and members of other most at risk populations. In order to learn their serostatus, and to access any needed HIV prevention and care services and anti-retroviral therapy (ART), people need to not be afraid to be tested or to discuss any other medical issue. One partner in the consortium will bring together civic and religious leaders within each of the 13 communes to encourage them to promote stigma reduction against PLWHAs and encourage more active involvement of the community in prevention activities. During the year, this partner will host a total of 52 one day trainings focusing on destigmatization for religious and civic leaders, health workers and youth across the 13 communes. The initiative will provide additional training for community leaders, religious leaders and consortium staff in psychosocial and spiritual support. One day trainings will be offered four times during 06 at strategic locations, and this partner will coordinate content and dissemination of anti- stigma messages with other consortium sub partners to ensure consistency.

As a result of their planned efforts, it is anticipated that this new consortium in the North East will strengthen prevention service provision throughout the 13 comunes of its catchment area near the Haiti/ Dominican Republic by training 600 individuals in "BC" behavior change interventions and service delivery, and by reaching 4,000 persons most at risk with targeted "other prevention" messages and HIV/STI prevention services.

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

Targets

Target	Target Value	Not Applicable
Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	4,000	☐
Number of individuals trained to promote HIV/AIDS prevention prevention through other behavior change beyond abstinence *and/or being faithful*	600	☐
Number of targeted condom service outlets		☑

Target Populations:

Commercial sex workers (Parent: Most at risk populations)

Mobile populations (Parent: Most at risk populations)

Truck drivers (Parent: Mobile populations)

Migrants/migrant workers (Parent: Mobile populations)

Out-of-school youth (Parent: Most at risk populations)

Partners/clients of CSW (Parent: Most at risk populations)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Nord-Est

.05: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 5296
Planned Funds:
Activity Narrative:

"Core transmitters" play a central role in increasing the numbers of Haitians becoming infected with HIV/AIDS/STIs (sentinel surveillance study on HIV prevalence, syphilis, Hepatitis B & C, Institut Haitien de l'Enfance, 2003-2004). These "core transmitters," have an elevated risk of becoming infected or transmitting HIV/AIDS/STI infections, not only within their own "community" of most at-risk persons, but they can also serve as a "bridge" for transmission of HIV/AIDS/STIs into the lower-risk general population. Building on OGAC's ABC Guidance, all USG sponsored interventions that involve increasing access to and use of condoms ("C") will also include a strong "go" component, behavioral change and educational interventions aimed at enabling core transmitters and other most at risk populations to adopt safer sexual behaviors through partner reduction and/or mutual fidelity. In addition, these interventions will also include educational information confirming that abstinence ("A") is the only certain way to eliminate one's risk of HIV/AIDS/STI infection. In FY06, Haiti PEPFAR will more carefully design and implement strategies for reaching MARPs consistent with the strategic objectives and technical approaches envisioned by the Haitian MSPP's National Strategy for HIV/AIDS and Haiti PEPFAR . More attention will be paid to reaching the following most at risk populations: 1) sex workers; 2) clients and partners of sex workers; and 3) "mobile" populations, including transport industry workers and uniformed services. In FY06, a new "Interpersonal Communications and Condom Social Marketing for MARPS" project will conduct behavior change communications interventions to increase access to condoms by most at risk populations and to break down barriers to the correct and consistent use of condoms by these populations. The project is made up of new and existing local alliances among whom include the following: FOKSEF (a local NGO reaching youth and CSWs with clinical and outreach services); Colmed/MARCH (a local NGO with a clinic network and the Association of Young Haitian Women?; DASH (Development Activities and Services for Health—employment based services through HMO-type network); Maison Arc-en-Ciel (a local NGO distributing food to orphans and children at risk); the Haitian Football (soccer) and Volleyball Federations; and several local radio stations. In FY06, the new consortium will increase efforts at reaching MARPS by utilizing two key strategies —through fixed facilities and by targeting mobile populations. Currently, Haiti PEPFAR supports FOSREF's network of sex worker and youth friendly clients in selected sites. These sites have strong referral systems to existing USAID and PEPFAR sites for ART and other critical HIV/AIDS care. An important component of the intervention with sex workers will be to link the outreach prevention activities conducted in high risk venues and at the community level to clinical sites where the sex workers can receive care. Those partners with fixed sites, like FOSREF, will be supported to provide high quality HIV/AIDS/STI diagnostic and treatment services, as well as links to USAID supported family planning, other reproductive health or primary care services. Work with sex workers will be expanded both by adding peer educators (trained educators who are members of that most at-risk population themselves) to an existing network of peers in Haiti who conduct health education activities with commercial sex workers, and by expanding geographic coverage of the intervention to new, underserved sites. The peer education intervention will include: skills building to enable sex workers to negotiate condom use with clients, as well as with their spouses or domestic partner(s); and address gender issues and sexual violence. Mobility is an HIV/STI risk factor in Haiti as transient work is associated with sexual activity with multiple partners in multiple locations, as well as with unsuspecting spouses or "regular" domestic partners. In FY06, outreach work to mobile populations and uniformed services will focus on increasing perceptions of risk of HIV/AIDS/STI infection, increasing access to and correct use of condoms and knowing one's sero-status by voluntarily seeking HIV counseling and testing. As sex workers, mobile populations, and uniformed servicemen in Haiti tend to congregate in many of the same transport "hubs," such

as transport depots, border crossings and other "hot spots" of HIV/STI transmission. The alliance will continue to target transport workers in 3 existing sites, Port-au-Prince, Cayes, and Miragoane, and will expand to cover Jacmel, Cap Haitien, and Gondaives, as the security situation allows. Alliance partners with networks and links to mobile and informal sectors will expand their peer education and outreach programs to engage these groups. Outreach workers will utilize interpersonal counseling techniques to foster safer behaviors. Key mobile populations targeted for behavior change interventions and condom access this component will include: truck drivers, "tap tap" (taxi/minibus) drivers, athletes, and uniformed service members who are part of the Haitian National Police force. Foreign UN peacekeepers and civilians affiliated with the UN peacekeepers will also be targeted with messages to increase perceptions of HIV/AIDS/STI risk and to encourage them to change their behaviors to reduce such risk. Referrals to PEPFAR VCT sites and clinical HIV/STI services will be strengthen to increase utilization of fixed sites by these mobile groups. An important feature in each strategy targeting high risk through fixed sites and mobile locations, will be to utilize interpersonal communication emphasizing, partner reduction, condom use and fidelity. In order to reinforce these one on one messages, alliance partners will support the launch of the MSPP's refocused National BCC strategy and messages that are consistent and reinforce interpersonal communication interventions for slowing the epidemic. Given the clandestine nature of the sex work industry, the alliance will target this population with general behavior change communications aimed at reinforcing interpersonal counseling messages of risk reduction, partner reduction, and the correct and consistent condom use. Also, targeted BCC will be undertaken to mobilize parents, teachers, religious leaders, youth and sports clubs to support changing social norms and decreasing HIV/AIDS stigma. Work with each MARP population will build upon existing programs in Haiti, with close collaboration with other implementing partners and donors, to avoid duplication and to maximize the strategic use of resources. To increase access to condoms, the project will expand the number of "non-traditional" outlets through new and existing alliance partner networks where condoms are sold from the current number of 78 to 150 by the end of FY06. "Non-traditional" outlets, as distinct from pharmacies and other "traditional" points of sale for condoms, will be established at or close to the venues where the high risk sexual activity occurs, such as bars, nightclubs, motels, brothels, rest stops, etc.

As a result of these activities, it is anticipated that over 3,000 persons will be trained in Other Prevention techniques and 200,000 persons wil be reached with BCC other prevention messages.

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

Targets

Target	**Target Value**	**Not Applicable**
Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	200,000	☐
Number of individuals trained to promote HIV/AIDS prevention prevention through other behavior change beyond abstinence and/or being faithful	3,000	☐
Number of targeted condom service outlets	150	☐

Target Populations:

Commercial sex workers (Parent: Most at risk populations)

Truck drivers (Parent: Mobile populations)

Partners/clients of CSW (Parent: Most at risk populations)

Police Officers

Key Legislative Issues

Reducing violence and coercion

Stigma and discrimination

Addressing male norms and behaviors

Coverage Areas:

National

Table 3.3.05: Activities by Funding Mechanism

Mechanism: USAID/GAC/HQ
Prime Partner: Pact, Inc.
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 5433
Planned Funds: [redacted]
Activity Narrative: In FY05, the PACT "Community Reach" Umbrella Mechanism is receiving funding from USG/Haiti PEPFAR to strengthen local capacity to implement OVC services. The PACT umbrella mechanism is being used in many PEPFAR countries to strengthen the institutional capacity and the HIV/AIDS technical implementation capacity of indigenous FBO, NGO and CBOs. In Haiti, PACT is supporting POZ and FOSREF to design, implement, and manage evidence-based community HIV/AIDS projects. The PACT mechanism an umbrella grants making and grants management program supporting HIV/AIDS activities in several areas. In response to the recently-solicited PEFFAR Haiti APS, dozens of applications were received from Haitian organizations that have innovative ideas for contributing to USG efforts to avert HIV/AIDS infections. Some of the applicants are new partners and many are existing sub-partners. Currently, there are many missed opportunities for more actively working in the FBO/CBO/NGO sector, as well as the Haitian private sector for stepping up prevention activities, particularly those interventions aimed at reaching most at risk groups. In Haiti, there are only a few strong and widely recognized Haitian NGOs with the managerial and technical capacity to quickly implement effective programs which produce results. Many of these indigenous organizations require substantial managerial, financial and grants management capacity building in order to be able to effectively absorb and manage grants received directly from USG/Haiti PEPFAR. In order to level the playing field, PEPFAR Haiti will expand the use of umbrella mechanisms such as, PACT to strengthen new smaller, nascent Haitian FBO/CBO/NGOs and private sector entities that have the potential to greatly contribute to USG "Other Prevention" outcomes. Activity box 5437 will work with existing partners in their networks. To ensure that more local Haitian organizations are able to compete for and receive PEPFAR funding in FY06, it is planned that local partners will be strengthen to receive funding through existing and new umbrella organization mechanisms such as PACT. In addition, given the political uncertainty and instability of the upcoming Haitian Presidential elections this fall, this component of the "Other Prevention" program area will serve as a rapid response mechanism to allow PEPFAR Haiti to engage local partners more quickly in response to constantly changing situation. This will also enable PEPFAR Haiti to be more responsive to changing U.S. Embassy priorities in demonstrating the impact of USG assistance in reaching vulnerable populations most at risk of HIV/AIDS infections.

This rapid response mechanism will enable USG to be responsive and flexible in targeting opportunities for working with partners in new ways, as well as adjusting to political realities and any service provision or coverage "gaps" in the currently-programmed "Other Prevention" activities planned for FY06. Grants under this component will support primary HIV/AIDS/STI prevention and risk reduction education to MARPS; voluntary counseling and testing; and care and support for those living with and affected by HIV or AIDS. Depending on potential sub partners, existing mechanisms will enable USG/Haiti to manage competitive procurements on a rolling basis throughout FY 06. Depending upon the availability of funding, it is anticipated that up to [redacted] will be reserved by USAID/Haiti under the EP, to be used as field support for funding new indigenous Haitian partners and/or innovative prevention strategies through existing mechanisms. It is envisioned that up to 10 grants will be provided, ranging from [redacted] per partner to tap into these potential partners' networks for initiating other prevention programs and events. Funding will be competed and grantees will be requested to target their "Other Prevention" HIV/AIDS/STI interventions to most at-risk populations including CSWs, MSMs, the transport sector, uniformed personnel, and high risk youth. In addition, the "Other Prevention" work that may be solicited by USG/Haiti in FY 06 to compliment and fill programmatic or geographic gaps for HIV prevention interventions targeting adults via employee-based programs, the Haitian unions,

sporting associations, the informal commercial sector, for-profit entities and other establishments and entities that have large pools of youth and young adults at elevated risk for becoming infected or transmitting HIV and other sexually transmitted infections. A major emphasis of all interventions funded under this mechanism be that the awardees target, identify, and refer most at risk populations to HIV/AIDS/STI prevention services at PEPFAR sites, Linkages to USAID family planning and other reproductive health services will also be required to improve program synergies. Criteria for funding will be that the applicant has existing networks or structures and some capacity to effectively implement HIV/AIDS activities and able to absorb technical assistance in grants and financial management to support implementation. Modest investments and technical assistance to be provided via the prime umbrella partner mechanism to enable the quick start up of activities by the indigenous awardees for reaching vulnerable groups within their networks or membership. In FY06, PEPFAR Haiti will focus efforts on working smarter and more strategically. Given the continuing political unrest and uncertainty in the coming year, a more flexible mechanism is required for programming funding to avert HIV/AIDS infections in mobile and difficult to reach high risk groups. Use of the umbrella mechanisms will enable USG Haiti to take advantage of "low hanging fruit" opportunities and to buy into exdsting FBO/CBO/NGO networks and private sector activities and events for reaching most at risk groups. Innovations in program design, performance based disbursement, and leveraging of funds with other donors will be among the criteria used to prioritize and select potential indigenous awardees. Using these options for funding is anticipated to more strategically produce USG/Haiti PEPFAR prevention results. Also, the umbrella mechanisms will be used to identify new resources in the international private sector, such the involvement of the Haitian Diaspora or USAID's Global Development Alliance (GDA) for increasing investments in other prevention. As a result, up to 10 local organizations will have their institutional capacity in grants and financial management enhanced. It is anticipated that up to 50 will be trained and 5,000 will be reached with other prevention interventions through the umbrella mechanism. Successful applicants will clearly identify targets and report on PEPFAR other prevention indicators which contribute to Haiti PEPFAR FY06 results. In addition, each sub partner will complete a detailed work plan indicating which gaps they are addressing and how the proposed activities complement and help reach Haiti's other prevention targets.

Emphasis Areas	**% Of Effort**
Local Organization Capacity Development	51 - 100
Quality Assurance and Supportive Supervision	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	5,000	☐
Number of individuals trained to promote HIV/AIDS prevention prevention through other behavior change beyond abstinence and/or being faithful	50	☐
Number of targeted condom service outlets		☑

Target Populations:

Community-based organizations

Faith-based organizations

Non-governmental organizations/private voluntary organizations

Coverage Areas:

National

Table 3.3.05: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Foundation for Reproductive Health and Family Education
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 5434
Planned Funds:
Activity Narrative: FOSREF is currently the only organization actively working with commercial sex workers and their partners in order to decrease the spread of HIV through this high risk population. FOSREF uses a model of "Clinics Confidence" that was developed and successful in Africa. Using this model FOSREF provides commercial sex workers a place where they can go for HIV testing and counseling, diagnosis and treatment of STIs, health education, and training in alternate income activities while promoting the message of lifestyle change.

Interviews and dialogues, with commercial sex workers who have abandoned commercial sex work after going through the FOSREF Lakay program have found the main reasons given for abandoning commercial sex work to be a)A first job in their life(related to the training that they have received), b) The Regaining of their self-esteem as a "Human being", because of the special attention given to them by the Lakay projects(Some have recognized that the trainings received at the Lakay centers were their first training in life, and the Certificate/or Diploma that they receive after the trainings was the first Diploma in their whole family).

FOSREF currently has 8 functioning sites located in some of the most active areas for prostitution across the country. Five of these sites are funded by the Global Fund (Downtown PAP, St. Marc, Port aux Paix, Miragoane, and Carrefoure 1) and three are funded by PEPFAR(Petionville, Les Cayes, and Cap Haitian). The location of these sites were determined by a 2001 survey of major cities and towns counting the number and location of permanent brothels as well as the number and location of street workers. From October of 04 to September 05 FOSREF tested 3,315 commercial sex workers at its sites with an overall prevalence rate of 6.2%, however, hotspots such as St. Marc had a prevalence of 10% (ANC prevalence for general population is 3.2%).

In FY06 FOSREF will continue to provide services at 3 PEPFAR supported SW sites. In FY06 FOSREF will also expand to 2 new areas not currently served. The first site is Carrefour 2 this location has a high density of brothels as well as street workers with an estimated commercial sex worker population of 3,500 individuals. Second is Ouanaminthe. This site is located along the boarder with the DR with a large transient population including a high volume of transient sex workers. It is estimated that at any one time there are 800-1000 sex workers in the area but the population is a mobile one.

These sites will provide essential VCT and clinical treatment and will maintain a referral network to the appropriate center of excellence for advanced treatment for those individuals who test positive. The partner is responsible of 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.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	51 - 100
Information, Education and Communication	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	5,000	☐
Number of individuals trained to promote HIV/AIDS prevention prevention through other behavior change beyond abstinence and/or being faithful		☑
Number of targeted condom service outlets	5	☐

Target Populations:

Commercial sex workers (Parent: Most at risk populations)

Key Legislative Issues

Increasing women's access to income and productive resources

Coverage Areas

Ouest

Nord

Sud-Est

Table 3.3.05: Activities by Funding Mechanism

Mechanism: HHS/GAC/Local
Prime Partner: Promoteurs Objectif Zéro Sida (Promoteurs de l'Objectif Zéro Sida)
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 5436
Planned Funds:
Activity Narrative: This activity is linked the VCT section since 1500 people are expected to be counseled and tested as a result of that activity

PEPFAR has enabled the HIV/AIDS program in Haiti to put a stronger emphasis on reaching out the most at risk population. In this regard funding was provided in FY05 to initiate activities with a group for which so far interventions had been very timid limited. Indeed traditional discrimination has limited the involvement of the MSM community into the activities against HIV/AIDS and has restricted its access to services available.

Nonetheless the MSM community has strived to organize itself and had put in place two associations that are active in advocacy activities. POZ, the partner proposed for that activity has been one the rare organization that has collaborated with this community. The only available data on sexual practices among MSM comes from a survey conducted by POZ in collaboration with these associations. According to the survey data 75% of respondents said that they had sexual contact with more than 3 partners the month preceding the survey, and 2 out 3 had regular sexual intercourse with women. 40% said that they did not use condoms at the time of sexual contacts; 40% believe that the use of condoms blunts pleasure and 50% experimented condom leakage.

Funding provided by PEPFAR in FY05 was destined to set up a center for the provision to MSM of comprehensive support including: counseling and testing services, STI diagnosis and treatment, basic HIV, Psycho-social support, behavior change and community outreach activities. The launching of activities was deferred because of delay in disbursement, but they are about to get started now.

In FY06 funding has been earmarked to cover the remaining 7 months of FY06 and provide the same category of services initiated in FY05 while stronger emphasis will be put on : partner notification and referral services, support group and empowerment activities, greater involvement of the beneficiaries in promotional and educational activities, linkages with existing ARV sites, surveillance of the epidemics within the community.

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

Targets

Target	Target Value	Not Applicable
Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	3,000	☐
Number of individuals trained to promote HIV/AIDS prevention prevention through other behavior change beyond abstinence and/or being faithful		☑
Number of targeted condom service outlets	1	☐

Target Populations:

Men who have sex with men (Parent: Most at risk populations)

Key Legislative Issues

Addressing male norms and behaviors

Stigma and discrimination

Coverage Areas

Ouest

Table 3.3.05: Activities by Funding Mechanism

Mechanism: HS2007
Prime Partner: Management Sciences for Health
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 5437
Planned Funds: [redacted]
Activity Narrative: In FY05, Management Sciences for Health (MSH) is receiving USAID/Haiti health resources and PEPFAR Haiti funding. To date, the MSH network has over local NGO partners providing an integrated package of maternal and child health, family planning and HIV/AIDS interventions. This network of sub partners provide quality services to through 100 service delivery points providing critical health services to the most vulnerable and difficult to reach population covering almost 40% of the country. Similar to the PACT "Community Reach" Umbrella Mechanism, activity box 5433, the MSH bilateral mechanism provides umbrella grants making and grants management program to build the capacity of local NGOs in the health sector. MSH has a strong track record of providing essential management, technical, and financial assistance to its local network sub partners. In response to the recently-solicited PEFFAR Haiti APS, several of MSH current sub partners responded with enthusiasm about integrating other prevention activities into their existing networks for contributing to USG efforts to avert HIV/AIDS infections. Many of these indigenous organizations still require substantial managerial, financial and grants management capacity building in order to be able to effectively absorb and manage grants received directly from USG/Haiti PEPFAR. Therefore in order not to discourage local participation, in FY06 MSH will assist PEPFAR Haiti to strengthen smaller, nascent Haitian FBO/CBO/NGOs and private sector groups to step up their efforts to implement effective prevention programs and quickly produce results. Currently, there are many missed opportunities for more actively engaging MSH health NGOs who are working with vulnerable populations at risk for HIV/AIDS infection. This activity will support existing partners in the MSH network to initiate other prevention activities. To ensure that more local Haitian organizations are able to compete for and receive PEPFAR funding in FY06, USG will better utilize MSH's competitive award process and performance based contracting mechanism. Use of the umbrella mechanisms will enable USG Haiti to take advantage of opportunities (low hanging fruit) and to buy into existing FBO/CBO/NGO networks and private sector activities for reaching most at risk groups. Innovations in program design, performance based disbursement, and leveraging of funds with other donors will be among the criteria used to prioritize and provide additional funds to selected sub partners. Additional modest funds will support gaps in primary HIV/AIDS/STI prevention and risk reduction education to MARPS and referrals for voluntary counseling and testing and care and support for those living with and affected by HIV or AIDS. It is envisioned that up to 5 grants will be provided, ranging from [redacted] per partner in order to tap into these potential partners' networks for initiating other prevention programs and events. A major emphasis of this mechanism will be to better target, identify, and refer most at risk populations from MSH networks to HIV/AIDS/STI prevention services at PEPFAR sites to improve program synergies and increase utilization of PEPFAR sites. Given the continuing political unrest and uncertainty in FY06, a sustainable mechanism is needed to ensure that field activities continue despite the absence USG staff in Haiti. As a result, up to 5 local organizations receive funds and provide training for up to 50 individuals and reach up to 2,000 persons with other prevention messages focusing on partner reduction and behavior change. Each sub partner will identify their targets and report on PEPFAR other prevention indicators which contribute to Haiti PEPFAR FY06 results. In addition, each sub partner will complete a detailed FY06 work plan indicating which gaps they are addressing and how the proposed activities complement and help reach Haiti's other prevention targets.

Emphasis Areas	% Of Effort
Local Organization Capacity Development	51 - 100
Quality Assurance and Supportive Supervision	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change *beyond abstinence and/or being faithful*	2,000	☐
Number of individuals trained to promote HIV/AIDS prevention prevention through other behavior change beyond abstinence and/or being faithful	50	☐
Number of targeted condom service outlets	5	☐

Target Populations:

Community-based organizations

Faith-based organizations

Non-governmental organizations/private voluntary organizations

Coverage Areas:

National

Table 3.3.05: Activities by Funding Mechanism

Mechanism: USAID/GAC/HQ
Prime Partner: *US Agency for International Development*
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Other Prevention Activities
Budget Code: *HVOP*
Program Area Code: 05
Activity ID: 5476
Planned Funds:
Activity Narrative: FY06. USAID will procure 7 million male latex condoms for targeted social marketing to high-risk groups and for distribution through program sites and partners for selected PLWHAs and discordant couples.

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful		☑
Number of individuals trained to promote HIV/AIDS prevention prevention through other behavior change beyond abstinence and/or being faithful		☑
Number of targeted condom service outlets		☑

Target Populations:

Commercial sex workers (Parent: Most at risk populations)

Most at risk populations

Discordant couples (Parent: Most at risk populations)

Mobile populations (Parent: Most at risk populations)

Partners/clients of CSW (Parent: *Most at risk populations*)

Coverage Areas:

National

Table 3.3.05: Activities by Funding Mechanism

Mechanism: SmartWorks
Prime Partner: Academy for Educational Development
USG Agency: Department of Labor
Funding Source: GAC (GHAI account)
Program Area: *Other Prevention Activities*
Budget Code: HVOP
Program Area Code: 05
Activity ID: 6383
Planned Funds:
Activity Narrative: This activity is related to "AB" activity no. 4684, above, which USG/Haiti began in FY05, building upon the successful US Department of Labor workplace intervention. The world of work is an ideal environment to reach large numbers of adults and out-of-school youth with HIV/AIDS/STI prevention interventions. Providing access at the workplace to HIV/AIDS/STI prevention information, as well as referrals to counseling and testing, prevention, care and treatment services is an efficient and cost-effective way to prevent infections and to identify large numbers of persons in need of multiple HIV/AIDS/STI services. In FY 06, this partner and its "tripartite" alliance of labor unions, private sector employers, and Haitian ministries of health, education, and labor will reach large numbers of Haitian employees with HIV/AIDS/STI risk elimination approaches emphasizing partner reduction, mutual monogamy and correct and consistent condom use to promote behavior change and other prevention strategies. Activities will target adult workers, predominantly male, with an emphasis with evidence based other prevention. For example, FY06 activities will include technical assistance to private sector enterprises to establish workplace HIV/AIDS/STI prevention policies and to translate those policies into other prevention programs for employees. The prime implementing partner and its sub-partners will conduct on-site workplace prevention education sessions for employees and management and train a cadre of peer prevention educators in each participating workplace. Other prevention behavior change communication messages and materials will be designed so as to target specific HIV/AIDS/STI prevention needs of segments of the workforce, depending on their occupations, ages, gender and other risk factors. A key component of the intervention will be to encourage workers and their partners to know their sero-status, and to increase their access to HIV/STI voluntary testing and counseling. For those testing positive or in need of STI treatment or treatment of opportunistic infections, referral mechanisms will be in place so that employees can easily go to sites where quality HIV/AIDS/STI care and treatment services are available, and reproductive health services may be accessed. It should be noted that all of these sites will offer HIV/AIDS counseling and testing on an "opt-out" basis. The prime-implementing partner has assembled a multi-sectoral group of implementing partners who will work together with unions, private sector industry, and the Haitian government to promote other prevention messages among adults in the workforce through peer prevention education and outreach. The Haitian Ministries of Health, Education and Labor are also major stakeholders involved with this project. Activities involving the Haitian educational sector will include implementation of a prevention program for educators, including teacher associations and unions. Building upon past successes in workplace prevention education in Haiti, the partner and its wide array of sub-partners will work in Port-au-Prince, Cap Haitian, La Gonave Island, and Cayes. An innovative and pragmatic aspect of this project is the outreach planned for towns near the border with the Dominican Republic, and the "bateyes" where Haitian workers affiliated with the sugar cane industry in the D.R. will be reached for HIV/AIDS/STI prevention activities. Approximately 300,000 Haitians work in the Dominican Republic in the "bateyes" or sugar cane industry shanty-towns. The "bateyes" are pockets of high HIV/AIDS prevalence in the Dominican Republic; most recent DHS and seroprevalence surveys have found that the HIV/AIDS prevalence rates in the "bateyes" are as much as eight times the Dominican national HIV prevalence rate of 1%. The "bateyes" epidemic resembles more an African-style generalized pattern than the concentrated epidemic found most commonly in Latin America and the Caribbean. Therefore, interventions to contain HIV infection within the "bateyes" and reduce further transmission into the general public are an important public health approach not only for the Dominican Republic, but also for Haiti, as the Haitians employed in the "bateyes" retain ties to and contact with their communities of origin in Haiti. The prime implementing partner will work with an NGO that specializes in providing public health and other relief

interventions to Haitians working in the "bateyes" in the Dominican Republic, including provision of HIV/AIDS care and treatment services to PLWHAs. The "be faithful and mutual monogamy" prevention education messages and voluntary counseling and testing services that the project will provide in FY 06 are anticipated to reach at least 5,000 Haitians living in the "bateyes" Through these activities, in FY 06 this project will reach a total of 15,000 workers with other prevention messages, promoting risk elimination through behavior change and knowing one's serostatus by seeking VCT services. The total represents good coverage across key industrial areas of the country, 6,000 workers in Port-au-Prince, 4,000 workers in Cap Haitian, 1,750 workers on La Gonaive Island, 1,750 workers in Cayes, and 1,500 Haitian sugar cane workers in the Dominican Republic. The prime implementing partner and its sub-partners will provide technical assistance to Haitian unions such as CTH, OGITH, and CATH to establish union-based prevention programs in all 10 Haitian departments. The labor unions with which the project will partner all have well-developed communications channels and can, therefore, rapidly and effectively communicate prevention education messages and materials to a broader audience of union members and officials outside of the capital city. In FY06 it is expected that this activity will reach 4,000 workers outside of Port-au-Prince: 750 union members in La Gonave Island, 2,000 in the South, and 1,250 in the North. As an overall output of this workplace intervention, 350 persons will be trained in behavior change communication and 24,000 persons will be reached with "other prevention" and BCC messages in FY 06.

Emphasis Areas	% Of Effort
Information, Education and Communication	10 - 50
Training	10 - 50
Workplace Programs	51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	15,000	☐
Number of individuals trained to promote HIV/AIDS prevention prevention through other behavior change beyond abstinence and/or being faithful	350	☐
Number of targeted condom service outlets		☑

Target Populations:

Business community/private sector

Factory workers (Parent: Business community/private sector)

Mobile populations (Parent: Most at risk populations)

Truck drivers (Parent: Mobile populations)

Migrants/migrant workers (Parent: Mobile populations)

Key Legislative Issues

Addressing male norms and behaviors

Coverage Areas

Nord

Nord-Est

Ouest

Sud

Table 3.3.06: Program Planning Overview

Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06

Total Planned Funding for Program Area:

Program Area Context:

BACKGROUND

About 250,000 people are HIV-infected in Haiti and need palliative care and support. Prior to the PEPFAR program, some organizations offered Palliative care and support as part of their HIV/AIDS services: GHESKIO and PIH integrated basic care and support services into their package; POZ and CARE focused on providing psycho-social support to patients and their families; CRS included HIV/AIDS patients in their food distribution program. As a result, support groups were initiated and few of them have since become PLWA organizations, albeit with limited activities due to lack of resources. Over the last three years, efforts have been made to reinforce the palliative care and support program with funds from the Global Fund.

Since the inception of PEPFAR in FY04, the USG has taken steps to build on these efforts and to further expand palliative care and support, with the objective of reaching 120,000 PLWA by the end of FY08. In FY05, the MSPP, in collaboration with PEPFAR and other partners, developed National Palliative and Home-Based Care Guidelines to facilitate and coordinate the growing efforts of many NGO and FBO networks seeking to expand their role in these critical services. Resources were allocated to provide a comprehensive package of OI drugs, LET kits, social support services and to expand PLWA support groups. To date, about 10,000 patients have received OI prevention and treatment, PLWA support groups have been expanded to several departments, a system for transportation costs for about 1000 patients to clinics has been put in place. In addition, a more comprehensive package of social support and home based care services have been provided through the PIH and NGO (Pignon) networks. But, the need to expand basic clinical care to more VCT/PMTCT peripheral sites not providing ARV, and to expand social services, (including nutrition, to ensure adherence to ARV treatment, still exists.

In FY06, the goal is to extend simple, yet effective strategies for instituting and expanding palliative care using the MSPP guidelines. The USG will continue to coordinate with the Global Fund. Resources will be allocated to strengthen 25 peripheral VCT/PMTCT sites, and to build referral networks between these and ARV sites. A basic package of care and services will be provided, targeting the most common clinical and social issues faced by PLWAs and their families, and leveraging other USG programs aiming towards providing more comprehensive services; prioritizing the involvement of PLWA networks in designing and implementing programs. The USG will continue procuring OI drugs and lab reagents.

The USG will also continue working with partner networks including: PIH, GHESKIO,CRS, MSH and others, in an effort to reach 30,000 individuals in departments they currently serve. Through the APS process, support will be offered to an additional 10,000 infected/affected individuals in other deparments, based on the four broad categories of essential services: clinical services, social services, psychological care and emotional/spiritual care. Delivery of services will be home, community and/or facility based and will be coordinated to ensure a comprehensive package based on the following strategies:

- Rapid scale-up of services around ART/VCT/PMTCT sites, linking these services to other clinical services, and build on community networks to include basic health care and support (including symptom and pain management, social and emotional support, and end-of-life care for PLWA). Packages will vary based on each individual's needs, and access to ARVs.
- Build capacity for long-term sustainability.
- Advance policy initiatives of HIV infected/affected individuals.
- Collect strategic information to monitor and evaluate progress and ensure compliance with PEPFAR policies and strategies. QA/QC for palliative care will be assured.
- Integrate initiatives that leverage existing USG Haiti investments.

Program Area Target:

Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	25
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	40,000
Number of individuals trained to provide HIV-related palliative care (including TB/HIV)	

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	AIDS Relief
Prime Partner:	Catholic Relief Services
USG Agency:	HHS/Health Resources Services Administration
Funding Source:	GAC (GHAI account)
Program Area:	Palliative Care: Basic health care and support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	4496
Planned Funds:	
Activity Narrative:	In FY06, the partner will provide services to 10,000 PLWA in FY06.

This activity is linked to activity: 4340 for the provision of ART drugs and clinical care and support; 3907 for data collection, reporting and stregthening of QA/QC;

Over the last two years, CRSC has received resources from PEPFAR track 1.0. With these resources CRSC has been building an important network of institutions offering HAART services integrated with palliative basic care. In FY04, they succesfully launched three sites. In FY05, the plan is underway with PEPFAR supplemental funding to launch 5 additional sites. CRSC used these resources to support ongoing service organization, reinforcement of human capacity, medical equipment, and supplies at the sites. So far, 1400 PLWA have received basic clinical care, and regular follow up throughout the CRSC network. This year, with the expansion to the 5 new sites, more PLWA will be enrolled in HIV clinical care.

The goal of this activity is to improve the quality of life of those infected/affected by HIV/AIDS by increasing the availability and accessibility of palliative care and support services. By improving the quality of new and existing services, this program will realize immediate impact for those that need care and support, and set the stage for behavior change and a more enabling environment.

Technical Approach:
Community mobilization and strategic behavioral communication activities will increase knowledge and awareness of HIV/AIDS, build linkages to HIV/AIDS program areas, and create demand for services. New sites, pilot projects, and expansion of existing sites will increase the availability of services to meet demands. Capacity building and QA systems will result in high-quality services. Well-linked components will create a continuum of care, offering comprehensive services that benefit from synergies between prevention, care, support, and treatment services. Strengthening referral networks and facilitating connections between community-based and institution-based services will improve coordination and access to other services, and will serve as entry points to care and treatment. The use of local resources, and leveraging other USG funded programs will be expanded.

Intended Results:
With 06 resources the CRSC network will increase the number of people on palliative clinical care within the objectives to target 10,000 new patients. The PEPFAR 06 resources will be used: to support human capacity building, OI drugs and lab supplies as well as to support social services through the following activities:
1) Increased availability and accessibility of Institutional and Community-Based Palliative Care Services.
2) Services will be expanded, and a foundation will be laid for national scale-up.
3) Increase the Use of Institutional Palliative Care Services
4) Community Mobilization/Outreach to Promote HIV/AIDS Prevention, Care, Support, and Treatment Services:
5) Improve the Quality of New and Existing Services by ensuring continued participation in Quality Assurance (QA/QC) Network:
6) Build Capacity of Partner Organizations and Institutions
7) Develop Palliative Care Systems at Institutional and Community Level:
8) Strengthen and Expand existing PLWA associations and support groups.
9) Strengthen Existing or Establish New Referral Systems in Each Department.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	51 - 100
Quality Assurance and Supportive Supervision	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	8	☐
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	10,000	☐

Target Populations:

People living with HIV/AIDS

Coverage Areas

Artibonite

Nord

Ouest

Sud

Nippes

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	HHS/GAC/Local
Prime Partner:	Promoteurs Objectif Zéro Sida (Promoteurs de l'Objectif Zéro Sida)
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	Palliative Care: Basic health care and support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	4497
Planned Funds:	
Activity Narrative:	FY06: Palliative care and support

This activity is linked to: 4353 for the provision of drugs and other palliative care commodities; 4387, 4341, or 5412 for ART support; 3849, 3850, 3851 and 3852 in support of training to personnel VCT/PMCTC sites.

Background:
The HIV/AIDS epidemic has a tremendous impact on the Haitian communities. There is an estimated 250,000 persons living with HIV/AIDS (PLWHA) and 18,000 orphans of whom very few have access to basic care and support services. In spite of major efforts supported by public and private groups to create and build up capacity of health staff and public awareness, strong stigma associated with the disease still exists and often leaves PLWA isolated from family and community support systems. In addition increased clinical expenses, combined with the inability to work places extreme economic burden on PLWHA and their families. The program proposes to reduce stigma and discrimination, and the spread of HIV/AIDS in five geographical areas of Haiti: the west, south, north-east and south-east and the North Districts. It will help to create and strengthen grassroots groups of PLWHA and peers leaders to become more self-supportive and therefore capable of adopting safe sexual behavior, thus contributing to the reduction of the current rate of HIV spread.

The program will provide direct palliative care to 2,000 PLWHAs and leverage care of an estimated 100,000 people through increased capacity of partner organizations. Activities will focus on the North, South, North East and south-East Departments.

The partner, and its allies, will also provide comprehensive support group service for the PLWA and their families. These services will allow clients to learn appropriate coping strategies in a supportive and safe environment. Empowerment with basic information regarding HIV/AIDS, leadership and principles of adherence training will also be taught during monthly support group meeting. This will be accomplished by contributing its owns expertise to developing, with others partners, a team of care managers that will provide a package of quality community care and support services to HIV infected and affected individuals referred by partner to VCT and treatment Centers. The team will work in pairs (one counselor and one facilitator PLWHA) to conduct the support group activities and provide the following service :
-A confidential and safe environment where both infected and affected individuals (15-20 people per support group) can unburden their emotional hardships, to share their ideas and learn from each other's experiences.
-Counseling by trained counselors (1 counselor per 5-10 group)
-Empowerment through education (i.e. What HIV/AIDS is, the value of good nutrition, etc)
-A psychological support network to foster a feeling of acceptance of self and others
-Home care by a trained nurse
-Referral network to leverage other health/nutritional programs/education programs.
-Guidance for managing their finances with regard to their own future and that of their children
-Skill building and income generating activities
-Getting social and economical emergency assistance and linkage to access for care, treatment of opportunistic infection, HAART.

The partner will network with other programs already providing the majority of training at the community, facility and national level on the reduction of stigma and discrimination against PLWHA. Training sessions will be based on existing modules of training for support personnel (i.e. janitors, drivers, administrative clerks, etc.), based

on basics of HIV transmission and prevention, stigma and discrimination, patient confidentiality, and issues relating to caring for caregivers (such as prevention of occupational exposure, PEP, stress and burnout). Listing of personnel to train will involve the responsible of each institution with the support of the Health district department.

The partner will strengthen collaboration with other partners working in area, and implement a social and community mobilization strategy which will include support to religious institutions, enabling them to play a greater role in the national response to HIV/AIDS. The Partner will also conduct sensitivity training on Stigma & Discrimination, and confidentiality to religious leaders.

Peer-led interventions will also be integrated to increase community awareness and acceptance of HIV/AIDS and PWLA. These interventions will contribute to increasing the quality of lives of PLWHA, and increase their capacity to live longer, which is well consistent with the objectives of PEPFAR.

The partner will reinforce linkages of PLWHA with micro-credit access managed by community based organizations. For example, in the West Department, PLWHA groups are very active in integrating PLWH in economical activities.

Specific Objectives:
Objective 1:
At least 2,000 PLWH and families resident in target geographical ocations will be supported.

Objective 2:
Train 150 PLWA in basic HIV/AIDS facts, leadership, HAART adherence and psychosocial support needs for PLWHA using existing modules.

Objective 3:
Facilitate at least 25 support groups PLWHA and affected families from across 5 sites to meet monthly in order to receive informational updates and share new strategies for patient support.

Objective 4:
Train 300 health and support staff at 44 VCT/PMTCT and ARV clinics on the basics of HIV transmission and prevention, stigma and discrimination, patient confidentiality, and issues relating to care for caregivers (such as prevention of occupational exposure, PEP, stress and burnout). The partner will use existing modules for training.

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Training	51 - 100

Targets

Target	**Target Value**	**Not Applicable**
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	5	☐
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	2,000	☐

Target Populations:

People living with HIV/AIDS

Caregivers (of OVC and PLWHAs)

Key Legislative Issues

Stigma and discrimination

Wrap Arounds

Coverage Areas

Nord

Nord-Est

Sud

Sud-Est

Table 3.3.06: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 4498
Planned Funds:
Activity Narrative: This activity will be linked to: 4353 for drugs and other commodities; 3932 for intergration of TB/HIV services; 3907 for data collection, reporting and strengthening of QA/QC.

FY06 Background:
For HIV-positive people, palliative care covers a continuum from diagnosis until death. Although a majority of HIV-positive people do not meet clinical criteria for antiretroviral treatment (ART), they nonetheless need basic health care, symptom management, social and emotional support, and compassionate end-of-life care. Current activities in Haiti do not effectively address the needs of HIV-positive individuals who are not yet eligible for ART or who need ART but live in areas where these services are not yet available.

Since the launch of PEPAR in Haiti, the USG has taken steps to wrap around HS-2007 child survival activities around the NGO network to implement VCT/PMTCT services that have been successfully implemented in at least 20 of these sites, including the 4 NGO sites: Grace Children Hospital, Beraca hospital, MARCH and CBP hospitals, which have since developed the capacity to offer ARV services inclusive of basic clinical care.

With 06 PEPFAR resources, the USG will make resources available through a partner that will be identified through the APS process to support palliative care services at these 4 NGO ARV sites and other peripheral NGO VCT/PMTCT sites to target about 7,000 patients. The USG will continue to wrap around existing resources available thru HS-2007 at these sites. These resources will support activities and address other factors that currently limit the effective delivery of services, including:
1) Linkages to wrap-around services, including nutritional support which is beneficial in HIV/AIDS case management, financial assistance, legal aid and housing issues.
2) training of health care personnel and community based workers.
3) The partner will develop a minimum package of palliative care services at all targeted sites.
4)Establish interdisciplinary teams at the community level to address physical and psychosocial support.
5) provide technical assistance and funding to ensure that this palliative care package is effectively delivered in at least all targeted VCT/PMTCT/ART sites and DOTS and surrounding communities.
6)ensure standard quality assurance/quality improvement assessment protocols to evaluate all aspects of palliative services - Provide technical and financial support to FBO partners and local churches.
7) Strengthening PLWHA involvement:

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	20	☐
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	7,000	☐

Target Populations:

People living with HIV/AIDS

Key Legislative Issues

Wrap Arounds

Coverage Areas:

National

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	PIH
Prime Partner:	Partners in Health
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	Palliative Care: Basic health care and support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	4501
Planned Funds:	
Activity Narrative:	FY06: Palliative care

This activity is linked to activity 4389 for ART support services, and care; 3907 for data collection, reporting, and QA/QC strengthening.

Background:
Since last year, USG has taken steps to support an integrated package of ARV/Palliative care services through the PIH network institutions building on support provided by the Global funds. Through this effort, about 6,000 PLWA, not eligible for ARV received basic palliative care and OI treatment and prevention through 8 institutions that were reinforced with a package of clinical and community personnel, basic medical supplies, lab equipment and supplies. Drugs and supplies were provided with resources from Global funds. Among these 8 institutions, 3 were newly launched this year with PEPFAR 05 resources. In addition, all the PLWAs enrolled in the PIH network, as well as their families have received a package of social support services including transportation fees to come to come to the clinic, school fees for children etc.

With 06 PEPFAR resources, the USG will continue to support the same integrated package of palliative basic care, social support services and ARV through the PIH network within the objective to provide basic clinical care to about 10,000 patients (see ARV component and OVC). More emphasis will be on reinforcing St Marc Hospital in the Artibonite, one of the three new site launched this year. PEPFAR resources will complement Global Fund resources to strengthen human resources, medical and lab equipment. Global Fund resources will be used to provide drugs and lab supplies.
Specific assistance will be in training of 600 health workers in the provision of clinical and supportive health care to PLWHAs who are not hospitalized. The critical HIV/AIDS psychosocial health worker shortage will be addressed by providing university psychology and sociology students with field placements (internships) to provide hands-on expertise while providing services.

The partner will provide palliative care to PLWHAs, including psychosocial support and advice on legal protection for PLWHAs, OVCs and their families based on the following objectives:
a. Health workers will be trained in providing palliative clinical services to patients who are not hospitalized and are cared for at home.
b. The pool of trained mental health professionals will be increased and trained to provide psychosocial services in for caring for PLWHAs and OVCs.
c. Community and religious leaders will be trained in advising PLWHA on protecting their property and care of their children after they die.
d. Caregivers will be trained and be better prepared to provide physical and emotional support to PLWHAs at home.

Services provided will augment ART/VCT/PMTCT services currently available in that department by providing for physical, nutritional, psychosocial and spiritual support to PLWHAs, and by leveraging other resources (nutrition, education, other health programs) being funded by the USG or other donor agencies.

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

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	8	☐
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	10,000	☐

Target Populations:

People living with HIV/AIDS

Caregivers (of OVC and PLWHAs)

Widows/widowers

Key Legislative Issues

Twinning

Coverage Areas

Artibonite

Nord

Table 3.3.06: Activities by Funding Mechanism

Mechanism: HHS/GAC/HQ
Prime Partner: To Be Determined
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 4628
Planned Funds:
Activity Narrative: FY 05 activties:

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 groupr through this partner.

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	4	☐
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	1,000	☐

Target Populations:

Orphans and vulnerable children

People living with HIV/AIDS

Coverage Areas

Grand-Anse

Nord

Sud

Sud-Est

Table 3.3.06: Activities by Funding Mechanism

Mechanism: USAID/GAC/HQ
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 4650
Planned Funds:
Activity Narrative: FY05 activities:

Support to PLWHA and their families is a critical element of any comprehensive HIV/AIDS plan, including the provision of 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 is being addressed to ultimately decrease HIV transmission and to improve the quality of life for PLWHA and PAHA, particularly in conjunction with growing availability of ART. One way the partner is doing this is through the formation of post-test clubs at VCT sites, in which both those who test negative and those who test positive work together 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's responsibilities include: (i) creating and updating inventory of existing autonomous PLWA associations and sites that organize support for PLWA outside the POZ network (ii) Providing brief description of their current activities (iii) providing them with 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.

This program also serves as a small grants manager providing grants to PLWHA asociations, CBOs and FBOs who apply for small grants for fund HIV/AIDS awareness and educational activities as well as, income generation activities for PLWHA.

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	20	☐
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	10,000	☐

Target Populations:

Faith-based organizations

HIV/AIDS-affected families

Non-governmental organizations/private voluntary organizations

People living with HIV/AIDS

Key Legislative Issues

Stigma and discrimination

Coverage Areas:

National

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	The Partnership for Supply Chain Management
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHAI account)
Program Area:	*Palliative Care: Basic health care and support*
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	5471
Planned Funds:	
Activity Narrative:	FY06. The newly awarded SCMS contract consortium will procure drugs for the treatment of opportunistic infections for 20,000 patients, including ARV patients. The drugs will allow more comprehensive care to patients enrolled for ART and to PLWHAs around those ART sites not yet eligible for ARVs. Sites not providing ART will be assigned second priority in distribution of OI drugs until sufficient stocks are available in-country to cover all direct PEPFAR partner sites. Clinical care will include prophylaxis with INH and cotrimoxazole, as well as multivitamins for all targeted PLWHAs, and treatment for OIs such as PCP, Toxoplasmosis, Cryptococcal infections, and candidiasis. Specific treatment guidelines for these infections will be updated and provided to clinicians where OI drugs are distributed to ensure standard prescriptive practices and quality of care. SCMS will follow applicable USG procurement guidelines for pharmaceuticals and importation requirements for Haiti. Drugs will be procured through competitive international tenders to identify the lowest available prices for approved sources, and taking advantage of any preferential pricing arrangements for Haiti, the Caribbean Region, or other collective consumers.

Emphasis Areas	**% Of Effort**
Commodity Procurement	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (*excluding TB/HIV*)		☑
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	20,000	☐

Target Populations:

People living with HIV/AIDS

Coverage Areas:

National

Table 3.3.06: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Ministre de la Sante Publique et Population, Haiti
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 5472
Planned Funds: [redacted]
Activity Narrative: This activity is linked to activity box 3851 for referral of HIV+ women, 5412 for ART services, 5471 for OI drugs, and 5848 for transportation reimbursment.

About 60 VCT/PMTCT sites have been implemented throughout the country. It is anticipated that this number will increase to 70 this year. 21 have been already capacitated to provide integrated clinical care and ARV services. By the end of next year, 31 VCT/PMTCT sites will offer ARV services. Outside of the network of ARV sites, resources are lacking to provide clinical palliative care services at the VCT/PMTCT peripheral sites. There is no referral system between these sites and the ARV sites. About twenty five of them (10 public and 15 NGOs) have been able to diagnose between 100 and 200 PLWAs, but a much larger under-served PLWHA population remains. Given the large number of people they are serving, there is a high potential to identify three times more PLWAs at more sites. However, these sites have limited capacity to provide basic palliative care. The USG will channel COP06 resources thru MOH to strengthen the capacity of the 10 peripheral VCT/PMTCT public sites to deliver a basic package of palliative care and support to about 3,500 PLWAs at the average cost of [redacted] per patient per year. The resources will be used to hire community workers that are absolutely lacking at these sites, to train staff regarding clinical care and to provide basic medical and lab supplies.

In addition, the USG made provision to launch this year ARV services at the largest University teaching hospital (HUEH) channeling resources for service organization of services thru MOH. Actually there is a strong leadership from the hospital staff and MOH to implement this activity. Next year, along with resources for ARV services, the USG will provide resources thru MOH to cover basic palliative care and support services for about 1500 patients at HUEH to ensure continuity of care and to maintain patient adherence to ARV treatment. The resources will cover a package of human resources including social workers, community workers and will cover minimal social services for the patients and their families.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	10	☐
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	5,000	☐

Target Populations:

People living with HIV/AIDS

Coverage Areas:

National

Table 3.3.06: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 5848
Planned Funds: [redacted]
Activity Narrative: This activitie is linked to activity boxes 5472 and 5849 for support of PLWHA seeking care and activity boxes 4387 and 5412 for PLWHA recieving ART.

Adherence is one of the major components of the treatment program in Haiti. In the GHESKIO model of care and treatment, they provide a stipend to patients to cover their transportation costs to attend the clinic. Given the low socio-economic status of most of the PLWAs, this strategy has been proven to have a positive impact on patient attendance to clinic and consequently in their adherence to treatment. Based on the GHESKIO model, the USG started last year to expand this strategy to more treatment sites. This stipend will allow not only the patient to attend visits at the clinic and but also to participate in support group meetings. With FY05 PEPFAR resources, the USG put in place a mechanism to cover the transportation costs for 1000 ARV patients at 5 public sites. This year the USG will expand this strategy to cover 6000 patients at an average of [redacted] per patient per year. The implementing partner will be responsible to continue the transportation support to the same 5 public sites, and expand this coverage to the NGO ARV sites supported by PEPFAR through MSH. The partner for this activity will build upon the administrative system (i.e. reimbursement protocols, audit procedures and schedules etc.) developed in FY05 at the public sites.

Emphasis Areas	% Of Effort
Logistics	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	12	☐
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	6,000	☐

Target Populations:

People living with HIV/AIDS

Coverage Areas:

National

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	HS2007
Prime Partner:	Management Sciences for Health
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHAI account)
Program Area:	Palliative Care: Basic health care and support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	5849
Planned Funds:	
Activity Narrative:	This activity will be linked to 3907 for data collection, reporting, and strenghening QA/QC; 3850 PMTCT activities; 4387 and 4357 for drugs, commodities, and clinical care and support activities, 3932 for intergration of TB/HIV services. PEPFAR will upgrade clinic-based and community outreach worker skills in counseling, adherence monitoring and clinical palliative care, to promote de-medicalization of these critical services and expand to a larger number of affected and under-served PLWHA around 20 existing VCT/MTCT sites within the MSH NGO network. The program will develop more of a "masse critique" of human resources to ensure that, no matter the initial service sought, the patient can access HIV services in a more integrated way; help establish mini-networks within these institutions catchment's areas to increase uptake and establish effective linkages and referrals/counter-referrals between community programs, VCT/PMTCT sites and these ART sites. The program will recruit additional outreach and clinical staff for these sites to bring more patients, and to accommodate increased patient load, and implement a strengthened quality assurance and control program with all 20 sites. COP0-6 funds will also increase the number of support groups and post-test clubs around these sites, facilitate recruitment and training as counselors and "agents de terrain" of willing PLWHA identified in the sites local groups. This will be implemented through a new and innovative performance-based funding strategy for operational and other costs associated with these sites. COP06 funds will support targeted and adapted media campaigns around the available services as well as more aggressive BCC/CM interventions, and capitalize on relationships already established with Food for the Poor and World Food Program and (with USAID support) bring in the Title II partners to build complementarity between this program and available food interventions. This year the network will launch the "Mutuelle de Solidarite" income generation program already detailed in HS-2007 strategy with at least one PWLHA group per site. These activities will be strengthened by an inventory all religious organizations and churches in the catchment's areas and support these to develop partnerships with the sites and promote their involvement in activities, and an assigned dedicated focal point advisor to each site, to establish a cross-fertilization program to promote exchange of information and learning.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Logistics	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	20	☐
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)		☑

Target Populations:

People living with HIV/AIDS

Coverage Areas:

National

Table 3.3.07: Program Planning Overview

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

Total Planned Funding for Program Area:

Program Area Context:

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%. Over the last 2 decades, the Ministry of Health (MOH) has been successful in implementing a national TB program. Six years ago, the MOH adopted the DOTS strategy which substantially improved the quality of TB treatment services; A network of 200 TB/DOTS clinics have been succesfully implemented nationwide. In FY05, about 10,000 TB patients had access to treatment through this network. About 30% of the TB/DOTS clinics are located in sites offering HIV C/T and care services making the integration of TB/HIV services easier.

Since 2001, USAID has been the major donor of the TB program, channeling resources through International Child Care (ICC) and Centres pour le Developpement et la Sante (CDS) as MSH subcontractors, and through CARE. These organizations worked closely with the MOH departmental directorates to strengthen and expand TB/ DOTS clinics mainly through human capacity building, direct supervision for QA/QC, and supply of drugs for treatment. ICC provided support to 5 health departments, CDS to one health department and CARE to the remaining 4 departments. Recently, the Global Fund provided the TB program with additional resources to strengthen coordination, diagnostic capacity and further expansion of the DOTS clinics.

Over the last two years, emphasis has been placed on HIV/TB service integration. In FY05, the USG allocated resources to support the integration of HIV Counseling and Testing (C/T) services and HIV basic palliative care at 100 TB/DOTS clinics. Funds were also allocated for prevention and screening for TB in PLWHA at the sites providing HIV testing and care services with the objective of providing 20,000 PLWHA with integrated TB/HIV care. These resources were channeled through ICC for training, supervision, medical and lab supplies. Unfortunately, late disbursement of FY 05 funds resulted in the shortage of commodities (such as HIV testing supplies and INH for prophylaxis) at the TB clinics, hindering scale-up of activities. To date, training is ongoing for 25 TB clinics, and screening for TB and distribution of INH for prophylaxis are available at most of the ARV sites. Funding for screening and treatment of HIV+ individuals is covered under treatment for OI infection in the Basic Palliative Care Section. About 900 PLWHA are receiving TB/HIV integrated services. We anticipate that substantial progress will be made towards meeting the objectives of the program once adequate resources are available at the TB and HIV sites.

With PEPFAR FY 06 resources, the USG plans to build upon existing efforts to strengthen TB/HIV integrated services at sites identified in FY05. These services will be carried out in coordination with support from Global Fund and other USAID funded partners, including the MOH, MSH, ICC, CDS, CARE and GHESKIO. PEPFAR resources will be used to continue supporting training in HIV testing and care, QA/QC, HIV surveillance at the TB/DOTS sites, and provision of lab supplies for TB diagnosis at the VCT/PMTCT/ARV sites, whereas, other funds will support activities focusing on DOTS expansion, coordination of TB/DOTs activities,and TB drug supply. Provision to purchase INH will be made with palliative care program resources. PPD tests and HIV Rapid test kits will be purchased under the lab procurement program. The main partners for this program will be ICC, CDS, CARE, MSH and CDC.

Program Area Target:

Number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting	105
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed) according to national or international standards	100
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	2,579
Number of HIV-infected clients given TB preventive therapy	10,000

Table 3.3.07: Activities by Funding Mechanism

Mechanism: HS2007
Prime Partner: Management Sciences for Health
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 3932
Planned Funds:
Activity Narrative: FY06: CDS is working in the North-East department for the control of Tuberculosis, implementing the DOTS strategy as well as supporting DOTS/VCT centers. CDS implements these activities in conjunction with other primary health care and community services in the department, and in close collaboration with the MOH Departmental Directorate. This department is close to the Dominican border and receives an important flux of migrants from the Dominican Republic at higher risk of TB and other infectious diseases. Additional effort is needed to strengthen TB/HIV integration in the zone. For FY06, CDS will be required to expand 5 TB/HIV clinics and train 20 health service providers' personnel in HIV testing and care, using the MSPP national reference lab network. MSH is already funding CDS for ongoing TB activities under the National TB Program.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting	6	☐
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed) according to national or international standards	15	☐
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	100	☐
Number of HIV-infected clients given TB preventive therapy	400	☐

Target Populations:

People living with HIV/AIDS

TB clients

Key Legislative Issues

Other

Coverage Areas

Nord-Est

Table 3.3.07: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	CARE USA
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHAI account)
Program Area:	Palliative Care: TB/HIV
Budget Code:	HVTB
Program Area Code:	07
Activity ID:	3933
Planned Funds:	
Activity Narrative:	FY06:

CARE has been one of the leading PVOs providing support to strengthen and expand the DOTS strategy in 4 departments (Grande Anse, Nippes, Artibonite and North West), using both USAID central funds and PEPFAR resources. Remarkable gains were made in the Grande Anse Department and the Nippes where all TB health centers have adopted the DOTS strategy, but services need to be greatly expanded in the Artibonite, the 2nd most populated department after the West, and in the North West which is among the poorest. With USAID and Global funds resources CARE will continue to strengthen and expand the DOTS strategy in those 4 departments.

In FY 06, CARE using PEPFAR funds, will support the following activities:
1) Integration of all DOTS clinics in the Grande Anse and Nippes with HIV C/T and referral of all positive patients to ART sites for further care and treatment (30 clinics).

2) Increase the number of DOTS clinics in Artibonite and North West and integrate 10 more clinics in TB/HIV .

3) 30 health professionals from CARE will be trained in HIV testing and care at the MSPP National Reference Lab.

4) Assure supervision and QA/QC through mobile teams coordinating and intergrating with existing capacity already in place for the TB program with through funding from the Global Fund and USAID.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	51 - 100
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	*Target Value*	*Not Applicable*
Number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting	40	☐
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed) according to national or international standards	30	☐
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	350	☐
Number of HIV-infected clients given TB preventive therapy	300	☐

Target Populations:

People living with HIV/AIDS

TB clients

Coverage Areas

Artibonite

Grand-Anse

Nord-Ouest

Nippes

Table 3.3.07: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: International Child Care
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 5301
Planned Funds:
Activity Narrative: Background:

The 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 covers 6 of the 10 geographical departments which comprises 72% of the network in terms of facilities and number of patients enrolled. In addition, the ICC has created mechanisms to financially support the PNLT (Programme National de Lutte contre la Tuberculose) in its role as the MOH's coordinating body for TB, and has provided assistance for national surveillance and monitoring of the TB program.

Organizational Capacity Development:

In FY05 funds were 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 (ii) reinforce capacity of ICC, the national lab and the departmental directorate to perform supervision and quality control (iii) integrate surveillance of HIV/TB in the TB surveillance system and create linkages with the HIV surveillance system. (iv) integrate HIV testing and HIV care and treatment in a network of 50 TB/DOTS clinics

In FY06, ICC will provide support for reinforcing a health surveillance system throughout the network of 50 TB/DOTS clinics with TB/HIV integrated services. This will require revision of the TB data base, input of new variables for TB and HIV components, training of health personnel (statisticians), production of new material, registry and data quality assessment. Activities at all these 50 TB/DOTS clinics will be continuously reinforced in order to provide proper HIV screening to all TB patients and care and treatment for TB patients infected with HIV. ICC will use the National Reference Laboratory facility to train about 50 health professionals in HIV C/T in order to ensure delivery of quality services to patients at all sites in their network sites. ICC will work with the MOH to perform supervision and QA/QC through mobile teams integrating with the activities already put in place for the TB program with existing resources from Global funds and USAID. This activity will increase the supervision capability and assure a better outcome of the program.

Emphasis Areas	% Of Effort
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting	50	☐
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed) according to national or international standards	70	☐
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	2,219	☐
Number of HIV-infected clients given TB preventive therapy	10,000	☐

Target Populations:

People living with HIV/AIDS

TB clients

Key Legislative Issues

Wrap Arounds

Other

Coverage Areas:

National

Table 3.3.08: Program Planning Overview

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

Total Planned Funding for Program Area:

Program Area Context:

The estimated number of orphans for 2005, based on the 2000 DHS forecast, is 400,000. A situational assessment conducted, also in the year 2005, gave an estimate of 200,000 orphans but was unable to determine what proportion of these orphans, single or double, were due to HIV/AIDS related deaths. The overall HIV/AIDS prevalence rate in Haiti is 3.2%; it appears to have decreased over the past five years. One of the likely reasons contributing to this decrease is the increase in the number of deaths due to HIV/AIDS related illnesses, resulting in the steadily increasing numbers of orphaned and vulnerable children (OVC).

OVC funding has mainly targeted supporting and strengthening existing orphanages. However, there is need to reorient the OVC program towards a community based approach that ensures OVC access to education, food, and other support services, and considers ways to support host families, enabling them to care for an orphan or vulnerable child. Birth registration and gender issues are other issues to be addressed so that OVC may have access to properties and goods left by parents.

In FY 05, Track 1 partners (CRS and World Concern) activities have targeted 8162 OVC to be reached by the end of FY05. CRS activities have provided HIV/AIDS education, human rights and civic education, vocational training and psychosocial support to 3662 OVCs in the West, South East, South and Grande Anse Departments. They have also leveraged support for food through USAID Title II program. More than 100 safety net institutions have been involved.

World Concern consortium activities include: teaching basic health and hygiene for families hosting OVC, provide psychological support, income generation skills, agricultural and livestock care. They will support 4,500 OVC in 6 Departments (South, South East, North, Artibonite, Center and West). Other activities are support for elderly caregivers, advocacy for protection of property and assistance to families affected by HIV/AIDS, linking children and families to available essential health and social services, and raising community awarness about the need to create appropriate environments for OVC.

In addition, FHI is working toward strengthening the Ministry of Social Welfare, the leading governmental agency responsible for OVC. CARE, World Vision and Save the Children focus their activities on food support for OVCs using Title II funds.

In FY06,the goal is to have OVC interventions in all 10 Departments, ensuring that all interventions will be well coordinated. OVC, and potential foster parents, will be identified through churches, local community organizations, and PLWA associations. Linkages to VCT, PMTCT and ART sites will identify children who are vulnerable because of HIV infection in one or both parents, as well as those who are positive themselves, referring them for ART care.

OVC programs will coordinate with other programs that provide food, health care, and education, including Child Survival activities funded through USAID in an effort to ensure that OVCs receive adequate care and support, including safe feeding, nutrition and immunization. Prevention activities will be offered to adolescent OVCs. Coordination between FBOs and NGOs through regular meetings and mapping exercises will continue to identify gaps and missing links.

Gender issues will be addressed by increasing equal opportunities for educational and vocational activities for young girls, encouraging them to meet their own needs. Street children and "restavek" (child servants) will be considered, and linkages formed with other agencies that have already shown interest in support of those children, and in lobbying for laws that will enforce those rights including the situation of HIV testing for OVCs, which in Haiti is a legal issue.

Program Area Target:

Number of OVC served by OVC programs	30,000
Number of providers/caretakers trained in caring for OVC	3,000

Table 3.3.08: Activities by Funding Mechanism

Mechanism: USAID/GAC/HQ
Prime Partner: Catholic Relief Services
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 4451
Planned Funds:
Activity Narrative: *FY05 ongoing activities: OVCs are currently supported primarily through institutions* such as orphanages and the clinical services provided in their clinical points of service. 800 OVC will receive care through networks of community-based programs by NGOs in the Artibonite and Nippes. This activity will expand and scale-up services and address these overall objectives for OVC:
1) Improve services to OVCs, including addressing psycho-social needs, human rights protection and legal and economic support after a parent dies;
2) Improve OVC access to health services;
3) Improve communities capacity for addressing needs of OVC and foster families;
4) Improve care for OVC in institutions and linking institutions with communities.

At least 800 OVC, ages 8-18, will participate in life skills training with staff experienced in helping OVC to express their feelings, bereavement counseling, restoring self-esteem, developing appropriate interpersonal and coping skills. Community leaders will be trained in legal issues for planning care for children of PLWHAs *if the parents die in the entire project area.*

Nutritional care will be provided to OVC through referral to Title II food programs. The program will assure OVC are enrolled in Primary Health Care and IMCI services in the MCHN clinics in their area. Communities, care-givers, animators, health service providers, directors and school teachers, *community volunteers from a volunteer* network, PLWHA support groups FBOs, CBOs and NGOs will be trained. OVC in institutions will be improved and institutions will be linked with communities by increasing linkages between Title II food resources and institutions, identifying HIV+ children and referring them to ART and palliative care services, encouraging more *community and foster care, helping to assure educational needs to institutionalize* orphans are met.

FBO associations will implement this new HIV/AIDS strategic plan through support capacity building for priests, members of Catholic religious orders and program *managers in the care and support of OVC. These networks will receive* capacity-building to implement OVC activities. This will establish formal linkage between the PEPFAR program and the church humanitarian programs in this area. This support will begin by training caregivers in institutions.

In FY05 CSR is providing 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 is also being provided to Admin. Staff and Caregivers in care, human rights of children, HIV risk reduction and stigma reduction.

Emphasis Areas	% Of Effort
Linkages with Other Sectors and Initiatives	51 - 100
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	800	☐
Number of providers/caretakers trained in caring for OVC	310	☐

Target Populations:

Orphans and vulnerable children

Key Legislative Issues

Wrap Arounds

Food

Coverage Areas

Artibonite

Nippes

Table 3.3.08: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 4452
Planned Funds:
Activity Narrative: FY06: Social support to OVC

This activity is linked to the following activities: 3932, 3933, or 5298 for TB/HIV services, to 3851 and 3852 for VCT/PMTCT services; and 4351 and 4387 or 4412 for ART drugs and services, respectively.

In Haiti it is estimated that there are 200,000 orphans and vulnerable children (OVC) who are living mostly concentrated around the capital, Port-au-Prince, and face a high risk of getting infected with HIV. In addition, many children in the countryside do not have access to education, food and health services. The program will provide services to meet the basic needs of some of these children. However, because of the high demand for this type of assistance, the partner, together with representatives from the Social Ministry, churches and other local leaders, will increase the number of children in their current programs. The partner will also identify street children to provide them with the opportunity to access services and protect them against HIV/AIDS.

This OVC intervention is a community based approach, looking at working with CBOs,local leaders, FBOs, CBOs and PLWHA and VCT/PMTCT/HAART sites in the West and North depatments. This program will look at providing OVCs in the countryside with access to education, food and health services. Care and avoidance of stigmatization of those children and their families will be emphasized since this is still a sensitive issue. This program will implement income generation activities as well as household economic capacity which are already ongoing through COP 05 activities, but certainly need to be expanded.

Activities will also aim at linking children, and their families, with essential health and social services and to wrap around VCT/PMTCT/ART centers as a clearly defined goal for COP 06. Education of care givers as well as children on community health issues (potable water, sanitation, hygiene and de worming of all OVC and caregivers) will also be considered and represent a well integrated approach of a package of care in line with COP 06 objectives.

A network of social and community health service providers will work at the VCT/PMTCT/HAART sites, particularly the external clinics, the maternity, pediatrics and internal medicine wards. They will establish contacts with patients and all those that are positive, and will seek their support in tracking OVC they know or that live within their community. Once identified, these children and adolescents will benefit from the same package of services, described above. Those that are HIV positive will be referred for pediatric HIV/AIDS care.

Home visits, mobile clinics, advocacy for fostering and/or adoption will be conducted. Food will be also provided to OVCs. At community level, the community health workers with the support of community leaders, PLWA associations, and the HIV positive people they met at the VCT/PMTFCT/HAART sites will actively seek for relatives or potential foster parents who will be willing to adopt the OVCs. The following incentives will be made available to the foster parents and their families including the adopted OVCs:

- food rations for the entire family
- school fees for the adopted child
- education in prevention of illnesses
- training in basic business skills that will precede
- support to income generation and cost avoidance activities.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	4,500	☐
Number of providers/caretakers trained in caring for OVC	760	☐

Target Populations:

Orphans and vulnerable children

Caregivers (of OVC and PLWHAs)

Key Legislative Issues

Volunteers

Stigma and discrimination

Wrap Arounds

Food

Microfinance/Microcredit

Education

Coverage Areas

Nord

Ouest

Table 3.3.08: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 4485
Planned Funds:
Activity Narrative: FY06 Objective: Reduce OVC's vulnerability to HIV/AIDS

This activity is linked to the following activities: 3932, 3933, *or* 5298 *for* TB/HIV services; to 3851 and 3852 for VCT/PMTCT; and 4351 and 5412 for ARV drugs and services respectively.

Through this activity the partner will produce an OVC HIV/AIDS prevention package to support comprehensive care and assistance to 800 OVCs through a variety of activities. It will be adapted from models from other countries and current OVC programs in Haiti. This NGO will target mainly street children and young domestic girls (restavek) addressing the issue of vulnerable children and gender issues. The increase in the number of street children mostly in Port-au-Prince is a growing concern. Young girls (children and adolescents) working as servants is a culturally rooted tradition in Haiti. Both these social phenomenon are greatly linked to poverty. Unfortunately, these groups are at great risk of sexual abuse and being exposed to HIV/AIDS, STIs.

The intervention is community based, relying on churches and youth groups such as Scouts and peer organizations. It will provide care and support for kids living and working in the streets. Community leaders (churches) well known in the community will look for potential foster parents for those street children . In Haiti it is traditionally recognized that close relatives (uncle, aunt) take care of orphans or neglected children. Those potential foster parents would be trained in income generation activities. For 06, PEPFAR funds will be directed toward community based interventions rather than institutionalized care (orphanages).
Income generation and vocational training are included into those activities. Referral systems to service delivery programs such as health care and foster care are also included. This is critical because of the fact that those groups have traditionally been kept out of the health system.

This NGO will produce educational materials for OVCs, service delivery providers and community care providers. It will also work with church leaders and assist FBOs to provide care and support for OVCs and develop a national action plan to reach them. Steps are already taken in COP 05 to strengthen the Ministry of Social Welfare which is primarily responsible for OVCs in Haiti. 11 workers from this Ministry (Institute for Family Well-being and Research: IBESR) have recently been trained by FHI on the rights of OVCs .

In FY 06, this program will assist the Ministry of Health to be involved in the OVC strategy in an effort to ensure the continuous involvement of governmental agencies in reducing OVC vulnerability to HIV/AIDS, as well as the augmentation of a group of stakeholders in OVCs already in progress since FY 05.

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

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	800	☐
Number of providers/caretakers trained in caring for OVC	760	☐

Target Populations:

Orphans and vulnerable children

People living with HIV/AIDS

Caregivers (of OVC and PLWHAs)

Key Legislative Issues

Volunteers

Stigma and discrimination

Wrap Arounds

Food

Microfinance/Microcredit

Education

Coverage Areas

Ouest

Nord

Table 3.3.08: Activities by Funding Mechanism

Mechanism: USAID/GAC/HQ
Prime Partner: World Vision International
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 4619
Planned Funds:
Activity Narrative: FY05 Ongoing activities:

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 expanded its existing program of assistance to OVCs in communities where it is operating and also in other communities. World Vision continues to provide linkages to Title II food distribution.

Emphasis Areas	% Of Effort
Linkages with Other Sectors and Initiatives	51 - 100

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	300	☐
Number of providers/caretakers trained in caring for OVC	5	☐

Target Populations:

Orphans and vulnerable children

Program managers

Key Legislative Issues

Wrap Arounds

Food

Education

Coverage Areas

Centre

Table 3.3.08: Activities by Funding Mechanism

Mechanism: USAID/GAC/HQ
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 4647
Planned Funds:
Activity Narrative: FY 05 ongoing activities:

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 begun training for Institute staff. However, funding was short, and the parameters of the changes required were broad.

At the same time, those running orphanages either for social service purposes or for profit, were largely untrained, and ill-prepared to provide psycho-social, health or even education services to their wards. CRS under Track 1.0 is still 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 service, 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 is providing 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, is involved with child placement and management and provision of orphan care. In a second phase, FHI isl working 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 developed and disseminated 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 has been 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.

Emphasis Areas	% Of Effort
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	1,000	☐
Number of providers/caretakers trained in caring for OVC	500	☐

Target Populations:

Community leaders
Community-based organizations
Faith-based organizations
Traditional healers (Parent: Public health care workers)
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
People living with HIV/AIDS

Key Legislative Issues

Stigma and discrimination

Coverage Areas:

National

Table 3.3.08: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: CARE USA
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 4655
Planned Funds:
Activity Narrative: FY05 ongoing activities:

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

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

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	1,000	☐
Number of providers/caretakers trained in caring for OVC	20	☐

Target Populations:
Orphans and vulnerable children
People living with HIV/AIDS
Volunteers

Key Legislative Issues

Wrap Arounds

Food

Coverage Areas

Grand-Anse

Nord-Ouest

Table 3.3.08: Activities by Funding Mechanism

Mechanism:	USAID/GAC/HQ
Prime Partner:	Pact, Inc.
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHAI account)
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	4656
Planned Funds:	
Activity Narrative:	FY05 ongoing activities:

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/HHF/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, a n 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

Emphasis Areas	**% Of Effort**
Linkages with Other Sectors and Initiatives	51 - 100
Logistics	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of OVC served by OVC programs	7,500	☐
Number of providers/caretakers trained in caring for OVC	750	☐

Target Populations:

Orphans and vulnerable children

Key Legislative Issues

Wrap Arounds

Food

Education

Coverage Areas:

National

Table 3.3.08: Activities by Funding Mechanism

Mechanism:	USAID/GAC/Local
Prime Partner:	Save the Children US
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHAI account)
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	4674
Planned Funds:	
Activity Narrative:	FY05 ongoing activities:

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.

Emphasis Areas	**% Of Effort**
Linkages with Other Sectors and Initiatives	51 - 100

Targets

Target	**Target Value**	**Not Applicable**
Number of OVC served by OVC programs	500	☐
Number of providers/caretakers trained in caring for OVC		☑

Target Populations:

Orphans and vulnerable children

Program managers

Key Legislative Issues

Wrap Arounds

Food

Education

Coverage Areas

Centre

Ouest

Table 3.3.08: Activities by Funding Mechanism

Mechanism:	LINKAGES
Prime Partner:	Academy for Educational Development
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHAI account)
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	5147
Planned Funds:	
Activity Narrative:	FY06:

AED will link activities 3851 and 3850 by providing training and 3852 to coordinate and synchronize training schedules. In FY 06 AED/LINKAGES will provide training to health care professionals from PMTCT sites to promote infant and young child feeding (IYCF) in the context of prevention of Mother-To-Child Transmission (MTCT) of HIV based on the informed choice model and the global IYCF Strategy. They will train health care providers and counselors in the provision of optimal PMTCT services (focusing namely on the post-natal transmission of HIV). Training will also be provided to health care workers onoptimal nutrition counseling of women and children in PMTCT programs with a particular emphasis on the interactions between ARV drugs and nutrition. These activities should build on training activities that partner institutions have already started or are are implementing in the field of MTCT, such as the current ACCESS initiative partnership between AED and JHPIEGO as well as others. Nursing staff, social workers and community health workers will be trained in best infant practices. Etsimated number of people to train: 130

Emphasis Areas	**% Of Effort**
Training	51 - 100
Human Resources	10 - 50
Information, Education and Communication	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of OVC served by OVC programs		☑
Number of providers/caretakers trained in caring for OVC	130	☐

Target Populations:

Public health care workers

Private health care workers

Key Legislative Issues

Food

Coverage Areas:

National

Table 3.3.08: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 5411
Planned Funds:
Activity Narrative: FY06: Social support to OVC

This activity is linked to the following activities: 3932, 3933, or 5298 for TB/HIV services, to 3851 and 3852 for VCT/PMTCT services; 4353, and 4387 or 5412 for ART services and drugs.

This OVC intervention has the distinct particularity of happening in geographical areas that have been completely neglected for many years. The island of La Gonave is one of the poorest regions of the country. With the planned implementation of DOTS/TB centers on the island, an OVC program looking for linkages with PLWHA associations and VCT/PMTCT/HAART will certainly benefit a great number of this target population.

This program is community based and will involved schools teachers, grandparents, families, church workers as well as health personnel on OVC issues .It will also involve working with FBOs and CBOs, as well as governmental agencies, such as the Ministry of Health, the Ministry of Social Welfare, and organizations that have proven to be strong partners in the advocacy of child rights, such as UNICEF, and COHADDE. This broad coalition and advocacy platform is an important step in an attempt to promote rights of vulnerable children and orphans, protect them against sexual abuse that would expose them to HIV/AIDS, STIs, and reduce the exploitative 'restavek' system.

This program will also look at training of youth for "A" / " AB", for risk reduction activities for young women engaged in transactional sex, training and counseling for migrant families including "BC". Those aspects are important in that they address the gender issues by enabling young girls to have the correct information and training, thus protecting them not only by providing education, but also by assuring information to safer sexual behavior. The Centre Department is close to the border and is a place where trafficking of children has been reported. Having those interventions for migrant families is of utmost importance in this context where neglected and/or lost children can be identified through the extended community network, and linked to potential foster parents or local churches, local governmental agencies.

This program will be linked to Title II funds as this is an important contribution to the program, ensuring that nutritional needs of those children are met.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Linkages with Other Sectors and Initiatives	10 - 50
Policy and Guidelines	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	20,637	☐
Number of providers/caretakers trained in caring for OVC	1,200	☐

Target Populations:

HIV/AIDS-affected families

Orphans and vulnerable children

Caregivers (of OVC and PLWHAs)

Key Legislative Issues

Stigma and discrimination

Wrap Arounds

Food

Coverage Areas

Centre

Ouest

Table 3.3.08: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: World Concern
USG Agency: U.S. Agency for International Development
Funding Source: N/A
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 5431
Planned Funds: $0.00
Activity Narrative: FY 05 activities:

World Concern consortium

(Operation Blessing/OB ,Christian Reformed/CR, World Relief Committee/WR, Salvation Army/SA, World Hope International/WH, World Concern /WC, Medical Ambassadors International /MAI) is carring out activities looking at strengthening caregivers to support OVC affected by HIV/AIDS, mobilize churches and community based organizations to respond to growing needs of OVC affected by AIDS, increase the capacity of older children to meet their own needs, ensure access to vocational or formal education for OVC and raise awareness among the community for OVC issues. Teaching on basic health and hygiene for families hosting OVC affected or infected by HIV/AIDS also in providing psychological support, income generation skills, agricultural and livestock care .

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Linkages with Other Sectors and Initiatives	10 - 50

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	2,250	☐
Number of providers/caretakers trained in caring for OVC	450	☐

Target Populations:

Orphans and vulnerable children

Key Legislative Issues

Wrap Arounds

Food

Microfinance/Microcredit

Education

Coverage Areas

Artibonite

Centre

Nord

Ouest

Sud

Sud-Est

Table 3.3.09: Program Planning Overview

Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09

Total Planned Funding for Program Area:

Program Area Context:

The USG commitment to support VCT in Haiti dates back to 2001 when USAID funded the first MOH – GHESKIO project aimed at running 13 VCT centers. At that time USAID collaborated with CDC to provide assistance to the laboratory component of the project. This commitment continued with funding by the GAFTM of an updated version of the same MOH/GHESKIO project that increased the number of VCT sites to 25. The project was again boosted in 2003 with the advent of PEPFAR. To date there is a network of 88 up and running VCT sites nationwide receiving at least some support from PEPFAR. Over the life of the VCT program USG assistance has included activities such as site evaluation, recruitment and hiring of staff, curriculum elaboration, training, promotion of voluntary testing, definition of the standard care package, supervision, quality assurance/quality control, procurement of commodities, supervision and M&E.

The package of services developed for the initial pilot project has become the national guideline for setting up a VCT site in Haiti. Unfortunately, these guidelines have not been disseminated to date nor the complete package of services been provided totally incorporated into all sites. A further weakness of these guidelines is that it is now apparent that the current VCT models as developed in Haiti will not he enable us to reach the PEPFAR goals because they are facility based for the general population and recent surveys indicate that the prevalence rate in the general population is only around 3.2%. If PEPFAR is to reach its goals by 2008 it will have to take a much more focused approach to counseling and testing than the current model outlines. Another weakness of the national model for CT is that it does not include follow up counseling, so will not help reach 2 of the PEPFAR objectives set for prevention: First, to reinforce prevention efforts among HIV+ people and encouraging them to avoid ongoing transmission to others and second, motivate HIV negative persons to remain so through risk reduction strategies. In FY06 PEPFAR partners will be required to go beyond national guidelines and provide post test counseling which includes risk reduction strategies. We will also work closely with the MSPP to look at revising the national guidelines

In FY 2005 continued support through training, provision of test kits, and monitoring the 88 functioning service delivery sites. In addition three new sites targeting Commercial Sex works were established, VCT services were launched within the Haitian National Police health care system, and VCT services were established at the Haitian Truck Drivers Union. The newly established VCT sites represent the first time that VCT services were provided outside of the clinical setting using PEPFAR funding.

In FY2006, the USG team will support innovative strategies to better target most at risk populations (MARP) expanding on what was started in FY05 with CSWs, police and truck drivers. Focus will be on routine and provider driven counseling and testing in ANC, Labor and Deliver, Infections Disease wards including TB and STI. It will encourage efforts for appropriate design and implementation of programs that will allow PEPFAR Haiti to reach the targets set and the outcomes sought thru the CT and VCT strategies. It will encourage various models of service delivery that target MARP based on a strong commitment for the promotion of CT, VCT, and the reduction of stigma and discrimination. The USG Team will dedicate resources to the organization and management of VCT service delivery providing adequate supervision, and training to ensure high quality services. It will also support the development of mechanisms for referral to care services. A target of 14,000 TB patients tested will be included in the overall VCT target though the activity is funded under TB/HIV.

Program Area Target:

Number of service outlets providing counseling and testing according to national or international standards	73
Number of individuals who received counseling and testing for HIV and received their test results	274,000
Number of individuals trained in counseling and testing according to national or international standards	50

Table 3.3.09: Activities by Funding Mechanism

Mechanism: HS2007
Prime Partner: Management Sciences for Health
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 3885
Planned Funds:
Activity Narrative: FY 06, MSH will be linked to activities 5160 for training; 3925 for rapid test training; 3886 for test kits and commodities; 4387, 4340, 4389 or 4341 for ARV services depending on geographic location; 4496, 4497, 4498 or 4501 for palliative care services depending on geographic location.

In 2005, MSH supported the provision of VCT services in its own network of NGOs which consisted of 30 institutions. It also established 3 stand alone community VCT sites. Theses sites will continue to offer VCT services using FY05 funding until March of 2006. However in order to obtain the necessary targets emphasis in these sites will also shift toward increasing CT in all wards and the introduction of routine testing the appropriate settings. In each hospital and health center, MSH will support the joint provision of both - free standing VCT services within the site for walk-in, anonymous voluntary counseling and testing among self referrals in the general population - and integrated CT services in TB clinics, dermatological clinic, Internal Medicine wards, etc. MSH will ensure that in each setting VCT or CT will be provided to outpatients or inpatients in order to avoid missed opportunities to diagnose HIV+ people, and to enroll them either for treatment if eligible or for palliative care and follow up. The activities will identify HIV negative people and motivate them to remain so by providing risk reduction counseling. They will reinforce all sites in the establishment of opt-out or routine testing strategies based on the updated guidelines adopted by the MOH.

The strategy for introducing CT will be launched by MSH organizing staff meeting at each site to introduce the integration of routine CT into the work up of all infectious disease patients and inform them of protocols and availability of the tests. The nursing staff will be trained to provide counseling services to patients receiving routine CT. The Ministry of Health will endorse the use of routine CT in public health facilities in Haiti.

They will also take advantage of their community based strategy of mobile teams which currently provide immunization services and prenatal care to offer mobile VCT services to remote populations located at satellite points of service surrounding their clinic sites. The mobile VCT unit will also target men who are less likely to seek VCT in a health care setting. Focus will be on hiring counselors and social worker for this strategy rather than physicians or nurses. In addition, the organization will support local VCT promotion activities.

In 2006, given the current budget realities the VCT/CT program will become more focused. By March of 2006, MSH will conduct an evaluation of performance by all sites including past performance and potential performance in the evaluation such as populated urban and suburban area (hospitals and health centers), at some rural zones where HIV prevalence is high and at dispensaries that host a TB clinics. With FY06 funding MSH will continue to support the top 20 most preferment or most potentially preferment sites. Over this same time period MSH will develop and implement a strategy for the 13 sites which will not be supported by PEPFAR in FY06 either by finding alternative funding sources, developing an active referral system to a nearby site or establishing them as part of their mobile visit sites. For those sites that will continue to receive PEPFAR support in FY06 MSH will adopt the same performance based contract it has developed for PMTCT to apply to VCT services.

MSH is responsible for monitoring the performance of its sub-recipients and for reporting monthly to the USG Team thru the M&E contractor. MSH will be responsible to report monthly to the USG team contractor for M&E using the MOH standard VCT report form regarding outputs and outcomes generated by the service

provision for all its subcontractors.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Local Organization Capacity Development	51 - 100
Logistics	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards	20	☐
Number of individuals who received counseling and testing for HIV and received their test results	100,000	☐
Number of individuals trained in counseling and testing according to national or international standards		☑

Target Populations:

Adults

Family planning clients

TB clients

Private health care workers

Coverage Areas:

National

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	HHS/GAC/HQ
Prime Partner:	Population Services International
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	3901
Planned Funds:	
Activity Narrative:	FY06, PSI will be linked to activities 5160 for counseling training; 3925 for rapid test training; 3886 for test kits and commodities; 4387, 4340, 4389 or 4341 for ARV services depending on geographic location; 3970 for monitoring of program. In FY05, PSI supported 2 VCT sites within the Haitian National Police (HNP) healthcare system. As a result of political unrest and funding flow issues at the end of September 2005 only one site is up and running. With FY05 funding, PSI will be able continue its support to the HNP initiative until May 2006 to achieve the objectives set for FY05. In FY06 PSI will continue its support to the 2 sites implemented with FY05 funding and will expand VCT services to 2 additional HNP stations. It is expected that with the 4 VCT sites PSI will be able to counsel and test 1,000 members of the HNP and their partners. PSI will be responsible to support all operating costs related to the provision of VCT services at all 4 sites. PSI will also ensure the staff involved received appropriate training, will have all needed commodities and will provide technical assistance in the elaboration of the monthly report. Each site will have at least 2 counselors recruited among the HNP. PSI will also be responsible for developing a referral system to link the Nation Police health care system sites to the most appropriate ART site for follow-up and treatment.

Emphasis Areas	**% Of Effort**
Development of Network/Linkages/Referral Systems	10 - 50
Local Organization Capacity Development	51 - 100
Quality Assurance and Supportive Supervision	10 - 50
Workplace Programs	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of service outlets providing counseling and testing according to national or international standards	4	☐
Number of individuals who received counseling and testing for HIV and received their test results	10,000	☐
Number of individuals trained in counseling and testing according to national or international standards		☑

Target Populations:

Police Officers

Coverage Areas

Nord

Ouest

Table 3.3.09: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: *Ministre de la Sante Publique et Population, Haiti*
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 3902
Planned Funds:
Activity Narrative: FY06 Because of its regulatory authority, MSPP will have relationship with all partners involved in the fight of HIV/AIDS, whichever strategy they have selected to implement: prevention, treatment, or care and support. In the area of VCT, the MSPP will particularly be linked to activities 5160 for training; 3886 for test kits and commodities; 3925 for rapid test training; 4387, 4340, 4389 or 4341 for ARV services depending on geographic location; 4496, 4497, 4498 or 4501 for palliative care services depending on geographic location.

In 2005, MOH validated the new testing algorithm, which replaced the previous outdated version. MOH also validated the set of indicators as defined by the National Technical Committee on Indicators to monitor the program performance in the area of VCT. They launched the new monthly report form to use by all partners.

Thru the departmental directorates, they supervised a public network of 19 VCT sites. In 2006, the USG team will support MSPP to apply in the public network the same model they recommend to MSH for VCT and CT services. In each hospital and health center, MSPP will support the joint provision of both - free standing VCT services within the site for walk-in, anonymous voluntary counseling and testing . among self referrals in the general population - and integrated CT services in TB clinics, dermatological clinics, Internal Medicine wards, etc. MSPP will ensure that in each setting VCT or CT will be provided to outpatients or inpatients in order to avoid missed opportunities to diagnose HIV+ people, and to enroll them either for treatment if eligible or for palliative care and follow up. These activities will identify HIV negative people and motivate them to remain so by providing risk reduction counseling. They will reinforce all sites in the establishment of opt-out or routine testing strategies based on the updated guidelines. Through PEPFAR, the MSPP will receive appropriate resources for implementing this

The strategy for introducing CT will be launched the by MSPP organizing staff meeting at each site to introduce the integration of routine CT into the work up of all infectious disease patients and inform them on protocols and availability of the tests. The nursing staff will be trained to provide counseling services to patients receiving routine CT. The Ministry of Health will endorse the use of routine CT in public health facilities in Haiti.

Activities of the public network will be monitored according to the same indicators as the private network. The same performance obligations will apply to the public network. The USG will also support MSPP to revisit the norms and standards in terms of VCT staffing patterns and testing strategies to adapt them to program objectives. MSPP will elaborate guidelines and policies on issues which currently have no formal Haitian reference such as a model for VCT service delivery, management of rape and violence cases, HIV testing among children under 18 years old. MOH will endorse an evaluation of the VCT technical strategy, which will look retroactively back to the beginning of the program and identify any constraints that limit both the use of VCT by clients and a better provider performance.

MOH will inaugurate in 2006 the first annual VCT month to promote and offer any sexually active individuals and at risk groups the opportunity to assess their risk, to know their HIV status, and take the appropriate actions to protect themselves and their families accordingly. This month will be organized by FHI with collaboration of all donor and partner organizations.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	51 - 100
Policy and Guidelines	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards	19	☐
Number of individuals who received counseling and testing for HIV and received their test results	100,000	☐
Number of individuals trained in counseling and testing according to national or international standards		☑

Target Populations:

Adults

Community-based organizations

Country coordinating mechanisms

Faith-based organizations

Non-governmental organizations/private voluntary organizations

Public health care workers

Coverage Areas:

National

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Foundation for Reproductive Health and Family Education
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	3903
Planned Funds:	
Activity Narrative:	FY06 – FOSREF will be linked to activities 5160 for training; 3925 for rapid test training; 3886 for test kits and commodities; 4387, 4340, 4389 or 4341 for ARV services depending on geographic location; 4496, 4497, 4498 or 4501 for palliative care services depending on geographic location. In 2005, FOSREF offered VCT services in a network of 10 Youth centers using funding from the Gates Foundation. This funding however, ended mid year in 2005. In 2006, the USG team will support FOSREF in maintaining and strengthening the VCT services located in its 10 existing Youths Centers. FOSREF will refer all HIV+ youths living in Port au Prince to its ART site. All other HIV+ youths identified outside of Port au Prince will be referred to the nearest HAART site. Those who are HIV negative will be enrolled in the Post-Test Clubs to motivate them to remain so. FOSREF will link its Youths/VCT centers with the existing PMTCT and ART sites of the city where the center is located and encourage the youths to work as peer counselors, buddy companions (accompaniers) for pregnant women or PLWHA receiving palliative care and patients on HAART. These youths will collaborate with community health workers at the HAART sites in order to help identify OVCs in households of HIV+ pregnant women and other PLWHAs which they accompany. Using PEPFAR support FOSREF also established 5 CSW clinics that also provided VCT services alone with STI and other services in FY05 (Other Prevention). In FY06 the USG team will continue to support these 5 CSW clinics in offering VCT services and continue to provide the test kits necessary for program. In FY06, FOSREF will be responsible for monthly reporting on VCT centers activities to the M&E contractor that monitors PEPFAR interventions for the USG Team. FOSREF will collaborate with MOH and Ministry of Social Affairs (MSA) to identify issues of concern to CSWs, Youths, and other MARP which currently have no national guidelines in order to establish a working group for the guideline development. The guidelines will also include chapters on testing among youth under 18 years of age and on rape and violence management.

Emphasis Areas	**% Of Effort**
Development of Network/Linkages/Referral Systems	10 - 50
Local Organization Capacity Development	51 - 100
Logistics	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of service outlets providing counseling and testing according to national or international standards	16	☐
Number of individuals who received counseling and testing for HIV and received their test results	20,000	☐
Number of individuals trained in counseling and testing according to national or international standards		☑

Target Populations:

Commercial sex workers (Parent: Most at risk populations)

Secondary school students (Parent: Children and youth (non-OVC))

University students (Parent: Children and youth (non-OVC))

Partners/clients of CSW (Parent: Most at risk populations)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Artibonite

Nord

Ouest

Sud

Sud-Est

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	SmartWorks
Prime Partner:	Academy for Educational Development
USG Agency:	Department of Labor
Funding Source:	GAC (GHAI account)
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	3905
Planned Funds:	
Activity Narrative:	FY06 Smart Works will be linked to activities 5160 for training; 3925 for rapid test training; 3886 for test kits and commodities; 4387, 4340, 4389 or 4341 for ARV services depending on geographic location; 4496, 4497, 4498 or 4501 for palliative care services depending on geographic location. In FY06, PEPFAR will fund Smart Works to develop and maintain a network of 3 VCT centers targeting the Workers at the Industrial Park, the Drivers registered at the Drivers Union (DU) and the School Teachers Associations (STA). One of the 3 VCT centers will be facility based and will serve as referral for the provision of palliative care to any HIV+ clients in the network. It would be preferable to run the 2 other VCT centers at the locations of the Driver Union (DU) and the School Teachers Association (STA). Smart Works will be responsible for the minor renovations to adapt the space at these locations in order to meet counseling needs for privacy and confidentiality; it will also pay the rental fee for the space made available by DU and STA in their respective buildings. Smart Works will develop for the 3 VCT sites, a referral system that will link these VCT centers to an ART site for the patients needs. Post test counseling will include risk reduction counseling for those testing negative in order to motivate them to remain so. A peer counseling network will be encouraged. Such VCT must be open to the partners of all the primary contacts. Smart Works will launch activities to promote VCT among the Workers, the Drivers and the School Teachers. They will actively support the VCT Month which will be organized by FHI and MSPP. USG Team expects Smart Works to prepare a monthly report on the 3 VCT activities.

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

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards	3	☐
Number of individuals who received counseling and testing for HIV and received their test results	10,000	☐
Number of individuals trained in counseling and testing according to national or international standards		☑

Target Populations:

Factory workers (Parent: Business community/private sector)

Truck drivers (Parent: Mobile populations)

Teachers (Parent: Host country government workers)

Coverage Areas

Ouest

Table 3.3.09: Activities by Funding Mechanism

Mechanism: USAID/GAC/HQ
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 4648
Planned Funds:
Activity Narrative: In FY05, FHI collaborated with the MOH thru the Southern Departmental Directorate to implement three VCT/PMTCT centers (Aquin, Port Salut, Camp Perrin) and link them through a referral system to the ART site at the departmental hospital. It also helped implement 1 facility based VCT center at the Food for the Poor Hospital and 3 standing alone community VCT centers. Working with the PLWHA platform, FHI implemented VCT promotional activities aimed at increasing the number of people interested in knowing their HIV status. FHI will continue these activities with FY05 funding until May 2006.

In 2006, the 3 VCT/PMTCT centers will come under the responsibility of the MSPP (activities 3902 and 3851). FHI will continue supporting the facility-based VCT center run by Food for the Poor, which has become an ART site, and the 3 standing alone community VCT. It will make an assessment of the performance of these sites identifying best practices and/or reasons for poor performance and will develop tools to help control the most important causes for poor performance. FHI will also assess the feasibility of implementing a mobile VCT strategy in community in addition to stand-alone VCT sites using the same community organizations. In consultation with the USG team after all assessments are done if it is determined that it is unlikely that a poor performing site is likely to improve then alternative ways to increase outputs will be explored including but not limited to closing the site and using the funds to increase mobile teams or increase performance at high performing sites.

FHI will be responsible for ensuring that a referral system between standing alone community VCT and an ART healthcare setting is running properly. It is expected that FHI will support 3-4 service outlets carrying out VCT activities and will reach at least 5,000 people.

FHI will work closely with MOH in the establishment, planning and organization of a National VCT Month. FHI will recruit and coordinate input from other donor organizations as well as PEPFAR partners. Before the month even begins FHI will sensitize the local community and religious leaders and ask them to participate in the campaign asking them to volunteer to be the first persons tested at the launch day. FHI will develop other promotional aids and will invite other stakeholders and donors agencies to publicly support the VCT Month. FHI will coordinate publicity for the month including but not limited to signs, banners, newspaper articles, concerts, sports events and active targeted radio campaigns in each department.

If the demand for VCT is at the level targeted then it is possible that in some locations there could be a shortage of counselors. In order to mitigate this circumstance FHI will develop with the MOH a plan to focus on 2 or 3 departmental directorates per week during the VCT month until all 9 departmental directorates are covered. In these "focus weeks" increased counselors will be organized by FHI together with departmental directorates and other MOH partners working at the department. FHI will be responsible to elaborate the final report on the results of the VCT week. It is expected that 150,000 will know their HIV status and will be aware about HIV risk reduction at the end the VCT Month.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Local Organization Capacity Development	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards	3	☐
Number of individuals who received counseling and testing for HIV and received their test results	5,000	☐
Number of individuals trained in counseling and testing according to national or international standards		☑

Indirect Targets

As a result of the promotional activities during the VCT Month it is planned for a target of 150,000 people to be tested nationwide during the month.

Target Populations:

Adults

Coverage Areas:

National

Table 3.3.09: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Institut Haitien de Santé Communautaire
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 5160
Planned Funds:
Activity Narrative: FY06 INSHAC is linked to activity 3925 for rapid test training and activities 3885, 3901, 3902, 3903, and 3905 for the provition of training.

Background: INSHAC is an indigenous non-governmental organization that was established in 1985 to provide training in community health, family planning and other health issues at a postgraduate level.
In FY05 INSHAC through a subcontract with I-TECH trained 181 healthcare staff in counseling skills including pre and post-test counseling.

In FY06, INHSAC will be responsible to train 50 additional counselors and/or nurses. Priority for this training will be those organizations opening facilities working with most at risk populations such as Police, CSWs, and Truck Drivers etc. INSHAC will be responsible for all logistics, perdiem, transportation costs and costs of materials for the counseling training. INSHAC will collaborate closely with the National Reference Laboratory of the MSPP for the rapid test training of these individuals. The MSPP will have a budget for the rapid test training.

Emphasis Areas	% Of Effort
Logistics	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards		☑
Number of individuals who received counseling and testing for HIV and received their test results		☑
Number of individuals trained in counseling and testing according to national or international standards	50	☐

Target Populations:

Nurses (Parent: Public health care workers)

Other health care workers (Parent: Public health care workers)

Nurses (Parent: Private health care workers)

Other health care workders (Parent: Private health care workers)

Coverage Areas:

National

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	AIDS Relief
Prime Partner:	Catholic Relief Services
USG Agency:	HHS/Health Resources Services Administration
Funding Source:	N/A
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	5305
Planned Funds:	
Activity Narrative:	FY06, CRSC will be linked to activities 3886 for test kits and commodities for CMMB VCT sites; 4387, 4340, 4389 or 4341 for ARV services depending on geographic location; 3970 for monitoring of the program. In 2005, AIDS relief supported all VCT activities in the 3 ART sites where their project was implemented. VCT represented the entry door by which staff working at AIDS Relief sites identified and recruited HIV+ people to put on ART treatment. In 2006, AIDS Relief will continue supporting VCT activities in their 3 initial sites as well as 5 additional sites for a total of 8 sites. Three of the 5 new sites will be sites that CMMB support as VCT sites in FY05. In each hospital and health center, AIDS Relief will support the joint provision of both - free standing VCT services within the site for walk-in, anonymous voluntary counseling and testing among self referrals in the general population - and integrated CT services in TB clinics, dermatological clinic, Internal Medicine wards, etc. AIDS Relief will ensure that in each setting VCT or CT will be provided to outpatients or inpatients in order to avoid missed opportunities to diagnose HIV+ people, and to enroll them either for treatment if eligible or for palliative care and follow up. The activities will identify HIV negative people and motivate them to remain so by providing risk reduction counseling. They will reinforce all sites in the establishment of opt-out or routine testing strategies based on the updated guidelines adopted by the MOH. The strategy for introducing CT will be launched AIDS Relief organizing staff meeting at each sight to introduce the integration of routine CT into the work up of all infectious disease patients and inform them of protocols and availability of the tests. The nursing staff will be trained to provide counseling services to patients receiving routine CT. CMMB, as a member of the AIDS Relief consortium, is interested in expanding VCT services to other catholic health and community service sites. While current budget constraints do not allow the USG to fully fund these sites the USG will provide test kits to them if other sources of funding can be found for infrastructure, training, supervision etc. For these new sites AIDS Relief will also develop a referral network with its ART sites and those of other USG Team partners to refer HIV+ people identified in any CMMB VCT site for follow up care. The support that the USG Team expects AIDS Relief to provide will be training and a referral network. CMMB will assume the responsibility for supervision, all-operational costs, and monitoring and evaluation for the sites. Similarly, CMMB will be responsible to collect the monthly report and to share it with AIDS Relief, IHE and MOH. AIDS Relief will provide VCT services in 8 sites targeting 20,000 people.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Logistics	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards	8	☐
Number of individuals who received counseling and testing for HIV and received their test results	20,000	☐
Number of individuals trained in counseling and testing according to national or international standards		☑

Target Populations:

Adults

TB clients

Coverage Areas

Artibonite

Nord

Ouest

Sud

Nippes

Table 3.3.09: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 5385
Planned Funds:
Activity Narrative: Linked to activity 3886 for test kits and commodities
FY06 In FY06 CDC will provide test kit and commodity support to 5 ANC survey sites. In order to be in compliance with ANC sero survey guidlines and standards, sites that have been and will continue to be used as ANC sero survey sites should be supported to offer services on a regular basis not only to respond to the ethical concern of offering the services to women that are tested anonimously, but also to be able to compare the data coming from regular statistics with the sero-survey. These rural sites have their own sources of continued funding for opporational costs but would need to have continued access to test kits and lab commodities to continue VCT services. The staff at these sites has already been trained.
The five sites are:

- CSAL des Palmes
- CSAL de GRIGRIS
- Hôpital de la Gonâve
- CAL de Bainet

Emphasis Areas	% Of Effort
Logistics	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards	5	☐
Number of individuals who received counseling and testing for HIV and received their test results	500	☐
Number of individuals trained in counseling and testing according to national or international standards		☑

Target Populations:

Pregnant women

Coverage Areas

Ouest

Sud-Est

Table 3.3.10: Program Planning Overview

Program Area: HIV/AIDS Treatment/ARV Drugs
Budget Code: HTXD
Program Area Code: 10

Total Planned Funding for Program Area:

Percent of Total Funding Planned for Drug Procurement:

Percent of Total Funding Planned for Drug Procurement: 81

Amount of Funding Planned for Pediatric AIDS:

Program Area Context:

Background
In 2004, PEPFAR/Haiti purchased ARVs for 1,500 patients through the National Pharmaceutical Management Program (RPM+) and made them available to the largest ARV treatment center, GHESKIO, and other sites. Concurrently, the Global Fund provided GHESKIO with ARVs for another 1,500 patients. Track 1.0 funds to the CRS Consortium for 900 additional ARV patients completed Haiti's available ARV procurement resources for the year. Despite less than 3,900 total Arv patients at the end of March 2005, partners signaled a virtual nationwide ARV stock crisis in late 2004. This illustrated the poor information sharing among partners and donors to Haiti's National AIDS Control Program, PEPFAR and the Global Fund. To greatly improve commodities management efficiency these two donors are now working together to establish joint procurement plans, as well as joint service delivery and inventory monitoring systems to establish a national "virtual pipeline" for ARV drugs. Training and supervision of pharmacists and stock managers at ARV and PMTCT sites in 2004 and 2005 have also laid the groundwork for improved supply management and inventory control. In FY 2005 ARV procurements improved, with PEPFAR projections based on national targets and Global Fund budgeted stocks.

There is no effective national logistics and commodity distribution system in Haiti, and ensuring all treatment sites have an uninterrupted supply of these critical commodities is compounded by the current security environment. However, PEPFAR and Global Fundteams are collaborating to rectify this gap. An interim distribution system has been established in FY05, but a full competitive procurement in FY06 is expected to produce a more cost-effective and viable alternative. All components of ARV drug management are to be competitively awarded for the FY06 program, according to the strategies and specific scope of work and deliverable elements described in this chapter.

Table 3.3.10: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: The Partnership for Supply Chain Management
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Drugs
Budget Code: HTXD
Program Area Code: 10
Activity ID: 4350
Planned Funds:
Activity Narrative: *FY06: Procurement of ARVs:*
Beginning with the purchase of ARVs for 1,500 patients in FY04, PEPFAR has been one of the two main suppliers of ARV drugs in Haiti, along with the Global Fund. Some treatment partners in Haiti are using a broad spectrum of therapuetic regimens making procurement planning and inventory tracking more complicated. PEPFAR will procure only those drugs approved in the official MOH treatment guidelines, and will coordinate timing and quantities of ordering with Global Fund counterparts. The Global fund is moving to centralize all ARV procurement away from its sub-recipients to a single purchase and distribution system in 2005-2006. This will facilitate coordination and procurement planning and better ensure that a patient is only covered once, thus decreasing MOH and donor redundancy. Roughly 500 pediatric ARV patients are projected for FY2006. These will be included in the overall PEPFAR ARV purchase, though the USG/Haiti team is currently discussing with UNICEF the possibility of UNICEF providing drugs for pediatric cases for all PEPFAR partner sites in Haiti. Technical discussions will be ongoing during this year to update these protocols, as well as clarify guidelines on drug substitutions and second line therapy. This becomes more important in Haiti's uncertain security environment, where it is conceivable that a peripheral site may need to manage a single large drug delivery over several months before re-supply. It is essential that the USG ensure rapid availability of ARV procurement funds early in FY06 so that drugs arrive in country before declining stocks lead to forced decreases in monthly patient enrollment.

Technical Assistance
Virtually all ARV drugs and other AIDS-related commodities in Haiti are supplied by PEPFAR and the Global Fund, and the two programs have been working actively to establish a single coordinated commodity procurement and management plan. Sharing of complete patient data on each individual treatment site, along with drug budgets and procurement plans, will eliminate information gaps and ensure rational supply chain management. Together with Global Fund counterparts, PEPFAR and its partner for drugs management will provide technical assistance and leadership to the National AIDS Control Program for ongoing coordination of procurement planning and stock management.

SCMS will work together with available MOH and other counterpart staff to establish and maintain National Virtual Pipeline to track stocks, orders, and calculate projected needs of listed commodities in all listed HIV/AIDS Program sites. There is not a clearly identified counterpart for this specific function in this unit at present, but the partner will provide leadership and technical guidance to the MOH on most effective approaches to filling this role. SCMS will provide computerized reports of commodity needs projections for each site, regardless of sponsorship, and for the national level, including all commodity sources. Not less frequently than quarterly, and ideally each month, the partner will update commodity needs forecasting based on monthly stock and patient data for PEPFAR and Global Fund partners. This activity will contribute to improved coordination of the ARV supply chain and treatment services throughout all treatment centers countrywide.

Physical storage and distribution:
SCMS will also develop and implement a physical distribution plan of PEPFAR-funded drugs, including a freestanding national commodity warehouse to receive incoming shipments and from which to distribute to PEPFAR partner sites. The program will establish a warehousing and distribution system to receive drugs from import and ensure uninterrupted supply to peripheral sub-recipient sites. SCMS will maintain a reliable drug distribution chain by developing a delivery schedule to all sites, inventory tracking and verification against physical stock, and executing a plan of physical

distribution of drugs to PEPFAR-partner sites in Haiti. Similar information will be maintained on other sites not directly supported by PEPAFR to ensure a realistic national picture of drug supply. Given Haiti's often tenuous environment, this will include contingency plans for logistics and management, with alternate transport assets and means of verification. This may require procurement of limited basic storage equipment, other than for renovation and enabling partner storage depots to stock and manage commodities (air conditioners, computers, shelving and cabinetry, etc) where this was not completely provided in 2005.

Inventory Management:
PEPFAR has installed a computerized inventory management system in ARV sites directly supported by the program and trained stock managers in its use. Supervision and ongoing technical support has been tentative and will be strengthened in FY06 to ensure stock managers at each site can manage the system independently. This will also ensure early warning for any projected stock deficiency at specific sites. SCMS will maintain a monthly drug inventory and verify consumption against patient numbers for each treatment regimen at all sites from other information management systems, and generate monthly verified, computerized, and paper-based drug inventory report at each site, at a national level. Plan and execute corrective action for problems or discrepancies encountered. This virtual pipeline will cover ARVs drugs, but could expand to coordinate other client-based commodities such as OI drugs and HIV rapid test kits. The USG will ensure transparent sharing of commodity and patient data through all PEPFAR-funded partners and in collaboration with the Global Fund.

Verify physical inventory against computer and paper-based records each month at every site. This may rely on self-reporting by non-PEPFAR sites, with spot checks to verify. Generate computerized reports for each site for each month, showing projected needs for each drug/commodity delivery for the following 6 months, taking into account existing stocks, planned patient numbers for following months' scale-up plan, and planned shipments to that site from all sources.

Emphasis Areas	**% Of Effort**
Logistics	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Commodity Procurement	51 - 100
Strategic Information (M&E, IT, Reporting)	10 - 50

Indirect Targets

All ARV patients not directly supported by PEPFAR.

Target Populations:

People living with HIV/AIDS

Key Legislative Issues

Other

Coverage Areas:

National

Table 3.3.10: Activities by Funding Mechanism

Mechanism: HS2007
Prime Partner: Management Sciences for Health
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: *HIV/AIDS Treatment/ARV Drugs*
Budget Code: HTXD
Program Area Code: 10
Activity ID: 4608
Planned Funds:
Activity Narrative: FY05 continuing activity:

Partner is responsible for a range of activities including training, infrastructure, quality support and supervision, and logistics support.

Activities include:
The partner is 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 have been provided to strengthen their coordination role. Training & technical assistance will also be provided for public and private sector pharmaceutical management. A functioning distribution network is being established from the procurement to importation, central warehousing, delivery to departmental depots and specific sites.

Infrastructure
There has been renovation of warehouse space at the central, departmental, and site level, ensuring that 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.

Emphasis Areas	% Of Effort
Infrastructure	10 - 50
Logistics	51 - 100
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Target Populations:
People living with HIV/AIDS

Key Legislative Issues
Other

Coverage Areas:

National

Table 3.3.10: Activities by Funding Mechanism

Mechanism: AIDS Relief
Prime Partner: Catholic Relief Services
USG Agency: HHS/Health Resources Services Administration
Funding Source: N/A
Program Area: HIV/AIDS Treatment/ARV Drugs
Budget Code: HTXD
Program Area Code: 10
Activity ID: 4678
Planned Funds:
Activity Narrative:

In FY05 the CRSC bought 1500 patient years of ART, of which 900 patient years were distributed to sites outside the CRSC network. These drugs are currently being used to provide services in Haiti.

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100

Target Populations:

People living with HIV/AIDS

Coverage Areas

Artibonite

Nord

Sud

Ouest

Table 3.3.10: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Interchurch Medical Assistance
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Drugs
Budget Code: HTXD
Program Area Code: 10
Activity ID: 4683
Planned Funds: [redacted]
Activity Narrative: FY05 continuing activity:

Interchurch Medical Assistance, Inc. (I.M.A.) is a Maryland-based, member-owned NGO of 12 Protestant Relief and Development organizations. I.M.A. Member agencies include Mennonite Central Committee, Lutheran World Relief, Church World Service, United Methodist Church, Presbyterian Church USA, Adventist Development and Relief Agency, and others.

I.M.A. is a registered PVO with USAID and has been the beneficiary of several cooperative agreements and cost-reimbursement grants, as detailed in attachment (1).

The mission of I.M.A. is to continue supporting the health related programming interests of its membership. I.M.A. currently manages four primary HIV/AIDS programs. I.M.A. and four other agencies form the "AIDSRelief Consortium." AIDSRelief was awarded a 5 year grant to support ART Programming in nine countries in Africa and the Caribbean, including Haiti. Other I.M.A. HIV/AIDS programs include the Diflucan Partnership and the Tibozole Program, both of which provide donated drugs for treating opportunistic infections. I.M.A. also provides logistical support to member programs providing HIV/AIDS home-based care kits to their overseas partners.

Globally, the AIDSRelief consortium has been responsible for placing over 15,000 patients on HAART therapy at more than 50 different points of service in nine countries. I.M.A. has been responsible to ensure that ARV medications are available for this level of service, and in doing so we have procured medications costing more than [redacted] since the start of this program. In Haiti, I.M.A. through the AIDSRelief Consortium, has participated in the ARV drug pipeline in conjunction with the USGT, RPM+, and various other partners and has facilitated an order of [redacted] worth of drugs that went into the National pipeline system.

In similar fashion, I.M.A. is procuring approximately 3,000 patient-years of ARV drugs for the Haiti Emergency Plan program in FY 2005, doing so in a timely and cost-effective manner, to be used at various points of service as directed by USGT/Haiti. This proposal includes procurement of said drugs, with responsibility for the drugs being transferred to another organization after arrival in Haiti, again as designated by USGT/Haiti. The drug order and pricing are attached as Excel spreadsheets. The mix of drugs and regimens is reflective of the mix of protocols in USAID/RPM+ document titled "ARVsmonthlyconsumptiondrawdown20dec."

The proposal also includes facilitating access to pharmaceutical donation programs for Emergency Plan points of service and AICSH members. In FY 2005, primary focus is with the Pfizer Diflucan Partnership Program (DPP) for the donation of fluconazole. From the Haiti Emergency Plan COP 05, it is anticipated that 31,250 HIV-positive individuals will receive palliative care and/or basic health care support by the end of FY05, excluding patients receiving treatment via AICSH institutions not yet involved in Emergency Plan programming. Using WHO and Pfizer statistics, it is anticipated that 10 to 20% of these patients will need continuous fluconazole maintenance treatment for cryptococcal meningitis, and approximately 30% of patients will need fluconazole treatment for oesophageal candidiasis. By rough, conservative calculations, the donated Diflucan that will be available from Pfizer/I.M.A. to support these treatments alone could reach a value of nearly [redacted] if current scale-up projections are achieved.

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Linkages with Other Sectors and Initiatives	10 - 50

Target Populations:

People living with HIV/AIDS

Coverage Areas:

National

Table 3.3.11: Program Planning Overview

Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11

Total Planned Funding for Program Area:

Amount of Funding Planned for Pediatric AIDS:

Program Area Context:

BACKGROUND:
Providing ARV service is one of the major priorities of the national HIV/AIDS program in Haiti. Over the last 4 years, the USG, through PEPFAR and the Global Fund, have allocated substantial resources to support these services with the ultimate objective of putting 25,000 People Living With AIDS (PLWA) on ARV by the end of 2008. Global Fund resources were used to successfully launch two models of ARV services at PIH and GHESKIO, two Haitian based NGOs. With PEPFAR resources, the objective is to strengthen and expand these two models of care nationwide in partnership with the MOH and other PVOs/NGOs. Recently, CRSC received Track 1 resources to also implement integrated ARV services.

With FY05 resources, about 5,000 PLWA received ARV services from the 21 ARV sites by the end of March 05. It is expected that 29 ARV sites will be operational by the end of March 06. These sites will be managed by: PIH (8 sites), GHESKIO (7 sites), CRSC (8 sites), MSH (4 sites), FHI (1 site), and the MOH (1 site - HUEH, the university teaching hospital). Three of these sites, one of which is based at a pediatric hospital, are being reinforced in order to provide pediatric ARV services.

With the FY 05 resources, the major inputs include:
1) Human capacity building, including training and QA/QC, through the lead institutions such as GHESKIO, PIH and CRS with support from I-TECH and Cornell University,
2) Reinforcement of service organization at the sites to ensure rapid scale up of patients on ARV, excellent adherence plans to treatment through a multidisciplinary approach by supporting community health workers, transportation to ARV sites, and psycho social services.
3) Reinforcement of pre-training service in HIV clinical care and HAART at HUEH, the MOH University teaching hospital. It is expected that at least 300 PLWA will be put on treatment from initiatives at this site.

Through the above mentioned efforts, to date more than 50 health professionals have already been trained. A system of supervision and QA/QC at all sites was established, and out of the 29 ARV adult sites expected, 21 are up and running. A plan is underway to launch the other 8 sites before the end of FY05. For ARV pediatric services, activities to build human capacity have commenced in order to implement ARV pediatric services at the three sites.

With FY06 resources, the USG objective is to provide ARV services to 12,000 PLWA by Sept 06 and 18,000 PLWA by Sept 07, through maintenance and reinforcement of the network of ARV sites. Due to resource constraints only three new sites will be added to cover critical geographical gaps. The USG will continue to coordinate with Global Fund resources that also support the main GHESKIO site (GHESKIO/INLR) and PIH network (Canje) sites. The focus will be on:
1. Continuous training, supervision and QA/QC through lead institutions.
2. Continuous reinforcement of pre-service training at HUEH.
3. Continuous improvement of service organization for quality ARV services at all 31 sites.
4. Integration of HIV pediatric care at all sites.

Emphasis will be placed on offering an integrated package of comprehensive care at all the ARV sites, and to develop a system of networking between the ARV sites and the satellite institutions offering VCT/PMTCT and basic palliative care, in order to ensure a better continuum of care within the community. These satellite institutions will be reinforced to deliver basic clinical care, integrated with psychosocial support and community services (see palliative care component). Through the lab component, all 31 ARV sites will be provided with reagents to perform routine and CD4 tests. Through the SI component, resources will be allocated to place an Electronic Medical Record at all ARV sites in order to improve management of patients and overall monitoring of the program.

Program Area Target:

Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	31
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)	4,000
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)	13,000
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)	12,750
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	1,000

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	AIDS Relief
Prime Partner:	Catholic Relief Services
USG Agency:	HHS/Health Resources Services Administration
Funding Source:	GAC (GHAI account)
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	4340
Planned Funds:	
Activity Narrative:	FY06: ART treatment and care:

This activity will be linked to: 3907 for data collection, reporting and strengthening of QA/QC; activity 4496 for palliative care services and support.

AIDSRelief is a comprehensive anti-retroviral therapy (ART) program, providing treatment to 318 people, and care to 1,410 people in Haiti as of June 30, 2005. In the first year and a half of the program, AIDSRelief made some progress, and established a foundation that may enable the program to increasingly expand quality ART over the coming years. These achievements include:
1) Clinical HIV Training: All 8 Points of Service (POS - list) have received training in HIV/AIDS care and treatment through GHESKIO, and AIDSRelief has provided additional advanced clinical training in HIV to the 3 POS initiated in year 1.
2) Community Mobilization and Adherence Support: In Year 1, training has been provided by IHV for health workers to ensure adherence and to promote utilization of services at the POS level. AIDSRelief conducted workshops and trainings on care delivery systems in order to assist POS in developing locally specific adherence programs.
3) Pharmaceutical Procurement: AIDSRelief has implemented a system for procuring adult and pediatric ARVs, and developed a set of standard operating procedures and tools for forecasting and monitoring drug usage by the POS.
4) Laboratory Capacity: Laboratory equipment has been installed and technicians at the Points of Service were individually trained on site. In addition to equipment, AIDSRelief provided reagents, tools and reference materials needed to monitor HIV status, OIs, and ARV drug toxicity.
5) Strategic Information: AIDSRelief trained health workers at POS in the use of longitudinal medical records for improved patient management, helping strengthen the capacity of POS to track patient progress and manage their program.

Based on its successes and lessons learned from the past year of project implementation, the AIDSRelief program in Haiti plans to continue to expand access to treatment services to 3000 patients by the end of FY06. Activities in FY06 will focus on the following:
1) Clinical HIV Care and Treatment: AIDSRelief will continue to provide comprehensive, high-quality care and treatment for HIV-infected people by strengthening capacity and services, and increasing the infrastructure at all POS.

2) TB and HIV Co-Infection: Focus will be placed upon building capacity at the infrastructure and provider levels in the diagnosis and treatment of TB/HIV co-infection.

3) HIV+ Pregnant Women: AIDSRelief will focus efforts on increasing enrollment of eligible women of childbearing age. Women already constitute a significant proportion, nearly 60%, of the patients treated in Haiti. AIDSRelief will actively promote the enrollment of eligible HIV+ pregnant women onto ART, and as this is a critical opportunity to address pediatric HIV, and the treatment of pregnant women is vital to reducing the prevalence of prenatal acquired HIV.

4) Treatment of Opportunistic Infections and Palliative Care: AIDSRelief program provides comprehensive health care to patients enrolled for ART and to those HIV patients who are not yet eligible for ARV's. AIDSRelief supports a complete care package including health monitoring (CD4 testing and routine medical examinations) prophylaxis and treatment for OIs such as PCP, Toxoplasmosis, Cryptococcal infections, and candidiasis, and supportive counseling.

5) Pediatric HIV Care & Treatment: AIDSRelief expects that at least 5% - 10% of their patients will be children less than 15 years of age. Thus, they will ensure the use of training curriculum, materials and diagnostic machines that are pediatric specific; and plan to initiate early therapy.

6) Community Mobilization & Adherence Support: Patient adherence education and training is one of the critical, modifiable factors helping to contribute to durable viral suppression and overall improved clinical outcomes. AIDSRelief will continue to support POS in the development of treatment preparation and adherence support programs.

7) Pharmaceutical Procurement: AIDSRelief will continue to procure adult 1st line, alternative 1st line, and 2nd line therapies for both adults and children in Haiti. The goal is to ensure the most appropriate, quality drug regimens are available without interruption, and AIDSRelief is helping to strengthen the capacity of POS to forecast and manage an ARV supply chain system.

8) Laboratory Capacity: AIDSRelief will continue to strengthen the lab capacity of the AIDSRelief POS. Through increased collaboration with the CDC-Haiti lab capacity building mechanism. AIDSRelief will link each POS with the National Reference Laboratory. They will also implement a quality improvement program for lab analysis.

9) Strategic Information: The primary aim of collecting strategic information is to assist clinicians and clinic managers in providing high quality HIV/AIDS care and treatment, to assist in chronic disease management, to monitor viral resistance, and to ensure durable viral suppression. AIDSRelief will provide on-site technical assistance to POS to strengthen their capacity to ensure monitoring of program success and challenges, such as patients' adherence to schedule and changes in CD4 over time.

10) Continuous Quality Improvement (CQI): AIDSRelief will assist POS in tracking certain health indicators that directly affect a patient's long term outcomes to ART. POS will be able to use this information to initiate quality improvements.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	8	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)	2,000	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)	3,000	☐
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)	3,000	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	0	☐

Target Populations:

People living with HIV/AIDS

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

Key Legislative Issues

Other

Increasing gender equity in HIV/AIDS programs

Coverage Areas

Nippes

Artibonite

Nord

Ouest

Sud

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Groupe Haitien d'Etude du Sarcome de Kaposi et des Infections Opportunistes
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	4341
Planned Funds:	
Activity Narrative:	FY06: Expansion of Services for the management of HIV infected patients in the Ministry of Health (MOH)/GHESKIO network.

This activity will be linked to: 4353 for drugs; 5463 for ART T/A; 3907 for data collection and reporting.

BACKGROUND:
GHESKIO has been one of the leading NGOs in Haiti in the development of an integrated model of HIV care, based on 20 years of experience in providing quality integrated VCT/PMTCT/TB/STI services at its main site in Port-au-Prince (GHESKIO/INLR). Three years ago, with resources from the Global Fund, GHESKIO began to expand this model of integrated VCT services to 20 nationwide sites, and to launch ARV services at its main site. With PEPFAR resources, GHESKIO expanded HAART services to some of its network VCT sites, and developed decentralized centers of excellence - Two satellites ARV sites in Port-au-Prince; GHESKIO/IMIS and Fame Pereo. In addition, the four largest public departmental hospitals (Justinien in Cap-Haitien, Immaculee Conception in Cayes, St Antoine in Jeremie and St Michel in Jacmel) were reinforced to provide ARV services. GHESKIO also strengthened its financial and managerial capacity to oversee and coordinate these expansion activities To date, GHESKIO has been mandated by the MOH to provide training on HIV clinical care and HAART at the national level and to perform QA/QC for the network of ARV sites (Except PIH sites).

In FY05, using PEPAR resources, channelled through I-TECH/Cornell, GHESKIO's capacity was reinforced to build curriculum and provide HIV clinical care training at its main site (GHESKIO/INLR). More than 50 health professionals were trained, in preparation to launch the new ARV sites. Three mobile teams ,with different expertise in clinical care, CT, pharmacy, lab and finance, were also created to perform regular QA/QC at 12 ARV sites.

Despite all this support, some major gaps still need to be addressed, including:
1) Minor renovations: equipment/materials and human resources are needed to make GHESKIO/IMIS fully operational in order to further decentralize ARV services in Port-au-Prince.
2) More resources are needed at the 4 public departmental hospitals run by GHESKIO to provide quality integrated ARV services. These hospitals serve as main reference centers, serving more than 500,000 people, and therefore offer the best potential to capture most of the target population.
3) There are still some major geographical gaps to cover in the metropolitan areas and in the North West department to improve access to services in order to meet the overall target of 25,000 PLWA on ARV by 2008
4) ARV pediatric services and palliative care services need to be better integrated at all the sites in order to maintain a family-center approach of care, and to ensure continuous enrollment and adherence to treatment.

In FY06, the overall objective of GHESKIO is to triple the number of patients enrolled in the Ministry of Health/GHESKIO network from 2000 to 6100 over a one year period. As of August 2005, 1700 patients have received ART in the GHESKIO/MOH network. We expect another 300 to be enrolled, making a total 2000 patients on ART by the end of FY05; 1860 of these patients will be supported by funds from the Global Fund.

GHESKIO will continue to use different resources to strengthen the capacity of its main site (GHESKIO/INLR), to pursue expansion of ARV services, to develop

decentralized centers of excellence, and to promote integrated packages of services around its sites. At present, the network consists of GHESKIO/INLR, GHESKIO/IMIS, one private (Fame Pereo) and the four public hospitals. Global Fund resources will continue to be used as the major source of funding for GHESKIO/INLR and part of Palliative care activities at the 6 other GHESKIO sites.

PEPFAR 06 resources will be used for the following activities:
1)ART expansion services: Among the 6100 patients targeted next year, 3700 (61%) will be supported, including 3,350 adults and 350 children (see detail below). 10% of the resources will used to maintain and reinforce GHESKIO financial and managerial capacity to oversee program expansion activities. Most of the resources (about 70%) will be used to cover some gaps namely: minor infrastructure renovation, personnel, and procurement of necessary equipment at GHESKIO/IMIS, to increase resources at the 5 other peripheral sites in order to scale-up enrollment and improve adherence to treatment, and to expand services to three new sites, two in the metropolitan area (Hospital Diquini in Carrefour and Hospital Fermathe) and one in the North West department (Bombardopolis Hospital).
2) Training in HIV clinical care and HAART: The GHESKIO technical and logistic capacity will be strengthened in order to train 180 medical staff in order to expand and strengthen ARV services throughout the country .
3) Supervision and QA/QC: PEPFAR 06 resources will be used to continue supporting the mobile teams created this year. These teams will be reinforced to monitor ARV pediatric care. 16 sites will benefit from this support and will receive regular supervision and QA/QCA visits from the mobile teams.
4) GHESKIO will be responsible for all logistical arrangements for training at least 180 participants trained by GHESKIO during the year, including lodging, transport, meals and incidental expenses.

To ensure the overall success of the program, GHESKIO will continue to build on support from the USG to provide support for: lab infrastructure, equipment and reagents, development of EMR, social support(particularly nutritional support), and drug procurement and management at the sites (see SI, lab and palliative care, ARV drug sections of the COP).

The success of the ARV program will also depend on the C/T program. Using Global funds resources, pre- and post-test counseling for HIV and syphilis testing will be provide to 50,000 new persons. We anticipate that about 5000 individuals will test positive for HIV; about 1200 will require immediate ARV treatment, and 2500 will have serologic syphilis treated. The peripheral VCT sites will refer patientsto these centers. In addition to ART, HIV infected patient will require medical interventions for other associated OIs including TB, for STIs and other symptomatic relief.

Emphasis Areas	% Of Effort
Human Resources	10 - 50
Infrastructure	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	7	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)	2,000	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)	6,100	☐
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)	6,100	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	180	☐

Indirect Targets

PLWA not recieving direct support from PEPFAR (those recieving support from the Global fund)

Target Populations:

People living with HIV/AIDS

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

Key Legislative Issues

Food

Other

Coverage Areas

Centre

Nord-Ouest

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	HS2007
Prime Partner:	Management Sciences for Health
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHAI account)
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	4387
Planned Funds:	

Activity Narrative: *This activity is linked to MSH network sites activities: 4606,3850, for VCT/PMTCT;* 4351 for drug distribution; 3852 for training; 4907 and 3885, and 3886 for test kits and lab supplies; 5148 for rapid test training; 3932 and 3933 for TB/HIV *intergration; 3907 for data collection, reporting and strengthening of QA/QC; 5471* for palliative care and support.

FY06:
In FY05, USAID's HS-2007 Project began supporting 4 sites (March, CBP, Grace Children, Beraca) for ART services, complemented by a complete wrap around of *primary health care and TB services. In FY 06,the Program will use resources to* continue supporting service organization at these sites, in order to increase quality of care, accelerate uptake, and introduce a new palliative care service delivery perspective *in line with local context and reality (see palliative care program). In* addition, the program will address ART needs of the underserved area of one additional new site in the North East department (Fort-Liberte Hospital).

To reinforce the four initial sites, MSH will work with GHESKIO to:
(a) develop in-service training and continuing education programs aiming at improving skills, continuing quality improvement and promoting demedicalization using tools already developed;
(b) develop more of a "masse critique" of human resources.
(c) upgrade lab services (see lab component);
(d) support minor renovations to allow accommodation of increased patient loads and stigma reduction;
(e) establish mini-networks within these institutions catchment's areas to increase uptake and establish effective linkages and referrals/counter-referrals between community programs, VCT/PMTCT sites and these ART sites;
(f) procure commodities, furniture and needed equipment and supplies,
(g) intergrate information systems and increase staff ability to use information and ensure timely reports to the USG (see SI component);
(h) strengthen local institutional drug management and logistics, especially forecasting, storage, and distribution;
(i) recruitment of additional staff for these sites to accommodate increased patient load;
(j) implement a strengthened quality assurance and control program (with support from GHESKIO).
(k) increase the number of support groups and post-test clubs around these sites,
(l) facilitate recruitment and training as counselors and "agents de terrain" of willing PLWHA identified in the sites local groups,
(m) implement a new and innovative performance-based funding strategy for operational and other costs associated with these four sites,
(n) implement targeted and adapted media campaigns around the available services as well as more aggressive BCC/CM interventions,
(o) capitalize on relationships already established with Food for the Poor and World Food Program and (with USAID support) bring in the Title II partners to build complementarity between this program and available food interventions,
(p) launch the "Mutuelle de Solidarite" income generation program already detailed in HS-2007 strategy with at least one PWLHA group per site,
(q) ensure timely delivery of the drugs and commodities available,
(r) establish a cross-fertilization program for exchange of information and learning,
(s) launch documentation and dissemination strategy of success stories and results achieved.

To launch the new ART site, the successful approach used for the launch of the

initial four sites supported by HS2007 will be followed. This includes:
(a) updating the assessments and information already available followed by concrete action plans,
(b) training of service delivery and management staff,
(c) orientation of entire staff to reduce stigmatization,
(d) review and re-orientation of patient flows,
(e) infrastructure renovations,
(f) training in SIMPLE 1 & 2 software,
(g) development and implementation of supervision and QC/QA plans,
(h) implementation of data and reporting systems,
(i) implementation of BCC and CM interventions,
(j) supply chain review and improvement,
(k) adherence plans,
(l) continuing education program and TA plan, etc.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance and Supportive Supervision	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	5	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)	800	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)	1,000	☐
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)	1,000	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)		☑

Target Populations:

People living with HIV/AIDS

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Wrap Arounds

Coverage Areas

Nord-Est

Centre

Nord

Ouest

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	PIH
Prime Partner:	Partners in Health
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	4389
Planned Funds:	
Activity Narrative:	This activity is linked to: 4501 for palliative care and support activities; 3907 for data collection, reporting, and strengthening QA/AC.

FY06: BACKGROUND

This partner has a long history in HIV/AIDS care in Haiti being 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. Community health workers, known as accompagnateurs, are the backbone of the PIH-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 FY06, PIH will further expand the HIV Equity Initiative in the Central Plateau and Artibonite regions of Haiti. PIH will be using generic first-line antiretrovirals at all project sites, therefore, much of the funding from the 2006 PEPFAR budget process is for operating expenses for HIV work in the Central and Artibonite Departments.The 2006 PEPFAR plan will allow PIH/ZL to maintain consistent enrollment and treatment of patients in the sites that are already functional; to scale up HIV prevention, care, and treatment in the public clinic at Cerca La Source; and to increase the support given to the Centers for Disease Control and Prevention (CDC) project in St. Marc. PIH estimates having 3300 patients on ARV treatment by the end of March 2007, an estimated increase of 900.The PIH program ensures that patients not yet eligible for ART receive the same clinical services as ART patients, including disease monitoring, counseling, social support, and diagnosis and management of other health problems, including opportunistic infections.

PIH will continue to run one of the two national center for training in HIV care. With facilities at Cange and Hinche, PIH will provide clinical training to approximately 600 health workers from PEPFAR supported programs.

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	10 - 50
Human Resources	10 - 50
Training	51 - 100
Quality Assurance and Supportive Supervision	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	8	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)	900	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)	3,300	☐
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)	3,300	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	600	☐

Target Populations:

HIV/AIDS-affected families

People living with HIV/AIDS

Key Legislative Issues

Twinning

Microfinance/Microcredit

Increasing gender equity in HIV/AIDS programs

Coverage Areas

Artibonite

Centre

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	*Ministre de la Sante Publique et Population, Haiti*
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	5412
Planned Funds:	
Activity Narrative:	This activity is linked to: 4353 for ART drugs; 5412 for ART clinical support services, 3918 for lab support; 5472 for palliative care and support services; 4341 for T/A and QA/QC; 3907 for data collection, reporting and strengthening QA/QC; 5463 for TA. FY06: ART services at HUEH, teaching hospital. Background: HUEH is the largest University Teaching Hospital serving a population of more than 2,000,000 inhabitants in the metropolitan area where most of the HIV cases are concentrated. Each year about 100,000 patients are seen in this hospital while 10,000 deliveries occur. With FY05 resources, the USG is supporting this hospital which which has tremendous capacity to expand HIV care and HAART services. FY 05 resources were allocated through different channels to initiate support this program, including MSH, MOH and. The plan included the provision of resources, through the MOH to support service organization at this site, and to date the plan is well underway to launch planned FY05 activities. With FY 06 resources, the USG plans to expand on FY05 activities and continue supporting comprehensive HIV services, integrated with HAAR. Resources will be channeled through the MOH to continue supporting service organization, including personnel, and recurrent operational costs ,in order to maintain high quality services within the context of the program. The overall objective is to put 300 new patients on ARV by Sept 06, and 600 by Sept 07. These activities will be integrated with other activities planned and funded by other donor mechanisms, (including those of that involve an organization of the Haitian Diaspora of Medical Doctors and who volunteer their time to provide quality clinical services for patients at HUEH). The goal of this program is to make this hospital a center of excellence that will offer not only quality HIV services, and pre-service training for interns and residents in this domain, but also to serve as a National Referral Hospital.

Emphasis Areas	**% Of Effort**
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	51 - 100
Infrastructure	10 - 50
Local Organization Capacity Development	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	1	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)	300	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)	500	☐
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)	500	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)		☑

Target Populations:

People living with HIV/AIDS

Coverage Areas

Ouest

Table 3.3.11: Activities by Funding Mechanism

Mechanism: ITECH
Prime Partner: University of Washington
USG Agency: HHS/Health Resources Services Administration
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 5463
Planned Funds:
Activity Narrative: Linked to Activities:5412, 4341, for the provision of TA and training.

In FY06 ITECH will work with HUEH (Hopital de l'Universite d'Etat d'Haiti) one of the largest University teaching hospitals in Haiti. I-TECH will provide training and technical assistance in infectious diseases integrated with HIV care and they will provide pre-service training for interns and residents. This activity began in FY05, when I-TECH provided TA for HIV service delivery at HUEH. While I-TECH has not been able to carry through with external TA to date due to insecurity in Haiti, they have hired 2 local HIV clinical mentors to assist in launch of ARV services at HUEH.

In FY06, ITECH will 1) Provide training and TA from 2 local HIV clinical mentors at HUEH. 2) Bring in TA from external HIV clinical mentors on repeated short-term assignments. These consultants will complement the local HIV clinical mentors by sharing lessons learned and resources related to training, clinical mentorship, and CQI. 3) Both local and external consultants will work with faculty of Haiti's academic institutions to strengthen pre-service training programs, in collaboration with I-TECH curriculum developers. Results: 1) Provide ARV services to several hundred patients per year at HUEH. 2) Train 150 residents and interns each

In FY06 I-TECH will develop additional training resources for HIV care and treatment, refining curricula for pre-service training in Haiti's professional schools (Medicine, Nursing, Pharmacy, Laboratory Sciences, and Social Sciences), and continuing TA to training centers and the MSPP. In FY05 I-TECH facilitated development of a 16-module national ARV/OI training curriculum that will undergo national validation in the fall of 2005. I-TECH also disseminated HIV-related training tools, including a series of Creole-language videos on HIV patient care.

In FY06, ITECH will 1) Develop pocket guides and posters on HIV care specific to Haiti's national treatment guidelines as provider quick reference tools to complement the national ARV/OI curriculum. 2) Develop a tool for creating customized ART adherence cards for patients based on their own current treatment regimen. The tool will be appropriate for low-literacy audiences. 3) Additional training videos will be developed for Haiti, including a series of OI case studies. 4) Hold 12 faculty development workshops for at least 180 faculties from Haiti's professional schools (Medicine, Nursing, Pharmacy, Laboratory Sciences, and Social Sciences). 5) Assist MSPP to update national ARV/OI curriculum in late 2006 or early 2007, including facilitating stakeholder workshops. 6) Provide training and technical support to MSPP's Department of Human Resources in implementing TIMS training database to track national training efforts in health sector. 7)Sponsor PIH/ZL CHART training center staff to participate in I-TECH-supported TOT and workshops

I-TECH will fund Cornell University to provide 2 resident technical advisors to be based at les Centres GHESKIO. 1) A HIV clinical specialist (MD) will be placed at GHESKIO to provide TA on advanced HIV care issues (resistance, adherence, chronic illnesses associated with greater longevity on HIV treatment, integrated care for individuals and family units spanning adult, pediatric and PMTCT services, etc.). 2) A senior laboratory specialist (MD or PhD) will reinforce the national lab program and support GHESKIO activities to improve quality of lab services in scale-up sites. The laboratory specialist will also advise the MSPP on the content of national laboratory sciences curriculum, and the national Medical School on a strategy for a strengthened training program in clinical pathology. 3) I-TECH will collaborate with Cornell personnel to apply training approaches that are well grounded in adult learning theory, through support from the I-TECH's core curriculum and clinical training teams

In FY06 I-TECH will fund the University of Miami (UM) to develop North Department Regional HIV Training Center at Hopital Justinien (HUJ), to extend ART services, and to support 4 satellite sites in the North Department to provide comprehensive HIV care. In FY04-05, I-TECH supported UM to offer HIV care in the Family Practice Center at Justinien University hospital in Cap Haitjen, and to provide training to interns, residents and students of various health disciplines. In FY05 the USG provided funding to expand HIV service clinical services to two satellite institutions in Cap Haitian, La Fossette and fort St Michel Health Center). In FY06, ITECH will support 1) UM to continue to strengthen the Family Practice Center/Preventive Medicine service at Justinien Hospital for HIV/AIDS care, through TA. 2) UM will continue to provide HIV clinical care preceptorship, training for interns, residents and a few public and private sector health providers from throughout the North Department. 3) UM will continue to support the network of satellites sites. Two new sites TBD will be added this year. This activity will build on other resources that will be available at this site thru other mechanisms for palliative care and VCT/PMTCT services (see VCT and Palliative care sections). 4) I-TECH will conduct TOT sessions for staff from the Family Practice Center to support a North Department Regional Training Center in 07. Expected results: HIV care and treatment to 2000 patients, including 200 patients on ART by September 06 and 350 by September 07 in the North Department.

In FY06 I-TECH will fund the University of Medicine and Dentistry of New Jersey-FXB Center (FXB) to support pediatric services at Petits Freres Hospital. In FY05, I-TECH supported FXB to provide technical assistance for the development of national pediatric HIV care and support guidelines, as well as to conduct clinical training and TA to launch of pediatric ART at 3 hospitals in Port-au-Prince (HUEH, Grace Children's Hospital, Hopital Petits Freres et Soeurs). A guidelines development workshop and clinical study tours to FXB (New Jersey) will be held in the fall of 2005. It is expected that a first draft of these guidelines will be ready by the end of March 06 and around 30 children will benefit from ARV services at these three hospitals. This activity will be based on the GHESKIO pilot experience in implementing HIV pediatric clinical care in Haiti. FXB will coordinate with GHESKIO to provide in-country TA to improve training tools and to build in-country training capacity and QA/QC. In FY06, the USG will integrate HIV pediatric care and HAART thru the network of ARV sites to provide HAART services to 350 children. This is also addressed in PIH, GHEKIO and CRS ARV services plan. Resources for pediatric services will be integrated with resources allocated for ARV services and palliative care nationwide. I-TECH will support: 1) FXB to continue working, in collaboration with MSPP, GHESKIO and other key stakeholders on the reinforcement of pediatric clinical training through quarterly updates, twinning opportunities at the UMDNJ ID, curriculum development and development of a training plan for the expansion of services. FXB will provide on-site mentoring and remote consultation (via phone, email, etc.) to clinicians at the 3 Port-au-Prince sites to reinforce quality of care standards, model a multi-disciplinary approach to HIV care and treatment, and apply CQI approaches. FXB will collaborate with GHESKIO to develop a system of QA/QC thru GHESKIO mobile teams. 2) Petits Freres Hospital to reinforce their service organization to deliver high standard HIV pediatric care. I-TECH will provide office space and infrastructure support to FXB external staff and consultants traveling to Haiti. Expected results: 1) Improved knowledge and skills in pediatric HIV care and treatment for 50 health workers 2) Improved Capacity for delivery of quality HIV pediatric care to 350 children

Emphasis Areas	% Of Effort
Local Organization Capacity Development	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	2	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)		☑
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	150	☐

Target Populations:

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Pharmacists (Parent: Public health care workers)

People living with HIV/AIDS

Teachers (Parent: Host country government workers)

University students (Parent: Children and youth (non-OVC))

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Public health care workers

Laboratory workers (Parent: Public health care workers)

Coverage Areas

Ouest

Table 3.3.11: Activities by Funding Mechanism

Mechanism: HHS/GAC/HQ
Prime Partner: To Be Determined
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 6381
Planned Funds:
Activity Narrative: This funding will be for Food for the Poor Hospital (FFPH) the 14th site assessed by the USG Team in June 2004 to be launched as a new ART site in Haiti. It is expected the site that has functioned as a VCT/PMTC site over the past year will be able to enroll 100 AIDS patients on ARV treatment. The site is working in partnership with a TB clinic managed by another FBO (The Mennonites), which has agreed to relocate their TB program to FFPH. Currently available resources will keep the site running until September 2006, period after which additional funding will be become necessary to keep it running until FY07 funds become available. Staff training covering clinical management of AIDS patients, counseling and laboratory and other related areas will be done at GHESKIO, INHSAC and MOH. GHESKIO has also committed to provide TA to FHI re its mandate execution. The USG team has been able to mobilize [redacted] with [redacted] from COP06 [redacted] of carry over funding from FY05).

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	51 - 100
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	1	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)	117	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)	117	☐
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)	117	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)		☑

Target Populations:

People living with HIV/AIDS

HIV positive pregnant women (Parent: People living with HIV/AIDS)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Other

Coverage Areas

Ouest

Table 3.3.12: Program Planning Overview

Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12

Total Planned Funding for Program Area:

Program Area Context:

Background:
USG Haiti started its laboratory activities in October 2004. Our major goal in accordance with the 5 Year National Strategic Plan is to improve the overall lab infrastructure including procurement of HIV related lab equipment and supplies, training lab personnel, and development of quality assurance and control of lab testing.
In general, public labs in Haiti are operating under sub-optimal conditions. Our plans to improve lab infrastructure is a long-term process, but the outcome of the activities will result in the sustainability of a quality lab system that will generate accurate diagnosis for HIV, and other diagnostic and supportive lab services for PLWAs.

The USG team started extensive activities in the year 2004-2005 despite difficult working conditions in Haiti and many activities were completed including:
-Provided Technical Assistance to partners in support of PEPFAR related activities.
-Procured equipment, test kits, and lab supplies to support laboratories and VCT sites in all 10 departments.
-Trained 90 lab personnel.
-Established manual CD4 and blood chemistry testing in 11 ARV laboratories
-Provided Technical Assistance to the MSPP for the development and implementation of the new National HIV rapid test algorithm.
-Procured equipment maintenance contracts

In June 2005, due to security concerns in Haiti, the USG team transferred all lab supplies from our partner (RPM plus) and began operating an emergency lab supply storage and management system. To date, USG Haiti has distributed contingency lab commodities and other supplies and equipment to all ARV labs nationwide and to the national VCT/PMTCT network for the next 6 months.

Plan: In COP FY 06, the USG Haiti team prioritizes the following activities which include new and ongoing activities from COP FY 05:

Ongoing activities (project and funding approved in FY05):
1. To further establish an electronic data recording and reporting system
2. To develop the MSPP national laboratory QA/QC program
3. To continue diagnostic validation studies
-- Validation of ultra-sensitive p24 antigen test for pediatric diagnosis
-- Validation of simple viral load testing

New activities:
1. To procure lab equipment and commodities for all USG supported ARV sites.
2. To manage and provide logistics for a lab supply program
3. To increase the capacity of lab personnel by providing
-- on-site QA/QA supervision and post-service training. (see activity description for University of Maryland)
-- curriculum revision for the Medical Technology Course.
-- curriculum development for a laboratory maintenance course at the Haitian Technical College
4. To develop the National Reference Laboratory HIV related activities by providing minor renovations to current infrastructure, equipment, supplies, and technical assistance.
5. To continue procuring equipment maintenance contracts for all ARV related laboratories
6. To assist the MSPP in implementing the new HIV rapid test algorithm at regional and satellite PMTCT/VCT sites nationwide and coordinate the training of the new HIV rapid test algorithm. (These activities are described in PMTCT and VCT program areas).

Expected results: At the end of FY 06:

1. Increased service capacity at 14 laboratories.
2. About fifty laboratory personnel trained in ARV support lab services and HIV testing
3. Increased number of laboratories (4) with capacity to perform HIV test and CD4 or lymphocytes tests
4. National Lab QA operationalized and National Reference Laboratory equipped
5. About six faculty members qualified to teach new medical technology curriculum
6. Approved curriculum in laboratory equipment maintenance
7. Routine maintenance of laboratory equipment every six to twelve months
8. Implementation of the new HIV Rapid test algorithm. Strengthened ANC and VCT services.

Program Area Target:

Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	20
Number of individuals trained in the provision of lab-related activities	240
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	318,000

Table 3.3.12: Activities by Funding Mechanism

Mechanism: ITECH
Prime Partner: University of Washington
USG Agency: HHS/Health Resources Services Administration
Funding Source: GAC (GHAI account)
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 3886
Planned Funds:
Activity Narrative: Linked to activity 4907 procurment of lab commodities and the following activities for the provition of lab test kits and commodities: 3885,3901, 3902, 3904, 3905, 4648, 5305, 5385, 3850, 3851, 4611, 4606, 5472, 4387, 5412, 3932, 3933

FY06 ACTIVITY: Laboratory Program Technical Assistance and Pre-service Training

SUMMARY: I-TECH will provide logistics and program support to MSPP and CDC for laboratory supplies management, and provide TA for training of trainers and curriculum development in order to strengthen human resources capacity for lab activities in Haiti.

BACKGROUND: In FY05, I-TECH hired 2 local consultants, a Lab Program Coordinator and a Lab Logistics Coordinator on an emergency basis, to assist USG in the management of laboratory supplies, including forecasting of supplies needs, inventory management and delivery in Haiti. Partner has been operating the Lab Supply program for the USG Haiti since August 05. An inventory, receiving, tracking, reporting, an electronic-based acquisition form, and a delivery system were developed and in used. A web-based ordering system is on-going in collaboration with the USG team. To date, partner has distributed lab supplies to PEPFAR-supported laboratories over 50,000 items. In FY 06, USG Haiti will procure lab commodities which will be managed by I-TECH. This activity should be continued in order to avoid interruption of lab services and to provide a contingency plan and sustainability.

ACTIVITIES AND EXPECTED RESULTS:
In FY06, the following activities are planned:
1) Support the Logistics and Program Coordinator positions, while they work to transfer capacity for lab supplies management to the MSPP. I-TECH will also provide backup technical assistance and training to the Lab Program staff and MSPP counterparts, such as in the development and implementation of an electronic inventory management tool, development of necessary forms, supply catalogues, and other areas.
2) Establish infrastructure for the national warehouse for lab supplies.
3) Provide equipment and supplies to the MSPP to create a national warehouse for lab supplies.
4) Provide TA on curriculum development and TOT for the national MSPP Lab Program to refine a standard national laboratory training curriculum for in-service training.
5) Provide TA on curriculum development and faculty development to strengthen pre-service training with professional/technical schools in Haiti, including 2 medical technology colleges to strengthen core training for laboratory technicians, and technical colleges to develop/strengthen course in medical equipment maintenance and training.

Expected results:
1) Enhanced capacity within the MSPP for laboratory supplies management.
2) Development of a national laboratory sciences curriculum for in-service training.
3) Development and implementation of national curriculum for laboratory/medical equipment maintenance and strategy for assuring adequate up-keep of laboratory equipment

Human Resources
Partner will hire 1 Laboratory Program Coordinator, 1 Laboratory Logistics Coordinator, 4 short-term consultants and 11 local staff (central and regional) to

operate the lab supply program that would be sustainable. I-TECH will also provide technical assistance to develop national laboratory sciences curriculum and laboratory equipment maintenance curriculum and coordinate training.

Infrastructure
Partner will procure the following items to establish and operate the Lab supply program for the USG Haiti:
- Procure radios for effective communication to be linked with the US embassy drivers network
- Procure and install security and shelving systems at national and regional laboratories.
- Procure and maintain a generator and gas.
- Procure vehicles parts.
- Procure warehouse equipment, and supplies.
- Procure, insure, and maintain 3 vehicles (1 truck, 2 SUV) which will be used to transport medical and laboratory equipment, commodities and test kits.
- Procure gas for the 3 vehicles.
- Travel and transportation to and from warehouse to sites.

Logistics
Partner will design, develop and implement improved lab supply system for forecasting, storage, distribution, and tracking for the National Lab warehouse and 5 public regional ARV laboratories. It will develop a paper- and web-based catalog and a system to monitor usage of lab supplies and test kits to avoid stock out.
Training *Partner will:*
1. Train 5 local staff in inventory and stock control, and logistics coordination in order to manage the national laboratory warehouse and inventory at public regional laboratories.
2. Train 4 faculty members from the 2 national Medical Technology Schools in order to teach the new curriculum covering laboratory analysis techniques such as HIV testing, hematology, blood chemistry, microscopy, and urinalysis US-based curriculum will be used as a model to adapt according to Haiti needs. Partner will publish and disseminate 2 new curricula.
3. *Improve teaching facilities at the 2 national Medical Technology Schools (Port au* Prince and Cap-Haitian) by providing basic teaching tools (audio visual equipment, classrooms equipment) for classrooms and student laboratories (lab reagents and equipment). The cost for pre-service training and facilities improvement will be supported
4. Train 5 technical students and 5 lab personnel to maintain lab equipment. Training will cover common equipment used in Haiti (microscopes, micropipettes, centrifuges) plus more sophisticated equipment (CD4 instrument, CBC analyzers, chemistry analyzer, plumbing, electricity, electronic etc.).

Total =
Activity Narrative (continued)

Emphasis Areas	% Of Effort
Infrastructure	10 - 50
Logistics	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests		☑
Number of individuals trained in the provision of lab-related activities	19	☐
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring		☑

Target Populations:

Laboratory Service Providers

Laboratory technologists

Laboratory workers (Parent: Public health care workers)

Coverage Areas:

National

Table 3.3.12: Activities by Funding Mechanism

Mechanism: HHS/APHL/HQ
Prime Partner: Association of Public Health Laboratories
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 3916
Planned Funds:
Activity Narrative: This activity will be linked to 3918, 4662 to provide support.
In FY05 APHL recieved to hire the following:
• 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 16 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

Because of the security situation and ordered departure status of post these expatriate positions were not hired in FY05.

In FY06, APHL will be responsible for hiring local staff as:
1) QA/QC laboratory specialist
2) Technical Lab Specialist
3) Lab M&E Specialist
4) Lab training coordinator positions and use the remaining funds to provide short term consultancies to country and or stop gap lab commodity procurements as needed.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Human Resources	51 - 100

Targets

Target	Target Value	Not Applicable
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests		☑
Number of individuals trained in the provision of lab-related activities		☑
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring		☑

Target Populations:

Laboratory technologists

Coverage Areas:

National

Table 3.3.12: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Ministre de la Sante Publique et Population, Haiti
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 3918
Planned Funds:
Activity Narrative: Linked to Activity 3886 for TA; 3925 for training; 4341 and 5463 for QA/QC

FY06 Laboratory Capacity building for the MSPP. The USG Haiti program provided technical and financial support to the MSPP to establish its national QA/QC laboratory program in COP FY 05. The MSPP awaits the finalization of the Cooperative agreement in order to start its activity. In COP06, USG Haiti proposes to continue to support the MSPP laboratory programs at both national and regional levels. USG Haiti will continue to support the following:

1. The National Lab QA/QC program This laboratory will be moved into the newly built National Reference Laboratory at the beginning –mid 2006. To date, no funding has yet been transferred to the MSPP. Therefore, the USG team does not request further funding for this activity.

2. The National Reference Laboratory (NRL). This is the first time that Haiti will have the National Reference Laboratory. The construction of the building is supported by the Taiwanese government. It is anticipated that the building will be finalized and handed over to the MSPP at the beginning of year 2006. The USG Haiti assisted the MSPP designing the NRL. In year 2006, USG Haiti will continue to provide support to increase the capacity of the MSPP NRL through provision of laboratory equipment, commodities, and short-term technical assistance for activities related to HIV. Those activities were already described in Table 3.3.12.3 thru 6-(UTAP)-(University of Maryland). However, in order for the National Reference Laboratory to become fully operationalized, the MSPP would need further support to establish essential infrastructure for the National Reference Laboratory. The NRL will play an active role as a national laboratory training center, surveillance, and serve as a reference laboratory for diagnosis of HIV-related infections. The USG Haiti will support its activities related to HIV and associated infections. The budget and justifications are itemized as follows.

Infrastructure

As the new NRL building will be reaching its final construction phase as an empty shell, there is a need to furnish and equip the building. The MSPP will procure and install utilities and critical supportive systems such as gasoline, a water tower, water tank, water pump, plumbing, water purification, electrical wiring, and an incinerator. In addition, the MSPP will procure and install furniture for HIV-related laboratory (counters, cabinets, hand-wash sinks, laboratory chairs), laboratory training facilities, and offices.

3. Regional laboratories

Infrastructure

Public regional laboratories (at St Marc, Jacmel, and Les Cayes) are lacking of working space, under sub-optimal conditions and do not have sufficient infrastructure capacity to perform the ARV-related laboratory services supported by PEPFAR. The MSPP will identify contractors to conduct refurbishment and renovations at those public laboratories. These are type of renovations that could not be covered by the funding from COP FY 05 due to shortfalls of funding and regulations.

Expected results:
1. The National Lab QA functioned

2. The National Reference Lab equipped
3. Three regional public laboratories renovated

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Human Resources	10 - 50
Infrastructure	10 - 50
Quality Assurance and Supportive Supervision	51 - 100

Targets

Target	Target Value	Not Applicable
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	0	☐
Number of individuals trained in the provision of lab-related activities	0	☐
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	0	☐

Target Populations:

Laboratory technologists

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Coverage Areas:

National

Table 3.3.12: Activities by Funding Mechanism

Mechanism: CDC/GAC/HQ
Prime Partner: Management and Resources for Community Health
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 3920
Planned Funds:
Activity Narrative: FY05 funding will be used for the following in FY0: 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
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 - housing -

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

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

Quality assurance and supportive supervision
Partner will send DBS samples (all positive for p24 - @ 20% of 500 = 100, and 10% of p24 negative = 400 = 40, total = 100 +40 = 140) to UNC for HIV RNA testing at the cost of test. Air freight shipment of specimens costs

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 - per diem x 7 = total 1 week TA = 2 weeks TA =

Policy and Guideline
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
Partner will procure a full supply of ultra-sensitive p24 antigen kits (test, 500 samples = , and lab supplies to evaluate 500 samples collected from infants born to HIV positive mothers.

Emphasis Areas	% Of Effort
Needs Assessment	51 - 100
Quality Assurance and Supportive Supervision	10 - 50

Targets

Target	Target Value	Not Applicable
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	1	☐
Number of individuals trained in the provision of lab-related activities	1	☐
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	500	☐

Target Populations:

HIV positive infants (0-5 years)

Coverage Areas

Centre

Table 3.3.12: Activities by Funding Mechanism

Mechanism: UTAP
Prime Partner: University of Maryland, Institute of Human Virology
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 3925
Planned Funds: [redacted]
Activity Narrative: Linked for the provition of training and equip.: 3850, 3851, 4611, 4387,5412, 3885, 3901, 3902, 3904, 3905, 4648, 5305, 5385
FY06: Procurement of Laboratory Equipment and Post-service Training

In FY05, the partner has an excellent track record working with the USG Haiti as a sub-partner providing a complete package of technical assistance, training (CD4, and blood chemistry), and provision of kits and commodities, in a professional and timely manner. In FY 06, partner will provide technical assistance in two areas: 1) Procurement of equipment, and 2) Post-service training.

Procurement [redacted]
Partner will work closely with the USG team and the MSPP to use their expertise to forecast, and procure appropriate laboratory equipment to equip 4 new ARV laboratories [redacted] and the National Reference Laboratory, which is located in Port au Prince [redacted] It is anticipated that the construction of the new National Reference Laboratory will be finalized by the beginning of 2006. The National Reference Laboratory (NRL) will serve as a reference laboratory for HIV-related infections to ensure accurate laboratory diagnosis, surveillance, and a center for laboratory training. Partner will arrange to transport reagents and equipment to Haiti and will incur vendor-shipping costs, partner shipping costs, and/or partner travel costs [redacted]

Training:
As comprehensive care and treatment programs are initiated in Haiti, through both PEPFAR and Global Fund activities, critical needs related to laboratory human capacity still exist. There are several training components in this program as described below.

On-site training (human resources [redacted] – Partner will identify and hire 5 US-based laboratory personnel to provide hands on training at 7 laboratories (5 regional public ARV laboratories, 1 University laboratory, and 1 National Reference Laboratory) by spending at least six months a year in Haiti. They include laboratories at St Michel, Jacmel; Hopital Immaculee Conception, Les Cayes; St Nicholas, St Marc; HUEH, Port au Prince; and the National Reference Laboratory. The laboratory specialists will require airplane fare [redacted] each], housing [redacted] each], per diem expenses [redacted] each], salary [redacted] each], fringe [redacted] each], total [redacted] It is anticipated that each lab specialist will train and provide QA/QC supervision on a daily basis to a minimum of 5 lab personnel during their minimum 6-months stay at those public laboratories (total = 35). Due to limited funding, two laboratory specialists will be providing technical assistance to two sites each, for example, HUEH/NRL in Port au Prince,; and Jacmel/Jeremie. The in-country specialists will play several critical training roles for the USG laboratory program.

The in-country lab specialists will:
1. Train local lab staff at their sites (7 sites) to operate, and maintain the above instrument, provide guidance and QA/QC, and keep record of laboratory data generated on a daily basis. The lab specialists will in collaboration with the USG team and its partner to develop and implement laboratory data recording system, stock and inventory control, QA/QC, and laboratory safety practices. They will also troubleshoot when problems arise and report to the USG Haiti team on a regular basis. [redacted]
2. Train MSPP lab staff to become trainers and to be familiar with the automated laboratory instruments (CD4, blood chemistry, and hematology. [redacted]
3. Provide TA to assist the MSPP conducting ARV-related laboratory training courses (CD4, rapid tests, blood chemistry, and QA/QC. [redacted]

4. identify one lab person per site to receive up to 2 weeks training at IHV, US based, University of Maryland. The training program at each end (US- and Haiti-based will strengthen laboratory capacity and quality assurance with appropriate practice protocols

Training Curriculum
Partner will develop standard training curriculum, training materials and standard operating procedures related to these technologies as well as the manual CD4 count, and rapid test procedures. The documents will be translated into French or Creole, printed and disseminated to laboratory personnel.

HIV Rapid Test Training Courses
New HIV testing algorithm using test kits that would require no refrigeration will soon be in place in Haiti. There is a need to train nurses, lab techs, and healthcare personnel to perform accurate HIV rapid testing using the new algorithm. Partner will assist MSPP to conduct training sessions and provide logistics (travel and per diem) to 1) train 52 nurses to perform HIV rapid testing at PMTCT sites to identify HIV status of pregnant women, and 2) to retrain 80 lab personnel at VCT sites at the National Reference Laboratory or at regional laboratories.

Manual CD4 count
Partner and the MSPP will train 30 lab technicians from PMTCT sites at the NRL to perform manual CD4 count.

ARV lab Training
Partner and the MSPP lab staff will train 33 lab technicians from 11 ARV sites at the NRL to perform automated CD4 count, blood chemistry, and hematology analysis.
The cost of a 5 days training for 11 persons at the NRL per session = 3 sessions, total =

Training Materials
Partner will purchase necessary equipment, reagents, and supplies to perform training at the IHV ($25,000). The USG Haiti will procure other training materials.

M&E
Partner will report its progress and other required documents to the USG Haiti on a regular basis (semi- and annual report).

Expected results:
1. Four ARV laboratories equipped
2. The National Reference Laboratory equipped
3. Improved 7 public Laboratory capacity in a sustainable manner
4. 200 healthcare personnel trained

Total =
Indirect cost (10%) =
Total = (includes 10% indirect cost)

FY05 ongoing and FY06 roll-over activities:
Human Resources
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. 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.
Infrastructure
Partner will procure the necessary lab testing equipment for performing HIV ELISA-based viral load testing
Commodity Procurement

Partner will procure a full supply of Exavir Cavidi 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 [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] 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.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Infrastructure	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	17	☐
Number of individuals trained in the provision of lab-related activities	200	☐
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	0	☐

Target Populations:

Laboratory Service Providers

Laboratory technologists

Laboratory workers (Parent: Public health care workers)

Coverage Areas:

National

Table 3.3.12: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Groupe Haitien d'Etude du Sarcome de Kaposi et des Infections Opportunistes
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 4601
Planned Funds:
Activity Narrative: FY05 ongoing activities:

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.

Emphasis Areas	% Of Effort
Human Resources	51 - 100

Targets

Target	Target Value	Not Applicable
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	1	☐
Number of individuals trained in the provision of lab-related activities	0	☐
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	8,000	☐

Target Populations:
Adults

Coverage Areas:
National

Table 3.3.12: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: University of Maryland, Institute of Human Virology
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 4907
Planned Funds:
Activity Narrative: This activity is linked to 3886 for distribution of commodities

FY06: Procurement of laboratory test kits commodities

With the funds from COP FY 06, CDC will subcontract a partner (TBD) to procure test kits, reagents, temperature sensitive test kits (CD4 and blood chemistry reagents), HIV rapid test kits, syphilis test kits, PPD tests, and lab supplies to support PEPFAR program activities. The USG Haiti has taken into account that some partners such as PIH and CRS included the lab commodities in their proposed budget. Global fund also provides lab commodities in its program. The targets of each individual program are therefore slightly lower than the target of the country context.

Details of commodities and cost is attached in the Annex. The cost listed above includes not only reagent test kits, but also essential lab supplies needed to conduct such tests. They include, but are not limited to items such as syringes, needles, alcohol, gauzes, sharp containers, blood collection tubes, gloves, micropipettes, tips, test tubes, test tube racks, timers, markers, and bleach, etc.

USG Haiti is also providing technical support to the MSPP to validate the new HIV testing algorithm. To date, the validation process is almost finalized. At the end of Sept 2005, the MSPP will announce the results of the validation and endorse the new algorithm. Determine will continue to be used as a screening assay. OraQuick and UniGold will be used as the second confirmatory test and a tiebreaker respectively.

Procurement of equipment maintenance contracts, and inverters

Using the fund from COP FY05, USG Haiti directly procured laboratory equipment using the HQ procurement mechanism. The equipment was for 14 ARV laboratory services to provide care and treatment for PLWHA, each with a one-year maintenance contract. Examples of such equipment are 14 CD4 instruments, 14 blood chemistry analyzers, and 14 hematology analyzers.

In COP FY 06, to ensure that the procured equipment will continue to operate and

avoid interruption of services, USG Haiti will procure such maintenance and services contract for another year. There were a total of 42 pieces of laboratory equipment procured in FY 05. [redacted] In addition, the USG will procure 14 sets of inverters and batteries (1 inverter, 16 batteries per set) to ensure that ARV laboratories have uninterrupted electric supply. [redacted] per set, [redacted]

Expected results:

1. 60,000 pregnant women tested for HIV and syphilis.
2. Three thousand HIV positive pregnant women received CD4 testing
3. 300,000 persons tested for HIV and syphilis
4. 1000 babies born to HIV positive mothers tested
5. 14,000 TB/HIV patients tested for TB and HIV
6. 25,000 PLWHA received basic laboratory services testing
7. 7000 ARV patients received laboratory monitoring twice a year
8. 42 lab equipment received service maintenance
9. 14 labs have uninterrupted power supply

Emphasis Areas	**% Of Effort**
Commodity Procurement	51 - 100

Targets

Target	**Target Value**	**Not Applicable**
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	14	☐
Number of individuals trained in the provision of lab-related activities	0	☐
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	0	☐

Target Populations:

Community-based organizations
Faith-based organizations
Nurses (Parent: Public health care workers)
Non-governmental organizations/private voluntary organizations
Public health care workers
Laboratory workers (Parent: Public health care workers)
Other health care workers (Parent: Public health care workers)
Private health care workers
Laboratory workers (Parent: Private health care workers)
Nurses (Parent: Private health care workers)
Other health care workders (Parent: Private health care workers)
Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.13: Program Planning Overview

Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13

Total Planned Funding for Program Area:

Program Area Context:

PEPFAR started in Haiti two years ago within a health information system related environment characterized by:
- The absence of coherent plan and framework for monitoring and evaluation of HIV/AIDS activities;
- Only a few non standardized data collection and reporting tools;
- The lack of a national case reporting system for infectious diseases; and,
- A weak and disorganized overall Health Management System.

At the start of the USG PMTCT initiative, a National M&E Technical Committee was created under the MOH. This committee with PEPFAR support has been able to gather stakeholders from agencies involved in HIV/AIDS to steer the M&E process. They include: UNAIDS, WHO, Global Fund, CDC, USAID, USG, MSH, FHI, MEASURE, IHE, CERA. Under the guidance of the committee, great strides had been made in the area of strategic information:
FOR M&E
Indicators for different program areas have been harmonized. The process has been initiated to put together a comprehensive M&E plan along with an M&E framework for the national HIV/AIDS program. In FY06 we will focus on monitoring performance of non facility-based interventions and integrating it into the web based reporting system (MESI)
FOR HIV SURVEILLANCE
The national case surveillance system has been revitalized based on WHO's surveillance guidelines. It is being piloted at 6 ARV sites and will be used at all ARV sites by the end of FY05. The system will permit the capture of changes in the burden of disease, describe the characteristics of persons who continue to develop end-stage disease, once care is available; assess the magnitude of the problem; assess the impact on clinical services; monitor the impact of treatment services. In Aug. 05 the first national surveillance report was issued in over 10 years. In FY06 we will continue to maintain and provide TA to the system.
FOR HMIS
Standard reports for reporting facility-based activities have been designed, adopted and are currently in use at all sites supported by the participating agencies. A national HMIS strategic assessment and planning is underway under the leadership of the Ministry of Health to ease the integration of the HIV/AIDS information piece into the overall HMIS system with funding from PEPFAR. 22 of the 88 sites providing VCT, PMTCT and/or ARV services have been outfitted with internet access and are able to store and transmit data electronically to the MOH. This new capacity alleviates a long tradition of losing key information on programs and underreporting. A web-based aggregate facility report has been built and is currently allowing implementing sites to enter data and access performance reports directly from the Web. An Electronic medical report is in construction. This database should capture individual data for all patients receiving palliative and ARV care. To maintain confidentiality a national coding system will be used. In FY06 we will focus on strengthening of Data collection and reporting; and reinforcement of QA/QC, reinforcement of human resource capacity at field level, strengthening the integration of HIV/AIDS HIS into the overall HMIS, continuous reinforcement of archiving and filing system, field support for IT infrastructure, the ongoing development of the electronic data management and reporting system for patients in clinical care and a certificate course in M&E
SURVEY DATA:
PEPFAR has allowed regular update of behavioral and serological survey data and thereby has contributed in the availability of quality data that can help trend and control the epidemics. In collaboration with the Global Fund, a facility survey is underway to assess the level of HIV/AIDS services currently being delivered at Point of services (POS). In 2006 we will support data triangulation and In-depth Analysis of 2005 survey data.

In FY06 we will undertake targeted evaluations to assess the effectiveness of methods that ensure adherence to HAART and evaluate risky sexual behavior following HAART.

Program Area Target:

Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	250
Number of local organizations provided with technical assistance for strategic information activities	84

Table 3.3.13: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Institut Haitien de l'Enfant (Haitian Child Health Institute)
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 3907
Planned Funds: [redacted]
Activity Narrative: FY06 Strengthening of Data collection and reporting; and reinforcement of QA/QC. This activity o relates to: (2) "the implementation of an integrated web based facility system" under the auspices of Tulane University; (2) "the ongoing development of the electronic national data management and reporting system for patients in clinical care" under ITECH; (3) the development of a paper-based system for monitoring performance of non facility-based interventions. The reasons are the following : (a) The data collected under this component are the ones that will be captured through both above-mentioned-electronic system; (b) once new data collection and reporting instruments are developed, good logistical support needs to be established to ensure their availability, their use as well as their quality. The reason for choosing IHE for that component is that it has established, over the years, the capacity to reach out to the sites to provide oversight, training, assistance and quality assurance. This support is provided either directly to the sites or through umbrella organizations already supporting the sites. Implementation of this component includes: (a) the rolling out and continuous supplies of forms for data collection and reporting at 88 sites carrying out VCT,PMTCT and ARV services; (b) the training of field staff in the use of data collection instruments whenever situations such as creation of new sites, hiring of new personnel, changes of the instruments or needs for refresher training occur; (3i) the hands-on technical assistance for continuous improvement of data collection and reporting at the sites through at least one visit per site each trimester; (d) the validation and clearance of data. Once the instruments for non facility based activities would be established (see MEASURE evaluation activity), they will roll them out at the point of services, oversee data collection and perform data quality assurance. The component will cover the cost for: (1) reproduction of forms and distribution to the sites; (2) field visits to the sites; (3) training for field staff in the use of all the instruments developed for facility-based and non facility based activities. Reinforcement of human resource capacity at field level At the time of scaling up of HIV/AIDS services it became evident that the manpower available at the level of the health information system in Haiti was too weak in quantity and quality to keep up with the intensity of tracking down, collecting and reporting HIV/AIDS data. Indeed, from a system designed to collect data on acute ailments treated in separate functional wards, it became necessary to establish mechanisms and tools to gather data for a single patient across different units.

In FY05, funding has been earmarked to hire a new personnel with minimal training in computer use and experience in the handling of data, but who could rapidly learn the use of all the new paper-based and electronic instruments developed, facilitate the collection and reporting of data, support the archiving and filing of HIV/AIDS records, and reinforce the use of data for local decision making. These personnel were assigned to large institutions requiring collection of data from various wards

In FY06, resources will continue to be provided through the same mechanisms establish by IHE to support the dedicated personnel hired the previous for the sites. Forty additional sites will be added this year to the fifty that received this assistance last year. Priority will be given this year to the large TB clinics that will carry out surveillance of TB/HIV, ongoing maintenance, oversight, and QA/QC of the surveillance system. This activity is closely linked to the "ongoing Technical assistance for the development of the surveillance system" under NASTAD. Over the past two years, IHE as a local organization has teamed up with NASTAD, a US-based organization, to revitalize a country-wide surveillance system for HIV/AIDS that had remained dormant for about ten years. Under NASTAD guidance and technical expertise, IHE had carried out training for field staff, provided hands-on technical assistance and oversight to field activities, gathered and processed the case reports received from the field, and provided an interface with the MSPP. This system is currently piloted at six sites and will be in use at all the 27 ARV sites by the end of FY05. In FY06, funding will be allocated to IHE to cover the costs of: (1) field visits

to the 27 ARV sites, plus any new site added in FY06; (2) training of field staff for an average of 2 staff per sites. Training includes new and refresher training in data collection, reporting; and 3) security production and distribution of surveillance forms and registers to all sites.

Emphasis Areas	% Of Effort
HIV Surveillance Systems	51 - 100
Monitoring, evaluation, or reporting (or program level data collection)	51 - 100
Proposed staff for SI	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	200	☐
Number of local organizations provided with technical assistance for strategic information activities		☑

Target Populations:

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)
Other health care workers (Parent: Public health care workers)
Other health care workders (Parent: Private health care workers)

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: MEASURE Evaluation
Prime Partner: University of North Carolina Carolina Population Center
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 3908
Planned Funds:
Activity Narrative: In FY 06, the following activities will be emphasized: Strengthening the integration of HIV/AIDS HIS into the overall HMIS. This component also relates to activities included in the cooperative agreement with the MSPP. The information systems needed for monitoring and evaluation of PEPFAR activities and supporting prevention, care, and treatment efforts are complex. Information systems must take into account the broader health care delivery system and integrate HIV/AIDS information into the broader regional and national Health Information Systems (HIS) in order to build sustainable management systems. This is an important issue for Haiti, where the HIV/AIDS information system has been developed so far by the National HIV/AIDS coordinating unit with little participation with the Planning Directorate, which is in charge of the overall management of the HIS. This information system has been rolled out only at institutions receiving funding from PEPFAR and the Global Fund. As a result, there is no way to capture and measure efforts deployed outside the donor's framework. MEASURE which, under USAID, funding for the past five years has provided TA to the MSPP to strengthen the HIS, is implementing with PEPFAR funding an HMIS strategic planning effort with an end result of integrating and strengthening the HIS for HIV/AIDS interventions within the broader HMIS.
In FY06, MEASURE will (1) propose revisions to be carried into selected forms of the HIS system, to ensure that a minimal set of HIV/AIDS data are captured throughout the system, especially by institutions not included in any special program; (2) design and improve tools used for referral of patients within the health care system; (3) provide TA to the Departmental Directorate to strengthen their capacity to validate, process and analyze data; and, (4) facilitate hands-on training sessions that will be organized by the nine national administrative Departments for provider institutions.
The technical training component provides funding for: (a) technical assistance to assess and redesign current forms and registers in use in the health sector for general care, and design instruments for referrals; (b) consensus meetings with stakeholders, both for the overall HMIS system and for the referral system; and, (c) hands-on TA to the nine Departments, to enable them to organize training on revised tools and support integration on the field.
Continuous reinforcement of archiving and filing system: This activity is related to the activities carried out by IHE, because MEASURE will work closely with IHE to take advantage of their field visits to ensure the distribution of folders, and to incorporate the training on the use of the coding, filing and archiving as a module, with concerns for confidentiality and the necessity to save HIV/AIDS records from being destroyed every three years as the national policy recommend. Additionally, it has been deemed imperative to create a secure and organized environment for the archiving of the patient records for those undergoing HIV/AIDS care. In FY05, funding was given to MEASURE to: (1) implement a filing system with appropriate coding for medical records; (2) procure folders with different compartments to enable the easy filing of the different forms constituting the patient records (e.g., clinical, pharmacy, lab, psychosocial support, community care); and, (3) provide hands-on assistance to the sites archivists and data clerks.
In FY06 the mandate will be the same: MEASURE will have to make sure that existing sites are keeping up with new patients and that new sites adopt the model for filing and archiving. Moreover, in addition to the ARV sites, the effort will need to be expanded to sites providing palliative care. Funding support under this component will serve to: (a) purchase folders;and, (b) conduct field visits in collaboration with IHE to oversee the use of the folders.
Development of a paper-based system for monitoring performance of non facility-based interventions This activity has close relationship with "Strengthening of Data collection and reporting; and QA/QC" under the IHE section, and with " Implementation of an integrated web based facility system for USG reporting, as well as facility and non facility reporting " under the Tulane section because, once the

system is designed and developed by MEASURE, IHE will provide the logistics to roll it out to ensure that the lowest level points of service level use it. TULANE/SOLUTION will then incorporate the variables into the MESI. Though community-based activities have been carried out in Haiti before the advent of PEPFAR, there has never been a standardized system to monitor performance and collect data generated from those interventions. Some institutions have gone through the steps of putting together their own instruments; others have simply developed interventions without maintaining data records. This gaping hole had been evident when data are aggregated for the preparation of previous PEPFAR reports. The absence of instruments has resulted, in some instances, in under-reporting of data on services provided and, in others, has resulted in inflated numbers that had to be trimmed down because they did not reflect the reality. The objective here is to use the opportunity offered by the requirement to report on required indicators for PEPFAR to put in place a broad monitoring system which should enable to measure performance, and generate analysis to better inform planning in OVC and BCC activities. This will require: (a) assessment of existing tools; (b) standardization and consensus-building around indicators; and, (instrument design. The resources for this component will help cover the cost of technical assistance or specialized consultancies for reviewing existing instruments, the design f new instruments, and organizing consensus meetings.

Emphasis Areas	% Of Effort
Health Management Information Systems (HMIS)	51 - 100
Other SI Activities	10 - 50
Monitoring, evaluation, or reporting (or program level data collection)	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	70	☐
Number of local organizations provided with technical assistance for strategic information activities		☑

Target Populations:

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)
Other health care workders (Parent: Private health care workers)

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: UTAP
Prime Partner: Tulane University
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 3909
Planned Funds:
Activity Narrative: Tulane will support through different activities various emphasis areas such as: HMIS, Information Technology and communication infrastructure, USG data base and reporting system. The activities are the following.

Integration of USG reporting and non facility-based-activity reporting into existing web based aggregated reporting system (MESI):
This component relates to activities carried out by (IHE) under "Strengthening of Data collection and reporting; and reinforcement of QA/QC".

Non-facility based reporting has been one of the most challenging tasks related to M&E of PEPFAR in Haiti. Programs have devoted limited resources to put reporting systems in place and communication channels compounded and road infrastructure pose additional obstacles.

Since FY05, PEPFAR has supported the development of a web-based system for facility-based reporting. Currently the system is operational at some VCT, PMTCT and ARV sites.

In FY06 PEPFAR will expand the system to: allow non-facility-based partners to enter data directly; allow all partners to report on PEPFAR indicators and sub-partner financial obligations; generate reports and analyses; and include a data quality assurance component.

This activity will cover the costs for: consulting services from IT experts to develop the application and manage the database; technical assistance to develop a data validation mechanism , an analysis plan, develop a procedural manual and generate reports; and train site staff and stakeholders to use the system and its reports facility.

Support for IT infrastructure
The majority of PEPFAR non health facility-based partners in Haiti lack computer equipment, internet access and power sources that support the level of information flow required by PEPFAR. In FY04 and FY05 PEPFAR provided basic information and communication technology (ICT) support, which has greatly improved programming, communication and data exchange with and among USG and its partners. Support range from simple internet access to small local area networks.

The plan for FY06 is to: ensure the maintenance of systems already installed including maintenance of hardware and software; expand to 20 additional sites equipping them with cabling, satellite equipment, and staff training.

This activity will cover the cost of: procurement, installation and maintenance of computer and communication equipment; and training of field staff.

Data triangulation and In-depth Analysis of 2005 ANC and HDHS+ data
With prevalence data soon available from different sources (ANC and DHS), PEPFAR Haiti will support further analysis of these data to increase the understanding of the epidemic in Haiti.

The prevalence of HIV in the general population will be estimated from ANC surveillance using modeling techniques. This will then be compared with the results of the 2005 HDHS+ in order to arrive at the best possible estimate of HIV prevalence in Haiti.

Technical assistance and backstopping for M&E and HMIS
PEPFAR requires close M&E to ensure that resources are used efficiently and to demonstrate the effectiveness of the program.

Since initiation of PEPFAR, Tulane has supported the national health information system. Tulane has a full time M&E officer based in Haiti and provides regular TA visits, and backstopping for M&E and HMIS.

In FY06 Tulane will continue to: maintain the HMIS system that supports planning and reporting of USG activities; provide TA for the development of standard operational procedures for data collection, data cleaning and data processing for both paper-based and electronic systems; and continuously analyze data.

Targeted Evaluations
a) Assessing the relative effectiveness of various methods used to ensure adherence to highly effective antiretroviral therapy:
As life-saving ARTis rolled out in Haiti it will be essential that patients adhere to their prescribed regimens to avoid potential drug resistance. Even under ideal conditions, strict adherence to ART is difficult. Currently a natural experiment for testing adherence to ART is ongoing within organizations that provide ART services. Partners in Health (PIH) at the Clinique Bon Sauveur in Cange uses accompagnateurs—paid individuals from the patient's home town who assist them with adhering to their prescribed ART regimen. GHESKIO uses a different system, recruiting a patient's family member to ensure adherence. Lastly, several public hospitals will soon roll out ART and will likely use a slightly different system that is from those described above to encourage adherence.

Tulane will undertake a targeted evaluation to describe, both quantitatively and qualitatively, how well each system performs at promoting adherence to ART. Tulane will also attempt to assess the relative efficacy of the different ART adherence promotion strategies. It is hypothesized that effective adherence promotion method will result in a lower rate of ART treatment failure. This activity will be conducted in collaboration with CDC/GAP through Tulane's UTAP agreement, with a subcontract with CERA.

Clinique Bon Sauveur in Cange, GHESKIO in Port-au-Prince, and other public hospitals will serve as the study sites. A random sample of patients will be selected sample at these sites. A questionnaire will be administered to assess self-reported adherence over the previous 4 days. Confounding factors such as initial health status (i.e. TB/HIV coinfection), as well as socioeconomic and demographic characteristics will be controlled for using a multivariate analysis. In-depth interviews will be conducted with a subset of respondents to assess barriers to adherence, motivational factors, and general attitudes related to being on ART.

b) Targeted evaluations of risky sexual behavior following highly effective antiretroviral therapy (Disinhibition):
With the expanded use and success of ART, the prevalence of unprotected sex, as well as the incidence of STIs, including HIV, may rise (CDC 1997 and 2003; Stolte et al., 2003; Yamey et al., 2001; and Crepaz et al., 2004). This may be due to the perception that HIV infections are manageable through treatment, and that one is no longer infective to partners while on ART. To date there has been no evidence to assess if ART patients in developing countries experience dis-inhibition to avoid risky sexual behavior, especially unprotected sex. Given that ART does not eliminate the possibility of transmitting HIV, an increase in unprotected sex among the HIV-positive population following the introduction of ART may have unintentional consequences on the HIV/AIDS epidemics if not appropriately addressed through continued and target risk reduction behavior change campaigns.

Tulane will undertake a targeted evaluation to quantify the effect ART may have on risky sexual behavior. This activity will be conducted in collaboration with CDC/GAP through Tulane's UTAP agreement. The aim of this targeted evaluation will be to test if patients on ART are more likely to practice risky sexual behavior, as compared to their HIV-positive counterparts who are not on ART. It is hypothesized that HIV patients who are receiving ART will experience dis-inhibition to avoid risky sexual behaviors due to multiple factors, including the perception that their condition is curable, that they are no longer infective, as well as an overall health improvement.

Multiple sites within Haiti are proposed for this targeted evaluation. Risk behaviors will serve as the primary outcome for assessing the effect of ART on dis-inhibition, measured by self-reported risk behavior via a survey questionnaire. Potentially, group point-prevalence of sexually transmitted infections (STIs) could also serve as a proxy indicator for risky sexual behavior. The effect of HAART on risk behavior will be assessed using a pre-post control design. The total sample size is estimated to be approximately 1,500 patients.

Emphasis Areas	% Of Effort
Health Management Information Systems (HMIS)	10 - 50
HIV Surveillance Systems	51 - 100
Information Technology (IT) and Communications Infrastructure	10 - 50
Monitoring, evaluation, or reporting (or program level data collection)	51 - 100
Targeted evaluation	51 - 100
USG database and reporting system	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	70	☐
Number of local organizations provided with technical assistance for strategic information activities	5	☐

Target Populations:

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: ITECH
Prime Partner: University of Washington
USG Agency: HHS/Health Resources Services Administration
Funding Source: GAC (GHAI account)
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 3910
Planned Funds:
Activity Narrative: In FY06, the focus of ITECH activities is the ongoing development of the electronic data management and reporting system for patients in clinical care. The fact that HIV/AIDS is a chronic disease that involves a lifetime of care and treatment and uses a multidisciplinary approach (laboratory, pharmacy, and clinical data) requires a patient management system that allows longitudinal tracking of patients over the lifetime of treatment. It is critical, for the continuity of care, that the information system capture clinically relevant information on patients that is easily retrieved upon the patient's next contact with the clinical facility. With very few exceptions, HIV/AIDS service were being scaled up, information systems found in Haiti were traditional paper-based, medical records with limited utility for constructing a useful patient history. As efforts were deployed to develop forms to better capture data relevant for patient monitoring, resources were also committed by PEPAR to implement electronic information systems that could enable efficient retrieval of information on a patient level, and to facilitate the tabulation of key indicators required for program monitoring and surveillance purposes. As a result, ITECH had developed an electronic data management and reporting system, with retrospective entry of data from paper-based medical records. The system has already been piloted at one site and will be expanded to six (6) sites by the end of FY05. Once disseminated, the system (based in Windows XP operating system) will allow local site data management with daily transfer of data to a national-level data repository, in order to facilitate sharing of medical records for patients who transfer care within the network, as well as for aggregated national-level reporting. In FY06 the plan is to: (i) ensure full integration of HIV clinical care EMR/data management and reporting systems with laboratory and pharmacy data management systems (ii) develop system enhancements for all the 31 sites to implement the system as a true point-of-care EMR with real-time access to patient data across the clinic site, (iii) ensure integration of data systems for VCT, PMTCT, and HIV clinical care, and develop a limited module for collection of individual data at the VCT, PMTCT and clinical care sites (iv) provide large scale training for different categories of staff (physicians, nurses, social workers, pharmacist and lab) in use of the clinical data system to all sites and in database management for the Ministry of Health staff that have the responsibility for management of the system, and (v) expand the system to the remaining sites (25 remaining ARV sites + 25 palliative care sites). This will also entail the allocation of significant funding to the already existing system such at PIH and GHESKIO to continue to upgrade and support their data systems to interface with the national system. ITECH will have to work with the designer and implementer of the system for those institutions.

Emphasis Areas	% Of Effort
USG database and reporting system	51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	280	☐
Number of local organizations provided with technical assistance for strategic information activities	4	☐

Target Populations:

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)
Other health care workers (Parent: Public health care workers)

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	National Association of State and Territorial AIDS Directors
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	Strategic Information
Budget Code:	HVSI
Program Area Code:	13
Activity ID:	3911
Planned Funds:	
Activity Narrative:	The FY06 program activity for this component is ongoing technical assistance for the development of the surveillance system (Note: this component relates to the IHE Ongoing maintenance, oversight and QA/QC of the Surveillance system"). Although AIDS has been a reportable condition in Haiti, the 'passive case reporting' adopted years ago had remained dormant for about 10 years. During this hiatus, case reporting remained largely incomplete, the quality of reported data was not assured by ongoing supervision and feedback to the institutional level, and the MSPP could not analyze and disseminate reported data. PEPFAR has succeeded in revitalizing the case reporting system by allocating resources that which have permitted the piloting of a new system, whose goals are to: (1) assess the magnitude of the problem (i.e., the number of persons with end-stage HIV disease; number of persons who will require care); (2) assess the impact on clinical services; (3) monitor the impact of treatment services (e.g., assess the proportion of persons with end-stage HIV disease over time); and, (4) describe the characteristics of persons who continue to develop end-stage disease, once care is available, to better design and target health care services to capture changes in the burden of disease. The following results have emerged from this new effort : (a) the new system is now being piloted at 6 ARV sites; (b) the MSPP has moved to a definition of HIV/AIDS cases that will render Haiti's AIDS data more comparable to data reported from other countries; (c) all variables recommended by WHO for AIDS surveillance are now integrated into a new medical record, in use in most of the sites providing ARV services; (d) new registers and AIDS case reports are available and in use in the pilot sites; (e) case notification reports are now sent regularly at the central level; (f) a training manual has been developed; and, (g) a database is available to automate quarterly reports. The FY06 plan is to reinforce the system put in place at sites for data collection (coordinated with M&E activities), support the expansion of the system, as new ARV sites come on-line, provide TA for the building of epidemiologic capacity at central and departmental levels, in order to support using surveillance and M&E data for decision making and, lastly ,to support joint analysis of surveillance and M&E data to aid program planning.

Emphasis Areas	% Of Effort
Other SI Activities	51 - 100

Targets

Target

Number of individuals trained in strat
M&E, surveillance, and/or HMIS)

Number of local organizations provid
for strategic information activities

Target Populations:

Other MOH staff (excluding NACP sta
workers)
Other health care workders (Parent:

Table 3.3.13: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Ministre de la Sante Publique et Population, Haiti
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 3912
Planned Funds:
Activity Narrative: FY06 Capacity building in Strategic Information for the Ministry of Health

This component relates to the following activities: (I) The "Strengthening of Data collection and reporting; and reinforcement of QA/QC" under IHE (ii) The " Ongoing maintenance, oversight and QA/QC of the Surveillance system" under IHE (iii) The "Strengthening the Integration of HIV/AIDS HIS into the overall HMIS" under MEASURE. The reason is that those activities constitutes the right opportunity to reinforce capacity building and initiate the transfer of some responsibilities related to quality control, surveillance and overall system management to the Ministry of Health.

The impressive efforts around HIV prevention and treatment in Haiti has put tremendous pressure on the Ministry of Health to put in place an effective information management system for data collection, analysis and dissemination for decision making. The information system will allow performance monitoring as well and build on staff capacity building efforts in data collection and management.

The Ministry of health has struggled for years to find the appropriate resources to build capacity to carry out minimal strategic information related functions. The lack of sufficient staff at the central and departmental levels to coordinate SI activities [feedback and follow-up activities with health care providers, including supervision and training, cary out data analysis, reporting and dissemination of information has been the major limiting factor for the Ministry of Health to implement a functional strategic information system. In addition a chronic lack of basic office materials such as printing paper, computers, the lack of logistics and functional means of communication has also crippled the Ministry's capacity to intervene effectively.

Funding were earmarked in FY05 to allow the MOH to appoint tempory staff to different technical areas and technical leads to be seated at the HIV/AIDS coordinating body (UCC), acquire office and computer equipment and increase data storage and processing at the UCC. The Cooperative aggreements (CA) for capacity reinforcement at the central level is in the works for finalization.This reinforcement of the central level is in tune with an approach adopted back then to centralize at least during the conceptual and early development phase of the implementation of all the new mechanims that were put in place in order to maintain control and re-adjust rapidly when needs be.

Ensuring the sustainability of all the new mechanisms will require: (i) the progressive transfer to the Ministry of responsibilities and roles carried out at the conceptual and early development phase uniquely by partners. (ii) better involvement of the nine departmental directorates, for which no significant capacity improvements have been made last year (iii) better capacity for the central level to play its regulatory, supervisory and normative role.

In FY06, continuous capacity building which will lead to a progrssive transfer of responsibilities will be a major plan of the USG strategic Information technical support allowing the Ministry of Health to play the lead role for HIV/AIDS Monitoring and Evaluation

The USG has set up jointly with the MOH an executing unit to manage its cooperative agreements with the Ministry. This unit, which has been functional since last year is fulfilling all fiduciary and procurement role for PEPFAR related activities. While being an integral part of the MOH, the unit ensures that all PEPFAR related activities comply with USG standard provisions. In FY06 this unit will play a more

active role in providing SI field support to the sites, especifically by ensuring continuous supply of office supplies for M&E and surveillance purposes to the sites. The unit will work closely with warehousing and ditribution systems already put in place by PEPFAR to deliver tmaterials to the sites.

the following activities will be carried out by the Ministry of Health under this component:

- M&E: the UCC with the help of the technical leads hired with funding from the project will: (i) hold meetings with stakeholders to continue to build concensus around indicators, (ii) conduct regular program performance review, (iii) provide technical assitance to the departments to enable them to stay abreast with the new concepts and methodologies. (ii) All M&E documents needing validation of the Ministry get processed to the General Director () ensure the updating of the M&E plan when needed () prepare a bi-annual program report for the HIV/AIDS program
- HMIS: (i) The departmental directorates will start playing their role in regard to QA/QC by visiting sites jointly with IHE. MESI includes a function whereby the department can validate data before they get posted definetly on the web. Therefore the departments are expected to visit the sites to verify data collection and reporting (ii) Monthly meetings will be held by the departmental directorates with all stakeholders to review performance (iii) Once the instruments for general care have been revised to incorporate the HIV/AIDS variables, the departments will take the lead role in organizing trainings, reproducing and distributing forms (ii) The central level will.....?
- Surveillance: (I) The MOH will hire on temporary basis 1 or 2 epidemiologists at the central level to work jointly with IHE and NASTAD to support the departmental epidemiologists, as well as few short term consultants to be seconded by the departments (ii) field visits will be organized jointly by the departmental epidemiologists and IHE
- Field support to the sites: (i) The USG/MOH executing unit will hire appropriate support staff (iv) procurement of office supplies, especially printing materials to M&E and surveillance units to the sites to enable them to perform their reporting role.

Funding under this component will cover the cost of : (i) mataining under payroll temporary individual contrators hired as technical leads at UCC as well as short term technical staff at the departments (ii) administrative, clerical and secretarial support at UCC and the departments as their active role in the handling of data will increase adminsitrative and clerical burden (ii) procurement of two vehicles for the UCC to facilitate field visits (iii) travel expenses for field visits of UCC and departmental directorates staff (iv) logistics of meetings, workshops and training at both central and departmental level (v) productions of forms and registers as changes are expected at the level of the HMIS system (vi) office equipment

Emphasis Areas	% Of Effort
Health Management Information Systems (HMIS)	51 - 100
HIV Surveillance Systems	51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	200	☐
Number of local organizations provided with technical assistance for strategic information activities		☑

Target Populations:

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)
Other health care workers (Parent: Public health care workers)

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	US Centers for Disease Control and Prevention
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	Strategic Information
Budget Code:	HVSI
Program Area Code:	13
Activity ID:	3913
Planned Funds:	
Activity Narrative:	For FY06: Support to development of in-country expertise in Strategic Information. This overall effort for the improvement of Strategic Information in Haiti will require a significant level of in-country expertise that is not currently at the needed level to sustain an SI infrastructure for the remainder of the PEPFAR program, and beyond. One of the key strategies utilized by the USG team that has been successful so far with regards to ensuring availability of expertise, when technical assistance from overseas remained restricted, is to support the participation of local staff at international forums, workshops and seminars, so that they can keep abreast of progress in this area. The need for continuous support in the development of local expertise, a key component in the establishing an SI capacity, particularly at the Departmental level and below, will likely continue in the light of the many new mechanisms and instruments that have been developed. Participants will be selected from the MSPP, participating partners and sites. The following sectors will be supported: (1) M&E; (2) HIV/AIDS surveillance (3) TB/HIV surveillance; (4) Information Technology; (5) Survey methodologies and techniques for conducting BSS, ANC survey, and incidence surveys; and, (6) projections and estimation techniques. CDC will manage this component for the USG and, thus, will regularly update the list of prospective events to identify potential candidates, work with selected participants on scope of work to ensure application of workshops or seminar contents upon return, facilitate registration and arrangements for participations, and maintain the database of participants.

Emphasis Areas	**% Of Effort**
Other SI Activities	51 - 100

Targets

Target	**Target Value**	**Not Applicable**
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	25	☐
Number of local organizations provided with technical assistance for strategic information activities	84	☐

Target Populations:

Community-based organizations

Faith-based organizations

Non-governmental organizations/private voluntary organizations

Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.14: Program Planning Overview

Program Area: Other/policy analysis and system strengthening
Budget Code: OHPS
Program Area Code: 14

Total Planned Funding for Program Area:

Program Area Context:

Haiti's unstable political situation during the past twenty years has created, by most accounts, a failed state where economic, social and development initiatives must be carried through mechanisms geared to provide emergency relief only. The creation of a national response for HIV/AIDS in Haiti requires a multi-pronged approach, based on the: (1) establishment of a multi-sector-program governance; (2) implementation of a multi sector- strategic-plan that not only incorporates recent breakthroughs in prevention and treatment of HIV/AIDS, but also defines priority areas and establishes objectives and benchmarks in order to frame the country-wide effort; (3) reinforcement of key institutions that can serve as incubators for the integration of other sectors; and, (4) the establishment of channels and mechanisms that can foster initiatives from various sectors, including grass-root and community organizations, the private informal sector, and with local public agencies.

Through its policy and strengthening component, PEPFAR has developed a vision to address these different dimensions. PEPFAR has provided resources to reinforce both the program management and the operations capacity of the Interim Government of Haiti's Ministere de la Sante Publique et Population (MSPP), in order to enable the ministry to develop a complete understanding of donor interventions already underway, and to emphasize the role and responsibility that the ministry should play to ensure sustainability of these interventions in the mid- and long-term. This reinforcement is critical for the ultimate success of the Emergency Plan's policy and strengthening process, because the MSPP represents one of the rare -- if not the only -- public entities which currently has the capacity to operate decentralized administrative units, at the Departmental level, that have their own financial management capacity.

IN FY04 and FY05, PEPFAR funding primarily targeted the Departmental directorates, as part of the EP's strengthening effort. These resources have enabled them to significantly improve their physical infrastructure, to acquire additional logistic capacity, and to receive hands-on technical assistance. Moreover, as another aspect of that capacity building effort, the USG team has sponsored, through a cooperative agreement with the MSPP, the creation of a key management unit, reporting to the Minister, created specifically to manage funds and handle procurements for awards made directly to the ministry. This organizational unit has dramatically increased the absorptive capacity of the MSPP, and has enabled it to comply with standard financial and procurement procedures required by the USG and other international donors. This unit is currently directly managing the $1.5 million agreement for Blood Safety and will initiate, in collaboration with two departmental directorates, the management of small grants earmarked to support community initiatives.

For FY 06, we plan to build on this key institutional accomplishment within the MSPP, and to continue to expand the policy agenda toward the creation of a more widespread, national institutional capacity strategy by: (1) strengthening the existing steering mechanism put in place by the Global Fund, (referred to as the 'CCM'), into becoming the National Committee on HIV/AIDS and, therefore, accomplishing one of the objectives of the "Three Ones" agenda, to create a unique coordinating body for HIV/AIDS activities; (2) developing, under the guidance of this committee, a new national strategic plan that will better capture the potential contribution of all sectors; and, (3) reinforcing the financial and grant management mechanisms established in FY05 on as wide a national scale as possible. These activities will be carried out within the framework of the existing cooperative agreement between the USG and the MSPP.

Program Area Target:

Number of local organizations provided with technical assistance for HIV-related policy development	1
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	1
Number of individuals trained in HIV-related policy development	0
Number of individuals trained in HIV-related institutional capacity building	0
Number of individuals trained in HIV-related stigma and discrimination reduction	0
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	0

Table 3.3.14: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Ministre de la Sante Publique et Population, Haiti
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Other/policy analysis and system strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 4348
Planned Funds: [redacted]
Activity Narrative: FY06 capacity building for financial and grant management at the Ministry of Health. This activity is closely linked to the "Reinforcement of governance of the national HIV/AIDS program." The reason for this linkage is that the regional committees created under the above-mentioned component will play a lad role, when fully functional, in the governance of the process for awarding small grants to community organizations. Financing can be one of the best regulatory instruments at the disposal of a state, in order to influence policy and create new dynamics within the economic or social sector of a country. Using this instrument effectively requires that the state establish appropriate demand-driven-mechanisms that can stimulate the marketplace and constitute an incentive for stakeholders to adopt new policies. With support from the World Bank and the Inter-American Development Bank (IDB), Haiti has acquired some experience in the implementation of demand-driven mechanisms, although this experience is largely outside the health sector.
The reinforcement of existing financial management processes could allow the MSPP to catch up rapidly, since this ministry already has – at the Departmental the level – the necessary organizational decentralization to guarantee the successful implementation of such mechanisms. From this perspective, PEPFAR is initiating two activities in FY05, which, when combined, give rise to the most innovative policy development and application in the public health sector. The first activity is the reinforcement of financial management capacity at the central level of the MSPP, by the creation of a key management unit which manages, under a cooperative agreement, all funding provided directly to the MSPP by the USG. The second activity is the creation of a small grant to enable the MSPP to foster and support local initiative from local community groups and local public agencies within two geographical Departments. In FY06, this activity will continue with emphasis on internal financial control and expansion of the grants to two additional Departments (four Departments in total). Hence, the plan of action for this component encompasses two aspects:

- Capacity building: [redacted] Financial management structure and processes will be reinforced within the management unit, at the financial unit of the MSPP, and at the our Departments where the grants will be managed. In this regard, funding for that sub-component will cover the cost of the following activities: (1) procurement of consulting services from a specialized financial management firm to elaborate and train staff in use of enhanced processes and mechanisms related to grant and financial management; and procurement; (2) elaboration of an operational manual which transparently will provide details on issues such as the definition of the menu of activities, publication of scopes of work, eligibility criteria, application requirements; (3) hiring of additional clerical workers to process financial and procurement duties at within the unit and at the Departmental directorates; (4) procurement of financial package software to enter data and generate financial report; (5) training and operating costs of administering the grants, which includes: promotional activities, organization of meetings for panels that will review proposals, training of grantees in grant management and reporting requirements, field visits for central-and-Departmental-level financial units

- Grant Funding: [redacted] Each of the four Departments is expected to manage a portfolio of [redacted] These funds will be put on a separate bank account and are expected to finance a menu of activities exclusively proposed by local community groups or local administrative entities, such as local teacher associations, autonomous youth clubs, PLWA support groups, school district office, and local truck driver associations. Those activities may include, but are not limited to: awareness and educational activities; community or home-based care initiatives; and, community day care centers for OVCs. The Departmental directorates will 1) ensure the promotion

of this grant capability; 2) interface with local organizations 3) facilitate the review of proposals by the regional committees to be put in place; 4) administer the grants; and, finally, 5) oversee the execution of activities by awardees.

Reinforcement of the Governance of the HIV/AIDS Program.
Despite the huge amount of resources available for HIV/AIDS, the involvement of sectors outside the health sector have remained so far too reticent, uncoordinated and diffuse to lead to the multidisciplinary approach needed to significantly impact the progression of the pandemic. Part of the reason for this lack of involvement is the absence of mechanisms that could engage other sectors into 1) identifying interventions that are relevant to their domain of interest, 2) formulating appropriate plan of actions, leveraging existing resources, and 3) advocating for additional assistance. PEPFAR has committed resources for other sectors to develop interventions relevant to their domain of interest in both FY 04 and FY 05, such a workplace program to be implemented with remaining FY05 resources that will entail significant participation of the private commercial sector. Several BCC activities will be implemented with participation of different entities in the education sector.
The FY06 budget will contain resources to sustain those activities already begun, multi-sector participation will be addressed at a broader policy level and will be institutionalized through the creation of a National Committee for HIV/AIDS, and the implementation of four (4) regional committees in the Departments where the small grants will be awarded. This National Committee is expected to evolve from the current Coordinating Country mechanism (CCM), created under the Global Fund. The CCM mandate will be expanded beyond the specific requirements of the Global Fund to become a true national governance structure for HIV/AIDS. Its new functions will include, among other responsibilities, the: (1) elaboration, approval, and revision of the HIV/AIDS strategy and action plan; (2) formulation of policies related to HIV/AIDS; (3) approval of large projects with a national scope; (4) elaboration of a national HIV/AIDS progress report that at the end of each year, to provide the status of the program vis-a-vis the broad objectives defined in the strategic plan; and, lastly, (5) advocacy for HIV/AIDS.

Resources will be provided to this National HIV/AIDS Committee to enable the: (1) broadening of the membership base of the current CCM, to ensure inclusion of key sectors not already represented; (2) functioning of working sub-committees; (3) establishment of the Plan's principal leader the highest level of the government, either the Prime Minister or the Office of the President; (4) acquisition of dedicated support services; and, lastly, (5) expansion of advocacy activities. Moreover, four regional committees will be created in the four Departments where the grants will be allocated, with the primary functions to guide the process of grant allocation.

FY05 - The new COAG with the MSPP came on line in September 2005 with it the following activities will be funded with FY05 funds over the next 12 months:
Human Resources Hire counterpart in the DHP, DELR (new section, policy framework) PETP 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.

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

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development		☑
Number of local organizations provided with technical assistance for HIV-related institutional capacity building		☑
Number of individuals trained in HIV-related policy development		☑
Number of individuals trained in HIV-related institutional capacity building		☑
Number of individuals trained in HIV-related stigma and discrimination reduction		☑
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		☑

Target Populations:

Community-based organizations

Country coordinating mechanisms

Faith-based organizations

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism:	Policy Project
Prime Partner:	The Futures Group International
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHAI account)
Program Area:	Other/policy analysis and system strengthening
Budget Code:	OHPS
Program Area Code:	14
Activity ID:	4349
Planned Funds:	
Activity Narrative:	FY06 Technical assistance for the elaboration of a multi-sector 5 year strategic plan Policy project will accompany and provides technical assistance to the National Committee and the Ministry of Health for the elaboration of the multi-sector 5 year strategic plan. The resources will serve to: (i) organize stakeholders meetings and workshops (ii) carry out in-depth interviews (iii) elaborate and produce the document FY05, POLICY Project worked with UCC/MSPP to complete a manual on "Network Set up Guides and Management" for the MSPP in assisting to strengthen its capacity. Also, partner provided technical assistance in designing the "Proposal for the Realignment of CCM-Haiti" that led to the "Operational Plan for the Realignment of CCM". Currently, POLICY is participating in developing a new National Strategic Plan for the Fight Against AIDS / TB / Malaria. In FY05, the POLICY Project will continue to support mobilization activities by providing technical assistance to partner faith based organizations, labor unions, and the National Association of Scouts of Haiti on HIV/AIDS. This has results in close collaboration with POZ and 3 departmental workshops in the North-East, the Grand'Anse, and the South-East aimed supporting the Christian Churches of Haiti. This will be carried over in FY06. In addition, two workshops were organized with main unions representatives from the CTH, OGITH, and CATH to reinforce work based initiatives for expanding HIV/AID activities. This has resulted in "The Labor Unions Awareness Plan in the Fight AIDS" to more effectively engage the private sector in Haiti. As a result of the technical assistance provided to the scouts, they now have a work plan entitled: "Plan of Awareness of the Scouts of Haiti against AIDS" . With technical assistance from POLICY, the Scouts have organized 10 departmental workshops followed by a national forum for the production of promotional materials related to abstinence (banc, theater scenes, and songs) and against stigma. In addition. POLICY supported the Candlelight Memorial AIDS Day (activity to be carried over to FY06). With regard to analytical work, POLICY developed epidemiologic projections of HIV/AIDS in Haiti, based on the results from the "Surveillance Serosentinelle" and the preliminary results of the 2003 census. In addibon, POLICY participated in the preparation and the publication of the report: "Analyse Preliminaire sur la Violence Liee au Genre, la Sante de la Reproduction et le VIH/SIDA en Haiti" (Gender Based Violence, Reproductive Health, and HIV/AIDS in Haiti) - (activity completed). Currently, POLICY is promoting the use of GOALS application will be carried over into FY06. POLICY has completed all planned activities related to planned surveys. As a result, POLICY has finalized our three current surveys: The Orphans and the Other Vulnerable Children (activity completed); Problems met by the PLWA and the Affected Families (activity completed); the Mapping of the VCT Centers (activity ongoing). These reports are being published and will be available in FY06.

Emphasis Areas	**% Of Effort**
Policy and Guidelines	51 - 100

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development	1	☐
Number of local organizations provided with technical assistance for HIV-related institutional capacity building		☑
Number of individuals trained in HIV-related policy development		☑
Number of individuals trained in HIV-related institutional capacity building		☑
Number of individuals trained in HIV-related stigma and discrimination reduction		☑
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		☑

Target Populations:

National AIDS control program staff (Parent: Host country government workers)

Policy makers (Parent: Host country government workers)

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Increasing women's legal rights

Stigma and discrimination

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism: HS2007
Prime Partner: Management Sciences for Health
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Other/policy analysis and system strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 4604
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.

Despite delays in FY05 funding, MSH has been able to facilitate coordination of all PEPFAR partners by working with the USG Team to ensure integrated work plans by program area. For the first time ever, a uniform work plan template was required of each partner to identify activities, geographical area, and partner responsible for the activity. The work plan activities are linked to PEPFAR indicators and targets to ensure that partners undertake the specific activities leading to the expected result. In addition, MSH has worked to support the MSPP/UCC at the central level as well as sparked the development of departmental work plans by decentralized planning with 9 of the 10 departments. As a result, for the first time ever, the Departmental Directors have become empowered to coordinate health and HIV/AIDS activities in their departments in order to minimize duplication of donor efforts and more directly support Haiti's National Plan. This has included use of distance learning courses in management and leadership development among departmental directors. The use of web based training has resulted in opportunities for managers to discuss among themselves issues of transparency, governance and resource allocation with particular attention to health issues, including HIV/AIDS. In FY06, given the limited PEFPFAR funds available, MSH will continue decentralization and capacity building at Departmental with USAID health funds.

Emphasis Areas	% Of Effort
Local Organization Capacity Development	51 - 100

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development		☑
Number of local organizations provided with technical assistance for HIV-related institutional capacity building		☑
Number of individuals trained in HIV-related policy development		☑
Number of individuals trained in HIV-related institutional capacity building		☑
Number of individuals trained in HIV-related stigma and discrimination reduction		☑
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		☑

Target Populations:

National AIDS control program staff (Parent: Host country government workers)

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism:	ITECH
Prime Partner:	University of Washington
USG Agency:	HHS/Health Resources Services Administration
Funding Source:	GAC (GHAI account)
Program Area:	Other/policy analysis and system strengthening
Budget Code:	OHPS
Program Area Code:	14
Activity ID:	4617
Planned Funds:	
Activity Narrative:	Using FY05 funding ITECH has 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 stakeholder 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.

Emphasis Areas	**% Of Effort**
Information, Education and Communication	51 - 100

Target Populations:

Teachers (Parent: Host country government workers)

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism: HS2007
Prime Partner: Management Sciences for Health
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Other/policy analysis and system strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 5850
Planned Funds:
Activity Narrative: In 2005 MSH engaged in policy development and coordination with MOH; MSH also was responsible of the CAs coordination for the USG Team. But it was more active in the first mandate, that consisting of working with MOH at central level (UCC) and departmental level in the frame of the departmental strategy. Indeed he seconded one senior technical advisor who was very active first in the revision of the PMTCT guidelines, and the development of the Electronic Medical Record for which the technical advisor brought a valuable contribution thru his relevant comments.

In 2006 MSH will continue to 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. They will ensure the follow up of the implementation of procedures and mechanism developed to manage programmatic operational plans. MSH will support UCC in organizing high level planning and coordination meetings for a more adequate national response.

To promote decentralized management, MSH will continue to 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 also continue to support technical and administrative staff seconded to departmental directorates.

Part of the resources allocated will be used to support the coordinating role played by MSH for the USG team vis-à-vis all other PEPFAR CAs to ensure all PEPFAR partners provide an integrated plan that will facilitate the monitoring of their respective intervention.

Emphasis Areas	% Of Effort
Local Organization Capacity Development	51 - 100
Quality Assurance and Supportive Supervision	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development	1	☐
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	1	☐
Number of individuals trained in HIV-related policy development		☑
Number of individuals trained in HIV-related institutional capacity building		☑
Number of individuals trained in HIV-related stigma and discrimination reduction		☑
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		☑

Target Populations:

National AIDS control program staff (Parent: Host country government workers)

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Coverage Areas:

National

Table 3.3.15: Program Planning Overview

Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15

Total Planned Funding for Program Area: [redacted]

Program Area Context:

Introduction: Haiti is the poorest country in the Western Hemisphere and ranks in the United Nations Development Program's economic listing with Bangladesh. By most accounts, it remains a failed state. There is some guarded optimism that the Presidential and legislative elections, if they are democratic and transparent, scheduled for November and December 2005 may result in an accountable, popularly-elected government that will begin to put the country on a path that will permit it to provide basic education, economic, and health services to its eight million citizens. Haiti's HIV prevalence rate is the highest in the Western Hemisphere; however, in spite of the political failures of the past few decades, the public health sector is perhaps better poised to achieve more progress in the near-term than any other public sector due to significant and rapidly increasing AIDS program resources and extremely ambitious program objectives.

Emergency Plan's To Date/Donor Coordination: The USG HIV/AIDS program budget has increased from the [redacted] USAID HIV/AIDS program in FY03, to a combined total of more than [redacted] PEPFAR/Haiti program in FY2006. This amount makes PEPFAR the largest HIV/AIDS donor in Haiti. CDC opened its country office in Haiti in 2003, to co- manage the PEPFAR/Haiti program, complementing the then-current USG efforts, chiefly in the prevention sector, with expertise in laboratory support, clinical care and treatment services, information management, and efforts to build host-country capacity in each of these areas. USAID has been implementing HIV/AIDS programs in Haiti for over 20 years, focusing on prevention interventions for high-risk groups, condom promotion, and screening and treatment of STIs, as well as systems development and capacity building in the NGO and public sector. The USG PEPFAR team coordinates closely with the Interim Government of Haiti's (IMOH) Ministere de la Sante Publique et Population (MSPP), and other donors, in health and HIV/AIDS, and has particularly strengthened its relationship with the Global Fund for AIDS TB and Malaria (GFATM) in FY 05.

Recognized Need for PEPFAR Coordinator: In addition to PEPFAR's rapid growth, ongoing security concerns, particularly in Port-au-Prince, have resulted in extended Ordered Departures from Post (one in 2004 which lasted 5 months; another in 2005, ongoing) for USG direct-hire personnel who are sent to work at their Headquarters in Washington, D.C. and Atlanta, GA, while the Haitian locally-engaged technical and support staff remaining in-country. Both program growth and this USG "diaspora" have underscored the need for a country-level PEPFAR Coordinator to help ensure quality control and improved inter-agency integration. The Chief of Mission (COM) has designated the USAID Mission Director as PEPFAR Country Coordinator on an interim basis. The USG Team recognizes this appointment, because of numerous challenges to the interim coordinator's time and attention related to the upcoming Haitian elections and other issues, is not an optimal arrangement. Accordingly, we are seeking to engage a full-time Coordinator in FY2006. Management & Staffing funds have been identified and included in the FY 06 budget request to support this position.

Table 3.3.15: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 3914
Planned Funds:
Activity Narrative: FY06 General: The roles and responsibilities of personnel range from management of the overall PEPFAR program to providing on site technical assistance and training to partners. In addition to the usual management/staffing issues, responsibility for political instability related contingency planning and addressing US security requirements (such as the planned purchase of another Lightly Armored Vehicle, or LAV, for USG staff use, leasing and minor renovation of warehouse for lab supplies/equipment to meet US government regulations, addressing high turnover of support staff) have been managed and financed through this program area.

PEPFAR Coordinator: As this bilateral program has grown over the first years, the need for a PEPFAR coordinator who is responsible for overseeing/coordinating program activities and schedules has become more apparent. Currently, the USAID Mission Director has been designated the coordinator; this additional responsibility to her usual duties is an unrealistic situation. For 2006, funding will be allocated for a PEPFAR coordinator.

Targeted Evaluations: Lastly, in terms of program improvement, sound evidence to inform program direction has been lacking. Targeted evaluations addressing priority areas should be pursued in order to improve allocation of resources.

FY Plan: In order to better manage and implement the PEPFAR program in collaboration with USAID, CDC Haiti will take the following steps:

1) Continue annual USG team building retreat to assess needs and accomplishment;
2) Develop position description and hire full-time (or part-time) PEPFAR coordinator, in accordance with the preceding narrative and timeline;
3) Continue to recruit staff for vacant field positions;
4) Develop a dedicated Prevention Section to work jointly with USAID counterparts in the area of prevention strategies for high risk populations, with a PHA as Section Chief;
5) Develop an Epidemiology Section responsible for cross-cutting projects or targeted evaluations that would provide evidence to inform program activities;
6) Reach final determination on the best warehouse(s) and logistics management operations to ensure that commodities and supplies are received safely and in a timely fashion into the country, and are distributed in the same manner throughout the country.

Table 3.3.15: Activities by Funding Mechanism

Mechanism: USAID/GAC/HQ
Prime Partner: US Agency for International Development
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 3936
Planned Funds:
Activity Narrative: FY06 USAID/Haiti overseas PEPFAR activities using its existing staff and Mission support functions. Virtually all health staff are contributing to varying degrees to the management and technical oversight of USG PEPFAR activities. USAID also supports PEPFAR through strong in-country Mission capacity for Finance, Program Planning, Procurement and Executive functions to manage resources and ensure compliance with USG regulations. The USAID PHN office also manages a annual program or maternal/child and reproductive health interventions to strengthen basic health services in Haiti and provide "wrap-around" support to PEPFAR activities through an active network of 30 NGOs and over 100 health centers. PHN also coordinates with the Mission's Title II Food Security Program to ensure program synergy for holistic care and support. PHN will strategically leverage PEPFAR resources to ensure they are linked with Title II project partners (Care, Save, World Vision CRS) who operate over 800 food distribution outlets countrywide. For 2006, USAID will continue joint contingency planning with other USG agencies to prevent disruptions to program services. This will include resources for alternate logistical and communication strategies, security infrastructure.

-PHN human Resources are supported by PEPFAR and non-PEPFAR USAID health funds, with 16 FTEs funded by PEPFAR (staff roster and combined USG organigram posted as annex). Staff supporting PEPFAR include 2 senior USDH Technical health Officers not charged to PEPFAR program funds, as well as 1 M&E Advisor, 1 Technical Writer, and 1 Senior Technical Advisor. FSN Technical/Program staff includes: (1) Senior Medical Advisor, (1) Reproductive Health and MTCT Advisor, Care and Treatment advisor, (1) M&E Advisor, (1) TB Program Manager, (1) Advisor for OVC services and TB, (1) Behavior Change Communication Advisor, (1) Supply Chain Logistics and Pharmaceutical Management Advisor. Support staff includes: (3) Secretaries, (1) Procurement specialist, (1) Program Assistant, (1) financial analyst, (2) Drivers, staff benefits, travel and training. Funds are also reserved for targeted TA from USAID/Washington on a broad range of technical issues, policy development, and documentation activities to bring more analytical and evidence based design to the PEPFAR program. In 2006, the USG expects to focus additional attention on finance and sustainability issues, including management and audit of local partners. Funds are reserved to equip and train staff, travel for field program supervision and technical coordination in and outside of Haiti.
-Quality Assurance and Supervision is provided as Technical Assistance through USG and FSN personnel.
-Commodity Procurements include purchase of additional office equipment and 1 vehicle.
-Infrastructure includes security and related office upgrades and administrative expenses. Increasing security concerns may require purchase of 1 lightly armored vehicle.
-Logistics includes Site visits and other field travel, staff overtime and vehicle maintenance, insurance and fuel.

Table 3.3.15: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Base (GAP account)
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 4347
Planned Funds:
Activity Narrative: FY06 Background: The CDC Haiti Office is co-located on the USAID Mission campus in downtown Port-au-Prince and works in close collaboration with the Population Health and Nutrition Unit (PHN) of USAID in jointly managing the planning and implementation of the PEPFAR program. Physical proximity of the CDC Haiti Office and USAID affords excellent opportunities for sharing of infrastructure, as well as synchronization of all program activities. The budgetary support of CDC Haiti (staff salaries; benefits; operating costs; communications, rent and utilities); travel (international and in-country); training; equipment; and, transportation is entirely supported by the PEPFAR budget, with no other CDC or HHS backstopping. The CDC/Haiti office is primarily a 'stand-alone operation' and provides almost the full gamut of management and support activities itself in-country, in support of CDC's PEPFAR and the Global AIDS Program (GAP) mission. CDC does not depend on a larger, matrixed CDC organization to provide additional support services.

CDC does, through the ICASS system, receive certain key Embassy services, such as Procurement and General Service Office (GSO) and warehouse support. During he FY 05 Order Departure period, however, the embassy has reduced the service level provided by these functions and CDC, accordingly, will have to ramp-up these services itself in order to ensure uninterrupted service and commodity deliveries.

Staffing: As of September 2005, forty-two (42) CDC staff members are directly supported by the PEPFAR budget, including two vacancies and four 'in-process' positions. Of these 42 staff, three (3) are US Direct Hires (USDH), including the Chief of Party and two (2) Public Health Advisors. The remaining staff is Locally Engaged Staff (LES) or partner-funded (6) technical and support staff; of the LES staff, two (2) are US citizens and the remainder are Haitian or third-country nationals. The Port-au-Prince CDC office houses both professional (clinicians; financial staff, IT staff, procurement and inventory management) and support (secretaries and drivers) staff. Approximately 30% of the staff, consisting of both professional (e.g., regional care and treatment specialists and regional information specialists) and support (driver/clerks) are located in small, regional offices throughout the country (e.g., Cap Hatien and Saint Marc, in the north; Les Cayes; Jacmel; Jeremie, in the south), in association with the Haitian Ministry of Health's Departmental (N.B. the country of Haiti, like France, is divided into Departments) hospital system, as various 'Centers of Excellence' at regional sites.

Decentralization: This decentralization of CDC staff at the departmental level is a reflection of CDC's lead role in PEPFAR care and treatment implementation, and the need to institutionalize PEPFAR activities at the local level to the maximum extent possible. Moreover, given the ongoing security concerns in Haiti, the USG team recognizes the crucial need for program implementation to be able to continue unhindered at the departmental level, regardless of security situations which may occur in the capital. Decentralization is designed to permit program implementation to continue (although the pace mayvary), even if critical events in FY 06, such as the Presidential elections in November - December 2005 and the inauguration of a new permanent government in February 2006, continue to result in further Ordered Departures from the embassy, and other management challenges.

Table 5: Planned Data Collection

Is an AIDS Indicator Survey(AIS) planned for fiscal year 2006?	☐ Yes	☑ No
If yes, Will HIV testing be included?	☐ Yes	☐ No
When will preliminary data be available?	9/30/2006	
Is an Demographic and Health Survey(DHS) planned for fiscal year 2006?	☑ Yes	☐ No
If yes, Will HIV testing be included?	☑ Yes	☐ No
When will preliminary data be available?	5/30/2006	
Is a Health Facility Survey planned for fiscal year 2006?	☑ Yes	☐ No
When will preliminary data be available?	3/30/2006	
Is an Anc Surveillance Study planned for fiscal year 2006?	☑ Yes	☐ No
If yes, approximately how many service delivery sites will it cover?	21	
When will preliminary data be available?	3/30/2006	
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 2006?	☐ Yes	☑ No

Other significant data collection activities

Name:
Behavioral Surveillance Survey

Brief description of the data collection activity:
The actity was planned for FY05, but delay in funding will postpone fied operations

Preliminary data available:
June 30, 2006