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2009

Haiti

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Table 1: Overview

Executive Summary

File Name	Content Type	Date Uploaded	Description	Uploaded By
HAITI Executive Summary.doc	application/msword	11/17/2008		CBaier

Country Program Strategic Overview

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

Yes No

Description:

Ambassador Letter

File Name	Content Type	Date Uploaded	Description	Uploaded By
HAITI Ambassadors Letter pdf.pdf	application/pdf	11/17/2008		CBaier

Country Contacts

Contact Type	First Name	Last Name	Title	Email
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HHS/CDC In-Country Contact	Anna	Likos	CDC Chief of Party	abl5@cdc.gov
Peace Corps In-Country Contact	N/A	N/A	N/A	cbaier@usaid.gov
USAID In-Country Contact	Judith	Timyan	USAID Senior HIV/AIDS Advisor	jtimyan@usaid.gov
U.S. Embassy In-Country Contact	Mari	Tolliver	Information Officer	tollivermd@state.gov
Global Fund In-Country Representative	Judith	Timyan	USAID Senior HIV/AIDS Advisor	jtimyan@usaid.gov

Global Fund

What is the planned funding for Global Fund Technical Assistance in FY 2009? \$0

Does the USG assist GFATM proposal writing? Yes

Does the USG participate on the CCM? Yes

Table 2: Prevention, Care, and Treatment Targets

2.1 Targets for Reporting Period Ending September 30, 2009

	National 2-7-10	USG Downstream (Direct) Target End FY2009	USG Upstream (Indirect) Target End FY2009	USG Total Target End FY2009
Prevention				
End of Plan Goal	122,307			
1.2 - Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	0	136,000	0	136,000
1.3 - Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	0	3,815	0	3,815
Care (1)				
End of Plan Goal	125,000	182,000	5,000	187,000
6.2 - Total number of individuals provided with HIV-related palliative care (including TB/HIV)	0	127,000	0	127,000
***7.2 - Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease (a subset of indicator 6.2)	0	6,500	0	6,500
8.1 - Number of OVC served by OVC programs	0	55,000	5,000	60,000
9.2 - Number of individuals who received counseling and testing for HIV and received their test results (including TB)	0	496,000	0	496,000
Treatment				
End of Plan Goal	25,000	28,500	0	28,500
11.4 - Number of individuals receiving antiretroviral therapy at the end of the reporting period	0	28,500	0	28,500
Human Resources for Health				
End of Plan Goal	0	1,285	0	1,285
Number of new health care workers who graduated from a pre-service training institution within the reporting period.	0	1,285	0	1,285

2.2 Targets for Reporting Period Ending September 30, 2010

	USG Downstream (Direct) Target End FY2010	USG Upstream (Indirect) Target End FY2010	USG Total Target End FY2010
Prevention			
End of Plan Goal			
1.2 - Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	150,000	0	150,000
1.3 - Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	2,500	0	2,500
Care (1)			
End of Plan Goal			
6.2 - Total number of individuals provided with HIV-related palliative care (including TB/HIV)	152,011	0	152,011
***7.2 - Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease (a subset of indicator 6.2)	6,650	0	6,650
8.1 - Number of OVC served by OVC programs	60,000	10,000	70,000
9.2 - Number of individuals who received counseling and testing for HIV and received their test results (including TB)	600,700	0	600,700
Treatment			
End of Plan Goal			
11.4 - Number of individuals receiving antiretroviral therapy at the end of the reporting period	37,919	0	37,919
Human Resources for Health			
End of Plan Goal			
Number of new health care workers who graduated from a pre-service training institution within the reporting period.	1,623	0	1,623

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

Table 3.1: Funding Mechanisms and Source

Mechanism Name: BCC

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7719.09
System ID: 11772
Planned Funding(\$): ██████████
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: No

Mechanism Name: HIV/AIDS Clinical Services In NE

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7716.09
System ID: 11694
Planned Funding(\$): ██████████
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: No

Mechanism Name: PHE Costing

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 11929.09
System ID: 11929
Planned Funding(\$): ██████████
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: Yes

Mechanism Name: PHE SWEPT

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 11928.09
System ID: 11928
Planned Funding(\$): ██████████
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: Yes

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Faith Based Prevention

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4156.09
System ID: 11774
Planned Funding(\$): ██████████
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: No

Sub-Partner: World Hope International
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing

Sub-Partner: Christian Reformed World Relief Committee
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Salvation Army
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing

Mechanism Name: IHE TBD

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 12227.09
System ID: 12227
Planned Funding(\$): ██████████
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Partnership Framework 20%

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 11792.09
System ID: 11792
Planned Funding(\$): ██████████
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: No

Mechanism Name: Partnership Framework 20%

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 12213.09
System ID: 12213
Planned Funding(\$): ██████████
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: No

Mechanism Name: AIR - School Curriculum

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 9392.09
System ID: 11764
Planned Funding(\$): \$200,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: American Institutes for Research
New Partner: No

Sub-Partner: Catholic Relief Services
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Track 1 ARC - TWC

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4712.09
System ID: 9383
Planned Funding(\$): \$756,350
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: Central GHCS (State)
Prime Partner: American Red Cross
New Partner: No

Mechanism Name: ARC - TWC

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 8889.09
System ID: 11766
Planned Funding(\$): \$500,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: American Red Cross
New Partner: No

Sub-Partner: Haitian Red Cross
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other

Mechanism Name: ASCP

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5341.09
System ID: 11761
Planned Funding(\$): \$200,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: American Society of Clinical Pathology
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: APHL

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 15.09
System ID: 11684
Planned Funding(\$): \$400,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Association of Public Health Laboratories
New Partner: No

Mechanism Name: Track 1 AIDS Relief

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4734.09
System ID: 11796
Planned Funding(\$): \$302,679
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Health Resources Services Administration
Funding Source: Central GHCS (State)
Prime Partner: Catholic Relief Services
New Partner: No

Mechanism Name: Track 1 CRS - OVC

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4733.09
System ID: 11795
Planned Funding(\$): \$587,346
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: Central GHCS (State)
Prime Partner: Catholic Relief Services
New Partner: No

Mechanism Name: AIDS Relief

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 3314.09
System ID: 11444
Planned Funding(\$): \$5,670,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Health Resources Services Administration
Funding Source: GHCS (State)
Prime Partner: Catholic Relief Services
New Partner: No

Sub-Partner: Esperance Hospital
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing
Sub-Partner: Sacre Coeur Center
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing
Sub-Partner: Alma Mater Hospital
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing
Sub-Partner: Hospital Albert Schweitzer, Haiti
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing
Sub-Partner: Saint Boniface Hospital
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing
Sub-Partner: Bethel Clinic
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing
Sub-Partner: To Be Determined
Planned Funding: ████
Funding is TO BE DETERMINED: Yes
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing

Sub-Partner: To Be Determined

Planned Funding: ■

Funding is TO BE DETERMINED: Yes

New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing

Sub-Partner: To Be Determined

Planned Funding: ■

Funding is TO BE DETERMINED: Yes

New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing

Mechanism Name: CHF - Haiti EG Job Creation Grant

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 11783.09

System ID: 11783

Planned Funding(\$): \$800,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Prime Partner: Cooperative Housing Foundation

New Partner: Yes

Mechanism Name: EDC - IDEJEAN

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 5276.09

System ID: 11767

Planned Funding(\$): \$200,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Prime Partner: Education Development Center

New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: FHI

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 9391.09
System ID: 11768
Planned Funding(\$): \$1,050,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Family Health International
New Partner: No

Mechanism Name: CHAMP (Community Health AIDS Mitigation Project)

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 9327.09
System ID: 11695
Planned Funding(\$): \$6,275,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Family Health International
New Partner: No

Mechanism Name: Track 1 Healthy Choices for Life

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4730.09
System ID: 11775
Planned Funding(\$): \$534,207
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: Central GHCS (State)
Prime Partner: Food for the Hungry
New Partner: No

Mechanism Name: FOSREF

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 3136.09
System ID: 11769
Planned Funding(\$): \$2,000,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Foundation for Reproductive Health and Family Education
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: GHESKIO

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 3315.09
System ID: 11443
Planned Funding(\$): \$8,945,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Groupe Haitien d'Etude du Sarcome de Kaposi et des Infections Opportunistes
New Partner: No

Sub-Partner: Hopital La Gonave
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment

Sub-Partner: Hospital Universite Justinien
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment

Sub-Partner: Hospital Petit Goave
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment

Sub-Partner: Hospital Evang. Bompbardopolis
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment

Sub-Partner: Hospital Saint Antoine de Jeremie
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment

Sub-Partner: Hopital Imm. Des Cayes
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes

Table 3.1: Funding Mechanisms and Source

New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment

Sub-Partner: Hopital Saint Michel de Jacmel
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDTX - Treatment: Pediatric Treatment

Sub-Partner: Centre Eliazair Germain
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment

Sub-Partner: Hopital Signeau
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HVTB - Care: TB/HIV

Sub-Partner: Centre Bernard Mews
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment

Sub-Partner: Fame Pereo
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment

Sub-Partner: Hopital Communauté Haitienne
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support

Sub-Partner: Hopital de Fermathe, Haiti
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDX - Treatment: Pediatric Treatment

Sub-Partner: Food for the Poor

Planned Funding: \$0

Funding is TO BE DETERMINED: Yes

New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDX - Treatment: Pediatric Treatment

Mechanism Name: IHE

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 3144.09

System ID: 11787

Planned Funding(\$): \$300,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Prime Partner: Institut Haitien de l'Enfant (Haitian Child Health Institute)

New Partner: No

Mechanism Name: ICC

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 3684.09

System ID: 11752

Planned Funding(\$): \$1,300,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Prime Partner: International Child Care

New Partner: No

Mechanism Name: IOM - Haiti EG Income Generation Grant

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 8720.09

System ID: 11781

Planned Funding(\$): \$200,000

Procurement/Assistance Instrument: Grant

Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Prime Partner: International Organization for Migration

New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: IOM - Haiti EG Income Generation Grant

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 8721.09
System ID: 11782
Planned Funding(\$): \$800,000
Procurement/Assistance Instrument: Grant
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: International Organization for Migration
New Partner: No

Mechanism Name: Track 1 JSI - Injection Safety

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4736.09
System ID: 11788
Planned Funding(\$): \$410,265
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Central GHCS (State)
Prime Partner: John Snow, Inc.
New Partner: No

Mechanism Name: MEASURE Evaluation Track Order

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7725.09
System ID: 11789
Planned Funding(\$): \$250,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: John Snow, Inc.
New Partner: No

Mechanism Name: Leadership, Management & Sustainability Project

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 8719.09
System ID: 11773
Planned Funding(\$): \$1,900,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Management Sciences for Health
New Partner: No

Sub-Partner: Foundation for Reproductive Health and Family Education
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing

Sub-Partner: Johns Hopkins University

Planned Funding: \$0

Funding is TO BE DETERMINED: Yes

New Partner: No

Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other

Mechanism Name: SDSH

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 3323.09

System ID: 11445

Planned Funding(\$): \$5,290,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Prime Partner: Management Sciences for Health

New Partner: No

Sub-Partner: Comite de Bienfaisance de Pignon

Planned Funding: \$0

Funding is TO BE DETERMINED: Yes

New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing

Sub-Partner: Centre de Santé Lucélia Bontemps

Planned Funding: \$0

Funding is TO BE DETERMINED: Yes

New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing

Sub-Partner: Centre Rosalie Rendu

Planned Funding: \$0

Funding is TO BE DETERMINED: Yes

New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing

Sub-Partner: Centers for Development and Health, Haiti

Planned Funding: \$0

Funding is TO BE DETERMINED: Yes

New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Foundation of Compassionate American Samaritans
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing
Sub-Partner: Fondation pour le Developpement de la Famille Haitienne
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing
Sub-Partner: Haitian Health Foundation
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing
Sub-Partner: Foundation for Reproductive Health and Family Education
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing
Sub-Partner: Centre Pierre Payen
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing
Sub-Partner: Hospital Claire Heureuse
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing
Sub-Partner: Hopital de Fermathe, Haiti
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HVCT - Prevention: Counseling and Testing
Sub-Partner: Grace Children Hospital, Haiti

Table 3.1: Funding Mechanisms and Source

Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing

Sub-Partner: Mission Evangelique Baptist d'Haiti
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing

Sub-Partner: Hopital Beraca
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing

Sub-Partner: Konbit Sante
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing

Mechanism Name: Track 1 MSPP - Blood Safety

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4738.09
System ID: 11785
Planned Funding(\$): \$1,900,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Central GHCS (State)
Prime Partner: Ministre de la Sante Publique et Population, Haiti
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: National AIDS Strategic Plan

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 3125.09
System ID: 11696
Planned Funding(\$): \$12,250,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Ministre de la Sante Publique et Population, Haiti
New Partner: No

Mechanism Name: National Laboratory

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 6218.09
System ID: 11753
Planned Funding(\$): \$3,350,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Ministre de la Sante Publique et Population, Haiti
New Partner: No

Mechanism Name: NASTAD

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 3147.09
System ID: 11790
Planned Funding(\$): \$650,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: National Association of State and Territorial AIDS Directors
New Partner: No

Mechanism Name: HIV/QUAL

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8343.09
System ID: 11747
Planned Funding(\$): \$300,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Health Resources Services Administration
Funding Source: GHCS (State)
Prime Partner: New York AIDS Institute
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Improving Energy Services in Haiti

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 9397.09
System ID: 11794
Planned Funding(\$): \$520,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: PA Government Services Inc.
New Partner: No

Mechanism Name: C Radio

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 8723.09
System ID: 11748
Planned Funding(\$): \$150,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Pact, Inc.
New Partner: No

Mechanism Name: PIH

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 3337.09
System ID: 11446
Planned Funding(\$): \$7,800,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Partners in Health
New Partner: No

Mechanism Name: Track 1 SCMS - Blood Safety

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 6101.09
System ID: 11697
Planned Funding(\$): \$1,100,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: Central GHCS (State)
Prime Partner: Partnership for Supply Chain Management
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Track 1 SCMS - Injection Safety

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 11793.09
System ID: 11793
Planned Funding(\$): \$138,750
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: Central GHCS (State)
Prime Partner: Partnership for Supply Chain Management
New Partner: No

Mechanism Name: SCMS

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 3831.09
System ID: 11698
Planned Funding(\$): \$13,900,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Partnership for Supply Chain Management
New Partner: No

Mechanism Name: Condom Social Marketing

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 52.09
System ID: 11778
Planned Funding(\$): \$800,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Population Services International
New Partner: No

Mechanism Name: PSI

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7722.09
System ID: 11784
Planned Funding(\$): \$300,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Population Services International
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Infant and Young Child Nutrition Project

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5766.09
System ID: 11699
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Program for Appropriate Technology in Health
New Partner: No

Mechanism Name: POZ

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 1390.09
System ID: 11779
Planned Funding(\$): \$1,120,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Promoteurs Objectif Zéro Sida (Promoteurs de l'Objectif Zéro Sida)
New Partner: No

Mechanism Name: ASM

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7723.09
System ID: 11762
Planned Funding(\$): \$100,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: The American Society for Microbiology
New Partner: No

Mechanism Name: Tulane

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 9393.09
System ID: 11791
Planned Funding(\$): \$600,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Tulane University
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: ITECH

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 3142.09
System ID: 11700
Planned Funding(\$): \$5,250,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Health Resources Services Administration
Funding Source: GHCS (State)
Prime Partner: University of Washington
New Partner: No

Sub-Partner: University of Miami
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HTXS - Treatment: Adult Treatment

Sub-Partner: Francois Xavier Bagnoud Center
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: PDTX - Treatment: Pediatric Treatment

Sub-Partner: Cornell University
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HTXS - Treatment: Adult Treatment

Mechanism Name: Central Contraceptive Logistics

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 11780.09
System ID: 11780
Planned Funding(\$): \$575,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: US Agency for International Development
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: USAID - ICASS/IRM/M&S

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 1419.09
System ID: 11441
Planned Funding(\$): \$1,750,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: US Agency for International Development
New Partner: No

Mechanism Name: GAP Base Funds

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 3321.09
System ID: 11404
Planned Funding(\$): \$1,000,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Prime Partner: US Centers for Disease Control and Prevention
New Partner: No

Mechanism Name: CDC - Adult Treatment

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 11439.09
System ID: 11439
Planned Funding(\$): \$300,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: US Centers for Disease Control and Prevention
New Partner: No

Mechanism Name: CDC - Field Support

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 11438.09
System ID: 11438
Planned Funding(\$): \$350,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: US Centers for Disease Control and Prevention
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: CDC - ICASS

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 11437.09
System ID: 11437
Planned Funding(\$): \$449,338
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: US Centers for Disease Control and Prevention
New Partner: No

Mechanism Name: CDC - ITSO/M&S

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 3141.09
System ID: 9385
Planned Funding(\$): \$2,571,162
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: US Centers for Disease Control and Prevention
New Partner: No

Mechanism Name: CDC - Lab

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 11440.09
System ID: 11440
Planned Funding(\$): \$150,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: US Centers for Disease Control and Prevention
New Partner: No

Mechanism Name: Track 1 WC - OVC

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4735.09
System ID: 11797
Planned Funding(\$): \$750,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: Central GHCS (State)
Prime Partner: World Concern
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Track 1 PAHO - Blood Safety

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4737.09
System ID: 11786
Planned Funding(\$): \$500,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Central GHCS (State)
Prime Partner: World Health Organization
New Partner: No

Mechanism Name: Track 1 Mobilizing Youth for Life

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4732.09
System ID: 11776
Planned Funding(\$): \$713,262
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: Central GHCS (State)
Prime Partner: World Relief Corporation
New Partner: No

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

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4731.09
System ID: 11777
Planned Funding(\$): \$368,654
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: Central GHCS (State)
Prime Partner: World Vision International
New Partner: No

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
9392.09	11764	American Institutes for Research	U.S. Agency for International Development	GHCS (State)	Catholic Relief Services	Y	\$0
8889.09	11766	American Red Cross	U.S. Agency for International Development	GHCS (State)	Haitian Red Cross	Y	\$0
3314.09	11444	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	To Be Determined	Y	■
3314.09	11444	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	To Be Determined	Y	■
3314.09	11444	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	To Be Determined	Y	■
3314.09	11444	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Alma Mater Hospital	Y	\$0
3314.09	11444	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Bethel Clinic	Y	\$0
3314.09	11444	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Esperance Hospital	Y	\$0
3314.09	11444	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Hospital Albert Schweitzer, Haiti	Y	\$0
3314.09	11444	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Sacre Coeur Center	Y	\$0
3314.09	11444	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Saint Boniface Hospital	Y	\$0
3315.09	11443	Groupe Haitien d'Etude du Sarcome de Kaposi et des Infections Opportunistes	HHS/Centers for Disease Control & Prevention	GHCS (State)	Centre Bernard Mews	Y	\$0
3315.09	11443	Groupe Haitien d'Etude du Sarcome de Kaposi et des Infections Opportunistes	HHS/Centers for Disease Control & Prevention	GHCS (State)	Centre Eliazair Germain	Y	\$0
3315.09	11443	Groupe Haitien d'Etude du Sarcome de Kaposi et des Infections Opportunistes	HHS/Centers for Disease Control & Prevention	GHCS (State)	Fame Pereo	Y	\$0
3315.09	11443	Groupe Haitien d'Etude du Sarcome de Kaposi et des Infections Opportunistes	HHS/Centers for Disease Control & Prevention	GHCS (State)	Food for the Poor	Y	\$0
3315.09	11443	Groupe Haitien d'Etude du Sarcome de Kaposi et des Infections Opportunistes	HHS/Centers for Disease Control & Prevention	GHCS (State)	Hopital Communauté Haitienne	Y	\$0
3315.09	11443	Groupe Haitien d'Etude du Sarcome de Kaposi et des Infections Opportunistes	HHS/Centers for Disease Control & Prevention	GHCS (State)	Hopital de Fermathe, Haiti	Y	\$0
3315.09	11443	Groupe Haitien d'Etude du Sarcome de Kaposi et des Infections Opportunistes	HHS/Centers for Disease Control & Prevention	GHCS (State)	Hopital Imm. Des Cayes	Y	\$0
3315.09	11443	Groupe Haitien d'Etude du Sarcome de Kaposi et des Infections Opportunistes	HHS/Centers for Disease Control & Prevention	GHCS (State)	Hopital La Gonave	Y	\$0
3315.09	11443	Groupe Haitien d'Etude du Sarcome de Kaposi et des Infections Opportunistes	HHS/Centers for Disease Control & Prevention	GHCS (State)	Hopital Saint Michel de Jacmel	Y	\$0
3315.09	11443	Groupe Haitien d'Etude du Sarcome de Kaposi et des Infections Opportunistes	HHS/Centers for Disease Control & Prevention	GHCS (State)	Hopital Signeveau	Y	\$0
3315.09	11443	Groupe Haitien d'Etude du Sarcome de Kaposi et des Infections Opportunistes	HHS/Centers for Disease Control & Prevention	GHCS (State)	Hospital Evang. Bompardopolis	Y	\$0
3315.09	11443	Groupe Haitien d'Etude du Sarcome de Kaposi et des Infections Opportunistes	HHS/Centers for Disease Control & Prevention	GHCS (State)	Hospital Petit Goave	Y	\$0
3315.09	11443	Groupe Haitien d'Etude du Sarcome de Kaposi et des Infections Opportunistes	HHS/Centers for Disease Control & Prevention	GHCS (State)	Hospital Saint Antoine de Jeremie	Y	\$0
3315.09	11443	Groupe Haitien d'Etude du Sarcome de Kaposi et des Infections Opportunistes	HHS/Centers for Disease Control & Prevention	GHCS (State)	Hospital Universite Justinien	Y	\$0

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
3323.09	11445	Management Sciences for Health	U.S. Agency for International Development	GHCS (State)	Centers for Development and Health, Haiti	Y	\$0
3323.09	11445	Management Sciences for Health	U.S. Agency for International Development	GHCS (State)	Centre de Santé Lucélia Bontemps	Y	\$0
3323.09	11445	Management Sciences for Health	U.S. Agency for International Development	GHCS (State)	Centre Pierre Payen	Y	\$0
3323.09	11445	Management Sciences for Health	U.S. Agency for International Development	GHCS (State)	Centre Rosalie Rendu	Y	\$0
3323.09	11445	Management Sciences for Health	U.S. Agency for International Development	GHCS (State)	Comite de Bienfaisance de Pignon	Y	\$0
3323.09	11445	Management Sciences for Health	U.S. Agency for International Development	GHCS (State)	Fondation pour le Developpement de la Famille Haitienne	Y	\$0
3323.09	11445	Management Sciences for Health	U.S. Agency for International Development	GHCS (State)	Foundation for Reproductive Health and Family Education	Y	\$0
3323.09	11445	Management Sciences for Health	U.S. Agency for International Development	GHCS (State)	Foundation of Compassionate American Samaritans	Y	\$0
3323.09	11445	Management Sciences for Health	U.S. Agency for International Development	GHCS (State)	Grace Children Hospital, Haiti	Y	\$0
3323.09	11445	Management Sciences for Health	U.S. Agency for International Development	GHCS (State)	Haitian Health Foundation	Y	\$0
3323.09	11445	Management Sciences for Health	U.S. Agency for International Development	GHCS (State)	Hopital Beraca	Y	\$0
3323.09	11445	Management Sciences for Health	U.S. Agency for International Development	GHCS (State)	Hopital de Fermathe, Haiti	Y	\$0
3323.09	11445	Management Sciences for Health	U.S. Agency for International Development	GHCS (State)	Hospital Claire Heureuse	Y	\$0
3323.09	11445	Management Sciences for Health	U.S. Agency for International Development	GHCS (State)	Konbit Sante	Y	\$0
3323.09	11445	Management Sciences for Health	U.S. Agency for International Development	GHCS (State)	Mission Evangelique Baptist d'Haiti	Y	\$0
8719.09	11773	Management Sciences for Health	U.S. Agency for International Development	GHCS (State)	Foundation for Reproductive Health and Family Education	Y	\$0
8719.09	11773	Management Sciences for Health	U.S. Agency for International Development	GHCS (State)	Johns Hopkins University	Y	\$0
4156.09	11774	To Be Determined	U.S. Agency for International Development	GHCS (State)	Christian Reformed World Relief Committee	Y	■
4156.09	11774	To Be Determined	U.S. Agency for International Development	GHCS (State)	Salvation Army	Y	■
4156.09	11774	To Be Determined	U.S. Agency for International Development	GHCS (State)	World Hope International	Y	■
3142.09	11700	University of Washington	HHS/Health Resources Services Administration	GHCS (State)	Cornell University	Y	\$0
3142.09	11700	University of Washington	HHS/Health Resources Services Administration	GHCS (State)	Francois Xavier Bagnoud Center	Y	\$0
3142.09	11700	University of Washington	HHS/Health Resources Services Administration	GHCS (State)	University of Miami	Y	\$0

Table 3.3: Program Budget Code and Program Narrative Planning Table of Contents

Program Budget Code: 01 - MTCT Prevention: PMTCT

Total Planned Funding for Program Budget Code: \$4,800,000

Program Area Narrative:

Many efforts were accomplished during fiscal year 08 in counseling and testing of pregnant women. As a result, more than a 140,000 of them, which represents approximately one-third of the yearly estimated amount of expected pregnancies, were successfully tested, with a broader use of the opt-out strategy. However, a slow improvement was noticed in the provision of complete prophylaxis, except for few service delivery sites.

An analysis that was conducted at the two categories of health facilities that PEPFAR supports: those that offer a complete set of HIV/AIDS, obstetric and pediatric services such as the departmental reference hospitals and the smaller centers where only CT, PMTCT and care and support (palliative) services are available in addition to maternal care has revealed the following deficiencies:

- a) a lack of focus on PMTCT services
- b) the absence of a PMTCT command center which results in a deficit of coordination between antenatal, obstetric and HIV care and treatment services
- c) No adherence plan built for the provision of complete prophylaxis
- d) Insufficient psychosocial support provided at both institutional and community levels
- e) Absence of buddy companions and accompaniment at community level for pregnant women
- f) Lack of integration of Traditional Birth Attendants within PMTCT activities
- g) Poor access to other RH services such as Family Planning to HIV+ women.

In addition to the key activities that were outlined into COP08/PMCT program area summary which will continue to be supported such as: the systematic use of opt-out/CT strategy, the availability of a basic package of lab exams that include CD4 quantification, incentives for transportation, labor and delivery costs that encourage HIV+ women to give birth at health facilities, therapeutic food, training on best infant feeding practices, HIV/AIDS tiered and wrap around Maternal and Child Health services, (ref:COP08 Program Area Narrative), new initiatives for achieving better results will be implemented.

Services will be reorganized:

- A "PMTCT command and control center" will be installed at the ante-natal unit. It will be led by a nurse midwife or a public health nurse that will serve as a case manager. She will mainly coordinate ante-natal, obstetric, pediatric services with the HIV care and treatment unit, hold regular staff meetings, monitor and follow-up all PMTCT services, check for the quality of services provided.
- Staff such as: psychologists, social workers, health agents, physicians and other PMTCT medical care providers will be reassigned to or recruited for PMTCT activities only.
- Family planning will be integrated into HIV/AIDS counseling and offered to all sexually active persons.
- Active research for CT services will be conducted for sex and family contacts. Rapid testing for syphilis will be offered concurrently with HIV/CT.
- A birth plan that will include an adherence plan will be built with every pregnant woman. Critical issues such as the attendance at ante-natal visits, the location where labor and delivery will occur, the choice of a buddy companion that will assist the pregnant woman during labor and delivery will be discussed.
- A basic package of lab exams that will include CD4 quantification will be provided soon after the enrollment of the HIV+ pregnant woman into a PMTCT program.
- National norms and guidelines for PMTCT prophylaxis will be followed. In addition, prophylactic drugs that were initiated during antenatal period will be given to the chosen buddy companion, should the HIV+ pregnant woman decide to deliver at home or to her TBA or herself, in last alternative.
- An integrated family-centered approach will be tested that will offer comprehensive RH, maternal and child health services at some selected sites. Temporary accommodation such as Maternal waiting homes that will enable high-risk pregnancies, including HIV+ cases, to be close to locations where adequate services are available will be offered at some high-volume health facilities.
- Traditional Birth Attendants (TBAs) will be more involved into PMTCT activities. Regular meetings that will serve as venues for training or informative sessions with medical staff will be organized. Stipends will be made available to them, should they accompany the HIV+ pregnant woman at the nearby health setting for labor and delivery. Their delivery kits will be re-supplied with adequate materials. They will serve, upon the pregnant woman's request as "accompagnateur" and will ensure the uptake of ART drugs during labor and after delivery to both mother and baby. In addition, TBAs will work closely with the health agents for the active referral of newborns and their HIV+ mothers at the closest HIV care and treatment unit for adequate services.

B) PMTCT services will be offered and strengthened at low-level health facilities in closer connection with the community health network, TBAs included. This will aim at reinforcing care and support to all identified HIV+ pregnant women and making PMTCT prophylaxis available during each of the three moments of pregnancy, regardless of the location where labor and delivery occur. Continuity in the provision of services to both mother and baby will be ensured through their active referral "accompaniment" at

the closest HIV/AIDS care and treatment center. In addition, routine post-natal and neonatal services will be provided to them.

PMTCT training sessions that will include Family Planning, safe delivery and birth practices will continue.

USG team will maintain coordination of all PMTCT activities with the Ministry of Health, the Global Fund, AXIOS Foundation and involved bilateral and multilateral agencies.

Targets – September 2010

- Number of service outlets providing the minimum package of PMTCT services according to Haitian and/or international standards: 86
- Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results: 150,000
- Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting: 2,500
- Number of health workers trained in the provision of PMTCT services according to national and international standards: 798

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 3315.09	Mechanism: GHESKIO
Prime Partner: Groupe Haitien d'Etude du Sarcome de Kaposi et des Infections Opportunistes	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Prevention: PMTCT
Budget Code: MTCT	Program Budget Code: 01
Activity ID: 17920.27484.09	Planned Funds: \$350,000
Activity System ID: 27484	

Activity Narrative: Summary:

GHESKIO will provide field support to 15 public and private sites for the provision of a full package of PMTCT services to both mother and infant. Activities are carried out to scale up interventions and support the national program to prevent mother to child transmission (PMTCT) of HIV and syphilis. GHESKIO aimed to provide a comprehensive and holistic approach for provision of PMTCT services. The ultimate goal is to prevent mother to child transmission of those infections and to increase hospital delivery or assisted delivery by a trained medical personnel for clinical follow up of mother and new born early diagnosis with additional nutrition and social support. The primary emphasis areas for these activities are training, human resources and infrastructure, logistics and community mobilizations. Specific target populations include sexually active HIV positive women and partner, pregnant HIV+ women, pregnant women with syphilis and partner, HIV+ women with their children seen during post partum period and after. The activities will be carried out within the 16 (7 public/9 private) GHESKIO-PEPFAR health facilities.

Background:

The MOH-GHESKIO pilot project conducted at GHESKIO (1999-2005) aimed to PMTCT shows a rate reduction from 27% to 9%, among children of mother who received Zidovudine as prophylaxis with infant formula until the age of 6 months. (Ref : Deschamps MM, Devieux J and al: .Prevention of Mother to child transmission of HIV in Haiti. Pan Amer. Journal of Public Health. August 2008) In 2003, pregnant women with AIDS were offered triple drug therapy. This conclusive protocol is being implemented nationwide. However, there is a need to maximize results and effectiveness of intervention in order to increase access to ARV to mother and new born, to increase number of infant and mother followed post delivery of infant, to facilitate access to FP services and assist women and family during and after delivery. Excluding some centers, majority of women continued to give birth outside of healthcare setting, or do not return for further services after the test or after delivery. Since 2005, GHESKIO has developed new capacities to diagnose early HIV infection in children (p24;PCR).DBS PCR has been initiated at 2 sites: GHESKIO, the National Laboratory . Those methods of diagnostic will be progressively introduced at other sites for the early diagnosis, treatment and follow up of HIV infected children and mother as well as integration of a PMTCT case manager for interactive follow up of outcome of the intervention.

ACTIVITIES AND EXPECTED RESULTS:

PMTCT is an integrated activity for the diagnosis, prophylaxis and treatment of HIV infection in individuals of reproductive age, including children born from HIV infected women.

Activity 1:

To offer counseling and testing using rapid test for both, HIV and syphilis to pregnant women attending the collaborative sites. Counseling includes also referral of the sexual partner. HIV+ women will be informed and counseled about the seropositivity, on the mode of HIV transmission and prevention and will be encouraged to return with infant and partner on a regular basis for prophylaxis, treatment and care. Those with positive serologic test for syphilis will start treatment the same day. HIV + women will be evaluated for staging (WHO/CDC classification) and informed about a comprehensive PMTCT package of service: at prenatal, during labor and at post partum, including circumcision for male infants, reinforcing the need for follow up of children, the need for circumcision if a male infant, the choice of FP, and infant feeding issues.

Activity 2:

To provide assistance to the women to deliver in a hospital setting or to include the midwife or the matrone in the delivery process, using the SOG program as an opportunity, to reinforce both programs the PMTCT and the SOG which includes: the doctor, the nurse, the accompagnateur or facilitator, the matrone, the care giver of the children, the midwife and develop with the HIV+ pregnant women (with or without her accompagnateur or facilitateur) a "Plan of accouchement". Funding will support in each site: a PMTCT Case manager who will create the link with the pediatrician or child care giver, the OBGYN etc., with development and procurement of educational material, the transportation fee of the mother and children of the family.

Activity 3:

To assist the infected pregnant women and her new born for early diagnosis of HIV of infant, the choice of infant feeding with the care giver (the matrone, nurses or auxillary. OBGYN, pediatrician or generalist).These interventions will be maintained and strengthened at the 15 identified sites, with the " PMTCT" case manager" as coordinator who can be: a nurse, a physician, a midwife etc.

Activity 4:

To offer ARV prophylaxis or treatment to HIV + pregnant women before, during and after delivery, with the infant, using the revised national guidelines to prevent MTCT. HIV + women will be counseled and receive FP methods to prevent unwanted pregnancy. In cases where the site does not have access yet to ARV, Women or children who require HAART will be referred to the closest "site of excellence".

Activity 5:

To continue the ongoing work established with the MOH regarding the early diagnosis of the HIV in children. The HIV p24 assay will be conducted on site as first diagnosis of the status the HIV exposed infants. GHESKIO and NPHL the only two laboratories equipped for DBS PCR will provide services for confirmatory of the HIV status. This diagnosis is mandatory for HIV + children to receive the ARV treatment accordingly as well as the one for syphilis.

Additionally, GHESKIO will provide assistance to women to deliver in a hospital setting or to include the midwife or the matrone in the delivery process, using the SOG program as an opportunity, to reinforce both programs the PMTCT and the SOG which includes: the doctor, the nurse, the accompagnateur or facilitator, the matrone, the care giver of the children, the midwife and develop with the HIV+ pregnant women (with or without her accompagnateur or facilitateur) a "Plan of accouchement".

Funding will support in each site: a PMTCT Case manager who will create the link with the pediatrician or

Activity Narrative: child care giver, the OBGYN etc., with development and procurement of educational material, the transportation fee of the mother and children of the family.

HIV + women will be evaluated for staging (WHO/CDC classification) and informed about a comprehensive PMTCT package of service : at prenatal, during labor and at post partum, including circumcision for male infants, reinforcing the need for follow up of children, the need for circumcision if a male infant ,the choice of FP, and infant feeding issues.

These results will contribute to PEPFAR goals by improving access to quality of care, decrease maternal mortality and unwanted pregnancy and reduce significantly the PMTCT rate.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17920

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17920	17920.08	HHS/Centers for Disease Control & Prevention	Groupe Haitien d'Etude du Sarcome de Kaposi et des Infections Opportunistes	7682	3315.08		\$350,000

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's access to income and productive resources
- * Increasing women's legal rights

Health-related Wraparound Programs

- * Child Survival Activities

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 3314.09	Mechanism: AIDS Relief
Prime Partner: Catholic Relief Services	USG Agency: HHS/Health Resources Services Administration
Funding Source: GHCS (State)	Program Area: Prevention: PMTCT
Budget Code: MTCT	Program Budget Code: 01
Activity ID: 9671.27497.09	Planned Funds: \$500,000

Activity Narrative: SUMMARY: PMTCT is an integral part of comprehensive HIV care and treatment of PLWHA. Activities to support PMTCT include: (1) provision of comprehensive PMTCT services at antenatal clinics (ANC); (2) training and supervision of OBGYN, counselors in PMTCT as well as traditional birth attendants; (3) community mobilization to support PMTCT and 4) and active linkage with Pediatric Services. The primary emphasis areas for these activities are: community mobilization, training, human resources, food nutrition support, ANC clinics, quality assurance, quality improvement and supportive supervision. The specific target population will be pregnant women and children born from HIV+ mothers. During the period of ten months (October 2007 to July 2008), 7415 pregnant women were tested for HIV, and 190 of these women were seropositive. Fifty-three (or 28%) of HIV infected women were placed on ARV prophylaxis. The coverage area for this program include the communes of Fonds-des-Nègres (Nippes); Fonds-des-Blancs (South); Port-au-Prince (West); Deschapelles, Ennery, Gros Morne (Artibonite); Pilate, Limbe, Milot (North) and all new peripheral satellite sites.

BACKGROUND: In 2002, PMTCT component was initiated through Catholic Medical Mission Board in the communes Gros-Morne, Milot, Fonds des Blancs and Limbe; CRS- UNICEF partnership in the commune Pilate; Management Sciences for Health in the communes of Léogane and Deschapelles and; in 2005, through President's Emergency Plan for AIDSRelief (PEPFAR) in Fonds des Nègres and Gonaives. AIDSRelief is a five-member consortium, led by Catholic Relief Services (CRS), and includes three faith-based organizations, a medical institution recognized as a world leader in HIV/AIDS care, research and program development, and an international development company that specializes in the design and implementation of public health and social programs. All AIDSRelief Consortium members have a shared mission to provide quality medical care to individuals living with HIV/AIDS.

Since 2004, AIDSRelief has worked with eight ARV sites in five geographic departments, including the main public departmental hospital in Gonaives. In year five, Hopital La Providence was accorded to the Collaborative Agreement Partner of the Ministry of Health, Plan National. The community reference hospital, Hopital Sainte Croix at Leogane was temporarily closed, and their patient population was offered services at the GHESKIO-supported program at Signeau.

AIDSRelief has collaborated with Ministry of Health (MOH) and INHSAC in training activities. AIDSRelief will continue its close collaboration with MOH, Unité de Controle et de Lutte (UCC) and departmental direction to also conduct regular supervision visits. Pregnant women will be encouraged to attend ANC through community mobilization activities.

ACTIVITIES AND EXPECTED RESULTS:

Activity 1: Provision of comprehensive PMTCT services at antenatal care (ANC) and linked to Pediatric Services. AIDSRelief will support its sites and all new peripheral satellite sites to provide PMTCT in order to diagnose HIV/AIDS and reduce HIV/AIDS transmission. All women attending ANC will be counseled and offered HIV testing. AIDSRelief will support the extension of PMTCT services to all satellite health centers attached to sites. The funds will be used to support training activities; salaries for staff including physicians (OB/GYN's and pediatricians), counselors and pediatric nurses; incentives for trained birth attendants and community health workers; supervision visits and; community mobilization. AIDSRelief will work in collaboration with other stakeholders including the Ministry of Health (MOH), US government and other NGOs to ensure sustainability of provision of PMTCT services.

Activity 2: AIDSRelief will support training and supervision for OBGYN, pediatricians, counselors, CHW and TBA in PMTCT. In collaboration with MOH and INHSAC, AIDSRelief will ensure effective counseling to include Family Planning messages and testing to women attending ANC. AIDSRelief will support increasing staff capacity to deliver appropriate ARV prophylaxis at different periods of pregnancy according to national guidelines. AIDSRelief will also help increase staff skills and knowledge necessary to provide effective counseling on infant feeding and Family Planning services. With the development of new curricula by the MOH and also given with staff turnover at the AIDSRelief sites, AIDSRelief will continue to provide training and refresher courses in Year 6.

Activity 3: Nearly eighty percent of pregnant women in Haiti deliver at home. AIDSRelief will proffer an integrated longitudinal package to minimize transmission of HIV from mother to infant. AIDSRelief will establish community-wide identification of HIV-infected pregnant women; engage HIV-infected pregnant women into comprehensive HIV care; provide effective antiretroviral treatment and prophylaxis for pregnant and nursing women and their infants. AIDSRelief will adapt early HAART for all infected pregnant women through evidenced-based and cost-effective strategy for prevention of intrauterine and intrapartum transmission when transmission is most likely to happen. (The national guideline recommends at least bi-therapy Antiretroviral treatment).

Activity 4: AIDSRelief will provide a package of support for HIV-exposed infants including continuous nutritional counseling from pregnancy through infancy. All exposed infants will be monitored and receive a package of services specific to their needs until 2 years of age. AIDSRelief will train clinical staff to provide infant nutrition counseling; assess relative individual risks and; provide overall clinical care for both mothers and infants from clinical facilities to community/homes level. Clinical outcomes such as infant feeding patterns, late infection/sero-conversion and mortality will be monitored and evaluated.

Activity 5: In order to expand pediatrics care and case identification, AIDSRelief will move towards rapid diagnosis of exposed infants and infected children. Through established MOH and the National Reference Lab guidelines, AIDSRelief will ensure availability of early virologic diagnosis in infants through expanded new technology such as Cavid for VL capacity and rapid DBS. AIDSRelief will train clinical and laboratory staff on the importance, rationale of early diagnosis; and in the use and interpretation of laboratory methods. Exposure or infection status of all infants and children < 15 years of age should be determined with the use of multiple entry points: children and siblings of patients, inpatients, children seen at MCH, well baby clinics, community vaccination campaigns, orphanages, etc. Long-term health of exposed/infected children will be monitored through preventive community follow-ups.

Activity Narrative: Activity 6: AIDSRelief will support PMTCT/VCT activities at all AIDSRelief hospitals and all new peripheral satellite sites through the provision of full antenatal care, clinical services for HIV palliative care, subsidized labor and delivery, and postnatal services. AIDSRelief will support a continuum of care for seamless referral, coordination and communication between ART linkage of adults and maternal-child HIV services, pediatrics, antenatal clinics and maternity services. To assure safe delivery of HIV pregnant women who choose to deliver at home, AIDSRelief will support training, supervision and integration of traditional birth attendants (“matrones”). Over a period of ten months (October 1, 2007 to July 31, 2008), 85 pregnant women infected with HIV delivered their babies at AIDSRelief hospitals. AIDSRelief will also guide its hospitals in the leveraging of community staff to facilitate coordinated tracking, completion of ARV prevention, and early infant prophylaxis and diagnosis. AIDSRelief will engage mothers and their families in HIV care, group visits and family counseling. AIDSRelief will establish linkages to wrap-around services –to provide HIV+ pregnant women with access to reproductive health services, food/nutrition support, and microcredit opportunities..

Activity 7: Through community mobilization, AIDSRelief will seek to increase attendance at the ANC by HIV+ pregnant women, to reduce stigma, and facilitate access to PMTCT/VCT services, HIV treatment, care and support. A key element of the AIDSRelief program is the community and its involvement to support access to services, transmission of accurate information, destigmatization of HIV for HIV+ patients. Pregnant women will be motivated to attend ANC clinics for HIV/AIDS information, its modes of transmission through counseling and testing in order to reduce HIV transmission.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17165

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17165	9671.08	HHS/Health Resources Services Administration	Catholic Relief Services	7677	3314.08	AIDS Relief	\$500,000
9671	9671.07	HHS/Health Resources Services Administration	Catholic Relief Services	5117	3314.07	AIDS Relief	\$350,000

Emphasis Areas

Construction/Renovation

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 3323.09

Prime Partner: Management Sciences for Health

Funding Source: GHCS (State)

Budget Code: MTCT

Activity ID: 9683.27505.09

Activity System ID: 27505

Mechanism: SDSH

USG Agency: U.S. Agency for International Development

Program Area: Prevention: PMTCT

Program Budget Code: 01

Planned Funds: \$1,275,000

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

BACKGROUND: During the period of October 2007 to June 2008, 29,560 pregnant women have been tested in MSH network. The OPT- OUT strategy for pregnant women is almost well seated in the facility based PMTCT services that are already exist and will be strengthened. Resources will be used to support PMTCT services in the MSH network and the sites that serve populations who live at hard –to-reach areas. Community based PMTCT implemented during 2008 will be expanded to ensure that all pregnant women are encouraged to be tested for HIV and accompanied to CT centers and that women enrolled in the PMTCT program follow up with their pregnancy and birth plan.

ACTIVITIES AND EXPECTED RESULTS:

Service will be reorganized to provide a full and complete package of PMTCT services at institutional and community levels.

Activity 1:

-Hire a case manager for all PMTCT centers.

-HIV Counseling and testing (CT) coupled syphilis screening as well as psychosocial support will be offered to all pregnant women using the opt-out strategy at the 1st antenatal visit; FP counseling will be reinforced during prenatal services. Birth Plan will be developed and reviewed at each visit to increase adherence to prophylaxis and treatment. HIV+ pregnant women will be encouraged to deliver at institutional level but prophylaxis strategy will be adapted based on client specificity. Community Health workers and TBA will help in pregnant women and newborn tracking and compliance.

-Tuberculosis (TB) screening will be provided to all HIV+ pregnant women with referral as needed for TB treatment;

-Cd4 count will be available in all PMTCT sites.

-Nutritional assessment and dietary counseling for mothers to make informed choice on infant feeding in the first six months of life as well as appropriate weaning counseling and education will be provided.

-Continuous on site training for services Providers at institutional and community levels will be provided to ensure safe obstetrical care.

Activity 2:

-Program retention of HIV-positive pregnant women will be improved by ensuring the cost of institutional visits and delivery are covered, including fee for transportation. MSH PMTCT sites will work closely with their network of community health agents and traditional birth attendants (TBA) to carry out a tracking system for the enrolled pregnant women. Subsidies will be ensured for TBAs to accompany pregnant women at risk and institution will be encouraged to let TBAs assist in institutional delivery. TBA will work closely also with Health agents for active referral of newborns (before 3 days after birth) and their mothers at the closest HIV care and treatment center.

-MSH will expand the Mothers Clubs Strategy for HIV+ mothers to serve as peer educators and accompagnateurs.

Activity 3:

-MSH will integrate promotion of PMTCT services into its BCC-MC interventions. All community meetings will be taken as an opportunity to mobilize women for HIV testing and to promote the importance of PMTCT.

-HIV positive pregnant women will be encouraged to join PLWHA support groups where they will have an opportunity to access to micro-credit programs for income generating activity.

Activity 4:

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

New/Continuing Activity: Continuing Activity

Continuing Activity: 17187

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17187	9683.08	U.S. Agency for International Development	Management Sciences for Health	7686	3323.08	Basic Health Services	\$1,275,000
9683	9683.07	U.S. Agency for International Development	Management Sciences for Health	5146	3323.07	Basic Health Services	\$655,000

Emphasis Areas

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * Safe Motherhood
- * TB

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 3337.09	Mechanism: PIH
Prime Partner: Partners in Health	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Prevention: PMTCT
Budget Code: MTCT	Program Budget Code: 01
Activity ID: 9682.27513.09	Planned Funds: \$400,000
Activity System ID: 27513	

Activity Narrative: SUMMARY: The activities described below are carried out to provide comprehensive prevention of mother-to-child transmission (PMTCT) services to HIV-positive women. These PMTCT activities will be conducted within PIH/ZL's "four pillars" model for implementing a comprehensive HIV program in the context of primary care: 1) HIV prevention and care, including voluntary counseling and testing (VCT); 2) detection and treatment of tuberculosis (TB) and other opportunistic infections; 3) detection and treatment of sexually transmitted infections (STIs); and 4) women's health and prevention of mother-to-child transmission (PMTCT). The primary emphasis areas for these PMTCT activities are Gender: Increasing gender equity in HIV/AIDS programs; Wraparound programs: Child Survival Activities, Family Planning, and Safe motherhood. The primary target populations for PMTCT activities are pregnant women, HIV positive pregnant women, and HIV/AIDS-affected infants.

Activities will be carried out at 10 sites in Haiti's Central Department (Belladère, Boucan Carré, Cange, Cerca La Source, Hinche, Lascahobas, Thomonde, as well as the new expansion sites of Mirebalais, Saut d'Eau, and Savanette) and 4 sites in the Artibonite Department (Petite Rivière, St. Marc, Project ZeroSIDA (POZ), and the new expansion site of Desdunes). Activities in St. Marc will be carried out in collaboration with the Hôpital St. Nicholas (HSN) and Services de Santé de Premier Echelon (SSPE) as well as at La Fondation Esther Boucicault Stanislas (FEBS) and Brocozel. Certain activities will also be carried out at health posts in Segur and Jean Denis, which report their numbers through Petite Riviere.

The PIH/ZL HIV Equity Initiative has relied on sustained funding from the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), as well as the President's Emergency Program for AIDS Relief (PEPFAR), to operate over the past six years. Our GFATM Round 1 grant ended in December 2007. In 2008 we received Bridge Year funding and expect to receive renewed funding through the rolling continuation channel (RCC) in 2009, but this is not enough to sustain current services. This specific application does not include budget lines for ARVs. However, we are expecting, for new patients enrolled after December 31, 2008, to receive ARVs through PEPFAR's Supply Chain Management System (SCMS) beginning in 2009. If this co-financing is not received, PIH/ZL will need to adjust all targets listed here, including, perhaps, a reduction in the number of service outlets.

BACKGROUND: PIH/ZL's PMTCT activities are part of a comprehensive HIV prevention and treatment program started by PIH/ZL in 1998; expanded through the public sector beginning in 2002 in partnership with the Haitian Ministry of Public Health and Population (MSPP) and with funds from the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM); and further expanded to Hinche, Cerca La Source, Petite Rivière and St. Marc with the support of PEPFAR in the COP 2005, 2006, 2007 and 2008. Since 2004 the program has been a collaboration between these four key partners—PIH/ZL, MSPP, GFATM, and PEPFAR. Since 2005 work in the Artibonite region has been strengthened by involving several NGO partners in St. Marc—SSPE, Promotion Objectif Zerosida (POZ), and La Fondation Esther Boucicault Stanislas (FEBS)—and in Petite Rivière—Centre Medical Charles Colimon (CMCC).

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

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

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

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: VCT for Pregnant Women

The first activity is to perform VCT for all pregnant women. As part of PIH/ZL's provider-initiated VCT strategy, pregnant women seen at PIH/ZL sites receive counseling (including family planning) and are offered HIV testing during routine prenatal visits. PIH/ZL enlists "*ajan fanm*" to increase referrals of pregnant women to clinics for testing and prevention education. In the last year, PIH/ZL provided counseling and testing to more than 20,000 pregnant women. In 2009, PIH/ZL expects to provide testing and counseling to an additional 22,500 pregnant women. This funding will support the staff and infrastructure necessary to provide VCT to pregnant women in the context of primary and prenatal care. It will also cover expansion of staff and infrastructure at Desdunes, Brocozel, Mirebalais, Savanette, and Saut d'Eau to ensure rapid-scale up of VCT activities for pregnant women.

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

The second activity is to provide prenatal, perinatal, and postnatal care to HIV-infected pregnant women at each PIH/ZL site. In the prenatal period, HIV-positive pregnant women are enrolled in the PMTCT program and receive counseling and education on transmission prevention. ART is offered to women with advanced HIV infection and to all women in the third trimester of pregnancy to reduce the risk of HIV transmission. Nutritional supplements, multivitamins, and STI screening and treatment are also routinely provided. Mothers and infants receive comprehensive postnatal care involving ART for the infant, ongoing ART for the mother (if required based on her stage of disease), education, and increased nutrition and home-based support to enable best feeding practices. In the last six months leading up to April 2008, PIH/ZL provided this comprehensive care to more than 145 new HIV-positive pregnant women and plans to provide care for an additional 400 HIV-positive pregnant women in 2009. This funding will provide salary support and will allow for the ongoing training of clinicians in the detection and care of HIV-positive pregnant women.

Activity Narrative: ACTIVITY 3: PMTCT in the Context of Social Support

The third activity is the provision of social support to all HIV-infected women enrolled in the PMTCT program. Throughout her pregnancy and beyond, each woman is supported by an accompagnateur who visits her at home once or twice a day to assess her needs as well as to assist with ART adherence and other clinical care issues. During clinic visits, PMTCT program participants receive education and nutritional support to decrease the likelihood of HIV transmission to infants during or following delivery. Post-partum, new mothers receive nutritional supplementation, infant formula, and supplies for preparation of clean water. Support groups, accompaniment, and medical supervision and care account for a low rate of MTCT within PIH/ZL's program: less than 2%. It is expected that 400 new HIV-infected pregnant women will receive these services in 2009. This funding will ensure the continued success of PIH/ZL's PMTCT services by supporting the hiring of additional accompagnateurs and the on-going training of all PIH/ZL accompagnateurs and ajan fanm.

New/Continuing Activity: Continuing Activity**Continuing Activity:** 17208**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17208	9682.08	HHS/Centers for Disease Control & Prevention	Partners in Health	7691	3337.08	PIH	\$400,000
9682	9682.07	HHS/Centers for Disease Control & Prevention	Partners in Health	5137	3337.07	PIH	\$320,000

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * Safe Motherhood

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$377,777

Public Health Evaluation**Food and Nutrition: Policy, Tools, and Service Delivery**

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$5,511

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$15,656

Economic Strengthening**Education****Water****Table 3.3.01: Activities by Funding Mechanism**

Mechanism ID: 7716.09

Mechanism: HIV/AIDS Clinical Services In NE

Prime Partner: To Be Determined

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention: PMTCT

Budget Code: MTCT

Program Budget Code: 01

Activity ID: 17928.28645.09

Planned Funds: [REDACTED]

Activity System ID: 28645

Activity Narrative: NOTE: The activities described below are not new, but have been performed by the Centres Pour le Developpement et la Sante (CDS) under the umbrella of Management Sciences for Health. Steps have been taken to put into place a mechanism for a follow-on TBD partner to continue these activities.

SUMMARY: TBD will establish a network of seven centers (Centre La Fossette, Hôpital de Fort Liberté, Hôpital de Ouanaminthe, Centre de Mont Organisé, Centre de Trou du Nord, Centre de Terrier Rouge, Centre de Mombin Crochu at the North, North-East health Departments and one in the metropolitan area of Port-au-Prince : the Centre de Petite Place Cazeau. The same model used by GHESKIO will be implemented for the provision of a full package of PMTCT services to both mother and infant. The primary targets of this intervention are the 10,000 pregnant women, which on average attend services at these facilities.

BACKGROUND: For more than 15 years, CDS has established a strong partnership with the Ministry of Health managing its public sites and providing a comprehensive package of child survival, Reproductive Health, Tb services. CDS has reached enough expertise to develop its own network for the provision of HIV/AIDS prevention, care and treatment services that include PMTCT. Such as GHESKIO and PIH, the four pillar model will be implemented . At community level, health agents who provide services will be seconded by those of the Palliative Care program: World Concern/AERDO for the metropolitan area, Family Health International in the North and PLAN in the North-West department.

ACTIVITIES AND EXPECTED RESULTS:

Activity 1. Field support to 8 VCT/PMTCT sites that will enable them to provide a full package of services including: (i) Opt-out Counseling and testing to all pregnant women (ii) STI management using a syndromic approach (iii) Prophylaxis of opportunistic infections (OIs) (iv) Reproductive health services, including safe obstetric practices and family planning counseling for HIV positive individuals and the promotion of condoms; (v) Psychosocial support through individual and family counseling, mainly by social workers and community health workers and through the setting up of support groups (vi) Case management of HIV positive pregnant women including clinical and biological monitoring (vii) short-course ARV regimen for HIV-positive women according to national guidelines (viii) education on best infant feeding practices.

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

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

Activity 4: Implementation of an integrated PMTCT (+) package model. This activity implies the implementation of an integrated family-centered PMTCT (+) approach that will offer HIV/AIDS partner referral services, couple counseling and reference to Justitien Hospital (North main departmental hospital) for the provision of pediatric care to infants born from HIV+ women.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17928

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17928	17928.08	HHS/Centers for Disease Control & Prevention	To Be Determined	7716	7716.08	HIV/AIDS Clinical Services	[REDACTED]

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 9327.09

Mechanism: CHAMP (Community Health AIDS Mitigation Project)

Prime Partner: Family Health International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Prevention: PMTCT

Budget Code: MTCT

Program Budget Code: 01

Activity ID: 21479.28650.09

Planned Funds: \$225,000

Activity System ID: 28650

Activity Narrative: The activities related to this program seek to improve the quality of life of PLWHA through the delivery of different services at the community level. Since FY 07, PEPFAR has initiated a community based palliative care program aiming at strengthening the link between the sites where clinical care is provided and the community where the families of PLWHA live. This family oriented intervention responds to the need to ensure a proper tracking of patients whose significant numbers were lost to follow up.

An RFA has been launched in FY08 for an integrated approach toward HIV/AIDS, Maternal and Child Health, Family Planning and Tuberculosis. The TBD awarded will pursue the basic care and support activities in PEPFAR that were conducted (by CRS, AERDO, Plan, World Vision) in the West, North East, Artibonite, South, Grande Anse, Nippes, North West departments.

Activity 1: Training of Health Personnel

Nurses, Social workers, community health agents and accompagnateurs will be hired and trained. Point persons attach to the TBD network will make the link with the sites in order to share information related to the PLWHA. This personnel will assure that home visits are made to the PLWHA on a regular schedule so appointments to the clinic are respected and referral are done in due time. Beside the index case, children, pregnant women and any other adults in the house will be registered. The TBD network will also establish strong link with the local PLWHA association.

Activity 2: Social Support

A variety of social support will be delivered through the Point de Délivrance des Services Communautaires (PDSC/ Community services delivery site) which plays the role of transit home for PLWHA arriving to attend their appointments or returning home from long distances. This physical structure located in the community will help reduce the barrier of distance which can translate in long hours of walk and also the barrier of cost since transportation fees will be paid. Safe water product will be delivered at the PDSC as well as condoms both interventions aiming at reducing water borne diseases in the household and access to family planning services. Recreative activities and psychological support will also be available at the PDSC.

Food support will be provided for families in need through Title II or World Food Program (WFP) assistance. Malnourished adults and children identified will be referred to the sites for management (Food by prescription)

Activity 3. Social Assistance

The TBD awarded will be responsible for making the link with institutions engaged in micro credit activities so PLWHA families become less vulnerable to the economic hardship. The TBD awarded will also link with NGOs receiving PEPFAR funds and involved in job creation such as IOM to facilitate access of PLWHA to income generating activities.

By September 2010, the TBD awarded would expect 21500 PLWHA to have access to palliative care in 25 outlets and that 1000 persons would be trained.

New/Continuing Activity: Continuing Activity

Continuing Activity: 21479

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21479	21479.08	U.S. Agency for International Development	To Be Determined	9327	9327.08	CHAMP (Community Health AIDS Mitigation Project)	

Emphasis Areas

Gender

- * Increasing women's access to income and productive resources

Health-related Wraparound Programs

- * Family Planning

- * Safe Motherhood

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 3125.09

Prime Partner: Ministre de la Sante Publique
et Population, Haiti

Funding Source: GHCS (State)

Budget Code: MTCT

Activity ID: 3851.28653.09

Activity System ID: 28653

Mechanism: National AIDS Strategic Plan

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Prevention: PMTCT

Program Budget Code: 01

Planned Funds: \$1,200,000

Activity Narrative: SUMMARY

The Ministry of Health will continue to support 34 sites in staffing, equipment, and materials to test 90% of pregnant women attending those facilities (50,000) and provide prophylaxis to at least 80% of the estimated number of those who test positive. More focus will be put this year on in-depth education during pregnancy alongside with psychosocial support, maternal care and prophylaxis regimen tailored to respond to individual needs of women. Furthermore, support will be provided to sustain and expand an effort initiated in 2008, which consisted into the blending of community-based activities into PMTCT by a handful of sites. With lessons drawn from that earlier experience 15 selected sites will be able to : carry out in collaboration with I-TECH / INHSAC (See PMTCT narrative from ITECH) training sessions for traditional birth attendants (TBA), equip and assist those latter for delivery of pregnant women at home, and use their channel to carry out prophylaxis for pregnant women and their babies. Provisions will also be made to create better linkages of PMTCT sites with the emerging USG supported community-based programs existing in their vicinity.

BACKGROUND

In FY 2008, through this cooperative agreement with the Ministry of Health about 30,758 women have been tested at the 30 supported sites. Of the 897 women who tested HIV positive only 30% received a complete package of prophylactic treatment. The basic package of services provided includes mainly: provision of counseling services by providers in prenatal and maternity wards; prophylactic treatment to pregnant women and their babies; support for delivery in hospital settings, and basic HIV care, as most of the PMTCT sites provide HIV care as well. Despite the package available coverage remains low because of the weak capacity of the system to adapt to individual needs; the absence of dedicated staff to manage cases and navigate them through the different points of services as women and their babies must receive services from different wards in the case of large hospitals ; the lack of manpower to track women and their babies at home as 80% of women continue to deliver home and as existing community health agents tends to focus more on patients on ARV and in care. There is a need in FY 2009 to go beyond the generic support offered so far to bring to bear a new set of measures aimed at ensuring in-depth education for all positive women, providing psychosocial support adapted to their individual needs, ensuring systematic adoption and education of buddy companion (accompagnateur) to ensure treatment compliance, tailoring assistance during delivery according to venue chosen by beneficiaries, and tracking systematically both women and their babies. This enhanced strategy will require assignment of dedicated personnel such as case managers, social workers and community health agents at the ANC and the maternity ward to ensure individual monitoring of cases, and materialization of the integration of traditional birth attendants and midwives to serve as buddy companion and supervise uptake of drugs.

Activity 1: Provision of a refined package of PMTCT services at 34 sites: The MOH will keep to 34 the number of PMTCT sites and will provide them with support in staffing, equipment, materials and operational costs to enable them to offer a full package of PMTCT services as defined by the national guidelines. The scaling up to greater number of sites has been halted this year to allow the program to go much deeper in its support to the sites by ensuring that enough resources are devoted to: the hiring of dedicated case managers, social workers, and community health agents for PMTCT as opposed to continuing to overburden existing ANC and maternity wards staff; the creation of support groups for positive pregnant women; subsidies to defray costs for hospital visits, hospital delivery, and transportation to the hospital; the setting up of infrastructure (personnel, file cabinets, PC) for supporting a newly revamped information system, which is being developed by the Ministry of Health with the support of ITECH for the monitoring of pregnant women.

Activity 2: Development of an enhanced community outreach component at 15 sites: Resources will be provided to 15 sites to incorporate a community outreach component into their PMTCT program. More specifically those sites will be able to set forth training programs and activities with TBAs, matrons, lay counselors, community groups and agents to capacitate them to assist at home positive pregnant women during pregnancy, delivery and post partum. The selection criteria for the sites include existing capacity to host training activities, existence of nurse midwives or community who can backstop the outreach activities, proximity of USG supported community programs that can wrap around the initiative. The funding will cover the costs associated with: the logistics of training for the outreach component, and the home visits made by the outreach component to pregnant women; and the procurement of materials for deliveries carried out by TBA' and matrons

Activity 3: Promotion of PMTCT. The MOH will continue to promote PMTCT services via community events including health fairs, face-to-face communication using a variety of channels such as churches, schools, health facilities, home visits, and the media.

New/Continuing Activity: Continuing Activity**Continuing Activity: 17197**

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17197	3851.08	HHS/Centers for Disease Control & Prevention	Ministre de la Sante Publique et Population, Haiti	7688	3125.08	National AIDS Strategic Plan	\$1,200,000
9308	3851.07	HHS/Centers for Disease Control & Prevention	Ministre de la Sante Publique et Population, Haiti	5134	3125.07	National Plan Mechanism	\$580,000
3851	3851.06	HHS/Centers for Disease Control & Prevention	Ministre de la Sante Publique et Population, Haiti	3125	3125.06		\$200,000

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 5766.09

Mechanism: Infant and Young Child Nutrition Project

Prime Partner: Program for Appropriate Technology in Health

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Prevention: PMTCT

Budget Code: MTCT

Program Budget Code: 01

Activity ID: 9670.28667.09

Planned Funds: \$150,000

Activity System ID: 28667

Activity Narrative: SUMMARY:

In COP09, IYCN will continue to improve the quality of counseling on infant and young child feeding and nutrition practices (IYCF/NP) through technical assistance to the Ministry of Public Health and Population (MSPP), the Institut de Sante Communautaire (INHSAC), and non-governmental organizations (NGOs). This activity emphasizes preventing mother-to-child transmission (PMTCT) and malnutrition and promoting HIV-free survival of OVC by supporting improved nutrition for HIV-positive mothers and safe and optimal IYCF/NP through both clinical and community level services and activities.

BACKGROUND:

This work is an extension of activities started in 2007 and continued in 2008 to improve the enabling environment for infant and young child feeding and nutrition practices (IYCF/NP) and programs. In 2008, IYCN supported a stakeholders' meeting to achieve consensus on infant feeding in the context of HIV/AIDS and the development of an evidence-based curriculum on IYCF for the Institut Haitien de Sante Communautaire (INHSAC) for health and community workers. In addition, IYCN assisted MSPP in the development of norms and guidelines for infant feeding in the context of HIV. All of these activities will improve the quality of training for health and community workers on IYCF/NP and contribute to HIV-free survival in infants and children (0-24 months) of HIV-positive (HIV+) women by decreasing the risks of MTCT, malnutrition and child mortality. A goal continues to be to increase HIV-survival of infants and young children by increasing the use of optimal IYCF/NP at the household level throughout the country.

IYCN also strives to improve gender equity in the context of HIV through the development of curricula and counseling materials that empower HIV+ women to make informed choices about infant feeding options and their own nutritional needs. The project will also support community-based groups and workers to encourage women to develop skills and confidence to reject stigma in respect to her feeding choices.

ACTIVITIES AND EXPECTED RESULTS:

Building upon the IYCN Project support received in COP 07 and COP 08, the project plans will complete the activities described below:

ACTIVITY 1: This activity will use the "24/9" (24 months for children/9 months for pregnant women) approach to nutrition in the face of HIV/AIDS to develop a maternal nutrition strategy, which focuses on the importance of promoting maternal nutrition as means of improving health outcomes and survival for infants and young children. The period of pregnancy and the first 24 months of life represents a window of opportunity to fill the gaps in infant and young child feeding and nutrition (IYCF/N). Low CD4 counts are associated with underweight in women which, in turn, increases the risk of low birth weight (LBW) in infants. LBW increases neonatal mortality in all infants and increases the risk of HIV-transmission in HIV-exposed infants. Underweight also has consequences for mother by increasing their risk of dying. Because underweight in women has life-threatening consequences for both mothers and their infants, it is important to ensure that maternal nutrition practices (MNP) and weight gain are adequate in pregnancy.

ACTIVITY 2: This activity will assist the MSPP to diffuse the norms and technical guidelines for IYCF/N in all ten departments of Haiti through a series of twelve workshops for approximately 360 staff. In April 2008, the MSPP Directorate of Nutrition supported by IYCN, UNICEF, WHO, and Fondation Sogebank sponsored a two-day national stakeholders' meeting with participants from 110 organizations. The results of this meeting were policy guidelines based on WHO 2006 recommendations, which formed the basis of the Haitian norms and technical guidelines. IYCN provided technical guidance to the MSPP to develop the norms and technical guidelines. Nutrition partners validated these documents during a nutrition partners workshop held in August 2008. They will need to be diffused throughout the country for implementation.

ACTIVITY 3: IYCN will support human capacity development through participation in ongoing training of trainers (TOT) courses in collaboration with the World Health Organization/Pan American Health Organization (WHO/PAHO). This will support the Government of Haiti's strategy in IYCF/N with counseling skills using the health worker curriculum developed jointly by MSPP, INHSAC, and IYCN.

ACTIVITY 4: This activity will improve and strengthen the current supervision system to monitor improve health provider performance in nutrition and increase retention of staff. IYCN will assist in monitoring the supervision system to identify good supportive supervision and monitoring practices, which will improve nutrition services and strength the overall quality of care provided. This activity will also increase the coverage of other essential services for HIV-affected infants and young children by encouraging health workers to offer HIV+ mothers the complete child survival packages, including immunizations, essential drugs, micronutrients, etc. This improved support to health workers will improve job satisfaction, which promotes staff retention.

ACTIVITY 5: In this activity, IYCN will provide technical assistance (TA) to the MSPP and INHSAC to review, update, and develop new Creole-language IYCF counseling and support materials. The materials will enable health workers at the facility and community level to better engage HIV+ mothers in behavior change negotiation to improve maternal nutrition and IYCF.

ACTIVITY 6: IYCN will continue to provide TA and support to assess the knowledge, attitudes, and practices of health workers (at facility and community level). The assessment will assist the MSPP in identifying facilitating factors and barriers to optimal IYCF/N practices at the community level. This activity will support a follow-up study (originally titled endline study) of progress in health provider performance and community attitudes and practices toward IYCF/N. The information will be used to identify areas for improvement during training, supervision, and in the development and use of behavior change communications materials and activities.

ACTIVITY 7: This activity will support the development of an integrated community-based nutrition model to be tested in two departments: one rural with CARE and the second one urban with a USAID health partner in high risk areas for HIV/AIDS. This model will develop methods and tools to strengthen technical capacity for clinical services and community activities for active prevention of malnutrition. The model will also

Activity Narrative: identify acutely malnourished children for treatment, recuperation and reintegration. This activity will increase the coverage of families' knowledge about optimal IYCF/N and MNP in the context of HIV to ensure that all influential family members support optimal MNP and IYCF/N practices.

ACTIVITY 8: IYCN will provide TA as needed to local organizations, USAID-non-governmental organizations, community-based organizations, mother support groups, schools, community agents, and events such as World Breastfeeding Week to strengthen the dissemination of information through identified channels about optimal IYCF/N and MNP in the context of HIV. This will include general support to PMTCT programs to strengthen services at the community level through targeted TA to HIV+ women's support groups and community health agents.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17219

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17219	9670.08	U.S. Agency for International Development	Program for Appropriate Technology in Health	7694	5766.08	Infant and Young Child Feeding	\$150,000
9670	9670.07	U.S. Agency for International Development	Program for Appropriate Technology in Health	5766	5766.07	Infant and Young Child Feeding	\$150,000

Emphasis Areas

Health-related Wraparound Programs

* Child Survival Activities

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$150,000

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 3142.09	Mechanism: ITECH
Prime Partner: University of Washington	USG Agency: HHS/Health Resources Services Administration
Funding Source: GHCS (State)	Program Area: Prevention: PMTCT
Budget Code: MTCT	Program Budget Code: 01
Activity ID: 9725.28668.09	Planned Funds: \$300,000

Activity System ID: 28668

Activity Narrative: SUMMARY :

I-TECH will continue to subcontract with the Institut Haitien de Santé Communautaire (INHSAC) and the François-Xavier Bagnoud Center, UMDNJ (FXB) to develop curricula, clinician support tools and job aids, and provide training in PMTCT for 200 health workers in Haiti. I-TECH and INHSAC will maintain collaboration with HIVQUAL to continue to provide leadership on supervision and quality improvement of PMTCT services, in partnership with the principle service delivery networks in Haiti (MSPP, CRS/AIDS Relief, GHESKIO, PIH/ZL, and MSH). The Emphasis areas include the following: addressing male norms and behavior, child survival activities, family planning and safe motherhood. The primary target populations are as follows: physicians, nurses, auxiliary nurses, community agents including traditional birth attendants, and trainers from the five national nursing schools and the school of midwifery. Coverage areas of these activities include all geographic regions receiving PEPFAR support for PMTCT services.

BACKGROUND:

INHSAC is a Haitian non-governmental organization established in 1985 to provide post-graduate training in public health issues for health care workers (HCW). Under COP06, INHSAC was funded through partner JHPIEGO to provide initial training in PMTCT for 200 providers from 26 clinic sites. Principle partners in this effort were Ministry of Health (MSPP) Division of Human Resources (DDRH), MSPP departmental directors, MSH and CRS/AIDS Relief. Under COP07, INHSAC was funded through I-TECH to provide the 2-week PMTCT course including a one-week practicum to 55 health care workers from approximately 15 new VCT/PMTCT/palliative care scale-up sites throughout Haiti. Training participants included physicians, nurses, and auxiliary nurses from these sites. I-TECH assisted INHSAC to improve the existing curriculum by adding a practical focus on lessons learned from successful interventions in Haiti including updated material on infant feeding.

In 2007-08, I-TECH and INHSAC collaborated with HIVQUAL to initiate a quality improvement process involving key PMTCT delivery sites in Haiti. This process follows the "breakthrough collaborative" model pioneered by the Institute for Healthcare Improvement (IHI). I-TECH sponsored and facilitated meetings of the Haiti PMTCT "breakthrough collaborative" to find new ways to address old problems and to share best practices. The process is one of organizational self-study and learning, where I-TECH and INHSAC convene leaders from the service networks to learn about the quality improvement (QI) framework, set QI aims, establish measures to track progress, and select interventions. With coaching from I-TECH facilitators and their "breakthrough collaborative" peers, the leaders will test the interventions within their networks through Plan-Do-Study-Act QI cycles, document results, and scale-up successful interventions.

ACTIVITY 1: INHSAC will train 200 HCW in PMTCT by delivering 10 two-week sessions including a one-week practicum at Hôpital Charles Colimon in Petite Rivière de l'Artibonite. INHSAC will collaborate with I-TECH and the MOH to prepare the PMTCT curriculum and convene stakeholders for review to validate it as the national standardized PMTCT curriculum for Haiti.

ACTIVITY 2: INHSAC, with the support of I-TECH, will utilize JHPIEGO resources and partner with the Ministry of Health to develop a training module on PMTCT for traditional birth attendants (TBA) to be included in the TBA training package. I-TECH will provide technical assistance on curriculum development, including instructional design, document production, pilot evaluation, and clinical review. A TOT will be implemented for 60 nurses and auxiliary nurses who will be responsible to train and supervise the TBA.

ACTIVITY 3: INHSAC will partner with the MOH and other stakeholders to develop a training module on PMTCT for community health workers (CHW) supporting HIV-infected pregnant women enrolled in PMTCT programs. The training module will be included in the CHW training package, and a TOT will be implemented for 50 trainers responsible for the training of CHW involved in PMTCT services. I-TECH will provide technical assistance on curriculum development, including instructional design, document production, pilot evaluation, and clinical review.

ACTIVITY 4: FXB will work with two representative PMTCT sites to determine priorities for development of job aids and support tools to enhance the implementation of national guidelines and to integrate and coordinate the care of women with care for their infants. Because of the high rate of lost-to-follow up of infants born to HIV-infected women, an emphasis will be placed on developing tools to support the referral, follow-up, monitoring and care of these infants. FXB Center staff will then develop and adapt support tools, potentially including flipcharts on counseling and testing for PMTCT, wall charts of key steps in PMTCT, algorithms of comprehensive PMTCT services, and pocket cards on antiretroviral drug dosing for mothers and infants, counseling guidelines on infant feeding, and wall charts on safer delivery practices. These tools will be tailored to the Haitian clinical setting in accordance with the national guidelines. Draft tools will be reviewed by the PMTCT working group and the MOH and revised accordingly. This activity will increase the capacity of physicians, nurses, and counselors to implement and adhere to the national PMTCT guidelines as the provision of PMTCT services expands throughout the country.

ACTIVITY 5: INHSAC and I-TECH in close collaboration with COAG/MOH will continue implementation of the Initiative for Improving PMTCT Program Performance in Haiti, a component of the national HIVQUAL project focused on quality improvement of the national HIV program. Also known as the "breakthrough collaborative" model pioneered by the Institute for Healthcare Improvement (IHI), INHSAC and I-TECH will continue to facilitate Collaborative meetings for the teams representing HIVQUAL sites with a PMTCT program. At each meeting, participants will share their experiences over the past several months in testing quality improvement strategies, and share their learning about which interventions worked and which interventions failed. I-TECH will provide a quality improvement specialist who will provide skilled facilitation as participants analyze the experiences and make decisions about what to do next to reach quality improvement aims. I-TECH and INHSAC will also assist the participants document their progress in relation to their established quality measures, and to disseminate information on the results of the process. Ten PMTCT HIVQUAL sites will participate in the initiative in 2009-2010.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17228

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17228	9725.08	HHS/Health Resources Services Administration	University of Washington	7698	3142.08	ITECH	\$300,000
9725	9725.07	HHS/Health Resources Services Administration	University of Washington	5151	3142.07	ITECH	\$250,000

Emphasis Areas

Gender

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

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * Safe Motherhood

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 3831.09

Prime Partner: Partnership for Supply Chain Management

Funding Source: GHCS (State)

Budget Code: MTCT

Activity ID: 28676.09

Activity System ID: 28676

Mechanism: SCMS

USG Agency: U.S. Agency for International Development

Program Area: Prevention: PMTCT

Program Budget Code: 01

Planned Funds: \$300,000

Activity Narrative: Rates of malnutrition in Haiti are among the highest in Latin America. According to the Demographic Health Survey of 2005- 2006, 24% of children less than five years are stunted, 9 % are wasted and 22% are underweight. 61% of children under five with the highest prevalence in children 12 -17 months and 50% of pregnant women are anemic. Food insecurity in Haiti has worsened considerably leading to the recent upheaval of May 2008. In that context, PEPFAR /Haiti is engaged in a prevention and curative approach for PLWHA as food by prescription , a component of clinical care and treatment at the sites.

Activities and expected results:

Activity 1: Ready to use therapeutic feeding for malnourished children and adults
SCMS will do the procurement of ready to use therapeutic food (Medika Mamba) a locally produced peanut based high energy product which is expected to have soon UNICEF certification and the distribution to the PEPFAR sites where it will be stored at the pharmacies and given as a food by prescription to all malnourished children and adults responding to the criteria and following the guidelines established by the Ministry of Health.

Activity 2: Fortified blended flour
SCMS will do the procurement and distributions of a fortified blended food from the sources provided by the World Food Program and do the distribution at the PEPFAR sites. This fortified product which will abide by international standard will be given as food by prescription to children from 6 months to three years and for pregnant women, lactating women attended at the sites as a preventive intervention. 3500 pregnant and lactating HIV+ women and 4000 OVC 6months to 3 years are expected to benefit from that intervention.

Program target:
Number of individuals receiving ART with evidence of severe malnutrition receiving food and nutritional supplementation during the reporting period:
3000 adults
2000 children

New/Continuing Activity: New Activity

Continuing Activity:

Program Budget Code: 02 - HVAB Sexual Prevention: AB

Total Planned Funding for Program Budget Code: \$5,172,473

Program Area Narrative:

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

The most recent DHS highlights that knowledge of HIV/AIDS is very high in Haiti, and while erroneous ideas regarding modes of transmission persist amongst the general population, knowledge of prevention methods, including abstinence, fidelity, and condom use is high as well. For women, 93% list fidelity and 84% list abstinence as effective prevention methods; 95% of men list fidelity and 87% list abstinence. This showcases the successful work accomplished by the MOH, PEPFAR and other HIV/AIDS prevention implementers in the past several years in Haiti with regards to raising awareness of the virus and methods to protect oneself from infection through AB messaging. Yet, Haiti has a declining age of sexual debut, more than half of all men report engaging in sexual activity outside of their committed relationship, and condom use is very low. Data from the Demographic and Health Survey (DHS) 2005 shows that condom use in Haiti has decreased. Indeed, data indicates that while 98% of never married women are sexually active, condom use among this group is barely 30%. In addition, condom use among youth (15-24) is even lower, putting them at risk for both HIV and unwanted pregnancy.

Thus, much work remains to be done in the area of transitioning knowledge into practice in Haiti. In terms of multiple and concurrent partnership, 29% of women and 62% of men reported engaging in sexual activity with an individual outside of their committed relationship. This behavior is overwhelmingly common in youth ages 15-19 years with 71% of females and 99% of males in this age group reported multiple partners in the past 12 months. The percentage drops significantly for women as their age increases, and also drops for men, but not as dramatically. When engaging in sexual activity outside of their committed relationship, only 29% of women and 43% of men reported using a condom. Thus, in FY 09, the USG PEPFAR team will continue to focus on condoms- procurement, distribution, and behavior change. While condoms will be stressed, the USG team will be focusing on comprehensive ABC programming in FY09, addressing multiple and concurrent partnerships, amongst other topics.

PEPFAR prevention programming in Haiti has complemented the MOH prevention plan in a variety of activities focused on ABC messages, beginning with efforts within the youth demographic. In 2006, PEPFAR Haiti received a rapid assessment of their

programs during a joint TA from USAID and OGAC. One of the recommendations was to better distribute prevention programming across the population, reaching beyond youth to adults. A more equal distribution of ABC programming was incorporated in FY08, as partners reach out to and targeted more activities with adults. This shift will continue in FY09. Another important recommendation of the TA visit in 2006 stressed the need to perform a mapping exercise of all the prevention programs in Haiti; this was conducted in May 2007, and displayed the need for expansion of programming in rural and hard to reach areas of Haiti, including urban areas that have been insecure in recent years. This important expansion geographically was highlighted throughout the FY08 prevention plan and carries into FY09 as well.

Regarding abstinence, behavior change activities among the general population remains a vital and critical component of the USG Teams prevention programming, emphasizing this as the only method to absolutely avoid HIV infection. FY09 will continue to utilize faith-based organizations as well as a strong network of NGO's to support this programming. "A" messages will be targeted toward non-sexual active youth, and will stress the importance of abstaining in an effort to halt the declining age of sexual debut. Organizations such as FOSREF, Plan, and EDC will work with high-risk street youth and will organize 'secondary abstinence' clubs. New for FY08, these activities will reach into areas that were not covered in prior years, such as EDC's work in urban 'hot spots' (areas of the city unreachable due to insecurity and instability), and MSH's expansion into underserved rural communities and Nippes; these programs will continue into FY 09.

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

For condoms, the only other source of non-commercial condoms in Haiti besides PEPFAR is United National Population Fund (UNFPA), which donates 24,000,000 per year for the MOH Family Planning Program. In FY 09, PEPFAR funds will be used to make up the gap between what UNFPA donates and the projected need for the country. Through a recently established condom distribution working group at the MOH, collaboration with the UNFPA and the MOH will be strengthened to ensure that sufficient condoms are available through social marketing outlets, public sector and NGO hospitals and clinics and NGO community support and care programs. In related activities, PEPFAR will provide funding to TBD partner for social marketing and demand creation among at-risk populations and to other NGOs that create demand and distribute no-logo condoms.

In FY07, the USG team initiated a PEPFAR Behavior Change Communication Task Working Group (BCC TWG) for all the AB and OP prevention partners, at the recommendation of the FY06 review. This group is comprised of a member from all organizations receiving PEPFAR AB and/or OP funds, including Track 1 and the NPI. The BCC TWG meets monthly and provides a forum for coordination and communication amongst partners. In FY07, the group conducted a mapping exercise to determine the distribution of prevention programming; information from the mapping process highlighted an unequal distribution in OP programming between urban to rural areas, as well as the need to direct OP programming toward high risk adult males. These gaps were addressed in FY08, and will continue to be addressed during FY09. For example, PSI and MSH focused on a more balanced distribution of condoms throughout the country and created 40 new condom outlets FY08, 4 per department. These outlets were established in rural and underserved areas of the country. In addition, the TWG serves as a platform to coordinate programming and messages. Best practices and lessons learned are shared by the partners. The TBD BCC technical assistance partner will work with this group to develop clear and consistent messages and programs that address hot topics such as multiple and concurrent partnerships and transactional sex. In addition, the group will make efforts to strengthen referrals and links to other services including CT, STI, and reproductive health services.

The USG Team's AB program engages adults and youth from diverse community groups, and promotes social norms supportive of healthy and safer sexual behaviors. This includes mobilizing community support to promote abstinence, mutual monogamy, and partner reduction, as well as addressing sexual coercion, cross-generational, and transactional sex. Public dialogue on these topics with community leaders, parents, and clergy, coupled with dissemination of practical, culturally appropriate educational materials and counseling guides will encourage adults to reduce their own risky sexual encounters with other adults, as well as with youth. Targeting adults and promoting AB within this population as well as within youth will reinforce safer sexual behaviors within the general population of Haiti to create a more balance and age diverse program to support behavior modification. PEPFAR will continue its work among high risk groups. Funding will be provided to POZ to assist them with their MSM prevention, care and treatment clinics in Haiti. CSW clinics around the country, run by FOSREF, will continue to provide peer to peer outreach, condoms, counseling and testing, and STI diagnosis and treatment. These clinics also offer educational training courses for CSW's to build skills in areas other than commercial sex work. In FY09, PEPFAR will focus work with male clients of CSW's, with outreach to the clients through peer to peer counseling, referrals to USG supported counseling and testing will be provided as well as condoms. Work with the migrant population will be continued in FY09; migrants will be trained as peer educators on ABC messages in order to reach more of this high risk population. Additionally, work with the general adult male population will build on work accomplished in FY08 through partners such as MSH, the TBD BCC partner, and others. This work will stress the importance of consistent condom use, as well as other 'B' prevention messages; will integrate behavior change activities into their programs to move beyond raising knowledge of HIV/AIDS. Referrals to CT will be stressed by all partners.

As the USG Team shifts the prevention portfolio from a high risk youth focused plan to a more balanced approach across generations, ABC messages will be emphasized, especially among the adult male population. With HIV rates peaking in women age 30-34, and men age 40-44, it is important to put heavy emphasis on the sexually active population in Haiti in order to promote behavior change. FOSREF, MSH, PLAN, and the TBD communications partner will all shift their programs to include more targeting of adult populations, mainly men, migrant workers, and clients of commercial sex workers. In addition, other prevention messages will focus on risk reduction messages through media messages, and will be reinforced by interpersonal counseling

techniques to encourage personal risk assessment skills among the sexually active.

Target: For FY09, the targets will reflect a more accurate count of persons reached through community outreach, to exclude mass media and large groups. Additionally, with the USG's efforts to implement balanced ABC programming, the number of those reached through abstinence (a sub-set of total reached through AB) will be lower than FY09. Additionally, number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful is significantly lower than FY08 as one AB TBD partner will restructure its programming to focus more on follow-up long term training toward behavior change rather than one day training of tens of thousands of people with little follow-up.

Program Area Targets:

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

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful: 297,930

Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful: 3,461

Number of targeted condom service outlets: 700

Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful: 686,517

Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being: 2699

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 9392.09	Mechanism: AIR - School Curriculum
Prime Partner: American Institutes for Research	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Sexual Prevention: AB
Budget Code: HVAB	Program Budget Code: 02
Activity ID: 17891.28890.09	Planned Funds: \$100,000
Activity System ID: 28890	

Activity Narrative: SUMMARY: In FY 2009, the Programme Haïtien d'Appui à la Réforme de l'Éducation (PHARE) program in basic education will support two program components: 1) Improve Equitable Access to Quality basic Education; and 2) Strengthen Public Sector Executive Function of the Ministry of Education. The Basic Education Project will link with other Mission programs in the education, health, democracy and governance, and economic growth sectors. Linkages will include the HIV/AIDS Program, Microfinance Program, Food Security Program, Human Rights and Civil Society Programs, and Programs supporting Populations at Risk. Given the upcoming procurement process and the variables associated with the start-up of activities, targets posted below are subject to change.

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

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

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

Activity 1: MENFP's School Health Unit Strengthened to Support HIV/AIDS Prevention Education
The newly reinvigorated School Health Unit in the MENFP has, among its mandates, to revitalize school health and nutrition programs in Haiti's schools. The Unit is a key member of the GOH Multisectoral Committee on Integrated School Health. In an attempt to expand its scope of activities beyond traditional school feeding and nutrient provision, the School Health Unit will develop a strategic plan for school health encompassing a fuller range of health-related interventions, including age-appropriate school curricula for prevention of HIV/AIDS and addressing stigma and discrimination issues related to the disease. A situation analysis and review of existing HIV/AIDS prevention curricula and materials currently used in basic education (grades one through nine) will be conducted. These curricula and materials are currently used by NGOs, PVOs, churches, and Haitian educational organizations. Training and material support will be provided to staff in the MENFP School Health Unit to strengthen their capacity to support the delivery of HIV/AIDS prevention education in the schools. Deliverables may include a situation analysis and review of existing materials. Background research will be conducted on international best practices in HIV/AIDS prevention education in schools as a contribution to the National Strategy on School Health and Nutrition.

Activity 2: HIV/AIDS Prevention Curriculum in Grades One through Nine Developed and Pilot-Tested
Based on the results obtained in the background research phase outlined in activity 1, the contractor will support the development of curricula and materials for use in HIV/AIDS prevention and stigma reduction education in grades one through nine of formal education. Care will be taken to ensure that messages are age-appropriate, particularly with funding in the Condoms and Other Prevention technical areas. Materials will be pilot-tested in HBE project and other target schools before wider implementation. Deliverables over the long term of the project include the development of the curricular framework and materials, training for teachers and school personnel, and the pilot-testing of materials in project target schools and other schools identified by MENFP. The final materials will be printed and distributed for wider implementation followed by an impact evaluation.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17891

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17891	17891.08	U.S. Agency for International Development	American Institutes for Research	9392	9392.08	School Curriculum	\$350,000

Emphasis Areas

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education \$100,000

Water

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 8889.09	Mechanism: ARC - TWC
Prime Partner: American Red Cross	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Sexual Prevention: AB
Budget Code: HVAB	Program Budget Code: 02
Activity ID: 19566.28893.09	Planned Funds: \$300,000
Activity System ID: 28893	

Activity Narrative: Summary

In FY09, the new TWC curriculum will be rolled out with the completion of the adaptation and the training of Field Managers and Peer Educators in the new content and its delivery. The new curriculum more thoroughly addresses local risk and protective factors such as transactional sex, sexual coercion, cross-generational sex, multiple concurrent partnerships, individual risk planning, and gender equity. The primary target populations are primary and secondary students and out-of-school youth including orphan and vulnerable children (OVC), restavec (marginalized domestic servants), and street youth ages 10-24 with a focus on youth ages 15-19. TWC works through HRC branch offices in the following seven geographic areas: Pétionville, Cité Soleil, Petite Goâve, Cap Haitian, Fort Liberté, Ounaminthe and Anse-à-Pitres.

Background:

TWC is a track 1 ABY program active in two other countries (Tanzania and Guyana) in addition to Haiti. The project has been operational in Haiti since June 2004 and works in close collaboration with the Haitian Ministry of Health and National AIDS Program (MSPP/UCC) and has recently established a partnership with the Haitian Ministry of Youth. TWC is implemented in Haiti by the Haitian Red Cross which is a local (indigenous) organization founded over 75 years ago. Curriculum and adult outreach interventions directly address cross-generational sex, multiple sex partners and early sexual initiation norms and behaviors. The project is currently seeking to improve female youth's access to life and job skills.

Activities and Expected Results:**Activity 1:**

In FY09, the new TWC curriculum will be rolled out with the completion of the adaptation and the training of Field Managers and Peer Educators in the new content and its delivery. The new curriculum more thoroughly addresses local risk and protective factors such as transactional sex, sexual coercion, cross-generational sex, multiple concurrent partnerships, individual risk planning, and gender equity. The new curriculum will also increase interaction between youth participants (of curriculum-based sessions) and their peers through the curriculum's built-in series of four take home assignments which include sharing key TWC messages, facts, and skills through the use of: a decision making tool; IEC materials identifying risk factors for HIV infections; referrals and site-visits to local sexual and reproductive health services; and role-playing to resist pressure and to communicate assertively. The TWC program will continue to enhance efforts to conduct follow-up interventions (FUI) through the roll out of guidelines that provide direction on shaping the the content of follow up activities to meet the needs of local communities based on analysis from our pre/post test database system, qualitative feedback from youth, and other relevant research. In FY09 and FY10, the project will reach 70% of all youth who completed the initial TWC curriculum with one or more FUIs. The project will continue to emphasize a focus on non-traditional youth by reaching 15% of youth from this category.

TWC will increase its training and oversight of Field Managers through quarterly supervision visits, and will offer specific training to Field Managers to improve their outreach to Community Councils and Town Hall Meetings and to better address the needs of stakeholders and community members. To date, TWC has reached over 320,000 youth with AB messages, and trained over 310 individuals in Haiti. Volunteer retention rates for Peer Educators exceed 80%.

Activity 2:

In order to build the capacity of the HRC to manage and expand youth HIV prevention projects, the ARC will continue to provide organizational development trainings and technical support for key areas including volunteer management and training, project planning, finance and compliance, monitoring and evaluation and curriculum adaptation. TWC uses partnership building as another main capacity building tool, allowing the HRC to learn from and leverage each partner's expertise in the domain of HIV prevention, care and treatment. Common goals, strategies and messages are established and duplication of efforts is reduced, leading to a more efficient and rational use of project resources. The TWC project will maintain its existing partnerships with MSPP/UCC, FOSREF, and PSI as well as the Emergency Plan BCC cluster group. In addition, the project intends to forge new, multi-sectoral relationships with IDEJEN in order to provide TA on HIV prevention, reach greater numbers of out-of-school youth and ensure TWC project beneficiaries obtain better life and job skills and economic opportunities to better address economically driven risk factors.

Activity 3:

To enhance the community environment for the adoption of safer sexual practices, the TWC project will hold town hall meetings reaching over 1,000 adults and form at least one community council at each project site. Community is defined here as adult stakeholders who influence directly or indirectly the environment in which youth live and make safe or unsafe sexual decisions. These adult stakeholders include parents and teachers as well as religious and secular community leaders from the public, non-governmental, informal, faith based and private sectors. The project uses town hall meetings to inform, seek the permission to conduct sexual education activities, and solicit direct involvement of these adult stakeholders in the fight against HIV/AIDS and in the safer reproductive lives of youth. Project staff works with local community councils and organizations such as school administrations on day to day project implementation. Examples of direct community council engagement include help in planning TWC workshops in schools, consensus building on appropriate messaging for younger youth, in-kind contributions to project activities, promoting TWC sessions via letters to parents, and offering feedback after observing project activities- the greater the community involvement and ownership, the greater the sustainability of the program.

New/Continuing Activity: Continuing Activity**Continuing Activity: 19566**

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19566	19566.08	U.S. Agency for International Development	American Red Cross	8889	8889.08		\$200,000

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 9391.09	Mechanism: FHI
Prime Partner: Family Health International	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Sexual Prevention: AB
Budget Code: HVAB	Program Budget Code: 02
Activity ID: 17911.28897.09	Planned Funds: \$50,000
Activity System ID: 28897	

Activity Narrative: UNCHANGED FROM 2008

SUMMARY: PEPFAR will support activities to prevent HIV/AIDS and STI transmission among the police officers of the Haitian National Police (HPN), customs and immigration officers by focusing on partner reduction and being faithful to one's partner as the most effective prevention behavior among sexually active adults. In 2009, training of peers will be used to increase self-risk assessment and developing behavior change strategies in partner reduction, fidelity, changing social norms such as in the reduction of domestic abuse and increase in partner communications, and utilizing on-site USG supported counseling and testing in precincts, customs and immigration offices. Audience specific messages will be targeted at the uniformed services, especially men, to promote healthy sexual behaviors. The peer educators will continue their geographical scope in FY2009 in all 10 departments of Haiti.

In addition, advocacy activities will be implemented among directors of the police, customs and immigration in order to integrate HIV prevention messages into the basic training curriculum for uniform services and promote other prevention activities throughout the forces. Training will be implemented with the HPN and the United National Stabilization Mission in Haiti (MINUSTAH). The UNAIDS HIV/AIDS training curriculum has been adapted for use in implementing this activity. About 85% of this activity is funded through the OP budget.

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

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Using the UNAIDS HIV/AIDS training curriculum and related materials which were adapted for the HPN in FY07, prevention will continue into be incorporated into the basic training curriculum of the national police academy. In FY07, 10 HPN Trainers were trained on the implementation of the curriculum; and in FY08 technical assistance was provided to the HPN Health Unit trainers to refresh their skills in utilizing the HIV/AIDS curriculum. In FY09 HPN Trainers will be trained in focusing on topics such as partner reduction, secondary abstinence, fidelity, changing social norms (e.g. reduction of domestic abuse), discussing various means of entertainment, importance of partner communications, drug and alcohol abuse, and attending counseling and testing services. Messages will also be tailored to meet the needs of women in the uniformed services since they are the minority.

ACTIVITY 2: Follow up training and supervision will be provided to 300 police peer educators trained in FY05 - FY08 to improve their interpersonal communication and counseling skills; 75 new police peer educators will be trained in FY09. The increase in peer educators in FY09 will allow for expansion of the peer-to-peer police educators into all 10 departments in Haiti. After training, Peer Educators will conduct outreach to their peers with target messages to promote behavior change such as fidelity, secondary abstinence, partner reduction and CT testing. FHI will make regular supervisory visits to oversee the police peer education program and provide technical assistance to improve outreach activities and to utilize innovative models to build HIV self risk assessment and behavior change strategies. During these sessions service men and women will be encouraged to know their status, inform them of where they can find services and assist them in developing personal risk reduction plans to increase protective behaviors. Peer educators will also discuss issues related to sexual violence and gender issues, couple communication and increased responsibility among males in reducing risky behavior and HIV transmission.

Activity 3: FHI will continue advocating for appropriation and promotion of the HIV/AIDS program within the headquarters (PNH, Customs and Immigration). Quarterly meetings will be held to build upon awareness raised in previous years for the need of better integration and support of the program within the PNH network. Main issues to be addressed include anti-discrimination and anti-stigma policies within the workforce. It is anticipated all 10 departmental heads will participate, and assist with the peer training in their department.

Monitoring and Evaluation of these activities including data collection, use, quality and feedback will also be a continued and focused effort in FY09.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17911

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17911	17911.08	HHS/Centers for Disease Control & Prevention	Family Health International	9391	9391.08	FHI	\$50,000

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 3136.09

Mechanism: FOSREF

Prime Partner: Foundation for Reproductive Health and Family Education

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 11059.28902.09

Planned Funds: \$400,000

Activity System ID: 28902

Activity Narrative: SUMMARY:

This project is the continuation of the FY08 FOSREF AB activities which are included and supported by the National AIDS Strategic Plan of the Ministry of Health (MOH). This program will continue to support comprehensive HIV/AIDS prevention programming with emphasis on AB, and to support interventions for youth and men at risk. Emphasis will be put on activities with adult men in FY09. This activity is closely coordinated with Global Funded sites to avoid duplication. This program is split funded, 40% AB and 60% OP funds.

BACKGROUND:

The activities will continue to target sexually active youth that are tested in the FOSREF centers and will emphasize Secondary Abstinence in this high risk youth population as the best strategy to "stay negative." FOSREF will expand their program with men, particularly those who have very high risk sexual behavior, and will continue to address messages of being faithful. For FY09, FOSREF will be utilizing the findings of the PLACE study which showed strategies to address overpopulated, suspected high transmission areas in Carrefour and communal sections in Artibonite and the North to better target their youth services. These activities will be linked to USG supported on-site CT. These activities will continue in the following departments: Artibonite, North, North-East, West, South, and South East.

ACTIVITIES AND EXPECTED RESULTS:

Activity 1: IN FY09, FOSREF will expand its outreach with male clients of commercial sex workers and unemployed men. In FY08, the program provided peer education for clients of commercial sex workers and unemployed men. In FY09 FOSREF will increase the number of peer educators trained to work with clients and fixed partners of the CSWs. The main themes that will be addressed include reduction of concurrent partnerships, high-risk sexual behaviors, fidelity, and the importance of CT. The program will use songs, sketches, mini-films, mimes, and jingles as well as peer to peer IEC. These will be produced and disseminated in public parks, public transportation stations, in front of bars, brothels, on beaches. Activities will be organized during regional celebrations and during cockfights addressing the same themes. Community dialogues, debates and forums will be organized in areas and sites where men are frequent visitors, with media coverage of the debates by the community radio stations, addressing the same themes which will be coordinated with all BCC prevention partners through the PEPFAR BCC TWG. The program will conduct interventions in the media discussing similar messages; which will be followed up with skill-building sessions by the peer educators that build on and reinforce the theme of the media messages. The men will be referred to USG supported CT at FOSREF's CT sites.

* Activity 2: FOSREF will address the needs of high risk, sexually active youth. In FY09 FOSREF will be utilizing the findings of the PLACE study to target the most at risk youth in densely populated, underserved areas. The project will continue work in close collaboration with youth associations in the most marginalized areas around the centers. The program will promote peer dialogue addressing themes such as: secondary abstinence (promotion of CT services and secondary abstinence post testing), being faithful, perception of risk, partner reduction, negotiation skills, gender equity, self-esteem, and sexual violence. Peer educators will refer youth to FOSREF's USG supported youth centers for testing and treatment of sexually transmitted infections, CT, and other reproductive health services. These youth centers will make referrals to care, support, and treatment services when needed.

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

New/Continuing Activity: Continuing Activity

Continuing Activity: 17175

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17175	11059.08	HHS/Centers for Disease Control & Prevention	Foundation for Reproductive Health and Family Education	7681	3136.08		\$400,000
11059	11059.07	HHS/Centers for Disease Control & Prevention	Foundation for Reproductive Health and Family Education	5123	3136.07		\$200,000

Emphasis Areas

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education \$18,690

Water

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 5276.09	Mechanism: EDC - IDEJEAN
Prime Partner: Education Development Center	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Sexual Prevention: AB
Budget Code: HVAB	Program Budget Code: 02
Activity ID: 9790.28895.09	Planned Funds: \$150,000
Activity System ID: 28895	

Activity Narrative: SUMMARY: During the fiscal year 2007 – 2008 PEPFAR has provided funds to the Haiti Out-of-School Youth Livelihood Initiative (IDEJEN), implemented by the Education Development Center, to target out-of-school youth ages 15-24 with HIV/AIDS prevention messages integrated into their ongoing livelihoods program. IDEJEN continues an established collaboration with the Foundation for Reproductive Health and Family Education (FOSREF), Fondation pour le Developpement et l'Encadrement de la Famille Haitienne (FONDHEF) and VDH (Volontariat pour le Developpement d'Haiti to reach out-of-school youth including OVC, restavek (marginalized domestic servants) and street youth ages 10-24 with a focus on youth ages 15-24. Peer educators have provided at-risk youth with relevant referral information to key AIDS services provided by other partners including HIV counseling and testing (C&T), sexually transmitted infection (STI) treatment and referral to condom outlets.

BACKGROUND: The IDEJEN program, funded by the USAID Education program has been implemented by the Education Development Center since 2003. IDEJEN works through community based youth-serving organizations (CBOs) through a sub-grant program and strengthens them to deliver much-needed education and job and life skills training. IDEJEN has developed an innovative program for out of school youth from marginalized pockets of Haitian society. Each CBO is provided with technical assistance in organizing the community, conducting community assessments and planning the program to maximum participation by parents/guardians and the youth themselves. This is an attempt to help communities drive out gang activity, take back their neighborhoods and empower out of school youth. CBOs are encouraged to work directly with the local authorities, MOH Departmental Directors, the Ministry of Youth and Social Affairs, and PEPFAR partners to ensure integration of prevention efforts targeting youth 15-24 years of age. IDEJEN began initially with 650 youth between 15 to 20 years of age in three target zones—Port-au-Prince slum areas in the West, Jeremie (peri-urban) in Grande Anse and Mirebalais (rural) in the Center. IDEJEN provides non formal basic education and vocational training to at-risk youth who have had no or limited primary education. With the planned expansion in 2006, IDEJEN was expanding to five more regional departments for a total of eight (8) with plans to reach 13,000 out of school youth by 2010. The program is one of the few organized programs which provides non formal basic education and vocational training to youth with no or limited formal schooling. The National Institute for Vocational Training (Institut National de Formation Professionnelle—INFP) and the Ministries of Education and Youth are key partners with IDEJEN in overseeing the vocational training, non-formal basic education and life skills education as a critical part of the program.

Following the OGAC Prevention Assessment in May 2006 and the preliminary analysis of the 2005 DHS data, several gaps in programming for groups at risk for HIV infection were identified. One of these was a strong need to target vulnerable youth between 15-24 years of age. Many of the youth IDEJEN targets come from poor families and have limited opportunities for education and livelihoods. The recent Haiti DHS highlights the high levels of sexual activity among youth in the age group 15-24 and that safe practices such as fidelity, mutual monogamy and other protective measures are not the norm among this sexually active group. Many youth in IDEJEN's network are in poor general health due to malnutrition, untreated sexually transmitted diseases, pregnancy and related complications. Many youth yield to pressure to exchange money or goods for sex. Others migrate to find work, move away from home, and often live on the street thus increasing their chances of high-risk sexual behavior putting them at risk for HIV.

ACTIVITIES AND EXPECTED RESULTS:

Activity 1: CBO capacity building for out-of-school youth prevention activities.

Working through its CBOs, IDEJEN with the support of PEPFAR has supported the introduction and expansion of HIV/AIDS activities in 30 training centers. With technical assistance from FOSREF, Haitian Red Cross and VDH, non formal basic education program monitors have been trained to incorporate HIV/AIDS prevention into their on-going life skills programs.

IDEJEN has provided grants of \$15,000 to six (6) CBOs to support modest improvements in the community centers and counseling rooms; training and meeting costs; and purchase HIV/AIDS materials and equipment for the peer education and outreach program. These (6) six centers are located in Cite Soleil, delmas/ Nazon – Petit-Goave, Carrefour-feuilles – Mirebalais - Jeremie. PEPFAR funds have gone into these CBO grants to incorporate HIV/AIDS prevention activities into the life skills training. In FY09, IDEJEN will train additional non-formal basic education monitors in HIV/AIDS.

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

This activity has helped thirty (30) CBOs to add an HIV/AIDS prevention peer education module into the ongoing training. Currently, the vocational training courses offered include different technical skills as agricultural, construction, mechanics fields, etc. This year, a peer education component has been added in collaboration with local partners such as FOSREF – VDH – Haitian Red Cross. IDEJEN has selected 120 youth leaders who were trained as Youth Peer Educators for HIV/AIDS Prevention. Training has included information on HIV/AIDS transmission; sexual health and reproduction; risk assessment, abstinence, including secondary absence, fidelity, being faithful and risk reduction.

Peer Educators has provided information and counseling to their counterparts during evening and weekends and refer youth to PEPFAR sites for C&T, STI, condoms and AIDS care and treatment services. Referrals with FOSREF, VDH, GHESKIO have been established. Peer Educators will be encouraged to organize post test clubs (for those who have been tested for HIV) to reinforce healthy behaviors, reduce risky sexual behavior, provide positive role models, address stigma discrimination and promote prevention messages and activities among positives. A total of 120 youth from six centers (20 youth per center) have been trained as Youth Peer Educators and have reached their counterparts (see indicators in attached report). In FY09, IDEJEN will reinforce partnerships with local health institutions that provide basic family planning services for girls aged 15-24. The rate of drop out among IDEJEN participating youth is higher among young women because of pregnancy at an early age. This activity will facilitate the retention of young women into the program.

Monitoring and Evaluation of these activities including data collection, use, quality and feedback will also be a continued and focused effort in FY09.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17172

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17172	9790.08	U.S. Agency for International Development	Education Development Center	7679	5276.08	Education Partner	\$150,000
9790	9790.07	U.S. Agency for International Development	Education Development Center	5276	5276.07	Education Partner	\$150,000

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 3337.09

Prime Partner: Partners in Health

Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 28643.09

Activity System ID: 28643

Mechanism: PIH

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Sexual Prevention: AB

Program Budget Code: 02

Planned Funds: \$50,000

Activity Narrative: SUMMARY:

The activities described below are carried out to support HIV prevention efforts through four components: education and outreach; radio-messages and large scale community-wide events; production and distribution of educational materials; and screening and treatment for sexually transmitted infections (STIs). These prevention activities will be conducted within PIH/ZL's "four pillars" model for implementing a comprehensive HIV program in the context of primary care: 1) HIV prevention and care, including voluntary counseling and testing (VCT); 2) detection and treatment of tuberculosis (TB) and other opportunistic infections; 3) detection and treatment of STIs and; 4) women's health and prevention of mother-to-child transmission (PMTCT). The primary emphasis areas for these activities are Gender: Addressing male norms and behaviors, Increasing gender equity in HIV/AIDS programs, and Reducing violence and coercion, as well as Wraparound programs: Family Planning. Specific target populations include marginalized populations including OVC, men who have sex with men (MSM), commercial sex workers, and women.

Activities will be carried out at 10 sites in Haiti's Central Department (Belladère, Boucan Carré, Cange, Cerca La Source, Hinche, Lascahobas, Thomonde, as well as the new expansion sites of Mirebalais, Saut d'Eau, and Savanette) and 4 sites in the Artibonite Department (Petite Rivière, St. Marc, Project ZeroSIDA (POZ), and the new expansion site of Desdunes). Activities in St. Marc will be carried out in collaboration with the Hôpital St. Nicholas (HSN) and Services de Santé de Premier Echelon (SSPE) as well as at La Fondation Esther Boucicault Stanislas (FEBS) and Brocozel. Certain activities will also be carried out at health posts in Segur and Jean Denis, which report their numbers through Petite Riviere.

BACKGROUND:

PIH/ZL's prevention activities are part of a comprehensive HIV prevention and treatment program started by PIH/ZL in 1998; expanded through the public sector beginning in 2002 in partnership with the Haitian Ministry of Public Health and Population (MSPP) and with funds from GFATM; and further expanded to Hinche, Cerca La Source, Petite Rivière and St. Marc with the support of PEPFAR in the COP 2005, 2006, 2007, and 2008. Since 2004, the program has been a collaboration among these four key partners—PIH/ZL, MSPP, GFATM, and PEPFAR. Since 2005, work in the Artibonite region has been strengthened by involving several NGO partners in St. Marc—SSPE, Promotion Objectif Zerosida (POZ), La Fondation Esther Boucicault Stanislas (FEBS)—and in Petite Rivière—Centre Medical Charles Colimon (CMCC). FY 09 will be the first year that PIH will receive prevention AB and OP funds from PEPFAR.

PIH/ZL has long worked to prevent the spread of HIV and other STIs. In a six month period alone this past year, members of PIH/ZL's prevention team, Noyeau Educatif Communautaire (NEC), estimate that they reached over 300,000 people with prevention messages via a variety of different avenues including mass media campaigns and local community-based projects. PIH/ZL does not differentiate between sexual prevention messages, rather they provide ABC programming, hence the reason this narrative is the same for HVAB and HVOP. Last year, PIH/ZL screened more than 88,000 people for STIs as a means of providing early detection and treatment to reduce patients' risk of acquiring HIV.

By empowering both men and women to make informed choices about their sexual behavior, PIH/ZL sexual prevention activities will work to increase gender equity in HIV/AIDS programs, address male norms and behaviors, and place an emphasis on the reduction of violence and coercion. By offering ABC messages to women as part of routine women's health visits, these activities support linkages between HIV/AIDS and other sectors (family planning).

In prevention activities and all others, PIH/ZL is committed to a long-term partnership with the Ministry of Health (MSPP) and to strengthening the public sector by training local staff, including MSPP health workers, to ensure sustainability.

ACTIVITIES AND EXPECTED RESULTS

ACTIVITY 1: Prevention Education and Outreach

Currently 40 NEC specialize in community outreach and prevention education, working in schools, churches, market places, health centers, organized community meetings, public plazas, mobile clinics, people's homes, soccer games, brothels, traditional healers' homes, and cock fighting arenas with people of a variety of ages. In addition, NEC provide prevention messages and training in meetings for employees, community health workers, and TB and HIV patients. Funding for this activity will support the current human resources and materials necessary for providing education and outreach in a multitude of settings each month. In addition, PIH/ZL plans to hire and train NEC to work in the communities of Savanette, Saut d'Eau, Mirebalais, and St. Marc in the upcoming year, for a total of 8 new NEC. It is expected that the NEC will reach 550,000 people in the Central and Artibonite Departments with their education and outreach efforts.

ACTIVITY 2: Mass-media Campaigns—Radio Messages and Community-wide Events

Radio broadcasts of prevention and health messages play throughout the Central and Artibonite departments with frequency. As the main source of news and entertainment for Haiti, short radio spots are the easiest way to get a public health message across to a variety of people. This funding will make more prevention messages possible on major radio stations throughout the communities where PIH/ZL works. PEPFAR funding will also help make possible the annual World TB Day and World AIDS Day community events where prevention messages are promoted to the thousands upon thousands of people who attend. The team NEC and street theater actors involved in mass-media efforts with PIH/ZL expect to reach 550,000 people with their sexual prevention messages of "abstinence, be faithful, and use condoms."

ACTIVITY 3: Production and Distribution of Prevention Education Materials

PIH/ZL promotes and provides condoms (provided by MSPP, in-kind donations purchased with private funds) free of charge at all PIH clinical sites and at mobile clinics and community events. In addition to condom distribution, the NEC have distributed pamphlets and calendars in the past. This year PIH/ZL hopes to develop and distribute more prevention education materials, focusing on images as a way to easily convey public health messages. Funding for this activity will support the distribution of condoms,

Activity Narrative: development of educational materials, and space and equipment needed for the creation of such materials. Specific efforts will be made to distribute prevention materials in the lower Artibonite as a variety of high risk groups can be found in St. Marc and its surrounding communities.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 4730.09

Prime Partner: Food for the Hungry

Funding Source: Central GHCS (State)

Budget Code: HVAB

Activity ID: 8153.28928.09

Activity System ID: 28928

Mechanism: Track 1 Healthy Choices for Life

USG Agency: U.S. Agency for International Development

Program Area: Sexual Prevention: AB

Program Budget Code: 02

Planned Funds: \$534,207

Activity Narrative: SUMMARY:

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

BACKGROUND:

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

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1

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

ACTIVITY 2

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

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

EMPHASIS AREAS:

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

TARGETS:

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

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

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

TARGET POPULATIONS:

Youth
Parents

Activity Narrative: Religious Leaders
Community Leaders

KEY LEGILATIVE ISSUES:
Male norms and behaviors
Stigma and discrimination
cross-generational and transactional sex to reduce coercion and violence

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

New/Continuing Activity: Continuing Activity

Continuing Activity: 17174

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17174	8153.08	U.S. Agency for International Development	Food for the Hungry	7680	4730.08	Track 1 ABY:Healthy Choices for Life	\$690,000
8153	8153.07	U.S. Agency for International Development	Food for the Hungry	4730	4730.07	Track 1 ABY:Healthy Choices for Life	\$295,770

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 4732.09	Mechanism: Track 1 Mobilizing Youth for Life
Prime Partner: World Relief Corporation	USG Agency: U.S. Agency for International Development
Funding Source: Central GHCS (State)	Program Area: Sexual Prevention: AB
Budget Code: HVAB	Program Budget Code: 02
Activity ID: 8154.28929.09	Planned Funds: \$713,262
Activity System ID: 28929	

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

BACKGROUND:

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

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

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

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

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

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

New/Continuing Activity: Continuing Activity

Continuing Activity: 17248

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17248	8154.08	U.S. Agency for International Development	World Relief Corporation	7705	4732.08	Track 1 ABY: Mobilizing Youth for Life	\$356,314
8154	8154.07	U.S. Agency for International Development	World Relief Corporation	4732	4732.07	Track 1 ABY: Mobilizing Youth for Life	\$329,213

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 4731.09

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

Prime Partner: World Vision International

USG Agency: U.S. Agency for International Development

Funding Source: Central GHCS (State)

Program Area: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 8155.28930.09

Planned Funds: \$368,654

Activity System ID: 28930

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

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

ACTIVITIES AND EXPECTED RESULTS:

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

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

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

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

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

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

Emphasis areas: Level of Effort
Training 50%
QI and Supportive Supervision 25%
Community mobilization and involvement 10%
Information, Education and Communication 10%
Linkages/Referral 5%

Targets:

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

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

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

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

Key legislative issues: Gender

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

New/Continuing Activity: Continuing Activity

Continuing Activity: 17249

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17249	8155.08	U.S. Agency for International Development	World Vision International	7706	4731.08	Track 1 ABY: Abstinence & Risk Avoidance Among Youth (ARK)	\$240,000
8155	8155.07	U.S. Agency for International Development	World Vision International	4731	4731.07	Track 1 ABY: Abstinence & Risk Avoidance Among Youth (ARK)	\$597,006

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 8719.09

Mechanism: Leadership, Management & Sustainability Project

Prime Partner: Management Sciences for Health

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 19564.28919.09

Planned Funds: \$300,000

Activity System ID: 28919

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

BACKGROUND

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

ACTIVITIES AND EXPECTED RESULTS

Activity 1: A special focus will be placed on "Being Faithful" interventions which target men where they commonly congregate, such as brothels, sporting events, pubs, clubs, community and social events. Again, efforts will be undertaken to target USAID's network of father's clubs, as well as men through male networks of local celebrities, entertainers, artisans, and transportation networks. Messages targeting these male groups will reinforce themes of fidelity, partner reduction, avoidance of commercial sex and linkages to condom outlets. The needs of HIV discordant couples will be addressed through targeted counseling and education as well as referrals to CT. Counseling and behavior change education on prevention of transmission for HIV positive persons, "prevention for positive" will be an integral part of all prevention efforts. Efforts will be made to train male adult leaders and youth, to better target messages to men in supporting behavior change and reducing the spread of HIV.

Activity 2: Many of these organizations work in socially and politically unstable "hot spots" (areas inaccessible due to violence and instability in the past few years). Efforts will be made to create synergies with USAID's education, food security and economic growth initiative to increase prevention messages and positive behavior change among high risk groups. In light of Haiti's economic instability and the high numbers of youth engaging in transactional sex for survival, linkages will be made with USAID job creation program to target 15-24 year olds. Special efforts will be made within this population to increase awareness of personal risk, reduce the number of sexual partners through be faithful programming, address transactional sex and the risks involved. Particular focus will be placed on providing women with access to programs that address violence and sexual coercion. Referrals will be made to urge counseling and testing and linkages for care and support.

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

New/Continuing Activity: Continuing Activity

Continuing Activity: 19564

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19564	19564.08	U.S. Agency for International Development	Management Sciences for Health	8719	8719.08	Leadership, Management and Sustainability Project	\$1,250,000

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 7719.09	Mechanism: BCC
Prime Partner: To Be Determined	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Sexual Prevention: AB
Budget Code: HVAB	Program Budget Code: 02
Activity ID: 17890.28917.09	Planned Funds: ██████████
Activity System ID: 28917	

Activity Narrative: SUMMARY: The partner awarded funds under this program activity will provide technical assistance in capacity building, program and message development as well as message coordination focused on ABC prevention messages (to include a focus on multiple and concurrent partnerships) to a number of NGO partners involved in HVAB activities. The grantee will additionally support capacity building and programming with migrant populations and prevention programming in the workplace.

AED's SmartWork Project has ended and PEPFAR is consolidating its BCC prevention strategy and provide technical assistance through fewer partners. Because the local organizations that are working in programming in the formal workplace need to get on track for future sustainability, the grantee (or sub grantee) will integrate this activity into its ongoing technical assistance and capacity building to the local organizations that are well-placed to do AIDS in the workplace interventions and have been working with SmartWork project personnel, training materials, and BCC materials.

PLAN's implementation of Project SHINE activities in the North East Department bordering the Dominican Republic ended in COP08. This department has the second highest prevalence rate of 2.7% (Haiti 2005 DHS) and a highly mobile population. The grantee (or sub grantee) will continue to build on the work PLAN accomplished with its work with migrant workers, and other populations at risk in this area through its consortium partners and with agencies supported by USAID working in the Dominican Republic.

BACKGROUND: USG support was originally awarded to JHU/CCP to provide technical assistance to Haiti's PEPFAR Prevention partners. The agreement between USAID and JHU/CCP ended with COP07, and MSH/LMS continued the work in COP08. For COP09, Haiti PEPFAR will award this technical assistance funding to an organization who can continue to improve upon the prevention programming in Haiti by providing fresh and innovative ideas, coordination of messages, and help to ensure that Haiti's prevention programming is comprehensive in its coverage and approach. Additionally, the partner will continue either directly or through sub-partnerships to build on work achieved in the North East Department and with formal workplace populations.

ACTIVITIES:

Activity 1: Technical assistance will be provided to PEPFAR funded NGO and CBO partners to address key prevention themes, such as adoption of personal risk reduction strategies, encouraging HIV voluntary counseling and testing (VCT) among MARPs and prevention education for people living with HIV/AIDS (PLWHA), as well as addressing multiple and concurrent partnerships. These themes will be addressed in the following manner: 1) working through the PEPFAR BCC network to address message consistency with all implementing partners 2) developing and disseminating to PEPFAR prevention partners effective messages to address multiple and concurrent partnerships 3) training in advocacy techniques for community leaders, 4) training of peer educators and counselors, 5) emphasis on "know your status" messages to create demand for VCT services and 6) ensuring that there are effective referral systems between VCT services and other HIV/AIDS care and treatment services for sexually active youth, couples and men.

Activity 2: Programs will be targeted to at risk populations in the North East Department and within the formal workplace. The main themes will include sexual responsibility, high risk sexual behaviors, fidelity, partner reduction, and the importance of CT. The partner (or sub-partners) will work with Dominican NGOs CESPROSH and CENTRE PUENTO to create a space to reach migrant workers on bi-national market days through integrated prevention messages, as well as work with at-risk populations to provide one-to-one information sessions on HIV transmission and behavior change messages. The partner will work with factory owners and managers as well within the formal work sector (factories, port, etc) to provide prevention programming to workers with in the formal workplace. Referrals will be ensured to CT and STI clinics.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17890

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17890	17890.08	U.S. Agency for International Development	To Be Determined	7719	7719.08	BCC Technical Assistance	■

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 4156.09 **Mechanism:** Faith Based Prevention
Prime Partner: To Be Determined **USG Agency:** U.S. Agency for International Development
Funding Source: GHCS (State) **Program Area:** Sexual Prevention: AB
Budget Code: HVAB **Program Budget Code:** 02

Activity System ID: 28927

Activity Narrative: SUMMARY:

The proposed activities are to: 1) Reduce stigma and discrimination. 2) Build capacity of beneficiaries (Staff, Leader youth, OVC, PLWHA and caregivers) to prevent new infections. 3) Provide education in health, nutrition and prevention to OVC and PLWHA. Trainings and prevention education programs based on abstinence and being faithful will raise awareness, reduce stigma, and empower beneficiaries to make good life choices. Work will focus on behavior change. New activities and will be implemented as a comprehensive integrated program with cross cutting activities of prevention to OVC and PC beneficiaries. Outside of the West department, where AERDO is not implementing PC programs, the prevention programs will serve the OVC populations in the same manner as in the West Department, described below.

The emphasis areas are training (major: 60%), community mobilization (minor: 25%), linkage with other sectors (minor: 15%), information/education/communication (minor: 10%), quality assurance (minor: 10%) and strategic information (minor: 10%). The primary target populations are children and youth, community leaders, NGOs/PVOs, volunteers, men and women (including those of reproductive age), out-of-school youth, religious leaders, public and private health care workers, and HIV-positive children (5-14 years). Coverage area includes West, Northwest, North, South, Central Plateau, Southeast, and Artibonite.

BACKGROUND:

This activity is expanding on the current PEPFAR-funded COP 08 ABY activities carried out by AERDO in Haiti. Each partner agency will work with the Haiti Ministry of Health (MOH) at the community level, and WCDO will also coordinate with the MOH at the national level. WCDO and all sub partners will disseminate accurate information regarding prevention, which we believe to be efficacious toward behavioral changes. Religious leaders, community leaders and other influential persons will also be mobilized and trained to provide support in making important life choices. All these activities will be channeled through each agency's church and community-based networks. AB activities will be gender balanced with at least 50% of the beneficiaries being female. Ensuring access to AB activities for females will help to reinforce their capacity to manage and negotiate their sexuality.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Reduce stigma and discrimination. Staff and leader youth who will provide HIV prevention training to OVC and PLWHA will be trained or retrained on HIV prevention and care for PLWHA. PLWHA will share their testimonies during prevention trainings for these high-risk groups of OVC and PLWHA, encouraging disclosure to sexual partners for those trainings addressing PLWHA.

ACTIVITY 2: Build capacity of beneficiaries (Staff, Leader youth, OVC, PLWHA and caregivers) to prevent new infections. Staff and leader youth will be retrained on 18 modules of approved and revised Choose Life curriculum and ABC prevention messages. Leader youth will then train OVC using the Choose Life curriculum, and staff will train PLWHA on ABC prevention messages when necessary, as well as healthy sexual behaviors. Sexual abuse and other HIV-related themes will be shared during conferences and meetings to affected and/or infected youth while they are involved in capacity building activities, such as vocational training to enhance financial independence and reduce risky behaviors. Programming will move beyond information dissemination to behavior change communication by addressing couple discordance, healthy sexual relationships, condom negotiation, and life decisions such as having children. Groups of married or cohabiting PLWHA or sero-discordant couples will be reached with training on healthy, faithful relationships.

ACTIVITY 3: Provide education in health, nutrition and prevention to OVC and PLWHA. Through group trainings and home visits, OVC and PLWHA will be trained on good nutrition, proper hygiene, HIV facts, and prevention of STI's, as well as opportunistic infections.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17244

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17244	5238.08	U.S. Agency for International Development	World Concern	7703	4156.08		\$450,000
9352	5238.07	U.S. Agency for International Development	World Concern	5156	4156.07		\$420,000
5238	5238.06	U.S. Agency for International Development	World Concern	4156	4156.06		\$555,405

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 4712.09

Mechanism: Track 1 ARC - TWC

Prime Partner: American Red Cross

USG Agency: U.S. Agency for International Development

Funding Source: Central GHCS (State)

Program Area: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 8099.21636.09

Planned Funds: \$756,350

Activity System ID: 21636

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

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

ACTIVITIES AND EXPECTED RESULTS:

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

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

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

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

New/Continuing Activity: Continuing Activity

Continuing Activity: 17160

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17160	8099.08	U.S. Agency for International Development	American Red Cross	7672	4712.08	Track 1 ABY: Scaling-Up Together We Can, Peer Education Program	\$380,297
8099	8099.07	U.S. Agency for International Development	American Red Cross	4712	4712.07	Track 1 ABY: Scaling-Up Together We Can, Peer Education Program	\$265,994

Program Budget Code: 03 - HVOP Sexual Prevention: Other sexual prevention

Total Planned Funding for Program Budget Code: \$3,675,000

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 7719.09	Mechanism: BCC
Prime Partner: To Be Determined	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Sexual Prevention: Other sexual prevention
Budget Code: HVOP	Program Budget Code: 03
Activity ID: 18078.28918.09	Planned Funds: [REDACTED]
Activity System ID: 28918	

Activity Narrative: SUMMARY: The partner awarded funds under this program activity will provide technical assistance in capacity building, program and message development as well as message coordination focused on ABC prevention messages (to include a focus on multiple and concurrent partnerships) to a number of NGO partners involved in HVOP activities. The grantee will additionally support capacity building and programming with migrant populations and prevention programming in the workplace.

AED's SmartWork Project has ended and PEPFAR is consolidating its BCC prevention strategy and provide technical assistance through fewer partners. Because the local organizations that are working in programming in the formal workplace need to get on track for future sustainability, the grantee will integrate this activity into its ongoing technical assistance and capacity building to the local organizations that are well-placed to do AIDS in the workplace interventions and have been working with SmartWork project personnel, training materials, and BCC materials.

PLAN's implementation of Project SHINE activities in the North East Department bordering the Dominican Republic ended in COP08. This department has the second highest prevalence rate of 2.7% (Haiti 2005 DHS) and a highly mobile population. The grantee will continue to build on the work PLAN accomplished with its work with migrant workers, and other populations at risk in this area through its consortium partners and with agencies supported by USAID working in the Dominican Republic.

BACKGROUND: USG support was originally awarded to JHU/CCP to provide technical assistance to Haiti's PEPFAR Prevention partners. The agreement between USAID and JHU/CCP ended with COP07, and MSH/LMS continued the work in COP08. For COP09, Haiti PEPFAR will award this technical assistance funding to an organization who can continue to improve upon the prevention programming in Haiti by providing fresh and innovative ideas, coordination of messages, and help to ensure that Haiti's prevention programming is comprehensive in its coverage and approach. Additionally, the partner will continue either directly or through sub-partnerships to build on work achieved in the North East Department and with formal workplace populations.

ACTIVITIES:

Activity 1: Technical assistance will be provided to PEPFAR funded NGO and CBO partners to address key prevention themes, such as promotion of correct and consistent condom use, adoption of personal risk reduction strategies, encouraging HIV voluntary counseling and testing (VCT) among MARPs and prevention education for people living with HIV/AIDS (PLWHA), addressing multiple and concurrent partnerships. These themes will be addressed in the following manner: 1) working through the PEPFAR BCC network to address message consistency with all implementing partners 2) developing and disseminating to PEPFAR prevention partners effective messages to address multiple and concurrent partnerships 3) training in advocacy techniques for community leaders, 4) training of peer educators and counselors, 5) emphasis on "know your status" messages to create demand for VCT services and 6) ensuring that there are effective referral systems between VCT services and other HIV/AIDS care and treatment services for sexually active youth, couples and men.

Activity 2: Programs will be targeted to at risk populations in the North East Department and within the formal workplace. The main themes will include sexual responsibility, high risk sexual behaviors, fidelity, partner reduction, and the importance of CT. The partner (or sub-partners) will work with Dominican NGOs CESPROSH and CENTRE PUENTO to create a space to reach migrant workers on bi-national market days through integrated prevention messages, as well as work with at-risk populations to provide one-to-one information sessions on HIV transmission and behavior change messages. The partner will work with factory owners and managers as well within the formal work sector (factories, port, etc) to provide prevention programming to workers with in the formal workplace. Referrals will be ensured to CT and STI clinics.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18078

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18078	18078.08	U.S. Agency for International Development	To Be Determined	7719	7719.08	BCC Technical Assistance	■

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 8719.09 **Mechanism:** Leadership, Management & Sustainability Project

Prime Partner: Management Sciences for Health **USG Agency:** U.S. Agency for International Development

Funding Source: GHCS (State) **Program Area:** Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 19568.28920.09

Planned Funds: \$400,000

Activity System ID: 28920

Activity Narrative: SUMMARY: Management Sciences for Health (MSH) was awarded USAID's new basic health services contract in 2007 for a period of three years, thus allowing them to continue the work of its Non-governmental Organization (NGO) health service delivery network in prevention education to target groups at high risk for HIV/AIDS. The NGO sub-partners form a network of nearly 100 service delivery sites that provide access to basic health services to nearly 3.2 million people. Another 30 public sector service delivery sites are supported under this project to assist the MOH in hard-to-reach communities throughout the country. USG will support these civil society NGOs that can be mobilized to quickly launch condom outlets and other prevention activities in some of the insecure "hot spots" targeting underserved most at risk population (MARP) groups. Prevention activities will target parts of the country with the highest HIV prevalence rates and support NGOs and CBOs in the network to target these high risk groups. The 2005 Demographic and Health Survey (DHS) data suggest that while knowledge in ways to prevent HIV transmission is high—over 90%, condom use is low—30% and accompanied by high risk sexual activity. Partners will work with marginalized communes, peri-urban areas and secondary cities where major pockets of high risk activity take place to institute additional condom outlets. Training of network members will include building skills in risk self assessment, condom negotiation, counseling and testing and linkages to CT, raising issues related to gender and sexual violence and changing social norms. In 2009, NGO partners will sharpen the targeting of prevention efforts to five key MARP groups: sexually active youth aged 15 to 24; couples; men engaging in high risk sex; and migrant/border populations.

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

ACTIVITIES & EXPECTED RESULTS

Activity 1: A special focus will be placed on interventions which target men where they commonly congregate, such as brothels, sporting events, bars, clubs, community and social events. Special efforts will be made to reach unemployed young men, street traders, members of the informal sector, and divorced men. Efforts will be undertaken to target USAID's network of father's clubs, as well as men through male networks of local celebrities, entertainers, artisans, and transportation networks. Messages targeting these male groups will reinforce themes of fidelity, partner reduction, avoidance of commercial sex, gender violence, alcohol and drug use, as well as condom use. The needs of HIV discordant couples will be addressed through targeted counseling and education as well as referrals to CT services and HIV care and treatment counseling on prevention of transmission for HIV positive persons, stigma reductions and "prevention for positive" will be an integral part of all prevention efforts. Linkages will be made with the USAID-supported social marketing program to increase condom use among MARP groups.

Activity 2: Many of these organizations work in socially and politically unstable "hot spots" (areas inaccessible due to violence and instability in the past few years). Efforts will be made to create synergies with USAID's education, food security and economic growth initiative to increase prevention messages and positive behavior change among high risk groups. In light of Haiti's economic instability and the high numbers of youth engaging in transactional sex for survival, linkages will be made with USAID job creation program to target 15-24 year olds. Special efforts will be made to better target 15-24 year olds to increase awareness of personal risk, reduce the number of sexual partners, address gender and transactional sex and increase correct condom use. Particular focus will be placed on providing women with access to programs that address violence and sexual coercion. Referrals will be made to urge counseling and testing and linkages for care and support.

ACTIVITY 3: MSH will ensure continuous supply of condoms within areas of each department that has limited condom service delivery available. Based on the results of the situation analysis performed in FY 08, MSH will work with the 40 community members and organizations that were identified as willing to promote condom use and manage condom outlets. This initiative will be linked to other PEPFAR partners conducting social marketing of condoms or free condom distribution and the Ministry of Health (MOH).

New/Continuing Activity: Continuing Activity

Continuing Activity: 19568

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19568	19568.08	U.S. Agency for International Development	Management Sciences for Health	8719	8719.08	Leadership, Management and Sustainability Project	\$500,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

- * Family Planning

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 11780.09	Mechanism: Central Contraceptive Logistics
Prime Partner: US Agency for International Development	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Sexual Prevention: Other sexual prevention
Budget Code: HVOP	Program Budget Code: 03
Activity ID: 5476.28936.09	Planned Funds: \$375,000
Activity System ID: 28936	

Activity Narrative: SUMMARY: With FY 2009 funds, USAID's Central Contraceptive Logistics unit will continue to provide condoms for both social marketing and free distribution that will complement the condom donations by UNFPA to the MOH.

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

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

New/Continuing Activity: Continuing Activity

Continuing Activity: 17236

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17236	5476.08	U.S. Agency for International Development	US Agency for International Development	7699	1419.08	USAID/GAC/HQ	\$350,000
9346	5476.07	U.S. Agency for International Development	US Agency for International Development	5152	1419.07	USAID/GAC/HQ	\$75,000
5476	5476.06	U.S. Agency for International Development	US Agency for International Development	3418	1419.06	USAID/GAC/HQ	\$390,000

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 5276.09	Mechanism: EDC - IDEJEAN
Prime Partner: Education Development Center	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Sexual Prevention: Other sexual prevention
Budget Code: HVOP	Program Budget Code: 03
Activity ID: 11179.28896.09	Planned Funds: \$50,000
Activity System ID: 28896	

Activity Narrative: SUMMARY: During the fiscal year 2007 – 2008 PEPFAR has provided funds to the Haiti Out-of-School Youth Livelihood Initiative (IDEJEN), implemented by the Education Development Center, to target out-of-school youth ages 15-24 with HIV/AIDS prevention messages integrated into their ongoing livelihoods program. IDEJEN continues an established collaboration with the Foundation for Reproductive Health and Family Education (FOSREF), Fondation pour le Developpement et l'Encadrement de la Famille Haitienne (FONDHEF) and VDH (Volontariat pour le Developpement d'Haiti to reach out-of-school youth including OVC, restavek (marginalized domestic servants) and street youth ages 10-24 with a focus on youth ages 15-24. Peer educators have provided at-risk youth with relevant referral information to key AIDS services provided by other partners including HIV counseling and testing (C&T), sexually transmitted infection (STI) treatment and condom outlets.

BACKGROUND: The IDEJEN program, funded by the USAID Education program has been implemented by the Education Development Center since 2003. IDEJEN works through community based youth-serving organizations (CBOs) through a sub-grant program and strengthens them to deliver much-needed education and job and life skills training. IDEJEN has developed an innovative program for out of school youth from marginalized pockets of Haitian society. Each CBO is provided with technical assistance in organizing the community, conducting community assessments and planning the program to maximum participation by parents/guardians and the youth themselves. This is an attempt to help communities drive out gang activity, take back their neighborhoods and empower out of school youth. CBOs are encouraged to work directly with the local authorities, MOH Departmental Directors, the Ministry of Youth and Social Affairs, and PEPFAR partners to ensure integration of prevention efforts targeting youth 15-24 years of age. IDEJEN began initially with 650 youth between 15 to 20 years of age in three target zones—Port-au-Prince slum areas in the West, Jeremie (peri-urban) in Grande Anse and Mirebalais (rural) in the Center. IDEJEN provides non formal basic education and vocational training to at-risk youth who have had no or limited primary education. With the planned expansion in 2006, IDEJEN was expanding to five more regional departments for a total of eight (8) with plans to reach 13,000 out of school youth by 2010. The program is one of the few organized programs which provides non formal basic education and vocational training to youth with no or limited formal schooling. The National Institute for Vocational Training (Institut National de Formation Professionnelle—INFP) and the Ministries of Education and Youth are key partners with IDEJEN in overseeing the vocational training, non-formal basic education and life skills education as a critical part of the program.

Following the OGAC Prevention Assessment in May 2006 and the preliminary analysis of the 2005 DHS data, several gaps in programming for groups at risk for HIV infection were identified. One of these was a strong need to target vulnerable youth between 15-24 years of age. Many of the youth IDEJEN targets come from poor families and have limited opportunities for education and livelihoods. The recent Haiti DHS highlights the high levels of sexual activity among youth in the age group 15-24 and that safe practices such as fidelity, mutual monogamy and other protective measures are not the norm among this sexually active group. Many youth in IDEJEN's network are in poor general health due to malnutrition, untreated sexually transmitted diseases, pregnancy and related complications. Many youth yield to pressure to exchange money or goods for sex. Others migrate to find work, move away from home, and often live on the street thus increasing their chances of high-risk sexual behavior putting them at risk for HIV.

ACTIVITIES AND EXPECTED RESULTS:

Activity 1: CBO capacity building for out-of-school youth prevention activities.

Working through its CBOs, IDEJEN with the support of PEPFAR has supported the introduction and expansion of HIV/AIDS activities in 30 training centers. With technical assistance from FOSREF, Haitian Red Cross and VDH, non formal basic education program monitors have been trained to incorporate HIV/AIDS prevention into their on-going life skills programs.

IDEJEN has provided grants of \$15,000 to six (6) CBOs to support modest improvements in the community centers and counseling rooms; training and meeting costs; and purchase HIV/AIDS materials and equipment for the peer education and outreach program. These (6) six centers are located in Cite Soleil, delmas/ Nazon – Petit-Goave, Carrefour-feuilles – Mirebalais - Jeremie. PEPFAR funds have gone into these CBO grants to incorporate HIV/AIDS prevention activities into the life skills training.

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

This activity has helped thirty (30) CBOs to add an HIV/AIDS prevention peer education module into the ongoing training. Currently, the vocational training courses offered include different technical skills as agricultural, construction, mechanics fields, etc. This year, a peer education component has been added in collaboration with local partners such as FOSREF – VDH – Haitian Red Cross. IDEJEN has selected 120 youth leaders who were trained as Youth Peer Educators for HIV/AIDS Prevention. Training has included information on HIV/AIDS transmission; sexual health and reproduction; risk assessment, secondary absence, fidelity messages, and partner reduction.

Peer Educators has provided information and counseling to their counterparts during evening and weekends and refer youth to PEPFAR sites for C&T, STI, condoms and AIDS care and treatment services. Referrals with FOSREF, VDH, GHESKIO have been established. Peer Educators will be encouraged to organize post test clubs (for those who have been tested for HIV) to reinforce healthy behaviors, reduce risky sexual behavior, provide positive role models, address stigma discrimination and promote prevention and behavior change messages and activities among positives. A total of 120 youth from six centers (20 youth per center) have been trained as Youth Peer Educators and have reached their counterparts (see indicators in attached report). In FY09, IDEJEN will reinforce partnerships with local health institutions that provide basic family planning services for girls aged 15-24. The rate of drop out among IDEJEN participating youth is higher among young women because of pregnancy at an early age. This activity will facilitate the retention of young women into the program.

Monitoring and Evaluation of these activities including data collection, use, quality and feedback will also be a continued and focused effort in FY09.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17173

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17173	11179.08	U.S. Agency for International Development	Education Development Center	7679	5276.08	Education Partner	\$50,000
11179	11179.07	U.S. Agency for International Development	Education Development Center	5276	5276.07	Education Partner	\$50,000

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 3337.09

Prime Partner: Partners in Health

Funding Source: GHCS (State)

Budget Code: HVOP

Activity ID: 28644.09

Activity System ID: 28644

Mechanism: PIH

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Sexual Prevention: Other sexual prevention

Program Budget Code: 03

Planned Funds: \$200,000

Activity Narrative: SUMMARY:

The activities described below are carried out to support HIV prevention efforts through four components: education and outreach; radio-messages and large scale community-wide events; production and distribution of educational materials; and screening and treatment for sexually transmitted infections (STIs). These prevention activities will be conducted within PIH/ZL's "four pillars" model for implementing a comprehensive HIV program in the context of primary care: 1) HIV prevention and care, including voluntary counseling and testing (VCT); 2) detection and treatment of tuberculosis (TB) and other opportunistic infections; 3) detection and treatment of STIs and; 4) women's health and prevention of mother-to-child transmission (PMTCT). The primary emphasis areas for these activities are Gender: Addressing male norms and behaviors, Increasing gender equity in HIV/AIDS programs, and Reducing violence and coercion, as well as Wraparound programs: Family Planning. Specific target populations include marginalized populations including OVC, men who have sex with men (MSM), commercial sex workers, and women.

Activities will be carried out at 10 sites in Haiti's Central Department (Belladère, Boucan Carré, Cange, Cerca La Source, Hinche, Lascahobas, Thomonde, as well as the new expansion sites of Mirebalais, Saut d'Eau, and Savanette) and 4 sites in the Artibonite Department (Petite Rivière, St. Marc, Project ZeroSIDA (POZ), and the new expansion site of Desdunes). Activities in St. Marc will be carried out in collaboration with the Hôpital St. Nicholas (HSN) and Services de Santé de Premier Echelon (SSPE) as well as at La Fondation Esther Boucicault Stanislas (FEBS) and Brocozel. Certain activities will also be carried out at health posts in Segur and Jean Denis, which report their numbers through Petite Riviere.

BACKGROUND:

PIH/ZL's prevention activities are part of a comprehensive HIV prevention and treatment program started by PIH/ZL in 1998; expanded through the public sector beginning in 2002 in partnership with the Haitian Ministry of Public Health and Population (MSPP) and with funds from GFATM; and further expanded to Hinche, Cerca La Source, Petite Rivière and St. Marc with the support of PEPFAR in the COP 2005, 2006, 2007, and 2008. Since 2004, the program has been a collaboration among these four key partners—PIH/ZL, MSPP, GFATM, and PEPFAR. Since 2005, work in the Artibonite region has been strengthened by involving several NGO partners in St. Marc—SSPE, Promotion Objectif Zerosida (POZ), La Fondation Esther Boucicault Stanislas (FEBS)—and in Petite Rivière—Centre Medical Charles Colimon (CMCC). FY 09 will be the first year that PIH will receive prevention AB and OP funds from PEPFER.

PIH/ZL has long worked to prevent the spread of HIV and other STIs. In a six month period alone this past year, members of PIH/ZL's prevention team, Noyeau Educatif Communautaire (NEC), estimate that they reached over 300,000 people with prevention messages via a variety of different avenues including mass media campaigns and local community-based projects. PIH/ZL does not differentiate between sexual prevention messages, rather they provide ABC programming, hence the reason this narrative is the same for HVAB and HVOP.

By empowering both men and women to make informed choices about their sexual behavior, PIH/ZL sexual prevention activities will work to increase gender equity in HIV/AIDS programs, address male norms and behaviors, and place an emphasis on the reduction of violence and coercion. By offering ABC messages to women as part of routine women's health visits, these activities support linkages between HIV/AIDS and other sectors (family planning). In prevention activities and all others, PIH/ZL is committed to a long-term partnership with the Ministry of Health (MSPP) and to strengthening the public sector by training local staff, including MSPP health workers, to ensure sustainability.

ACTIVITIES AND EXPECTED RESULTS

ACTIVITY 1: Prevention Education and Outreach

Currently 40 NEC specialize in community outreach and prevention education, working in schools, churches, market places, health centers, organized community meetings, public plazas, mobile clinics, people's homes, soccer games, brothels, traditional healers' homes, and cock fighting arenas with people of a variety of ages. In addition, NEC provide prevention messages and training in meetings for employees, community health workers, and TB and HIV patients. Funding for this activity will support the current human resources and materials necessary for providing education and outreach in a multitude of settings each month. In addition, PIH/ZL plans to hire and train NEC to work in the communities of Savanette, Saut d'Eau, Mirebalais, and St. Marc in the upcoming year, for a total of 8 new NEC. It is expected that the NEC will reach 550,000 people in the Central and Artibonite Departments with their education and outreach efforts.

ACTIVITY 2: Mass-media Campaigns—Radio Messages and Community-wide Events

Radio broadcasts of prevention and health messages play throughout the Central and Artibonite departments with frequency. As the main source of news and entertainment for Haiti, short radio spots are the easiest way to get a public health message across to a variety of people. This funding will make more prevention messages possible on major radio stations throughout the communities where PIH/ZL works. PEPFAR funding will also help make possible the annual World TB Day and World AIDS Day community events where prevention messages are promoted to the thousands upon thousands of people who attend. The team NEC and street theater actors involved in mass-media efforts with PIH/ZL expect to reach 550,000 people with their sexual prevention messages of "abstinence, be faithful, and use condoms."

ACTIVITY 3: Production and Distribution of Prevention Education Materials

PIH/ZL promotes and provides condoms (provided by MSPP, in-kind donations purchased with private funds) free of charge at all PIH clinical sites and at mobile clinics and community events. In addition to condom distribution, the NEC have distributed pamphlets and calendars in the past. This year PIH/ZL hopes to develop and distribute more prevention education materials, focusing on images as a way to easily convey public health messages. Funding for this activity will support the distribution of condoms, development of educational materials, and space and equipment needed for the creation of such materials. Specific efforts will be made to distribute prevention materials in the lower Artibonite as a variety of high risk groups can be found in St. Marc and its surrounding communities.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

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

Health-related Wraparound Programs

- * Family Planning

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 52.09

Prime Partner: Population Services
International

Funding Source: GHCS (State)

Budget Code: HVOP

Activity ID: 5296.28931.09

Activity System ID: 28931

Mechanism: Condom Social Marketing

USG Agency: U.S. Agency for International
Development

Program Area: Sexual Prevention: Other
sexual prevention

Program Budget Code: 03

Planned Funds: \$800,000

Activity Narrative: SUMMARY: Recent data from the DHS 2005-2006 indicates consistent low condom use in Haiti. In addition, findings from the Measuring Access and Performance (MAP) study conducted by PSI in 2006 revealed distinct disparities in condom coverage and accessibility among the geographic regions. In the past, the PSI/Haiti program has used this evidence to develop a strategy to ensure condoms are widely available across different geographical regions of the country, specifically to high-risk groups. PSI used behavior change communication (BCC) messages that will positively influence underlying barriers to condom use. The funding awarded for this program will build on PSI's work promote improved social marketing and distribution capacity, as well as enhance Haiti's support and coordination with commercial and public sector distributors of condoms. To evaluate progress, a follow-up MAP study will be required in 2009. The specific groups targeted under this program will include: Commercial Sex Workers; youth (15-24yrs); and sexually active men in the general population (25-49yrs).

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

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

Regions	Departments	Population (2003)	% population of Total Area Density hab/km2	Coverage of Panté	Coverage of Reyalité
REGION I/ II	West	2 810 726	33.6	14.7	689 75% 25%
REGION III	Artibonite	1 706 549	20.4	27.2	225 70% 30%
	Centre				
REGION IV	North	1 131 428	13.5	13.9	294 50% <20%
	North-East				
REGION V	Artibonite	705 552	8.4	11.6	220 45% 25%
	North-West				
REGION VI	South-East	997 909	11.9	14.7	245 45% 25%
	West				
	Nippes				
REGION VII	South	1 021 586	12.2	17.9	206 75% 20%
	Grand'Anse				
	Nippes				
TOTAL		8 373 750			
		100			
		100			
		1 879			
		52.1%			9.7%

ACTIVITY 1: According to the MAP 2008 study (a GPS distribution study) conducted by PSI, nationally Panté is available in 73% of sampled areas, and increase of about 20% from 2006. Male condoms of any type are available to three quarters of the general population. Even though the gap between rural and urban areas is much lower in the 2008 study compared to the 2006 study, rural access continues to be lower. When analyzed by type of area, it appears that rural coverage increased from 39 % in 2006 to 50% in 2008, whereas urban coverage increased from 67% to 97%. In the COP09 the grantee will focus its sales efforts in regions where coverage is low, specifically in the North West, Nippes and South East geographical departments. The MAP to be conducted in 2009 will also be used to guide programmatic decisions in terms of better covering the most underserved areas.

During promotional events, agents will conduct condom demonstration sessions where messages about condom efficacy, risk reduction, and correct and consistent condom use will be emphasized. The brand campaign will be reinvigorated taking into account the 2006 TRaC study results on brand appeal. TV and radio spots will be broadcast over at least 4 stations in each department. Billboards and murals also will be designed and selectively placed for increased visibility. Messages will be coordinated at the PEPFAR BCC Task Working Group with other BCC prevention partners to ensure consistent messages from all partners.

In addition, the grantee will scale up the distribution of condoms through NGOs and other institutional partners who have access to Most at Risk Persons (MARPS) who are otherwise difficult to reach. A solid partnership will be developed through trainings on behavior change social marketing and regular supervision visits of those partners who assist the grantee in referring people to condom points of sale and creating new outlets.

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

Activity Narrative: ACTIVITY 3: The grantee of this funding will use the results of the 2008 and 2009 CSW and Youth population-based studies, called TRaC (Tracking Results Continuously) to develop appropriate behavior change messages for these two target groups. Materials will be created for both IPC and mass media distribution. The PEPFAR partner will link this HIV activity with its family planning activities by emphasizing messages surrounding the dual protection of condoms.

Community Leaders: The PEPFAR grantee will also use COP09 funds to organize community mobilization activities reaching community leaders. These leaders are very influential in their communities therefore reaching them and sensitizing them on the importance of using condoms, adopting safer sexual behaviors as well as on the importance of getting tested for VCT is crucial. It is estimated that 60 community leaders will be reached.

CSWs: For CSWs, PSI/Haiti used a network of 20 peer educators and supervisors in the greater metropolitan areas of Grande Anse and Artibonite through support from KfW and the Global Fund. In FY08, PSI trained 10 new peer educators and reaching 3000 CSWs through IPC activities. In FY09 the grantee will build on PSI's work and train 40 additional CSW peer educators in the North, Nippes, and Artibonite departments and reach at least 3,000 CSWs through IPC. The grantee will also work with CSWs that are interested in building their own businesses to become condom vendors within their communities; and as above, will develop linkages with its mobile VCT program. Peer education activities will focus efforts on self-efficacy, risk perception and attitudes towards condoms. The grantee will continue to partner with FOSREF as a referral service to CSWs for medical services such as HIV/AIDS testing and IST treatment.

Youth:

Working in collaboration with FOSREF, PSI currently has 100 peer educators working with in-school and out-of-school youth in FY08. This program is funded by KfW and the Global Fund. The grantee will use COP09 funds to continue this work and train 100 new in-school youth peer educators in the North and Nippes departments, and reach 8,000 youth through IPC activities focused on the importance of delayed sexual debut, adopting safe sexual behaviors such as condom use and personal risk assessment. The grantee will also develop linkages with its PEPFAR-funded mobile VCT activities, by encouraging youth to get tested and by holding C&T special events for youth. Support will be provided to assist in organizing education and entertainment activities as well as promotion activities during special events (i.e World AIDS Day, World Youth Day, Carnival, etc) that draw large crowds teeming with youth. These activities will be supported by youth-friendly mass media campaigns.

Men and the General Population: Given that Haiti has a "mixed" epidemic, the social marketing program will strategically target condom prevention messages to both men and the general population. This year, the social marketing component will continue to increase condom use among most at risk populations, especially men with multiple partners. In FY08, PEPFAR will satisfy the need to better target men and young boys with messages to increase the correct and consistent condom use and reduce high risk sex. Prevention messages will include personal risk assessment, partner reduction, condom use, intergenerational sex, gender based violence and women empowerment issues. The grantee will broadcast selected mass media (TV, radio, wall painting) campaigns and organize mass events (i.e Carnival, Patron Saints Days and Music Festivals) targeted to men in the general population. It is anticipated that over 20,000 men will be reach through this activity.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17224

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17224	5296.08	U.S. Agency for International Development	Population Services International	7696	52.08	Condom Social Marketing	\$750,000
9322	5296.07	U.S. Agency for International Development	Population Services International	5139	52.07	USAID/GAC/HQ	\$625,000
5296	5296.06	U.S. Agency for International Development	Population Services International	3405	52.06	USAID/GAC/HQ	\$675,000

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 1390.09

Mechanism: POZ

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

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 5436.28932.09

Planned Funds: \$300,000

Activity System ID: 28932

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

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

ACTIVITIES AND EXPECTED RESULTS

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

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

New/Continuing Activity: Continuing Activity

Continuing Activity: 17225

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17225	5436.08	HHS/Centers for Disease Control & Prevention	Promoteurs Objectif Zéro Sida (Promoteurs de l'Objectif Zéro Sida)	7697	1390.08	HHS/GAC/Local	\$300,000
9327	5436.07	HHS/Centers for Disease Control & Prevention	Promoteurs Objectif Zéro Sida (Promoteurs de l'Objectif Zéro Sida)	5141	1390.07	HHS/GAC/Local	\$200,000
5436	5436.06	HHS/Centers for Disease Control & Prevention	Promoteurs Objectif Zéro Sida (Promoteurs de l'Objectif Zéro Sida)	3416	1390.06	HHS/GAC/Local	\$76,000

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 3136.09	Mechanism: FOSREF
Prime Partner: Foundation for Reproductive Health and Family Education	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Sexual Prevention: Other sexual prevention
Budget Code: HVOP	Program Budget Code: 03
Activity ID: 5434.28903.09	Planned Funds: \$600,000
Activity System ID: 28903	

Activity Narrative: SUMMARY:

This activity is carried out to support continuation and expansion of a comprehensive HIV/AIDS prevention program targeting the commercial sex workers (CSWs) and their clients, and to support interventions for youth, men, and women at risk. The program is a continuation of the FY 2008 activity and is supported by the National AIDS Strategic Plan of the Ministry of Health (MOH). This activity is closely coordinated with Global Fund sites to avoid duplication.

BACKGROUND

This program is a continuation of a COP08 activity funded by PEPFAR, and it is part of the mandate of FOSREF in the National AIDS Strategic Plan of the Ministry of Health of Haiti. All the activities of the program will be implemented and executed directly by FOSREF. This program will put special emphasis on key issues such as: HIV prevention activity for the most high risk groups of women in the country (CSWs), violence against women, social rehabilitation for CSWs to help them abandon prostitution, expansion of prevention programming for male clients of CSW's, and an HIV prevention program for the most at risk youth in Haiti. These activities will continue in the following departments: Artibonite, North, North-East, West, South, North West, and South East, Nippes and Grande Anse.

ACTIVITIES AND EXPECTED RESULTS:

Activity 1: Commercial Sex Worker Centers: For FY09, the program will continue to provide behavior change communication (BCC) messages to promote condoms and other prevention activities through ten "Lakay" CSW centers in the South, the North, the South East, the Artibonite, the North West, the Nippes and West Departments. Of the 7 centers, 2 are supported by the Global Fund, and five are USG funded. This activity will continue to compliment those centers funded by Global Fund. This activity will build on USG-supported FY 2008 results and will continue to train CSW peer educators and to sensitize and inform the CSWs and their clients in brothels, hotels and bars. At the Lakay centers, sensitization sessions will also be conducted on various subjects including sexually transmitted infections (STI), consistent and correct condom use with all partners, "no condom-no sex" messages, negotiation skills, "know your risk/know your status" messages, dangers of alcohol and drugs, and "go get tested" messages. Community CSW Peer Educators will conduct visits to CSW at fixed points frequented by prostitutes. All the USG funded Lakay centers provide access to clinical and laboratory diagnosis and treatment of STIs for CSWs and their clients. CSWs have access to trained physicians/gynecologists who conduct gynecological examinations and lab tests. CSWs will receive treatment for STIs and other reproductive tract infections and have access to family planning methods.

Additionally, in FY09 FOSREF will continue to reinforce its "Other Choice program" through the CSW centers. This program offers a variety of training courses to provide alternative sources of income for CSW. A number of options, including computers, floral art/paper, dance, hair, beauty and skin care, sewing/embroidery, theater, and basic literacy courses will be available at the seven centers. CSWs attending the trainings will build skills, self-esteem, self-empowerment, and will learn about alternative ways to earn an income and abandon prostitution. The program will offer links to micro-finance and general literacy programs.

Activity 2: Commercial Sex Worker Outreach: In FY09 FOSREF will continue to train CSW peer educators to work with CSWs and their clients in brothels, hotels and bars. CSWs trained as outreach workers will conduct evening activities, called "Virées Nocturnes", for those CSWs who do not access the centers during the day. During those contacts, outreach workers will distribute materials and brochures promoting safe sex to encourage safe sexual behavior among prostitutes and clients and facilitate interactive skills-building sessions where issues can be discussed in more depth with CSW who do not frequent the FOSREF clinics in the daytime. The program will deliver more than 800,000 Condoms to the CSWs and to the clients of the CSWs.

Activity 3: Clients of CSW's and Men: In FY09, FOSREF will expand its outreach with male clients of commercial sex workers and men by increasing the number of peer educators trained to work with clients and partners of the CSWs. The main themes that will be developed include correct and consistent condom use, reduction of concurrent partnerships, sexual violence against women, alcohol and drug abuse, high-risk sexual behaviors, STI's, and the importance of CT. Men will be targeted in areas where they frequent, and the outreach program will continue to deliver messages through songs, sketches, mini-films, mimes, and jingles particularly in public parks, public transportation stations, in front of bars, brothels, and on beaches. Awareness activities will be organized during regional celebrations and during cockfights addressing the same themes. Community dialogues, debates and forums will be organized in areas and sites where men are frequent visitors, with media coverage of the debates by the community radio stations, addressing the same themes which will be coordinated with all BCC prevention partners through the PEPFAR BCC TWG. The program will conduct interventions in the media discussing similar messages; which will be followed up with skill-building sessions by the peer educators that build on and reinforce the theme of the media messages. Condoms will be provided to clients of CSW's, and USG supported CT will be available for adult men at FOSREF's CT sites.

Activity 4: Sexually Active Youth: For the Sexually Active Youth, FOSREF will continue to address their unmet needs, particularly at the community level. FOSREF, as it did for FY08, will continue for FY09 to Utilize the PLACE study, in order to better address the underserved areas (geographical Gaps), and will better target the programs to reach the most at risk youth in the communities. In this context, the program will continue to work in close collaboration with youth associations in the most marginalized areas around the centers. The program targets the most vulnerable kids, including street kids and kids involved in gang activities and refers them to the FOSREF centers.

The peer educator program will continue in FY09. The peers educators will increase their community work, and will continue to promote peer dialogue addressing themes such as perception of risk, negotiation skills, gender equity, self-esteem, correct and consistent condom use, alcohol and drugs, and sexual violence, and know your risk/know your status. The program will refer youth to FOSREF's youth centers for STI treatment, CT and other reproductive health services (USG and Global Fund supported). Post-test clubs will

Activity Narrative: also be established and the messages described above will be discussed during these meetings. The program will continue to address and inform the street youth, through monthly skits and dramas that will be conducted to encourage safe sexual behaviors. FOSREF will continue to organize media programs to address themes against sexual violence, cross generational partners, consistent and correct condom use, get tested and stay negative messages, alcohol and drug messages, and decision making skills. Skits, jingles, a radio talk show with the community groups will be produced and coordinated with other prevention partners.

For FY09, FOSREF will emphasize the vocational training programs, and will continue to deliver short technical trainings in many technical fields (e.g. mechanics, handcrafting, floral arts, masonry, carpentry, sewing, arts-and-crafts, and computers); elementary classes for literacy; and support for school reintegration of secondary school kids who have abandoned school. The program will link with rehabilitation programs for young girls who are engaging in transactional sex, and also with other education and micro-finance programs supported by USG/Haiti.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17176

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17176	5434.08	HHS/Centers for Disease Control & Prevention	Foundation for Reproductive Health and Family Education	7681	3136.08		\$600,000
9281	5434.07	HHS/Centers for Disease Control & Prevention	Foundation for Reproductive Health and Family Education	5123	3136.07		\$475,000
5434	5434.06	HHS/Centers for Disease Control & Prevention	Foundation for Reproductive Health and Family Education	3136	3136.06		\$592,000

Emphasis Areas

Gender

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

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education \$12,460

Water

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 9391.09

Mechanism: FHI

Prime Partner: Family Health International

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 18080.28898.09

Planned Funds: \$250,000

Activity System ID: 28898

Activity Narrative: UNCHANGED FROM FY08

SUMMARY: PEPFAR will support activities to prevent HIV/AIDS and STI transmission among the police officers of the Haitian National Police (HPN), customs and immigration officers by focusing on partner reduction and being faithful to one's partner, and correct and consistent condom use as the most effective prevention behavior among sexually active adults. In 2009, training of peers will continue to be used to increase self-risk assessment and developing behavior change strategies in partner reduction, fidelity, changing social norms such as in the reduction of domestic abuse and increase in partner communications, and utilizing on site USG supported counseling and testing services in precincts, customs and immigration offices. Audience specific messages will be targeted at the uniformed services, especially men, to promote healthy sexual behaviors. The peer educators will continue their geographical scope in FY09 to reach all 10 departments of Haiti.

In addition, advocacy activities will be implemented among directors of the police, customs and immigration in order to integrate HIV prevention messages into the basic training curriculum for uniform services and promote other prevention activities throughout the forces. Training will be implemented with the HPN and the United National Stabilization Mission in Haiti (MINUSTAH). The UNAIDS HIV/AIDS training curriculum has been adapted for use in implementing this activity. 15% of this activity is funded through the AB budget, and 85% through the OP.

BACKGROUND: In FY05, FHI in collaboration with MINUSTAH, trained 150 police officers of the HPN in the West, South, South-East, and North Regional Departments. In FY06 -FY08, FHI continued these activities in these four departments and trained additional police officers as peer educators. Over the past several years, FHI has increased collaboration with the HPN and UN to promote messages for increasing HIV/AIDS activities among the police.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Using the UNAIDS HIV/AIDS training curriculum and related materials which were adapted for the HPN in FY07, prevention will continue into be incorporated into the basic training curriculum of the national police academy. In FY07, 10 HPN Trainers were trained on the implementation of the curriculum; and technical assistance was provided to the HPN Health Unit trainers in FY08 to refresh their skills in utilizing the HIV/AIDS curriculum. In FY09 HPN Trainers will be trained in focusing on topics such as partner reduction, correct and consistent condom use, changing social norms (e.g. reduction of domestic abuse), discussing various means of entertainment, importance of partner communications, drug and alcohol abuse, and utilizing on-site USG supported counseling and testing services. Messages will also be tailored to meet the needs of women in the uniformed services since they are the minority.

ACTIVITY 2: Follow up training and supervision will be provided to police peer educators trained in FY05 - FY08 to improve their interpersonal communication and counseling skills; 75 new police peer educators will be trained in FY09. After training, Peer Educators will conduct outreach to their peers with target messages to promote behavior change such partner reduction, correct and consistent condom use, and CT testing. Peer educators will ensure police know where local condom outlets are in the community. FHI will make regular supervisory visits to oversee the police peer education program and provide technical assistance to improve outreach activities. Technical assistance will also be provided to utilize innovative models to build HIV risk assessment and strategies to change their behaviors during mobilization session. During these sessions service men and women will be encouraged to know their status, inform them of where they can find services and assist them in developing personal risk reduction plans to increase protective behaviors. Peer educators will also discuss issues related to sexual violence and gender issues, couple communication and increased responsibility among males in reducing risky behavior and HIV transmission. It is anticipated that police will target messages to promote OP behaviors, to approximately 3,000 of their peers.

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

Monitoring and Evaluation of these activities including data collection, use, quality and feedback will also be a continued and focused effort in FY09.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18080

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18080	18080.08	HHS/Centers for Disease Control & Prevention	Family Health International	9391	9391.08	FHI	\$250,000

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 8889.09	Mechanism: ARC - TWC
Prime Partner: American Red Cross	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Sexual Prevention: Other sexual prevention
Budget Code: HVOP	Program Budget Code: 03
Activity ID: 19569.28894.09	Planned Funds: \$200,000
Activity System ID: 28894	

Activity Narrative: SUMMARY:

The activities in this country-funded concept paper are new, and represent both an expansion in geographic and programmatic scope. Specifically, the three new activities entail scaling up core TWC activities (curriculum based interventions, peer to peer outreach, and edutainment events as well as partnership building, capacity building and the engagement of adult stakeholders) through expansion to two new sites in Nippes and the North West; free condom distribution; and promoting adult-child communication. TWC's emphasis area is gender (through outreach that addresses male norms and behaviors and increases gender equity in HIV/AIDS programming). The primary target populations are primary and secondary students and out-of-school youth including OVC, restavek (marginalized domestic servants) and street youth ages 10-24 with a focus on youth ages 15-19. TWC will work through HRC branch offices in the two new sites in Nippes and the North West, as it does already in seven current geographic areas which include Pétionville, Cité Soleil, Petite Goâve, Cap Haitian, Fort Liberté, Ounaminthe and Anse-à-Pitres.

BACKGROUND:

TWC is a track 1 ABY program active in two other countries (Tanzania and Guyana) in addition to Haiti. The project has been operational in Haiti since June 2004 and works in close collaboration the Haitian Ministry of Health and National AIDS Program (MSPP/UCC) and has recently established a partnership with the Haitian Ministry of Youth. TWC is implemented in Haiti by the Haitian Red Cross which is a local (indigenous) organization founded over 75 years ago. The project addresses gender issues through assuring that 50% of their staff from project coordinators to peer educators are female, and through ensuring that outreach addresses both female and male norms, and resonates with both female and male participants. Curriculum and adult outreach interventions directly address cross-generational sex, multiple (concurrent) sex partners and early sexual initiation norms and behaviors.

ACTIVITIES AND EXPECTED RESULTS

Activity 1: Addition of 2 new TWC Project Sites in order to increase the protective knowledge, attitudes, and skills among an additional 13,142 youth in FY09 and 10,877 in FY10.

Building on TWC's strong track record for success since 2004, exceeding its five year goal in year three while continuing to improve program quality, TWC will expand into the North-West and Nippes regions.

Drawing on a base of branch offices with active youth and adult volunteer networks, HRC will recruit 2 FMs in each region who will establish the TWC regional presence and programming through an existing branch office. In turn, with support from the head office, the FMs will hire 20 PEs in each site to operate in the larger vicinity spanning two of the four targeted cities in Nippes, and two of the five targeted cities in the North West.

With the addition of these new sites, TWC will reach over 20,000 youth through curriculum, peer-to-peer, and edutainment outreach activities over the 21 month period in FY09 and FY10. Due to ARC's strong partnerships with organizations serving high risk youth such as IDEJEN, over 15% of these beneficiaries will be non-traditional youth between the ages of 13-24, a category that includes high risk youth such as orphans, restavek (marginalized domestic servants), street children, and out-of-school youth. The remainder will be in-school youth.

ACTIVITY 2:

Building on TWC's provision of complete information around condom use and negotiation to its youth beneficiaries in accordance with Emergency Plan ABC guidance, including the recent new addition of a take home activity in the new curriculum whereby beneficiaries locate and visit condom sales points and other reproductive and sexual health services, TWC plans to increase the demand for and access to condoms by: increasing the reliable supply of condoms through supplying free condoms through Together We Can (TWC) project activities as well as at Haitian Red Cross branch offices; and better integrating a Behavior Change Communication (BCC) approach around condoms into TWC programming through disseminating Haitian Red Cross (HRC) Information Communication & Education (IEC) materials in coordination and harmonization with partner organizations

At the branch level, HRC will work with local partners to facilitate a planning process for the dissemination of condoms and BCC materials (by conducting community meetings with the participation of community councils, HRC branch staff, volunteers, and potential private sector and CSO partners who together can determine the best approach for making condoms available to the community).

Additionally, Peer Educators (PE) will increase self-efficacy of TWC participants by providing reliable sources for male condoms and BCC messages at TWC sessions follow up activities, community mobilization and edutainment events. Where needed, condoms will be distributed as part of a knowledge and skills-building activity that advocates the twin TWC messages of risk reduction and risk elimination through promoting ABC approaches to prevent HIV, STIs, and unintended pregnancy/parenthood. By doing so, PEs, while typically at least 3 years older than the youth they target, will be promoting positive peer norms and support for condom and contraceptive use, a positive determinant for condom use, and a protective factors against HIV, STIs, and unintended pregnancy and parenthood.

Consistent with these messages, PEs will give out BCC materials in the form of a newly produced brochure that features leading Haitian singer Belo, and key messages designed to personalize risk and spur action along the lines of A, B, or C.

ACTIVITY 3:

The ARC and HRC will use their expertise in community mobilization and curriculum design to enhance community based outreach to adults in order to improve adult-youth communication around sex and contraceptives. In FY10, the ARC and HRC will train 1500 youth and 1500 adults/parents in a new three-day adult-youth communication curriculum recently rolled out by the ARC in Tanzania which features a mix of youth-only sessions, adult-only sessions, as well as combined intergenerational activities — all which

Activity Narrative: complement and build on one another. Participants include youth who have completed TWC workshops, who then in turn invite an influential adult in their lives to attend the workshop. These adults can be parents, aunts or uncles, teachers, or older brothers and sisters.

In addition to providing the means for protection (condoms), promoting parent (or trusted adult)-youth communication aims to enhance the protective factor of prevention of HIV, other STIs, and unintended pregnancy by strengthening parents/adults' ability to communicate adequately with their children about these topics. In each branch, FMs will be trained in the merits of parent/adult-youth communication and the specific strategies for encouraging effective communication. Specifically, FMs – representing the generation between the parent/trusted adult and child – will be trained in delivering a two to three day curriculum to a group of 10-20 parent/trusted adults and youth (with youth and parents/trusted adults coming together for a joint activity on the second/third day) on a monthly basis. Curriculum content addresses the following topics: raising awareness among adults about the sexual risks youth face; encouraging general effective mentoring practices; improving adult-youth communication; and promoting beneficial social and gender norms.

Key areas of legislative interest addressed under these three activities are: stigma and discrimination; and gender through addressing male norms and behaviors, increasing gender equity, and reducing violence and coercion particularly as it relates to inter-generational and transactional sex. These results contribute to the Emergency Plan 2-7-10 goals by preventing new HIV infections among Haitian youth through the improvement of knowledge, attitudes and skills pertaining to HIV/AIDS, as well as access to commodities and services.

New/Continuing Activity: Continuing Activity

Continuing Activity: 19569

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19569	19569.08	U.S. Agency for International Development	American Red Cross	8889	8889.08		\$150,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 9392.09
Prime Partner: American Institutes for Research
Funding Source: GHCS (State)

Mechanism: AIR - School Curriculum
USG Agency: U.S. Agency for International Development
Program Area: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 18079.28891.09

Planned Funds: \$100,000

Activity System ID: 28891

Activity Narrative: SUMMARY: In FY 2009, the Programme Haïtien d'Appui a la Reforme de l'Education (PHARE) program in basic education will support two program components: 1) Improve Equitable Access to Quality basic Education; and 2) Strengthen Public Sector Executive Function of the Ministry of Education. The Basic Education Project will link with other Mission programs in the education, health, democracy and governance, and economic growth sectors. Linkages will include the HIV/AIDS Program, Microfinance Program, Food Security Program, Human Rights and Civil Society Programs, and Programs supporting Populations at Risk. Given the upcoming procurement process and the variables associated with the start-up of activities, targets posted below are subject to change.

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

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

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

ACTIVITIES AND EXPECTED RESULTS

Activity 1: MENFP's School Health Unit Strengthened to Support HIV/AIDS Prevention Education
The newly reinvigorated School Health Unit in the MENFP has, among its mandates, to revitalize school health and nutrition programs in Haiti's schools. The Unit is a key member of the GOH Multisectoral Committee on Integrated School Health. In an attempt to expand its scope of activities beyond traditional school feeding and nutrient provision, the School Health Unit will develop a strategic plan for school health encompassing a fuller range of health-related interventions, including age-appropriate school curricula for prevention of HIV/AIDS and addressing stigma and discrimination issues related to the disease. A situation analysis and review of existing HIV/AIDS prevention curricula and materials currently used in basic education (grades one through nine) will be conducted. These curricula and materials are currently used by NGOs, PVOs, churches, and Haitian educational organizations. Training and material support will be provided to staff in the MENFP School Health Unit to strengthen their capacity to support the delivery of HIV/AIDS prevention education in the schools. Deliverables may include a situation analysis and review of existing materials. Background research will be conducted on international best practices in HIV/AIDS prevention education in schools as a contribution to the National Strategy on School Health and Nutrition.

Activity 2: HIV/AIDS Prevention Curriculum in Grades One through Nine Developed and Pilot-Tested
Based on the results obtained in the background research phase outlined in activity 1, the contractor will support the development of curricula and materials for use in HIV/AIDS prevention and stigma reduction education in grades one through nine of formal education. Care will be taken to ensure that messages are age-appropriate, particularly with funding in the Condoms and Other Prevention technical areas. Materials will be pilot-tested in HBE project and other target schools before wider implementation. Deliverables over the long term of the project include the development of the curricular framework and materials, training for teachers and school personnel, and the pilot-testing of materials in project target schools and other schools identified by MENFP. The final materials will be printed and distributed for wider implementation followed by an impact evaluation.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18079

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18079	18079.08	U.S. Agency for International Development	American Institutes for Research	9392	9392.08	School Curriculum	\$125,000

Emphasis Areas

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education \$100,000

Water

Program Budget Code: 04 - HMBL Biomedical Prevention: Blood Safety

Total Planned Funding for Program Budget Code: \$3,500,000

Program Area Narrative:

In 2006-2008 the National Blood Safety Program (NBSP) in Haiti expanded the national blood collection and distribution network from 16 to 38 sites. With the addition of these sites, the volume of blood available for transfusion has increased dramatically. In 2004, only about 9,000 units of blood were available for transfusion in Haiti; for a population of approximately 8.5 million with an estimated annual demand of approximately 25-30,000 units. By FY 09, the NBSP projects to collect 27,500 units of blood for the nation. Still, additional work is required to increase the donor pool and remove barriers that prevent patients from accessing the blood that is available.

In FY09 PEPFAR will continue to support the Ministry of Health's National Blood Safety Management Unit which administers the NBSP. The management unit serves as the secretariat for the National Blood Safety Committee which is mandated with developing national guidelines on the clinical use of blood. The NBSP provides funds to three sub-partners (PSI, GHESKIO and the Haitian Red Cross) to attain the following program goals: (1) increasing the blood supply through the recruitment of voluntary, non-remunerated donors (VNRD); (2) gaining a better understanding of what motivates voluntary blood donors in the Haitian context; (3) ensuring that all units collected are screened for HIV, HBsAG, HCV, VDRL, and HTLV 1-2 at a central laboratory; (4) ensuring the proper storage and transportation of blood; and (5) reducing the barriers facing patients to access available blood.

Through a sub-contract with the Haitian Red Cross, the Management Unit will, in FY09, work to increase the availability of safe blood through a national network of blood collection centers and blood banks. This network will link the 38 blood collection and banking centers to each other, to the hospitals they supply, and to the central laboratory in the capital, Port-au-Prince. PEPFAR will support the implementation of appropriate technologies to improve communications and cold-chain logistics throughout the network. Emphasis will continue to be placed on seeking renewable energy sources to support the cold chain infrastructure. It is hoped that the use of alternative energy sources will have a positive follow-on effect for the sustainability of these programs. Support will also continue in the area of mobile blood collection which has been successful in increasing the proportion of donations from unpaid volunteers. Mobile units have also been instrumental in filling shortfalls in collections from fixed sites during periods of political instability. The management unit will also continue to coordinate with the Global Fund, which contributes funds to the HRC for blood collection and screening. In FY09, the management unit will actively seek additional sources of funding to complement PEPFAR funds. From FY06 through FY08 joint work plans (GF and PEPFAR) were developed to track separate funding by activity, this collaboration will continue in FY09. In FY07 the NBSP began procuring laboratory supplies through SCMS. This relationship has helped streamline the program's supply chain and reduce overall procurement costs and will also continue in FY09.

The NBSP will continue its sub-grant relationship with Population Services International (PSI) in FY09. PSI, a specialist in social marketing, will continue to support mobile and fixed location blood drives with print, broadcast and other marketing materials. Current marketing activities in conjunction with mobile blood collections have increased the percentage of voluntary blood donation. PSI will also work with the NBSP and the HRC to recruit donors from communities not currently targeted by the communications strategy, e.g., neighborhoods, health facilities, schools, and businesses near two new satellite blood collection centers that are planned for Port-au-Prince.

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

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

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

The HRC, and not the MOH, holds overall responsibility for the blood supply under a 1986 law; with the initiation of PEPFAR funds to the MOH for blood safety, the HRC and the MOH have worked toward improving their coordination and communication, and have been successful in coordinating their administrative activities. In 2005 the Ministry of Health started the legislative process with the interim government to draft new legislation that would reassert the ministry's regulatory authority over the whole blood service. The legislation, which is currently under review by parliament, would continue to recognize the HRC as the primary implementing partner. It is hoped the new law will be passed in calendar year 2009.

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

Targets:

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

Number of individuals trained in blood safety: 300

Table 3.3.04: Activities by Funding Mechanism

Mechanism ID: 4738.09

Prime Partner: Ministre de la Sante Publique
et Population, Haiti

Funding Source: Central GHCS (State)

Budget Code: HMBL

Activity ID: 8160.28953.09

Activity System ID: 28953

Mechanism: Track 1 MSPP - Blood Safety

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Biomedical Prevention: Blood
Safety

Program Budget Code: 04

Planned Funds: \$1,900,000

Activity Narrative: SUMMARY: The project's main objective is to provide a safe and adequate blood supply to people living in Haiti's 10 Departments. All program activities are coordinated by the Ministry of Health's National Blood Safety Program (NBSP) through a national network of Blood Service outlets. At the end of FY08 this network consisted of 38 service units nationwide, including the National Blood Center in Port-au-Prince.

BACKGROUND: Since 1986, the Haitian Red Cross (HRC) has been mandated by law to manage the blood transfusion system in Haiti. However, in 2004 only about 9,000 units of blood were available for transfusion for a population of approximately 8.5 million. This shortfall indicated a significant need to strengthen the blood service to meet the demand, estimated at between 20,000 and 40,000 units per year. The need would be attained rapidly 50,000 to 80,000 if the Health System improved with some hospital infrastructures. To address this issue, the NBSP was established with PEPFAR support. Within the MOH the National Blood Management Unit was established to administer the program. The National Blood Safety Committee was established to develop national policies and guidelines. The Haitian blood system is comprised of a network of 18 blood collection and distribution centers supported by a central laboratory and 20 blood banks or blood depots (projected end of FY08). The goals of the program include : (1) To increase the proportion of blood donated by volunteer, non-remunerated donors (VNRD); (2) to ensure that 100% of all donated units are adequately screened for HIV1/2, HBsAG, HCV, syphilis, and HTLV 1-2); and (3) to ensure proper storage, transportation, and distribution of blood under cold chain conditions. The NBSP has sub-contracts with the HRC to manage the collection, screening and distribution network; with Population Services International (PSI) for donor recruitment support; and with GHESKIO for laboratory QA/QC. Since last year, we began to cooperate with Supplies Chain Management System (SCMS) for purchasing reagents and materials.

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

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

Activity 2: Ensure that all 38 service units are fully functional particularly the new 20 blood depots. These depots will supply blood to local and/or regional hospitals. Increasing the availability of blood at peripheral hospitals will improve access to blood transfusion services for the community. We expect greater access to blood transfusion will have a positive impact on patient survival rates, especially for women and children. Work to expand the network will also include an initiative to strengthen the logistical network between peripheral sites and the National Blood Center laboratory in Port-au-Prince. All laboratory testing will continue to be done at the NBC.

Activity 3: Strengthening the relationships between the Haitian Red Cross, PSI and the MOH's health promotion department to develop a large network of public "ambassadors" (promoteurs) to assist the blood service to recruit and retain VNRD. These individuals will help promote voluntary blood donation in their communities. We advocate and lead creation of Voluntary Regular Donors Club around the regions of the country. This work will contribute to the blood service's goal of increasing the proportion of blood collected from VNRD from 40% to 80%. During all the past period, the rate of ITT stays at 10%, we consider it as a long diffusion period for promoting voluntary blood donation, now we have to consolidate it and expect that the rate of ITT decreases at least of 7%.

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

Activity 5: Strengthen links with other program areas. This work will ensure that advances in blood safety contribute to national public health goals. Priority will be given to regions or facilities with high rates of maternal mortality, as identified by the MOH division of family health. The blood service will also strengthen its referral system to ensure that donors who test positive for HIV or other infectious markers receive appropriate follow-up testing (VCT) and/or care and treatment. The blood service will also share guidelines and experiences with the National Public Health reference laboratory on testing methods and with the Expanded Programme on Immunization (EPI) on ways to strengthen the national blood cold chain and to extend immunization against HBV to young regular blood donor as the Club 25 members. We work for having a strong link with MOH departmental directions and epidemiology services (regional and national).

Activity 6: Continue implementing a solar energy strategy in part of the national blood service network: four solar freezers are successfully installed in four regions for permitting to have frozen plasma in regions. We plan for having solar refrigerator in some areas where gas provision is so difficult. This strategy will help address a chronic lack of electrical power throughout the network. Some technical assistance in the area of solar and other energy options will be provided by USAID.

Activity 7: Increase the number of units of blood collected, especially from repeat VNRD. The goal is to collect 27,500 units of whole blood and incorporate in the national network of blood transfusion MSF (Médecins Sans Frontières) blood activities. Half of these units will be fractionated into blood products (e.g.,

Activity Narrative: red cell, platelets, fresh frozen plasma). Recruiting a larger pool of voluntary blood donors who donate several times a year will ultimately reduce mobilization costs and decrease the prevalence of TTI in the donor pool.

Activity 8: Continue training physicians, nurses and other clinical staff (e.g., midwives) in the proper clinical use of blood. In the first four years of the project, training focused on staff in the departmental hospitals. The training program will now be expanded to all clinical professionals in the departments (regions) who interact with the blood service. Training will also target blood bank managers to ensure that barriers to patient access are identified and removed. Additional training will be held within hospitals to strengthen hemovigilance committees. Reducing unnecessary blood transfusions will avoid unnecessary blood shortages. Continuing Education appears as an important way to fill some gaps of the professional training in transfusion practice. Removing barriers to patient access (e.g., requiring patients to provide their own cold boxes) will improve the public's trust in the blood service. We continue to improve blood service delivery by encouraging delivery from professional to professional as it is done in many regions of the country.

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

Activity 10: Sustainability. Continue to advocate for increased funding from the national treasury. Negotiation is begun with MOH for increasing national participation funds, the need to have a New National Blood Transfusion Center is accepted and we expect to have available funds for beginning the building. Diversifying the National Blood Safety Program's funding sources (currently dominated by PEPFAR) and realizing advocacy for having more funds will ensure the long-term sustainability of the safe blood initiative in Haiti, and help Haiti reach its goal of eliminating patient fees for blood. These fees currently present a barrier to access for many poor Haitians. The NBSP will also continue to advocate for final passage of the new blood service legislation now before the Haitian parliament.

Activity 11: Implement a National Hemovigilance System in cooperation with the Quebec National Institute of Public Health and French blood transfusion services via Martinica. We expect to track blood transfusion accidents or incidents for improving the service and participating to solve some gaps in the health system

Activity 12: Continue to improve relationship with local representatives of SCMS (System Chain Management Services) for preventing shortage of reagents and materials and for ensuring a good quality service to the population.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17196

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17196	8160.08	HHS/Centers for Disease Control & Prevention	Ministre de la Sante Publique et Population, Haiti	7687	4738.08	Track 1 Blood Safety	\$2,400,000
8160	8160.07	HHS/Centers for Disease Control & Prevention	Ministre de la Sante Publique et Population, Haiti	4738	4738.07	Track 1 Blood Safety	\$2,400,000

Table 3.3.04: Activities by Funding Mechanism

Mechanism ID: 4737.09 **Mechanism:** Track 1 PAHO - Blood Safety
Prime Partner: World Health Organization **USG Agency:** HHS/Centers for Disease Control & Prevention
Funding Source: Central GHCS (State) **Program Area:** Biomedical Prevention: Blood Safety
Budget Code: HMBL **Program Budget Code:** 04
Activity ID: 8159.28954.09 **Planned Funds:** \$500,000
Activity System ID: 28954

Activity Narrative: Blood safety activities are integrated with the Injection Safety, Laboratory Infrastructure and Quality Control program areas. Blood Safety works in linkages with maternal health aspects of the PMTCT program area; social information and mobilization activities and prevention program area; donor referral systems and confidentiality issues under donor counseling and notification of testing results; and data collection and management under Strategic Information.

SUMMARY

Overall Activities: The World Health Organization/ Pan-American Health Organization (WHO/PAHO) provide technical assistance to the Haitian Ministry of Health/National Blood Transfusion Program (MOH/NBTP) and its partners (e.g., the Haitian Red Cross, Population Service International). This technical assistance covers all areas related to the development, implementation and sustainability of a safe national blood system, including strategies for donor mobilization and recruitment, blood collection, laboratory screening, use of cold chain to distribute blood products and in clinical use of blood to reduce risk of unnecessary blood transfusions.

Emphasis Areas: WHO/PAHO provides technical support to the MOH/NBTP in Emergency Plan Emphasis areas.

WHO/PAHO provides technical advice on specifications of equipments, materials and supplies procured by the MOH/NBTP, for correct functioning according regional and international standards.

BACKGROUND

PAHO is the World Health Organization's regional branch for the Americas. PAHO receives Emergency Plan funds as a sub-contractor from WHO, which is the principal CDC cooperative agreement grantee.

In Haiti, PAHO's Blood Services Program, works with the National Blood Transfusion Program (NBTP), created by the Ministry of Health in 2004. The NBTP has the responsibility in the management of funds, play rolls as legislator and establishing standards in the national blood system and works in conjunction with the Haitian Red Cross in the process. PAHO has provided critical technical assistance to the MOH throughout the development of the NBTS, and works continuously to strengthen the fledgling blood service's policies, guidelines and systems. PAHO coordinates its activities with the NBTP and tailors its training activities to respond to needs identified by the MOH/NBTP and National Blood Center (NBC). PAHO's training activities are planned, organized and conducted by PAHO in coordination with partners. Local expert professionals are invited to participate for these trainings. The National PAHO blood safety consultant in Haiti interacts with the partners as Population Services International (PSI) and Haitian Red Cross (HRC), sub-contracted by the MOH/NBTS in the implementation of blood safety strategy for the country. The PAHO technical assistance program contributes to broader gender issues in Haiti through its work in the reduction of maternal mortality due to the difficulties to access blood during childbirth. PAHO's training for nurses, phlebotomists and laboratory technicians also has had a positive impact on the professional development of Haitian women working in the healthcare field.

ACTIVITIES AND EXPECTED RESULTS

Activities:

1. PAHO will continue working with MOH/NBTP, HRC and PSI in the strengthening of blood donor promoter's network.
2. PAHO will work straightening mobile blood collection.
3. PAHO will provide technical assistance and training in blood storage management and national blood network system to help the MOH/NBTP to establish a monitoring in blood exchange-system and reduce the number of blood units lost to spoilage or improper storage. The enhanced system will also improve the delivery of blood to urgent cases and lead to a reduction in mortality due to a lack of blood, e.g., maternal hemorrhaging during childbirth. The network will enable relevant stock data to be shared in a timely manner.
4. PAHO will provide continues training to NBC's staff in the blood production and implementation of new technologies.
5. PAHO will provide a follow up in the implementation, monitoring and evaluation (M&E) of QM/QA/QC system in blood services.
6. PAHO will provide continues training and follow-up in clinical use of blood and hemo surveillance.
7. PAHO will hold quarterly evaluation workshops for MOH/NBTP/NBC and blood services. The workshops are designed to establish quarterly objectives and planning activities. During these workshops trainings are given in subjects where weakness has identified or in new technologies. Workshops have as goals to identify best practices and address program areas/activities that may not be sustainable.
8. PAHO will provide technical assistance and works closely with MOH/NBTP to conduct to solar electrification in blood services to ensure a sustainable power supply.
9. PAHO will provide continues support to MOH/NBTS in his efforts to establish effective communication and coordination between clinicians and blood services, as well as between Departmental Medical Direction and blood services.
10. PAHO will work with the MOH/NBTP/NBC to identify, establish and adopt a strategy in a long term sustainable blood services program.

Expected results:

In COP 09, WHO/PAHO will provide technical assistance to the MOH/NBTP targeting these expected results:

- Increase the number of blood collection.
- Elimination of barriers in the access of blood and components.
- Implementation of new strategies in the recruitment of voluntary non-remunerated blood donors VBD, targeting 100% VBD by end of 2010.
- Increase the number of regular blood donors.
- Reduction of TTI among blood donors (<7%).

- Activity Narrative:**
- Follow up of quality management program in blood services.
 - Training for physicians, nurses and allied healthcare workers in best practices and the appropriate clinical use of blood.
 - Reduction of blood units lost to spoilage or improper storage.
 - Implementation of new technology (solar system) in cold chain for storage and transport of blood.
 - Implementation of service to service delivery of blood (avoiding family roll in this process).

New/Continuing Activity: Continuing Activity

Continuing Activity: 17247

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17247	8159.08	HHS/Centers for Disease Control & Prevention	World Health Organization	7704	4737.08	Track 1 Blood Safety	\$500,000
8159	8159.07	HHS/Centers for Disease Control & Prevention	World Health Organization	4737	4737.07	Track 1 Blood Safety	\$400,000

Table 3.3.04: Activities by Funding Mechansim

Mechanism ID: 3125.09	Mechanism: National AIDS Strategic Plan
Prime Partner: Ministre de la Sante Publique et Population, Haiti	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Biomedical Prevention: Blood Safety
Budget Code: HMBL	Program Budget Code: 04
Activity ID: 28955.09	Planned Funds: \$0
Activity System ID: 28955	

Activity Narrative: To supplement Track 1 activities.

SUMMARY: The project's main objective is to provide a safe and adequate blood supply to people living in Haiti's 10 Departments. All program activities are coordinated by the Ministry of Health's National Blood Safety Program (NBSPP) through a national network of Blood Service outlets. At the end of FY08 this network consisted of 38 service units nationwide, including the National Blood Center in Port-au-Prince.

BACKGROUND: Since 1986, the Haitian Red Cross (HRC) has been mandated by law to manage the blood transfusion system in Haiti. However, in 2004 only about 9,000 units of blood were available for transfusion for a population of approximately 8.5 million. This shortfall indicated a significant need to strengthen the blood service to meet the demand, estimated at between 20,000 and 40,000 units per year. The need would be attained rapidly 50,000 to 80,000 if the Health System improved with some hospital infrastructures. To address this issue, the NBSPP was established with PEPFAR support. Within the MOH the National Blood Management Unit was established to administer the program. The National Blood Safety Committee was established to develop national policies and guidelines. The Haitian blood system is comprised of a network of 18 blood collection and distribution centers supported by a central laboratory and 20 blood banks or blood depots (projected end of FY08). The goals of the program include: (1) To increase the proportion of blood donated by volunteer, non-remunerated donors (VNRD); (2) to ensure that 100% of all donated units are adequately screened for HIV1/2, HBsAG, HCV, syphilis, and HTLV 1-2; and (3) to ensure proper storage, transportation, and distribution of blood under cold chain conditions. The NBSPP has sub-contracts with the HRC to manage the collection, screening and distribution network; with Population Services International (PSI) for donor recruitment support; and with GHESKIO for laboratory QA/QC. Since last year, we began to cooperate with Supplies Chain Management System (SCMS) for purchasing reagents and materials.

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

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

Activity 2: Ensure that all 38 service units are fully functional particularly the new 20 blood depots. These depots will supply blood to local and/or regional hospitals. Increasing the availability of blood at peripheral hospitals will improve access to blood transfusion services for the community. We expect greater access to blood transfusion will have a positive impact on patient survival rates, especially for women and children. Work to expand the network will also include an initiative to strengthen the logistical network between peripheral sites and the National Blood Center laboratory in Port-au-Prince. All laboratory testing will continue to be done at the NBC.

Activity 3: Strengthening the relationships between the Haitian Red Cross, PSI and the MOH's health promotion department to develop a large network of public "ambassadors" (promoteurs) to assist the blood service to recruit and retain VNRD. These individuals will help promote voluntary blood donation in their communities. We advocate and lead creation of Voluntary Regular Donors Club around the regions of the country. This work will contribute to the blood service's goal of increasing the proportion of blood collected from VNRD from 40% to 80%. During all the past period, the rate of ITT stays at 10%, we consider it as a long diffusion period for promoting voluntary blood donation, now we have to consolidate it and expect that the rate of ITT decreases at least of 7%.

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

Activity 5: Strengthen links with other program areas. This work will ensure that advances in blood safety contribute to national public health goals. Priority will be given to regions or facilities with high rates of maternal mortality, as identified by the MOH division of family health. The blood service will also strengthen its referral system to ensure that donors who test positive for HIV or other infectious markers receive appropriate follow-up testing (VCT) and/or care and treatment. The blood service will also share guidelines and experiences with the National Public Health reference laboratory on testing methods and with the Expanded Programme on Immunization (EPI) on ways to strengthen the national blood cold chain and to extend immunization against HBV to young regular blood donor as the Club 25 members. We work for having a strong link with MOH departmental directions and epidemiology services (regional and national).

Activity 6: Continue implementing a solar energy strategy in part of the national blood service network: four solar freezers are successfully installed in four regions for permitting to have frozen plasma in regions. We plan for having solar refrigerator in some areas where gas provision is so difficult. This strategy will help address a chronic lack of electrical power throughout the network. Some technical assistance in the area of solar and other energy options will be provided by USAID.

Activity 7: Increase the number of units of blood collected, especially from repeat VNRD. The goal is to collect 27,500 units of whole blood and incorporate in the national network of blood transfusion MSF

Activity Narrative: (Médecins Sans Frontières) blood activities. Half of these units will be fractionated into blood products (e.g., red cell, platelets, fresh frozen plasma). Recruiting a larger pool of voluntary blood donors who donate several times a year will ultimately reduce mobilization costs and decrease the prevalence of TTI in the donor pool.

Activity 8: Continue training physicians, nurses and other clinical staff (e.g., midwives) in the proper clinical use of blood. In the first four years of the project, training focused on staff in the departmental hospitals. The training program will now be expanded to all clinical professionals in the departments (regions) who interact with the blood service. Training will also target blood bank managers to ensure that barriers to patient access are identified and removed. Additional training will be held within hospitals to strengthen hemovigilance committees. Reducing unnecessary blood transfusions will avoid unnecessary blood shortages. Continuing Education appears as an important way to fill some gaps of the professional training in transfusion practice. Removing barriers to patient access (e.g., requiring patients to provide their own cold boxes) will improve the public's trust in the blood service. We continue to improve blood service delivery by encouraging delivery from professional to professional as it is done in many regions of the country.

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

Activity 10: Sustainability. Continue to advocate for increased funding from the national treasury. Negotiation is begun with MOH for increasing national participation funds, the need to have a New National Blood Transfusion Center is accepted and we expect to have available funds for beginning the building. Diversifying the National Blood Safety Program's funding sources (currently dominated by PEPFAR) and realizing advocacy for having more funds will ensure the long-term sustainability of the safe blood initiative in Haiti, and help Haiti reach its goal of eliminating patient fees for blood. These fees currently present a barrier to access for many poor Haitians. The NBSP will also continue to advocate for final passage of the new blood service legislation now before the Haitian parliament.

Activity 11: Implement a National Hemovigilance System in cooperation with the Quebec National Institute of Public Health and French blood transfusion services via Martinica. We expect to track blood transfusion accidents or incidents for improving the service and participating to solve some gaps in the health system

Activity 12: Continue to improve relationship with local representatives of SCMS (System Chain Management Services) for preventing shortage of reagents and materials and for ensuring a good quality service to the population.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.04: Activities by Funding Mechanism

Mechanism ID: 6101.09	Mechanism: Track 1 SCMS - Blood Safety
Prime Partner: Partnership for Supply Chain Management	USG Agency: U.S. Agency for International Development
Funding Source: Central GHCS (State)	Program Area: Biomedical Prevention: Blood Safety
Budget Code: HMBL	Program Budget Code: 04
Activity ID: 11057.28662.09	Planned Funds: \$1,100,000
Activity System ID: 28662	

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

Summary:

The National Blood Safety Program (NBSP) will contract with SCMS to manage funds designated for the procurement of laboratory supplies and equipment. These supplies will be used by the Haitian Red Cross, which manages the National Blood Center laboratory, to screen every unit of blood collected nationwide (approximately 30,000 units/year) for HIV, HCV, HBV, syphilis, and HTLV-1 and 2. Additional supplies will be procured through this mechanism to support a network of 38 blood collection centers and blood banks around the country. Other supplies may be procured through SCMS to support a public health evaluation on the prevalence of malaria causing parasites and dengue fever viruses in donated blood.

Background:

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

Activities:

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

New/Continuing Activity: Continuing Activity

Continuing Activity: 17214

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17214	11057.08	U.S. Agency for International Development	Partnership for Supply Chain Management	7692	6101.08	Track 1.0 Blood Safety	\$600,000
11057	11057.07	U.S. Agency for International Development	Partnership for Supply Chain Management	6101	6101.07	Track 1.0 Blood Safety	\$600,000

Program Budget Code: 05 - HMIN Biomedical Prevention: Injection Safety

Total Planned Funding for Program Budget Code: \$749,015

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 4736.09	Mechanism: Track 1 JSI - Injection Safety
Prime Partner: John Snow, Inc.	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Central GHCS (State)	Program Area: Biomedical Prevention: Injection Safety
Budget Code: HMIN	Program Budget Code: 05
Activity ID: 8158.28957.09	Planned Funds: \$410,265
Activity System ID: 28957	

Activity Narrative: SUMMARY: The main goal of this project is to reduce the transmission of HIV/AIDS by promoting safe injections through implementing the three-part strategy recommended by the Safe Injection Global Network (SIGN): 1) Change behavior of health care workers and patients to ensure safe injection practices and reduce demand for unnecessary injections, 2) Ensure availability of safe injection equipment and supplies, 3) Manage sharps waste safely and appropriately. In FY08, JSI expanded the program to nationwide coverage. In FY09, JSI will transition the program to the Ministry of Health.

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

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

ACTIVITIES AND EXPECTED RESULTS

JSI will work collaboratively with the MSPP on the following activities until mid FY09. Once JSI's agreement ends, the transition will be complete to the MSPP who will be responsible for the continuation of the following activities:

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

Activity 2: Planning workshops will be conducted at the departmental level in the expansion departments (Artibonite, centre, Nord-ouest and Ouest) to improve injection safety and waste management in the facilities. This activity aims at designing and implementing plans for training roll out, supervision, logistics and supply (mainly syringes and safety boxes), BCC and sharp waste disposal.

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

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

New/Continuing Activity: Continuing Activity

Continuing Activity: 17186

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17186	8158.08	HHS/Centers for Disease Control & Prevention	John Snow, Inc.	7685	4736.08	Track 1 Injection Safety	\$1,621,170
8158	8158.07	HHS/Centers for Disease Control & Prevention	John Snow, Inc.	4736	4736.07	Track 1 Injection Safety	\$0

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 3125.09	Mechanism: National AIDS Strategic Plan
Prime Partner: Ministre de la Sante Publique et Population, Haiti	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Biomedical Prevention: Injection Safety
Budget Code: HMIN	Program Budget Code: 05
Activity ID: 29697.09	Planned Funds: \$200,000
Activity System ID: 29697	

Activity Narrative: SUMMARY: The main goal of this project is to reduce the transmission of HIV/AIDS by promoting safe injections through implementing the three-part strategy recommended by the Safe Injection Global Network (SIGN): 1) Change behavior of health care workers and patients to ensure safe injection practices and reduce demand for unnecessary injections, 2) Ensure availability of safe injection equipment and supplies, 3) Manage sharps waste safely and appropriately. In FY08, JSI expanded the program to nationwide coverage. In FY09, JSI will transition the program to the Ministry of Health.

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

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

ACTIVITIES AND EXPECTED RESULTS

JSI will work collaboratively with the MSPP on the following activities until mid FY09. Once JSI's agreement ends, the transition will be complete to the MSPP who will be responsible for the continuation of the following activities:

Activity 1: Implement safe and necessary injections as a quality standard in the curative sector. Training will be conducted with health personnel and support staff in all health facilities at the departmental level. The training will cover safe injection practices, use of safe injection devices, improved waste logistics management training as well as interpersonal communication. Training will be conducted on a large scale in order to achieve nationwide coverage. Thus training will be conducted with, training of trainers, students at INSHAC and Nursing schools, pre-scribers, frontline health care providers, waste handlers, and supply managers.

Activity 2: Planning workshops will be conducted at the departmental level in the expansion departments (Artibonite, centre, Nord-oeust and Ouest) to improve injection safety and waste management in the facilities. This activity aims at designing and implementing plans for training roll out, supervision, logistics and supply (mainly syringes and safety boxes), BCC and sharp waste disposal.

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

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

EMPHASIS AREAS:
Commodity procurement
Logistics
IEC
Training

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 11793.09

Mechanism: Track 1 SCMS - Injection Safety

Prime Partner: Partnership for Supply Chain Management

USG Agency: U.S. Agency for International Development

Funding Source: Central GHCS (State)

Program Area: Biomedical Prevention:
Injection Safety

Budget Code: HMIN

Program Budget Code: 05

Activity ID: 28964.09

Planned Funds: \$138,750

Activity System ID: 28964

Activity Narrative: To assist MOH with Injection Safety transition as follows:

SUMMARY: The main goal of this project is to reduce the transmission of HIV/AIDS by promoting safe injections through implementing the three-part strategy recommended by the Safe Injection Global Network (SIGN): 1) Change behavior of health care workers and patients to ensure safe injection practices and reduce demand for unnecessary injections, 2) Ensure availability of safe injection equipment and supplies, 3) Manage sharps waste safely and appropriately. In FY08, JSI expanded the program to nationwide coverage. In FY09, JSI will transition the program to the Ministry of Health.

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

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

ACTIVITIES AND EXPECTED RESULTS

JSI will work collaboratively with the MSPP on the following activities until mid FY09. Once JSI's agreement ends, the transition will be complete to the MSPP who will be responsible for the continuation of the following activities:

Activity 1: Implement safe and necessary injections as a quality standard in the curative sector. Training will be conducted with health personnel and support staff in all health facilities at the departmental level. The training will cover safe injection practices, use of safe injection devices, improved waste logistics management training as well as interpersonal communication. Training will be conducted on a large scale in order to achieve nationwide coverage. Thus training will be conducted with, training of trainers, students at INSHAC and Nursing schools, pre-scribers, frontline health care providers, waste handlers, and supply managers.

Activity 2: Planning workshops will be conducted at the departmental level in the expansion departments (Artibonite, centre, Nord-ouest and Ouest) to improve injection safety and waste management in the facilities. This activity aims at designing and implementing plans for training roll out, supervision, logistics and supply (mainly syringes and safety boxes), BCC and sharp waste disposal.

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

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

New/Continuing Activity: New Activity

Continuing Activity:

Program Budget Code:

06 - IDUP Biomedical Prevention: Injecting and non-Injecting Drug Use

Total Planned Funding for Program Budget Code: \$0

Program Budget Code: 07 - CIRC Biomedical Prevention: Male Circumcision

Total Planned Funding for Program Budget Code: \$0

Program Budget Code: 08 - HBHC Care: Adult Care and Support

Total Planned Funding for Program Budget Code: \$9,895,000

Program Area Narrative:

Program Context Area:

As of September 2008, approximately 95,000 people living with HIV/AIDS (PLWHA) have received basic care and support from the United States Government (USG) team partners. This number represents approximately 50% of the estimated 200,000 HIV infected persons in Haiti. The USG Team expects to reach about 120,000 PLWHAs by the end of September 2009 and 130,000 by the end of September 2010, with seven percent of this total being children. The program focus is to provide clinical, home based care as well as psychological, social-economic and community support to PLWHAs enrolled at counseling and testing (CT), prevention of mother-to-child transmission (PMTCT), anti-retroviral (ARV) treatment and tuberculosis (TB) sites.

For clinical care the priority has been to provide laboratory and clinical assessment and follow up for all PLWHAs detected through the system to prevent and treat opportunistic infection (OI), to screen for TB, and to ascertain the optimal time for ARV initiation according to national guidelines. To this end, resources have been provided through the ten care and treatment networks—Groupe Haïtien d'Etude du Sarcome de Kaposi et des Infections Opportunistes (GHESKIO), Partners in Health (PIH), Ministry of Health (MOH), AIDSRelief and Management Sciences for Health (MSH), International Child Care (ICC), Fondation Pour La Santé Reproductive et l'Education Familiale (FOSREF), Promoteur de l'Objectif Zéro Sida (POZ), Family Health International (FHI) and a To Be Determined (TBD) —to reinforce about 100 sites (including about 15 TB sites) throughout the country with trained clinical and community personnel, basic laboratory testing (including Cluster of Differentiation 4 [CD4]), patient monitoring tools (chart, register), and regular supplies of laboratory commodities and drugs for OIs. FOSREF and POZ are two networks specialized in prevention services for youth and men who have sex with men (MSM) respectively in order to meet specific needs for these high risk groups.

This year the focus will be to reinforce the package of clinical care services with nutritional assessments and distribution of food and micronutrients as a prescription, and with end of life issues such as pain management according to national norms and protocols. As the universal distribution of cotrimoxazole has been incorporated in the care and treatment norms, efforts will be made to fully implement this approach. Linkages are being reinforced between palliative care services, ARV and TB services to ensure a continuum of care to PLWHAs eligible for highly active antiretroviral therapy (HAART) or diagnosed with TB.

For home based care, the priority has been to build a bridge between the sites and households in order to 1) track HIV patients (including pregnant women and children) enrolled at these sites; 2) provide minimal care, prevention, and counseling services at home according to national norms; 3) monitor their adherence to treatment; and 4) make referrals to clinics when necessary. Over the years, the package of home based care has varied from one network to another. PIH has an important network of community personnel known as accompagnateurs (companions) that deliver comprehensive directly observed therapies (DOTs), HAART, social support, and prevention services integrated with TB, sexually transmitted infections (STIs), child survival, and maternal care. Others like MSH/ Santé pour le Développement et la Stabilité d'Haïti (SDSH) and AIDSRelief have built on existing community networks for maternal and child health program to deliver HIV home based care integrated with prevention and education activities. Networks with no other community program, such as GHESKIO, hired specialized health agents to perform tracking and provide limited HIV care at home.

With existing resources, efforts are being made to standardize and reinforce the package of home based care with minimum counseling, support, and prevention services that will include distribution of condoms, oral rehydration solutions (ORS) and pain killers, education directed toward the family for best health and nutrition practices, and for positive attitude based on national guidelines.

For psychological support, efforts were made to make psychologists available at most ARV sites. These mental health personnel help reduce denial and improve adherence to treatment by PLWHAs. All of the networks around ARV sites have taken steps to create PLWHA support groups and are structured to provide emotional support to PLWHAs and their families, promote positive attitudes and reduce stigma.

Since fiscal year (FY) 07, the USG team has taken steps to address the limited access to socio-economic services, food, and community preventive care package experienced by PLWHAs to date. In each of Haiti's 10 regional departments, a lead community-based organization (CBO) has been identified to work through local CBOs and in collaboration with CT, PMTCT, Care and treatment sites to deliver a package of psycho-social, community and economic support as well as preventive care services to PLWHAs and their families. The program has integrated this package with orphan and vulnerable children (OVC) services to offer

a family-centered approach. Emphasis was put on: distribution of food through linkages with Title II food programs, commodities for safe drinking water, hygiene kits, bed nets for malaria prevention in linkages with the Global Fund for AIDS, Tuberculosis and Malaria (GFATM) and the MOH partners, psychological and counseling support services through PLWHA support groups, etc.

This approach has been successfully implemented this year and a continuum of support has been provided to most of the patients enrolled in clinical care and treatment services from the clinics to the community. In addition the USG has identified a fortified, precooked food product for distribution to PLWHAs, by prescription, at the clinic. A plan of distribution has been put in place to make this food available through different sites for malnourished PLWHAs including children.

With FY 2009 resources the USG will continue to support the same package of clinical, psychological, home based and socio-economic services as is being reinforced this year to reach close to 130,000 patients by September 2010. The point of entry for these patients will continue to be the system of care. The number of sites offering clinical care will be expanded to 120, including 20 TB sites. Emphasis will continue to be put universal distribution of cotrimoxazole. Thru the CBO, efforts will be made to scale up the package of socio-economic and community support in all ten departments to provide services to 100% of PLWHAs thru the family centered approach with particular emphasis on: a) providing shelter to PLWHAs in need; b) nutrition assessment, counseling and feeding support for clinically malnourished PLWHAs as a component of clinical care and treatment (Food by Prescription); c) link with the OVC program for school fees support; d) leveraging with other non-governmental organizations (NGOs) involved in job creation and receiving United States Agency for International Development (USAID) funds such as Konbit ak Tèt Ansanm (KATA) and the Cooperative Housing Foundation (CHF), to provide jobs and income generating activities to a greater number of PLWHAs; e) linkages with churches to provide more spiritual care to PLWHAs and their families.

More emphasis will be put this year on addressing the needs of infected and vulnerable children. With the increased food insecurity in Haiti, the rate of child malnutrition is expected to worsen. Food by prescription at the sites will address both the issue of malnourished children with the ready to use therapeutic feeding (RUTF) as well as preventive intervention for micronutrients deficiency with fortified blended food for children from 6 months to 3 years, pregnant women and lactating women. Safe water use for the family will be promoted as an element of the package to decrease the episodes of diarrhea which is a leading cause of infant mortality in Haiti. Comprehensive clinical approach with improved coverage for immunization, regular weight control, Vitamin A supplementation and de worming will add on the complete the services provided to the children in terms of care and support.

The main partners for this program will be the ten networks mentioned above (MOH, PIH, GHESKIO, AIDS Relief, FOSREF, POZ, MSH, ICC, FHI and TBD) that will continue to provide clinical care in linkages with treatment services. For community support services, FHI will continue to be the main CBO for two departments (North and South East) while for the other 8 departments new mechanisms are being determined thru a competitive process this year to channel this support. The program will procure laboratory supplies and equipment as well as OI drugs and preventive care commodities through the Partnership for Supply Chain Management (PFSCM). POZ will continue supporting PLWHA support groups and PLWHA associations.

Program Area Target:

Number of service outlets providing HIV-related palliative care (excluding TB/HIV): 130
 Number of individuals provided with HIV-related palliative care (excluding TB/HIV): 130,000 (9000 being children)
 Number of individuals trained in clinical care: 300
 Number of individuals trained in community palliative care: 800+

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 8719.09	Mechanism: Leadership, Management & Sustainability Project
Prime Partner: Management Sciences for Health	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: Adult Care and Support
Budget Code: HBHC	Program Budget Code: 08
Activity ID: 19577.28921.09	Planned Funds: \$250,000
Activity System ID: 28921	

Activity Narrative: ACTIVITY UNCHANGED

SUMMARY: The Leadership, Management and Sustainability (LMS) Program will receive support from USAID to work with partners to develop their capacity to serve People Living with HIV/AIDS (PLHWA). LMS will continue to work with the Maison l'Arc-en-Ciel (MAEC) to expand the number of OVCs and PLWHA families impacted by MAEC's outreach program to metropolitan Port-au-Prince's children infected/affected by HIV/AIDS and to build on a model MAEC has begun to develop for community mobilization using a large group of community-based organizations (CBOs) in the Frères and Croix des Bouquets areas. Through this support, MAEC will continue to increase its caseload from its present 286 families and 572 children/youth to 367 families and 873 children/youth through identification and referral by MAEC partners such as Cornell-GHESKIO. MAEC will create support groups of PLWHA and non-infected CBO volunteers for its families in these two zones. The families will receive tangible services such as health care, training, nutritional support, and school fees as well as participate in MAEC's peer home visiting program that has had an important effect on bolstering self-esteem and reviving hope among its families. This support offers MAEC the opportunity to extend its model into Cité Soleil, probably the neediest area in the exceptionally resource-poor country. In summary, the MAEC activities consist of two main activities: care and support of OVCs and their families; and a community-level partnership with international, local, and CBOs to support PLWHA families while working to prevent HIV infection and reduce stigmatization. LMS will help strengthen the leadership and management skills of the MAEC support groups and increase the involvement and capacity of the staff towards a common sustainable goal and lasting impact of the program. This program is funded through 75% HKID and 25% HBHC funding, and a description of these activities can be found under both program areas.

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

BACKGROUND: MAEC is a Haitian non-profit NGO that began work in the Port-au-Prince area in July 1996 with the opening of the first residential care and treatment facility in Haiti for children orphaned or affected by AIDS. MAEC began a non-residential program in 1998 and provided monthly medical visits and other activities for children as well as a dry food ration for the family and regular home visits by social workers and auxiliary nurses. The participating families live in some of the most HIV-affected areas of the country, the metropolitan Port-au-Prince communes of Carrefour, Croix des Bouquets, Cité Soleil, Delmas, Pétionville (including Frères), Port-au-Prince, and Tabarre. Families living in an impoverished area with at least one HIV+ child or a child who had lost at least one of his or her parents to the disease were eligible to receive care. As the program has expanded since 2002, through partnerships with Plan Haiti, FHI, and UNICEF, MAEC was able to add an outreach center that houses classrooms for children and heads of families, provides medical and psychological consultations as well as cultural activities, etc. Food is provided by partners CRS and WFP. Community mobilization activities were added through the use of elected mothers who were trained and able to provide home visits even during times of instability in the country.

FOSREF has a mandate from the Ministry of Health and Population (MSPP) to deliver youth-focused sexual and reproductive health and HIV/AIDS services to youth nationwide. In Haiti, youth, who represent more than 50% of the population, are the most vulnerable groups for HIV/AIDS and unwanted pregnancies, with a high incidence of clandestine abortions. In this context, FOSREF has identified key cities in the country where specific programs for youth must be implemented to meet the unmet needs of young people for sexual and reproductive health and HIV/AIDS prevention. To date, FOSREF has created and implemented a network of 15 youth centers in many cities. During the last four years, FOSREF has identified areas in the marginalized segments of the large cities, particularly in the Metropolitan areas of Port-au-Prince, where there are no existing youth services. Cité Soleil is one of these areas, representing one of the largest challenges in terms of unmet needs of youth for sexually transmitted infections, HIV/AIDS, sexual violence, and other sexual and reproductive health matters. Young people have been victims of gang activities that have reduced them to an almost hostage-like situation. Based on recent official information from the Ministry of the Interior, the Director of the National Police, and from the UN Peace Keeping Forces (MINUSTAH), the security situation in Cité Soleil has improved enough to begin to target services to the population in this area.

New/Continuing Activity: Continuing Activity

Continuing Activity: 19577

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19577	19577.08	U.S. Agency for International Development	Management Sciences for Health	8719	8719.08	Leadership, Management and Sustainability Project	\$350,000

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 11780.09 **Mechanism:** Central Contraceptive Logistics
Prime Partner: US Agency for International Development **USG Agency:** U.S. Agency for International Development
Funding Source: GHCS (State) **Program Area:** Care: Adult Care and Support
Budget Code: HBHC **Program Budget Code:** 08
Activity ID: 18953.28937.09 **Planned Funds:** \$200,000

Activity System ID: 28937

Activity Narrative: ACTIVITY UNCHANGED

SUMMARY: With FY 2009 funds, USAID's Central Contraceptive Logistics unit will continue to provide condoms for both social marketing and free distribution that will complement the condom donations by UNFPA to the MOH.

BACKGROUND: Data from the Behavior Surveillance Survey (BSS) 2006 shows that condom use among the targeted at-risk populations in Haiti is still low. Indeed, the reported percentage of risky behavior practiced in the past 12 months is as follows: 55% for female sex workers (SW), 70% for the group of men having sex with men (MSM), 6% for men in uniform (Police), 5% for the migrants men, 3% for the male street youth (YS). Percentages for migrant women and public vehicle drivers were less than 1%. Based on this evidence, USAID will continue to procure condoms. A recent assessment carried out by the USAID-supported Deliver Project ascertained that 38,580,000 condoms will be needed in 2008 to satisfy the needs of the national family planning and AIDS prevention programs. UNFPA, The only other source of non-commercial condoms in the country donates 24,000,000 per year for the MOH Family Planning Program. PEPFAR funds will be used to make up the gap between what UNFPA donates and the projected need. Some 14,700,000 no-logo male condoms will be provided for distribution to PEPFAR-supported public sector sites and NGOs.

Through a recently established condom distribution working group at the MOH, collaboration with the United National Population Fund (UNFPA) and the MOH will be strengthened to ensure that sufficient condoms are available through social marketing outlets, public sector and NGO hospitals and clinics and NGO community support and care programs. In related activities, PEPFAR provides funding to Population Services International (PSI), the NGO implementing social marketing and demand creation among at-risk populations and to other NGOs that create demand and distribute no-logo condoms.

2,001,000 Pante-brand male condoms and 42,000 female condoms will be provided for both the social marketing project and for free distribution, primarily among commercial sex workers, the primary population group that uses female condoms regularly.

ACTIVITY1: PEPFAR aims to provide some 4,000,000 no-logo male condoms for community based prevention and awareness increase activities targeting especially the at-risk populations. No Pante-brand male condoms will be financed as PSI current supply is estimated sufficient to cover the social marketing program need. However, some 150,000 of female will be procured to assure uninterrupted availability at the social marketing channel, for free distribution and at the commercial sex workers level.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18953

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18953	18953.08	U.S. Agency for International Development	US Agency for International Development	7699	1419.08	USAID/GAC/HQ	\$200,000

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 11783.09	Mechanism: CHF - Haiti EG Job Creation Grant
Prime Partner: Cooperative Housing Foundation	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: Adult Care and Support
Budget Code: HBHC	Program Budget Code: 08
Activity ID: 28946.09	Planned Funds: \$800,000
Activity System ID: 28946	

Activity Narrative: In the last 2 years CHF established itself in Haiti as a driving force for durable and long-term positive change. Partnering with international and national private sector, the Government of Haiti, beneficiaries, and international organizations, CHF has enabled beneficiaries with the tools and the market linkages necessary to generate durable income. CHF also draws the proven track record of national organizations and institutions, such as Fonkoze, ADIH and Femmes en Democratie to ensure that solutions are Haitian solutions to Haitian challenges.

Fonkoze's strong success rate on micro-lending working with the poorest of the poor enriches CHF's portfolio. Similarly, CHF relies on Femmes en Democratie's track record in creating women micro-entrepreneurs from skills to actual jobs. Finally, CHF's support of the HOPE II Act passed in Congress this year has manifested in an initiative with a private sector association ADIH through a market driven approach. These strategic partnerships take the best of what works in Haiti and reinforces them to ensure that they are replicated, and supported.

In Haiti the informal sector provides the main source of earned income for most families, more than 60% of which live at only a subsistence level. HIV/AIDS has had and continues to have a profoundly negative socioeconomic impact because it affects people during their most productive years and simultaneously usurps a share of family income that would otherwise be allocated towards basic living expenses, nutrition, education, general healthcare, and illness prevention. Unable to shoulder increased health care costs while at the same time more likely to suffer increasing disruptions in income as PLWHA's ability to work falters, households affected by AIDS-related infections sink ever deeper into poverty.

CHF will help mitigate the socio-economic impact of living with HIV/AIDS. Using existing and new data to identify target beneficiaries, CHF will direct its activities at a) entrepreneurial, b) semi- and c) skilled-worker levels to improve job opportunities for people living with HIV/AIDS (PLWHA), their family members, and/or caregivers including women--headed households. These activities will positively address the financial needs of target households; they will enhance the income opportunities of PLWHAs and their families, help reduce their dependence on outside assistance, and foster their long-term self-sustainability.

Proposed training and assistance activities are outlined below:

ACTIVITIES AND EXPECTED RESULTS:

RESULT 1: Increased incomes to PLWHAs, caregivers, and/or orphans and vulnerable children through expanded microenterprises

ACTIVITY 1.1: Increase Access to Finance for Microenterprises through Micro-Lending
CHF will build the capacity of individuals and small groups to start, maintain, or grow sustainable microenterprises. Working through local organization FONKOZE, the program will provide entrepreneurship training for 1,000 individuals, and will provide loan facilitation services for training graduates, at least 20% of which will be PLWHAs, members of their households, or caregivers.

ACTIVITY 1.2: Encourage New Microenterprise Start-ups via a Business Grant Competition
Through its successful KATA program, CHF has already launched a small business grants competition whereby the maximum grant of \$50,000 is matched in kind by the applicant. Building on the success of the launch, the potential small enterprises reinforced, and the new jobs created in the KATA micro-lending program, CHF will expand the small business grants competition to solicit applications from cooperatives and/or limited liability companies of at least 3 owners/members, of which at least one must be a PLWHA or family member of a PLWHA. A maximum of \$30,000 will be provided to groups, for a total funding amount of \$90,000. Expecting that each small enterprise has at least 2-3 employees, this will reinforce or create at least 6-9 long-term jobs.

RESULT 2: Improved skills for PLWHAs, family members, and/or caregivers through workforce development initiatives

ACTIVITY 2.1: Vocational, Employability, and Entrepreneurship Training through Existing Service Providers

Through the KATA program, CHF is working with existing vocational training centers and NGO service providers to help young people in 5 cities obtain the skills necessary for obtaining and keeping employment. Through PEPFAR funding we propose to include in KATA's workforce development targets for FY 2009 (2,000 trainees), 20% to include services to reach a people living with HIV/AIDS, their families, and caregivers through additional scholarships. In addition, using criteria already established by CHF tool kit grants, the best of the best graduates who are PLWHAs, families and caregivers, will be provided with starter tool kits for their trade.

In August 2008, CHF undertook a pilot training and grant program with Femmes en Democratie for the production of girls' school uniforms, enabling low income families to purchase, at subsidized prices, uniforms requisite for their daughters to attend school. While enabling more low income families to keep their daughters in school, the program has also enhanced 300 long-term jobs within existing tailoring shops. CHF will continue this program to include PLWHAs, family members, and caregivers.

ACTIVITY 2.2 Expand Private-Sector-Led Workforce Development in the Apparel Industry
CHF is currently working with the Association des Industries d'Haiti (ADIH) to launch a training center directly linked to market demand for skilled workers in the textile industry. In response to the HOPE II Act passed in Congress, and effective October 1 of 2008, ADIH has led an initiative that will train close to 1,000 workers in one/per year for existing jobs in the textile industry. To build sustainability, the training center will charge students an enrollment fee and will charge factories a per-worker-hired placement fee.

The Government of Haiti has already committed its contribution in the form of a training space in the free trade zone area of Sonapi; ADIH will provide equipment as a private sector contribution. CHF will provide

Activity Narrative: scholarships to ensure that beneficiaries in target zones of Port au Prince participate, and that at least 20% of all ADIH trainees will be PLWHAs or family members of PLWHAs. CHF will also ensure the quality of the training of trainers and of the textile workers by assisting in the development of the curriculum. Furthermore, CHF will include health issues, HIV/AIDS awareness and access to services in the training that is part of the "life skills" training. Activities are expected to start on or before July 2009.

ACTIVITY 2.3 Employer Incentives for Internships

Important to mainstreaming HIV/AIDS-affected populations is reaching out to employers—both private and public sector. The proposed program seeks to set aside a small pool of employer incentive grants that will lead firms to hire vocational training graduates as interns. These one to three month internships will encourage businesses to reach out to vocational training graduates and to keep them on for longer-term employment.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

* Increasing women's access to income and productive resources

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$500,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening \$300,000

Education

Water

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 1390.09

Mechanism: POZ

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

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 4497.28933.09

Planned Funds: \$520,000

Activity System ID: 28933

Activity Narrative: The narrative has been modified in the following ways:

Activity 1:

POZ will support training or refreshments for 60 social and sites managers on how to organize and run a support group meeting for persons living with aids and affected families members enrolled in their sites.(NB delete from POZ will expand training against stigma. This activity is being developed in a separate PROGRAM AREA under Health Strengthening.

Activity 2:

POZ will continue to strengthen its palliative care sites in seven districts. Grand Anse district is a new district to be covered this year.

Through its psychosocial support, POZ will expand its services to connect the persons living with HIV to other resources now available such as cash for work, food, and microcredit programs.

SUMMARY: The project proposes to expand its best practices model of accompaniment to empower people living with HIV/AIDS (PLWHA) in nine geographical areas of Haiti: West, South, North East, South East and North and Grand-Anse, Artibonite, North East and Nippes. It will help to create and strengthen grassroots groups of PLWHA and peers leaders to become more self supportive and therefore capable of adopting safe sexual behaviors and contributing to the reduction of the current HIV rate. This project is an expansion and continuation of a POZ model accompaniment of PLWHA and their families in which the services will allow clients to learn appropriate coping strategies in a supportive environment. POZ will continue to upgrade three palliative care sites that were launched last year: one located in Montrouis integrated in a community CT clinic, two other integrated in MSM clinics.

BACKGROUND::

The HIV/AIDS epidemic has a tremendous impact on Haitian communities. There is an estimated 200,000 persons living with HIV/AIDS (PLWHA) and 18,000 orphans of whom very few have access to basic care and support services. In spite of major efforts supported by public and private groups to create and build capacity of health staff and public awareness, strong stigma associated with the disease still exist and often leaves PLWHA isolated from family and community support systems.

POZ opened its doors in Port-au-Prince, Haiti in 1995 with the mission to reduce the prevalence of HIV in Haiti. It quickly developed into an institution that champions the cause of the PLWHA through advocacy, awareness, and in particular PLWHA psychosocial support. POZ's major focus has been to implement PLWHA support groups throughout the country. So far, over 50 support groups have been created in four geographic areas with emphasis on empowering PLWHA to become spokesmen and women, and on promoting positive attitude regarding care and treatment. Many organisations now use POZ-trained and empowered PLWHA as facilitators in their programs. Four of these support groups have been reinforced to become PLWHA associations with the capacity to manage funding, to provide palliative care services and to participate in social mobilization and income generating activities. In addition POZ has been very active in implementing activities to reduce stigma with focus on training health professionals and community leaders in the fight against stigma. All health professionals in 25% of the sites have benefited from this training as well as community leaders living around these sites using national guidelines and curricula that POZ has developed in coordination with the Ministry of Health (MOH) and major stakeholders.

POZ has been managing four CT sites: one in Montrouis integrated with a model of community mobilization and support services, two in Port-au-Prince and one in Cap-Haïtien. One of the two in Port-au-Prince and the one in Cap-Haïtien are targeting Men having Sex with Men (MSM). With existing resources, the CT site in Montrouis and the two MSM sites are being reinforced to provide clinical palliative care.

With Fiscal Year (FY) 2008 resources, POZ will continue to support the expansion of implementation of PLWHA support groups around all the HIV sites to create a supportive environment for them to reduce stigmatization, to promote positive attitudes, and to foster their adherence to treatment. To this end, POZ will essentially play a lead role in building capacity at the sites to organize these support groups. POZ will continue to reinforce the four existing PLWHA associations (1 in the South, 1 in the West and 2 in the North) and will create two others in Grand'Anse and the South East. Each association will receive six types of training: Advocacy, Leadership, Communication, Adherence / Commitment, Basic knowledge in HIV/AIDS, Micro credit

POZ will continue to expand in coordination with the MOH departmental directorates the training of health professionals and community leaders in stigma reduction ensuring that most of sites benefit from this training thru a strategy of training of trainers. They will continue to strengthen the three palliative care sites with a full package of clinical care in referral with ARV to ensure continuum of care.

ACTIVITY AND EXPECTED RESULTS

ACTIVITY 1: POZ will support training of 60 social workers and site managers on how to organize and animate support groups for PLWHA and affected families enrolled at their sites POZ will also expand training against stigmatization to reach 600 new health professionals in 20 sites and 300 community leaders around the sites. For these trainings POZ will use the training of trainers use the national tools and guidelines that they have developed in collaboration with MOH. Funding will be used to support training logistic costs and supervision of support group activities. Funding will also be used to organize regular departmental and local meetings on the progress of this program.

ACTIVITY 2: POZ will continue to provide technical assistance and financial support to help building administrative and institutional capacity to six associations of PLWHA in the following areas: managing small grants, project writing; organizational assessment, strategic planning meeting and program development; partnership in mobilizations and support activities for advocacy and support of the PLWHA

Activity Narrative: ACTIVITY 3: POZ' will continue to strengthen its palliative care sites in Port au Prince, Montrouis, and Cap-Haïtien to provide clinical and home based care to PLWAs enrolled at these sites. All will receive access to laboratory, clinical, nutrition, psycho-social assessment and follow up services to prevent and to treat opportunistic infection, malnutrition, to manage pain and symptoms, to monitor optimal time to provide HAART and create a supportive environment for adherence to long term follow up and care. Funding will be used to enhance infrastructure and strengthen both clinical and community staff in order to meet scale up need with emphasis on nurses to play a greater role in providing clinical care. Through the community personnel home based care will be reinforced around these sites to provide at PLWHA homes a package of preventive care, counseling and education services. POZ will support around these sites support groups and will provide technical oversight, supervision and monitoring of activities..

ACTIVITY 4: The International AIDS Candlelight Memorial is a yearly event that reaches millions of people in Haiti since 2001. POZ is the sole coordinator of this event partnering with more than 50 NGO, local grassroots, Christian churches, to bring awareness and support to PLWHA. Year 2009, POZ hopes to conduct short training sessions for Candlelight coordinators to educate them about planning community memorials, community mobilization, and advocacy. All members will grant seeds money to conduct this event in their areas of mobile.

Activity 5: POZ will strengthen its capacity to plan, and supervise activities. Funding will be used to hire and train new staff in psycho-social support and management. POZ will implement two regional offices: one in the North and one in the South to provide proximity technical assistance.

TARGETS

- At least 3,000 PLWHA and affected families in targets areas will be supported and trained;
- Train 150 PLWHA on leadership, communication and basic HIV/AIDS facts;
- 60 support groups and 40 groups for accompaniment and technical assistance established and from across six (6) departments to meet monthly;
- Upgrading two (2) clinics to become official to deliver palliative care and create one (1) at Domus Mariae;
- 1,500 patients treated for IO and others STI and MSM;
- 2 million Christians, religious and community members reached during mass Candlelight event, and civic gatherings;
- 18 field agents to be trained for planning and organizing training sessions for PLWHA's in six (6) departments;
- 15 social workers trained to continue development and maintenance of local support group;
- Technical assistance to build up institutional capacity of 6 PLWHA associations in 6 departments;
- Economical support to families and PLWHA

New/Continuing Activity: Continuing Activity

Continuing Activity: 17226

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17226	4497.08	HHS/Centers for Disease Control & Prevention	Promoteurs Objectif Zéro Sida (Promoteurs de l'Objectif Zéro Sida)	7697	1390.08	HHS/GAC/Local	\$650,000
9326	4497.07	HHS/Centers for Disease Control & Prevention	Promoteurs Objectif Zéro Sida (Promoteurs de l'Objectif Zéro Sida)	5141	1390.07	HHS/GAC/Local	\$650,000
4497	4497.06	HHS/Centers for Disease Control & Prevention	Promoteurs Objectif Zéro Sida (Promoteurs de l'Objectif Zéro Sida)	3416	1390.06	HHS/GAC/Local	\$330,000

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 8721.09 **Mechanism:** IOM - Haiti EG Income Generation Grant

Prime Partner: International Organization for Migration **USG Agency:** U.S. Agency for International Development

Funding Source: GHCS (State) **Program Area:** Care: Adult Care and Support

Budget Code: HBHC **Program Budget Code:** 08

Activity ID: 19576.28945.09

Planned Funds: \$800,000

Activity System ID: 28945

Activity Narrative: The narrative will be modified in the following ways:

The International Organization on Migration (IOM) in Haiti has a five-year grant from USAID/Haiti's Economic Growth Office to provide jobs for vulnerable populations in six "hot-spot" areas of Haiti: Port-au-Prince, Les Cayes, Petit Goave, St. Marc, Gonaives and Cap Haitien.

Rapidly rising food prices are compounding the already chronic food insecurity for the 80% of Haitians that have less than \$2.00 a day to spend on life's necessities.

In addition to this, IOM's PREPEP/PEPFAR program will put \$1,000,000 into the IOM PREPEP job creation and infrastructure improvement program to allow persons living with HIV/AIDS (PLWHA) and their families as well as families caring for orphans and vulnerable children (OVC) to take part in the program. The cash income will allow these families to purchase food while building agricultural and other infrastructure improvements.

These activities will result in an additional, long-term impact on household food security and production.

Examples of IOM's PREPEP/PEPFAR activities are:

- improved family garden plots
- irrigation canals
- soil conservation structures
- road, bridge and canal rehabilitation
- other public infrastructure

Les Cayes and Cap Haitien will be the target communities for IOM PREPEP/PEPFAR activities.

The International Organization on Migration (IOM) has a five-year grant from USAID/Haiti's Economic Growth Office to provide jobs for vulnerable populations in six "hot-spot" areas of Haiti: Port-au-Prince, Les Cayes, Petit Goave, St. Marc, Gonaives and Cape Haitian. Rapidly rising food prices are compounding the already chronic food insecurity for the 80% of Haitians that have less than \$2.00 a day to spend on life's necessities. The Haiti PEPFAR Program is putting \$1,000,000 into the IOM jobs creation and agricultural infrastructure improvement program in order to allow persons living with HIV/AIDS (PLWHA) and their families as well as families caring for OVC to take part in the program. The cash income will allow the families to purchase food and the agricultural infrastructure improvement activities for which they will get their day labor salaries (improved family garden plots, irrigation canals, soil erosion control structures, garden terrassing on hill-sides and ravines) will result in a more long-term impact on household food production.

New/Continuing Activity: Continuing Activity

Continuing Activity: 19576

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19576	19576.08	U.S. Agency for International Development	International Organization for Migration	8721	8721.08	USAID/Haiti Economic Growth Office Grant	\$800,000

Emphasis Areas

Gender

- * Increasing women's access to income and productive resources
- * Reducing violence and coercion

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening \$800,000

Education

Water

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 9391.09

Mechanism: FHI

Prime Partner: Family Health International

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 18947.28899.09

Planned Funds: \$50,000

Activity System ID: 28899

Activity Narrative: The narrative will be modified in the following ways:

ACTIVITIES AND EXPECTED RESULTS

ACTIVITY 1: Funding will be used to continue upgrading the two palliative care sites (Ti Descayettes and Laborde) to reach 600 patients. All patients will receive access to laboratory, clinical, nutrition, and psycho-social assessments and follow up services to prevent and treat opportunistic infections. Additionally, FHI will provide access to services to address malnutrition, to manage pain and symptoms, to monitor optimal time for HAART and to create a supportive environment for adherence to long term follow up and care. Funding will be used to enhance infrastructure and strengthen both clinical and community staff with an emphasis on nurses so that they may play a greater role in providing clinical care. Through the community, home based care will be reinforced around these sites to provide PLWHA a package of preventive care, counseling and education services. FHI will support groups and will provide technical oversight, supervision, and monitoring of activities.

ACTIVITY 4: To facilitate access and to provide services closer to the population, FHI will identify local CBOs with the capacity to deliver the community palliative care package. Emphasis will be put on PLWA support groups and associations that are being expanded and reinforced and on organizations with relevant experience in providing support to PLWA and/or other social support. Through subcontracts with local CBOs, FHI will provide financial and technical assistance to upgrade them and provide them with the tools to offer community support services to PLWA with emphasis on training (e.g. stigma reduction, best health practices and HIV prevention.)

ACTIVITY 5: FHI will make available through its offices and local CBOs a package of prevention, nutrition and socio-economic, and education services (see program narrative for details on the package) as directed by the guidelines. FHI will promote the delivering of integrated and comprehensive care and support package to PLWA and family (TB, FP, MCH) into the Community Service Delivery point through IMAI approach. For this purpose, it will reinforce the reference/couter reference system between the Community sites and the Health center. Most of the commodities for the prevention package, such as insecticide treated nets, safe water products, drinking water bottles and hygiene kits, will be procured by SCMS (see SCMS narrative). The education materials will be provided by the TBD contractor for community mobilization (see TBD activity narrative). Food will be made available through the Food Title partner. Through this funding, FHI will make available resources to cover school fees, and transit housing for PLWA.

BACKGROUND:

In Fiscal Year (FY) 2007, the United States Government (USG) expanded the package of community palliative care by channeling resources to the 10 departments through a main CBO that will take the lead in planning and implementing this program with MOH departmental directorates, local CBOs, and grassroots institutions. The overall strategy is to refer all PLWHA enrolled in care at all HIV sites to the points of service established by CBOs in order to provide them community and socio-economic support. Family Health International (FHI) was given FY 2007 resources to be the central CBO for the North and South East Departments. Last year, FHI was given funds to work with the MOH and other CBOs selected to develop norms and guidelines for this program. Although the program has not yet been implemented because of delays in receiving FY 2007 funding, a document detailing guidelines that defines the package of community palliative care and strategies to deliver has been developed.

Since the launch of PEPFAR in Haiti, FHI has been a key partner in helping expand CT, care and treatment as well as social mobilization programs, from policy development to implementation of activities at some sites. With PEPFAR support, FHI launched a model of community CT services in Laborde (South Department), Ti Descayettes and Campeche (West Department) two years ago. With FY 2007 resources, two of these institutions (Ti Descayette and Laborde) are being reinforced to offer integrated palliative care in order to reach 600 PLWA and their families.

With FY 2008 resources, a TBD contractor will reinforce its role as the central CBO in the North and South East Departments of Haiti to continue delivering community palliative care in these areas. As the central CBO, the contractor will focus on making links with the HIV sites where PLWHA are enrolled in care, identifying local CBOs, grassroots organizations and PLWHA associations through which resources could be channeled around these sites, expanding the package of services to target all PLWHA enrolled in care in these two departments, connecting PLWHA to Title II food and economic growth programs to provide them with food, and income generating activities based on needs assessment.

ACTIVITIES AND EXPECTED RESULTS

ACTIVITY 1: Funding will be used to continue upgrading the two palliative care sites (Ti Descayettes and Laborde) to reach 600 patients. All patients will receive access to laboratory, clinical, nutrition, and psycho-social assessments and follow up services to prevent and treat opportunistic infections. Additionally, the contractor will provide access to services to address malnutrition, to manage pain and symptoms, to monitor optimal time for HAART and to create a supportive environment for adherence to long term follow up and care. Funding will be used to enhance infrastructure and strengthen both clinical and community staff with an emphasis on nurses so that they may play a greater role in providing clinical care. Through the community, home based care will be reinforced around these sites to provide PLWHA a package of preventive care, counseling and education services. The contractor will support groups and will provide technical oversight, supervision, and monitoring of activities.

Activity 2: The contractor will continue to work with the MOH and other CBOs to reinforce all policy aspects of the program. As guidelines are being developed, validated and disseminated this year, training and supervision tools in coordination with I-TECH (see I-TECH PC activity narrative) will be next year's focus. The contractor will participate in all task force activities aimed at implementing these tools.

Activity 3: The TBD contractor will use resources to maintain and expand office spaces in the North and

Activity Narrative: South East Departments. These offices will be adequately staffed with trained support and psycho-social staff, as well as with facilitators who are to work with their counterparts at the sites to recruit PLWHA, establish the social needs of the PLWHA's family and to deliver a package of community palliative care services. After the expansion, the contractor's departmental offices will have the capacity to provide service either directly or to channel resources and coordinate activities through local CBOs linked to this program based on PLWHA needs and geographic location. The community based information system, which is in development, will be put in place through these offices so that the contractor can provide a track record of patients enrolled and services offered.

Activity 4: To facilitate access and to provide services closer to the population, the contractor will identify local CBOs with the capacity to deliver the community palliative care package. Emphasis will be put on PLWA support groups and associations that are being expanded and reinforced and on organizations with relevant experience in providing support to PLWA and/or other social support. Through subcontracts with local CBOs, the contractor will provide financial and technical assistance to upgrade them and provide them with the tools to offer community support services to PLWA with emphasis on training (e.g. stigma reduction, best health practices and HIV prevention.)

Activity 5: The contractor will make available through its offices and local CBOs a package of prevention, nutrition and socio-economic, and education services (see program narrative for details on the package) as directed by the guidelines. Most of the commodities for the prevention package, such as insecticide treated nets, safe water products, drinking water bottles and hygiene kits, will be procured by SCMS (see SCMS narrative). The education materials will be provided by the TBD contractor for community mobilization (see TBD activity narrative). Food will be made available through the Food Title partner. Through this funding, the contractor will make available resources to cover school fees, and transit housing for PLWA.

Activity 6: The success of this program will depend upon strong relationships that the contractor and its local CBO network will continue to establish with HIV sites and community support organizations. For example, Title II Food program partners will continuously work with HIV sites to update the lists of PLWA enrolled in care to get them enrolled in community support services. Formal agreements and referrals will be established between the contractor and community support organizations to ensure quality and continuity of services. For example, the contractor and its CBO will provide guaranty/warranty funds for micro-credit. They could also provide funding for transportation fees for churches groups that will conduct home visits to PLWA and their families.

EMPHASIS AREAS:

- Community mobilization/Participation
- Development of Network/linkages/referral systems
- Human resources
- Linkages with other sector and initiatives
- Local organization capacity development
- Food nutrition and support

TARGETS FY 2008

- 3 new sites providing palliative care
- 15,000 individuals provided with community palliative care
- 600 individuals provided with clinical palliative care
- 100 individuals trained/recycled to provide palliative care

COVERAGE AREAS

- West, North, South and South East Departments

New/Continuing Activity: Continuing Activity

Continuing Activity: 18947

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18947	18947.08	HHS/Centers for Disease Control & Prevention	Family Health International	9391	9391.08	FHI	\$900,000

Emphasis Areas

Gender

- * Increasing women's access to income and productive resources

Health-related Wraparound Programs

- * Family Planning

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening \$50,000

Education

Water

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 3136.09

Prime Partner: Foundation for Reproductive Health and Family Education

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 10126.28904.09

Activity System ID: 28904

Mechanism: FOSREF

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Care: Adult Care and Support

Program Budget Code: 08

Planned Funds: \$200,000

Activity Narrative: SUMMARY: The FY09 Palliative Care FOSREF activity is the continuation of the FY08 Palliative Care of FOSREF. In this activity Clinical palliative care linked with home based care at FOSREF's counseling and testing (CT) sites serving marginalized communities will be reinforced in the metropolitan area in the West Department. FOSREF will continue to integrate the program with prevention and CT activities targeting high-risk groups, youth, and prostitutes. The program will continue to offer more comprehensive HIV services to the target population—people living with HIV/AIDS (PLWHAs) that are detected at all FOSREF centers in the West Department, and it will reinforce the quality of Palliative Care delivered to those populations.

BACKGROUND: This program, which is a continuation of the FY08 Palliative Care, will continue to address the needs of the PLWHAs tested at FOSREF centers and those from PLWHA partner associations. FOSREF will continue to integrate palliative care in its network to provide a better continuum of care to PLWHAs and also an incentive to encourage people to get tested. The Centre de Gynécologie Préventive et D'Education Familiale (CEGYPEF/Port-au-Prince) in the metropolitan area which has been upgraded to provide clinical palliative care since Fiscal Year (FY) 2007 and has had its two satellites-centers in Solino and Christ Roi completely reinforced in FY 2008, will continue to be the key center of this program in the West Department, since that this center is also the only ARV center of FOSREF, receiving -all HIV tested positive patients from the network of FOSREF centers in the West Department. The other FOSREF centers: FOSREF Youth center-clinic in Lalue, FOSREF Youth center-clinic in Delmas, FOSREF Youth center clinic in Plaine du Cul de Sac, and FOSREF Lakay center-clinic in Petion-Ville and Lakay FOSREF center-clinic Downtown Port au Prince will continue to deliver Palliative Care to the PLWHAs of these centers.

This package will include clinical and home-based care (HBC) services and will include networking with the other FOSREF CT sites in the area and with existing anti-retroviral (ARV) sites in the Ministry of Health (MOH) and Haitian Group for the Study of Kaposi's sarcoma and Opportunistic Infections (GHESKIO) networks located in the area where PLWHAs eligible for Highly Active Anti-Retroviral Therapy (HAART) will be referred for anti-retroviral treatment (ART). FOSREF will continue to develop linkages with the Association of Evangelical Relief and Development Organizations HIV/AIDS Alliance (or "the Alliance" AERDO), the main community-based organization (CBO) through which the USG will channel resources to provide community palliative care to PLWHAs in the West Department.

Activity 1: FOSREF will use funding to maintain the six sites – upgraded with COP 2008 resources in order to assess the clinical status of patients and to provide opportunistic infection (OI) treatment and prophylaxis, nutritional assessments, counseling and support according to national norms and protocols. Patients will also benefit from long-term follow-up to determine the optimal time to begin ART and to refer them to ARV sites.

Activity 2: FOSREF will reinforce its network of community workers around the six existing sites to ensure the delivery of a package of care at home to enrolled PLWHAs. Home visits will be realized to track patients and provide counseling services regarding HIV positive prevention and best health practices.

Activity 3: A system of reference and counter-reference with the ARV site, the CEGYPEF/ FOSREF ARV site, will be put in place in order to refer PLWHA eligible for ARV. FOSREF will continue to offer tracking, adherence support, and basic home-based care for the ARV patients. FOSREF will also ensure that enrolled PLWHA will get access to psycho-social and preventive care services at the community level, including psychological and spiritual care to patients, support system to help patients live as actively as possible and to help the family cope during the patient's illness and in their own bereavement.

Activity 4: FOSREF will continue to reinforce its technical and logistical capacity to supervise daily program activities and to coordinate with the Haitian Group for the Study of Kaposi's Sarcoma and Opportunistic Infections (GHESKIO) and Partners in Health (PIH) the training of the different categories of staff at the five sites in clinical and home-based care using national norms and protocols.

Activity 5: FOSREF will organize post-test clubs and support groups for PLWHA, involving HIV (+) youth in decision-making for positive prevention. PLWHA will be trained as peers in communication skills, HIV/AIDS prevention. Trained PLWHA will have a key role in executing, monitoring and in evaluating activities of the project. They will be involved with the other community health workers and the health providers at center level, in the screening of HIV (+) people presenting early signs or symptoms of opportunistic infections.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17177

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17177	10126.08	HHS/Centers for Disease Control & Prevention	Foundation for Reproductive Health and Family Education	7681	3136.08		\$300,000
10126	10126.07	HHS/Centers for Disease Control & Prevention	Foundation for Reproductive Health and Family Education	5123	3136.07		\$250,000

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development**Public Health Evaluation****Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.08: Activities by Funding Mechanism****Mechanism ID:** 3831.09**Prime Partner:** Partnership for Supply Chain Management**Funding Source:** GHCS (State)**Budget Code:** HBHC**Activity ID:** 5471.28663.09**Activity System ID:** 28663**Mechanism:** SCMS**USG Agency:** U.S. Agency for International Development**Program Area:** Care: Adult Care and Support**Program Budget Code:** 08**Planned Funds:** \$2,000,000

Activity Narrative: Narrative will be modified as follows:

Rates of malnutrition in Haiti are among the highest in Latin America. According to the Demographic Health Survey of 2005- 2006, 24% of children less than five years are stunted, 9 % are wasted and 22% are underweight. 61% of children under five with the highest prevalence in children 12 -17 months and 50% of pregnant women are anemic. Food insecurity in Haiti has worsened considerably leading to the recent upheaval of May 2008. In that context, PEPFAR /Haiti is engaged in a prevention and curative approach for PLWHA as food by prescription , a component of clinical care and treatment at the sites.

Activities and expected results:

Activity 1: Ready to use therapeutic feeding for malnourished children and adults.

SCMS will do the procurement of ready to use therapeutic food (Medika Mamba) a locally produced peanut based high energy product which is expected to have soon UNICEF certification and the distribution to the PEPFAR sites where it will be stored at the pharmacies and given as a food by prescription to all malnourished children and adults responding to the criteria and following the guidelines established by the Ministry of Health.

Activity 2: Fortified blended flour.

SCMS will do the procurement and distributions of a fortified blended food from the sources provided by the World Food Program and do the distribution at the PEPFAR sites. This fortified product which will abide by international standard will be given as food by prescription to children from 6 months to three years and for pregnant women, lactating women attended at the sites as a preventive intervention. 3500 pregnant and lactating HIV+ women and 4000 OVC 6months to 3 years are expected to benefit from that intervention.

SUMMARY:

Activities are carried out to guarantee the availability of Opportunistic Infections Drugs and other commodities needed for the care and support of PLWHAs enrolled in care, including those on ARVs and around 5% of children. The list of drugs include (i) prophylaxis drugs such as INH and Vitamin B6, Cotrimoxazole and multivitamins, (ii) other antibiotics, antifungal and anti-parasitic drugs for treatment of the most common infections in HIV/AIDS patients, (iii) supportive drugs for symptoms such as fever, cough, diarrhea, headache, and pain. The primary emphasis areas for these activities are commodity procurement and logistics. Specific target populations include People Living with HIV/AIDS, HIV positive pregnant women, HIV positive infants and children. The activities will be carried out at all PEPFAR partner sites across the country in all ten geographical departments.

BACKGROUND:

This activity is part of an ongoing PEPFAR initiative started in FY 2006 by the PFSCM and now working in over twenty countries including the fifteen PEPFAR focus countries and also working with other non-PEPFAR and collaborating partners. Haiti is the one country to have a fully established PFSCM office that offers all services and activities related to the supply chain management of all HIV/AIDS commodities from forecasting to procurement, storage and distribution with a strong technical assistance component. The activities are keyed to assist the Haitian MOH in reaching the national objectives of care and support to all HIV positive patients. The aim is to provide an uninterrupted supply of the required OI and STI drugs for the sites that are ART and Palliative Care designated sites according to the national norms and guidelines. PFSCM will train key personnel in the management of those commodities.

A more comprehensive list of drugs, made available in FY2007 through this funding to respond to the growing needs of palliative care of the HIV positive patients, will be updated on a regular basis through the HIV/AIDS Drugs Technical Working Group (TWG) established by the USG PEPFAR team in 2007.

ACTIVITIES AND EXPECTED RESULTS:

We will carry out five activities in this Program Area:

ACTIVITY 1: Since 2004, PEPFAR and Global Fund have been providing palliative drugs and supplies for PLWHAs. Through intensive efforts and scale up, a larger number is having access to care and support. With improved tools for forecasting and need assessment, more persons will benefit from this activity and more drugs addressing a continuously updated standard list of health problems will be available. We will also include INH for prophylaxis of tuberculosis for up to 60,000 by September 2009.

ACTIVITY 2: Because the health problems addressed by these drugs are also pathologies seen in non-HIV patients, the procurement planning and inventory tracking and utilization monitoring are rendered more complex. SCMS will take every step possible to ensure the adherence to the PEPFAR principles in making the purchased products available to those intended in the program. Also, we will coordinate with our Global Fund counterparts in terms of timing of orders and quantities of purchase. The continuing activity will aim to provide palliative care and OI drugs, taking into account Global Fund stocks, for 125,000 patients by September 2009.

ACTIVITY 3: Within this activity, SCMS will operate a single coordinated commodity procurement and management plan with the other stakeholders involved in OI drugs procurement, mainly the Global Fund, in support of a national system that the MOH is attempting to put in place. Sharing of complete patient data on each individual treatment site, along with drug budgets and procurement plan will improve the quality of available information and the management of the supply chain. SCMS will provide technical assistance and periodic formal training in logistics and stock management with emphasis on HIV commodities. We will also continue to conduct continuous on site training, assistance follow up to training and supervision of stock activities. These activities will encompass MOH-managed public sites and NGO-operated sites. SCMS will provide computerized reports of commodity needs projections for each site, and for the national level, including all commodity sources. This activity will contribute to improved palliative care and treatment services throughout all PEPFAR partners supported sites.

Activity Narrative: ACTIVITY 4: PFSCM will implement and operate a single data collection tool for patient and drug consumption management. Since FY 2006 and in the first part of FY 2007, SCMS/Haiti staff in collaboration with the software developers and managers at MSH/CPM in Arlington has updated the ADT software (SIMPLE) to be able to integrate Opportunistic infections Drugs and patient data. It will be implemented at all new sites during FY 2008. It will allow for accurate and current data on type, frequency and most frequently used treatments for opportunistic infections, thus contributing to a better management of drugs and their availability at all times.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17215

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17215	5471.08	U.S. Agency for International Development	Partnership for Supply Chain Management	7693	3831.08		\$150,000
9333	5471.07	U.S. Agency for International Development	Partnership for Supply Chain Management	5145	3831.07		\$2,400,000
5471	5471.06	U.S. Agency for International Development	Partnership for Supply Chain Management	3831	3831.06		\$1,315,313

Emphasis Areas

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Estimated amount of funding that is planned for Water \$200,000

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 3142.09	Mechanism: ITECH
Prime Partner: University of Washington	USG Agency: HHS/Health Resources Services Administration
Funding Source: GHCS (State)	Program Area: Care: Adult Care and Support
Budget Code: HBHC	Program Budget Code: 08
Activity ID: 18950.28669.09	Planned Funds: \$300,000
Activity System ID: 28669	

Activity Narrative: SUMMARY:

I-TECH will continue to develop and update a training package of palliative care, home-based care (HBC), nutrition services, as well as management and leadership of community-based AIDS Service Organizations (ASOs). I-TECH will collaborate with the non-governmental training center, Institut Haitien de Santé Communautaire (INHSAC), to provide training and technical assistance for institutional development of ASOs in all departments in Haiti.

BACKGROUND:

Since 2004, I-TECH has supported INHSAC to develop an integrated HIV counseling curriculum. I-TECH has produced a video drama on anti-retroviral therapy (ART) adherence issues (Chans), in partnership with a local video production company (Agence des Jeunes Producteurs) formed and staffed by people living with HIV/AIDS (PLWHAs). In 2007, in collaboration with local experts from several partner training institutions, I-TECH developed and included a module on psychosocial support, case management, and adherence support strategies within the national the national curriculum on anti-retroviral (ARV) drugs/opportunistic infections (OI). During 2007-08, I-TECH developed and added modules on nutrition and palliative care for Version 2 of the national ARV/OI curriculum.

In 2008, INHSAC created a standardized training package on Community Based Care (CBC), for personnel from ASOs and other community-based organizations (CBOs) in each department. The curriculum emphasized linkages between clinical and community services for PLWHAs. The training also highlighted the importance of establishing community service delivery points in which services such as nutrition, support for transportation fees for medical visits, medication (not covered by the national HIV/AIDS program), psychosocial support, and scholarships for the HIV-infected or affected children are provided. The curriculum also highlights the importance of linkages with already existing community organizations providing complementary services such as clean water, insecticide-treated bed nets, and income generating activities.

ACTIVITY 1: In 2009, INHSAC will train 150 people delivering community services to PLWHAs on CBC in six, one-week training sessions. The training will utilize the standardized training package on CBC and continue to emphasize linkages between local initiatives in a variety of sectors (microfinance, nutrition, agricultural development, etc) and patient support initiatives. These initiatives are capable of building programmatic expertise in HIV/AIDS issues across these local networks and advocating for PLWHAs. I-TECH will provide technical assistance (TA) on curriculum development, including instructional design, documentation production, and pilot evaluation. This initiative will support HIV/AIDS program expertise amongst community advocates in other sectors and will support leadership by and advocacy on behalf of PLWHAs.

ACTIVITY 2: INHSAC will implement supportive supervision sessions for CBC. This activity will examine the core services provided by the community service delivery points (home visits, referral system, etc) and the efficiency of this linkage with other ASOs. This activity will involve training a group of approximately 30 trainees in CBC (three per geographic department) who demonstrated excellence and leadership during the standard training. There will be at least one PLWHA in each group. INHSAC, with the support of I-TECH, will develop standardized supervision tools to be used during supportive supervision sessions. Following training as supervisors, these personnel will visit community service delivery points and any other CBOs that provides services to PLWHAs. They will observe their peers in practice, provide supportive feedback, and report to INHSAC on their findings using standardized forms. Prior to including candidates in the supportive supervision training, INHSAC will coordinate with employers to release the relevant personnel for one-week per quarter to supervise other trainees. INHSAC will provide planning and coordination of supervision visits, and will provide output-based stipends and travel expenses for the supervisors. INHSAC will make at least two visits per department to oversee the program and will convene the group on a semi-annual basis to identify commonly-observed problems and strategies for improvement. This program will result in at least one supportive supervision encounter per trainee following CBC training.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18950

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18950	18950.08	HHS/Health Resources Services Administration	University of Washington	7698	3142.08	ITECH	\$450,000

Emphasis Areas

Gender

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

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$200,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 3125.09

Prime Partner: Ministre de la Sante Publique
et Population, Haiti

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 5472.28654.09

Activity System ID: 28654

Mechanism: National AIDS Strategic Plan

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Care: Adult Care and Support

Program Budget Code: 08

Planned Funds: \$500,000

Activity Narrative: The narrative will be modified as follows:

In order to improve results and to better focus resources, the MOH will target only 25 clinics to be enhanced to deliver a full package of care and support services. The 5 other sites that are still targeted to provide counseling and testing (CT) services will be linked to other sites where basic care and ARV services are being provided for continuum of care for the HIV positive patients detected at these sites.

MOH will strengthen linkages between the care and support sites and antiretroviral (ARV) sites located in the same geographic area to ensure continuum of care for patients in need of ARV services.

Narrative:

SUMMARY: The Ministry of Health (MOH) will sustain the provision of a basic package of palliative care services within a network of 30 public sites including dispensaries, community hospitals, departmental hospitals and University Hospital spread across the 10 geographical departments of the country. In Fiscal Year (FY) 2008 efforts will be devoted to: (i) ensuring that the ratio of clinical personnel per patient is adequate, (ii) hiring more social workers and community health workers (iii) creating more people living with HIV/AIDS (PLWHA) supports groups, and (iv) continuing to subsidize patients for hidden costs linked to the access to services. The program will focus on: (i) expanding capacity of palliative care sites to perform follow up of stable patients on anti-retroviral (ARV) services, (ii) developing a post graduate nurse practitioner program, and (iii) creating at the regional level capacity to provide training in basic community care and support to community health workers. The emphasis areas for this component are: (i) community mobilization and, (ii) human resource development. The primary targets are the 15,000 patients expected to be served by this network in FY 2008.

BACKGROUND: The President's Emergency Plan for AIDS Relief (PEPFAR) funds a network of public health sites through a variety of funding mechanisms. In FY 2006 and FY 2007, many of these sites have become voluntary counseling and testing (VCT) sites through United States Government (USG) support. The 25 sites currently functional out the 30 planned for FY 2007 have tested 45,466 patients from October 2006 to May 2007 and have enrolled 6,958 patients over two years of providing services. One of the challenges to the program has been retaining positive patients after they are screened.

For instance 58% of the 4,665 patients who tested positive from October 2006 to May 2007 have been enrolled into care. This suggests interventions are needed not only at the site level, but also at a broader level to remove some of the structural constraints that affect the provision of care, generally. Indeed, the fact that providers of care, so far, remain restricted only to physicians (who are in short supply) limit the number of providers available to provide care. The re-introduction of community health agents in the public sector, after more than 30 years, has provided the sites with increased capacity to reach patients within their families and their communities. However, there are very few places where community health agents can receive training and acquire the competencies needed to do their job. The Ministry of Health (MOH) is ready to take the necessary steps in FY 2008 to address those structural problems by, for instance, initiating a nurse practitioner program to prepare nurses to head services at the peripheral sites, and by creating capacity to train health workers in several departments.

ACTIVITIES AND EXPECTED RESULTS:

Activity 1: Provision of field support to 30 sites to enhance their clinic-based activities for management of OIs through appropriate diagnosis and treatment, and organization of nutrition and psychological support services. These sites include: three large university hospitals, nine geographical departmental hospitals, and multiple community hospitals and health centers. The sites are expected to provide services to a network of 15,000 patients. Funding will cover the cost for a trained multidisciplinary team composed of physicians (only for large sites), dedicated nurses, social workers, laboratory technicians, and community health workers. The funding will also support basic office and medical equipment, supplies, and utilities such as water, communication, and power. Some refurbishing will be allowed especially to enhance laboratory capacity, drug storage, and clinical management.

Activity 2: PLWHA retention package: Across the board, the attrition of patients enrolled in care remained fairly high (about 40%). The program this year will try to address some of the contributing factors in a discrete fashion by earmarking funding destined to these activities so that they are not used for other priorities at the facilities. Social workers, who are directly in contact with patients, will trigger the expenses. This component will cover the: (i) the multiplication of PLWHA support groups so that at least 80% of patients can join those groups. It has been noted that participation in support groups has improved patient adherence to treatment as well as their acceptance of the disease. However, limited resources has only allowed each site to constitute, on average, three groups of 25 patients, (ii) subsidies for travel cost for patients and their accompagnateurs when they visit the clinic, and (iii) subsidies for additional costs related to laboratory and medical procedures not covered directly by the program, but which are necessary.

Activity 3: Home based care: MSPP will increase the number of community health workers to accommodate a scale-up of care to patients at each of the sites within its network. The community workers will be in charge of tracking patients (including pregnant women enrolled in PMTCT and infected and exposed children), provide at home adherence support, health education on best health and nutrition practices, counseling for positive behavior, distribution of care and preventive commodities such as condom, ORS, and pain medications, according to the guidelines, and to make appropriate referrals. Appropriate training will be provided to the community workers on symptom recognition, and syndromic treatment, particularly when they have patients experiencing health or psychosocial problems.

Activity 4: Development of a post graduate nurse practitioner training program. Currently nurses are the most vital and the most stable element of the program with functions varying from site managers, counselors, nursing care, to drug dispensers. The majority live in the communities where they work and represent six to eight times the number of physicians available nationwide. Having nurses trained as practitioners would rapidly increase access to services. There is also need to improve skills in nutrition assessment and management of malnourished PLWHA. Nurses would not only provide palliative care

Activity Narrative: services, but would also provide primary clinical management of stable ARV patients under the oversight of their referral centers. This will increase the operational capacity of the ARV sites, which are overburdened currently, to recruit and treat more patients. The curriculum of the course is in development by ITECH and the Ministry of Health would support training logistics, which would take place at two of the university hospitals: Hopital Universaire d'Etat de haiti (HUEH) and Hopital La Paix. One hundred nurses would be trained at an average cost of US \$ 800 per nurse. A total of \$800,000 would cover living stipends of the fellows.

Activity 5: Development of capacity at the regional level to train community health workers. Community health workers (CHW), under the supervision of the social worker, serve as the principal liaison between the health facility and PLWHA. They usually conduct home visits of PLWHA, ensure adherence to drug regimens, provide advice on personal care, identify or help develop self-support groups to which PLWHAs could be enrolled, help plan community meetings to dispel myths about HIV and combat stigma, refer PLWHAs needing acute care to the nearest health facility, and refer PLHWAs in need of economic or nutritional support to the appropriate agency. Initially, when there were only two training models on which to build—GHESKIO and PIH—training was limited. However, there are now centers of excellence in each departmental directorate, and it is possible to tap into existing teaching capacities and train community health agents locally. Four hundred CHWs would be trained.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17198

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17198	5472.08	HHS/Centers for Disease Control & Prevention	Ministre de la Sante Publique et Population, Haiti	7688	3125.08	National AIDS Strategic Plan	\$1,100,000
9314	5472.07	HHS/Centers for Disease Control & Prevention	Ministre de la Sante Publique et Population, Haiti	5134	3125.07	National Plan Mechanism	\$800,000
5472	5472.06	HHS/Centers for Disease Control & Prevention	Ministre de la Sante Publique et Population, Haiti	3125	3125.06		\$600,000

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 9327.09	Mechanism: CHAMP (Community Health AIDS Mitigation Project)
Prime Partner: Family Health International	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: Adult Care and Support
Budget Code: HBHC	Program Budget Code: 08
Activity ID: 21480.28651.09	Planned Funds: \$3,050,000
Activity System ID: 28651	

Activity Narrative: The activities related to this program seek to improve the quality of life of PLWHA through the delivery of different services at the community level. Since FY 07, PEPFAR has initiated a community based palliative care program aiming at strengthening the link between the sites where clinical care is provided and the community where the families of PLWHA live. This family oriented intervention responds to the need to ensure a proper tracking of patients whose significant numbers were lost to follow up.

An RFA has been launched in FY08 for an integrated approach toward HIV/AIDS, Maternal and Child Health, Family Planning and Tuberculosis. The TBD awarded will pursue the basic care and support activities in PEPFAR that were conducted (by CRS, AERDO, Plan, World Vision) in the West, North East, Artibonite, South, Grande Anse, Nippes, North West departments.

Activities and expected results:

Activity 1: Training of health personnel

Nurses, Social workers, community health agents and accompagnateurs will be hired and trained. Point persons attach to the TBD network will make the link with the sites in order to share information related to the PLWHA. This personnel will assure that home visits are made to the PLWHA on a regular schedule so appointments to the clinic are respected and referral are done in due time. Beside the index case, children, pregnant women and any other adults in the house will be registered. The TBD network will also establish strong link with the local PLWHA association.

Activity 2: Social Support

A variety of social support will be delivered through the Point de Délivrance des Services Communautaires (PDSC/ Community services delivery site)) which plays the role of transit home for PLWHA arriving to attend their appointments or returning home from long distances. This physical structure located in the community will help reduce the barrier of distance which can translate in long hours of walk and also the barrier of cost since transportation fees will be paid. Safe water product will be delivered at the PDSC as well as condoms both interventions aiming at reducing water borne diseases in the household and access to family planning services. Recreative activities and psychological support will also be available at the PDSC.

Food support will be provided for families in need through Title II or World Food Program (WFP) assistance. Malnourished adults and children identified will be referred to the sites for management (Food by prescription)

Activity 3. Social Assistance

The TBD awarded will be responsible for making the link with institutions engaged in micro credit activities so PLWHA families become less vulnerable to the economic hardship. The TBD awarded will also link with NGOs receiving PEPFAR funds and involved in job creation such as IOM to facilitate access of PLWHA to income generating activities.

By September 2010, the TBD awarded would expect 21500 PLWHA to have access to palliative care in 25 outlets and that 1000 persons would be trained.

New/Continuing Activity: Continuing Activity

Continuing Activity: 21480

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21480	21480.08	U.S. Agency for International Development	To Be Determined	9327	9327.08	CHAMP (Community Health AIDS Mitigation Project)	

Emphasis Areas	
Human Capacity Development	
Public Health Evaluation	
Food and Nutrition: Policy, Tools, and Service Delivery	
Food and Nutrition: Commodities	
Economic Strengthening	
Estimated amount of funding that is planned for Economic Strengthening	\$500,000
Education	
Water	

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 7716.09	Mechanism: HIV/AIDS Clinical Services In NE
Prime Partner: To Be Determined	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Care: Adult Care and Support
Budget Code: HBHC	Program Budget Code: 08
Activity ID: 18952.28646.09	Planned Funds: [REDACTED]
Activity System ID: 28646	

Activity Narrative: SUMMARY:

With Fiscal Year (FY) 2009 resources, the TBD will support the national effort to strengthen and expand care and support program in the North East (NE) Department of Haiti, in one North Department health center (La Fossette), and in one health center in the West Department. This TBD contractor will focus on integrating palliative care basic care in its network to ensure that all HIV positives identified through its counseling and testing (CT) program receive access to clinical, biological, nutritional, and psycho-social assessment and services as well as long term follow up to determine the optimal time for highly active antiretroviral therapy (HAART). TBD will integrate this program with anti-retroviral (ARV) and tuberculosis (TB)/HIV services that are offered in its network.

This project is part of a larger initiative begun in 1989 through a partnership between Centres pour le Développement et la Santé (CDS) and the Ministry of Health (MOH) according to which CDS directly managed the MOH's health infrastructures and personnel in a network of health centers located in the NE, North, and West Departments. In 1994, CDS signed a subcontract with MOH to implement and supervise TB/ Directly Observed Treatment Short-Course (DOTS) activities in the entire North East Department. The United States Government (USG) has built on CDS experience in primary health care and TB, to launch integrated HIV services, including CT, care and support, ARV as well TB/HIV. With existing resources, two facilities (Ouanaminthe and Fort Liberté hospitals) in the NE Department have been reinforced with integrated CT, palliative care, and ARV services. Nine hundred forty two (942) HIV positive patients have been enrolled in palliative care.

Efforts will be made to expand CT services through 10 points of service within CDS's network with FY 2009 resources. TBD will ensure that at least five of them offer in addition a package of palliative care services. TBD will be expected to enroll 2,500 patients in palliative care basic care by the end of September 2010. Referrals will be strengthened between the ARV and TB points of services offered either by CDS (in the NE Department) or other networks (in the North and the West) to ensure a continuum of care for those eligible for HAART and or diagnosed with TB.

Since the North East Department shares its border with the Dominican Republic (DR), TBD will continue to make efforts to address cross border issues to ensure that migrant people living with HIV/AIDS (PLWHAs) enrolled in programs receive access to continuous care on both sides of the island. TBD will build on successes made so far on bi-national efforts to put in place a unified information system for TB and on the progress made at the border in the Central Plateau between Partners in Health (PIH) and Elias Pinas' health officials to have a joint and integrated program of HIV and maternal care.

ACTIVITIES AND EXPECTED RESULTS

Activity 1:

Service Organization: TBD will ensure that all patients tested positive at any point within its service network will be enrolled in clinical palliative care through the five palliative care sites. Thereafter, they will receive access to laboratory, clinical, nutrition, and psycho-social assessments and follow up services to prevent and treat opportunistic infections (OIs), malnutrition, and pain and symptom management. Additional services include monitoring optimal time for HAART and to create a supportive environment for adherence to long term follow up and care. Funding will be used to staff each palliative care site with a multi-disciplinary health care team, including physicians, nurses, psychologists, social workers, counselors, nutritionists, community health workers (CHWs), and laboratory technicians. Emphasis will be put on training health nurses to play a key role in providing these services (see MSPP palliative care narrative). TBD will also use resources to support enhancements of infrastructure, equipment, materials, and supplies for service organizations at clinics, laboratories, and pharmacies. TBD will conduct these activities in conjunction with the Partnership for Supply Chain Management (PFSCM) which is responsible for providing laboratory reagents and commodities and OI drugs.

Activity 2:

Human capacity building: TBD will ensure that clinical and community staff receives continuous training, supervision and quality assurance/quality improvement (QA/QI) to acquire and maintain necessary skills in the care and treatment of people infected with HIV/AIDS. Emphasis will be put this year on training health professionals in nutrition assessment, follow up, and recuperation to make sure that all the sites are integrated with nutrition services. TBD will work with Haitian Group for the Study of Kaposi's sarcoma and Opportunistic Infections (GHESKIO), Haitian Institute for Community Health (INSHAC) and MOH to achieve these goals (see aforementioned organization's narratives). To sustain a workforce of the highest quality, TBD will continue to reinforce its technical team of care and treatment and monitoring and evaluation (M&E) specialists to provide on-going training and technical support on a regular basis.

Activity 3:

Social support services: Special attention will be given to the need for social support for patients enrolled in the palliative care program. Funding will enable TBD to hire at each site a social work team lead by a social worker that will be in charge of assessing the social needs of all PLWHAs and provide them social support services. Direct support such as fees for services (delivery, hospitalization, x-ray, etc) and for transportation to appointments will be provided through the sites. Patients will also be referred to the PLWHA association and community based organizations (CBOs) in charge to offer community palliative care services (see AERDO, CRS, TBD, and Plan activity narratives for palliative care). A social worker will be added to the TBD team to provide program oversight.

Activity 4:

Home based care: TBD will increase the number of CHWs to accommodate scale-up at each of its palliative care sites. The CHWs will be in charge of tracking patients (including pregnant women enrolled in PMTCT and infected and exposed children), provide at home adherence support, health education on best health and nutrition practices, counseling for positive behavior, distribution of care and preventive commodities such as condom, oral rehydration system (ORS), symptom and pain medications etc. according to the guidelines. CHWs will be trained in symptom recognition, and syndromic treatment and rapid assessment of psychosocial problem of patient.

Activity Narrative: Activity 5: Psychological support:

Funding will be used to make psychologists available through the TBD network to provide support to PLWHAs to reduce denial, assist in psychological assessment and follow up, and to prepare for HAART if needed. TBD will continue to support PLWHA support groups around each site to create a supportive environment for treatment adherence and stigma reduction. In addition, local community leaders, traditional healers, and religious leaders will be incorporated to encourage and enhance support of patients within the community. TBD will work with other CBOs to continue to penetrate the religious sector in an effort to bring HIV/AIDS and treatment awareness to the forefront in churches and religious groups and to get them involved in providing spiritual care to patients

New/Continuing Activity: Continuing Activity

Continuing Activity: 18952

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18952	18952.08	HHS/Centers for Disease Control & Prevention	To Be Determined	7716	7716.08	HIV/AIDS Clinical Services	

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 3684.09

Mechanism: ICC

Prime Partner: International Child Care

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 18985.28871.09

Planned Funds: \$350,000

Activity System ID: 28871

Activity Narrative: SUMMARY: With Fiscal Year (FY) 2009 resources, ICC will strengthen basic care and support in its network of 20 TB clinics that have been reinforced this year to provide HIV services. This program will be linked with the TB/HIV, ARV, CT, and PMTCT services as well as community based programs that are being offered in the vicinity of these clinics. The target populations include people living with HIV/AIDS and their families.

BACKGROUND: ICC has been a key player in the system of care in Haiti. They are well known for their important role in supporting the TB program in Haiti throughout the country. Through Grace Children's Hospital, an affiliated non-governmental organization (NGO) hospital, ICC has been providing specialized TB care, integrated with primary and general care for both adult and children, with support from USAID and the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM). Since the launch of the President's Emergency Plan for AIDS Relief (PEPFAR), the United States Government (USG) has been providing resources to ICC to integrate HIV in its network of TB sites. So far about 10 TB clinics have been reinforced to provide CT and HIV basic care. With FY 2008 resources, this program will be expanded to 20 TB clinics.

In FY 2009, the USG will continue to provide resources through ICC to reinforce basic care in the 20 clinics targeted last year. The focus will be to provide clinical, psychological, nutrition, and laboratory assessment and follow up to 3000 patients to prevent and treat opportunistic infection (OI) and malnutrition, and to monitor the optimal time for providing highly active antiretroviral therapy (HAART). ICC will establish strong links with ARV services to ensure continuum of care for those in need of HAART and TB care.

ACTIVITIES AND EXPECTED RESULTS:

Activity 1: Through the network of 20 TB sites, all patients testing positive will be enrolled in clinical palliative care. Thereafter, they will receive access to laboratory, clinical, nutrition, and psycho-social assessments, and follow up services to prevent and treat opportunistic infections, malnutrition, and pain and symptom management. Additionally, ICC will monitor the optimal time for providing HAART and will refer patients in need of treatment to ARV sites. Funding will be used to staff each palliative care site with a multi-disciplinary health care team, including physicians, nurses, psychologists, social workers, counselors, nutritionists, community health workers, and laboratory technicians. Emphasis will be put on training health nurses to play a key role in providing these services (see MSPP palliative care narrative). Funding will support enhancements of infrastructure, equipment, materials, and supplies for service organizations at clinics, laboratories, and pharmacies. ICC will conduct these activities in conjunction with Supply Chain Management System which will provide laboratory reagents and commodities and opportunistic infection drugs.

Activity 2: Human capacity building:

ICC will ensure that clinical and community staff around the sites receive continuous training, supervision, and QA/QI assistance to acquire and maintain necessary skills in HIV/AIDS care and treatment. Emphasis will be put this year on training health professionals in nutrition assessment, follow up, and recuperation to make sure that all sites are integrated with nutrition services. ICC will work with GHESKIO, INSHAC, and MOH to achieve these goals (see aforementioned organization's narratives).

Activity 3: Social support services:

Special attention will be given to the need for social support for patients enrolled in the palliative care program. Funding will allow to hire social worker at the sites that will be in charge of assessing the social needs of all PLWHAs and provide them social support services. Sites will provide direct support (e.g. fees for services such as delivery, hospitalization, x-ray) and for transportation to appointments. Patients will also be referred to the PLWHA association and community based organizations (CBO) in charge to offer community palliative care services.

Activity 4: Home based care

ICC will increase the number of community health workers at the sites to accommodate scale-up of palliative care services. The community workers will be in charge of tracking patients (including pregnant women enrolled in PMTCT and infected and exposed children), provide at home adherence support, provide health education on best health and nutrition practices, counseling for positive behavior, distribution of care and preventive commodities such as condoms, ORS, symptom and pain medications according to the guidelines. Community workers will be trained in symptom recognition, and syndromic treatment and rapid assessment of psychosocial problem of patient.

Activity 5: Psychological support

Funding will also be used to continue to support PLWHA support groups around each site to create a supportive environment for treatment adherence and stigma reduction. In addition, local community leaders, traditional healers, and religious leaders will be incorporated to encourage and enhance support of patients within the community. ICC will work with other CBOs to continue to penetrate the religious sector in an effort to bring HIV/AIDS and treatment awareness to the forefront in churches and religious groups and to get them involved in providing spiritual care to patients.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18985

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18985	18985.08	HHS/Centers for Disease Control & Prevention	International Child Care	7684	3684.08		\$400,000

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 3337.09	Mechanism: PIH
Prime Partner: Partners in Health	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Care: Adult Care and Support
Budget Code: HBHC	Program Budget Code: 08
Activity ID: 4501.27514.09	Planned Funds: \$200,000
Activity System ID: 27514	

Activity Narrative: The activities in this program seek to optimize quality of life for HIV-infected patients and their families and to prevent the transmission of HIV and other sexually transmitted infections (STIs). Community-based care and support will be conducted within PIH/ZL's "four pillars" model for implementing a comprehensive HIV program in the context of primary care: 1) HIV prevention and care, including voluntary counseling and testing (VCT); 2) detection and treatment of tuberculosis (TB) and other opportunistic infections; 3) detection and treatment of sexually transmitted infections (STIs); and 4) women's health and prevention of mother-to-child transmission (PMTCT). The primary emphasis areas for these activities are Gender: Increasing women's access to income and productive resources and Wraparounds programs: Child Survival Activities, TB, Safe motherhood. The primary target population for community based care and support is people affected by HIV/AIDS and prevention activities for the general population.

Activities will be carried out at 10 sites in Haiti's Central Department (Belladère, Boucan Carré, Cange, Cerca La Source, Hinche, Lascahobas, Thomonde, as well as the new expansion sites of Mirebalais, Saut d'Eau, and Savanette) and 4 sites in the Artibonite Department (Petite Rivière, St. Marc, Project ZeroSIDA (POZ), and the new expansion site of Desdunes). Activities in St. Marc will be carried out in collaboration with the Hôpital St. Nicholas (HSN) and Services de Santé de Premier Echelon (SSPE) as well as at La Fondation Esther Boucicault Stanislas (FEBS) and Brocozel. Certain activities will also be carried out at health posts in Segur and Jean Denis, which report their numbers through Petite Riviere.

The PIH/ZL HIV Equity Initiative has relied on sustained funding from the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), as well as the President's Emergency Program for AIDS Relief (PEPFAR), to operate over the past six years. Our GFATM Round 1 grant ended in December 2007. In 2008 we received Bridge Year funding and expect to receive renewed funding through the rolling continuation channel (RCC) in 2009, but this is not enough to sustain current services. This specific application does not include budget lines for ARVs. However, we are expecting, for new patients enrolled after December 31, 2008, to receive ARVs through PEPFAR's Supply Chain Management System (SCMS) beginning in 2009. If this co-financing is not received, PIH/ZL will need to adjust all targets listed here, including, perhaps, a reduction in the number of service outlets.

BACKGROUND:

PIH/ZL's community-based care and support activities are part of a comprehensive HIV prevention and treatment program started by PIH/ZL in 1998; expanded through the public sector beginning in 2002 in partnership with the Haitian Ministry of Public Health and Population (MSPP) and with funds from the GFATM and further expanded to Hinche, Cerca La Source, Petite Rivière and St. Marc with the support of PEPFAR in the COP 2005, 2006, 2007, and 2008. Since 2004, the program has been a collaboration between these four key partners—PIH/ZL, MSPP, GFATM, and PEPFAR. Since 2005, work in the Artibonite region has been strengthened by involving several non-governmental organizations (NGO) partners in St. Marc—SSPE, Promotion Objectif Zerosida (POZ), and La Fondation Esther Boucicault Stanislas (FEBS)—and in Petite Rivière—Centre Medical Charles Colimon (CMCC)).

For a decade, PIH/ZL's community-based care and support activities have been delivered by complementing a high standard of clinical care with a strong community-based network of accompagnateurs. As a routine part of ARV services, all patients are seen daily in their homes by their accompagnateur. These visits also serve as opportunities to monitor outcomes and provide palliative services. If patients experience side effects, advanced disease, or other barriers to positive outcomes, the accompagnateur addresses the situation either directly or through a referral to a clinic. If the accompagnateur sees other health problems developing in the household, such as a sudden weight loss of a family member, they will bring that individual in for treatment.

The proposed community care and support activities address gender issues by mitigating the burden of care on women and girls by linking care programs with resources such as psychosocial support groups and assistance with the provision of school fees as well as income-generating resources.

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

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Accompagnateur Employment and Training

The first activity is employment and training of PIH/ZL's accompagnateurs. In 2009, we expect that approximately 250 new accompagnateurs will be hired to provide services to an increasing number of HIV-positive patients. Accompagnateurs, through their provision of community-based supervision and monitoring, are the backbone of PIH/ZL's ARV services. Funding will also be used to provide accompagnateurs with ongoing trainings in the delivery of palliative care. Accompagnateurs will continue to make the link between clinical services and community services possible.

ACTIVITY 2: Social and Psychological Support

The second activity involves providing social and psychological support to HIV patients and their families based on needs assessments conducted by program doctors and social workers. This support includes monthly patient meetings, support groups, and individual psychosocial support led by the social work team. This program will be strengthened in 2009-2010 with the hiring of 4 additional social workers and 14 assistants to support HIV-infected patients in the Central and Artibonite Departments. A preventive package (safe water, condoms, and insecticide-treated nets in areas where malaria is endemic) will be provided. Access to family planning services will be facilitated and food support will be provided for families in need. The program will also provide links to microenterprise activities.

ACTIVITY 3: Social Assistance

The third activity is to provide financial support to HIV patients and their families. This support includes assistance with school fees, housing, food, and transportation to/from the health facility. In the last year,

Activity Narrative: more than 40,000 social assistance stipends were provided to HIV-positive patients and their families. In 2009-2010, PIH/ZL expects to provide ongoing social assistance to close to 13,000 HIV-positive patients and their families. This assistance is supported with funding from PEPFAR and PIH's private donors.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17209

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17209	4501.08	HHS/Centers for Disease Control & Prevention	Partners in Health	7691	3337.08	PIH	\$250,000
9318	4501.07	HHS/Centers for Disease Control & Prevention	Partners in Health	5137	3337.07	PIH	\$300,000
4501	4501.06	HHS/Centers for Disease Control & Prevention	Partners in Health	3337	3337.06	PIH	\$900,000

Emphasis Areas

Gender

- * Increasing women's access to income and productive resources

Health-related Wraparound Programs

- * Child Survival Activities
- * Safe Motherhood
- * TB

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$30,015

Food and Nutrition: Commodities

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening \$25,000

Education

Water

Estimated amount of funding that is planned for Water \$1,698

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 3323.09	Mechanism: SDSH
Prime Partner: Management Sciences for Health	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: Adult Care and Support
Budget Code: HBHC	Program Budget Code: 08

Activity ID: 10109.27506.09

Planned Funds: \$100,000

Activity System ID: 27506

Activity Narrative: SUMMARY: The USAID bilateral health program supports Management Sciences for Health (MSH) to implement its primary health care program including maternal and child health, family planning, and tuberculosis integrated to HIV, working through a network of non-governmental organizations (NGOs). With Fiscal Year (FY) 2008 resources, the USG will continue to expand basic care and support through this network to reach 8,000 people living with HIV/AIDS in linkages with counseling and testing (CT), ARV, tuberculosis (TB)/HIV and PMTCT services.

BACKGROUND: In the previous years, with PEPFAR resources, MSH has made a lot of local advocacy to integrate care and support into community based services already in place within Primary Health Care centers. All supported sites by MSH are surrounded by well organized community based structure providing a comprehensive and holistic approach for maternal and child health and TB services. This community based services is being used as a platform for the provision of care and support and reduce stigmatization and discrimination. A series of steps have been taken to wrap around HIV services in order to integrate all aspects of services provided. These points of service are dispersed throughout the 10 regional departments of the country and serve about 43% of the population.

Twenty of the most important MSH health facilities are being reinforced to offer a structured package of basic care and support. This package includes clinical care to prevent and treat opportunistic infections (OI), to monitor the optimal time for highly active antiretroviral therapy (HAART) integrated with home-based care, and psycho-social support services building on the important child survival and maternal health community network program. As of June 2008, about 7535 PLWHA have received palliative care services in this network.

With FY 2009 resources, MSH will continue to build on these efforts to reinforce and expand palliative care services in existing twenty sites to reach 10,000 PLWHA.

ACTIVITIES AND EXPECTED RESULTS:

Activity 1: Service Organization

MSH will ensure that all patients testing positive at any of MSH's points of service are enrolled in clinical palliative care and therefore get access to laboratory, clinical, nutrition, psycho-social assessment and follow up. Funding will be used: 1) to staff each site with a multi-disciplinary health care team, including nurses to follow PLWAs, psychologists, social workers, counselors, community health workers and PLWAs to serve a peer accompagnateurs; 2) to support the organization of health services: patient monitoring, laboratory infrastructure renovation for basic and CD4 testing, dispensation of opportunistic infection treatment and prophylaxis, pain and symptom management, long-term patient follow-up and prescription of food to malnourished PLWHA in concertation with the Supply Chain Management System that is responsible for providing laboratory reagents, commodities and OI drugs. 3) to set up "maison de transit" around selected ART sites as needed.

Activity 2: Human capacity building

MSH will continue training to ensure that the clinical staff maintains skills in the care and treatment of people infected with HIV/AIDS. The emphasis will be put this year on training health providers in nutrition assessment, follow up, and recuperation to make sure that all sites are integrated with nutrition services. The capacity to provide quality health care at the local level will depend upon the skills maintained by the healthcare providers at each health center. More focus will be put this year on training nurses to play a greater role in clinical management of PLWHA according to norms. To sustain a workforce of the highest quality, MSH will provide on-going training and technical support on a regular basis.

Activity 3: Social support services

Special attention will be given to the need for social support for patients enrolled in the palliative care program. It is expected that MSH will have sufficient funding to hire at each site a social work team lead by a social worker that will be in charge of assessing the social needs of all PLWHA and their families and to help them to gain access to social support services. All VCT sites will have basic care and support services. Direct support will be provided through the sites, for example, fees for services (delivery, hospitalization, and x-ray) and for transportation to appointments. PLWHA will be enrolled in support groups who will be strengthened to organize themselves in Associations. The support groups will serve as a platform to the provision of community care and support through a family centered approach to increase access to a broader package of social, nutritional and economical support services.

Activity 4: Home based care

MSH will increase the number of community health workers to accommodate scale-up at each of its points of service. The community workers will be in charge of tracking patients (including pregnant women enrolled in PMTCT and infected and exposed children), providing at home adherence support and health education on best health and nutrition practices, counseling for positive behavior, distributing care and preventive commodities such as condom, ORS, pain medications according to the guidelines, and making appropriate referrals. Community workers will be trained on symptom recognition, and syndromic treatment, particularly when they have patients experiencing health or psychosocial problems.

Activity 5: Psychological support

If appropriate funding is provided, MSH will emphasize psychological support to PLWAs and their affected families to reduce denial, assist in psychological assessments, follow up, and on preparedness for HAART and chronic follow up and treatment. MSH will continue to provide support around each site's PLWHA support groups to create a supportive environment for treatment adherence and stigma reduction. In addition, local community leaders, traditional healers, and religious leaders will be incorporated to encourage and enhance support of patients within the community. MSH will work in collaboration with religious sector to provide spiritual care to patients.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17190

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17190	10109.08	U.S. Agency for International Development	Management Sciences for Health	7686	3323.08	Basic Health Services	\$250,000
10109	10109.07	U.S. Agency for International Development	Management Sciences for Health	5146	3323.07	Basic Health Services	\$200,000

Emphasis Areas

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * Safe Motherhood
- * TB

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 3314.09

Prime Partner: Catholic Relief Services

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 4496.27498.09

Activity System ID: 27498

Mechanism: AIDS Relief

USG Agency: HHS/Health Resources Services Administration

Program Area: Care: Adult Care and Support

Program Budget Code: 08

Planned Funds: \$300,000

Activity Narrative: SUMMARY: AIDSRelief Consortium will expand palliative care to include comprehensive medical services, psychosocial support, and follow-up for 15,000 patients by the end of year five. Development of networks and linkages will be encouraged with other community-based clinical programs and with government-supported programs in the geographic departments served by AIDSRelief. The target populations include people living with HIV and AIDS and their families. The coverage area includes the communes of Gonaïves, Gros Morne, and Deschappelles in the Artibonite; Fond-des-Nègres in the Nippes; Fond-des-Blancs in the South; Léogane in the West; Pilate and Milot in the North, and all new sites to be assessed.

BACKGROUND: AIDSRelief has been providing palliative care and ARV drugs in Haiti since 2004, through support from the President's Emergency Plan for AIDS Relief (PEPFAR). AIDSRelief recognized the need to develop a comprehensive and public health approach to palliative care integrated with existing health systems and the continuum of care for chronic, life threatening illnesses. HIV/AIDS has become a manageable chronic disease. In the coming year, AIDSRelief will provide an integrative continuum of care (including the need for improvements in pain and symptom management) according to the diverse settings, clinical management strategies, and disease stages relevant to palliative care in HIV disease. With existing resources, eight sites have been reinforced with integrated VCT, ARV, PMTCT and palliative care services. So far 6,000 have been enrolled in clinical care. With Fiscal Year (FY) 2008 resources, AIDSRelief will reinforce the existing eight sites and will expand palliative care services to three new sites by September 2009 to reach a total of 11 palliative care sites in integration and/or in networking with the ARV sites. AIDSRelief is committed to working with the government of Haiti (and other implementing partners) and is an active member of the Ministry of Health's care and treatment cluster, which has responsibility to define the national strategy for HIV/AIDS care.

ACTIVITIES AND EXPECTED RESULTS:

Activity 1: Service Organization

AIDSRelief will ensure that all patients testing positive at any AIDSRelief hospital or at any of the satellite health centers in their regional networks will be enrolled in clinical palliative care. As a result, they will receive access to laboratory, clinical, nutrition, psycho-social assessment and follow up services. The program will use FY 2008 funding 1) to staff each site with a multi-disciplinary health care team, including physicians, nurses, psychologists, social workers, counselors, nutritionists, community health workers, and laboratory technicians (see laboratory narrative); 2) to support the organization of health services, including patient monitoring, laboratory for basic and CD4 testing, dispensation of opportunistic infection treatment and prophylaxis, pain and symptom management, long-term patient follow-up and prescription of food to malnourished PLWHAs, and; 3) to perform refurbishing at the sites to enhance laboratory capacity, drug storage, and clinical management. This will be done in integration with Supply Chain Management Services which is responsible for providing laboratory reagents, commodities, and OI drugs

Activity 2: Human capacity building

The program will continue training to ensure the clinical staff maintains skills in the care and treatment of people infected with HIV/AIDS. This year the focus will be on training health professionals in nutrition assessment, follow-up and recuperation to make sure that all sites are integrated with nutrition services. The capacity to provide quality health care at the local level will depend on the skills maintained by the medical staff at each health center. To sustain a workforce of highest quality, AIDSRelief will provide on-going training and technical support on a quarterly basis. Similar technical support will be available to support staff including pharmacists, laboratory technicians, and monitoring and evaluation specialists.

Activity 3: Social support services

Special attention will be given to the need for social support for patients enrolled in the palliative care program. Funding will enable AIDSRelief to hire at each site a social work team led by a social worker that will be in charge of assessing the social needs of all people living with HIV/AIDS (PLWHA) and help them receive access to social support services. Direct support will be provided through the sites (e.g. fees for services—delivery, hospitalization, x-ray etc) and for transportation to appointments. The program will also refer patients to the PLWHA association and community based organization in charge to provide community palliative care through a family centered approach. This will allow patients to gain access to a broader package of social and economical support services (see AERDO, CRS, TBD, and Plan activity narratives for palliative care). A social worker or psychologist who will focus on the counseling needs of staff at the AIDSRelief hospitals and clinical satellites will be added to the AIDSRelief team.

Activity 4: Home based care

AIDSRelief will increase the number of community health workers to accommodate scale-up at each AIDSRelief points of service. The community workers will be in charge of tracking patients (including pregnant women enrolled in PMTCT and infected and exposed children), provide at home adherence support, health education on best health and nutrition practices, counseling for positive behavior, distribution of care, and preventive commodities such as condom, Oral Re-hydration Solution, pain medications according to the guidelines and make appropriate referrals. The program will hire nursing supervisors at each site to support the community workers with symptom recognition, and syndromic treatment, particularly when they have patients experiencing health or psychosocial problems.

Activity 5: Psychological support

Funding will be used to hire, at minimum, a psychologist at each center of excellence to provide support to PLWHA in order to reduce denial and assist in psychological assessment and follow up and on preparedness for highly active antiretroviral therapy and chronic follow up and treatment. AIDSRelief will continue to support each site PLWHA support groups to create a supportive environment for treatment adherence and stigma reduction. In addition, local community leaders, traditional healers, and religious leaders will be incorporated to encourage and enhance support of patients within the community. AIDSRelief will continue to penetrate the religious sector in an effort to bring HIV/AIDS and treatment awareness to churches and religious groups and to get them involved in providing spiritual care to patients.

Activity 6: Capacity building in Palliative Care Services

Activity Narrative: AIDSRelief will develop a program for integrated palliative care team-training. All home-based care/community health workers will receive initial training in palliative care that includes: TB support, TB screening through established algorithmic questionnaires and sputum sample, and TB treatment adherence. Training on treatment support will focus on symptomatic triage, including identification of ARV side effects; pain and referral to community health nurse or clinic for follow-up; documentation and assessment of side effects and need for symptom management; communication skills; care for care-givers in the home and; end-of-life issues.

Activity 7: Mentoring in Palliative Care Services

AIDSRelief will identify Palliative Care Leadership Team members from amongst its clinical staff and from site providers. The team members will provide Trainer-of-Trainings (TOT) activities for home-based and community care assessment; symptom management and facilitate and patient teaching. The Palliative Care Leadership Teams will work in collaboration with National Community Care and Support implementing organizations .

Activity 8: Staff Retention Activities

To better address the impacts on staff working in HIV and AIDS care and treatment services, (e.g., high turnover, stress management and burn-out, etc.), AIDSRelief will work with each hospital to develop a site-specific plan encouraging safe havens, peer support and resource centers and to initiate/evaluate other activities for team support.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17166

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17166	4496.08	HHS/Health Resources Services Administration	Catholic Relief Services	7677	3314.08	AIDS Relief	\$200,000
9269	4496.07	HHS/Health Resources Services Administration	Catholic Relief Services	5117	3314.07	AIDS Relief	\$250,000
4496	4496.06	HHS/Health Resources Services Administration	Catholic Relief Services	3314	3314.06	AIDS Relief	\$600,000

Emphasis Areas

Health-related Wraparound Programs

- * Malaria (PMI)
- * TB

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 3315.09

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

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 18948.27485.09

Activity System ID: 27485

Mechanism: GHESKIO

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Care: Adult Care and Support

Program Budget Code: 08

Planned Funds: \$200,000

Activity Narrative: The narrative will be modified in the following way:

New activities this year will aim to provide prophylactic and curative dental care. The dental clinic at GHESKIO is a preventive dental clinic; the clinic will focus its efforts on HIV positive and at risk children and adolescents frequenting the pediatric and adolescent clinics at GHESKIO. The main preventive treatments that the clinic will offer are:

1. Prophylactic treatment
2. Sealants, fluorides rinses
3. Dental education

Funding will cover equipment, furniture, staffing and logistics for everyday functioning of a dental clinic at GHESKIO.

Data review of GHESKIO file has shown that during the last 4 years the rate of cancer detection has improved significantly. 25% of diagnosed cases were cervical cancer. Knowing the predictive role of HPV infection in the development of cervical cancer, we plan to make available services for diagnostic and care of treatable cancer.

Summary: Activities are carried out to support the effort of sites enrolling patients to be placed on highly active antiretroviral therapy (HAART). The primary emphases of these activities include training, human resources and (doing what to the infrastructure? Strengthening it, perhaps?) infrastructure. Specific target populations include adults and children infected with HIV and not yet placed on anti-retroviral therapy (ART.) The activities will be carried out in the Ministry of Health /GHESKIO/ President's Emergency Plan for AIDS Relief (PEPFAR)'s network of 14 sites and will be linked with counseling and testing (CT), preventing mother to child transmission (PMTCT), tuberculosis (TB)/HIV, anti-retroviral (ARV) services, and human capacity building that is being also supported through this network

BACKGROUND:

GHESKIO is one of the two lead non-governmental organizations (NGOs)—the other one is Partners in Health (PIH)—that have launched an integrated model of HIV services in Haiti. With PEPFAR, the United States Government (USG) decided to build on its success to expand HIV services throughout the country. Through GHESKIO, 12 sites, including four major departmental hospitals, have been reinforced to offer integrated CT, PMTCT, TB/HIV, ARV as well as palliative care services, provided in conjunction with the Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM). GHESKIO has ensured that all HIV positive patients detected through its CT network gain access to clinical, biological, nutritional, and psycho-social assessments and services, as well as long term follow up to determine the optimal time for HAART. So far, 44,600 patients have been enrolled in palliative through the GHESKIO network. These activities are essential to keeping active the cohort of HIV infected adults and children. Service providers will encourage patients diagnosed with HIV to continue to attend regular clinic visits and maintain their link with the community.

With Fiscal Year 2008 resources, GHESKIO will expand its network to 16 institutions and will continue to strengthen palliative care services to reach about 10,000 additional patients with particular emphasis on expanding nutrition services and building the capacity of nurses to play a greater role in the provision of services.

ACTIVITIES AND EXPECTED RESULTS:

GHESKIO will carry out four separate activities in this Program Area:

ACTIVITY 1: In integration with GFATM resources, GHESKIO will use PEPFAR funding to provide the non-ART package of services including, diagnostic, treatment and prevention of opportunistic infections, diagnostic and treatment of sexually transmitted infections, care of ART related illness (i.e., diabetes, arterial hypertension), nutrition assessment and recuperation (if needed), psycho-social assessment and support. All of the network's facilities will offer this package of care. Funding will support enhancement of infrastructure, procurement of necessary drugs, diagnostic materials, hospital staff training in providing specific care, and hospital supervisory staff training to ensure a minimum standard of quality of services.

ACTIVITY 2: Encourage building of support groups at each site and regrouping patients on ART and those enrolled in palliative care. Meetings between these groups' members will serve as a forum for sharing experiences and encouraging interactive communication between care providers and patients. Meetings will be held once to twice a month depending on the number of patients enrolled at each site, Funding will be used to provide patients with transportation fees, (I am not sure to whom these services are to be provided) refreshing, collation, and education materials.

ACTIVITY 3: GHESKIO will increase the number of community health workers to accommodate scale-up at each of its palliative care sites. The community workers will be in charge of tracking patients (including pregnant women enrolled in PMTCT and infected and exposed children), provide at home adherence support, health education on best health and nutrition practices, counseling for positive behavior, distribution of care, and preventive commodities such as condom, ORS, symptom and pain medications according to the guidelines. Resources will be used to pay their (whose? Patients or community health workers?) transportation fees.

ACTIVITY 4: Strengthening interventions to maintain patient's adherence to ART treatment. Funding will help sites provide patients fees for transportation, phone cards, and educational materials. Patients will be referred to community based organizations to gain access to a broader package of social support services such as school fees for children, nutrition support, etc.

Activity Narrative:
New/Continuing Activity: Continuing Activity
Continuing Activity: 18948

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18948	18948.08	HHS/Centers for Disease Control & Prevention	Groupe Haitien d'Etude du Sarcome de Kaposi et des Infections Opportunistes	7682	3315.08		\$200,000

Program Budget Code: 09 - HTXS Treatment: Adult Treatment

Total Planned Funding for Program Budget Code: \$25,577,679

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 3315.09	Mechanism: GHESKIO
Prime Partner: Groupe Haitien d'Etude du Sarcome de Kaposi et des Infections Opportunistes	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Treatment: Adult Treatment
Budget Code: HTXS	Program Budget Code: 09
Activity ID: 4341.27488.09	Planned Funds: \$6,200,000
Activity System ID: 27488	

Activity Narrative: The narrative will be modified in the following way:

In addition to activities undertaken last year, thru COP 09, GHESKIO will:

- 1) Strengthen at departmental level the referral between CT, PMTCT, TB sites and ART centers to improve the continuum of care between the different levels of the care system. Funding will be used to provide reference and counter reference cards, transportation costs for patients and departmental coordination meetings among partner etc.
- 2) Build capacity of the Jeremie public departmental hospital to become a Center of Excellence for the Grand'Anse department. This new activity is necessary to continue the decentralization of ARV services and serve as a model for extending services to peripheral sites. Funding requested will cover many items including equipment, furniture, staffing, logistics for training and supervision and financial support for peripherals sites.
- 3) Realize a national workshop with national and international experts to determine new regimen, new costs, new strategies to improve follow up of patients placed on ART. Funding will cover elements for the workshop: logistics, per diem for participants, lodging, invitation of experts.
- 4) Realize with the MOH and key stakeholders workshops in Haiti to establish cut-off of acceptable rate of non-adherence, LTFU, and mortality. GHESKIO will use this cut-off to monitor thru the electronic data base system put in place all sites the outcomes of the treatment program. This will allow to rapidly inform the clinical team at each site on the performance at each site. An intervention plan will be developed to improve quality of care at any site that is poorly performing. The GHESKIO mobile team will visit poorly performing sites immediately and work with the staff to improve treatment outcomes.
- 5) GHESKIO will perform HIV-1 viral load and genotypic drug resistance testing for all patients receiving ART who meet WHO criteria for ART failure in Haiti. We estimate that 10 to 20% of all patients receiving ART will meet WHO criteria for failure and will need virologic monitoring. This evaluation will help better define the demographic and clinical characteristics of patients who fail ART so that new better adapted guidelines for monitoring patients on ART can be drafted. The drug resistance mutations identified will help better tailor second-line antiretroviral drug regimens for patients failing ART in Haiti. Finally, this service will allow us to increase capacity for virologic testing in Haiti and to train new technicians in the realization of these tests.

SUMMARY:

Through activities listed in this project GHESKIO will contribute to the United States Government's (USG) effort to provide treatment to people with HIV/AIDS (PLWHA) by maintaining and strengthening anti-retroviral (ARV) services in a national network of public and private health facilities and by building human capacity for the overall program. The major focus will be: 1) reinforcing technical, infrastructure, human and administrative capacity of the 16 institutions in the GHESKIO network for the provision of ARV care; 2) training providers; 3) supervising quality assurance (QA), quality control (QC) and quality improvement(QI) of ARV services; 4) maintaining Immaculee Conception hospital, the South Regional Hospital as a Center of Excellence; and 5) building capacity of St Michel Hospital, the South East Departmental Hospital to become a center of excellence.

Areas of emphasis for these activities will include: community mobilization and participation; reinforcement of existing network and referral systems; human resources; infrastructure development; development of local organizations capacity; development of network/linkages/referral systems; information, education and communication (IEC); linkage with other sectors and initiatives; development of guidelines; quality assurance, quality improvement and supportive supervision; and strategic information and training.

Specific target population identified will be PLWA, HIV positive infants and adolescents from 0 to 14 years, affected relatives, HIV positive pregnant women and different category of care providers.

BACKGROUND:

GHESKIO has been one of the two lead non-governmental organizations (NGO) that has an integrated (integrated with STI, TB, CT, PMTCT) model of anti-retroviral (ARV) services and basic care. Over past last three years, the USG has provided resources to GHESKIO to expand this integrated model in a network of 16 sites, including four of the largest departmental public hospitals and a large stand alone tuberculosis (TB) facility. This program was built on previous efforts to implement CT, PMTCT and basic care services – the entry point for enrolling patients on ARV—at the 16. All 16 sites have been reinforced with infrastructure, laboratory equipment, and a multidisciplinary team of clinicians, nurses, counselors, pharmacists, community and social workers as well as with medical equipment, electronic medical records, drug storage capacity and SI tools to provide quality care. Based on the pilot experience of launching ARV pediatric care in the main GHESKIO center in Port-au-Prince, efforts were since last year, to expand this program throughout the network. Efforts are being made to strengthen one of the South's departmental hospitals, Immaculee Conception Hospital, to become a center of excellence where training, supervision, and QA/QI could be decentralized. Nearly 5000 patients have been placed on ARV through the GHESKIO network so far.

The USG team has mandated GHESKIO to train healthcare providers nationwide for the ARV program and to support the Minister of Health's (MOH) ARV certification process using national guidelines and updated training. To date, GHESKIO has trained a total of 425 health professionals. As ARV services are expanded and reinforced and because of a significant turnover of personnel, there is a continuous need to train and provide refresher courses on ARV at GHESKIO. There is also a growing need to train nurses to play a greater role in the provision of ARV services as well.

Activity Narrative: USG has also required GHEKIO to provide QA/QC/QI to 22 sites, some of which are outside of the GHEKIO network. GHEKIO has formed three mobile multidisciplinary teams of clinicians, pharmacists, and others to make regular supervision visits. There is a need to continue strengthening this activity to implement a QA/QI system through which data could be generated and used to improve quality at the patient, site, and program level.

With Fiscal Year 2008 funding GHEKIO will continue to strengthen its integrated model of ARV services in its network of 16 sites, including its main site in Port-au-Prince, to continue enrolling new patients on ARV, with the goal being to reach 10,000 patients by the end of September 2008 and 14,000 patients by the end of September 2009. If obtained, these numbers will contribute to more than half of PEPFAR's targets for the country. These sites will also focus on improving quality of care and adherence to treatment, and on expanding pediatric treatment. GHEKIO will build the capacity at Hospital Saint Michel, the South East departmental hospital to become a new center of excellence. GHEKIO will continue to train health care professionals on ARV with an emphasis on training nurses. GHEKIO will work with MOH, CDC and other stakeholders to improve the system of QA/QI with standardized indicators and with a focus on continuous improvement of care for twenty-two (22) sites (14 in the MOH-GHEKIO network and eight in other networks: Bethel, Gonaives, MARCH, Beraca, HAS, CBP, Grace Children's Hospital and Ouanaminthe). This effort will be integrated with activities supported by the GFATM through GHEKIO.

ACTIVITES AND EXPECTED RESULTS:

ACTIVITY 1: Funding will be used to strengthen GHEKIO's headquarters to continue providing technical, administrative, and accounting assistance to its network of 16 sites in integration with GFATM resources. These sites are: GHEKIO-INLR, Les Cayes, Jeremie, Jacmel, Cap-Haitienne, Fame Pereo, IMIS, Bombardopolis, Food for the Poor, Hopital de la Communauté Haitienne, Petit Goave, Hospital Bernard Mews, La Gonave and Fermathe. GHEKIO's headquarters will provide oversight and monitoring of the project.

Activity 2: GHEKIO will use funding to cover additional renovation, equipment, and personnel needed for expansion of services at the 16 sites. Emphasis will be put next year on pediatric wards to ensure they have adequate space, equipment, and personnel to enhance ARV pediatric services. Special attention will also be given to improve laboratory services for ARV care to make available at all major sites automated equipment for the dosage of CD4, hematology and blood chemistry (see laboratory narratives). Linkages will be established with Supply Chain Management System to ensure adequate supply of drugs as well as with CBOs and PLWA support group organization to provide community support to maintain patient adherence to treatment.

Activity 3: GHEKIO will expand its training infrastructure, staff, and equipment to train and provide refresher courses on ARV to close to 400 health professionals nationwide through all the networks. Funding will be used to cover materials, per diem, and logistic costs for the trainees.

ACTIVITY 4: GHEKIO will maintain and expand supervision and on site training for ART services at 22 main sites supported by PEPFAR for QA/QC/QI using a national framework and tools that MOH, CDC, and key stakeholders have started to develop. This will be supported through three mobile teams. The main items covered by this funding will include: support for mobile teams, per diem, lodging, logistics for visits, materials for supervision and training. A quality manager team will be created at GHEKIO to oversee the QA/QI system.

ACTIVITY 5: Funding will be used to make St Michel Hospital, the South East departmental hospital a center of excellence for the South East Department. This new activity is necessary to continue the decentralization of ARV services and to serve as a model for extending services to peripheral sites. In this capacity, St Michel Hospital will be a regional reference and training center, offering training sessions and supervision for peripheral centers in their area of influence.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17181

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17181	4341.08	HHS/Centers for Disease Control & Prevention	Groupe Haitien d'Etude du Sarcome de Kaposi et des Infections Opportunistes	7682	3315.08		\$6,620,000
9282	4341.07	HHS/Centers for Disease Control & Prevention	Groupe Haitien d'Etude du Sarcome de Kaposi et des Infections Opportunistes	5124	3315.07		\$5,150,000
4341	4341.06	HHS/Centers for Disease Control & Prevention	Groupe Haitien d'Etude du Sarcome de Kaposi et des Infections Opportunistes	3315	3315.06		\$4,200,000

Emphasis Areas

Construction/Renovation

Gender

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

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * Safe Motherhood
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$900,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 3314.09

Prime Partner: Catholic Relief Services

Funding Source: GHCS (State)

Budget Code: HTXS

Activity ID: 18988.27503.09

Activity System ID: 27503

Mechanism: AIDS Relief

USG Agency: HHS/Health Resources
Services Administration

Program Area: Treatment: Adult Treatment

Program Budget Code: 09

Planned Funds: \$2,850,000

Activity Narrative: SUMMARY: AIDSRelief Haiti is a comprehensive program currently providing anti-retroviral therapy (ART) to 2029 people (May 2007) in eight treatment facilities. Target populations include adults, infants, children, and youth infected with HIV, who seek medical services at any AIDSRelief hospital. Emphasis areas include human resources, local organization capacity development, logistic support and training. Community mobilization and the development of networks, linkages, and referral systems will also be critical components of the AIDSRelief program. AIDSRelief will review its performance through the QA/QI process to ensure implementation of best practices in each clinical program. The coverage area for this program include the communes of Fond-des-Nègres (Nippes); Fond-des-Blancs (Sud); Léogane (Ouest); Deschapelles, Gonaives, Gros Morne (Artibonite); Pilate, Milot (Nord).

BACKGROUND: AIDSRelief (AR) has provided ARV services in Haiti since 2004, through support from Track 1.0 and funding from the President's Emergency Plan for AIDS Relief (PEPFAR). AIDSRelief is a five-member consortium, led by Catholic Relief Services (CRS), and includes three faith-based organizations, a medical institution that is recognized as a world leader in HIV/AIDS care, research and program development, and an international development company that specializes in the design and implementation of public health and social programs. All members of the AIDSRelief Consortium have a shared mission to provide quality medical care to individuals living with HIV/AIDS. AIDSRelief Haiti works within seven faith-based hospitals and one public hospital.

Since the launch of AR activities in Haiti, it has been able to implement eight ARV sites in four geographic departments, including the main public departmental hospital in Gonaives. This program has built on CT, PMTCT, TB and HIV basic care already implemented at these sites through PEPFAR, the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), and core funds from members of the AR consortium. AR has used funding to build infrastructure, logistic and human capacity to implement ARV services at these sites. Through the consortium, technical assistance and QA/QI have been provided to ensure quality of services.

A significant proportion of AIDSRelief patients are women; therefore this program will integrate with other clinical programs that reach out to women including PMTCT, OB/GYN, and maternal and child health (MCH) programs. Women and girls who are victims of sexual assault are a special target population for AIDSRelief. AIDSRelief will work in close collaboration with the government of Haiti. AIDSRelief is an active member of the Ministry of Health's (MOH) care and treatment cluster that has responsibility to define the national strategy for HIV/AIDS care.

ACTIVITIES AND EXPECTED RESULTS:

Activity 1: AIDSRelief will continue its plan to provide durable, high-quality anti-retroviral therapy (ART), according to Haiti's national guidelines. During COP 2008, each hospital will scale up the enrollment of anti-retroviral (ARV) clients through expanded hospital-based and community-based VCT services that target patients at highest risk for HIV, and through referrals from clinical programs such as TB treatment programs. These activities will be accomplished through the development of an integrated approach to services at each AIDSRelief hospital, and through collaboration with other stakeholders such as the MOH, the United States Government (USG) team, and other PEPFAR awardees. AIDSRelief will strengthen its regional approach to ART in the Artibonite by expanding its support for Gonaives' Hôpital La Providence as a regional center of excellence. Similar regional approaches will be maintained in the South and the North, where AIDSRelief has multiple clinical sites that are strategically placed.

Activity 2: Training and capacity building in eight clinical centers will continue with support from COP 2008. Continued clinical technical assistance and mentoring for in-country caregivers will be expanded in Year four to build capacity of in-country clinicians, and to strengthen the skills of other members of the multi-disciplinary team, including counselors and treatment support staff, and technical staff (e.g. pharmacists, lab technicians). This training will provide an opportunity for continued clinical technical assistance that will be sustainable over time.

Upon receiving their training, these clinicians will provide strong leadership for AIDSRelief Haiti's eight clinical centers. These clinicians will be responsible for monthly medical supervision and training for hospital-based physicians, clinical officers, and nurses. AIDS seminars and updates will be held quarterly at each hospital. These seminars will focus on treatment challenges and knowledge deficits identified by physicians on the in-country team. In addition, training will present new approaches to care and treatment based upon best practices and research findings in HIV/AIDS.

Activity 3: AIDSRelief partners will strengthen local organizational capacity in the areas of hospital management, finance, and fund-raising in order to ensure long-term sustainability of ARV services. AIDSRelief will collaborate with other stakeholders to provide critical linkages that ensure sustainable quality ART.

Activity 4: AIDSRelief Haiti expects that at least 10% of the AIDSRelief patients will be within the pediatric age group. Pediatric ART training will be provided for the eight AIDSRelief hospitals. Additional training and support will be made available for pediatric counseling and treatment support. AIDSRelief will seek to identify infected children through its expanded work with women enrolled in PMTCT and through close collaboration with in-patient pediatric programs. Early diagnosis of HIV infection in HIV-exposed infants will be provided in order to increase access to antiretroviral treatment. Infant feeding counseling will also be provided to caregivers for an informed option and appropriateness choice of alimentation.

Activity 5: COP 2008 funding will support patient monitoring and management (PMM) tools at the community and the institutional level to improve the program's ability to track patient care. At the community level, treatment support teams will use these tools to ensure 95-100% patient adherence to ART. These treatment teams will be lead by a nurse supervisor and/or a counselor at each hospital.

AIDSRelief will work with MOH, CDC and HIVQUAL to improve each hospital's QA/QI system during Year

Activity Narrative: four. QA/QI assessments will provide clinical, laboratory, and behavioral monitoring of the patient. The QA/QI program and PMM will be used to improve patient care, and to identify areas within the ART program that need strengthening.

AIDSRelief-Consella Futures will provide TA and training to build capacity of LPTF staff responsible for data collection and analysis. Activities will include: complete adoption of government revised PMM systems; joint supervision and TA with government M & E agency (IHE); analysis of required indicators requested by LPTF, CCT and funding agencies; training on generation of programmatic indicators to produce the required reports on an accurate and timely basis that meet data quality standards. Constella Futures will carry out regular site visits and reviews to ensure quality data and data validation.

Activity 6: AIDSRelief will provide training for all members of its multi-disciplinary team in the management of PEP (post-exposure prophylaxis). The team will develop skills in care, treatment, and support for women following rape and services will be available at all times in each AIDSRelief hospital. Post-exposure prophylaxis will be made available, in addition to HIV testing. Long-term follow-up for these women will include psychological support, laboratory testing, and medical treatment. Similar services will be available at all times for staff where there is the potential for occupational HIV exposure at an AIDSRelief hospital or at one of AIDSRelief's satellite health centers.

TARGETS

Targets Sept.2008 Targets Feb. 2009 Targets Sept. 2009
 LPTFs providing ART 9 9 9
 Adults on ART 3200 4000 4400
 Children receiving ARV 375 450 500

New/Continuing Activity: Continuing Activity

Continuing Activity: 18988

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18988	18988.08	HHS/Health Resources Services Administration	Catholic Relief Services	7677	3314.08	AIDS Relief	\$3,065,000

Emphasis Areas

Construction/Renovation

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$400,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 3323.09

Mechanism: SDSH

Prime Partner: Management Sciences for Health

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 4387.27511.09

Planned Funds: \$2,100,000

Activity System ID: 27511

Activity Narrative: SUMMARY: USAID Haiti implements an integrated maternal and child survival program through a network of non-governmental organizations (NGOs). This program, which was formerly named the Health Systems 2007 (HS-2007), was recently renewed for five years. Its new project name is Health for Development and Stability in Haiti (HDSH) and will be implemented by Management Sciences for Health (MSH). Through the President's Emergency Plan for AIDS Relief (PEPFAR), the United States Government (USG) provided resources to MSH for the HS-2007 program to wrap around the integrated health program and add HIV activities, including counseling and testing (CT), PMTCT, palliative care, and anti-retroviral (ARV) services. MSH will continue to maintain and reinforce ARV services in its network of HDSH NGO institutions, with emphasis on improving the quality of care.

BACKGROUND: Over the last three years, five USAID network NGOs have implemented ARV services. The NGOs include, MARCH (Management and Resources for Community Health [MARCH] Hospital in the Central Plateau; Beraca Hospital in the North West; Grace Children's in the West Department; Communauté de Bienfaisance de Pignon [CBP] Hospital in the North Department; and Fort-Liberté in the North East Department. With Fiscal Year (FY) 2007 resources, these services are being expanded to Ounaminthe Hospital, another NGO institution. This year MARCH has phased out its health activities in the Central Plateau and has transferred the management of ARV services in this area over PIH. So the total of ARV sites actually managed by MSH has been reduced to five.

The USG expects to implement the additional targeted ARV sites through existing partners, such as PIH, GHESKIO, MSPP etc. The USG has provided resources around existing child survival programs at all five sites to implement the model of ARV care based on good assessments of patients (clinical and laboratory), regular patient follow up, good pharmacy plans, and community support for adherence to treatment. Further, the entry to ARV services has been through VCT, PMTCT, palliative and TB care programs that are being reinforced at these sites. Resources were given to strengthen human resources, enhance infrastructure, and support minimal social costs for patients. In addition, resources were allocated to Haitian Group for the Study of Kaposi's Sarcoma and Opportunistic Infections (GHESKIO) to support training and quality assurance as well as quality control (QA/QC/QI) at those which have implemented electronic medical records (EMR) and automated drug management systems. To date, the MSH network has enrolled close to 1000 patients in ARV services.

With COP 09 resources MSH will strengthen its network of 5 sites with emphasis on monitoring the outcomes of the program in order to improve its quality. Treatment services will be expanded to a new site, AEADMA Hospital located in the Grand'Anse department. This expansion will contribute to fill in some important gaps in a hard to reach area.

ACTIVITY AND EXPECTED RESULTS:

Activity 1: To meet scale needs at the five existing sites and to expand services at the new site, MSH will continue to reinforce overall service organization to make available a better package of human resources (clinical and community), and better infrastructure at clinic and community levels. Emphasis will be placed on allocating more physicians, psychologists, and social and community workers, and to complete necessary infrastructure renovations. The USG team also expects an initiation and/or improvement in pediatric treatment services. Home-based care will be reinforced to ensure better tracking of patients and to provide some basic follow up of treatment at home as well as support to people living with HIV/AIDS (PLWHA) and their families.

Activity 2: MSH will support logistics and provide materials and supplies needed for home-based care and tracking of patients.

Activity 3: MSH will coordinate the program and provide technical assistance to the sites to ensure that the services are well organized and are able to respond to the model of care through regular visits. MSH will also provide onsite training of staff at the sites. MSH will hire and support appropriate staff to oversee this program and to coordinate with MOH, HIVQUAL, and other stakeholders, the rolling out an improved system of QA/QI in the network. Particular emphasis will be put on the monitoring of treatment outcomes thru the electronic database system. Poor outcomes will be addressed and corrected.

Activity 4: MSH will establish a referral system between the six ARV sites and other peripheral CT and basic care sites to ensure a continuum of care to patients detected at these peripheral sites. In addition, these ARV sites will be linked to the community-based-organizations and PLWHA support groups to provide integrated community support for patients enrolled in treatment.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17194

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17194	4387.08	U.S. Agency for International Development	Management Sciences for Health	7686	3323.08	Basic Health Services	\$2,750,000
10203	4387.07	U.S. Agency for International Development	Management Sciences for Health	5146	3323.07	Basic Health Services	\$1,975,000
4387	4387.06	U.S. Agency for International Development	Management Sciences for Health	3124	3124.06	HS2007	\$700,000

Emphasis Areas

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * Safe Motherhood
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$300,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 3337.09	Mechanism: PIH
Prime Partner: Partners in Health	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Treatment: Adult Treatment
Budget Code: HTXS	Program Budget Code: 09
Activity ID: 18974.27519.09	Planned Funds: \$4,750,000
Activity System ID: 27519	

Activity Narrative: The activities described below are carried out to maintain access to antiretroviral therapy (ARV) for existing patients, expand access to anti-retroviral (ARV) services to additional HIV-infected people in the Central and Artibonite Departments of Haiti, and to train health workers in all aspects of HIV care and treatment. PIH/ZL will conduct ARV treatment and training activities within its “four pillars” model for implementing a comprehensive HIV program in the context of primary care: 1) HIV prevention and care, including voluntary counseling and testing (VCT); 2) detection and treatment of tuberculosis (TB) and other opportunistic infections; 3) detection and treatment of sexually transmitted infections (STIs); and 4) women’s health and prevention of mother-to-child transmission (PMTCT). The primary emphasis areas for the proposed activities are Gender: Increasing gender equity in HIV/AIDS programs, Construction/renovation, and Wraparound programs: Safe motherhood, Child Survival Activities and TB. The primary target populations for these activities are people living with HIV/AIDS, health care providers, community-based organizations and non-governmental organizations (NGO).

Activities will be carried out at 10 sites in Haiti’s Central Department (Belladère, Boucan Carré, Cange, Cerca La Source, Hinche, Lascahobas, Thomonde, as well as the new expansion sites of Mirebalais, Saut d’Eau, and Savanette) and 4 sites in the Artibonite Department (Petite Rivière, St. Marc, Project ZeroSIDA (POZ), and the new expansion site of Desdunes). Activities in St. Marc will be carried out in collaboration with the Hôpital St. Nicholas (HSN) and Services de Santé de Premier Echelon (SSPE) as well as at La Fondation Esther Boucicault Stanislas (FEBS) and Brocozel. Certain activities will also be carried out at health posts in Segur and Jean Denis, which report their numbers through Petite Riviere.

The PIH/ZL HIV Equity Initiative has relied on sustained funding from the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), as well as the President’s Emergency Program for AIDS Relief (PEPFAR), to operate over the past six years. Our GFATM Round 1 grant ended in December 2007. In 2008 we received Bridge Year funding and expect to receive renewed funding through the rolling continuation channel (RCC) in 2009, but this is not enough to sustain current services. This specific application does not include budget lines for ARVs. However, we are expecting, for new patients enrolled after December 31, 2008, to receive ARVs through PEPFAR’s Supply Chain Management System (SCMS) beginning in 2009. If this co-financing is not received, PIH/ZL will need to adjust all targets listed here, including, perhaps, a reduction in the number of service outlets.

BACKGROUND:

PIH/ZL’s ARV treatment and training activities are part of a comprehensive HIV prevention and treatment program started by PIH/ZL in 1998; expanded through the public sector beginning in 2002 in partnership with the Haitian Ministry of Public Health and Population (MSPP) and with funds from GFATM; and further expanded to Hinche, Cerca La Source, Petite Rivière and St. Marc with the support of PEPFAR in the FY 2005, 2006, 2007, and 2008. Since 2004 the program has been a collaboration between these four key partners—PIH/ZL, MSPP, GFATM, and PEPFAR. Since 2005, work in the Artibonite region has been strengthened by involving several partners in St. Marc—SSPE, Promotion Objectif Zerosida (POZ), and La Fondation Esther Boucicault Stanislas (FEBS)—and in Petite Rivière—Centre Medical Charles Colimon (CMCC).

All symptomatic or at-risk individuals as well as all pregnant women seeking care at PIH/ZL clinics are offered voluntary counseling and testing for HIV. Upon identification of HIV-positive status, a patient is referred to the HIV public health nurse and HIV program nurse, who performs further post-test counseling, assists the patient in identifying at-risk partners or family members, arranges for a CD4 count and other laboratory tests, and schedules subsequent follow-up visits. All HIV-positive patients are followed monthly by a trained HIV/TB physician. At each visit, patients are evaluated for HIV disease progression, tuberculosis and other opportunistic infections, and general health and well-being. When indicated, prophylaxis, treatment, and social services are provided; palliative care given; and antiretroviral therapy (ART) initiated. All PIH/ZL patients who are placed on ART are assigned a community health worker, called an accompagnateur, who provides essential psychosocial support to patients and their families in addition to daily directly observed ART. The accompagnateur also notifies clinic staff if a patient experiences side effects or new symptoms. All care and treatment is provided free of charge to the patient.

In following activities outlined below, PIH/ZL will strive to ensure that an equitable number of women and men receive treatment. By offering general clinical care to all HIV infected adults and their families, these activities support linkages between HIV/AIDS and other services (safe motherhood and child survival).

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

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: General Clinical Care

The first activity is to provide general clinical care for HIV-infected adults and their families. This care—provided in the health facility, at home, and through mobile clinics—is conducted within PIH/ZL’s “four pillars” model for implementing a comprehensive HIV program in the context of primary care, as described above. By September 30, 2010, PIH/ZL expects to be providing clinical care to 18,000 patients. This funding will support the infrastructure and human resources necessary for providing clinical services to an increased number of HIV-infected patients as PIH/ZL expands to work in more communities. These funds will also support the ongoing training of the clinical staff in effective palliative care strategies. Medical and laboratory commodities and supplies needed to provide general clinical care for HIV-infected patients and their families are supported by GFATM, PIH’s unrestricted funds, and in-kind donations.

ACTIVITY 2: Patient Maintenance

The second activity is to maintain individuals currently on antiretroviral therapy (ART) by improving program retention and enhancing clinical follow-up. Funding will be used to employ accompagnateurs and accompagnateur supervisors and to support monthly trainings, ensuring a strong network of community lay

Activity Narrative: personnel trained in ARV management and adherence strategies. Funding will also support laboratory capacity, supplies, and infrastructure required for ARV service delivery at each PIH/ZL site. As of January 1, 2009, PIH/ZL expects to be receiving ARVs through PEPFAR's SCMS. With 3,455 adult patients on ARV treatment at the end of June 2008, PIH/ZL proposes to ensure that these current patients remain active on treatment while initiating services for more than 2000 new HIV patients in need of ARVs, for a total of 6000 patients. An additional 500 accompagnateurs will be employed to ensure daily management of patients' treatment.

ACTIVITY 3: Case Detection and Enrollment

The third activity is to enroll additional patients on ART. In 2009, with the support of PEPFAR, PIH/ZL plans to begin providing comprehensive HIV care in 4 new sites (Mirebalais, Saut D'eau, Savanette and Desdunes) as well as to expand services at 2 health posts (Brocozel and FEBS in the St. Marc health care network). At the same time, PIH/ZL will seek to increase enrollment among the most marginalized and high-risk groups in its catchment area. PIH/ZL hopes to build upon the success of the past 6 months leading up to April 2008, in which 685 patients were newly enrolled on ART to arrive at 6000 patients on ART by September 30, 2010; an aggressive target of more than 2000 patients in 2 years. This funding will allow PIH/ZL to renovate and equip public facilities at the expansion sites listed above and will also be used for comprehensive and on-going training of clinical staff and accompagnateurs.

ACTIVITY 4: Training Healthcare Providers

In addition to providing direct services, PIH/ZL is committed to sharing and leveraging our experience by providing ongoing training to healthcare workers across Haiti. PIH/ZL's efforts to train health workers in the delivery of ARV services have expanded significantly in the past years. In 2004, with support from PEPFAR and in collaboration with the International Training and Education Center on HIV/AIDS (I-TECH) and the Caribbean HIV/AIDS Regional Training Initiative (CHART), PIH/ZL opened a National Training Center (NTC) with facilities in Hinche and Cange. In the past year, PIH/ZL has trained hundreds of health workers in Haiti in all aspects of HIV care and treatment. This funding will support personnel and infrastructure requirements to strengthen the training program at Hinche as well as cover the direct costs of training sessions: participant transport, trainer and participant per diems, and materials production.

These above activities will contribute to the PEPFAR 2-7-10 goals by increasing the number of individuals on ARV treatment and by expanding the capacity of individuals and organizations in Haiti to initiate and manage ART treatment, avert new HIV infection, and provide care for an increased number of HIV+ patients.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18974

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18974	18974.08	HHS/Centers for Disease Control & Prevention	Partners in Health	7691	3337.08	PIH	\$5,375,000

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

- * Child Survival Activities
- * Safe Motherhood
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$2,628,265

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$52,477

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$693,696

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening \$70,560

Education

Water

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 11439.09

Prime Partner: US Centers for Disease Control and Prevention

Funding Source: GHCS (State)

Budget Code: HTXS

Activity ID: 10242.27478.09

Activity System ID: 27478

Mechanism: CDC - Adult Treatment

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Treatment: Adult Treatment

Program Budget Code: 09

Planned Funds: \$300,000

Activity Narrative: Summary: With Fiscal Year (FY) 2009 funding, CDC will continue to strengthen the system of HIV care and treatment in Haiti by focusing on assisting the Ministry of Health (MOH) and stakeholders, to plan, coordinate and supervise different QA/QI programs. This activity will build on CDC's efforts to hire care and treatment and information technology (IT) regional specialists. This activity will also add to the MOH's efforts to provide human resources and logistic support to reinforce departmental directorates for better coordination and supervision at the departmental level. Allocated resources will be used to hire CDC regional specialists, as well as to cover logistic costs and per diem for their travel and participation in training (both within and outside of the country).

Background:

As the treatment program is expanded, the United States Government (USG) is reinforcing coordination, supervision and QA/QI at all levels. Resources are given to the MOH departmental directorates to build a team that could oversee and supervise the treatment program at the departmental level. Regional hospitals are being reinforced with mobile teams that the USG expects to become the technical arm of the departmental directorates in mentoring and supervising peripheral sites. In addition, HIVQUAL has provided resources to work with the MOH to launch a standard national system of QA/QI with adequate tools to collect data and ensure continued improvement in the provision of treatment services. CDC will reinforce, at the departmental level, the technical capacity for coordination, training, and mentoring particularly in the regional public departmental hospitals which suffer from serious lack of human resources.

So far, three physicians, specialized in internal medicine, have been hired to fill the care and treatment specialist positions in three departments (South, Grand'Anse and South East) working under the supervision of the CDC/Haiti care and treatment specialist. These regional specialists have been very active in making rounds within the internal medicine and infectious disease units of HIV care at the departmental hospitals. They are providing technical support (hands on training and supervision) to expand care and treatment to satellite sites and are working with the departmental staff to coordinate the program. As the QA/QI program is rolled out through HIVQUAL, these specialists will play an important role in its implementation. Treatment program funds have been used to support the costs of in-country travel for these specialists. Funds have also been used to support training costs outside of the country as well.

With FY 2009 resources, three new treatment regional specialists will be hired and based in three additional departments: North, Artibonite and North West. The resources planned through this activity narrative will be used to cover salaries of the six regional specialists as well as their travel costs for supervising and participating in training in and outside of the country for continuing education purposes. Part of these resources will be used also to cover travel costs for health professionals from the MOH and other partners who will be invited to participate in PEPFAR's international gatherings.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17239

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17239	10242.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7701	3141.08		\$300,000
10242	10242.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5154	3141.07		\$905,000

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 7716.09

Mechanism: HIV/AIDS Clinical Services In NE

Prime Partner: To Be Determined

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 18975.28649.09

Planned Funds: [REDACTED]

Activity System ID: 28649

Activity Narrative:

New/Continuing Activity: Continuing Activity

Continuing Activity: 18975

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18975	18975.08	HHS/Centers for Disease Control & Prevention	To Be Determined	7716	7716.08	HIV/AIDS Clinical Services	■

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 3125.09

Mechanism: National AIDS Strategic Plan

Prime Partner: Ministre de la Sante Publique et Population, Haiti

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 5412.28658.09

Planned Funds: \$6,600,000

Activity System ID: 28658

Activity Narrative: The narrative is modified in the following way:

Thru COP 09, the MOH will undertake the following additional activities:

1. The MOH, through the electronic database system, will closely monitor the outcomes of the treatment program at each of its five ARV sites such as: Cluster of Differentiation 4 (CD4) changes, mortality rate, patient adherence etc. The data will be reviewed every three months by a team of mentors and poor outcomes will be addressed and corrected.
2. MOH will collaborate with training institutions such as the Haitian Group for the Study of Kaposi's sarcoma and Opportunistic Infections (GHESKIO) and the International Training and Education Center on HIV (I-TECH) to train nurses to deliver treatment services in order to reinforce and expand this program at the different sites.
3. MOH will collaborate with NYAIDS Institute and Center for Disease Control to ensure that the HIVQUAL QA/QI model is fully integrated in its five ARV sites to ensure continuous improvement in the infrastructure and service quality at these sites.

SUMMARY: Through a cooperative agreement (CoAg) with the Ministry of Health (MOH), the United States Government (USG) team in Haiti will support the scale up of on-going ARV services at the State University Teaching Hospital (HUEH) and five other major public sites: La Paix Hospital (a new university teaching hospital) serving the large commune of Delmas, Sainte Therese Hospital in the Nippes Regional Department, Immaculee Conception Hospital and Jean Rabel Hospital in the North West Regional Department, and Isaie Jeanty Hospital (another University teaching hospital) in the West Department. The major focus of this activity will be to support the overall service organization at these sites to deliver quality treatment services. These resources will continue to be integrated with those allocated through International Training and Education Center on HIV (I-TECH) to support technical assistance and clinical mentoring at the HUEH and Isaie Jeanty as well as with those allocated through the MOH to support CT, PMTCT, and palliative care services at the four targeted public sites. In addition, Isaie Jeanty, HUEH and La Paix, as University Teaching Hospitals, will serve as venues to train interns and residents on HIV treatment. With these resources, the MOH will directly manage six of the forty-one anti-retroviral (ARV) sites which will be in place by the end of September 2008. The other thirty-five sites are being supported through the Haitian Group for the Study of Kaposi's Sarcoma and Opportunistic Infections (GHESKIO), Partners in Health (PIH), AIDS/Relief Consortium, Management Science for Health (MSH), and I-TECH. MOH will continue to be supported to play its critical role in creating a good policy environment and coordinator of the program.

BACKGROUND: Over the last three years, the publicly-managed sites have increasingly become the major focus of the USG effort to expand clinical and ARV services. Most of these sites serve large and needy high-risk populations in the urban and metropolitan area. The major departmental hospitals have been supported through GHESKIO, PIH and, more recently AIDS/Relief, to deliver all clinic-based services (CT, PMTCT, clinical care and anti-retroviral treatment [ART]) in integration with other support from the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM). Many deficiencies in these hospitals led to multiple challenges to the implementation of services at these public sites; however, the USG was able to allocate the necessary resources to make this approach successful.

Over the last two years, the USG has provided resources directly to the MOH through a cooperative agreement (CoAG) with CDC to implement ARV services in six publicly managed sites, including HUEH, the biggest university teaching hospital in the country. These resources have been complementary with other resources provided to the MOH to support a network of 20 institutions to provide integrated CT, PMTCT, TB/HIV and basic care.

Because of the delay in receiving FY 2007 resources, most activities planned this year to strengthen the MOH network have just begun. This includes the launch of 10 new palliative care sites (for a total of 20), and the expansion of ARV services to Isaie Jeanty, one of the largest maternity wards in the country. The new launch of ARV services in the four other publicly managed hospitals are on track as planned. These include: Sainte Therese and Immaculee Conception/Port-de-Paix hospitals, which are departmental hospitals located in departments with the highest prevalence of HIV; Jean Rabel Hospital, which is located in the very hard-to-reach North West Regional Department and is in need of more accessible ARV services; and La Paix Hospital serving Delmas and Tabarre communes. HUEH, in spite of many challenges, including numerous personnel strikes that has jeopardized its ability to provide services, was able to commence delivering ARV services. This facility has also benefited from resources from GFATM which was used to support expansion of counseling and community outreach activities. HUEH is enrolling a mean of 30 ARV patients each month. In coordination with I-TECH, the MOH has recently launched a new in-service training center at HUEH that will complement GHESKIO and PIH's ARV service delivery training capacity.

MOH has also has support to reinforce its logistic and human capacity at central and departmental levels to play a greater role in coordinating the program. Through HIVQUAL and CDC, and with the support of major stakeholders, the MOH has started to strengthen the national system of QA/QI. MOH plans to use experts from HUEH and the regional centers of excellence to be the technical arms through which QA/QI activities could be implemented .

FY 2008 resources will be used to maintain all these activities with particular emphasis on rolling out a good QA/QI system. MOH will ensure that national norms and procedures are followed for the delivery of continuous quality of HIV treatment across all the networks.

ACTIVITIES AND EXPECTED RESULTS: Activity 1: The MOH will continue to build on resources allocated for other program activities such as CT, PMTCT, and palliative care, to enhance infrastructure, provide medical equipment and materials (including laboratory), hire additional clinical personnel (physicians, nurses, psychologists, counselors and social workers), and support additional community personnel to expand ARV services at HUEH and at other ARV sites in the network. Training and refresher courses will be realized for the personnel of the MOH network at HUEH . Resources will be used to

Activity Narrative: continue supporting the current successful models of treatment which are based on high-quality clinical and lab assessments of patients to determine ARV eligibility; high-quality counseling and education of patients, family members and “accompagneurs;” and on a high-quality pharmacy and community support plan to ensure adherence to treatment.

Activity 2: The MOH will continue to build on resources available through I-TECH for clinical mentoring, training and technical assistance to reinforce the teaching of HIV treatment protocols for interns and residents at the three teaching hospitals--HUEH and Isaie Jeanty and La Paix. MOH will provide resources to enhance training capacity and support logistic equipment and materials costs. Continuing education sessions will be held for the staff to keep them abreast of new developments in ART care relevant to their functions.

Activity 3: Strengthen referral linkages. In the different areas where the five MOH sites are located, there are a number of private and public hospitals offering voluntary counseling and testing (VCT) services. The MOH will establish a referral system between these peripheral sites and the ARV sites to ensure a continuum of care to patients. In addition, these ARV sites will be linked to the community-based-organizations (CBO) and People living with HIV/AIDS (PLWHA) support groups to provide integrated community support for patients enrolled in treatment.

Activity 4: At the MOH Central Office, a multidisciplinary team (clinician, counselor, social worker and lab technician) will be established to coordinate the program. With the technical support of CDC and HIVQUAL, MOH will build his capacity to expand the national system of QA/QI that will be launched this year. Funding will also be used to disseminate the national treatment guidelines that were updated this year.

Targets:

Number of interns and residents trained (pre-service training): 350
 Number of health professionals trained (in service training): 100
 Number of PLWA actively enrolled in ARV: 2300

New/Continuing Activity: Continuing Activity

Continuing Activity: 17201

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17201	5412.08	HHS/Centers for Disease Control & Prevention	Ministre de la Sante Publique et Population, Haiti	7688	3125.08	National AIDS Strategic Plan	\$7,800,000
9313	5412.07	HHS/Centers for Disease Control & Prevention	Ministre de la Sante Publique et Population, Haiti	5134	3125.07	National Plan Mechanism	\$4,645,000
5412	5412.06	HHS/Centers for Disease Control & Prevention	Ministre de la Sante Publique et Population, Haiti	3125	3125.06		\$300,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$1,000,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 3142.09

Prime Partner: University of Washington

Funding Source: GHCS (State)

Budget Code: HTXS

Activity ID: 5463.28672.09

Activity System ID: 28672

Mechanism: ITECH

USG Agency: HHS/Health Resources
Services Administration

Program Area: Treatment: Adult Treatment

Program Budget Code: 09

Planned Funds: \$2,000,000

Activity Narrative: SUMMARY:

I-TECH will provide clinical mentorship training and technical assistance (TA) for high quality HIV care and treatment across the network of the President's Emergency Plan for AIDS Relief (PEPFAR)-supported antiretroviral therapy (ART) scale-up sites. I-TECH will support staffing and clinic operating costs at Hôpital Universitaire Justinien (HUJ) in Cap Haitian.

BACKGROUND:

Since 2004, I-TECH has partnered with the University of Miami (UM) and HUJ to expand HIV clinical adult care and to serve as a regional center for training and TA in the North Department. Beginning in 2004, I-TECH contracted with Cornell University to place full-time resident technical advisors at the Haitian Group for the Study of Kaposi's sarcoma and Opportunistic Infections (GHESKIO), in support of its training and mobile supervision teams. Beginning in 2005, I-TECH has supported two full-time clinical mentors for the Hôpital de l'Université d'Etat d'Haiti (HUEH), Haiti's largest facility and primary teaching hospital, to support antiretroviral (ARV) scale-up. In 2008, I-TECH expanded its team of clinical mentors based at HUEH to a total of six physician mentors, one psychologist mentor and two nurse mentors. I-TECH's ARV services extension involves both public and non-governmental organization (NGO) sector facilities, and I-TECH has collaborated closely with the Ministry of Health (MOH) counterparts in realizing these programs. As of July 2008, at HUEH, I-TECH has supported extension of HIV clinical services to approximately 2200 patients (with 514 on ART) while also decreasing the number of patients who test positive but do not enroll in care. At HUJ, I-TECH has supported 1,560 patients (with 946 on ART) through its subcontract with UM. By March 2009, I-TECH will have supported approximately 2940 adult patients in care at HUEH (with 777 patients on ART) and 2250 adult patients in care at HUJ (with 900 patients on ART).

ACTIVITY 1: I-TECH will continue its contract with UM to extend HIV care and treatment services in the North Department and to consolidate HUJ as a Regional Center of Excellence for HIV Clinical Training. Through a subcontract with HUJ to support hospital personnel, supplies, materials, and patient support services, UM will extend HIV care and treatment to 4000 HIV infected adult patients, with 1200 patients on ART. UM will provide on-going supervision within the Family Practice Center (FPC) at HUJ, the primary site for outpatient HIV care, and will provide mentorship and leadership in coordinating program activities within other units of HUJ, including preventive medicine service (PMS), which is responsible for community-based care services and ART adherence support. UM will also plan, deliver, monitor, and evaluate HIV clinical training for health care workers including: 11 family practice residents in a three-year residency program; five residents (internists/ obstetrics & gynecologist [OBGYN]) through one-month rotations; basic HIV training for 50 final year nursing students, 35 final-year laboratory technology students, and 80 medical interns; a one-month rotation in collaboration with I-TECH for 10 generalist physicians enrolled in the HIV care training program; a basic review course on HIV palliative care training for 10 providers in the North Department; skills assessments and regular feedback to residents and advanced HIV clinical care trainees; and an HIV training of trainers course on the National HIV Curriculum for 12 physicians/preceptors. UM will also collaborate with I-TECH on a joint initiative for advanced HIV/AIDS clinical care training for nurses. Finally, UM will continue to supervise 10 clinics within the North Department's HIV care referral network.

ACTIVITY 2: I-TECH will continue its contract with Cornell for placement of two resident technical advisors at GHESKIO, a center responsible for training, on-site TA, and quality assurance (QA) to 14 ARV scale-up sites in Haiti. One resident technical advisor will split his/her time 50/50 between the National Public Health Laboratory (NPHL) and GHESKIO focusing on molecular biology and co-management of HIV/tuberculosis (TB) and HIV/multidrug-resistant (MDR)-TB. The second resident technical advisor will dedicate approximately 40% of effort to training of physicians from HUEH, and 60% of effort to training biomedical personnel at GHESKIO. Cornell advisors will reinforce GHESKIO in addressing advanced HIV care issues (resistance, adherence, chronic illnesses associated with greater survival, integrated care spanning adult, pediatric and prevention of mother-to-child transmission [PMTCT] services), and in implementing new laboratory technologies for surveillance of ARV and TB drug resistance in Haiti. Cornell will assist GHESKIO trainers to improve HIV clinical training courses, will carry out monthly site visits with mobile supervision teams, and will provide monthly in-service sessions for GHESKIO colleagues. Finally, the Cornell advisors will provide technical expertise to the MOH in developing national care and treatment guidelines, protocols, standard operating procedures and training curricula.

ACTIVITY 3: I-TECH will continue to lead improvements in quality of care and access to HIV services at HUEH, through placement of nine full- and part-time HIV clinical mentors. I-TECH will support HUEH to expand HIV services reaching 3600 patients in care with 1150 patients on ART. Clinical mentors will complete patient rounds, chart reviews, and case conferences with residents, interns, and medical students in the infectious disease unit and the pediatric unit of HUEH, with emphasis on ART management, TB/HIV co-infection and prevention of opportunistic infections (OIs). I-TECH will also organize a mobile team to provide clinical mentoring and assistance to remote sites. As part of this new clinical mentoring outreach program, I-TECH will conduct mentoring of mentors (MOM) to expand the number of clinical mentors working to improve the quality of services provided at six additional ART sites. I-TECH will establish a warm line telephone service to provide expert clinical advice on HIV/AIDS management to health care providers with limited access to on-site expert consultation for HIV/AIDS care and treatment. The warm line will facilitate technical assistance to providers working in the field, thus nurturing regular communication between senior mentors and providers.

I-TECH will produce several short trigger video segments on skills for quality clinical mentoring/practicum training, in conjunction with facilitation materials. The "trigger" methodology presents brief open-ended videos featuring real clinical scenarios or acted situations, and asks the viewer to respond. Usually presented in a facilitated context, these videos will allow mentors to present scenarios to mentees, on video, which are not encountered in their normal clinical rounds, and facilitate teaching by eliciting their reactions or analysis of the video, and discussing them.

I-TECH will continue to collaborate with the Center for Information and Training in Health Administration (CIFAS), an MOH training unit co-located at HUEH, to continue to provide three-week theoretical and practical training sessions using the newly revised national ART curriculum for junior and mid-level providers from throughout Haiti. These training sessions will be supplemented by I-TECH's global distance

Activity Narrative: learning initiative, which began in 2007 and provides cutting-edge case-based HIV clinical updates through videoconference technology. To support professional development among lead trainers at HUEH, I-TECH will sponsor nine people (both I-TECH clinical mentors and HUEH counterparts) to attend the annual I-TECH Clinical Summit or another external study tour.

Through its partnership with HUEH, I-TECH will implement a six-month competitive advanced fellowship course on HIV care and treatment for 10 general practitioners currently working at PEPFAR sites. Fellows will spend mornings on the wards and in outpatient clinics managing HIV infected patients, including patients with TB/HIV co-infection, and afternoons rotating through other services or in seminars related to best clinical practice, management and leadership, quality improvement (QI) strategies, and other topics. I-TECH will support a visit by Haiti staff to the successful I-TECH India/Tambaram Hospital fellowship program.

ACTIVITY 4: I-TECH will continue its nursing initiative at HUEH, with the goals of enhancing the role of nurses within the HIV care team through training advanced practice nurses in a 6-week intensive course. Following training, these HIV-specialist nurses will be capable of providing primary clinical management of stable HIV patients. I-TECH's two HIV nurse mentors will continue to collaborate with nursing supervisors at HUEH to deliver theoretical training sessions on HIV patient management, patient education, nutrition, and other topics and will supervised practical rotations in the HIV outpatient clinic and other services of HUEH. As a joint initiative at HUEH, HUU and the Collaborative Agreement Partner of the MOH, Plan National, I-TECH will support expansion of this training program to reach 90 nurses. Participants will be drawn from several scale-up sites in Haiti where I-TECH and Plan National mobile clinical mentoring teams have established relationships for on-site supervision and follow-up technical assistance; at these sites, health care human resources are lacking and nurses must step into a lead role in managing HIV patients. I-TECH will fund partner UM to conduct a parallel program at HUU in Northern Haiti, and will support two annual exchange visits between leads of the two programs to share experiences and lessons learned. I-TECH nurses will also continue to work with the leadership at HUEH to evaluate the role of nurses relative to care protocols and patient flow patterns in order to optimize the level of nurse responsibility and improve patient care, and will continue to support training of nursing students completing rotations at HUEH.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17232

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17232	5463.08	HHS/Health Resources Services Administration	University of Washington	7698	3142.08	ITECH	\$2,750,000
9343	5463.07	HHS/Health Resources Services Administration	University of Washington	5151	3142.07	ITECH	\$2,300,000
5463	5463.06	HHS/Health Resources Services Administration	University of Washington	3142	3142.06	ITECH	\$1,505,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

* TB

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$1,000,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 4734.09

Prime Partner: Catholic Relief Services

Funding Source: Central GHCS (State)

Budget Code: HTXS

Activity ID: 8162.28967.09

Activity System ID: 28967

Mechanism: Track 1 AIDS Relief

USG Agency: HHS/Health Resources
Services Administration

Program Area: Treatment: Adult Treatment

Program Budget Code: 09

Planned Funds: \$302,679

Activity Narrative: ACTIVITY UNCHANGED

SUMMARY:

The overall goal of the AIDSRelief ARV services and supply chain, in collaboration with the Partnership for Supply Chain Management (PFSCM), is to ensure that the necessary infrastructure, systems and skills are in place for efficient forecasting, procurement, warehousing and distribution of high quality, safe and effective ARVs plus related health supplies to the various local partner clinics and hospitals (LPTF) and the effective monitoring of their use. Target populations include adults, infants, children, and youth infected with HIV, who seek medical services at any AIDSRelief hospital. Emphasis areas include commodity procurement, local organization capacity development, logistics, infrastructure, and training. AIDSRelief will continue to use its significant experience to maintain supply chain capacity at the LPTF level. AIDSRelief is expected to scale up from 8 to 12 ARV sites and 20 palliative care/PMTCT sites.

BACKGROUND:

During Years 1-3, ARV drug management under AIDSRelief program was an activity carried out in collaboration with the WHO/PAHO PROMESS Program, which supports other government drug management activities in Haiti. As of FY 07, this activity has been transferred to PFSCM, which is mandated for procurement, customs clearance, warehouse and distribution.

ACTIVITIES AND EXPECTED RESULTS

The following specific activities related to ARV drug management will be undertaken:

Activity 1:

- Strengthen local capacity in the area of pharmaceutical management and support.
- Train and mentor key pharmacy personnel in order to strengthen their skills and improve their capabilities in drug forecasting, quantification, ordering, inventory management, drug information management, drug utilization monitoring and rational drug use.
- Continue computerization of drug dispensing records at LPTF pharmacies through the SIMPLE software.
- Promote best practices in pharmacy management. Key pharmacy staff will visit other LPTFs to exchange lessons learned and adopt best practices. This initiative to improve learning is also part of an overall staff retention strategy.

Activity 2:

- Maintain structural improvements made in YR4 for the current 8 existing facilities to improve drug storage and management of drug stocks, and continue improvement in Yr 5, as necessary.
- Assess the potential new sites for refitting to increase storage space and to accommodate site scale-up.

Activity 3:

- Collaborate with other stakeholders involved with HIV/AIDS care in order to continue to improve efficiency.
- Collaborate with SCMS Project and the Government of Haiti to strengthen supply chain and pharmacy management capacity of AIDSRelief's LPTF.
- Conduct joint training sessions, sharing of materials, joint planning and regular meetings in order to ensure harmonization of different systems and to ensure that in-country supply chain systems are prioritized, strengthened and that overall pipeline for supply of ARVs continues without interruption.

Activity 4:

- Distribute ARVs of highest quality through its eight clinical facilities and potential sites.
- In keeping with PEPFAR's goal of clinical excellence, AIDSRelief will ensure patients uninterrupted access to treatment.
- Continue to increase enrollment; improved pharmacy management and infrastructure will be prepared to accommodate program expansion.

Activity 5:

- Maintain sites drug therapeutic committees (DTC) formed in YR4 to monitor clinical, drug utilization and rational drug use in order to enhance community adherence and community care at the LPTF level.
- Ensure linkages between site pharmacy personnel in order to enhance greater adherence and treatment support.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17164

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17164	8162.08	HHS/Health Resources Services Administration	Catholic Relief Services	7676	4734.08	Track 1 ARV	\$302,679
8162	8162.07	HHS/Health Resources Services Administration	Catholic Relief Services	4734	4734.07	Track 1 ARV	\$302,679

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 8723.09 **Mechanism:** C Radio
Prime Partner: Pact, Inc. **USG Agency:** U.S. Agency for International Development
Funding Source: GHCS (State) **Program Area:** Treatment: Adult Treatment
Budget Code: HTXS **Program Budget Code:** 09
Activity ID: 19588.28867.09 **Planned Funds:** \$100,000
Activity System ID: 28867
Activity Narrative: USAID Haiti's Civil Society Responsibility Project
New/Continuing Activity: Continuing Activity
Continuing Activity: 19588

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19588	19588.08	U.S. Agency for International Development	Pact, Inc.	8723	8723.08	USAID/Haiti's Democracy and Governance Office/ Civil Society Responsibility Project	\$100,000

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 8343.09 **Mechanism:** HIV/QUAL
Prime Partner: New York AIDS Institute **USG Agency:** HHS/Health Resources Services Administration
Funding Source: GHCS (State) **Program Area:** Treatment: Adult Treatment
Budget Code: HTXS **Program Budget Code:** 09
Activity ID: 19060.28866.09 **Planned Funds:** \$300,000
Activity System ID: 28866

Activity Narrative: The National HIV Quality of Care (HIVQUAL) program is a capacity building initiative using a framework for quality management linking three core components: performance measurement, quality improvement (QI) and quality management program. HIVQUAL-International in Haiti (HIVQUAL-H) is executed under the leadership of the Ministry of Health (MOH) in close collaboration with the Centers for Disease Control and Prevention (CDC)-Haiti for program management and technical support with input and assistance from partners represented in the HIVQUAL National Committee. From its inception, the program developed a clear model for knowledge transfer. Early implementation involved the training and mentoring of the HIVQUAL core team, which includes MOH, CDC-Haiti and the International Training and Education Center on HIV (I-TECH) staff. Training and mentoring of the team by the United States (US) HIVQUAL (HIVQUAL-U) staff incorporated participation in a Training-of-Trainers (ToT) session in the US, Study Tours in New York (NY) as well as intensive sessions in Haiti, with co-lead visits to pilot sites. Under guidance from HIVQUAL-U, this core team then trained staff from departments represented by clinics selected for the pilot phase of the program. Progression of HIVQUAL-H will be led by the core team under mentorship from HIVQUAL-U. The team will ensure the spread to other clinics through training and mentoring of additional departmental and key clinics' staff. Structured instruction includes: additional ToTs and study tours to the US and consultation regarding resources and training. It is expected that once the program is spread to incorporate all clinics in the country, the oversight infrastructure previously described will enable the program to be sustained with minimal support from HIVQUAL-U. The HIVQUAL-H program will continue to function under the auspices of the MOH with ongoing advice from the HIVQUAL National Committee and through the execution of the core team. The core team will continue to provide support and mentoring to department staff, which in turn will continue to serve as coaches to clinics.

BACKGROUND: The HIVQUAL-H program is executed under the leadership of the MOH in close collaboration with CDC-Haiti for program management and technical support and with input and assistance from implementing partners represented in the HIVQUAL National Committee including: AIDS Relief, Catholic Relief Services (CRS), Haitian Group for the Study of Kaposi's sarcoma and Opportunistic Infections (GHESKIO), Family Health International (FHI), International Training and Education Center on HIV (I-TECH), Management Science for Health (MSH) and non-governmental organizations (NGOs), Institut Haïtien de l'Enfance (IHE) and Partners in Health (PIH). Between fiscal year (FY) 07 and FY08, a core team was established for the program which includes MOH, CDC - Haiti and I-TECH staff. The core team participated in quality management (QM) and ToT sessions and in turn, organized and delivered a large scale training session of regionally-based departmental staff and key staff from pilot sites. Adult care and treatment, prevention of mother-to-child transmission (PMTCT) and pediatric indicators were introduced to 20 pilot sites, which included referral hospitals, department hospitals, and community health centers (CHC). Data are mostly collected through the national Electronic Medical Record (EMR) from pilot sites and was aggregated and distributed for benchmarking. Staff involved in HIV care at each pilot site was trained by the core team and departmental staff in QM. Departmental staff continued to support pilot sites through TA and coaching to ensure the sustainability of their QM programs. Starting in FY08, HIVQUAL partnered with the PMTCT collaborative lead by Haitian Institute for Community Health (INHSAC) and MOH/National Plan. Representatives from INHSAC joined the HIVQUAL National Committee and the core team with the goal of encouraging sites to do QI projects on PMTCT. The second round of data collection will be completed and a report issued with the program expanding to 60 clinics in FY08. Several QI trainings were completed in addition to a ToT program.

In FY09, HIVQUAL-H will expand from 60 facilities to 120 facilities. Indicators measured through HIVQUAL-H include patient retention, cluster of differentiation 4 (CD4) monitoring, eligible patients in ART, adult and pediatric cotrimoxazole prophylaxis, treatment adherence, TB testing, nutritional evaluation, prevention with HIV+ females and pediatric vaccinations.

Activity 1: The specific emphasis is at the clinic-level, adapting methods of QI to each organization's particular systems and capacities. An assessment tool to measure the capacity of the QM program at each facility is used and will measure growth of capacity while also guiding coaching interventions. HIVQUAL has a unique and strong infrastructure component that emphasizes internal organizational growth and systems development that aims to integrate QM into routine activities of care programs. Documentation systems are enhanced through these activities leading to development of tracking systems that can improve clinical monitoring of patients and retention in care.

Activity 2: Facility-specific data will be aggregated to provide population-level performance reports that indicate priorities for national and regional QI activities. Both internal and external factors are identified that can be improved: the former within the clinic and the latter by raising issues to the MOH HIVQUAL-H team.

Activity 3: HIVQUAL-H will continue to support regional and district networks of providers who are engaged in QI activities fostering coordinated approaches to address challenges unique to each area, including, for example, human resource shortages and coordination of care among multiple agencies and donors, as well as community follow-up and adherence services.

Activity 4: Expansion in 2009 will progress to monitor pediatric in addition to the adult and PMTCT indicators. A set of pediatric indicators will be selected and integrated in the data reports.

Activity 5: There will be focus on fostering consumer involvement in QM programs. Expansion facilities are selected through a coordinated planning approach led by MOH and CDC-Haiti. Meetings of providers will be held to share best practices and QI strategies.

Activity 6: Spread of coaching and mentoring led by the HIVQUAL-H core team will occur through intensive support of partner organizations (e.g. I-TECH, GHESKIO) as well as USG partners (AIDS Relief) to promote development of their agency-wide QM programs with guidance from the team. Sponsorship by department officers will be encouraged. Additional QI training will be provided jointly with Haitian HIVQUAL-H partners to adult and pediatric providers. Additional trainings and TOT programs will be supported as well as requested work with organizations to expand the capacity of QI trainers within Haiti. The US HIVQUAL team will continue to mentor the HIVQUAL-H team to deepen its skills to oversee QM programmatic

Activity Narrative: activities, evaluate the progress of the HIVQUAL-H program and recommend growth and improvement activities to the HIVQUAL-H team. Additional data collection from participating sites will occur, with generation of performance data reports, QI project reports and comparative analyses. Indicators will be refined following data collection in consultation with MOH and key stakeholders. John Snow, Inc. (JSI) has been contracted by Human Resources International (HRI) as detailed in its scope of work to evaluate the work of HIVQUAL-International in achieving its desired goals of building capacity for quality management. In FY09, HIVQUAL-U is expected to reach 60 sites clinics and integrate more pediatric care and PMTCT services. Study tour to the US is planned for a delegation from MOH and the HIVQUAL-H team. Travel support to an international QI conference is planned to further the education of key staff in the methods and theory of QI in venues which are not available outside of the US or Europe.

New/Continuing Activity: Continuing Activity

Continuing Activity: 19060

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19060	19060.08	HHS/Health Resources Services Administration	New York AIDS Institute	8343	8343.08	HIV/QUAL	\$300,000

Emphasis Areas

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * Safe Motherhood
- * TB

Military Populations

Refugees/Internally Displaced Persons

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Program Budget Code: 10 - PDCS Care: Pediatric Care and Support

Total Planned Funding for Program Budget Code: \$1,250,000

Program Area Narrative:

As of September 2008, approximately 95,000 people living with HIV/AIDS (PLWHA) have received basic care and support from the United States Government (USG) team partners. This number represents approximately 50% of the estimated 200,000 HIV

infected persons in Haiti. The USG Team expects to reach about 120,000 PLWHA by the end of September 2009 and 130,000 by the end of September 2010, with seven percent of this total being children. The program focus is to provide clinical, home based care as well as psychological, social-economic and community support to PLWHA enrolled at counseling and testing (CT), prevention of mother-to-child transmission (PMTCT), anti-retroviral (ARV) treatment and tuberculosis (TB) sites.

For clinical care the priority has been to provide laboratory and clinical assessment and follow up for all PLWAs detected through the system to prevent and treat opportunistic infection (OI), to screen for TB, and to ascertain the optimal time for ARV initiation according to national guidelines. To this end, resources have been provided through the ten care and treatment networks—Groupe Haitien d'Etude du Darcome de Kaposi et des Infections Opportunistes (GHESKIO), Partners in Health (PIH), Ministry de Santé Publique et Population (MSPP), AIDSRelief and Management Sciences for Health (MSH), International Child Care (ICC), Fondation Pour La Santé Reproductive et l'Education Familiale (FOSREF), Promoteur Objectif Zero Sida (POZ), Family Health International (FHI) and a To Be Determined (TBD) —to reinforce about 100 sites (including about 15 TB sites) throughout the country with trained clinical and community personnel, basic laboratory testing (including CD4), patient monitoring tools (chart, register), and regular supplies of laboratory commodities and drugs for opportunistic infections (OI). FOSREF and POZ are two networks specialize in prevention services for youth and men who have sex with men (MSM) respectively in order to meet specific needs for these high risk groups.

This year the focus will be to reinforce the package of clinical care services with nutritional assessments and distribution of food and micronutrients as a prescription, and with end of life issues such as pain management according to national norms and protocols. Linkages are being reinforced between palliative care services and ARV and TB services to ensure a continuum of care to PLWHA eligible for highly active antiretroviral therapy (HAART) or diagnosed with TB.

For home based care, the priority has been to build a bridge between the sites and households in order to 1) track HIV patients (including pregnant women and children) enrolled at these sites, 2) provide minimal care, prevention, and counseling services at home according to national norms, 3) monitor their adherence to treatment and 4) make referrals to clinics when necessary. Over the years, the package of home based care has varied from one network to another. PIH has an important network of community personnel known as *accompagnateurs* (companions) that deliver comprehensive directly observed therapies (DOTs), HAART, social support, and prevention services integrated with TB, Sexually Transmitted Infections, child survival, and maternal care. Others like MSH/SDSH and AIDSRelief have built on existing community network for maternal and child health program to deliver HIV home based care integrated with prevention and education activities. Networks with no other community program, such as GHESKIO, hire specialized health agents to perform tracking and provide limited HIV care at home.

With existing resources, efforts are being made to standardize and reinforce the package of home based care with minimum counseling, support, and prevention services that will include distribution of condoms, Oral Rehydration Solution (ORS) and pain killers, education directed toward the family for best health and nutrition practices, and for positive attitude based on national guidelines.

For psychological support, efforts were made to make psychologists available at most ARV sites. These mental health personnel help reduce denial and improve adherence to treatment by PLWHA. All of the networks around ARV sites have taken steps to create PLWHA support groups and are structured to provide emotional support to PLWHA and their families, promote positive attitudes and reduce stigma.

Since FY 07, the USG team has taken steps to address the limited access to socio-economic services, food, and community preventive care package experienced by PLWAs to date. In each of Haiti's 10 regional departments, a lead CBO has been identified to work through local CBOs and in collaboration with CT, PMTCT, Care and treatment sites to deliver a package of psycho-social, community and economic support as well as preventive care services to PLWHAs and their families. The program has integrated this package with orphan and vulnerable children (OVC) services to offer a family-centered approach. Emphasis was put on : distribution of food through linkages with Title II food programs, commodities for safe drinking water, hygiene kits, bed nets for malaria prevention in linkages with the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) and the Ministry of Health (MOH) partners, psychological and counseling support services through PLWHA support groups, etc.

This approach has been successfully implemented this year and a continuum of support has been provided to most of the patients enrolled in clinical care and treatment services from the clinics to the community. In addition the USG has identified a fortified, precooked food product for distribution to PLWHA, by prescription, at the clinic. A plan of distribution has been put in place to make this food available through different sites for malnourished PLWHA including children.

With FY 2009 resources the USG will continue to support the same package of clinical, psychological, home based and socio-economic services as is being reinforced this year to reach close to 130, 000 patients by September 2010. The point of entry for these patients will continue to be the system of care. The number of sites offering clinical care will be expanded to 120, including 20 TB sites. Thru the CBO, efforts will be made to scale up the package of socio-economic and community support in all ten departments to provide services to 100% of PLWHA thru the family centered approach with particular emphasis on: a) providing shelter to PLWHA in need b) nutrition assessment, counseling and feeding support for clinically malnourished PLWHA as a component of clinical care and treatment (Food by Prescription) and c) link with the OVC program for school fees support d) leveraging with other NGOs involved in job creation and receiving USAID funds such as KATA and CHF, to provide jobs and income generating activities to a greater number of PLWHA e) linkages with churches to provide more spiritual care to PLWHA and their families.

More emphasis will be put this year on addressing the needs of infected and vulnerable children. With the increased food insecurity in Haiti, the rate of child malnutrition is expected to worsen. Food by Prescription at the sites will address both the issue of malnourished children with the Ready to Use Therapeutic Feeding (RUTF) as well as preventive intervention for micronutrients deficiency with fortified blended food for children from 6 months to 3 years, pregnant women and lactating women. Safe water

use for the family will be promoted as an element of the package to decrease the episodes of diarrhea which is a leading cause of infant mortality in Haiti. Comprehensive clinical approach with improved coverage for immunization, regular weight control, Vitamin A supplementation and de worming will add on the complete the services provided to the children in terms of care and support.

The main partners for this program will be the ten networks mentioned above (MOH, PIH, GHESKIO, AIDS Relief, FOSREF, POZ, MSH, ICC, FHI and TBD) that will continue to provide clinical care in linkages with treatment services. For community support services, FHI will continue to be the main CBO for two departments (North and South East) while for the other 8 departments new mechanisms are being determined thru a competitive process this year to channel this support. The program will procure laboratory supplies and equipment as well as OI drugs and preventive care commodities through the Partnership for Supply Chain Management. POZ will continue supporting PLWHA support groups and PLWHA associations.

Program Area Target:

Number of service outlets providing HIV-related palliative care (excluding TB/HIV): 130
 Number of individuals provided with HIV-related palliative care (excluding TB/HIV): 130,000 (9100 being children)
 Number of individuals trained in clinical care: 300
 Number of individuals trained in community palliative care: 800

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID: 3831.09	Mechanism: SCMS
Prime Partner: Partnership for Supply Chain Management	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: Pediatric Care and Support
Budget Code: PDCS	Program Budget Code: 10
Activity ID: 28952.09	Planned Funds: \$300,000
Activity System ID: 28952	
Activity Narrative: Rates of malnutrition in Haiti are among the highest in Latin America. According to the Demographic Health Survey of 2005- 2006, 24% of children less than five years are stunted, 9 % are wasted and 22% are underweight. 61% of children under five with the highest prevalence in children 12 -17 months and 50% of pregnant women are anemic. Food insecurity in Haiti has worsened considerably leading to the recent upheaval of May 2008. In that context, PEPFAR /Haiti is engaged in a prevention and curative approach for PLWHA as food by prescription , a component of clinical care and treatment at the sites.	
Activities and expected results:	
Activity 1: Ready to use therapeutic feeding for malnourished children and adults.	
SCMS will do the procurement of ready to use therapeutic food (Medika Mamba) a locally produced peanut based high energy product which is expected to have soon UNICEF certification and the distribution to the PEPFAR sites where it will be stored at the pharmacies and given as a food by prescription to all malnourished children and adults responding to the criteria and following the guidelines established by the Ministry of Health.	
Activity 2: Fortified blended flour.	
SCMS will do the procurement and distributions of a fortified blended food from the sources provided by the World Food Program and do the distribution at the PEPFAR sites. This fortified product which will abide by international standard will be given as food by prescription to children from 6 months to three years and for pregnant women, lactating women attended at the sites as a preventive intervention. 3500 pregnant and lactating HIV+ women and 4000 OVC 6months to 3 years are expected to benefit from that intervention.	

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID: 3125.09	Mechanism: National AIDS Strategic Plan
Prime Partner: Ministre de la Sante Publique et Population, Haiti	USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Care: Pediatric Care and Support

Budget Code: PDCS

Program Budget Code: 10

Activity ID: 5472.28655.09

Planned Funds: \$150,000

Activity System ID: 28655

Activity Narrative: The narrative will be modified in the following ways:

1. The MOH, through the electronic database system, will closely monitor the outcomes of the treatment program at each of its five ARV sites such as: Cluster of Differentiation 4 (CD4) changes, mortality rate, patient adherence etc. The data will be reviewed every three months by a team of mentors and poor outcomes will be addressed and corrected.
2. MOH will collaborate with training institutions such as the Haitian Group for the Study of Kaposi's sarcoma and Opportunistic Infections (GHESKIO) and the International Training and Education Center on HIV (I-TECH) to train nurses to deliver treatment services in order to reinforce and expand this program at the different sites.
3. MOH will collaborate with NYAIDS Institute and Center for Disease Control to ensure that the HIVQUAL QA/QI model is fully integrated in its five ARV sites to ensure continuous improvement in the infrastructure and service quality at these sites.

SUMMARY. The Ministry of Health (MOH) will sustain the provision of a basic package of palliative care services within a network of 30 public sites including dispensaries, community hospitals, departmental hospitals and University Hospital spread across the 10 geographical departments of the country. In Fiscal Year (FY) 2008 efforts will be devoted to: (i) ensuring that the ratio of clinical personnel per patient is adequate, (ii) hiring more social workers and community health workers (iii) creating more people living with HIV/AIDS (PLWHA) supports groups, and (iv) continuing to subsidize patients for hidden costs linked to the access to services. The program will focus on: (i) expanding capacity of palliative care sites to perform follow up of stable patients on anti-retroviral (ARV) services, (ii) developing a post graduate nurse practitioner program, and (iii) creating at the regional level capacity to provide training in basic community care and support to community health workers. The emphasis areas for this component are: (i) community mobilization and, (ii) human resource development. The primary targets are the 15,000 patients expected to be served by this network in FY 2008.

BACKGROUND. The President's Emergency Plan for AIDS Relief (PEPFAR) funds a network of public health sites through a variety of funding mechanisms. In FY 2006 and FY 2007, many of these sites have become voluntary counseling and testing (VCT) sites through United States Government (USG) support. The 25 sites currently functional out the 30 planned for FY 2007 have tested 45,466 patients from October 2006 to May 2007 and have enrolled 6,958 patients over two years of providing services. One of the challenges to the program has been retaining positive patients after they are screened. For instance 58% of the 4,665 patients who tested positive from October 2006 to May 2007 have been enrolled into care. This suggests interventions are needed not only at the site level, but also at a broader level to remove some of the structural constraints that affect the provision of care, generally. Indeed, the fact that providers of care, so far, remain restricted only to physicians (who are in short supply) limit the number of providers available to provide care. The re-introduction of community health agents in the public sector, after more than 30 years, has provided the sites with increased capacity to reach patients within their families and their communities. However, there are very few places where community health agents can receive training and acquire the competencies needed to do their job. The Ministry of Health (MOH) is ready to take the necessary steps in FY 2008 to address those structural problems by, for instance, initiating a nurse practitioner program to prepare nurses to head services at the peripheral sites, and by creating capacity to train health workers in several departments.

ACTIVITIES AND EXPECTED RESULTS.

Activity 1: Provision of field support to 30 sites to enhance their clinic-based activities for management of OIs through appropriate diagnosis and treatment, and organization of nutrition and psychological support services. These sites include: three large university hospitals, nine geographical departmental hospitals, and multiple community hospitals and health centers. The sites are expected to provide services to a network of 15,000 patients. Funding will cover the cost for a trained multidisciplinary team composed of physicians (only for large sites), dedicated nurses, social workers, laboratory technicians, and community health workers. The funding will also support basic office and medical equipment, supplies, and utilities such as water, communication, and power. Some refurbishing will be allowed especially to enhance laboratory capacity, drug storage, and clinical management.

Activity2: PLWHA retention package: Across the board, the attrition of patients enrolled in care remained fairly high (about 40%). The program this year will try to address some of the contributing factors in a discrete fashion by earmarking funding destined to these activities so that they are not used for other priorities at the facilities. Social workers, who are directly in contact with patients, will trigger the expenses. This component will cover the: (i) the multiplication of PLWHA support groups so that at least 80% of patients can join those groups. It has been noted that participation in support groups has improved patient adherence to treatment as well as their acceptance of the disease. However, limited resources has only allowed each site to constitute, on average, three groups of 25 patients, (ii) subsidies for travel cost for patients and their accompagnateurs when they visit the clinic, and (iii) subsidies for additional costs related to laboratory and medical procedures not covered directly by the program, but which are necessary.

Activity 3: Home based care: MSPP will increase the number of community health workers to accommodate a scale-up of care to patients at each of the sites within its network. The community workers will be in charge of tracking patients (including pregnant women enrolled in PMTCT and infected and exposed children), provide at home adherence support, health education on best health and nutrition practices, counseling for positive behavior, distribution of care and preventive commodities such as condom, ORS, and pain medications, according to the guidelines, and to make appropriate referrals. Appropriate training will be provided to the community workers on symptom recognition, and syndromic treatment, particularly when they have patients experiencing health or psychosocial problems.

Activity 4: Development of a post graduate nurse practitioner training program. Currently nurses are the most vital and the most stable element of the program with functions varying from site managers, counselors, nursing care, to drug dispensers. The majority live in the communities where they work and represent six to eight times the number of physicians available nationwide. Having nurses trained as practitioners would rapidly increase access to services. There is also need to improve skills in nutrition

Activity Narrative: assessment and management of malnourished PLWHA. Nurses would not only provide palliative care services, but would also provide primary clinical management of stable ARV patients under the oversight of their referral centers. This will increase the operational capacity of the ARV sites, which are overburdened currently, to recruit and treat more patients. The curriculum of the course is in development by ITECH and the Ministry of Health would support training logistics, which would take place at two of the university hospitals: Hopital Universaire d'Etat de haiti (HUEH) and Hopital La Paix. One hundred nurses would be trained at an average cost of US \$ 800 per nurse. A total of \$800,000 would cover living stipends of the fellows.

Activity 5: Development of capacity at the regional level to train community health workers. Community health workers (CHW), under the supervision of the social worker, serve as the principal liaison between the health facility and PLWHA. They usually conduct home visits of PLWHA, ensure adherence to drug regimens, provide advice on personal care, identify or help develop self-support groups to which PLWHAs could be enrolled, help plan community meetings to dispel myths about HIV and combat stigma, refer PLWHAs needing acute care to the nearest health facility, and refer PLHWAs in need of economic or nutritional support to the appropriate agency. Initially, when there were only two training models on which to build—GHESKIO and PIH—training was limited. However, there are now centers of excellence in each departmental directorate, and it is possible to tap into existing teaching capacities and train community health agents locally. Four hundred CHWs would be trained.

Targets.

Number of service outlets providing HIV-related care palliative care: 30
 Number of individuals provided with HIV-related care and support (excluding TB): 12,000
 Number of individuals trained to provide HIV-related palliative care: 500
Emphasis areas:
 Development of networks/linkages/Referral systems: 70%
 Linkages with other sectors/initiatives: 20%
 Training: 10%

New/Continuing Activity: Continuing Activity

Continuing Activity: 17198

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17198	5472.08	HHS/Centers for Disease Control & Prevention	Ministre de la Sante Publique et Population, Haiti	7688	3125.08	National AIDS Strategic Plan	\$1,100,000
9314	5472.07	HHS/Centers for Disease Control & Prevention	Ministre de la Sante Publique et Population, Haiti	5134	3125.07	National Plan Mechanism	\$800,000
5472	5472.06	HHS/Centers for Disease Control & Prevention	Ministre de la Sante Publique et Population, Haiti	3125	3125.06		\$600,000

Emphasis Areas

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$50,000

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 3337.09	Mechanism: PIH
Prime Partner: Partners in Health	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Care: Pediatric Care and Support
Budget Code: PDCS	Program Budget Code: 10
Activity ID: 4501.27515.09	Planned Funds: \$200,000
Activity System ID: 27515	

Activity Narrative: The activities in this program seek to optimize quality of life for HIV-infected pediatric patients and their families and to prevent the transmission of HIV and other sexually transmitted infections (STIs). Community-based care and support will be conducted within PIH/ZL's "four pillars" model for implementing a comprehensive HIV program in the context of primary care: 1) HIV prevention and care, including voluntary counseling and testing (VCT); 2) detection and treatment of tuberculosis (TB) and other opportunistic infections; 3) detection and treatment of sexually transmitted infections (STIs); and 4) women's health and prevention of mother-to-child transmission (PMTCT) of HIV services. The primary emphasis areas for these activities are Gender: increasing women's access to income and productive resources and Wraparound programs: Child Survival Activities, TB, safe motherhood. The primary target population for community based care and support is people affected by HIV/AIDS and prevention activities for the general population.

Activities will be carried out at 10 sites in Haiti's Central Department (Belladère, Boucan Carré, Cange, Cerca La Source, Hinche, Lascahobas, Thomonde, as well as the new expansion sites of Mirebalais, Saut d'Eau, and Savanette) and 4 sites in the Artibonite Department (Petite Rivière, St. Marc, Project ZeroSIDA (POZ), and the new expansion site of Desdunes). Activities in St. Marc will be carried out in collaboration with the Hôpital St. Nicholas (HSN) and Services de Santé de Premier Echelon (SSPE) as well as at La Fondation Esther Boucicault Stanislas (FEBS) and Brocozel. Certain activities will also be carried out at health posts in Segur and Jean Denis, which report their numbers through Petite Riviere.

The PIH/ZL HIV Equity Initiative has relied on sustained funding from the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), as well as the President's Emergency Program for AIDS Relief (PEPFAR), to operate over the past six years. Our GFATM Round 1 grant ended in December 2007. In 2008 we received Bridge Year funding and expect to receive renewed funding through the rolling continuation channel (RCC) in 2009, but this is not enough to sustain current services. This specific application does not include budget lines for ARVs. However, we are expecting, for new patients enrolled after December 31, 2008, to receive ARVs through PEPFAR's Supply Chain Management System (SCMS) beginning in 2009. If this co-financing is not received, PIH/ZL will need to adjust all targets listed here, including, perhaps, a reduction in the number of service outlets.

BACKGROUND:

PIH/ZL's pediatric community-based care and support activities are part of a comprehensive HIV prevention and treatment program started by PIH/ZL in 1998; expanded through the public sector beginning in 2002 in partnership with the Haitian Ministry of Public Health and Population (MSPP) and with funds from the GFATM and further expanded to Hinche, Cerca La Source, Petite Rivière and St. Marc with the support of PEPFAR in the COP 2005, 2006, 2007, and 2008. Since 2004, the program has been a collaboration between these four key partners—PIH/ZL, MSPP, GFATM, and PEPFAR. Since 2005, work in the Artibonite region has been strengthened by involving several non-governmental organizations (NGO) partners in St. Marc—SSPE, Promotion Objectif Zerosida (POZ), and La Fondation Esther Boucicault Stanislas (FEBS)—and in Petite Rivière—Centre Medical Charles Colimon (CMCC)).

For a decade, PIH/ZL's pediatric community-based care and support activities have been delivered by complementing a high standard of clinical care with a strong community-based network of accompagnateurs. As a routine part of ARV services, all pediatric patients are seen daily in their homes by their accompagnateur. These visits also serve as opportunities to monitor outcomes and provide palliative services. If patients experience side effects, advanced disease, or other barriers to positive outcomes, the accompagnateur addresses the situation either directly or through a referral to a clinic. If the accompagnateur sees other health problems developing in the household, such as a sudden weight loss of a family member, they will bring that individual in for treatment.

The proposed pediatric community care and support activities address gender issues by mitigating the burden of care on women and girls by linking pediatric care programs with resources such as psychosocial support groups and assistance with the provision of school fees as well as income-generating resources.

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

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Accompagnateur Employment and Training

The first activity is employment and training of PIH/ZL's accompagnateurs. In 2009, we expect that approximately 16 new accompagnateurs will be hired to provide services to additional pediatric HIV-positive patients. Accompagnateurs, through their provision of community-based supervision and monitoring, are the backbone of PIH/ZL's ARV services. Funding will also be used to provide accompagnateurs with ongoing trainings in the delivery of palliative care. Accompagnateurs will continue to make the link between clinical services and community services possible.

ACTIVITY 2: Social and Psychological Support

The second activity involves providing social and psychological support to pediatric HIV patients and their families based on needs assessments conducted by program doctors and social workers. This support includes monthly patient meetings, support groups, and individual psychosocial support led by the social work team. A preventive package (safe water, condoms, and insecticide-treated nets in areas where malaria is endemic) will be provided. Access to food support will be provided for children in need. The program will also provide links to microenterprise activities.

ACTIVITY 3: Social Assistance

The third activity is to provide financial support to pediatric HIV patients and their families. This support includes assistance with school fees, housing, food, and transportation to/from the health facility. In the last year, more than 40,000 social assistance stipends were provided to HIV-positive patients and their families. In 2009-2010, PIH/ZL expects to continue to provide social assistance to the approximately 180 pediatric

Activity Narrative: HIV patients on treatment.
New/Continuing Activity: Continuing Activity
Continuing Activity: 17209

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17209	4501.08	HHS/Centers for Disease Control & Prevention	Partners in Health	7691	3337.08	PIH	\$250,000
9318	4501.07	HHS/Centers for Disease Control & Prevention	Partners in Health	5137	3337.07	PIH	\$300,000
4501	4501.06	HHS/Centers for Disease Control & Prevention	Partners in Health	3337	3337.06	PIH	\$900,000

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

- * Child Survival Activities
- * Safe Motherhood
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$158,577

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$8,973

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$7,206

Economic Strengthening

Education

Water

Estimated amount of funding that is planned for Water \$507

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 3315.09 **Mechanism:** GHESKIO
Prime Partner: Groupe Haitien d'Etude du Sarcome de Kaposi et des Infections Opportunistes **USG Agency:** HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State) **Program Area:** Care: Pediatric Care and Support

Budget Code: PDCS

Program Budget Code: 10

Activity ID: 18948.27486.09

Planned Funds: \$200,000

Activity System ID: 27486

Activity Narrative: The narrative will be modified in the following way:

New activities this year will aim to provide prophylactic and curative dental care. The dental clinic at GHESKIO is a preventive dental clinic; the clinic will focus its efforts on HIV positive and at risk children and adolescents frequenting the pediatric and adolescent clinics at GHESKIO. The main preventive treatments that the clinic will offer are:

1. Prophylactic treatment
2. Sealants, fluorides rinses
3. Dental education

Funding will cover equipment, furniture, staffing and logistics for everyday functioning of a dental clinic at GHESKIO.

Data review of GHESKIO file has shown that during the last 4 years the rate of cancer detection has improved significantly. 25% of diagnosed cases were cervical cancer. Knowing the predictive role of HPV infection in the development of cervical cancer, we plan to make available services for diagnostic and care of treatable cancer.

Summary: Activities are carried out to support the effort of sites enrolling patients to be placed on highly active antiretroviral therapy (HAART). The primary emphases of these activities include training, human resources and (doing what to the infrastructure? Strengthening it, perhaps?) infrastructure. Specific target populations include adults and children infected with HIV and not yet placed on anti-retroviral therapy (ART.) The activities will be carried out in the Ministry of Health /GHESKIO/ President's Emergency Plan for AIDS Relief (PEPFAR)'s network of 14 sites and will be linked with counseling and testing (CT), preventing mother to child transmission (PMTCT), tuberculosis (TB)/HIV, anti-retroviral (ARV) services, and human capacity building that is being also supported through this network

BACKGROUND:

GHESKIO is one of the two lead non-governmental organizations (NGOs)—the other one is Partners in Health (PIH)—that have launched an integrated model of HIV services in Haiti. With PEPFAR, the United States Government (USG) decided to build on its success to expand HIV services throughout the country. Through GHESKIO, 12 sites, including four major departmental hospitals, have been reinforced to offer integrated CT, PMTCT, TB/HIV, ARV as well as palliative care services, provided in conjunction with the Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM). GHESKIO has ensured that all HIV positive patients detected through its CT network gain access to clinical, biological, nutritional, and psycho-social assessments and services, as well as long term follow up to determine the optimal time for HAART. So far, 44,600 patients have been enrolled in palliative through the GHESKIO network. These activities are essential to keeping active the cohort of HIV infected adults and children. Service providers will encourage patients diagnosed with HIV to continue to attend regular clinic visits and maintain their link with the community.

With Fiscal Year 2008 resources, GHESKIO will expand its network to 16 institutions and will continue to strengthen palliative care services to reach about 10,000 additional patients with particular emphasis on expanding nutrition services and building the capacity of nurses to play a greater role in the provision of services.

ACTIVITIES AND EXPECTED RESULTS:

GHESKIO will carry out four separate activities in this Program Area:

ACTIVITY 1: In integration with GFATM resources, GHESKIO will use PEPFAR funding to provide the non-ART package of services including, diagnostic, treatment and prevention of opportunistic infections, diagnostic and treatment of sexually transmitted infections, care of ART related illness (i.e., diabetes, arterial hypertension), nutrition assessment and recuperation (if needed), psycho-social assessment and support. All of the network's facilities will offer this package of care. Funding will support enhancement of infrastructure, procurement of necessary drugs, diagnostic materials, hospital staff training in providing specific care, and hospital supervisory staff training to ensure a minimum standard of quality of services.

ACTIVITY 2: Encourage building of support groups at each site and regrouping patients on ART and those enrolled in palliative care. Meetings between these groups' members will serve as a forum for sharing experiences and encouraging interactive communication between care providers and patients. Meetings will be held once to twice a month depending on the number of patients enrolled at each site, Funding will be used to provide patients with transportation fees, (I am not sure to whom these services are to be provided) refreshing, collation, and education materials.

ACTIVITY 3: GHESKIO will increase the number of community health workers to accommodate scale-up at each of its palliative care sites. The community workers will be in charge of tracking patients (including pregnant women enrolled in PMTCT and infected and exposed children), provide at home adherence support, health education on best health and nutrition practices, counseling for positive behavior, distribution of care, and preventive commodities such as condom, ORS, symptom and pain medications according to the guidelines. Resources will be used to pay their (whose? Patients or community health workers?) transportation fees.

ACTIVITY 4: Strengthening interventions to maintain patient's adherence to ART treatment. Funding will help sites provide patients fees for transportation, phone cards, and educational materials. Patients will be referred to community based organizations to gain access to a broader package of social support services such as school fees for children, nutrition support, etc.

Activity Narrative:
New/Continuing Activity: Continuing Activity
Continuing Activity: 18948

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18948	18948.08	HHS/Centers for Disease Control & Prevention	Groupe Haitien d'Etude du Sarcome de Kaposi et des Infections Opportunistes	7682	3315.08		\$200,000

Emphasis Areas

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$50,000

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 3314.09	Mechanism: AIDS Relief
Prime Partner: Catholic Relief Services	USG Agency: HHS/Health Resources Services Administration
Funding Source: GHCS (State)	Program Area: Care: Pediatric Care and Support
Budget Code: PDCS	Program Budget Code: 10
Activity ID: 4496.27499.09	Planned Funds: \$200,000
Activity System ID: 27499	

Activity Narrative: SUMMARY: AIDSRelief will expand palliative care to include comprehensive medical services, psychosocial support, and follow-up for patients. AIDSRelief will encourage the development of networks and linkages with other community-based clinical programs and with government-supported programs in the geographic departments of its hospitals. AIDSRelief will review its performance through the Quality Assurance/Quality Improvement (QA/QI) process to ensure implementation of best practices in each clinical program. The coverage area for this program include the communes of Fonds-des-Nègres (Nippes); Fonds-des-Blancs (South); Port-au-Prince (West); Deschapelles, Ennery, Gros Morne (Artibonite); Plate, Limbe, Milot (North).

BACKGROUND: AIDSRelief has provided ARV services in Haiti since 2004, through support from Track 1.0 and funding from the President's Emergency Plan for AIDS Relief (PEPFAR). AIDSRelief is a five-member consortium, led by Catholic Relief Services (CRS), and includes three faith-based organizations, a medical institution recognized as a world leader in HIV/AIDS care, research and program development, and an international development company that specializes in the design and implementation of public health and social programs. All members of the AIDSRelief Consortium have a shared mission to provide quality medical care to individuals living with HIV/AIDS.

Since 2004, AIDSRelief has implemented eight ARV sites in five geographic departments, including the main public departmental hospital in Gonaives. In year five, Hopital La Providence in Gonaives was accorded to the Collaborative Agreement Partner of the Ministry of Health, Plan National. The community reference hospital in Leogane was temporarily closed and as a result, their patient population was offered service at the GHESKIO supported program at Signeau. The AIDSRelief Program has built on CT, PMTCT, TB and HIV basic care already implemented at these sites through PEPFAR, the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), and other funding sources. AIDSRelief built infrastructure, logistic and human capacity to implement ARV services at these sites. Technical assistance and QA/QI were also provided to ensure quality of services.

ACTIVITIES AND EXPECTED RESULTS:

Activity 1: AIDSRelief Haiti projects at least 10% of the AIDSRelief patients will be within the pediatric age group. As of July 2008, 6% of the active ART caseload (or 141 in total) were children under the age of 15. AIDSRelief will identify infected children through an expansion of its PMTCT services for women and through close collaboration with in-patient pediatric programs, well baby clinics and vaccination programs. AIDSRelief will support the provision of a package of services for HIV-exposed infants including diagnostic services and continuous evidence-based nutritional counseling from pregnancy through infancy. In order to increase access to antiretroviral treatment, early diagnosis of HIV infection in HIV-exposed infants will be provided. Caregivers will also be counseling on infant feeding for an informed option and appropriateness choice of alimentation.

Activity 2: Pediatric case finding and outreach should be linked with the assurance of the long-term health of infected children if the health outcomes are to be durable. AIDSRelief will support early identification of children who require ART. AIDSRelief will work and collaborate with national guidelines committees addressing pediatric needs in the selection of initial regimens that maximize prospect for long term viral suppression with minimal toxicity; Child-friendly formulations (chewable/crushable tabs in several sizes and with appropriate ratio of drugs) and; in the monitoring of treatment success and management of treatment failure including 2nd-line options. The care will promote opportunistic infection prophylaxis and treatment; better TB diagnostics and; nutritional counseling.

Activity 3: HIV-exposed infants should be enrolled into comprehensive HIV care clinics until they are diagnosed as free of HIV, no longer exposed, and not at high risk for malnutrition - generally around 24 months of age. Bundling of HIV diagnostic, CTX prophylaxis, nutritional counseling, immunization, bednet and oral rehydration service provision, and other services will be encouraged. AIDSRelief will support the integration of Continuum of Care into the care and treatment of children & adolescents living with HIV/AIDS. AIDSRelief will support the hospital's Pediatric OI/ART team to administer the clinical management for pediatric patients within the pediatric ward of the Referral Hospital. AIDSRelief will also support Child-friendly environment equipped with age-appropriate IEC materials, toys, drawing materials and a play area.

Activity 4: In collaboration with national HIV programs and other entities, AIDSRelief will work to rapidly diagnose infected and exposed infants and children for universal access to virologic diagnostics (e.g. establishing lab, organizing logistics, etc).

Training on clinical diagnosis of HIV in infants by other means should be implemented immediately. In some cases, there may be issues related to national guidelines on clinical diagnosis of infants; any such concerns should be identified as soon as possible and a plan for addressing them implemented.

Activity 5: AIDSRelief will establish evidence-based identification of children who require ART and advocate for appropriate guidelines for initiating treatment in children.

AIDSRelief will develop strategy for training clinical staff on revised treatment criteria, including the selection of initial regimens that maximize prospect for long term viral suppression with minimal toxicity. AIDSRelief will support the monitoring of treatment success and management of treatment failure, including recognition of treatment failure, resistance consequences, and 2nd line options. AIDSRelief will seek to improve opportunistic infection prophylaxis and treatment with the monitoring of clotrimazole usage. AIDSRelief will also consider opportunities to evaluate potentially feasible and reliable TB diagnostic methods for children.

Activity 6: AIDSRelief will develop strategies and trainings for pediatric adherence preparation and support and disclosure counseling. AIDSRelief will also support activities for children and adolescents to achieve independent adherence.

Activity 7: AIDSRelief will engage mothers and families in HIV care by early testing of children and partners of infected women; prevent vulnerable children from becoming orphans; create family-based tracking in the

Activity Narrative: community; make appointments (clinical and community based service centers) for parents and children at same time and; engage parents in care, particularly fathers.

Activity 8: AIDSRelief will support the integration of nutrition activities into the care of all in-patient and out-patient children regardless of HIV status. Given the link between nutritional status and HIV infection, AIDSRelief will pay particular attention to nutritional assessment of infants and children who have been exposed to HIV. Due to the fact that growth is a very sensitive indicator of HIV disease and disease progression in children, the growth and development of all in and out-patient children will be carefully assessed and monitored as per national nutritional guidelines.

Activity 9: AIDSRelief will develop materials, outcomes and evaluation tools, and procedures specific for pediatrics. AIDSRelief will support efforts to assess counseling status; conduct refresher trainings on modified counseling methods and; collect data on processes and outcomes.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17166

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17166	4496.08	HHS/Health Resources Services Administration	Catholic Relief Services	7677	3314.08	AIDS Relief	\$200,000
9269	4496.07	HHS/Health Resources Services Administration	Catholic Relief Services	5117	3314.07	AIDS Relief	\$250,000
4496	4496.06	HHS/Health Resources Services Administration	Catholic Relief Services	3314	3314.06	AIDS Relief	\$600,000

Emphasis Areas

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$50,000

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 3323.09	Mechanism: SDSH
Prime Partner: Management Sciences for Health	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: Pediatric Care and Support
Budget Code: PDCS	Program Budget Code: 10
Activity ID: 10109.27507.09	Planned Funds: \$200,000
Activity System ID: 27507	

Activity Narrative: SUMMARY: The USAID bilateral health program supports Management Sciences for Health (MSH) to implement its maternal and child survival, reproductive health, and tuberculosis programs, working through a network of non-governmental organizations (NGOs) to offer health care services in Haiti: hospitals, health centers, dispensaries and community networks covering one fourth of the Haitian population. The United States Government (USG) has taken steps to build on this network to integrate HIV services, including palliative care basic care. With Fiscal Year (FY) 2008 resources, the USG will continue to expand palliative care through this network to reach 8,000 people living with HIV/AIDS PLWHAs in linkages with counseling and testing (CT), ARV, tuberculosis (TB)/HIV and PMTCT services.

BACKGROUND: With FY 2005 and FY 2006 President's Emergency Plan for AIDS Relief (PEPFAR), the USG has taken a series of steps to wrap around the USAID bilateral integrated health program, in order to integrate HIV services, including CT, PMTCT, TB/HIV, basic palliative care, and antiretroviral medication (ARVs) into primary health care services. These NGO points of service are dispersed throughout the 10 regional departments of the country and serve about 25% of the population. As such, they represent a good network to expand HIV services throughout Haiti. Most of these points of services are currently offering CT services, and 30% - 40% of them have maternity wards which deliver PMTCT services.

Twenty of the most important MSH health facilities are being reinforced to offer a well structured package of palliative care. This package includes clinical care to prevent and treat opportunistic infections (OI), to monitor the optimal time for highly active antiretroviral therapy (HAART) integrated with home-based care, and psycho-social support services building on the important child survival and maternal health community network program. As of March 2007, about 5,000 PLWHA have received palliative care services in this network.

With FY 2008 resources, MSH will continue to build on these efforts to reinforce and expand palliative care services in existing twenty sites to reach 8,000 PLWHA.

ACTIVITIES AND EXPECTED RESULTS:

Activity 1: Service Organization:

MSH will ensure that all patients testing positive at any of MSH's points of service are enrolled in clinical palliative care and therefore get access to laboratory, clinical, nutrition, psycho-social assessment and follow up. Funding will be used: 1) to staff each site with a multi-disciplinary health care team, including physicians, nurses, psychologists, social workers, counselors, nutritionists, community health workers, and laboratory technicians (see laboratory narrative); 2) to support the organization of health services: patient monitoring, laboratory for basic and CD4 testing, dispensation of opportunistic infection treatment and prophylaxis, pain and symptom management, long-term patient follow-up and prescription of food to malnourished PLWHA; 3) to refurbish laboratories to enhance workspace, drug storage, and clinical management. This will be done in concert with the Supply Chain Management System that is responsible for providing laboratory reagents, commodities and OI drugs

Activity 2: Human capacity building:

MSH will continue training to ensure that the clinical staff maintains skills in the care and treatment of people infected with HIV/AIDS. The emphasis will be put this year on training health professionals in nutrition assessment, follow up, and recuperation to make sure that all sites are integrated with nutrition services. The capacity to provide quality health care at the local level will depend upon the skills maintained by the medical staff at each health center. More focus will be put this year on training nurses to play a greater role in clinical management of PLWHA according to norms. To sustain a workforce of the highest quality, MSH will provide on-going training and technical support on a regular basis.

Activity 3: Social support services:

Special attention will be given to the need for social support for patients enrolled in the palliative care program. Funding will enable MSH to hire at each site a social work team lead by a social worker that will be in charge of assessing the social needs of all PLWHA and help them to gain access to social support services. Direct support will be provided through the sites, for example, fees for services (delivery, hospitalization, and x-ray) and for transportation to appointments. Patients will be referred to the PLWHA association and community based organization in charge to provide community palliative through a family centered approach to gain access to a broader package of social and economical support services (see Association of Evangelical Relief and Development Organizations, Catholic Relief Services, Family Health International and Plan activity narratives for palliative care).

Activity 4: Home based care

MSH will increase the number of community health workers to accommodate scale-up at each of its points of service. The community workers will be in charge of tracking patients (including pregnant women enrolled in PMTCT and infected and exposed children), providing at home adherence support and health education on best health and nutrition practices, counseling for positive behavior, distributing care and preventive commodities such as condom, ORS, pain medications according to the guidelines, and making appropriate referrals. Community workers will be trained on symptom recognition, and syndromic treatment, particularly when they have patients experiencing health or psychosocial problems.

Activity 5: Psychological support

Funding will be used to hire psychologists at structured palliative care site to provide support to PLWHA to reduce denial, assist in psychological assessments, follow up, and on preparedness for HAART and chronic follow up and treatment. MSH will continue to provide support around each site's PLWHA support groups to create a supportive environment for treatment adherence and stigma reduction. In addition, local community leaders, traditional healers, and religious leaders will be incorporated to encourage and enhance support of patients within the community. MSH will work in collaboration with religious sector to provide spiritual care to patients.

TARGETS:

Target Sept. 2008 Feb. 2009 Sept. 2009

LPTF 20

PWLHA receiving Palliative Care

8,000

Persons trained in Palliative Care 600

Activity Narrative: Gender Equity:

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

New/Continuing Activity: Continuing Activity

Continuing Activity: 17190

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17190	10109.08	U.S. Agency for International Development	Management Sciences for Health	7686	3323.08	Basic Health Services	\$250,000
10109	10109.07	U.S. Agency for International Development	Management Sciences for Health	5146	3323.07	Basic Health Services	\$200,000

Emphasis Areas

Health-related Wraparound Programs

* Child Survival Activities

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$50,000

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Program Budget Code: 11 - PDTX Treatment: Pediatric Treatment

Total Planned Funding for Program Budget Code: \$2,485,000

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 3315.09

Mechanism: GHESKIO

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

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Treatment: Pediatric Treatment

Budget Code: PDTX

Program Budget Code: 11

Activity ID: 4341.27489.09

Planned Funds: \$525,000

Activity System ID: 27489

Activity Narrative: The narrative will be modified in the following way:

The MOH/GHESKIO network with 16 sites (8 public and 8 private) including the 4 largest departmental hospitals (Cayes, Cap, Jacmel, Jeremie) covers 50% of all patients receiving ARV nationwide. At the end of COP08 in September 2009, we expect to have 14,000 patients (adults and children) on ARV in the network. During the COP 09, we aim particularly to double the number of children receiving ART in the network.

SUMMARY:

Through activities listed in this project GHESKIO will contribute to the United States Government's (USG) effort to provide treatment to people with HIV/AIDS (PLWHA) by maintaining and strengthening anti-retroviral (ARV) services in a national network of public and private health facilities and by building human capacity for the overall program. The major focus will be: 1) reinforcing technical, infrastructure, human and administrative capacity of the 16 institutions in the GHESKIO network for the provision of ARV care; 2) training providers; 3) supervising quality assurance (QA), quality control (QC) and quality improvement (QI) of ARV services; 4) maintaining Immaculee Conception hospital, the South Regional Hospital as a Center of Excellence; and 5) building capacity of St Michel Hospital, the South East Departmental Hospital to become a center of excellence.

Areas of emphasis for these activities will include: community mobilization and participation; reinforcement of existing network and referral systems; human resources; infrastructure development; development of local organizations capacity; development of network/linkages/referral systems; information, education and communication (IEC); linkage with other sectors and initiatives; development of guidelines; quality assurance, quality improvement and supportive supervision; and strategic information and training.

Specific target population identified will be PLWA, HIV positive infants and adolescents from 0 to 14 years, affected relatives, HIV positive pregnant women and different category of care providers.

BACKGROUND:

GHESKIO has been one of the two lead non-governmental organizations (NGO) that has an integrated (integrated with STI, TB, CT, PMTCT) model of anti-retroviral (ARV) services and basic care. Over past last three years, the USG has provided resources to GHESKIO to expand this integrated model in a network of 16 sites, including four of the largest departmental public hospitals and a large stand alone tuberculosis (TB) facility. This program was built on previous efforts to implement CT, PMTCT and basic care services – the entry point for enrolling patients on ARV—at the 16. All 16 sites have been reinforced with infrastructure, laboratory equipment, and a multidisciplinary team of clinicians, nurses, counselors, pharmacists, community and social workers as well as with medical equipment, electronic medical records, drug storage capacity and SI tools to provide quality care. Based on the pilot experience of launching ARV pediatric care in the main GHESKIO center in Port-au-Prince, efforts were since last year, to expand this program throughout the network. Efforts are being made to strengthen one of the South's departmental hospitals, Immaculee Conception Hospital, to become a center of excellence where training, supervision, and QA/QI could be decentralized. Nearly 5000 patients have been placed on ARV through the GHESKIO network so far.

The USG team has mandated GHESKIO to train healthcare providers nationwide for the ARV program and to support the Minister of Health's (MOH) ARV certification process using national guidelines and updated training. As ARV services are expanded and reinforced and because of a significant turnover of personnel, there is a continuous need to train and provide refresher courses on ARV at GHESKIO. There is also a growing need to train nurses to play a greater role in the provision of ARV services as well.

USG has also required GHESKIO to provide QA/QC/QI to 22 sites, some of which are outside of the GHESKIO network. GHESKIO has formed three mobile multidisciplinary teams of clinicians, pharmacists, and others to make regular supervision visits. There is a need to continue strengthening this activity to implement a QA/QI system through which data could be generated and used to improve quality at the patient, site, and program level.

With Fiscal Year 2009 funding GHESKIO will continue to strengthen its integrated model of ARV services in its network, to continue enrolling new patients on ARV, with the goal being to reach 14,000 patients by the end of September 2009. If obtained, these numbers will contribute to more than half of PEPFAR's targets for the country. These sites will also focus on improving quality of care and adherence to treatment, and on expanding pediatric treatment. GHESKIO will build the capacity at Hospital Saint Michel, the South East departmental hospital to become a new center of excellence. GHESKIO will continue to train health care professionals on ARV with an emphasis on training nurses. GHESKIO will work with MOH, CDC and other stakeholders to improve the system of QA/QI with standardized indicators and with a focus on continuous improvement of care for twenty-two (22) sites (14 in the MOH-GHESKIO network and eight in other networks: Bethel, Gonaives, MARCH, Beraca, HAS, CBP, Grace Children's Hospital and Ouanaminthe). This effort will be integrated with activities supported by the GFATM through GHESKIO.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Funding will be used to strengthen GHESKIO's headquarters to continue providing technical, administrative, and accounting assistance to its network in integration with GFATM resources. These sites are: GHESKIO-INLR, Les Cayes, Jeremie, Jacmel, Cap-Haitienne, Fame Peree, IMIS, Bombardopolis, Food for the Poor, Hopital de la Communaute Haitienne, Petit Goave, Hospital Bernard Mews, La Gonave and Fermathe. GHESKIO's headquarters will provide oversight and monitoring of the project.

Activity 2: GHESKIO will use funding to cover additional renovation, equipment, and personnel needed for expansion of services at the 16 sites. Emphasis will be put next year on pediatric wards to ensure they have

Activity Narrative: adequate space, equipment, and personnel to enhance ARV pediatric services. Special attention will also be given to improve laboratory services for ARV care to make available at all major sites automated equipment for the dosage of CD4, hematology and blood chemistry (see laboratory narratives). Linkages will be established with Supply Chain Management System to ensure adequate supply of drugs as well as with CBOs and PLWA support group organization to provide community support to maintain patient adherence to treatment.

Activity 3: GHESKIO will expand its training infrastructure, staff, and equipment to train and provide refresher courses on ARV to close to 400 health professionals nationwide through all the networks. Funding will be used to cover materials, per diem, and logistic costs for the trainees.

ACTIVITY 4: GHESKIO will maintain and expand supervision and on site training for ART services at 22 main sites supported by PEPFAR for QA/QC/QI using a national framework and tools that MOH, CDC, and key stakeholders have started to develop. This will be supported through three mobile teams. The main items covered by this funding will include: support for mobile teams, per diem, lodging, logistics for visits, materials for supervision and training. A quality manager team will be created at GHESKIO to oversee the QA/QI system.

ACTIVITY 5: Funding will be used to make St Michel Hospital, the South East departmental hospital a center of excellence for the South East Department. This new activity is necessary to continue the decentralization of ARV services and to serve as a model for extending services to peripheral sites. In this capacity, St Michel Hospital will be a regional reference and training center, offering training sessions and supervision for peripheral centers in their area of influence.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17181

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17181	4341.08	HHS/Centers for Disease Control & Prevention	Groupe Haitien d'Etude du Sarcome de Kaposi et des Infections Opportunistes	7682	3315.08		\$6,620,000
9282	4341.07	HHS/Centers for Disease Control & Prevention	Groupe Haitien d'Etude du Sarcome de Kaposi et des Infections Opportunistes	5124	3315.07		\$5,150,000
4341	4341.06	HHS/Centers for Disease Control & Prevention	Groupe Haitien d'Etude du Sarcome de Kaposi et des Infections Opportunistes	3315	3315.06		\$4,200,000

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 3323.09	Mechanism: SDSH
Prime Partner: Management Sciences for Health	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Treatment: Pediatric Treatment
Budget Code: PDTX	Program Budget Code: 11
Activity ID: 4387.27512.09	Planned Funds: \$600,000
Activity System ID: 27512	

Activity Narrative: SUMMARY: USAID Haiti implements an integrated maternal and child survival program through a network of nongovernmental organizations (NGOs). This program is being implemented by Management Sciences for Health, as the main contractor, under the name of Health for Development and Stability in Haiti (HDSH).

Through the President's Emergency Plan for AIDS Relief (PEPFAR), the United States Government (USG) provided resources to MSH for the SDSH program to wrap around the integrated health program and add HIV activities, including counseling and testing (CT), PMTCT, palliative care, and anti-retroviral (ARV) services. MSH will continue to maintain and reinforce ARV services in its network of SDSH NGO institutions, with emphasis on improving the quality of care.

BACKGROUND: Over the last two years, six USAID network NGOs have implemented ARV services. The NGOs include, MARCH (Management and Resources for Community Health [MARCH] Hospital in the Central Plateau; Beraca Hospital in the North West; Grace Children's in the West Department; Communauté de Bienfaisance de Pignon [CBP] Hospital in the North Department; and Fort-Liberté and Ouanaminthe in the North East Department. During that time MSH network has enrolled over 1000 patients in ARV services. USG efforts have been completed by other MSH partners to test children born from HIV + mothers.

In FY 2009, MSH will create 2 new ARV sites and will implement a new ARV treatment strategy integrated in Primary Health Centers to improve access to treatment. This approach will ensure formal bidirectional referral system between these centers and the centers of excellence.

ACTIVITY AND EXPECTED RESULTS:

Activity 1: To meet scale up needs within its network, MSH will continue to reinforce overall service organization making available a better package of human resources and infrastructure at the clinic and community levels. Emphasis will be placed on allocating more nurses, psychologists, social and community health workers to improve the continuum of care from clinics to home based including pediatric treatment services. Home-based care will be sustained to ensure better tracking of patients and to provide some basic follow up of treatment at home as well as support to people living with HIV/AIDS (PLWHA) and their families.

Activity 2: MSH will provide transportation fees for tracking of patients and home-based care.

Activity 3: MSH will continue to provide technical assistance to the sites to ensure that the services are well organized and are able to respond to the model of care through regular visits. MSH will also provide onsite training of staff at the sites. MSH will hire and support appropriate staff to oversee this program and to coordinate with MOH, HIVQUAL, and other stakeholders, the rolling out an improved system of QA/QI in the network.

Activity 4: MSH will establish a referral system between the ARV sites and other peripheral CT and basic care sites to ensure a continuum of care to patients detected at these peripheral sites. In addition, these ARV sites will be linked to the community-based-organizations and PLWHA support groups to provide integrated community support for patients enrolled in treatment.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17194

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17194	4387.08	U.S. Agency for International Development	Management Sciences for Health	7686	3323.08	Basic Health Services	\$2,750,000
10203	4387.07	U.S. Agency for International Development	Management Sciences for Health	5146	3323.07	Basic Health Services	\$1,975,000
4387	4387.06	U.S. Agency for International Development	Management Sciences for Health	3124	3124.06	HS2007	\$700,000

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 3314.09

Mechanism: AIDS Relief

Prime Partner: Catholic Relief Services

USG Agency: HHS/Health Resources Services Administration

Funding Source: GHCS (State)

Program Area: Treatment: Pediatric Treatment

Budget Code: PDTX

Program Budget Code: 11

Activity ID: 18988.27504.09

Planned Funds: \$460,000

Activity System ID: 27504

Activity Narrative: SUMMARY: AIDSRelief will expand palliative care to include comprehensive medical services, psychosocial support, and follow-up for patients. AIDSRelief will encourage the development of networks and linkages with other community-based clinical programs and with government-supported programs in the geographic departments of its hospitals. AIDSRelief will review its performance through the Quality Assurance/Quality Improvement (QA/QI) process to ensure implementation of best practices in each clinical program. The coverage area for this program include the communes of Fonds-des-Nègres (Nippes); Fonds-des-Blancs (South); Port-au-Prince (West); Deschapelles, Ennery, Gros Morne (Artibonite); Plilate, Limbe, Milot (North).

BACKGROUND: AIDSRelief has provided ARV services in Haiti since 2004, through support from Track 1.0 and funding from the President's Emergency Plan for AIDS Relief (PEPFAR). AIDSRelief is a five-member consortium, led by Catholic Relief Services (CRS), and includes three faith-based organizations, a medical institution recognized as a world leader in HIV/AIDS care, research and program development, and an international development company that specializes in the design and implementation of public health and social programs. All members of the AIDSRelief Consortium have a shared mission to provide quality medical care to individuals living with HIV/AIDS.

Since 2004, AIDSRelief has implemented eight ARV sites in five geographic departments, including the main public departmental hospital in Gonaives. In year five, Hopital La Providence in Gonaives was accorded to the Collaborative Agreement Partner of the Ministry of Health, Plan National. The community reference hospital in Leogane was temporarily closed and as a result, their patient population was offered service at the GHESKIO supported program at Signeau. The AIDSRelief Program has built on CT, PMTCT, TB and HIV basic care already implemented at these sites through PEPFAR, the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), and other funding sources. AIDSRelief built infrastructure, logistic and human capacity to implement ARV services at these sites. Technical assistance and QA/QI were also provided to ensure quality of services.

ACTIVITIES AND EXPECTED RESULTS:

Activity 1: AIDSRelief Haiti projects at least 10% of the AIDSRelief patients will be within the pediatric age group. As of July 2008, 6% of the active ART caseload (or 141 in total) were children under the age of 15. AIDSRelief will identify infected children through an expansion of its PMTCT services for women and through close collaboration with in-patient pediatric programs, well baby clinics and vaccination programs. AIDSRelief will support the provision of a package of services for HIV-exposed infants including diagnostic services and continuous nutritional counseling from pregnancy through infancy. In order to increase access to antiretroviral treatment, early diagnosis of HIV infection in HIV-exposed infants will be provided. Caregivers will also be counseling on infant feeding for an informed option and appropriateness choice of alimentation.

Activity 2: Pediatric case finding and outreach should be linked with the assurance of the long-term health of infected children if the health outcomes are to be durable. AIDSRelief will support early identification of children who require ART. AIDSRelief will work and collaborate with national guidelines committees addressing pediatric needs in the selection of initial regimens that maximize prospect for long term viral suppression with minimal toxicity; Child-friendly formulations (chewable/crushable tabs in several sizes and with appropriate ratio of drugs) and; in the monitoring of treatment success and management of treatment failure including 2nd-line options. The care will promote opportunistic infection prophylaxis and treatment; better TB diagnostics and; nutritional counseling.

Activity 3: HIV-exposed infants should be enrolled into comprehensive HIV care clinics until they are diagnosed as free of HIV, no longer exposed, and not at high risk for malnutrition - generally around 24 months of age. Bundling of HIV diagnostic, CTX prophylaxis, nutritional counseling, immunization, bednet and oral rehydration service provision, and other services will be encouraged. AIDSRelief will support the integration of Continuum of Care into the care and treatment of children & adolescents living with HIV/AIDS. AIDSRelief will support the hospital's Pediatric OI/ART team to administer the clinical management for pediatric patients within the pediatric ward of the Referral Hospital. AIDSRelief will also support Child-friendly environment equipped with age-appropriate IEC materials, toys, drawing materials and a play area.

Activity 4: In collaboration with national HIV programs and other entities, AIDSRelief will work with national pilot program to rapidly diagnose infected and exposed infants and children for universal access to virologic diagnostics (e.g. establishing lab, organizing logistics, etc). Training on clinical diagnosis of HIV in infants will be implemented immediately.

Activity 5: AIDSRelief will establish identification of children who require ART and advocate for appropriate guidelines for initiating treatment in children. AIDSRelief will continue training clinical staff on revised treatment criteria, including the selection of initial regimens that maximize prospect for long term viral suppression with minimal toxicity. AIDSRelief will support the monitoring of treatment success and management of treatment failure, including recognition of treatment failure, resistance consequences, and 2nd line options. AIDSRelief will seek to improve opportunistic infection prophylaxis and treatment with the monitoring of clotrimazole usage.

Activity 6: AIDSRelief will continue health education and trainings for pediatric adherence preparation and support and disclosure counseling. AIDSRelief will also support activities for children and adolescents to achieve independent adherence.

Activity 7: AIDSRelief will engage mothers and families in HIV care by early testing of children and partners of infected women; prevent vulnerable children from becoming orphans; create family-based tracking in the community; make appointments (clinical and community based service centers) for parents and children at same time and; engage parents in care, particularly fathers.

Activity 8: AIDSRelief will continue to collaborate with Care and Support Implementers for the integration of nutrition activities into the care of all in-patient and out-patient children regardless of HIV status. Given the

Activity Narrative: link between nutritional status and HIV infection, AIDSRelief will pay particular attention to nutritional assessment of infants and children who have been exposed to HIV. Due to the fact that growth is a very sensitive indicator of HIV disease and disease progression in children, the growth and development of all in and out-patient children will be carefully assessed and monitored as per national nutritional guidelines.

Activity 9: AIDSRelief will use its existing materials, outcomes and evaluation tools, and procedures specific for pediatrics. AIDSRelief will support efforts to assess counseling status; conduct refresher trainings on modified counseling methods and; collect data on processes and outcomes.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18988

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18988	18988.08	HHS/Health Resources Services Administration	Catholic Relief Services	7677	3314.08	AIDS Relief	\$3,065,000

Emphasis Areas

- Construction/Renovation
- Health-related Wraparound Programs
- * Child Survival Activities

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 3337.09	Mechanism: PIH
Prime Partner: Partners in Health	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Treatment: Pediatric Treatment
Budget Code: PDTX	Program Budget Code: 11
Activity ID: 18974.27520.09	Planned Funds: \$500,000
Activity System ID: 27520	

Activity Narrative: SUMMARY:

The activities described below are carried out to maintain access to antiretroviral therapy (ARV) for existing pediatric patients, expand access to anti-retroviral (ARV) services to additional HIV-infected children in the Central and Artibonite Departments of Haiti, and to train health workers in all aspects of HIV care and treatment. PIH/ZL will conduct ARV treatment and training activities within its "four pillars" model for implementing a comprehensive HIV program in the context of primary care: 1) HIV prevention and care, including voluntary counseling and testing (VCT); 2) detection and treatment of tuberculosis (TB) and other opportunistic infections; 3) detection and treatment of sexually transmitted infections (STIs); and 4) women's health and prevention of mother-to-child transmission (PMTCT). The primary emphasis areas for the proposed activities are Gender: Increasing gender equity in access to services and Wraparound programs: Child Survival Activities. The primary target populations for these activities are children living with HIV/AIDS, health care providers, community-based organizations and non-governmental organizations (NGO).

Activities will be carried out at 10 sites in Haiti's Central Department (Belladère, Boucan Carré, Cange, Cerca La Source, Hinche, Lascahobas, Thomonde, as well as the new expansion sites of Mirebalais, Saut d'Eau, and Savanette) and 4 sites in the Artibonite Department (Petite Rivière, St. Marc, Project ZeroSIDA (POZ), and the new expansion site of Desdunes). Activities in St. Marc will be carried out in collaboration with the Hôpital St. Nicholas (HSN) and Services de Santé de Premier Echelon (SSPE) as well as at La Fondation Esther Boucicault Stanislas (FEBS) and Brocozel. Certain activities will also be carried out at health posts in Segur and Jean Denis, which report their numbers through Petite Riviere.

The PIH/ZL HIV Equity Initiative has relied on sustained funding from the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), as well as the President's Emergency Program for AIDS Relief (PEPFAR), to operate over the past six years. Our GFATM Round 1 grant ended in December 2007. In 2008 we received Bridge Year funding and expect to receive renewed funding through the rolling continuation channel (RCC) in 2009, but this is not enough to sustain current services. This specific application does not include budget lines for ARVs. However, we are expecting, for new patients enrolled after December 31, 2008, to receive ARVs through PEPFAR's Supply Chain Management System (SCMS) beginning in 2009. If this co-financing is not received, PIH/ZL will need to adjust all targets listed here, including, perhaps, a reduction in the number of service outlets.

BACKGROUND:

PIH/ZL's pediatric ARV treatment and training activities are part of a comprehensive HIV prevention and treatment program started by PIH/ZL in 1998; expanded through the public sector beginning in 2002 in partnership with the Haitian Ministry of Public Health and Population (MSPP) and with funds from GFATM; and further expanded to Hinche, Cerca La Source, Petite Rivière and St. Marc with the support of PEPFAR in the FY 2005, 2006, 2007, and 2008. Since 2004 the program has been a collaboration between these four key partners—PIH/ZL, MSPP, GFATM, and PEPFAR. Since 2005, work in the Artibonite region has been strengthened by involving several partners in St. Marc--SSPE, Promotion Objectif Zerosida (POZ), and La Fondation Esther Boucicault Stanislas (FEBS)--and in Petite Rivière--Centre Medical Charles Colimon (CMCC).

All symptomatic or at-risk children as well as all pregnant women seeking care at PIH/ZL clinics are offered voluntary counseling and testing for HIV. Upon identification of HIV-positive status, a patient is referred to the HIV public health nurse and HIV program nurse, who performs further post-test counseling, assists the patient in identifying at-risk partners or family members, arranges for a CD4 count and other laboratory tests, and schedules subsequent follow-up visits. All HIV-positive pediatric patients are followed monthly by a trained HIV/TB physician. At each visit, pediatric patients are evaluated for HIV disease progression, tuberculosis and other opportunistic infections, and general health and well-being. When indicated, prophylaxis, treatment, and social services are provided; palliative care given; and antiretroviral therapy (ART) initiated. All PIH/ZL pediatric patients who are placed on ART are assigned a community health worker, called an accompagnateur, who provides essential psychosocial support to patients and their families in addition to daily directly observed ART. The accompagnateur also notifies clinic staff if a patient experiences side effects or new symptoms. All care and treatment is provided free of charge to the patient.

In these activities, PIH/ZL will strive to ensure that an equitable number of girls and boys receive treatment.

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

ACTIVITIES AND EXPECTED RESULTS:**ACTIVITY 1: General Clinical Care**

The first activity is to provide general clinical care for HIV-infected children and their families. This care—provided in the health facility, at home, and through mobile clinics—is conducted within PIH/ZL's "four pillars" model for implementing a comprehensive HIV program in the context of primary care, as described above. This funding will support the infrastructure and human resources necessary for providing clinical services to an increased number of HIV-infected pediatric patients. These funds will also support the ongoing training of the clinical staff in effective palliative care strategies specifically focused on children. PIH's unrestricted funds, and in-kind donations.

ACTIVITY 2: Patient Maintenance

The second activity is to maintain children currently on antiretroviral therapy (ART) by improving program retention and enhancing clinical follow-up. Funding will be used to employ accompagnateurs and accompagnateur supervisors and to support monthly trainings, ensuring a strong network of community lay personnel trained in ARV management and adherence strategies. Funding will also support laboratory capacity, supplies, and infrastructure required for ARV service delivery at each PIH/ZL site. As of June 2008, PIH/ZL had 107 pediatric patients on ARV treatment. In 2009, PIH/ZL plans to scale-up efforts to provide ARV services to 50 additional pediatric patients in the Artibonite sites and three new sites in the

Activity Narrative: Central Plateau.

ACTIVITY 3: Case Detection and Enrollment

The third activity is to enroll additional pediatric patients on ART. In 2009, with the support of PEPFAR, PIH/ZL plans to begin providing comprehensive HIV care in 4 new sites (Mirebalais, Saut D'eau, Savanette and Desdunes) as well as to expand services at 2 health posts (Brocozel and FEBS in the St. Marc health care network). At the same time, PIH/ZL will aggressively seek to increase enrollment among the most marginalized and high-risk groups in its catchment area. PIH/ZL hopes to build upon the success of the 6 months leading up to April 2008, in which 685 patients were newly enrolled on ART. This funding will allow PIH/ZL to renovate and equip public facilities at the expansion sites listed above and will also be used for comprehensive and on-going training of clinical staff and accompagnateurs on care and treatment for pediatric HIV.

ACTIVITY 4: PCR laboratory capabilities

Early detection of HIV in a child is important in assuring the child receives proper treatment and nutrition as quickly as possible. Currently the ability to analyze PCR tests is not available on a national level in Haiti, and PIH/ZL has been sending tests to a US laboratory for analysis. The ability to have on-site analysis for PCR in PIH/ZL's catchment area, which we expect to be implemented by the laboratory services team at PEPFAR in COP 08, will greatly improve laboratory capacity in the PMTCT program. Funding for this activity in COP 09 will pay for laboratory technicians' trained in reading PCR tests salaries as well as materials and equipment needed for providing the tests to infants. Every child in PIH/ZL's PMTCT program receives 2 PCR tests along with rapid tests at 0,3,6,9,12 and 18 months to confirm a child's HIV status. It is expected that 400 children of mothers in PIH/ZL's PMTCT program will need to be tested in 2009-2010.

These above activities will contribute to the PEPFAR 2-7-10 goals by increasing the number of individuals on ARV treatment and by expanding the capacity of individuals and organizations in Haiti to initiative and manage ART treatment, avert new HIV infection, and provide care for an increased number of pediatric HIV patients.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18974

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18974	18974.08	HHS/Centers for Disease Control & Prevention	Partners in Health	7691	3337.08	PIH	\$5,375,000

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

- * Child Survival Activities

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$350,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$11,021

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$31,312

Economic Strengthening

Education

Water

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 3125.09	Mechanism: National AIDS Strategic Plan
Prime Partner: Ministre de la Sante Publique et Population, Haiti	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Treatment: Pediatric Treatment
Budget Code: PDTX	Program Budget Code: 11
Activity ID: 5412.28659.09	Planned Funds: \$400,000
Activity System ID: 28659	

Activity Narrative: The narrative will be modified in the following ways:

1. The MOH, thru the electronic database system, will closely monitor the outcomes of the treatment program at each site such as CD4 changes, mortality rate, patient adherence etc. The data will be reviewed every three months by a team of mentors and poor outcomes will be addressed and corrected.
2. MOH will collaborate with training institutions such as GHESKIO and I-TECH to train nurses to deliver treatment services in order to expand this program at the different sites.

SUMMARY: Through a cooperative agreement (CoAg) with the Ministry of Health (MOH), the United States Government (USG) team in Haiti will support the scale up of on-going ARV services at the State University Teaching Hospital (HUEH) and five other major public sites: La Paix Hospital (a new university teaching hospital) serving the large commune of Delmas, Sainte Therese Hospital in the Nippes Regional Department, Immaculee Conception Hospital and Jean Rabel Hospital in the North West Regional Department, and Isaie Jeanty Hospital (another University teaching hospital) in the West Department. The major focus of this activity will be to support the overall service organization at these sites to deliver quality treatment services. These resources will continue to be integrated with those allocated through International Training and Education Center on HIV (I-TECH) to support technical assistance and clinical mentoring at the HUEH and Isaie Jeanty as well as with those allocated through the MOH to support CT, PMTCT, and palliative care services at the four targeted public sites. In addition, Isaie Jeanty, HUEH and La Paix, as University Teaching Hospitals, will serve as venues to train interns and residents on HIV treatment. With these resources, the MOH will directly manage six of the forty-one anti-retroviral (ARV) sites which will be in place by the end of September 2008. The other thirty-five sites are being supported through the Haitian Group for the Study of Kaposi's Sarcoma and Opportunistic Infections (GHESKIO), Partners in Health (PIH), AIDS/Relief Consortium, Management Science for Health (MSH), and I-TECH. MOH will continue to be supported to play its critical role in creating a good policy environment and coordinator of the program.

BACKGROUND: Over the last three years, the publicly-managed sites have increasingly become the major focus of the USG effort to expand clinical and ARV services. Most of these sites serve large and needy high-risk populations in the urban and metropolitan area. The major departmental hospitals have been supported through GHESKIO, PIH and, more recently AIDS/Relief, to deliver all clinic-based services (CT, PMTCT, clinical care and anti-retroviral treatment [ART]) in integration with other support from the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM). Many deficiencies in these hospitals led to multiple challenges to the implementation of services at these public sites; however, the USG was able to allocate the necessary resources to make this approach successful.

Over the last two years, the USG has provided resources directly to the MOH through a cooperative agreement (CoAG) with CDC to implement ARV services in six publicly managed sites, including HUEH, the biggest university teaching hospital in the country. These resources have been complementary with other resources provided to the MOH to support a network of 20 institutions to provide integrated CT, PMTCT, TB/HIV and basic care.

Because of the delay in receiving FY 2007 resources, most activities planned this year to strengthen the MOH network have just begun. This includes the launch of 10 new palliative care sites (for a total of 20), and the expansion of ARV services to Isaie Jeanty, one of the largest maternity wards in the country. The new launch of ARV services in the four other publicly managed hospitals are on track as planned. These include: Sainte Therese and Immaculee Conception/Port-de-Paix hospitals, which are departmental hospitals located in departments with the highest prevalence of HIV; Jean Rabel Hospital, which is located in the very hard-to-reach North West Regional Department and is in need of more accessible ARV services; and La Paix Hospital serving Delmas and Tabarre communes. HUEH, in spite of many challenges, including numerous personnel strikes that has jeopardized its ability to provide services, was able to commence delivering ARV services. This facility has also benefited from resources from GFATM which was used to support expansion of counseling and community outreach activities. HUEH is enrolling a mean of 30 ARV patients each month. In coordination with I-TECH, the MOH has recently launched a new in-service training center at HUEH that will complement GHESKIO and PIH's ARV service delivery training capacity.

MOH has also has support to reinforce its logistic and human capacity at central and departmental levels to play a greater role in coordinating the program. Through HIVQUAL and CDC, and with the support of major stakeholders, the MOH has started to strengthen the national system of QA/QI. MOH plans to use experts from HUEH and the regional centers of excellence to be the technical arms through which QA/QI activities could be implemented .

FY 2008 resources will be used to maintain all these activities with particular emphasis on rolling out a good QA/QI system. MOH will ensure that national norms and procedures are followed for the delivery of continuous quality of HIV treatment across all the networks.

ACTIVITIES AND EXPECTED RESULTS: Activity 1: The MOH will continue to build on resources allocated for other program activities such as CT, PMTCT, and palliative care, to enhance infrastructure, provide medical equipment and materials (including laboratory), hire additional clinical personnel (physicians, nurses, psychologists, counselors and social workers), and support additional community personnel to expand ARV services at HUEH and at other ARV sites in the network. Training and refresher courses will be realized for the personnel of the MOH network at HUEH . Resources will be used to continue supporting the current successful models of treatment which are based on high-quality clinical and lab assessments of patients to determine ARV eligibility; high-quality counseling and education of patients, family members and "accompagneurs;" and on a high-quality pharmacy and community support plan to ensure adherence to treatment.

Activity 2: The MOH will continue to build on resources available through I-TECH for clinical mentoring, training and technical assistance to reinforce the teaching of HIV treatment protocols for interns and

Activity Narrative: residents at the three teaching hospitals--HUEH and Isaie Jeanty and La Paix. MOH will provide resources to enhance training capacity and support logistic equipment and materials costs. Continuing education sessions will be held for the staff to keep them abreast of new developments in ART care relevant to their functions.

Activity 3: Strengthen referral linkages. In the different areas where the five MOH sites are located, there are a number of private and public hospitals offering voluntary counseling and testing (VCT) services. The MOH will establish a referral system between these peripheral sites and the ARV sites to ensure a continuum of care to patients. In addition, these ARV sites will be linked to the community-based-organizations (CBO) and People living with HIV/AIDS (PLWHA) support groups to provide integrated community support for patients enrolled in treatment.

Activity 4: At the MOH Central Office, a multidisciplinary team (clinician, counselor, social worker and lab technician) will be established to coordinate the program. With the technical support of CDC and HIVQUAL, MOH will build his capacity to expand the national system of QA/QI that will be launched this year. Funding will also be used to disseminate the national treatment guidelines that were updated this year.

Targets:

Number of interns and residents trained (pre-service training): 350
 Number of health professionals trained (in service training): 100
 Number of PLWA actively enrolled in ARV: 2300

New/Continuing Activity: Continuing Activity

Continuing Activity: 17201

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17201	5412.08	HHS/Centers for Disease Control & Prevention	Ministre de la Sante Publique et Population, Haiti	7688	3125.08	National AIDS Strategic Plan	\$7,800,000
9313	5412.07	HHS/Centers for Disease Control & Prevention	Ministre de la Sante Publique et Population, Haiti	5134	3125.07	National Plan Mechanism	\$4,645,000
5412	5412.06	HHS/Centers for Disease Control & Prevention	Ministre de la Sante Publique et Population, Haiti	3125	3125.06		\$300,000

Program Budget Code: 12 - HVTB Care: TB/HIV

Total Planned Funding for Program Budget Code: \$3,270,000

Program Area Narrative:

The national incidence of tuberculosis (TB) in Haiti is 132/100,000 in 2006, down from 180/100,000 in 1995. There is an estimated 20% seroprevalence of HIV in TB patients. This situation is aggravated by a growing number of multi-drug resistant TB (MDRTB) cases in the country. Although the prevalence of MDRTB in Haiti is not known it is, however, potentially a very serious problem as the neighboring Dominican Republic (DR) has the highest rates of MDRTB in the Caribbean, while Haiti has the highest seroprevalence rates of HIV/AIDS in the region. Since 1998, the Minister of Health (MOH) has embraced the directed observed treatment short-course (DOTS) strategy in order to strengthen the national TB program. In partnership with three non-governmental organizations (NGOs), International Child Care (ICC), Cooperative for American Relief Everywhere (CARE) and Center for Development and Health (CDS), the Ministry of Health (MOH) has taken steps to implement TB/DOTS clinics in all 10 geographical departments in Haiti.

In addition efforts were made to improve the management capacity of the TB program at central and departmental levels by putting in place national systems for planning, monitoring, quality assurance/quality improvement (QA/QI) and logistics. Recently the TB MOH central staff has been reinforced with a TB/HIV coordinator. So far, there are 200 TB/DOTS clinics throughout the country. Many of these clinics are integrated in facilities with other health services and primary health care programs; however, very few of them (about 8) are stand alone TB clinics with no other health services. The United States Agency for International Development (USAID) and the Global Funds (GF) are major donors for this TB program. Most of their resources are channeled through the three NGOs (ICC, CARE and CDS) that provide direct support for services at the TB clinics as well as technical management support to the MOH. In addition, the MOH has established a system of QA/QI for TB testing thru the National Reference Lab and ICC. There is limited infrastructure capacity compared to needs. The Haitian Group for the Study of Kaposi's

Sarcoma and Opportunistic Infections (GHESKIO) is the only setting in Haiti that can perform TB culture. There are only two hospitals that provide treatment for MDRTB patients: one managed Partners In Health (PIH) and the other one by GHESKIO.

Since 2005, the USG Team has been taking steps to reinforce TB/HIV program building on the national TB/DOTS program and the successful implementation of counseling and testing (CT), HIV clinical care and ARV services throughout the country. This takes advantage of the fact that most of the facilities with HIV care and ARV sites offer TB services. The overall strategy has been to integrate TB screening and prophylaxis in all HIV care services thru the different HIV care and treatment networks, to integrate HIV testing and care in TB services thru the TB networks and to establish linkages between the TB and HIV services in order to provide a continuum of care for co-infected patients based on the national norms. This strategy has been implemented with few efforts and resources in facilities where both TB and HIV services co-exist. Most of the HIV sites have been reinforced to perform TB screening with Purified Protein Derivative (PPD) testing and to provide isoniazid (INH) prophylaxis according to national protocols. In TB clinics with no HIV services, particularly those with high volume of TB patients, efforts were made to integrate there a package of CT and HIV care services and to refer patients in need of highly active antiretroviral therapy (HAART) to ARV sites. So far throughout the country ten (10) of these TB clinics have been reinforced with this package thru ICC. In the rest of the TB clinics with no HIV services, efforts were made to refer TB patients to the closest HIV sites for testing and HIV care and treatment as needed.

As a result of these efforts, thru the care and treatment and TB networks about 90 sites are offering integrated TB/HIV services. All HIV patients have access to TB screening as well as to TB prophylaxis and treatment as needed. Most of the TB patients have access to HIV screening and care if needed. Although the monitoring system for TB/HIV is yet to be well structured to capture the outcomes of this program, this year it was reported that at least 7000 TB patients, that represent about 60% of the patients treated this year, have been tested for HIV.

With FY 2008 resources, efforts are being made to strengthen the TB/HIV program by ensuring that all HIV patients enrolled in care at every site receive access to TB screening as well as needed prophylaxis and treatment. Emphasis is being placed on establishing chest X-ray diagnosis capacity in at least 20 public sites to improve TB screening and diagnosis. A better referral system is being established between HIV and TB wards to improve care for co-infected patients. Five additional TB clinics with no HIV services and with high volume of patients will be targeted to be integrated with a package of testing, CT, and HIV basic care. In collaboration with GHESKIO, a leading Haitian HIV care and treatment institution, the USG has recently launched a center of excellence in TB/HIV at Sigueneau Hospital, specializing in TB care, that can deliver state of the art training in TB/HIV for all the other networks and, in collaboration with the Global Fund, treatment services for MDRTB. Efforts are also being made to establish TB culture, initiate monitoring of drug resistance, and reinforce the system of QA/QI for TB testing thru the National Reference Laboratory. In addition, tools to improve monitoring of the outcomes of patients with co-infection have been developed and steps are being taken to implement them.

With FY 2009 resources, the USG will continue to expand ongoing activities and address major issues. The USG will continue to address some of the major gaps such as the lack of TB infection control activities and full integration of TB/HIV in the national HIV QA/QI system and in pediatric care, as well as the lack of a decentralized capacity to perform TB culture and monitor resistance. The USG will work closely with MOH, the Global Fund and key leading TB NGOs (ICC, CARE, and CDS) and leading HIV networks, such as MOH, GHESKIO, PIH, AIDSRelief and MSH, to address these gaps. The USG will ensure that the TB/HIV programs and activities are in accordance with national policies and that strategies to diagnose and manage co-infection TB/HIV are an integral part of the HIV and TB National Strategic Plan.

At the policy level, the USG will ensure that norms and protocols for TB/HIV are fully integrated in HIV training curricula. A particular emphasis will be placed on reviewing and updating protocols and guidelines for infection control, TB/HIV pediatric care and monitoring of TB drug resistance. At the program level, emphasis will be placed on improving coordination, planning and monitoring of TB/HIV programs through the lead TB and HIV NGOs and the MOH. Additionally, the program will focus on improving management at the departmental level and integrating the overall USG effort to decentralize PEPFAR planning and coordination. The program will expand training on TB/HIV co-infection through Sigueneau Hospital, the TB/HIV center of excellence. The logistics of key laboratory commodities and drugs will be improved thru the Supply Chain Management System (SCMS) with funds allocated for this purpose. Monitoring tools will be in place in concert with the electronic medical record (EMR) and the QA/QI system that are being enrolled in the HIV sites with the technical support of HIVQUAL.

At the operational level, HIV care and treatment sites will continue to receive support to screen (with both PPD and chest X-ray) all HIV positive patients for TB and to provide TB treatment and prophylaxis as needed in integration with TB services. All TB patients will continue to be targeted to receive CT services as well as HIV care and treatment services if needed. Efforts will be made to ensure that TB/HIV is fully integrated in pediatric care as this is being expanded. In addition to Sigueneau, a new TB/HIV center of excellence for training and QA/QI will be created through Grace Children's Hospital. A system to track suspected TB drug resistance cases, to collect sputum specimens from these cases and to process them to the National Lab for TB culture and resistance testing will be implemented at all the HIV/TB sites (see Laboratory section). TB infection control measures will be fully implemented at all major hospitals according to norms.

The main partners for this program will be: 1) the lead TB networks such as ICC and a new TBD partner; 2) the lead HIV care and treatment NGOs to maintain TB screening, prophylaxis and treatment for HIV patients in their respective networks; 3) GHESKIO to support Sigueneau Hospital as a Center of excellence. The National Reference Laboratory (see Laboratory section) will receive funding for expansion of TB culture diagnosis and drug resistance testing that will be initiated this year in order to monitor TB drug resistance throughout the country. SCMS will continue to manage the logistics of drugs and laboratory commodities while the MOH will receive support to continue ensuring coordination at both central and departmental levels of the program.

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 3125.09	Mechanism: National AIDS Strategic Plan
Prime Partner: Ministre de la Sante Publique et Population, Haiti	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Care: TB/HIV
Budget Code: HVTB	Program Budget Code: 12
Activity ID: 12376.28656.09	Planned Funds: \$400,000

Activity System ID: 28656

Activity Narrative: SUMMARY: The Ministry of Health (MOH) is the primary regulatory entity for health care service delivery in Haiti, including HIV services. It is also the most important provider of health services, with a network of dispensaries, community hospitals, regional departmental hospitals and a University Hospital. With support from the President's Emergency Plan for AIDS Relief (PEPFAR), counseling and testing (CT) services, care and treatment services, including TB/HIV have been implemented at numerous public facilities. The challenge has been to reinforce infrastructure, equipment and human capacity to provide quality services at these facilities. PEPFAR resources will be used to continue supporting TB diagnosis capacity at all major public sites in order to enhance TB/HIV services. As HIV care and treatment is being expanded thru the MOH important network of 30 sites, resources will be also used to ensure that all HIV patients get access to TB screening, prophylaxis and treatment. This effort will be integrated in existing effort to reinforce human capacity, infrastructure, lab and logistic to expand HIV services at these sites.

BACKGROUND: TB/HIV activities have been fully integrated within the MOH network. Based on MOH norms and policies, all of the CT, care and treatment centers of this network have been reinforced to perform TB screening and diagnosis with PPD, test sputum smear and to provide INH prophylaxis. Also the TB clinics located in the facility where HIV services have been integrated were reinforced with counseling services and linkages were also established between the two programs to ensure continuum of care for co-infected patients. Based on national norms, it's critical to make available the capacity to perform chest XRay for TB diagnosis in the context of HIV/AIDS. This year, with FY 2008 resources, 10 major public hospitals will be reinforced thru MOH with equipment and materials to perform chest XRay for HIV patients.

This year a particular effort will be made to improve the quality of care to co-infected patients by ensuring better integration of TB services in the HIV care and treatment units. Particular emphasis will be put on building the capacity of the personnel of these units to manage these co-infected patients.

ACTIVITIES AND EXPECTED RESULTS:

Activity 1: Within the MOH network of 30 HIV sites, resources will be used to continue supporting TB screening and diagnosis capacity including purified protein derivative (PPD) and sputum smears as well as training of health professionals in TB screening and prophylaxis. As 10 of the major public hospitals of this network will be, in addition, reinforced this year with XRay equipment for TB diagnosis, MOH will ensure continuing supply of related materials and commodities to perform chest XRay. Resources will be also used to ensure regular maintenance of the equipment. The MOH will establish referral system between the sites with XRay capacity and peripheral sites at each department to ensure that all eligible patients get access to chest XRay for TB diagnosis.

Activity 2: The MOH will continue to ensure that TB services are more integrated within the HIV care and units by ensuring that HIV patients infected with TB get proper treatment at these units. Efforts will be made to train the personnel in the delivery of care and treatment to co-infected individuals and to provide them with appropriate tools and logistics for TB care. Particular emphasis will be put on improving the monitoring system to ensure proper follow up of patients and of the program.

Activity 3: The MOH will reinforce its supervision and QA/QI team to improve in collaboration with other stakeholders, such as International Child Care (see ICC activity narrative), the monitoring of the TB/HIV program. Resources will be used to train this team in TB/HIV thru GHESKIO and to support its travel costs to the different sites.

Activity 4: The MOH will work with stakeholders to review and disseminate the norms, protocols, guidelines, and training tools for TB/HIV, particularly those related to TB infection control, TB/HIV pediatric care, monitoring of the program, and of TB drug resistance. MOH will be a key player for implementing and monitoring infection control measures according to the national norms and guidelines. MOH will also participate in the national TB drug resistance plan by allocating resources to the network for tracking of suspected TB drug resistance cases, collection of sputum specimens from these cases and processing of these specimens to the national lab for TB culture and resistance testing.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17199

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17199	12376.08	HHS/Centers for Disease Control & Prevention	Ministre de la Sante Publique et Population, Haiti	7688	3125.08	National AIDS Strategic Plan	\$500,000
12376	12376.07	HHS/Centers for Disease Control & Prevention	Ministre de la Sante Publique et Population, Haiti	5134	3125.07	National Plan Mechanism	\$300,000

Emphasis Areas

Health-related Wraparound Programs

* TB

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 7716.09	Mechanism: HIV/AIDS Clinical Services In NE
Prime Partner: To Be Determined	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Care: TB/HIV
Budget Code: HVTB	Program Budget Code: 12
Activity ID: 18705.28647.09	Planned Funds: ██████████
Activity System ID: 28647	

Activity Narrative: SUMMARY: Building on the successful implementation of the tuberculosis (TB) / Directly Observed Treatment Short-Course (DOTS) program and a network of HIV care and treatment services, the TBD partner will support the national effort to strengthen and expand the TB HIV program thru the Centre pour le Développement et la Santé (CDS) network in the entire North East Department of Haiti, in the North (one institution) and in the West department (three institutions). The primary emphasis of TBD will be to integrate HIV counseling and testing (CT) as well as care and treatment services within the TB clinics with no HIV services in the North East department to ensure that all TB patients enrolled in these clinics get access to HIV screening and care as needed. The TBD will also support the integration of TB screening, prophylaxis, and treatment in the network of CT, HIV basic care and treatment sites supported thru CDS located in the North East, the North and the West departments. TBD will participate along with the Ministry of Health (MOH) and other lead TB non-governmental organizations (NGOs) in the development and/or improvement of national norms, development of guidelines and tools to build human capacity, improving monitoring (including drug resistance) for the TB/HIV program, and implementing TB infection control measures.

BACKGROUND: Over the last two years, the North East department, located at the border with the Dominican Republic (DR) has been becoming an area of major focus for the United States Government (USG) and other donors such as Global Funds (GF). Because of intense migration, trade and a melting pot situation in this area, there are more and more concerns of a situation of rapid progression of HIV/AIDS in this area. In 1989 the MOH signed an agreement with CDS according to which CDS directly managed MOH health infrastructures and personnel in a network of health centers located in the NE, North and West Departments. In 1994 CDS signed a subcontract with the MOH in order to implement and supervise TB/DOTS activities in the entire NE Department. With the President's Emergency Plan for AIDS Relief (PEPFAR) resources, the USG has built on CDS network of primary health care and TB services to expand HIV care including CT, palliative care, ARV as well TB/HIV.

So far, CDS has been able to integrate TB screening, prophylaxis and treatment in its network of HIV sites: La Fossette in the North, Fort-Liberte and Ounaminthe in the North East. In addition efforts are being taken with existing resources to integrate CT and basic care in two TB sites with no HIV services in the NE Department and to establish referrals between the other TB sites and the HIV sites to ensure that all TB patients detected in the NE department get access to CT and HIV basic care and treatment services. Since the monitoring system of TB/HIV program is weak, it is now difficult to establish the results of these efforts.

With fiscal year (FY) 2009 resources, the TBD will continue to build on CDS TB and HIV networks to expand and reinforce TB/HIV services. Three additional TB sites with no HIV services will be reinforced with integrated CT and HIV basic care services to bring the total to five in the NE department. As the CDS HIV network sites will be expanded to 8, all of these sites will be reinforced with TB screening, prophylaxis, and treatment capacity. In addition, the TBD partner will continue to play a major role in policy development and in supervision, and quality assurance/quality improvement (QA/QI) of the program through the CDS network of HIV and TB sites. This TBD will be funded under a direct Cooperative Agreement (CoAg) with the Centers for Disease Control and Prevention (CDC) in concert with other program activities, specifically CT, palliative care.

Expected results: Through the CDS network, the TBD will provide access to HIV screening services to about 700 new TB patients (representing about 7% of expected TB patients nationwide) We expect that 28% (200) will be HIV positive and will enroll in care while 14% (100) will enroll in ARV.

Activity 1: TBD will allocate resources to support service organizations at 5 TB sites (including 3 new) in the CDS TB/DOTS network. These resources will be used to hire human resources personnel (counselors, physician, community and social workers), reinforce infrastructure to deliver counseling services as well as HIV palliative care, at each site. These personnel will be trained at GHESKIO. TBD will work with GHESKIO and Partnership For Supply Chain Management (PFSCM) to reinforce laboratory capacity at each site to perform routine testing and cluster differentiation 4 (CD4) testing to detect co-infected patients in need of ARV. These five TB sites will be part of the palliative care network sites that will benefit support for lab supplies through PFSCM (see SCMS narrative) and support social services through the community-based organizations (CBOs) that are offering these services in the different departments. Within the CDS network of 8 HIV sites, the TBD will provide resources to support TB screening and diagnosis capacity including purified protein derivative (PPD), chest X-rays and sputum smears as well as training of health professionals in TB screening and prophylaxis.

Activity 2: The TBD will establish linkages between the 5 targeted TB sites and ARV sites in its catchment area to ensure continuum of care for co-infected patients in need of highly active anti-retroviral treatment (HAART). TBD will also establish referrals between the other TB clinics where HIV services are not integrated and existing CT sites to allow access to HIV screening for all TB patients detected in the North Department at all TB sites TBD will allocate resources to cover transportation costs as well as accompaniment for these patients to the referred centers.

Activity 3: TBD will reinforce the HIV and TB supervision team to monitor and supervise the TB/HIV program. Resources will be used to train this team in TB/HIV thru GHESKIO and to support its travel costs to the different sites.

Activity 4: TBD will participate in all national efforts to elaborate and review the norms, protocols, guidelines, and training tools for TB/HIV with emphasis on those related to TB infection control, TB/HIV pediatric care, monitoring of the program, and of TB drug resistance. Resources will be used for the dissemination of these documents through the network. TBD will be responsible for implementing and monitoring infection control measures in the managed sites according to the national norms and guidelines. TBD will also participate in the national TB drug resistance plan by allocating resources to the network for tracking of suspected TB drug resistance cases, collection of sputum specimens from these cases and processing of these specimens to the national lab for TB culture and resistance testing.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18705

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18705	18705.08	HHS/Centers for Disease Control & Prevention	To Be Determined	7716	7716.08	HIV/AIDS Clinical Services	

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 3684.09

Mechanism: ICC

Prime Partner: International Child Care

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Care: TB/HIV

Budget Code: HVTB

Program Budget Code: 12

Activity ID: 5301.28872.09

Planned Funds: \$850,000

Activity System ID: 28872

Activity Narrative: SUMMARY: With additional resources, International Child Care (ICC) will continue to support the national effort to strengthen and expand the Tuberculosis (TB)/ HIV program throughout the country. Building on the successful implementation of the TB/Directly Observed Treatment Short-Course (DOTS) program and a large network of HIV care and treatment services, ICC will focus on strengthening and expanding HIV counseling and testing (CT) services as well as care and treatment services within its network of TB clinics with no HIV services. ICC will focus on those clinics with high volumes of TB patients to ensure that all TB patients enrolled in these clinics get access to HIV screening and care as needed. ICC will ensure that in the other TB clinics, all TB patients get access to HIV screening and HIV care as needed thru linkages with HIV sites. ICC will also provide technical assistance to the sites with both HIV and TB services to ensure full integration of these services. ICC will support implementation of a TB/HIV center of excellence at Grace Children's Hospital for training and quality assurance/quality improvement (QA/QI). ICC will provide technical support ICC will provide technical support to the MOH to develop national norms, guidelines, and tools to build human capacity, improve monitoring (including drug resistance) for the TB/HIV program and to implement TB infection control measures.

BACKGROUND:

Over the last 30 years ICC has been a key partner of the Ministry of Health (MOH) in the fight against TB in Haiti. Since 1995, ICC has played an important role in rolling out the TB/DOTS strategy adopted by the MOH, and providing support to implement TB/DOTS services in five departments (North, South, South East, West, and Central Plateau), and the overall management of the program in planning, training, monitoring, supervision, and logistics. ICC is operating through an important network of hospitals, health centers, and few stand alone TB clinics. One of them, Grace Children's Hospital located in the Port-au-Prince-metropolitan area, specializes in providing TB care, particularly to children and provides such care to a large number of patients in integration with other primary health care services. This hospital has the potential to serve as a center of excellence for training and QA/QI.

Since 2005, the United States Government (USG) elected to build on ICC expertise and its network of TB clinics to implement TB/HIV services. TB clinics located in the five other departments where ICC does not have a presence have been supported through the two other lead TB non-governmental organizations (NGOs), Cooperative for American Relief Everywhere (CARE) and the Centre Pour Le Développement et la Santé (CDS). The main focus of ICC has been to integrate CT services as well as HIV basic care in the TB clinics with no HIV services and to establish referrals with antiretroviral (ARV) services for co-infected patients in need of highly active antiretroviral treatment (HAART). In TB clinics where HIV services have not been integrated, ICC has made the effort to link them with HIV sites in the same area to provide HIV services to TB patients. This activity has been linked with other USG efforts to integrate, through care and treatment HIV networks, CT services in TB wards located in facilities offering both HIV and TB services.

To date, through the ICC network, ten TB sites have been reinforced to provide HIV counseling, testing, and basic care services. With Fiscal Year (FY) 2008 resources, the USG expects to expand this effort to 15 sites (including 5 new). As the USG has stopped to provide HIV/TB resources to CARE, ICC has expanded its support to five other departments: Grand' Anse, Nippes, Artibonite and North East. The other 10th department (North East) will continue to receive TB/HIV support thru a TBD partner. In addition, ICC, together with the other lead TB NGOs, has played an important role in developing tools for TB/HIV monitoring. ICC has also developed the capacity, through a mobile team, to perform supervision and QA/QI for TB/HIV.

With FY 2009 resources, the USG will continue to build on the ICC TB network to expand and reinforce TB/HIV services in nine departments. Through ICC the 15 TB sites targeted this to be integrated with CT and HIV care services will be strengthened. In addition, ICC will continue to build a strong referrals system in each department between the other TB sites that do not have HIV services with HIV sites located in their target areas. In addition, ICC will continue to play a major role in policy development, human capacity building by providing hands on training, supervision and QA/QI for the program through their mobile team that will be reinforced with trained health professionals in TB/HIV care. ICC will also assist Grace Children's Hospital to become a TB/HIV center of excellence (COE) that will have the logistic and human resources capacity to train health professionals in TB/HIV for the care and treatment networks. This effort will add to the effort initiated at Sigueneau Hospital thru GHESKIO to make it also a center of excellence for training.

EXPECTED RESULTS: Through ICC, 10,000 TB patients (representing 66% of expected TB patients throughout the nation) will obtain access to HIV screening services. We expect that 20% (2000) will be HIV positive and will enroll in care while 5% (500) will enroll in ARV.

Activity 1: ICC will allocate resources to support service organizations at 15 TB clinics (including six new) with the highest volume of TB patients throughout 9 department service area. ICC will use these resources to hire at each site the range of human resources personnel (counselors, physicians, community and social workers), reinforce infrastructure (including laboratory) to deliver counseling services and HIV palliative care, including clinical and community follow up. ICC will also reinforce in coordination with the national lab and Supply Chain Management System (SCMS) laboratory capacity at each site so that laboratory personnel are able to perform CD4 testing to detect co-infected patients in need of ARV. These 20 TB sites will be part of the palliative care network sites that will benefit support for opportunistic infections (OIs) through SCMS -- (see SCMS narrative) and support social services through the community-based organizations (CBOs) that are offering these services in the different departments.

Activity 2: ICC will establish linkages between the 15 targeted TB sites and the ARV sites in their catchment area to ensure continuum of care for co-infected patients in need of HAART. ICC will also establish referrals between other TB clinics where HIV services are not integrated and existing CT sites to allow access to HIV screening for TB patients detected at these sites. ICC will allocate resources to cover transportation costs as well as accompaniment for these patients to the CT sites.

Activity 3: ICC will continue to support a mobile team to monitor and supervise the TB/HIV program. Resources will be used to hire and train a team of specialized counselors, physicians, data managers, and

Activity Narrative: social workers in TB/HIV and to support their travel to different sites.

Activity 4: ICC will participate in all national efforts to further develop and review the norms, protocols, guidelines, and training tools for TB/HIV with emphasis on those related to TB infection control and drug resistance, TB/HIV pediatric care, and program monitoring. Resources will be used for the dissemination of these documents through the ICC network. ICC will be responsible for implementing and monitoring infection control measures in its sites according to national norms and guidelines. ICC will also participate in the national plan of monitoring of TB drug resistance by allocating resources to the sites for tracking of suspected TB drug resistance cases, collect of sputum specimens from these cases and processing of these specimens to the National Lab for culture and resistance testing.

Activity 5: ICC will focus on reinforcing Grace Children's Hospital so that it can become a COE. This will complement GHESKIO's (another COE) efforts to establish Sigüeneau Hospital as a COE as well. Resources will be allocated to Grace Children's Hospital to hire a specialized team of nurses, physicians, social workers, and data managers that GHESKIO will train as trainers. This team will be responsible for training providers at Grace Children on TB/HIV in addition to the training undertaken thru GHESKIO.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17185

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17185	5301.08	HHS/Centers for Disease Control & Prevention	International Child Care	7684	3684.08		\$1,000,000
9286	5301.07	HHS/Centers for Disease Control & Prevention	International Child Care	5127	3684.07		\$910,000
5301	5301.06	HHS/Centers for Disease Control & Prevention	International Child Care	3684	3684.06		\$75,000

Emphasis Areas

Health-related Wraparound Programs

* TB

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 6218.09

Mechanism: National Laboratory

Prime Partner: Ministre de la Sante Publique et Population, Haiti

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Care: TB/HIV

Budget Code: HVTB

Program Budget Code: 12

Activity ID: 12374.28874.09

Planned Funds: \$800,000

Activity System ID: 28874

Activity Narrative: SUMMARY: The activities included in this project relate to establish TB laboratory testing facility at the National Public Health Laboratory (NPHL) for TB culture and drug resistance to Mycobacterium Tuberculosis, hiring staff, training plus maintain its infrastructure.

BACKGROUND: The NPHL was established in 2006. Laboratory space was allocated for its TB laboratory. However, this laboratory is still empty and is only functioning as a TB slides QA/QC rereading operation. Diagnosis of TB by sputum smear microscopy is useful as a screening test, but it has some limitation as it can only detect 70% of TB cases. TB suspected cases with clinical symptoms but TB smear negative should be further investigated and diagnosed by culture and/or radiology. There were numerous reports on multiple drug resistance to Mycobacterium Tuberculosis globally including Dominican Republic, Haiti's neighboring country that caused deaths. Co-infection of TB and HIV is common occurring. Multiple drug resistance to TB is a public health threat. Currently, the Ministry of Health, (NPHL) does not have capacity to conduct TB culture or performing MTB drug resistance and/or drug susceptibility testing. There is an urgent need to set up such facility at the NPHL to provide TB laboratory services to TB/HIV patients.

Activity 1: The NPHL will continue to use methods for culture identification and drug sensitivity and/or resistance Mycobacterium Tuberculosis. Supply Chain Management (PFSCM) will continue procure TB culture laboratory equipment, specific equipment and lab supplies to establish TB culture and drug resistance testing for the NPHL. The NPHL will subcontract local company to improve improving its TB laboratory infrastructure in order to meet laboratory safety standard requirements, and to install lab equipment so that the TB culture laboratory will be maintained. The NPHL will continue to work with French speaking TB lab consultants hired by the American Society of Microbiology (ASM) in order to start up and implement the project. In COP 09, the NPHL has a goal to conduct TB cultures and detection of MDRTB and XDRTB drug resistance for clinical decision-making and drug resistance surveillance.

Activity 2: The NPHL will provide to 80 lab personnel at PEPFAR supported laboratories (ARV, and palliative care labs) a refresher training course to conduct TB smear diagnosis. In addition, the NPHL will train 40 lab personnel at TB clinics to conduct HIV rapid testing. This number of lab personnel is already included and described in the NPHL narrative in the Lab Infrastructure program area.

Activity 3: The NPHL will continue to establish and expand an integrated quality assurance program of TB smear diagnosis and HIV testing at 180 TB clinics nationwide. The QA/QC activities will include regular supervisory visits, EQA TB smear diagnosis panel test development and proficiency testing, TB slides rereading, and trouble shooting.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17205

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17205	12374.08	HHS/Centers for Disease Control & Prevention	Ministre de la Sante Publique et Population, Haiti	7689	6218.08	National Laboratory	\$800,000
12374	12374.07	HHS/Centers for Disease Control & Prevention	Ministre de la Sante Publique et Population, Haiti	6218	6218.07	National Lab Mechanism	\$300,000

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 3337.09

Mechanism: PIH

Prime Partner: Partners in Health

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Care: TB/HIV

Budget Code: HVTB

Program Budget Code: 12

Activity ID: 9673.27516.09

Planned Funds: \$200,000

Activity System ID: 27516

Activity Narrative: Sustainability narrative:

Over the past twenty-five years, PIH/ZL in collaboration with the Haitian Ministry of Health (MOH), has successfully established itself as the primary provider of comprehensive health care in the Central Department of Haiti, including prevention, care, and treatment services for AIDS and tuberculosis (TB). With support from the Global Funds (GF) and the President's Emergency Plan for AIDS Relief (PEPFAR), and working in collaboration with the MOH, we have been able to expand our HIV Equity Initiative to the nine sites we serve today-- 7 in the Central Department (Belladère, Boucan Carré, Cange, Cerca La Source, Hinche, Lascahobas, Thomonde) and 2 in the Artibonite Department (Petite Rivière and St. Marc). Again in collaboration with the MOH, through this year's funding support from PEPFAR, PIH/ZL hopes to expand to Mirebalais, Saut d'Eau, and Savanette and strengthen health services in Desdunes and Brocozel in the Artibonite. Through this strong and growing partnership with the MOH, PIH/ZL has worked hard to enhance the capacity of Haiti's health system, both at the community and institutional level, striving to provide the highest standard of care possible with the resources available and plans to continue to train health care workers and make infrastructure improvements in areas in need of improved health services.

SUMMARY: TB is the most common and deadly opportunistic infection (OI) in Haiti and remains rampant among HIV positive patients and their families due to chronic malnutrition, HIV, and overcrowded living conditions. The proposed activities described below are aimed to strengthen and expand the PIH/ZL capacity to detect, prevent, and treat TB infection for HIV positive patients. The program will conduct TB/HIV activities within PIH/ZL's "four pillars" model for implementing a comprehensive HIV program in the context of primary care: 1) HIV prevention and care, including voluntary counseling and testing (VCT); 2) detection and treatment of TB and other OIs; 3) detection and treatment of sexually transmitted infections (STIs) and; 4) women's health and prevention of mother-to-child transmission (PMTCT). The primary emphasis areas for these palliative care TB/HIV activities are Wraparound programs: TB and gender: gender equity. The primary target populations for these TB activities are people living with HIV/AIDS (PLWHAs), including HIV-positive infants and children.

Activities will be carried out at 10 sites in Haiti's Central Department (Belladère, Boucan Carré, Cange, Cerca La Source, Hinche, Lascahobas, Thomonde, as well as the new expansion sites of Mirebalais, Saut d'Eau, and Savanette) and 4 sites in the Artibonite Department (Petite Rivière, St. Marc, Promoteurs Objectif ZéroSida [POZ], and the new expansion site of Desdunes). Activities in St. Marc will be carried out in collaboration with the Hôpital St. Nicholas (HSN) and Services de Santé de Premier Echelon (SSPE) as well as at La Fondation Esther Boucicault Stanislas (FEBS) and Brocozel. Certain activities will also be carried out at health posts in Segur and Jean Denis, which report their numbers through Petite Rivière.

The PIH/ZL HIV Equity Initiative has relied on sustained funding from the Global Fund for AIDS, Tuberculosis and Malaria (GFATM) and PEPFAR, to operate over the past six years. Our GFATM Round 1 grant ended in December 2007. In 2008 we received Bridge Year funding and expect to receive renewed funding through the rolling continuation channel (RCC) in 2009, but this is not enough to sustain current services. This specific application does not include budget lines for ARVs. However, we are expecting, for new patients enrolled after December 31, 2008, to receive ARVs through Partnership For Supply Chain Management (PFSCM) beginning in 2009. If this co-financing is not received, PIH/ZL will need to adjust all targets listed here, including, perhaps, a reduction in the number of service outlets.

BACKGROUND:

PIH/ZL's TB prevention and treatment activities date back to the efforts of community health workers in the early 1980s. Experience with directly observed therapy (DOT) in the context of TB treatment was instrumental to the design of PIH/ZL's HIV treatment program. TB activities are fully integrated into the comprehensive HIV prevention and treatment program started by PIH/ZL in 1998; expanded through the public sector beginning in 2002 in partnership with the MOH and with funds from GFATM; and further expanded to Hinche, Cerca La Source, Petite Rivière and St. Marc with the support of PEPFAR in the country operational plan (COP) 2005, 2006, 2007 and 2008. Since 2004, the program has been a collaboration between four key partners—PIH/ZL, MOH, GFATM, and PEPFAR. Since 2005 work in the Artibonite region has been strengthened by involving several non-governmental (NGO) partners in St. Marc—SSPE, POZ and, FEBS—and in Petite Rivière (Centre Medical Charles Colimon [CMCC]).

As with all PIH/ZL care and support, the activities outlined below strive to ensure that an equitable number of women and men receive treatment. In improving the health of HIV-infected patients, PIH/ZL strives to enable their full participation in society at every level and to reduce the stigma and discrimination associated with HIV status.

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

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Detection, Treatment, and Prophylaxis: The first activity is detection of, treatment and prophylaxis for TB among HIV-infected individuals served at PIH/ZL's sites. As HIV treatment in the context of primary care is delivered at an increasing number of sites and locations, strengthening and expanding PIH/ZL's capacity to detect, treat, and prevent TB/HIV co-infection will be essential to the well-being of our patients. In the last six months leading up to April 2008, PIH/ZL provided prophylactic TB therapy to more than 300 HIV-positive individuals. The additional clinical human resources supported by this funding will allow for greater clinical and programmatic focus on this essential component of HIV care. Funding will also support TB/HIV-related laboratory capacity and the maintenance of necessary infrastructure.

ACTIVITY 2: Training: As PIH/ZL will be providing comprehensive HIV care to a significantly increased number of patients in several new locations in 2009; the second activity is the training of providers in the prevention and treatment of TB for HIV-infected individuals. Clinicians and accompagnateurs will receive

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

ACTIVITY 3: HIV Testing for TB Patients: TB is the leading HIV-associated OIs for patients in resource-poor settings and the most common cause of death in HIV-positive persons worldwide. The presence of TB increases HIV replication and hastens the progression of AIDS. In light of the interaction between TB and HIV, the clinical guidelines adopted by PIH/ZL recommend that all patients with tuberculosis be offered HIV testing and counseling. In 2009, PIH/ZL estimates it will test 1900 TB patients for HIV.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17210

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17210	9673.08	HHS/Centers for Disease Control & Prevention	Partners in Health	7691	3337.08	PIH	\$200,000
9673	9673.07	HHS/Centers for Disease Control & Prevention	Partners in Health	5137	3337.07	PIH	\$450,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

* TB

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 3315.09

Mechanism: GHESKIO

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

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Care: TB/HIV

Budget Code: HVTB

Program Budget Code: 12

Activity ID: 9672.27487.09

Planned Funds: \$620,000

Activity System ID: 27487

Activity Narrative: The narrative will be modified in the following way:

Activity 1

GHESKIO will implement tuberculosis (TB)/HIV services to the prisoners at the national prison at Port au Prince in collaboration with the National TB Program. These resources will be linked to HIV resources to ensure that all prisoners get HIV and TB screening. Infected patients will be provided appropriate TB and HIV care and support within the prison health facility. GHESKIO ensure training and supervision of the personnel of this facility to deliver these services. GHESKIO will also work with Partnership For Supply Chain Management (PFSCM) to ensure the provision of necessary commodities and drugs for this program.

Activity 2

GHESKIO will collaborate with stakeholders to develop protocol and plan to treat patients with TB and HIV co-infection at the HIV units. This will include building human capacity, tools and logistic at the HIV units to deliver TB services.

Activity 3

As preliminary data from a national survey has shown a high prevalence rate of multi-drug resistant (MDR)-TB (3%) in patients never treated before for TB, GHESKIO will work with MOH and stakeholders to develop plan to monitor resistance among TB resistance among HIV patients and develop National guidelines to standardize MDR /TB management.

SUMMARY:

With COP 09 resources, GHESKIO will continue to integrate TB screening, prophylaxis and treatment in its network of HIV clinics and pursue the development of the Siguenau public Hospital, a stand alone TB site, to become a national center of excellence for the management of TB/HIV co-infection with the capacity to offer antiretroviral therapy (ART) and TB treatment at a single site, and offer treatment for patients with MDRTB. Siguenau Hospital will be the second site in Haiti capable of offering care to patients with MDRTB. Emphasis areas for these activities will cover: community mobilization and participation, development of network and referral center, human resources, logistics, infrastructure, needs assessment, policy and guidelines, supervision for QA/QC/QI and training. Specific target population will be the HIV+ TB clients attending Siguenau hospital and referred patients with TB/HIV requiring HAART and hospitalization. In addition Siguenau will serve as a national training center for the management of TB/HIV co-infection and MDRTB. These activities will be integrated with other HIV related activities (ART, Palliative care, CT and PMTCT) supported by PEPFAR and the Global Funds thru GHESKIO and other lead HIV and TB partners.

BACKGROUND:

GHESKIO is one of the two lead NGOs that have implemented in Haiti integrated model of HIV services. Actually with existing resources, GHESKIO is expanding its integrated model to 16 ART sites, including seven major public hospitals. In this network, efforts were made to integrate TB/HIV activities focusing on TB screening, prophylaxis and treatment for HIV patients.

Siguenau is a TB stand alone public hospital located in the West department. It offers, with support of GFATM, CT services. This hospital is ideally located to serve as a referral center for HIV infected patients with TB requiring HAART and for those with MDRTB. The treatment of patients co-infected with HIV and TB is complicated and requires an experienced team. At present, there is no standardized treatment for such patients. Studies done at GHESKIO centers showed that: 1) over one third of persons coming to VCT for HIV testing who present with cough have active TB 2) Up to 50% of TB patients seen at our facility were HIV infected and 3) in Port au Prince, up to 10% of HIV+ patients who were never treated for TB developed associated MDRTB « AIDS 2006, Vol 20 No 3 ». The West Department, where Siguenau hospital is located, is the most populated region in Haiti and has the highest prevalence of both HIV and TB in the country. In Haiti at present, only GHESKIO offers a complete laboratory diagnosis for mycobacteria including MDRTB, and only the PIH clinic in Cange located in the Center department offers care for patients with MDRTB. Because the site in Cange is far from Port-au-Prince, most patients diagnosed with MDRTB in the West Department do not want to go to the Center Department to receive inpatients therapy away from their family for two years.

Strategies to diagnose and manage co-infection TB/HIV are an integral part of the National Strategic Plan.

Main project objective

The main intervention objective is to support the National Tuberculosis Program in order to reduce morbidity ,mortality and transmission of Tuberculosis disease, to reduce the burden of TB/HIV coinfection and to prevent the development of drug resistance

ACTIVITES AND EXPECTED RESULTS:

ACTIVITY 1: TB/HIV CARE AND TREATMENT INTEGRATION

In collaboration with the National TB Program, GHESKIO will help the MOH evaluate a National Plan to Control HIV/TB in development with support from the GFATM.

- 1) Screen for HIV all patients with TB and screen for TB all patients with HIV.
- 2) Organize the treatment of both HIV and TB at ONE single site.

Since TB is the main OI in this setting it would make sense that both TB and HIV be treated at HIV centers where ART is available. However, for practical reasons TB centers caring for 300 or more TB patients per year should have the capacity of providing ART as well. For TB centers with less than 300 patients per year a referral system will be set-up in each department to determine the closest place where both TB treatment and ART are available.

ACTIVITY 2: IMPROVING TB/HIV CONTROL STRUCTURE INTEGRATON

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

Activity Narrative: ACTIVITY 3: REINFORCING TB PREVENTIVE THERAPY

GHESKIO will continue to reinforce its network of HIV sites to perform TB screening, prophylaxis and treatment for HIV positive individuals. Emphasis will be put next year on HIV positive children as pediatric care is being expanded through this network. Resources will be used to build human capacity, reinforce infrastructure and work with PEPFAR to ensure adequate provision of PPD tests and related commodities including INH for prophylaxis. Based on needs assessment, IMIS will be reinforced with chest X-Ray capacity to improve TB screening. This will complement sputum smear diagnosis capacity implemented at all the TB sites thru the TB/DOTS program financed by the Global Fund.

ACTIVITY 4: CAPACITY BUILDING

GHESKIO will reinforce Siguenau hospital with a multidisciplinary team of MDs, nurses, pharmacists, social workers, laboratory technicians and field workers to maintain and expand ARV services to TB patients that will be initiated this year with 09 resources.

ACTIVITY 5: TRAINING

GHESKIO will continue to reinforce Siguenau Hospital to become a training center. The resource capacity of this facility will be improved by DOTS training staff, TB/HIV training and the management MDRTB(DOTS PLUS). Resources will be allocated for training sessions including equipment and training materials as well as logistic costs for participants. GHESKIO will coordinate this activity with other network of TB and HIV clinics to offer comprehensive training in HIV and TB management to healthcare providers at HIV and TB sites in collaboration with the TB National Program, the HIV national program and Partners in Health (PIH).

ACTIVITY 6: ENHANCING GHESKIO LAB CAPACITY

This activity will consist in the provision of support for the diagnosis of mycobacterium species including MDRTB at GHESKIO. GHESKIO is the only site in Haiti capable of documenting the diagnosing of mycobacterium tuberculosis and other mycobacteria by culture and, the only site in Haiti with the capacity to diagnose MDRTB. GHESKIO will obtain the necessary reagents and supplies needed to diagnose MDRTB in patients who fail conventional TB therapy. This will be integrated in the national plan for MDRTB monitoring that will be developed. Actually 3 confirmed MDR patients has been placed under second line treatment . Siguenau hospital's capacity will be reinforced to become a specialized and a national reference center providing care to patients with MDRTB. Two GHESKIO clinicians recently trained at the New York City Health Department in the management of patients with MDRTB will be assigned to the Siguenau hospital.

ACTIVITY 7 : MDR/TB AND XDR

The magnitude of MDR problem is still unknown in Haiti. Therefore Gheskio is emphasizing partnership with the National Tuberculosis Program by

- 1) Preliminary data from a national survey has shown a high prevalence rate of MDRTB (3%) in patients never treated before for TB. It will be probably higher if we consider that only patients with positive smear were enrolled, excluding most of HIV infected patients. Prior studies have already shown high association of MDRTB with HIV. With COP09 funding, we will expand the survey enrolling all patients seen at the first visit in a TB clinic.
- 2) Working closely with NTP to develop National guidelines to standardize MDR /TB management.
- 3) Increasing TB Program effectiveness in managing MDR patients and implementing infection control steps to prevent XDR
- 4) Setting up an action plan to enroll on MDR treatment 12 patients per year. Three have already started treatment at Siguenau Hospital.

ACTIVITY 8: STRENGTHENING THE PENITENTIARY CENTERS

In collaboration with the Penitentiary health authorities Gheskio will participate in building capacity of the centers and especially the main prison of the system located in Port-au-Prince. Thus GHESKIO will participate in reinforcing the structure and provide the following services:

- 1) Penitentiary staffing
- 2) Training in co-infection TB/HIV and ART.
- 3) TB testing and treatment through DOTS strategy
- 4) HIV testing and ART
- 5) TB and HIV prevention package
- 6) Supervision at the National Penitentiary of Port-au-Prince. MDR inmates detected at Hinche prison will be taken care and supervised in collaboration with Zanmi la Sante of Cange.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17180

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17180	9672.08	HHS/Centers for Disease Control & Prevention	Groupe Haitien d'Etude du Sarcome de Kaposi et des Infections Opportunistes	7682	3315.08		\$600,000
9672	9672.07	HHS/Centers for Disease Control & Prevention	Groupe Haitien d'Etude du Sarcome de Kaposi et des Infections Opportunistes	5124	3315.07		\$500,000

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 3323.09	Mechanism: SDSH
Prime Partner: Management Sciences for Health	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: TB/HIV
Budget Code: HVTB	Program Budget Code: 12
Activity ID: 9676.27508.09	Planned Funds: \$200,000
Activity System ID: 27508	

Activity Narrative: SUMMARY: The United States Agency for International Development (USAID) bilateral health program supports a contractor to implement the project for maternal and child survival, reproductive health, and tuberculosis (TB) programs working through a network of non-governmental organizations (NGOs) to offer health care services in Haiti. As MSH will expand HIV palliative care to include comprehensive medical services, psychosocial support, and follow-up in this network, it will ensure that HIV patients get access to TB screening, prophylaxis, and treatment and that TB patients detected in TB wards get access to counseling services and HIV care in this network. Development of networks and linkages will be encouraged with other HIV clinical and community-based programs supported by the President's Emergency Plan for AIDS Relief (PEPFAR) through MSH. The target populations include people living with HIV/AIDS (PLWHA) and their families. The coverage area includes all ten geographic departments where USAID has implemented its bilateral health program.

BACKGROUND: The United States Government (USG) has taken a series of steps to wrap around the SDSH integrated health program, to integrate HIV services such as counseling and testing (CT), prevention of mother-to-child transmission (PMTCT), and TB/HIV, basic palliative care, and antiretroviral (ARVs) into primary health care services. These non-governmental organization (NGO) points of service are dispersed throughout the country's 10 regional departments. As such, they represent a good network to expand HIV services throughout Haiti. Some of these points of services are currently offering CT services and 30% - 40% have maternity wards which are delivering PMTCT services. Twenty of these institutions are offering clinical palliative care while 6 offer ARV treatment services. Most of these HIV palliative care and treatments sites are offering also TB services with support from Global Funds (GF) and USAID. With few resources, efforts were made to integrate TB/HIV activities in MSH network, focusing on TB screening, prophylaxis, and treatment for HIV patients, on integrating counseling in TB wards and on establishing referrals between the TB and HIV services at these sites to provide continuum of care to co-infected patients according to norms.

While MSH is taking steps to expand its network of HIV services to enroll at least 8,000 HIV patients in care, there is a need to continue expanding the TB/HIV program through this network by improving screening capacity, reinforcing linkages with TB services for TB treatment as needed, integrating this program into pediatric care, reinforcing TB infection control measures, and by monitoring TB drug resistance. In addition, MSH is committed to working in collaboration with the government of Haiti (GoH) and other key HIV and TB implementing partners to adapt national policies and strategies for the program.

EXPECTED RESULTS AND ACTIVITIES

ACTIVITY 1: MSH will continue to reinforce its network of HIV sites to perform TB screening, prophylaxis, and treatment for HIV positive individuals. Next year, MSH will emphasize HIV positive children as pediatric care in being expanded through this network. TB infection control measures and TB drug resistance monitoring will be implemented in this network according to national norms and protocols. Resources will be used to build human capacity, to reinforce infrastructure (including laboratory) and to ensure adequate provision of purified protein derivative (PPD) test and related commodities and Isoniazid (INH) for prophylaxis in collaboration with Partnership for Supply Chain Management (PFSCM). Based on needs assessment, the targeted sites will be reinforced with equipment, related materials and commodities to improve TB screening. This will complement sputum smear diagnosis capacity implemented at all the TB sites through the TB/Directed Observed Treatment Short-Course (DOTS) program financed by the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM).

ACTIVITY 2: PEPFAR resources will be used to strengthen human resources and logistics of the MSH Haiti headquarters and quality assurance/quality improvement (QA/QI) team to work with the MOH's central and departmental levels and other lead TB NGOs—International Child Care (ICC), Cooperative for American Relief Everywhere (CARE), and the Centre Pour Le Développement et la Santé (CDS) and Groupe Haitien d'Etude du Darcome de Kaposi et des Infections Opportunistes (GHESKIO)—to coordinate and monitor the TB/HIV program. In addition, health professionals from the MSH network will be trained in TB/HIV at Siguenau Hospital that is being reinforced thru GHESKIO to become a center of excellence in TB/HIV care and treatment.

ACTIVITY 3: MSH will participate, along with the MOH and other lead TB NGOs, in developing and/or updating norms, protocols, and guidelines and training tools for TB/HIV with emphasis on TB infection control, TB HIV pediatric care and on monitoring of TB drug resistance. MSH will use PEPFAR resources to disseminate these documents and implement these TB/HIV activities in the MSH network.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17191

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17191	9676.08	U.S. Agency for International Development	Management Sciences for Health	7686	3323.08	Basic Health Services	\$300,000
9676	9676.07	U.S. Agency for International Development	Management Sciences for Health	5146	3323.07	Basic Health Services	\$100,000

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 3314.09	Mechanism: AIDS Relief
Prime Partner: Catholic Relief Services	USG Agency: HHS/Health Resources Services Administration
Funding Source: GHCS (State)	Program Area: Care: TB/HIV
Budget Code: HVTB	Program Budget Code: 12
Activity ID: 18706.27500.09	Planned Funds: \$150,000
Activity System ID: 27500	

Activity Narrative: SUMMARY: AIDSRelief will expand palliative care to include comprehensive medical services, psychosocial support, and follow-up for patients. AIDSRelief will ensure that all HIV patients get access to TB screening, prophylaxis, and treatment through its network of hospitals. As of July 2008, 1965 active ART patients were enrolled in TB care. AIDSRelief will encourage development of networks and linkages with other HIV clinical and community-based programs supported by the President's Emergency Program for AIDSRelief (PEPFAR). The target populations include people living with HIV/AIDS and their families. The coverage area for this program include communes of Fonds-des-Nègres (Nippes); Fonds-des-Blancs (South); Port-au-Prince (West); Deschapelles, Ennery, Gros Morne (Artibonite); Pilate, Limbe, Milot (North).

BACKGROUND: AIDSRelief has been providing palliative care and ART in Haiti since 2004, through support from PEPFAR (Track 1.0 and COP 2006). AIDSRelief is a five-member consortium, led by Catholic Relief Services (CRS), and includes three faith-based organizations, a medical institution recognized as a world leader in HIV/AIDS care, research and program development, and an international development company that specializes in the design and implementation of public health and social programs. All AIDSRelief Consortium members have a shared mission to provide quality medical care to individuals living with HIV/AIDS.

Since 2004, AIDSRelief has reinforced HIV care and treatment in eight sites in five geographic departments, including the main public departmental hospital in Gonaives. In year five, Hopital La Providence was accorded to the Collaborative Agreement Partner of the Ministry of Health, Plan National. The community reference hospital, Hopital Sainte Croix at Leogane was temporarily closed, and their patient population was offered services at the GHESKIO-supported program at Signeau.

AIDSRelief has taken steps to integrate TB/HIV in its hospitals by offering TB screening, prophylaxis to HIV positive patients; integrating Counseling and Testing (CT) in the TB wards at these sites and; making referrals between the HIV and TB services for continuum of care for co-infected individuals, according to norms. AIDSRelief recognized to expand the TB/HIV program through its sites by improving screening capacity; reinforcing linkages with TB services for TB treatment as needed; integrating this program into pediatric care; reinforcing TB infection control measures, and by monitoring TB drug resistance. AIDSRelief will focus its effort on developing a comprehensive and public health approach for an integration of TB/HIV and palliative care with existing health systems and the continuum of care for HIV patients. AIDSRelief will collaborate with the government of Haiti and other key HIV and TB implementing partners to define national policies and strategies for the program.

EXPECTED RESULTS AND ACTIVITIES

Activity 1: AIDSRelief will continue to reinforce its nine hospitals to perform TB screening, prophylaxis, and treatment for HIV positive individuals. Emphasis will be put on HIV positive children as pediatric care is being expanded through these sites. TB infection control measures and TB drug resistance monitoring will be implemented in these sites according to national norms and protocols. AIDSRelief will also reinforce CT services in TB wards at its sites through building capacity, reinforcing infrastructure (including laboratory), and working with Supply Chain Management Systems (SCMS) to ensure adequate provision of PPD test and related commodities and INH for prophylaxis. Based on needs assessment, the hospitals will be reinforced with chest x-ray capacity, including equipment and related materials and commodities to improve TB screening. This will complement sputum smear diagnosis capacity implemented at all TB sites through the TB/DOTS program financed by the Global Fund to Fight AIDS, Tuberculosis and Malaria.

Activity 2: AIDSRelief and its Quality Assurance/Quality Improvement (QA/QI) will further its collaboration with the Ministry of Health (MOH) at the central and departmental levels, and other lead TB NGOs—International Child Care, CARE, Centre Pour Le Développement et la Santé, and Groupe Haitien d'Etude du Sarcome de Kaposi et des Infections Opportunistes (GHESKIO)—to coordinate and monitor the national TB/HIV program.

Activity 3: In collaboration with the MOH and other lead TB NGOs, AIDSRelief will share its expertise in developing and/or updating norms, protocols, and guidelines and training tools for TB/HIV with an emphasis on TB infection control, TB/HIV pediatric care, and on monitoring TB drug resistance. AIDSRelief will disseminate these documents and implement TB/HIV activities in its sites.

Activity 4: AIDSRelief will continue to emphasize provider-initiated HIV counseling and testing of TB patients with assuring referral to HIV care and treatment. AIDSRelief will ensure intensified TB case finding among PLWHA with referrals for TB diagnosis and treatment; TB infection control; and if logistically feasible and adequate TA, the initiation of isoniazid prevention therapy (IPT).

Activity 5: AIDSRelief will continue to utilize algorithms for clinical assessment of TB disease; maintain integrated nursing staff in both TB and HIV care services with rotation between services and provide integrated training for both staff. AIDSRelief will synchronizes TB cohort reporting system and HIV outcomes reports with further integration of patient held records. Monitoring will facilitate the avoidance of multiple drug resistant TB cases. AIDSRelief through its community adherence programs will expand treatment literacy of both TB/HIV co-infections and use each other network and strategies of Directly Observed Therapy (DOT) and family centered care. Both staff will be trained in the optimal time to start antiretroviral therapy, identification of optimal antiretroviral regimens to use, proper dose of ARVs in the presence of rifampicin. In pediatric cases, the staff will monitor and determine pediatric immune profiles that influence progression of HIV and TB/HIV outcome.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18706

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18706	18706.08	HHS/Health Resources Services Administration	Catholic Relief Services	7677	3314.08	AIDS Relief	\$50,000

Emphasis Areas

Health-related Wraparound Programs

- * Malaria (PMI)
- * TB

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Program Budget Code: 13 - HKID Care: OVC

Total Planned Funding for Program Budget Code: \$9,137,346

Program Area Narrative:

Starting in Fiscal Year (FY) 2007 and increasingly in FY 2009, the United States Government's team has been working with partners to offer a package of direct support to OVC with the goal of reaching at least three services or more per child, as opposed to only one or two services as occurred in FY 2006. Children receiving multiple services, either primary or supplemental direct support, will be counted once to avoid double-counting. Efforts will be made so that all children born to HIV-infected parents are identified, tested, and enrolled as OVC and offered a full package of services whether infected or exposed. Wrap-around activities at voluntary counseling and testing (VCT), prevention of mother-to-child transmission (PMTCT), anti-retroviral therapy (ART), and tuberculosis TB/HIV sites are being provided by most non-governmental organizations (NGOs). These NGOs are providing OVC services and community-based palliative care, including food assistance/security, making feasible an integrated approach and delivery of a continuum of services including home-based visits.

The family-centered approach in community-based palliative care activities for people living with HIV/AIDS (PLWHA) enable OVC to benefit from key interventions such as access to safe water at the household level, insecticide-treated nets in areas where malaria is still endemic, and food support for OVC and caregivers, as well as linkages to micro-credit activities for families or caregivers of OVC, providing income-generation potential for poor families.

Basic child survival interventions for OVC under five years of age, following the OGAC/President's Emergency Program for AIDS Relief's (PEPFAR) Preventive Package of Care for Children 0-14 are being applied in all programs recognizing the mortality risk of children born to HIV-positive parents in a country with a high infant and under-five years of age mortality rate. Access to IMCI (Integrated Management of Childhood Illnesses) and basic pediatric care (immunizations, routine vitamin A supplementation, ORT/zinc supplementation for acute diarrhea, de-worming, and growth monitoring) will be assured, as well as access to education and vocational training, food and nutrition support, psychosocial support, shelter and income-generating activities. Because the greatest health and nutritional vulnerability is among children under two years of age, their access to basic health services is

prioritized. Thus, the provision of basic preventive and clinical health care for OVC will be assured from birth through adolescence.

Counseling and support of HIV-positive mothers regarding infant feeding options has been implemented since FY 2007 under PMTCT and will continue as such in FY 2009 [see Infant and Young Child Feeding Activity under the PMTCT program]. These activities are in line with World Health Organization (WHO) guidelines and PEPFAR guidance and have been endorsed by the Ministry of Health. Lactating mothers will be counseled to exclusively breastfeed infants up to six months of age and to continue to breastfeed, with the introduction of complementary foods, up to 24 months of age unless/until it is acceptable, feasible, affordable, safe and sustainable (AFASS) to wean early. HIV-exposed infants should be PCR-DNA tested six weeks following weaning to confirm HIV status. From weaning up to two years of age, clinics will provide, by prescription, a monthly supply of a blended, enriched food for infants. It is recognized that this period of vulnerability requires strong preventive as well as curative approach to nutrition and health. Food insecurity is a major problem in Haiti where, according to the last Demographic and Health Surveys (DHS) (2005-2006), 24% of children less than five years of age suffer from chronic malnutrition. The USG Team has been working closely with Title II PL-480 partners and the World Food Program to address the issue of food support to vulnerable PLWHA families, including OVC older than 24 months, at the household level. The USG Team has led the promotion of ready-to-use therapeutic feeding (RUTF) to care for severe malnutrition in the population of children less than five years old infected or affected by HIV/AIDS.

With UNICEF collaboration, some NGOs have been using a peanut-based RUTF, Plumpy'Nut, in a pilot phase. A facsimile of Plumpy'Nut, Medika Mamba, is currently produced in Haiti and has been tested for nutrient composition and food safety by Cornell University. It has the endorsement of the Ministry of Health and is currently seeking UNICEF certification. Such RUTFs have demonstrated effectiveness for community management of acute malnutrition (CMAM) of severely malnourished HIV-infected and –exposed children, eliminating the costs of extended hospitalizations and allowing these children to return home to continue nutritional rehabilitation with RUTF rather than traditional therapeutic milk (F100) within facilities.

In FY 2007, with the collaboration of I-TECH and FXB (François Xavier Bagnoud, University of New Jersey), a curriculum on training for OVC care is being developed. With FY 2008 funds, a training curriculum on nutrition for children and adolescents is also being developed in collaboration with FANTA (Food and Nutrition Technical Assistance Project) and IYCN (Infant and Young Child Nutrition Project). In FY 2009, IYCN is developing a training curriculum for health personnel for nutritional assessment. With extensive training (TOT training of trainers)at the national level (all ten departments) it is expected to reach a significant number of social workers, community health agents and nurses or auxiliary nurses who will be able to provide more quality care, messages or early detection warning on the nutritional aspect for OVC.

In FY 2009, partners will continue the increase in their support to provide access to basic primary education for more OVC. Opportunities for secondary and vocational training for youth will be emphasized. PEPFAR is leveraging with IDEJEN, an organization funded by USAID education sector, for vocational training of the elder group of Orphans and Vulnerable children starting at age fifteen (15). Education is a key element to assure that OVC will be able in the future to make a living for them. 28226 OVC are expected to register for this school year 2008- 2009 at an average cost of 136 \$ per OVC.

Since FY 2007, services to OVC is available nationwide. A mapping exercise has been completed and regional gaps by department in the distribution of services by NGOs have been identified. The NorthWest and GrandeAnse departments are the ones with less intervention. Regular meetings aiming at avoiding duplication and overlap activities between partners working in close location have been held.

In FY 2008, the USG Team, in close collaboration with UNICEF, the Ministry of Health (MOH), and the Ministry of Social Affairs have worked to promote passing laws for inheritance rights of orphans, access to birth certificates, HIV testing of HIV/AIDS orphans and formalizing the responsibilities of those with guardianship of HIV/AIDS orphans. Debates between stakeholders started in 2006 regarding these issues but concrete steps need to be taken in order to provide legal protections to this vulnerable group. The issue of birth certificates is critical in a country where 75% of deliveries are done at home and births are not reported to local authorities and properly registered. OVC are made more vulnerable by precluding them from legal rights to inheritance. All partners working on OVC activities have been taking this into account since FY 2007 and this effort will continue toward FY 2009. Forty percent of the population is less than 15 years of age. According to the latest Demographic and Health Survey (DHS), 21% of children fewer than 18 years of age are either orphans or vulnerable children, and of those, an estimated 200,000 to 300,000 are orphans due to HIV/AIDS.

Deterioration of the economic situation in Haiti has increased the number of street children which constitute a vulnerable group in the cities particularly in Port- au -Prince. Efforts started in FY 2007 with World Concern and the Salesian Congregation in Port-au-Prince will continue in FY 2009. The random violence that has prevailed in Haiti for the last two years has left a number of kids in the streets making them vulnerable to unsafe sex and abuse.

Lastly, gender inequalities are another important issue that will be addressed by partners by providing young girls access to education and vocational training.

Program area Target:

Number of OVC served by OVC programs: 60 000

Number of providers/caretakers trained in caring for OVC: 8500

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 3314.09	Mechanism: AIDS Relief
Prime Partner: Catholic Relief Services	USG Agency: HHS/Health Resources Services Administration
Funding Source: GHCS (State)	Program Area: Care: OVC
Budget Code: HKID	Program Budget Code: 13
Activity ID: 17898.27501.09	Planned Funds: \$700,000
Activity System ID: 27501	

Activity Narrative: SUMMARY: AIDSRelief will pay particular attention to infants and children infected with and affected by HIV and AIDS. AIDSRelief will also ensure that all nine AIDSRelief hospitals offer adequate pediatric palliative care to children. As of July 2008, AIDSRelief had 141 pediatric cases within its active ART patient caseload. The primary emphasis areas for these activities are community mobilization, commodity procurement, linkages with other sectors and activities, training, human resources, and infrastructure. Specific target populations include HIV positive infants and children, caregivers, and HIV affected families. Particular attention will be paid to vulnerable children and youth, particularly girls under the age of 14 years. The coverage area for this program include communes of Fonds-des-Nègres (Nippes); Fonds-des-Blancs (South); Port-au-Prince (West); Deschapelles, Ennery, Gros Morne (Artibonite); Pilate, Limbe, Milot (North).

BACKGROUND: AIDSRelief has been providing palliative care to children in Haiti since 2004, through support from the President's Emergency Plan for AIDS Relief (PEPFAR). AIDSRelief is a five-member consortium, led by Catholic Relief Services (CRS), and includes three faith-based organizations, a medical institution recognized as a world leader in HIV/AIDS care, research and program development, and an international development company that specializes in the design and implementation of public health and social programs. All members AIDSRelief Consortium members have a shared mission to provide quality medical care to individuals living with HIV/AIDS.

Since 2004, AIDSRelief has been supporting comprehensive services in eight sites in five geographic departments, including the main public departmental hospital in Gonaïves. In year five, Hopital La Providence was accorded to the Collaborative Agreement Partner of the Ministry of Health, Plan National. The community reference hospital, Hopital Sainte Croix at Leogane was temporarily closed, and their patient population was offered services at the GHESKIO-supported program at Signeau.

AIDSRelief currently provides anti-retroviral therapy (ART) services and HIV care to children in the eight hospitals and will soon activate 3 additional sites. CRS has extensive experience in the care of orphans and vulnerable children (OVC) and is also a grantee for OVC track 1 funds through PEPFAR. In the past, CRS, with the Minister of Health (MOH) and the Minister of Social Affairs, actively organized the national forums on OVC with the objective of defining a national framework for the support to OVC from HIV. AIDSRelief will expand HIV pediatric care and support to the community to take place in nine clinical sites. At least 10% of AIDSRelief's care and treatment patients will be children.

ACTIVITIES AND EXPECTED RESULTS:

Activity 1: Orphans and vulnerable children will be identified through the PMTCT programs, hospital-based pediatric services, and community outreach programs. Using counseling techniques appropriate for children and families, HIV testing will be offered to children at risk. Anti-retroviral (ARV) services will be offered to seropositive children who are medically eligible for these services. HIV-infected and exposed children will have special access to wrap-around services, such as nutrition support, immunizations, and integrated management of childhood illness (IMCI), palliative care (prophylaxis and treatment of opportunistic infections), and laboratory monitoring, through child survival programs at the LPTF. AIDSRelief projects to enroll 100% of all seropositive infants and children and those exposed in care.

Activity 2: Caregivers, community health workers (CHWs) and PLWHAs will be trained to recognize medical complications experienced by HIV infected children and refer them to the facility, if necessary. Periodic trainings will be conducted for parents—and reinforced through post pharmacy counseling—to ensure that they are properly providing correct doses to infants. AIDSRelief's adherence and support of OVC will incorporate phased adherence trainings designed to address HIV from infant care, adolescence, and through young adulthood. Psychosocial support will also be available for affected families. To improve children's access to services, home-based care will be provided on a regular basis to children with HIV and AIDS. This care will focus on social support and the health needs of the entire family and, will include food and nutrition support, patient and family education.

Activity 3: Caregivers, CHWs and PLWHAs will be trained specifically to sensitize communities about destigmatization through increased testing and treatment of children. Children infected with and affected by HIV will be the main target population. The strategy will include linking with schools, churches, children's home groups and community leaders through "Community Health Days." This initiative will help alleviate the burden of stigma while including the community as the main host. Specific communities for enrolling this strategy will be defined after a mapping strategy. AIDSRelief will provide education on ways to spread prevention message in communities and schools. Each community will have knowledge surveys conducted to properly quantify the need and later the impact community mobilization has had. This is also an opportunity to disseminate prevention messages through peer to peer contact.

Activity 4: Training for people living with HIV and AIDS as well as CHWs and clinical staff will be provided to ensure high quality care and follow-up for children with HIV and AIDS. AIDSRelief will conduct a Pediatric HIV counseling workshop to sensitize clinical staff to the unique challenges of pediatric care and treatment. Additional training will be conducted given that the number of community health workers and counselors will increase significantly. Basic training for pediatric HIV care will be provided for all new staff, and HIV and AIDS updates will be scheduled on a regular basis for all AIDSRelief hospitals.

The training and tools will incorporate recognition of symptoms and staging, particularly growth failure and developmental impairment; Pediatric-specific adherence preparation and support; disclosure counseling; support activities for children and; preparation for independent adherence.

Activity 5: Pediatric case finding and outreach should be linked with the assurance of the long-term health of infected children if the health outcomes are to be durable. AIDSRelief will work towards early identification of children who require ART. AIDSRelief will work and collaborate with national guidelines committees addressing pediatric needs in the selection of initial regimens that maximize prospect for long term viral suppression with minimal toxicity; Child-friendly formulations (chewable/crushable tabs in several sizes and

Activity Narrative: with appropriate ratio of drugs); and the monitoring of treatment success and management of treatment failure including 2nd-line options.
The care will promote opportunistic infection prophylaxis and treatment and better TB diagnostics, and nutritional counseling.

Activity 6: AIDSRelief will engage mothers and families in HIV care by early testing of children and partners of infected women; prevent vulnerable children from becoming orphans; create family-based tracking in the community; make appointments (clinical and community based service centers) for parents and children at same time and; engage parents in care, particularly fathers.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17898

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17898	17898.08	HHS/Health Resources Services Administration	Catholic Relief Services	7677	3314.08	AIDS Relief	\$600,000

Emphasis Areas

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education \$50,000

Water

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 3323.09	Mechanism: SDSH
Prime Partner: Management Sciences for Health	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: OVC
Budget Code: HKID	Program Budget Code: 13
Activity ID: 12421.27509.09	Planned Funds: \$300,000

Activity System ID: 27509

Activity Narrative: SUMMARY:

MSH implements an integrated country-wide maternal and child health program through a network of non-governmental organization (NGOs). Since 2006, MSH has brought these services to neglected, remote, and hard to reach areas. With PEPFAR funding, MSH is also providing services at PMTCT, voluntary counseling and testing (VCT), and anti-retroviral (ARV) sites. MSH will capitalize on the mobilization of a vast array of community health workers and traditional birth attendants to develop a tracking system for enrolled HIV positive pregnant women and their newborns. Families receiving palliative care will be also identified, and through home visits vulnerable children affected by or infected with HIV will receive a package of services including access to basic child health services, referral to pediatric AIDS care and treatment, psychosocial support, support for education, and vocational training, facilitation for birth registration and access to income generating activities for their families. MSH will also work in Cite Soleil, a slum area of Port-au-Prince, with a network of NGOs with experience in the prevention, care, and treatment of HIV infected children and care of orphans and vulnerable children (OVC).

BACKGROUND:

The MSH program will identify orphans and vulnerable children from families receiving palliative care in the network and enroll them in the OVC program. MSH will link new OVC activities with existing President's Emergency Plan for AIDS relief (PEPFAR) and maternal and child health interventions in the targeted area.

Cite Soleil, with a population estimated around 300,000, has been out of reach for health programs for two years. Political violence, widespread insecurity, random killing, kidnapping, and a surge in gang rape have characterized this area designated by the United Nations as a "hot zone" thus out reach of public health workers. The public health community suspects this area has a high prevalence of sexually transmitted infection. This slum was stabilized in 2007 and MSH with the support of three NGOs, is funded by PEPFAR help identify HIV positive adults and newborns, provide access to education, psychosocial support to adolescents, referrals to pediatric AIDS care and treatment centers for children and adolescents eligible for anti-retroviral therapy (ART), as well as care for orphans and vulnerable children. In 2009, MSH with its partner organizations (Maison Arc en Ciel and FOSREF) will replicate and expand OVC interventions based on previous results in the area.

ACTIVITIES AND EXPECTED RESULTS:

Activity 1

MSH will identify all newborns from HIV positive mothers and enroll them as either exposed or infected OVC. MSH, which is engaged in maternal and child health (MCH) activities, will provide services related to immunization, Vitamin A supplementation, and de-worming and other preventive care package interventions (safe water, ITNs, and ORT supplementation for treatment of acute diarrhea). Through its community network, MSH will link OVC to clinical care where testing will be performed and access to ART to those eligible provided. MSH will also work with the Title II partners and the World Food Program for the families with OVC to have access to food.

Activity 2

MSH will provide training for its community workers and health personnel in OVC care. MSH will provide OVC caregivers training in areas related to psychosocial support for OVC. Prevention messages and recreational activities will be organized in order to help the children cope with their environment. MSH will assist OVC to obtain birth registration, a key impediment in obtaining inheritance right for those children.

Activity 3

MSH will provide school fees for children 6 to 12 years of age to attend primary school. MSH will focus on gender issues with the goal of having at least 50% of the OVC girls in primary schools. MSH will also provide access to vocational training for OVC aged 15 to 18 years of age.

Activity 4

MSH will work with FOSREF and Maison Arc en Ciel at the "Filles de la Charite Health center" in Cite Soleil. With these sub grantees MSH will identify newborns from HIV positive women, elder orphans and vulnerable children and provide them MCH services. Access to ARV will be provided by referrals to a Pediatric AIDS health center, Grace Children's Hospital, a pediatric AIDS center, will offer clinical support. FOSREF will play a key role in developing prevention and education messages to adolescents infected or vulnerable. Maison Arc en Ciel which won a "best practice award" in this field has important expertise in providing shelter for orphans and vulnerable children.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17192

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17192	12421.08	U.S. Agency for International Development	Management Sciences for Health	7686	3323.08	Basic Health Services	\$300,000
12421	12421.07	U.S. Agency for International Development	Management Sciences for Health	5146	3323.07	Basic Health Services	\$625,000

Emphasis Areas

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education \$50,000

Water

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 3337.09	Mechanism: PIH
Prime Partner: Partners in Health	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Care: OVC
Budget Code: HKID	Program Budget Code: 13
Activity ID: 10668.27517.09	Planned Funds: \$850,000
Activity System ID: 27517	

Activity Narrative: SUMMARY:

The activities described below are carried out to support orphans and vulnerable children (OVC) through four components: reinforcing existing primary/ambulatory care to increase capacity for identification of children infected or affected by HIV; providing nutritional support; providing psychosocial support; and providing social assistance. These OVC activities will be conducted within PIH/ZL's "four pillars" model for implementing a comprehensive HIV program in the context of primary care: 1) HIV prevention and care, including voluntary counseling and testing (VCT); 2) detection and treatment of tuberculosis (TB) and other opportunistic infections; 3) detection and treatment of sexually transmitted infections (STIs) and; 4) women's health and prevention of mother-to-child transmission (PMTCT). The primary emphasis areas for these activities are: Gender: Increasing gender equity in HIV/AIDS programs and Wraparound programs: Child Survival Activities, Malaria and Family Planning. Specific target populations include OVC, caregivers of OVC, and HIV/AIDS-affected families.

Activities will be carried out at 10 sites in Haiti's Central Department (Belladère, Boucan Carré, Cange, Cerca La Source, Hinche, Lascahobas, Thomonde, as well as the new expansion sites of Mirebalais, Saut d'Eau, and Savanette) and 4 sites in the Artibonite Department (Petite Rivière, St. Marc, Project ZeroSIDA (POZ), and the new expansion site of Desdunes). Activities in St. Marc will be carried out in collaboration with the Hôpital St. Nicholas (HSN) and Services de Santé de Premier Echelon (SSPE) as well as at La Fondation Esther Boucicault Stanislas (FEBS) and Brocozel. Certain activities will also be carried out at health posts in Segur and Jean Denis, which report their numbers through Petite Riviere.

The PIH/ZL HIV Equity Initiative has relied on sustained funding from the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), as well as the President's Emergency Program for AIDS Relief (PEPFAR), to operate over the past six years. Our GFATM Round 1 grant ended in December 2007. In 2008 we received Bridge Year funding and expect to receive renewed funding through the rolling continuation channel (RCC) in 2009, but this is not enough to sustain current services. This specific application does not include budget lines for ARVs. However, we are expecting, for new patients enrolled after December 31, 2008, to receive ARVs through PEPFAR's Supply Chain Management System (SCMS) beginning in 2009. If this co-financing is not received, PIH/ZL will need to adjust all targets listed here, including, perhaps, a reduction in the number of service outlets.

BACKGROUND:

PIH/ZL's orphans and vulnerable children (OVC) activities are part of a comprehensive HIV prevention and treatment program started by PIH/ZL in 1998; expanded through the public sector beginning in 2002 in partnership with the Haitian Ministry of Public Health and Population (MSPP) and with funds from GFATM; and further expanded to Hinche, Cerca La Source, Petite Rivière and St. Marc with the support of PEPFAR in the COP 2005, 2006, 2007, and 2008. Since 2004, the program has been a collaboration among these four key partners—PIH/ZL, MSPP, GFATM, and PEPFAR. Since 2005, work in the Artibonite region has been strengthened by involving several NGO partners in St. Marc—SSPE, Promotion Objectif Zerosida (POZ), La Fondation Esther Boucicault Stanislas (FEBS)—and in Petite Rivière—Centre Medical Charles Colimon (CMCC).

PIH/ZL has long provided social assistance to vulnerable and HIV-affected children. In 2004, PIH/ZL officially launched its Program on Social and Economic Rights (POSER) for HIV-infected patients and their families. Similarly, educational assistance to OVC has been a component of the PIH/ZL project for over a decade. In 2005 we expanded school fee assistance and formalized documentation and long-term follow-up for this project in the Central Department, and, with special funds from PEPFAR in March of 2008, we were able to provide school assistance to over 1500 OVC in the lower Artibonite alone.

Over the past two years, PIH/ZL has continued to strengthen our programming in the areas of nutritional and psychosocial support, with a particular emphasis on OVC. PIH/ZL has initiated and scaled-up a pediatric malnutrition program that includes the use of locally prepared Ready to Use Therapeutic Food (RUTF). Additionally, a total of 500 OVC and their HIV-positive parents or caretakers have been enrolled in a pilot psychosocial support intervention focused on coping strategies for dealing with stigma, grief and loss; identification of depression; and disclosure of HIV status to family members.

The proposed OVC activities address gender issues by mitigating the burden of care on women and girls by linking care programs with resources such as psychosocial support groups and assistance with the provision of school fees as well as income-generating resources to ensure that girls have the same opportunities to receive an education and learn a trade so that they can better support themselves later in life.

In OVC activities and all others, PIH/ZL is committed to a long-term partnership with the Ministry of Health (MSPP) and to strengthening the public sector by training local staff, including MSPP health workers, to ensure sustainability.

ACTIVITIES AND EXPECTED RESULTS:**ACTIVITY 1: Palliative Care to OVC**

This activity aims to increase capacity at health centers to identify children infected or affected by HIV. Significant numbers of children are seen at the clinics and rally posts and there are many lost opportunities for identification of HIV infected children. Health services will be reinforced for all children, thereby increasing the capability for identification of children infected with and affected by HIV. Services include promotion of vaccination and well-child visits in the context of the comprehensive care that is currently provided at each PIH/ZL site. Dlo Lavi, bednets, ORS, and vitamins will be provided both in community-based home visits and clinic visits, as available. It is expected that by September 30, 2010, 10,000 OVC will have received health care through the OVC program. This funding will support the personnel and supplies necessary to serve an increasing number of children in general and OVC specifically. Specifically, 1 nurse case manager for the Artibonite and 1 for the Central Department will be hired to oversee OVC services at each site.

Activity Narrative: ACTIVITY 2: Provision of Food

The second activity is to support ajan sante (health agents) and ajan agrikol (community agriculture workers) nutritional needs of HIV-affected children and their families in their homes. Identification of children at risk will be strengthened by training community-based staff to determine children's need for nutritional supplementation through nutritional assessment. Community-based staff will also ensure adequate follow-up and growth monitoring of at-risk children in order to prevent relapse into malnutrition. Children identified as malnourished and severely malnourished will be placed in PIH/ZL's nutrition program, where they will be prescribed locally produced ready to use therapeutic food (RUTF), Nourimanba, or a food supplement, Nourimil. It is expected that 7000 OVC will receive food and nutritional support in 2009-2010.

ACTIVITY 3: Provision of Psychosocial Support

The third activity is to employ and train social workers, thereby strengthening the provision of psychosocial support services to OVC. Social workers will offer psychosocial support groups as well as individual counseling for those who cannot benefit from group activities (specifically, those who have not disclosed their HIV status) to children affected by HIV and their HIV-positive parents or caretakers. Moreover, the social workers will promote a prevention curriculum as a means of reducing the chances of OVC themselves becoming HIV-infected. Social worker assistants will be provided for the lower Artibonite, and social workers will be trained at new sites in the Central Plateau to aid in providing services to OVC. In total 4 new social workers and 14 assistants will be trained and hired to oversee psychosocial support to OVC.

ACTIVITY 4: Social Assistance

The fourth activity seeks to provide social assistance to OVC and their families, including school fees (a major barrier to school attendance) and nutritional support. PIH/ZL will provide 9,000 OVC with school aid and vocational training, expanding upon the social assistance provided by PIH/ZL in past years. The World Food Program and private funders have partnered with PIH/ZL to provide these "wrap-around" services in the past.

ACTIVITY 5: Expansion of OVC Services in the Central and Artibonite Departments

The fifth activity is the provision of the full package of OVC services described above (palliative care, food, psychosocial support, and social assistance) to three communities in the Artibonite: Desdunes, Petite Rivière, and St. Marc as well as three communities in the Plateau: Mirebalais, Savanette, and Saut D'eau. Last year PIH/ZL provided comprehensive support to more than 6,000 OVC, mostly in the Central Department. In 2009, we hope to support an additional 4,000 OVC at our sites in the Artibonite and Central Departments. This will require hiring social workers and accompagnateurs to ensure the development of OVC services at each site. In addition to supporting the human resources and infrastructure required to provide such services in the Artibonite and Central Departments, funding will be used for ongoing monitoring and evaluation of OVC at all our sites.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17211

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17211	10668.08	HHS/Centers for Disease Control & Prevention	Partners in Health	7691	3337.08	PIH	\$900,000
10668	10668.07	HHS/Centers for Disease Control & Prevention	Partners in Health	5137	3337.07	PIH	\$550,000

Emphasis Areas

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education \$50,000

Water

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 9327.09

Prime Partner: Family Health International

Funding Source: GHCS (State)

Budget Code: HKID

Activity ID: 21481.28652.09

Activity System ID: 28652

Mechanism: CHAMP (Community Health AIDS Mitigation Project)

USG Agency: U.S. Agency for International Development

Program Area: Care: OVC

Program Budget Code: 13

Planned Funds: \$3,000,000

Activity Narrative: The activities related to this program seek to improve the quality of life of PLWHA through the delivery of different services at the community level. Since FY 07, PEPFAR has initiated a community based palliative care program aiming at strengthening the link between the sites where clinical care is provided and the community where the families of PLWHA live. This family oriented intervention responds to the need to ensure a proper tracking of patients whose significant numbers were lost to follow up.

An RFA has been launched in FY08 for an integrated approach toward HIV/AIDS, Maternal and Child Health, Family Planning and Tuberculosis. The TBD awarded will pursue the basic care and support activities in PEPFAR that were conducted (by CRS, AERDO, Plan, World Vision) in the West, North East, Artibonite, South, Grande Anse, Nippes, North West departments.

Activities and expected results:

Activity 1: Training of health personnel

Nurses, Social workers, community health agents and accompagnateurs will be hired and trained. Point persons attach to the TBD network will make the link with the sites in order to share information related to the PLWHA. This personnel will assure that home visits are made to the PLWHA on a regular schedule so appointments to the clinic are respected and referral are done in due time. Beside the index case, children, pregnant women and any other adults in the house will be registered. The TBD network will also establish strong link with the local PLWHA association.

Activity 2: Social Support

A variety of social support will be delivered through the Point de Délivrance des Services Communautaires (PDSC/ Community services delivery site)) which plays the role of transit home for PLWHA arriving to attend their appointments or returning home from long distances. This physical structure located in the community will help reduce the barrier of distance which can translate in long hours of walk and also the barrier of cost since transportation fees will be paid. Safe water product will be delivered at the PDSC as well as condoms both interventions aiming at reducing water borne diseases in the household and access to family planning services. Recreative activities and psychological support will also be available at the PDSC.

Food support will be provided for families in need through Title II or World Food Program (WFP) assistance. Malnourished adults and children identified will be referred to the sites for management (Food by prescription)

Activity 3. Social Assistance

The TBD awarded will be responsible for making the link with institutions engaged in micro credit activities so PLWHA families become less vulnerable to the economic hardship. The TBD awarded will also link with NGOs receiving PEPFAR funds and involved in job creation such as IOM to facilitate access of PLWHA to income generating activities.

By September 2010, the TBD awarded would expect 21500 PLWHA to have access to palliative care in 25 outlets and that 1000 persons would be trained.

New/Continuing Activity: Continuing Activity

Continuing Activity: 21481

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21481	21481.08	U.S. Agency for International Development	To Be Determined	9327	9327.08	CHAMP (Community Health AIDS Mitigation Project)	

Emphasis Areas	
Human Capacity Development	
Public Health Evaluation	
Food and Nutrition: Policy, Tools, and Service Delivery	
Food and Nutrition: Commodities	
Economic Strengthening	
Education	
Estimated amount of funding that is planned for Education	\$200,000
Water	

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 3315.09	Mechanism: GHESKIO
Prime Partner: Groupe Haitien d'Etude du Sarcome de Kaposi et des Infections Opportunistes	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Care: OVC
Budget Code: HKID	Program Budget Code: 13
Activity ID: 27496.09	Planned Funds: \$300,000
Activity System ID: 27496	

Activity Narrative: SUMMARY

Activities listed below are aimed at improving the quality of life of orphans and vulnerable children/adolescents affected and infected by HIV/AIDS as well as preventing the HIV infection in adolescents with risky behaviors to acquire it. Three levels of interventions are considered: child /adolescent level, caregiver/family level, system level. All interventions are conceived to create opportunities for OVC to grow, develop and meet their age – specific needs, to build capacity system for long term sustainability of care while insuring Emergency Plan policies. Activities will be conducted at GHESKIO using the following strategies: 1) continuous identification of OVC 2) Voluntary Counseling Testing 3) continuous training for peer educators; 4) referral system implementation 5) educational sessions 6) therapeutic support groups 7) STD's care 8) HIV/AIDS/TB care including ARV treatment 9) incentives to help increase adherence among adolescents 10) nutritional support 11) shelter/home for children living in the streets 12) educational support 13) socio-cultural and recreational activities.

BACKGROUND

During the current year (2008), 4646 OVC have been identified and followed at GHESKIO Centers, among those 639 are HIV infected. Besides this follow up activity, HIV preventing services targeted adolescents specifically were given. Activities related to adolescents were funded by UNICEF. Strong collaboration has been established between GHESKIO and other organizations working with OVC such as Lakay, Lakou, CAFA (Centre d'Action Familiale), CAD (Centre d'Action pour le Développement), CARITAS, TIMTATEK (Ti Moun Kap Teke Mab), Centre d'Accueil à Carrefour and Arc-en-ciel which were highly benefiting from GHESKIO's expertise to improve their institutional activities.

ACTIVITIES AND EXPECTED RESULTS

We will carry out seven (7) separate but linked activities in this Program Area

ACTIVITY 1: Food and Nutritional Support

- Nutritional assessment will be provided in order to identify malnourished children based on anthropometric assessment and World Health Organization (WHO) guidelines
 - Counseling on nutrition, weaning foods, water purification, and food preparation techniques will be provided to families/guardians
 - Children under 2 will benefit a complete nutritional package: supplementary and fortified weaning foods (for example: medikamanba, fortified cereals blend) to prevent malnutrition will be provided; mothers / guardians clubs will meet on a monthly basis for educational sessions
 - Supplementary and therapeutic foods as well as multivitamins, micronutrients will be provided to children identified as malnourished
 - Older OVC will be linked to other organizations food providers collaborating with GHESKIO, food will be delivered on site
 - Technical guidelines, training curricula and job aids for nutrition assessment and counseling will be developed for clinical providers and nutrition counselors.
- Funds of this program will be used to support a nutritional coordinator and 2 counselors, to provide fortified weaning food, therapeutic and supplementary feeding of malnourished children, to develop training and counseling materials and to support training sessions for health care providers

ACTIVITY 2: Shelter and Care

- Identification of family members as caregivers to provide access to shelter for orphans at the parents' death.
 - Assistance and support to family members who provide access to shelter for orphans at the parents' death.
 - When family options are not available, HIV/AIDS children living in the streets who are followed actively in the adolescent clinic at GHESKIO will be placed to live in a dormitory located in other collaborating organizations (Lakou, Lakay, TIMTATEK, Centre d'Accueil, Arc en ciel for examples) that provide shelter for this category of children.
- Funds of this program will be used to provide family support, to cover the care for children through these organizations

ACTIVITY 3: Protection

- On going identification of OVC through VCT, PMTCT, ARV programs. At least 1000 new OVC will be identified during the year period.
 - Facilitation of basic birth registration. Parents/guardians will be informed and motivated to legally register their children and fees registration will be paid for them as needed.
 - Estimation of the long term access to education, health care.
 - Creation of a Community Advisory Board (CAB) formed of teachers, parents/guardians, health care givers, adolescents that will serve as a Child / Adolescents Protection Committee. GHESKIO will be counseled on the best way to help OVC meet their needs by the CAB, whose mission will be advocating and advising.
- Funds of this program will support statistical system to identify OVC, transportation fees to referral places for basic birth registration, the CAB Coordinator and support group meeting with the CAB.

ACTIVITY 4: Healthcare

- Prevention and treatment activities will be continued in the children/adolescent clinics. Immunization, growth monitoring, parasitic treatment (as needed), HIV and syphilis testing will be provided. Children/adolescents infected with HIV will be placed on HAART.

ACTIVITY 5: Psychosocial support

- Psychosocial support for adolescents with bad adherence to treatment and for those which HIV status is being or will be revealed will be provided. Support groups held at the clinic, animated by psychologists and social workers with the participation of the peer educators will be continued.
- Educative age – specific materials will be provided, aimed to: a) support families and caregivers to better manage stress and improve parenting when they are in situations of chronic illness; b) create therapeutic activities that would contribute to help adolescents to express themselves without words; c) help parents make their children under ten aware of having an incurable disease with an adapted language; d) to support

Activity Narrative: parents/caregivers during this difficult first step of communication about HIV disclosure. This strategy will help to prevent risk behaviors and non adherence during adolescence.
 -Socio-cultural and recreational activities to maintain adherence rate at a respectable level, engaging youth and encouraging their enthusiasm and talents in non health-related interests will be continued.
 Funds will be used to cover the salary of 2 social workers and 1 field worker; to create and reproduce communication materials; to organize recreational activities held at GHESKIO or at other places. At least 4 activities will be organized for the OVC during the year period.

ACTIVITY 6: Education and Vocational Training

Educational support by giving school materials and scholarships for the OVC in needed will be provided.
 - 600 children/adolescents in needed followed at the clinic have been identified this year Funds will cover the purchase of school tools, books, school attendance fees and uniforms.

ACTIVITY 7: Economic Opportunity/ Strengthening

Parents/guardians, older HIV/AIDS OVC will be linked to Private Sector in order to promote income – generating activities, small business development, entrepreneurial skills.
 Funds will cover transportation fees to referral sites.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education \$50,000

Water

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 3142.09

Mechanism: ITECH

Prime Partner: University of Washington

USG Agency: HHS/Health Resources Services Administration

Funding Source: GHCS (State)

Program Area: Care: OVC

Budget Code: HKID

Program Budget Code: 13

Activity ID: 12420.28670.09

Planned Funds: \$350,000

Activity System ID: 28670

Activity Narrative: SUMMARY:

In partnership with the non-governmental training center Institut Haitien de Santé Communautaire (INHSAC), I-TECH will train at least 100 social workers, community health agents, community based organizations (CBO) and non-governmental organization (NGO) staff, and community leaders from across Haiti's 10 departments, using the standardized national OVC training package. I-TECH will also enhance the training package with a drama or set of trigger films and job aids on OVC themes. I-TECH, INHSAC and the University of Medicine and Dentistry of New Jersey's François-Xavier Bagnoud Center (FXB) will also provide on-going technical assistance to 10 regional HIV/AIDS service organizations (ASOs) for institutional development and leadership with respect to OVC services.

BACKGROUND:

In 2008, I-TECH contracted with FXB to develop a standardized orphaned and vulnerable children (OVC) training package focused on: community mobilization to identify and refer OVC; psychosocial issues for OVC by age, gender, and caregiver status (covering trauma, grief and loss, and self-esteem issues); effective programmatic strategies to meet basic OVC needs (food/nutrition, shelter and care, protection, human rights, health care, education, and economic support); creating effective community linkages with faith communities, small business/micro-credit, and schools; and empowering caregivers and OVC peer leaders. FXB and INHSAC collaborated to develop the training package with input and review by a number of key stakeholders in Haiti including the following: Ministries of Health, Education and Social Affairs, Bethel Clinic, World Relief, World Concern, Save the Children, Zanmi Lasante, Catholic Relief Services, World Vision, PLAN Haiti, Family Health International, UNICEF, and Maison Arc-en-Ciel. INHSAC, with support from FXB and I-TECH, utilized the standardized OVC curriculum to conduct 2 training of trainers (TOT) sessions for 60 trainers from the above listed agencies and organizations.

ACTIVITY 1: I-TECH will supplement the national standardized OVC training package by producing a drama or set of trigger films on OVC themes which can be used to shape attitudes and skills among professional and volunteer "helpers" and caregivers. I-TECH will conduct an assessment to develop a production plan appropriate to the training needs of the target audience. I-TECH will produce the video in collaboration with a local video production company, Agence des Jeunes Producteurs, formed and staffed by a video producer living with HIV/AIDS (PLWHA). AJP helped I-TECH produce the Creole-language ARV drama Chans, and the stigma and discrimination trigger scenarios. I-TECH will participate in developing scripts and story boards with stakeholders (including organizations working with OVC), and conduct target audience focus groups on the final draft scripts or scenarios prior to filming, as well as audience testing the edited video. This process will ensure that the final videos appropriately emphasize key messages, are culturally relevant, and are appropriate to the Haitian context. I-TECH will develop a facilitation guide to accompany the video(s), completing a video-based training module package of approximately 90 minutes duration (videos and facilitated discussion), suitable for broad dissemination among partners.

ACTIVITY 2: I-TECH will contract with François-Xavier Bagnoud Center, UMDNJ (FXB) to enhance the basic OVC training package through the development of additional training support tools. These may include handouts, posters, and support tools that distill the content of the curriculum and serve as an enduring resource for end users of the training to support day-to-day activities with OVC. The selection of tools to be developed will be determined through pilot testing and evaluation of the curriculum, followed by a needs assessment with trainers and end users to determine how best to enhance the learning objectives and provide ongoing support for trainees. The draft tools will be reviewed by a core group of the already-established OVC Advisory Group (AG). The finalized tools will be translated into Creole for ease of distribution and use.

ACTIVITY 3: I-TECH will contract with training partner INHSAC to continue to conduct regional trainings using the standardized OVC training package, reaching social workers, community health agents, CBO and NGO staff, community leaders, and OVC and caregiver peer educators in each department. The I-TECH/FXB OVC training specialist will reinforce the INHSAC training team in planning, delivering, and evaluating the trainings. Evaluation will include checklists and matrices to support INHSAC in tracking the roll-out of the OVC curriculum and assessing its effectiveness in preparing community workers for OVC care. The training team will deliver OVC training using the standardized package reaching at least 100 participants from across Haiti's 10 departments. The training team will also collaborate to provide quarterly follow-up technical assistance visits to the main regional HIV/AIDS ASO in each department, with coaching in effective strategies to identify and serve OVC. With other stakeholders, including various Ministries and UNICEF, I-TECH will co-sponsor an annual conference on OVC issues to share best practices in serving this population. This strategy will link with I-TECH's efforts in institutional development of community-based palliative care services. The departmental training sessions, the quarterly coaching visits, and the annual conference will support departmental ASOs to develop as strong regional organizations with programmatic expertise in OVC issues, capable of building linkages with caregivers and community groups to nurture the healthy development, education, economic support, and social support for this most vulnerable population.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17229

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17229	12420.08	HHS/Health Resources Services Administration	University of Washington	7698	3142.08	ITECH	\$750,000
12420	12420.07	HHS/Health Resources Services Administration	University of Washington	5151	3142.07	ITECH	\$250,000

Emphasis Areas

Gender

- * Increasing women's access to income and productive resources
- * Increasing women's legal rights
- * Reducing violence and coercion

Health-related Wraparound Programs

- * Child Survival Activities

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$300,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 5766.09	Mechanism: Infant and Young Child Nutrition Project
Prime Partner: Program for Appropriate Technology in Health	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: OVC
Budget Code: HKID	Program Budget Code: 13
Activity ID: 28949.09	Planned Funds: \$150,000
Activity System ID: 28949	

Activity Narrative: SUMMARY:

In COP09, IYCN will continue to improve the quality of counseling on infant and young child feeding and nutrition practices (IYCF/NP) through technical assistance to the Ministry of Public Health and Population (MSPP), the Institut de Sante Communautaire (INHSAC), and non-governmental organizations (NGOs). This activity emphasizes preventing mother-to-child transmission (PMTCT) and malnutrition and promoting HIV-free survival of OVC by supporting improved nutrition for HIV-positive mothers and safe and optimal IYCF/NP through both clinical and community level services and activities.

BACKGROUND:

This work is an extension of activities started in 2007 and continued in 2008 to improve the enabling environment for infant and young child feeding and nutrition practices (IYCF/NP) and programs. In 2008, IYCN supported a stakeholders' meeting to achieve consensus on infant feeding in the context of HIV/AIDS and the development of an evidence-based curriculum on IYCF for the Institut Haitien de Sante Communautaire (INHSAC) for health and community workers. In addition, IYCN assisted MSPP in the development of norms and guidelines for infant feeding in the context of HIV. All of these activities will improve the quality of training for health and community workers on IYCF/NP and contribute to HIV-free survival in infants and children (0-24 months) of HIV-positive (HIV+) women by decreasing the risks of MTCT, malnutrition and child mortality. A goal continues to be to increase HIV-survival of infants and young children by increasing the use of optimal IYCF/NP at the household level throughout the country.

IYCN also strives to improve gender equity in the context of HIV through the development of curricula and counseling materials that empower HIV+ women to make informed choices about infant feeding options and their own nutritional needs. The project will also support community-based groups and workers to encourage women to develop skills and confidence to reject stigma in respect to her feeding choices.

ACTIVITIES AND EXPECTED RESULTS:

Building upon the IYCN Project support received in COP 07 and COP 08, the project plans will complete the activities described below:

ACTIVITY 1: This activity will use the "24/9" (24 months for children/9 months for pregnant women) approach to nutrition in the face of HIV/AIDS to develop a maternal nutrition strategy, which focuses on the importance of promoting maternal nutrition as means of improving health outcomes and survival for infants and young children. The period of pregnancy and the first 24 months of life represents a window of opportunity to fill the gaps in infant and young child feeding and nutrition (IYCF/N). Low CD4 counts are associated with underweight in women which, in turn, increases the risk of low birth weight (LBW) in infants. LBW increases neonatal mortality in all infants and increases the risk of HIV-transmission in HIV-exposed infants. Underweight also has consequences for mother by increasing their risk of dying. Because underweight in women has life-threatening consequences for both mothers and their infants, it is important to ensure that maternal nutrition practices (MNP) and weight gain are adequate in pregnancy.

ACTIVITY 2: This activity will assist the MSPP to diffuse the norms and technical guidelines for IYCF/N in all ten departments of Haiti through a series of twelve workshops for approximately 360 staff. In April 2008, the MSPP Directorate of Nutrition supported by IYCN, UNICEF, WHO, and Fondation Sogebank sponsored a two-day national stakeholders' meeting with participants from 110 organizations. The results of this meeting were policy guidelines based on WHO 2006 recommendations, which formed the basis of the Haitian norms and technical guidelines. IYCN provided technical guidance to the MSPP to develop the norms and technical guidelines. Nutrition partners validated these documents during a nutrition partners workshop held in August 2008. They will need to be diffused throughout the country for implementation.

ACTIVITY 3: IYCN will support human capacity development through participation in ongoing training of trainers (TOT) courses in collaboration with the World Health Organization/Pan American Health Organization (WHO/PAHO). This will support the Government of Haiti's strategy in IYCF/N with counseling skills using the health worker curriculum developed jointly by MSPP, INHSAC, and IYCN.

ACTIVITY 4: This activity will improve and strengthen the current supervision system to monitor improve health provider performance in nutrition and increase retention of staff. IYCN will assist in monitoring the supervision system to identify good supportive supervision and monitoring practices, which will improve nutrition services and strength the overall quality of care provided. This activity will also increase the coverage of other essential services for HIV-affected infants and young children by encouraging health workers to offer HIV+ mothers the complete child survival packages, including immunizations, essential drugs, micronutrients, etc. This improved support to health workers will improve job satisfaction, which promotes staff retention.

ACTIVITY 5: In this activity, IYCN will provide technical assistance (TA) to the MSPP and INHSAC to review, update, and develop new Creole-language IYCF counseling and support materials. The materials will enable health workers at the facility and community level to better engage HIV+ mothers in behavior change negotiation to improve maternal nutrition and IYCF.

ACTIVITY 6: IYCN will continue to provide TA and support to assess the knowledge, attitudes, and practices of health workers (at facility and community level). The assessment will assist the MSPP in identifying facilitating factors and barriers to optimal IYCF/N practices at the community level. This activity will support a follow-up study (originally titled endline study) of progress in health provider performance and community attitudes and practices toward IYCF/N. The information will be used to identify areas for improvement during training, supervision, and in the development and use of behavior change communications materials and activities.

ACTIVITY #7: This activity will support the development of an integrated community-based nutrition model to be tested in two departments: one rural with CARE and the second one urban with a USAID health partner in high risk areas for HIV/AIDS. This model will develop methods and tools to strengthen technical capacity for clinical services and community activities for active prevention of malnutrition. The model will

Activity Narrative: also identify acutely malnourished children for treatment, recuperation and reintegration. This activity will increase the coverage of families' knowledge about optimal IYCF/N and MNP in the context of HIV to ensure that all influential family members support optimal MNP and IYCF/N practices.

ACTIVITY #8: IYCN will provide TA as needed to local organizations, USAID-non-governmental organizations, community-based organizations, mother support groups, schools, community agents, and events such as World Breastfeeding Week to strengthen the dissemination of information through identified channels about optimal IYCF/N and MNP in the context of HIV. This will include general support to PMTCT programs to strengthen services at the community level through targeted TA to HIV+ women's support groups and community health agents.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Health-related Wraparound Programs

* Child Survival Activities

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 3831.09

Mechanism: SCMS

Prime Partner: Partnership for Supply Chain Management

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: OVC

Budget Code: HKID

Program Budget Code: 13

Activity ID: 28950.09

Planned Funds: \$500,000

Activity System ID: 28950

Activity Narrative: Rates of malnutrition in Haiti are among the highest in Latin America. According to the Demographic Health Survey of 2005- 2006, 24% of children less than five years are stunted, 9 % are wasted and 22% are underweight. 61% of children under five with the highest prevalence in children 12 -17 months and 50% of pregnant women are anemic. Food insecurity in Haiti has worsened considerably leading to the recent upheaval of May 2008. In that context, PEPFAR /Haiti is engaged in a prevention and curative approach for PLWHA as food by prescription , a component of clinical care and treatment at the sites.

Activities and expected results:

Activity 1: Ready to use therapeutic feeding for malnourished children and adults.

SCMS will do the procurement of ready to use therapeutic food (Medika Mamba) a locally produced peanut based high energy product which is expected to have soon UNICEF certification and the distribution to the PEPFAR sites where it will be stored at the pharmacies and given as a food by prescription to all malnourished children and adults responding to the criteria and following the guidelines established by the Ministry of Health.

Activity 2: Fortified blended flour.

SCMS will do the procurement and distributions of a fortified blended food from the sources provided by the World Food Program and do the distribution at the PEPFAR sites. This fortified product which will abide by international standard will be given as food by prescription to children from 6 months to three years and for pregnant women, lactating women attended at the sites as a preventive intervention. 3500 pregnant and lactating HIV+ women and 4000 OVC 6months to 3 years are expected to benefit from that intervention.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$500,000

Economic Strengthening

Education

Water

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 8719.09

Mechanism: Leadership, Management & Sustainability Project

Prime Partner: Management Sciences for Health

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: OVC

Budget Code: HKID

Program Budget Code: 13

Activity ID: 19583.28922.09

Planned Funds: \$450,000

Activity System ID: 28922

Activity Narrative: SUMMARY: The Leadership, Management and Sustainability (LMS) Program will receive support from USAID to work with partners to build their capacity to provide services to Orphans and Vulnerable Children. Specifically, LMS will continue to work with the Maison l'Arc-en-Ciel (MAEC) to expand the number of OVCs and PLWHA families impacted by MAEC's outreach program to metropolitan Port-au-Prince's children infected/affected by HIV/AIDS and to build on a model MAEC has begun to develop for community mobilization using a large group of community-based organizations (CBOs) in the Frères and Croix des Bouquets areas. Through this support, MAEC will continue to increase its caseload from its present 286 families and 572 children/youth to 367 families and 873 children/youth through identification and referral by MAEC partners such as Cornell-GHESKIO. MAEC will create support groups of PLWHA and non-infected CBO volunteers for its families in these two zones. The families will receive tangible services such as health care, training, nutritional support, and school fees as well as participate in MAEC's peer home visiting program that has had an important effect on bolstering self-esteem and reviving hope among its families. This support offers MAEC the opportunity to extend its model into Cite Soleil, probably the neediest area in the exceptionally resource-poor country. In summary, the MAEC activities consist of two main activities: care and support of OVCs and their families; and a community-level partnership with international, local, and CBOs to support PLWHA families while working to prevent HIV infection and reduce stigmatization. LMS will help strengthen the leadership and management skills of the MAEC support groups and increase the involvement and capacity of the staff towards a common sustainable goal and lasting impact of the program. This program is funded through 75% HKID and 25% HBHC funding, and a description of these activities is included in both program areas.

BACKGROUND: MAEC is a Haitian non-profit NGO that began work in the Port-au-Prince area in July 1996 with the opening of the first residential care and treatment facility in Haiti for children orphaned or affected by AIDS. MAEC began a non-residential program in 1998 and provided monthly medical visits and other activities for children as well as a dry food ration for the family and regular home visits by social workers and auxiliary nurses. The participating families live in some of the most HIV-affected areas of the country, the metropolitan Port-au-Prince communes of Carrefour, Croix des Bouquets, Cite Soleil, Delmas, Pétienville (including Frères), Port-au-Prince, and Tabarre. Families living in an impoverished area with at least one HIV+ child or a child who had lost at least one of his or her parents to the disease were eligible to receive care. As the program has expanded since 2002, through partnerships with Plan Haiti, FHI, and UNICEF, MAEC was able to add an outreach center that houses classrooms for children and heads of families, provides medical and psychological consultations as well as cultural activities, etc. Food is provided by partners CRS and WFP. Community mobilization activities were added through the use of elected mothers who were trained and able to provide home visits even during times of instability in the country.

This activity also relates to activities in Care: Pediatric Care & Support. It has 3 components:

ACTIVITY 1: Care and support of OVCs and their families: MAEC has a comprehensive program for the communities it serves. Each community forms a coordination committee composed of one Mere Déléguée, two Youth Peer Educators, two Agents de Liaison, two Agents de Formation, two Agents de Sensibilisation, and MAEC staff. The Coordination Committee oversees all of the activities in its community as well as receives, helps to select, and follows community projects designed to improve the conditions of local OVCs. The project will support an extensive series of educational courses for heads of households (mostly single mothers) as well as provide key training for children/youth (more than 9 years old) on subjects such as simple health care, first aid (through the Haitian Red Cross), stigmatization, conflict resolution, and responsible sexuality. The children's trainings will be interspersed with educational or cultural outings. Cultural activities are designed to help children deal with their highly stressful living conditions. Many children work through psychosocial issues during play, and MAEC trains its youth peer educators to lead the teaching and cultural activity sessions. Les Ateliers Copart has been identified to train MAEC's children and youth as well as to help them develop puppet and theatrical presentations. The MAEC program also will provide primary health care through the services of an on-site pediatrician. She will perform routine health care and will refer to partner Cornell-GHESKIO for ART and partners Grace Children's Hospital and Hôpital de Nos Petits Frères et Soeurs for hospitalizations. School fees will be paid for primary age children, and other educational possibilities will be provided for youth who are no longer eligible for primary school. Psychological support will continue as well as home visits supervised by a full-time nurse supervisor. Other services will include monthly food distribution; hygiene kits for the families; financial assistance for burial of deceased children; and support to the peer educators involved in micro-credit projects to generate income; and distribution of clothes and shoes for the neediest children. This component of this activity will work to serve 393 male and 367 females OVC

ACTIVITY 2: Community-level partnership with international, local, and community-based organizations (CBOs) to prevent HIV infection and reduce stigmatization: MAEC will work to demystify HIV in participating families' environments so that neighbors can once again receive them as members of the community. Community-level activities are directed by the Coordination Committee, which will oversee the organization/coordination of home visits; school fees; invitations for the drafting and submission of community-level projects for the benefit of vulnerable children and youth; selection of promising projects and their recommendation to MAEC leadership; awarding funds to those projects that are approved by MAEC; and taking the lead in monitoring and evaluating the projects. MAEC will maintain its strong partnership with the Ministry of Health and Population (MSPP). All of MAEC's activities fall within the national strategic plan, particularly the emphasis on reducing the vulnerability of youth to HIV infection through awareness and reinforcement of responsible sexuality and the reduction of the impact of the disease through the care and support of PLWHAs and their families, especially OVCs. A number of MAEC's partners, including, most importantly, its partnerships with a number of CBOs in its catchment areas, will remain a hallmark of the program. These partnerships will continue to be strengthened and expanded, especially in Cité Soleil. These CBOs will benefit from sharing experiences with other MAEC partner CBOs from Croix des Bouquets and Frères. This component of this activity will work to serve 393 males and 367 females OVC

ACTIVITY 3: Leadership Development Programs: Good leadership is more important than ever in the

Activity Narrative: health care environment in Haiti. The rise of HIV/AIDS and other infectious diseases; health reforms such as decentralization; and uncertainties in donor funding present formidable external challenges to health care organizations. At the same time, organizations confront low staff morale, staff shortages, weak systems and processes, difficulty in sustaining high-quality services, and other internal challenges. To address these challenges, they need managers who can not only manage, but also lead their staff through change. When organizations invest in leadership development for managers at all levels, they will increase their ability to adapt to change. Their managers will learn to reinforce leadership values and apply leadership practices that promote sustainable organizational performance. By practicing both leading and managing, managers will be better able to achieve results and maintain high-quality services despite the obstacles they face. LMS will implement Leadership Development Programs (LDP) to help MAEC to develop managers who lead with a vision of a better future. The program has three major learning objectives: (1) learn the basic practices of leading and managing so that managers are capable of leading their workgroups to face challenges and achieve results; (2) create a work climate that supports staff motivation; and (3) create and sustain teams that are committed to continuously improving client services.

LMS will help develop facilitators for the LDPs who will go on to help teams carry out this process at several levels and for specific audiences—NGOs, youth, and women. As part of the process, these teams engage in the program over a period of four to six months. Teams will discuss strategies for—and actively address—their challenges through all program activities. To help organize and support their work, five kinds of program activities will be held: (1) Senior Alignment Meetings, an initial meeting which generates commitment and ownership of the LDP among key organizational stakeholders; (2) LDP Workshops, a series of workshops comprised of 12 half to full day core sessions during which participants learn core leading and managing practices and concepts; (3) Local Team Meetings, on-the-job meetings between workshops in which participants transfer what they learned to the rest of their work team, discuss strategies to address their challenges, and apply leading and managing practices; (4) Regular Coaching, in which local health managers support the teams in implementing the tools of the LDP; and Stakeholder Meetings, in which stakeholders are periodically updated and enlisted as resources to support the teams. This component of this activity will work to train 50 providers/caregivers in caring for OVC

Monitoring and Evaluation of these activities including data collection, use, quality and feedback will be an ongoing and focused effort.

New/Continuing Activity: Continuing Activity

Continuing Activity: 19583

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19583	19583.08	U.S. Agency for International Development	Management Sciences for Health	8719	8719.08	Leadership, Management and Sustainability Project	\$600,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

- * Family Planning

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$350,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education \$50,000

Water

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 8723.09	Mechanism: C Radio
Prime Partner: Pact, Inc.	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: OVC
Budget Code: HKID	Program Budget Code: 13
Activity ID: 28948.09	Planned Funds: \$50,000
Activity System ID: 28948	
Activity Narrative: USAID Haiti's Civil Society Responsibility Project	
New/Continuing Activity: New Activity	
Continuing Activity:	

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 4735.09	Mechanism: Track 1 WC - OVC
Prime Partner: World Concern	USG Agency: U.S. Agency for International Development
Funding Source: Central GHCS (State)	Program Area: Care: OVC
Budget Code: HKID	Program Budget Code: 13
Activity ID: 8157.28968.09	Planned Funds: \$750,000
Activity System ID: 28968	

Activity Narrative: ACTIVITY UNCHANGED

SUMMARY:

The proposed activities are to enable households, families, churches, and communities to provide support to children orphaned or affected by HIV/AIDS. AERDO will work closely with local partners to develop community-based OVC support interventions that respond to their psychosocial needs, strengthens the economic coping capacities of caregivers, links children and families to available health and social services, and provides food contributions, and trains caregivers and children in basic hygiene and disease prevention. Trainings in and the use of curricula such as "Our Children" will serve to raise awareness of OVC issues, reduce stigma, and empower communities to support and nurture OVC. The emphasis areas are community mobilization (major: 55%), training (minor: 20%), linkages with other sectors and initiatives (minor: 20%), needs assessment (minor: 10%), quality assurance (minor: 10%), strategic information (minor: 10%), local organizational capacity development (minor: 15%) and food/nutrition (minor: 10%). The primary target populations are OVC, caregivers (including PLWHA caregivers), faith-based organizations (FBOs), community-based organizations (CBOs), volunteers, community leaders and religious leaders. The coverage area is the West, South, Northwest, Nippes, Artibonite, and North Departments.

BACKGROUND:

This activity is expanding on the current President's Emergency Plan for AIDS Relief (PEPFAR)-funded COP 2907 Track 1 OVC activities carried out by AERDO in Haiti. Each partner agency will work with the Haiti Ministry of Health (MOH) at the community level, and World Concern Development Organization (WCDO)—lead agency; will also coordinate with the MOH at the national level. Implementing the program are CRWRC, OB, SA, WH and WR. All are NGOs. WCDO and implementing sub partners will bolster the economic abilities of OVC households through micro-credit, and activities will be monitored to ensure females are at least 50% of the beneficiaries. In addition, sensitization trainings will highlight the unique needs and vulnerabilities of female OVC.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Strengthen 440 caregivers (including elderly caregivers) supporting 4,300 OVC. An inventory will be completed to identify the OVC households that will be included in the program; beneficiaries will include households with OVC under five years of age. A select number of OVC households will receive training in basic business skills and receive small start up capital. Selection will be based on an assessment of the individual caregiver's experience, ability, and capacity to run a small business or income generating activity. Basic farming resources will also be distributed, along with trainings in effective farming practices. OVC households will be linked to essential health and social services where available. Caregivers will be trained in basic hygiene and disease prevention. AERDO will link voluntary counseling and testing/preventing mother to child transmission/anti-retroviral services (VCT/PMTCT/ARV) sites to OVC households, and will accept referrals from these sites. De-worming medications and Vitamin-A supplements will be given to all OVC households. In addition, trained volunteers will teach caregivers about the legal rights of OVC, including inheritance rights. Volunteers will also provide psychosocial care to all OVC. PEPFAR funds will be used to recruit and train local caregivers. During the current funding year, WCDO has strengthened 763 caregivers supporting 2,915 OVC.

ACTIVITY 2: AERDO will recruit, mobilize and strengthen local partners (churches, FBOs, and CBOs) into the program. These local partners will be supported in the development and maintenance of their own OVC programs. These community-driven OVC programs will be encouraged to establish caregivers' care groups that will further strengthen caregivers supporting OVC. In addition, OVC will receive nutritional support and local volunteers will serve as mentors/role models. Trained volunteers will regularly visit OVC households, including child-headed households, to assess needs, provide psychosocial support and aid to meet basic needs. PEPFAR funds will be used to recruit and train local partners. During the current funding year, WCDO has enabled 22 local organizations and 67 churches to develop and maintain their own OVC support programs.

ACTIVITY 3: Increase the capacity of older children (aged 15 to 17) to meet their own needs. This will include training and mentoring older OVC in animal husbandry and household farming. PEPFAR funds will be used to conduct trainings and provide small capital (e.g. goats). During the current funding year, WCDO has assisted 191 older OVC to meet their needs.

ACTIVITY 4: Ensure access to vocational or formal education for OVC. This activity will be conducted in selected cases and based on need. AERDO will work with local schools—assisting OVC to attend school or receive vocational training. PEPFAR funds will be used for school supplies, uniforms, and fees.

ACTIVITY 5: Raise awareness among families, churches, communities and society in general to create an environment that enables support for OVC. AERDO will enable community and religious leaders to clearly articulate traditional and faith-based values regarding care of OVC. Curriculums such as "Our Children" will sensitize and enable local leaders to communicate the needs of OVC including issues of social abuse, child slavery (restavek), adoption, child trade, stigmatization, and legal rights. Broadcast media will highlight the treatment of OVC and provide a context for reflection and discussion. PEPFAR funds will be used to conduct trainings and to produce/broadcast Public Service Announcements (PSA).

In regard to the issues of U.S. Legislative interest, please note that for every activity, we will track the number of OVC who are female so that at least 50% of the beneficiaries are girls. OVC female caregivers will also have access to income and productive resources through the availability of microfinance and income generation in the form of goat loans. Stigma and discrimination will be reduced through sensitivity trainings provided to the local organizations working with the OVC, as well as the HIV/AIDS training on transmission and prevention which will demystify and destigmatize the disease. Stigma associated with HIV/AIDS will also be reduced through the use of mass media campaigns.

A public/private partnership is possible because MedPharm is providing anti-parasite medications (valued at US\$5.288 per tab) and Vitamin A supplements, so that OVC and their caregivers can receive this treatment to boost their nutrition.

These activities relate to the PEPFAR 2-7-10 goals by providing care and support to OVC and their

Activity Narrative: households. These activities will expand upon the Fiscal Year (FY) 2007 targets of 4,130 OVC served by OVC programs and 1,570 providers/caretakers trained in caring for OVC. WCDO fully expects to reach all targets by September 30, 2008.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17243

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17243	8157.08	U.S. Agency for International Development	World Concern	7702	4735.08	Track 1 OVC: Community-based Care of OVC	\$388,088
8157	8157.07	U.S. Agency for International Development	World Concern	4735	4735.07	Track 1 OVC: Community-based Care of OVC	\$1,214,070

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 4733.09	Mechanism: Track 1 CRS - OVC
Prime Partner: Catholic Relief Services	USG Agency: U.S. Agency for International Development
Funding Source: Central GHCS (State)	Program Area: Care: OVC
Budget Code: HKID	Program Budget Code: 13
Activity ID: 8156.28966.09	Planned Funds: \$587,346
Activity System ID: 28966	

Activity Narrative: ACTIVITY UNCHANGED

SUMMARY: This activity will continue to provide orphans and vulnerable children (OVC) in the Nippes Department access to three main services including psychosocial support, education assistance, and economic strengthening interventions. In addition, CRS partnering with the Bethel Clinic of the Salvation Army will extend to HIV/AIDS infected and affected OVC and their families, other types of support including infrastructure improvement interventions. This OVC activity complements other institutional and community services funded by CRS and USAID, including the Safety Net interventions and Health programs (e.g., tuberculosis and pediatric HIV/AIDS programs).

BACKGROUND:

With the support of the President's Emergency Plan for AIDS Relief (PEPFAR) and the United States Government Title II resources, the CRS/OVC program has been working to improve care and support offered to children and youth affected by HIV/AIDS in five regions of Haiti since 2004. During the past three and half years, the program reached nearly 10,000 OVC sheltered in institutions (orphanages, street kids centers, specialized homes for children with reduced capacity, day centers for children in domesticity, etc.) located in the South, South East, Grande Anse, West and Nippes Departments. CRS has extensive experience in the care of orphans and vulnerable children; they have been implementing children safety net programs for more than 30 years in Haiti.

The PEPFAR-OVC Track I program which implemented the first half of its five-year cycle exclusively at the institutional level, took a new turn in Fiscal Year (FY) 2007 initiating a community-based approach in several communes of the Nippes Department. In FY 2008, CRS through its Bethel partner, will focus and scale-up its activities in the Nippes reaching HIV/AIDS infected/affected children, 0-18 years of age, living in the communes of Fond des Negres, Miragoane, Petite Riviere, L'Azile, Anse a Veau and in Petit-Goave (West Department). Primary school aged boys and girls will receive tuition fees and school supplies. Fifteen to 18 year old boys and girls will have increased access to quality vocational/professional training. Age-appropriate HIV/AIDS education, children's rights, health hygiene, and nutrition knowledge will be extended to all participating OVC, their caregivers, and to leaders in their communities. Psychosocial support will be provided to infected children and their parents/caregivers, as the interventions will target the family as a whole. Families/caregivers will benefit as well from economic strengthening programs including vegetable gardens and other income generation schemes. Through integrated efforts (ART/OVC), CRS supported OVC will benefit from expanded HIV pediatric care and support at the Bethel ART Point of Service. Community development interventions will also be achieved in terms of infrastructure rehabilitation and water sanitation projects.

In FY 2007, CRS and the Institut du Bien-Etre Social (IBESR), the local government body in charge of OVC, combined efforts to support OVC institutions providing them with financial and legal support. This collaboration will further develop in FY 2008, as a public-private platform of OVC actor institutions/stakeholders will be set up by UNICEF and CRS to address OVC rights.

ACTIVITES AND EXPECTED RESULTS:

ACTIVITY 1: Psychosocial support

Vulnerable children will be identified through the hospital-based pediatric services, people living with HIV/AIDS (PLWHA) receiving palliative care/ARV treatment at Bethel clinic in Fond des Negres and from their community outreach programs throughout the Nippes. OVC families and caregivers will receive training in PSS (psychosocial support), making them better equipped to assist and protect the children in their care. Infected/affected children will receive one-on-one counseling by trained and experienced field monitors. Family counseling will be accessible to targeted families with limited coping capacity. Peer support groups will be formed, creating forums for OVC to express their grief, doubts and fears and build together hope for the future. Through the kids clubs, OVC will also benefit from Life Skills training.

ACTIVITY 2: Education assistance

One of the greatest challenges presented by the AIDS pandemic is sustaining children's education as economic conditions decline. Boys and girls, age six to 12 years old will benefit from primary school support and 15-18 year old boys and girls will receive scholarships of six months and one year to attend a vocational/professional school. OVC from eight to 18 years of age will be trained in HIV/AIDS prevention care, health, hygiene and nutrition and children rights.

ACTIVITY 3: Economic strengthening

Caregivers will receive basic training in small enterprise development and management. They will receive technical and financial assistance from CRS/OVC team to put together small income generating schemes, such as vegetable gardens, animal raising, food transformation, tailor shops, etc.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17163

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17163	8156.08	U.S. Agency for International Development	Catholic Relief Services	7675	4733.08	Track 1 OVC: Support to OVC Affected by HIV/AIDS	\$167,738
8156	8156.07	U.S. Agency for International Development	Catholic Relief Services	4733	4733.07	Track 1 OVC: Support to OVC Affected by HIV/AIDS	\$0

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 8720.09

Mechanism: IOM - Haiti EG Income Generation Grant

Prime Partner: International Organization for Migration

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: OVC

Budget Code: HKID

Program Budget Code: 13

Activity ID: 19584.28944.09

Planned Funds: \$200,000

Activity System ID: 28944

Activity Narrative: The narrative will be modified in the following ways:

The International Organization on Migration (IOM) in Haiti has a five-year grant from USAID/Haiti's Economic Growth Office to provide jobs for vulnerable populations in six "hot-spot" areas of Haiti: Port-au-Prince, Les Cayes, Petit Goave, St. Marc, Gonaives and Cap Haitien.

Rapidly rising food prices are compounding the already chronic food insecurity for the 80% of Haitians that have less than \$2.00 a day to spend on life's necessities.

In addition to this, IOM's PREPEP/PEPFAR program will put \$1,000,000 into the IOM PREPEP job creation and infrastructure improvement program to allow persons living with HIV/AIDS (PLWHA) and their families as well as families caring for orphans and vulnerable children (OVC) to take part in the program. The cash income will allow these families to purchase food while building agricultural and other infrastructure improvements.

These activities will result in an additional, long-term impact on household food security and production.

Examples of IOM's PREPEP/PEPFAR activities are:

- improved family garden plots
- irrigation canals
- soil conservation structures
- road, bridge and canal rehabilitation
- other public infrastructure

Les Cayes and Cap Haitien will be the target communities for IOM PREPEP/PEPFAR activities.

The International Organization on Migration (IOM) has a five-year grant from USAID/Haiti's Economic Growth Office to provide jobs for vulnerable populations in six "hot-spot" areas of Haiti: Port-au-Prince, Les Cayes, Petit Goave, St. Marc, Gonaives and Cape Haitian. Rapidly rising food prices are compounding the already chronic food insecurity for the 80% of Haitians that have less than \$2.00 a day to spend on life's necessities. The Haiti PEPFAR Program is putting \$1,000,000 into the IOM jobs creation and agricultural infrastructure improvement program in order to allow persons living with HIV/AIDS (PLWHA) and their families as well as families caring for OVC to take part in the program. The cash income will allow the families to purchase food and the agricultural infrastructure improvement activities for which they will get their day labor salaries (improved family garden plots, irrigation canals, soil erosion control structures, garden terracing on hill-sides and ravines) will result in a more long-term impact on household food production.

New/Continuing Activity: Continuing Activity

Continuing Activity: 19584

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19584	19584.08	U.S. Agency for International Development	International Organization for Migration	8720	8720.08	USAID/Haiti Economic Growth Office Grant	\$200,000

Emphasis Areas

Gender

- * Increasing women's access to income and productive resources
- * Reducing violence and coercion

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening \$200,000

Education

Water

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 3136.09	Mechanism: FOSREF
Prime Partner: Foundation for Reproductive Health and Family Education	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Care: OVC
Budget Code: HKID	Program Budget Code: 13
Activity ID: 10663.28905.09	Planned Funds: \$400,000
Activity System ID: 28905	

Activity Narrative: The narrative will be modified in the following ways:

Activity 1: Modification in Activity 1: Provision of psychosocial and educational support.- The program will provide psycho-social support to OVC at center level, in the families, and in the community as well as school fees for children age 5 to 17 years old and support for school materials and uniforms. Older OVC will benefit from vocational training, when appropriate

Activity 4: Edutainment. - Entertaining education sessions on different themes including HIV/AIDS prevention, fight against sexual violence, gender equity will be realized by social clubs within the FOSREF Youth program for the OVC. In all departments where the project is implemented, fun activities will take place during the summer (OVC summer camps), for National Children's Day, and for Christmas.

Activity 5: Clinical services for OVC.- Basic clinical care for common diseases such as non complicated respiratory infections, diarrhea will be available. The system of referrals of OVC presenting complicated diseases, at community and at institutional level will be strengthened.

Activity 6: Economic strengthening of OVC and families.- Income-generating activities will be a priority in FY09, especially for the poorest and most affected large families to help them gain some sense of self-sufficiency.

SUMMARY:

This activity seeks to expand FOSREF's program for Orphans and Vulnerable Children (OVC). The primary emphasis areas for this activity are community mobilization/participation, information, education and communication, and training. Specific target populations include street kids and children affected or infected by HIV/AIDS. The activities will be carried out in five departments within Haiti: the South, South East, Grande Anse, Nippes and West with particular attention given to the cities of Les Cayes, Jacmel, Jérémie, Miragoane and Port-au-Prince (three sites) and their surrounding communes.

BACKGROUND

This activity is the continuation of the FOSREF OVC program started in Fiscal Year (FY) 2007 and will continue to extend its OVC services in other departments of the country. All activities in the program will be implemented and executed directly by FOSREF. This program will put special emphasis on key issues related to OVC and will have a strong community level focus.

ACTIVITIES AND EXPECTED RESULTS:

Activity 1: Peer education for street kids. Training sessions for OVC peers will be organized at the center level in all of FOSREF's seven youth centers within its five department service areas, as well as in shelters, meeting points, and institutions that work with street kids. These training sessions will cover interpersonal communication techniques, perception of risk level, negotiation skills, sexually transmitted infection (STI) and HIV/AIDS prevention and life skills. Training sessions on STI/HIV/AIDS prevention will be held weekly at the center and community level.

Activity 2: Provision of psychosocial and educational support. - The program will provide psychosocial support to OVC at the center and community level and for individual families. The program will also provide school fees for children age five to 18 years old and support for school materials and uniforms.

Activity 3: Special sessions for girls. - Specific individual or group education sessions will be organized for OVC girls on self-esteem, negotiation skills, life sk

New/Continuing Activity: Continuing Activity

Continuing Activity: 17178

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17178	10663.08	HHS/Centers for Disease Control & Prevention	Foundation for Reproductive Health and Family Education	7681	3136.08		\$400,000
10663	10663.07	HHS/Centers for Disease Control & Prevention	Foundation for Reproductive Health and Family Education	5123	3136.07		\$300,000

Emphasis Areas

Health-related Wraparound Programs

* Child Survival Activities

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education \$50,000

Water

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 9391.09

Prime Partner: Family Health International

Funding Source: GHCS (State)

Budget Code: HKID

Activity ID: 17899.28900.09

Activity System ID: 28900

Mechanism: FHI

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Care: OVC

Program Budget Code: 13

Planned Funds: \$550,000

Activity Narrative: The narrative has been modified in the following ways:

Last year, FHI used the President's Emergency Plan for AIDS Relief's (PEPFAR) Fiscal Year (FY) 2007 funds for Orphan and Vulnerable Children (OVC) to address the community-based care component of the program and support activities targeting OVC related to HIV/AIDS in the South East and North departments. This intervention aimed at improving the well being of OVC related to HIV/AIDS through increasing accessibility to school for OVC. Additionally, the program trained care givers, care workers, orphanage staff in how to deliver psychosocial support to OVC in target areas. Further more the project distributed minimum basic needs such as beds, mattresses, sheets, tables etc. to OVC. Collaborative partners has been create with the Ministry of Social Welfare (MSW) – IBESR (Social Welfare Institute) and Ministry of Health (MSPP)/ North and South East Regional directorates.

For 2008, FHI will conduct same activities by adding health care, legal assistance and economic opportunity for OVC. Through a partnership with MSPP/South and North Regional directorates, 500 affected children will receive ambulatory care and hospitalization fees will be covered for 200 OVC.

Additionally, FHI improved tracking systems and referral networks to maintain continuity of care for newborn of HIV infected Mothers enrolled in PMTCT services in the target areas. To accomplish this goal, FHI worked with PMTCT sites, MSH and AOPS/JHPIEGO to track the newborn, create an OVC new born network. OVC had access to existing health and education services such as Integrated Management of Childhood Illnesses (IMCI) services.

For FY08, FHI have also supported OVS's clubs to develop common project depending on what is available in each area. FHI provided input allowing OVC to realize theirs projects.

FHI has encouraged the community point services to create a link with the civil state office in order to facilitate access to this important document.

ACTIVITIES AND EXPECTED RESULTS

Activity 1: In FY 2007 FHI worked in four sites in the South East and has been extended this activity in FY 2008 to four sites in the North, mainly through the social service structure existing at those new sites (social workers and community health agents). The goal is to identify dependants of PLWHA in orphanages and those attending voluntary counseling and testing (VCT) and anti-retroviral (ARV) clinics, post test clubs, and PLWHA Association meetings in order to enroll them in the program. In FY09 FHI will continue to train and mentor social workers and community health agents based at the site to equip them to address OVC related issues. FHI will maintain contact with established community organizations working in other domains to educate them to identify and refer OVC to the sites.

Activity 2: In collaboration with the departmental directorates of the Ministry of Health and Population (MSPP) in the South East and North, some sites of services in strategic areas will be created in the North and continue in the South East to deliver a package of community based services. FHI will work with local organizations (e.g., post test clubs, support groups, PLWHA Association) to establish outlets for the provision of a package of psychosocial and material support to OVC. FHI will hire trained personnel at each new delivery point to manage the operations, organize the delivery of services and engage other specific manpower based on the nature of services they will deliver. A core set of services will be provided at each facility and will include psychosocial support for OVC and their families or caregivers, educational activities for groups, school fees, non formal education, support for birth registration, and referral for prevention and curative health care services. FHI will also support OVS's clubs to develop common project depending what is possible in each area. Additionally, FHI will improve tracking systems and referral networks to maintain continuity of care for newborn of HIV infected Mothers enrolled in PMTCT services in the target areas. To accomplish this goal, FHI will work with PMTCT sites, and other partners to track the newborn and create an OVC new born network. FHI is strongly encouraging use Community Integrated Management of Childhood Illnesses (C-IMCI) approach at the household and community level.

The President's Emergency Plan for AIDS Relief's (PEPFAR) Fiscal Year (FY) 2008 funds for Orphan and Vulnerable Children (OVC) will be used by TBD to address the community-based care component of the program and will support activities targeting OVC related to HIV/AIDS in the South East and North departments. This intervention will aim at improving the well being of OVC related to HIV/AIDS through increasing accessibility to school, prevention and curative health care services, economic opportunity and psychosocial support. Additionally, the program will train care givers and aid families to acquire minimum basic needs such as beds, mattresses, sheets, tables etc. Collaborative partners will be the Ministry of Social Welfare (MSW) – IBESR (Social Welfare Institute) and Ministry of Health (MSPP)/ North and South East Regional directorates.

BACKGROUND

TBD's mandate in FY 2005 was to work in four departments (South, South East, North and Grand-Anse.) with the staff of the Ministry of Social Work at the central and regional level and train them on orphan care and strengthen psychosocial services for OVC. Over 150 IBESR staff members were trained in HIV/AIDS basic information and children's rights and benefits. They were also given awareness sessions on potential links between MSW systems and the health system for the benefit of OVC. Additionally, 1300 OVC were supported (scholarship, training etc) in FY 2005.

For FY 2006, TBD continued its basic health care and support activities focused on OVC related to HIV/AIDS in the South and South East departments. Thus far in 2007, TBD has worked in the area of OVC around a network of four health centers in the South East department. TBD's efforts to date have been successful. The lessons learned from this project taught us how to apply what we did in one area to the entire system. TBD proposes to continue the project in the South East and to extend it in the North in FY 2008.

ACTIVITIES AND EXPECTED RESULTS

Activity 1: In FY 2007 TBD worked in four sites in the South East and will extend this activity in FY 2008 to

Activity Narrative: four sites in the North, mainly through the social service structure existing at those new sites (social workers and community health agents). The goal is to identify dependants of PLWHA in orphanages and those attending voluntary counseling and testing (VCT) and anti-retroviral (ARV) clinics, post test clubs, and PLWHA Association meetings in order to enroll them in the program. TBD will continue to train and mentor social workers and community health agents based at the site to equip them to address OVC related issues. TBD will maintain contact with established community organizations working in other domains to educate them to identify and refer OVC to the sites.

Activity 2: In collaboration with the departmental directorates of the Ministry of Health and Population (MSPP) in the South East and North, some sites of services in strategic areas will be created in the North and continue in the South East to deliver a package of community based services. TBD will work with local organizations (e.g., post test clubs, support groups, PLWHA Association) to establish outlets for the provision of a package of psychosocial and material support to OVC. TBD will hire trained personnel at each new delivery point to manage the operations, organize the delivery of services and engage other specific manpower based on the nature of services they will deliver. A core set of services will be provided at each facility and will include psychosocial support for OVC and their families or caregivers, educational activities for groups, school fees, support for birth registration, and referral for prevention and curative health care services.

Activity 3: In each department, a link will be created between the local organization that provided services to OVC, the health site and birth register office working in the coverage area to provide prevention services (e.g., immunizations), curative care (e.g., opportunistic infections) and birth certificates to those in need. Linkages will also be created between the local organization and Title II program and micro-finance institutions to cover other basic needs.

Activity 4: In collaboration with the MSW, MOH/ South East, and the North directorates department, trainings session will be organized for those responsible for orphanages as well as those employed as orphanage caregivers. .

Emphasis areas:

Community Mobilization/Participation

Development of Network/Linkages/Referral Systems

Training

Linkages with others Sectors and Initiatives

TARGETS:

3000 OVC supported/served

500 providers/caretakers trained

Targets Populations:

Community Based Organizations

Orphans and Vulnerable Children

Caregivers

Key Legislative issue:

Increasing gender equity in HIV AIDS

Stigma and discrimination

Food

Education

Microfinance/microcredit

Coverage Areas:

Southeast and North

New/Continuing Activity: Continuing Activity

Continuing Activity: 17899

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17899	17899.08	HHS/Centers for Disease Control & Prevention	Family Health International	9391	9391.08	FHI	\$600,000

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

- * Child Survival Activities

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education \$50,000

Water

Program Budget Code: 14 - HVCT Prevention: Counseling and Testing

Total Planned Funding for Program Budget Code: \$4,490,000

Program Area Narrative:

The number of people tested has risen sharply by an increment of more than 100,000 new tests yearly. About half a million people had been tested in FY08 through the 138 sites offering the services.

From a rapid scale up in the number of sites in the early years of the program, the overall strategy has shifted the last two years toward the reinforcement of capacity at the sites to offer the services to more individuals and meet the demand for services. To that effect two major changes had been brought by the program to existing practices : (i) training curriculum have been revamped to allow trainees to acquire skills to use provider-oriented-counseling approach and perform testing themselves when needed, as opposed to a client-initiated-approach and testing performed only by lab personnel in the early years of the program(ii) multiple points of rapid testing services have been created within facilities to reduce the burden for already over crowded laboratories

Nonetheless serious challenges continue to get in the way of the program and prevent it from reaching its full potential: (i) High staff turn over creates an ongoing unmet need for training at the sites. (ii) Loss to follow-up, although reduced in scope over the years continue to be a significant problem in some sites, (iii) Lack of information and education continue to forestall high risk groups from having access to services despite efforts to create more specialized clinics to address their needs. The plan to address these challenges in FY09 is the following:

Services will continue to be integrated into facilities in the five USG partner facility networks: Ministry of Health (MOH), GHESKIO, Partners in Health (PIH), Catholic Relief Services (CRS) and Management Sciences for Health (MSH). Focus will be paid to wards with high-risk patients (tuberculosis (TB) or sexually transmitted infection (STI) units, in particular) and the prevention of mother-to-child HIV transmission (PMTCT) services. Efforts will also be deployed to ensure that HIV-positive persons identified in the individual hospital departments are referred and accompanied to the HIV/AIDS care and treatment center in the hospital, where palliative care and ARV treatment or only palliative care is available, depending on the site.

For those populations outside the clinic environment, the USG will continue to support client-initiated CT in community outreach efforts as well as mobile services. For instance CT services for men who have sex with men (MSM) and other persons with high risk behavior that seek anonymity are offered at several CT sites around the country by partner Promoteurs Objectif Zerosida (POZ). Sexually-active adolescents and youth have access to CT services in a network of youth centers run by the Foundation for Reproductive Health and Family Education (FOSREF) around the country where specially-trained counselors provide age-appropriate education and counseling and refer positive individuals to HIV/AIDS integrated care and treatment services and HIV+ pregnant youth to comprehensive PMTCT sites. The USG Team will also continue to focus promotion efforts on those specific populations most likely to become HIV infected.

The USG will also support CT training, which will continue to be organized by the Haitian Institute for Community Health (INHSAC), a local training organization, in partnership with International Training and Education Center on HIV (I-TECH). They will conduct refresher courses for current counselors in the CT sites and train new counselors from clinic and community-based VCT settings. The two-week training on in-depth psychosocial support to PLWHA and their families provided to psychologists, social workers and other key personnel will be extended to three-weeks with a one-week practicum at one teaching hospital, in order to better equip them to deal with issues such as stigma and discrimination, partner referrals, bereavement counseling and so on. A training program for PLWHA as lay counselors will also be initiated this year to enable them to address ART adherence issues and post-test counseling; once trained, these lay counselors will be eligible to work as paid staff within Haiti's various ART programs

In order to enroll 8,000 new patients this year and reach the USG Team's September 2009 antiretroviral (ARV) treatment target of 25,000, assuming at 8% the proportion of positive among people tested in the targeted sites, at 30% the attrition rate among them and at 25% the proportion needing ARV among those who tests positive (based on previous years data) , approximately 600,000 individuals will need to be tested

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 3136.09	Mechanism: FOSREF
Prime Partner: Foundation for Reproductive Health and Family Education	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Prevention: Counseling and Testing
Budget Code: HVCT	Program Budget Code: 14
Activity ID: 3903.28906.09	Planned Funds: \$400,000
Activity System ID: 28906	

Activity Narrative: The narrative will be modified in the following ways:

*** BACKGROUND**

The program will continue to deliver the VCT services in the sites of FY08/COP08 and will reinforce VCT services in all FOSREF VCT sites. The Activities targeting CSWs will be carried out in USG-supported FOSREF centers for CSWs located in many cities (reference to the Departments: Coverage areas and in the CSWs centers mainly funded by the Global Funds and that receive support from PEPFAR (Intrants , tests VCT etc...) . Activities targeting youth will be carried out in all existing FOSREF youth centers located in 9 geographical departments, among those certain are located in very marginalized areas and deserve very vulnerable and high risk youth.. Activities targeting men will continue to be focused on specific sub-populations including men with multiple partners, men with high-risk sexual behavior, clients and potential of prostitutes, and single men. These activities will continue to be carried out in the following departments: West, particularly the metropolitan region; South; North; Nippes; North East; South East; North West and Artibonite departments considered as the ones having most of the men with higher risk.. The activities are a continuation of USG-supported FOSREF activities funded in FY08.

***Activity 2:**

Modifications in the first sentence: "FOSREF will continue to reinforce and enhance the delivery of VCT services to youth in its all specialized youth centers/clinics".

* Modification in the last sentence: "It is important to signalize that the Youth Clubs will be emphasized and reinforced for FY09, and the youth will have access to many other social clubs"

* Activity 4 (Pregnant women PMTCT) is a new program area for COP09

Summary: This project activity supports the continuation and the expansion of the FY08 FOSREF comprehensive voluntary counseling and testing for HIV (VCT). This activity will continue to deliver high quality VCT services to the CSWs, to the Youth, to the men and to pregnant women. The primary emphasis areas for these activities are training, human resource development and infrastructure development. Specific target populations include CSWs and their clients; youth aged 15 – 24 years, men, and pregnant women.

BACKGROUND

The program will continue to deliver the VCT services in the same sites of FY07 and will extend and reinforce the VCT services in other FOSREF VCT sites, and will implement 2 new VCT sites for the youth at risk. The Activities targeting CSWs will be carried out in USG-supported FOSREF centers for CSWs located in many cities (reference to the Departments: Coverage areas and in the CSWs centers mainly funded by the Global Funds and that receive support from PEPFAR (Intrants , tests VCT etc...) . Activities targeting youth will be carried out in 15 existing FOSREF youth centers located in 9 geographical departments, and 2 new other ones in 2 very marginalized areas, where a lot of very high risk youth live. Activities targeting men will continue to be focused on specific sub-populations including men with multiple partners, men with high-risk sexual behavior, clients of prostitutes, and single men. These activities will continue to be carried out in the following departments: West, particularly the metropolitan region; South; North; Nippes; North East; South East; North West and Artibonite departments considered as the ones having most of the men with higher risk. Program activities for pregnant women will continue to be delivered in the three FOSREF adult sites located in the metropolitan area and sub-urban, marginalized areas, of the West Department. The activities are a continuation of USG-supported FOSREF activities funded in FY07. Haiti's national HIV operational plan includes FOSREF's counseling and testing services.

ACTIVITIES AND EXPECTED RESULTS:

Activity 1: FOSREF will provide VCT services to CSWs in 10 sites. The CSWs trained peers will continue to be fully involved in the counseling process as key actors. FOSREF will continue to promote VCT services and availability of mobile VCT services at fixed points of prostitution including brothels and bars. The supply of condoms at recruiting/gathering points for potential clients of prostitutes (e.g. bars, restaurants, bus stations, and garages) will continue as a key intervention of the program. FOSREF will conduct HIV awareness sessions for the clients of CSWs in an effort to discourage them from engaging in high risk sexual behaviors. Those HIV-positive CSWs will be integrated in support activities that will promote positive prevention, care and support. HIV-positive CSWs also will be integrated into antiretroviral treatment (ART) programs or palliative care and support, as appropriate (See also: FOSREF Palliative Care narrative and ARV Services narrative). HIV-negative CSWs will be integrated in the Stay Negative program, and 100% condom use program, and will receive secondary abstinence messages.

Activity 2: FOSREF will continue to reinforce and enhance the delivery of VCT services to youth in 15 specialized youth centers/clinics. The program will be extended by the implementation of 2 new VCT/youth sites. The 2 new centers will use the same strategies and activities that are in used in the existing youth centers reinforced by the program. The strategy of VCT services that are delivered by trained youth facilitators/counselors will be maintained. Youth aged 15 to 24 years will continue to receive VCT-related services, integrated with other reproductive health services such as diagnosis and treatment of sexually transmitted infections (STIs), services that are available at the Youth centers. Both HIV-positive and HIV-negative youth will be integrated in post-test clubs which will function as psycho-social support groups. The VCT services will be supported by a community program organized by trained youth. An outreach network of youth facilitators will organize community activities that promote the VCT services and other related services among the youth. They will also promote post-test secondary abstinence, which is the key strategy of the Stay Negative program for HIV-negative youth. HIV-positive youth will also be referred to organized care and support services and antiretroviral treatment (ART)

The program will continue to encourage HIV-negative youth to be enrolled in post-test clubs that will help them to maintain their negative serostatus. The youth of the Youth VCT centers which are already linked with existing Prevention of Mother-to-Child Transmission (PMTCT) and ART sites will continue to work as peer counselors, companions (accompaniers) for pregnant women, patients on ART, or people living with HIV/AIDS (PLWHA) receiving palliative care. These youths also will collaborate with community health

Activity Narrative: workers at the HAART sites to help identify orphans and vulnerable children (OVCs). FOSREF youth centers also will counsel youth referred by the "high risk sexually active program" for STI diagnosis and treatment, VCT services and post-test clubs services, and special services for victims of sexual violence (gender equity aspect) Those services will be available in all the FOSREF youth centers. The program will also deliver mobile VCT services to youth in marginalized areas and in rural areas where there is no clinic available. It is important to signalize that the Youth Clubs will be emphasized and reinforced for FY08, and the youth will have access to many other social clubs.

Activity 3: FOSREF will continue to deliver VCT services to CSW and their clients through mobile VCT services that travel to fixed points of commercial sex work including brothels and bars. FOSREF will maintain a constant availability of condoms at client recruiting/gathering points (bars, restaurants, bus stations, garages). In addition, FOSREF will conduct HIV awareness sessions with clients of CSWs in VCT sessions to encourage them to stop engaging in unsafe sexual behaviors. Clients of CSWs will receive also STIs diagnosis and treatment.

Activity 4: The program will continue to counsel pregnant women regarding PMTCT during prenatal visits at the 3 adult FOSREF reproductive health Centers and will ensure that HIV+ women are formally enrolled in a PMTCT site in their community that offers a comprehensive package of PMTCT services. The information sessions will cover HIV counseling and testing during pregnancy for all pregnant mothers, and also for all women in the waiting rooms of those centers providing integrated sexual and reproductive health services. Key activities of the program will be: education and sensitization of all women attending the Centers (sessions of education will target mainly the pregnant women during prenatal clinic activities), education and sensitization sessions for clients in the community during outreach activities, and PMTCT club activities. Services provided will include: information and education; clinical VCT services; psychological and nutritional support; development of a strong referral system for HIV-positive mothers; and training.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17179

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17179	3903.08	HHS/Centers for Disease Control & Prevention	Foundation for Reproductive Health and Family Education	7681	3136.08		\$500,000
9280	3903.07	HHS/Centers for Disease Control & Prevention	Foundation for Reproductive Health and Family Education	5123	3136.07		\$280,000
3903	3903.06	HHS/Centers for Disease Control & Prevention	Foundation for Reproductive Health and Family Education	3136	3136.06		\$200,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development**Public Health Evaluation****Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.14: Activities by Funding Mechanism**

Mechanism ID: 9391.09	Mechanism: FHI
Prime Partner: Family Health International	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Prevention: Counseling and Testing
Budget Code: HVCT	Program Budget Code: 14
Activity ID: 18954.28901.09	Planned Funds: \$150,000
Activity System ID: 28901	

Activity Narrative: The narrative will be modified in the following ways:

Reinforcement of counseling and testing services at the three community- based programs.
Replace one C&T community- based services (Campeche) by a new one in the Southeast.

ACTIVITIES AND EXPECTED RESULTS:

FHI will conduct the following activities in this program area.

Activity 1: Reactivation of Counseling and Testing services at the Haitian National Police: FHI will conduct a quick assessment to evaluate previous efforts and identify areas where reinforcement is needed. FHI will enter into a sub-agreement with the PNH to support testing for active duty officers and for candidates since each year the organization screens thousands of new candidates. This agreement should allow the PNH to: refurbish spaces at its fixed testing posts, accommodate ad-hoc counseling and testing services during the enrollment process, and hire additional contractual counselors during the enrollment process, train new counselors or provide refresher training to old ones, recruit social workers and psychologists, deliver organization-wide promotional activities for counseling and testing, and create post test- clubs. FHI expects to reactivate at least two former fixed posts in the metropolitan area, while creating a new post in the North. It is expected that 3000 current active duty officers and new enrollees will be counseled and tested at the PNH.

Activity 2: Reinforcement of Counseling and testing services at the three community-based programs. In addition to elements already in place that provide pre and post test counseling, emphasis will be put this year on (i) reinforcing mechanisms to retain patients once they test positive, and reduce attrition occurring through the referral process, and (ii) setting up better partner referral services to limit the transmission of the disease within families and communities. To accomplish this, resources will be devoted to: (i) hiring social workers and community health workers to beef up psychosocial support provided at the testing facility as well as at home to patients and to reach out to their families and partners, (ii) providing escort services and supporting transportation costs when patients are referred to care facilities, (iii) expanding post test clubs and PLWA groups to a 90% participation goal, (iii) reinforcing community mobilization activities to promote services and mitigate stigmatization within the communities. FHI expects to test 2000 people in each community.

SUMMARY:

Activities in this program seek to further expand counseling and testing (C&T) services at three existing community-based programs and resume those services at the Haitian National Police (PNH). Although implementing sites will receive varying amounts of support depending on needs and prior performance, overall activities will include: refurbishing work space, hiring and training counselors and social workers, procuring basic office equipment, setting up escort services for referrals, organizing people living with HIV/AIDS (PLWHA) support groups, mobilizing the community, and working to achieve service QA/QC. The major emphasis areas for these activities are community mobilization; training, strengthening human resources and infrastructure. Specific targets include general population and men in uniform (military).

BACKGROUND:

For the past two years FHI has provided field support to three grass root community-based programs by enabling them to add a C&T component to other ongoing educational and development activities. This pilot experience has shown how communities with high stigma practices can widely accept HIV testing when testing activities are supported by strong community mobilization and awareness campaign.

FHI has worked with the Haitian National Police (PNH) to support prevention activities during the past two years, while the counseling and testing services component was developed through another mechanism. In Fiscal Year 2008 the United States Government team will take steps to create more synergy in activities developed in partnership with the police by streamlining the supporting mechanisms.

ACTIVITIES AND EXPECTED RESULTS:

FHI will conduct the following activities in this program area.

Activity 1: Reactivation of Counseling and Testing services at the Haitian National Police: TBD will conduct a quick assessment to evaluate previous efforts and identify areas where reinforcement is needed. TBD will enter into a sub-agreement with the PNH to support testing for active duty officers and for candidates since each year the organization screens thousands of new candidates. This agreement should allow the PNH to: refurbish spaces at its fixed testing posts, accommodate ad-hoc counseling and testing services during the enrollment process, and hire additional contractual counselors during the enrollment process, train new counselors or provide refresher training to old ones, recruit social workers and psychologists, deliver organization-wide promotional activities for counseling and testing, and create post test- clubs. TBD expects to reactivate at least two former fixed posts in the metropolitan area, while creating a new post in the North. It is expected that 3000 current active duty officers and new enrollees will be counseled and tested at the PNH.

Activity 2: Reinforcement of Counseling and testing services at the three community-based programs. In addition to elements already in place that provide pre and post test counseling, emphasis will be put this year on (i) reinforcing mechanisms to retain patients once they test positive, and reduce attrition occurring through the referral process, and (ii) setting up better partner referral services to limit the transmission of the disease within families and communities. To accomplish this, resources will be devoted to: (i) hiring social workers and community health workers to beef up psychosocial support provided at the testing facility as well as at home to patients and to reach out to their families and partners, (ii) providing escort services and supporting transportation costs when patients are referred to care facilities, (iii) expanding post test clubs and PLWA groups to a 90% participation goal, (iii) reinforcing community mobilization activities to promote services and mitigate stigmatization within the communities. TBD expects to test 2000 people in each community.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18954

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18954	18954.08	HHS/Centers for Disease Control & Prevention	Family Health International	9391	9391.08	FHI	\$250,000

Emphasis Areas

Construction/Renovation
Health-related Wraparound Programs
* Family Planning
Military Populations

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 7722.09	Mechanism: PSI
Prime Partner: Population Services International	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Prevention: Counseling and Testing
Budget Code: HVCT	Program Budget Code: 14
Activity ID: 18956.28951.09	Planned Funds: \$300,000
Activity System ID: 28951	

Activity Narrative: The narrative will be modified in the following ways:

Activity 1 : VCT staff will include an 'accompagnateur' to provide immediate support to HIV+ clients and reinforce uptake to care and support centers. PSI will also include non-medical screening and referral for TB.

As a linkage with other PEFAR-funded HIV activities, PSI will coordinate with ongoing programs with youth and commercial sex workers to increase their access to counseling and testing services; and will also work to increase male and female condom sales points in and around the areas that the mobile unit conducts HIV tests so that clients have a continuous source of condoms as a method for preventing HIV.

Summary: In Fiscal Year (FY) 2008, Population Services International (PSI) will continue to provide mobile voluntary counseling and testing (VCT) services and activities in partnership with local organizations. These local organizations will promote the VCT services for the scheduled VCT days and PSI/H will provide technical support, as well as carry out the VCT and referrals for care and support. PSI will scale up its VCT media campaign to reach the target audiences.

Background: During COP 2007, PSI was responsible for coordinating the training of counseling staff and pre and post test counseling sessions at the Haitian National Police Academy clinic as well as developing a mobile testing team. In 2006, 1,615 clients used mobile VCT services during a six-month pilot phase. Of the new police recruits, 1,330 were counseled and tested. PSI increased local capacity to provide quality VCT services by training 10 counselors and seven police peer educators. In FY 2008 PSI will emphasize mobile VCT activities.

Activity 1: PSI will continue to increase the number of individuals who access mobile VCT services. The mobile VCT team consists of at least three counselors, two laboratory technicians and one driver/assistant. PSI is responsible for ensuring that members of the team are adequately trained for their respective jobs. PSI will work with INHSAC to provide refresher courses for their mobile team members. In FY 2008, at least 3,000 clients will receive mobile VCT (target groups include youth, couples, and vulnerable groups). PSI will develop tracking and follow up procedures to ensure that all persons identified as being positive are enrolled in a Palliative Care program. This will include the provision of an escort for the patient to the preferred Palliative Care site. At least 90% of patients who test positive for HIV will be referred and followed up at the appropriate palliative care and/or anti-retroviral (ARV) services site.

Activity 2: In FY 2008, PSI will increase the number of individuals reached through VCT communications and outreach programs. PSI will continue to design media campaigns and promotional materials (TV, radio, posters, brochures etc) for target populations.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18956

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18956	18956.08	HHS/Centers for Disease Control & Prevention	Population Services International	7722	7722.08		\$300,000

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 1390.09	Mechanism: POZ
Prime Partner: Promoteurs Objectif Zéro Sida (Promoteurs de l'Objectif Zéro Sida)	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Prevention: Counseling and Testing
Budget Code: HVCT	Program Budget Code: 14
Activity ID: 9364.28934.09	Planned Funds: \$200,000
Activity System ID: 28934	

Activity Narrative: ACTIVITY UNCHANGED

Summary: POZ will conduct VCT in four sites of which two are stand-alone facilities in Port au Prince, one is in a clinic in Montrouis (a high risk community serving as a rest area by long distance drivers) and the fourth is a community health center located in Lafosette, an overpopulated, vulnerable area in Cap Haitian. Activities in this program will be carried out to support expansion of comprehensive counseling and testing services to high risks behavior groups such as men having sex with men (MSM), young adults in vocational school, and communities along the routes of long distance drivers. Services in this project will include: providing counseling during both pre and post testing; increasing outreach activities, including additional field promoters to identify more clients among targeted groups, and supervising and training VCT counselors for increasing quality of services. These services are in line with the national HIV/AIDS plan and requested by the Ministry of Health's (MOH) public teams.

Background: POZ began counseling and testing services in 2002 at the Centre of Education and Counseling Services named CESAC, using a concept of integrated HIV/AIDS case management promoted by POZ. Funded by the Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM), these VCT activities provided a continuum of community care service which has been very successful in getting people living with HIV/AIDS (PLWHA) out of isolation and empowering them to live full lives. POZ has become a unique institution in Haiti, providing services to a highly underserved population (MSM), in addition to their community clinics. In 2004 the President's Emergency Plan for AIDS Relief (PEPFAR) provided funds to procure test kits and medical materiel for laboratory screening. POZ will focus on the areas around Port au Prince, Montrouis, and Cap Haitian where high risk behavior groups are meeting in order to promote the VCT services.

Activities and Expected Results: POZ will perform two activities in this program area:

Activity 1: POZ will provide comprehensive counseling and testing services through both stand-alone locations in Port au Prince, and integrated VCT service at the POZ community health centers in Montrouis and Cap Haitian. Pre and post HIV test counseling will be provided by trained counselors at each center. Blood samples will be drawn and the test conducted on-site with results given the same day. Individuals who test positive will be registered for follow-up service. The follow-up counseling program will meet the needs of PLWHA, their partner(s), family members, and friends. Services provided will include: follow-up individual counseling, family counseling, partner notification, condom distribution, and support group activities. Regular clients will be assigned a single counselor who will be responsible for managing his/her case. While the majority of funding to support the centers will come from GFATM, PEPFAR will provide testing kits, renovation of working space, laboratory equipment, energy power, two additional laboratory technicians, and two field promoters to expand the services.

Activity 2: POZ will ensure the provision high quality HIV testing and counseling services to clients visiting these centers by working with partners who will provide supervision and monitoring of services. With PEPFAR funding, POZ expects to provide continuous training to counselors, monitor performance and efficiency of services through supervision, and reinforce norms & procedures. POZ will start this activity in 2008 in concert with its partners. They include--GHESKIO, Partners in Health, Centre Domus Mariae, and a to-be-determined partner.

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

New/Continuing Activity: Continuing Activity

Continuing Activity: 17227

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17227	9364.08	HHS/Centers for Disease Control & Prevention	Promoteurs Objectif Zéro Sida (Promoteurs de l'Objectif Zéro Sida)	7697	1390.08	HHS/GAC/Local	\$200,000
9364	9364.07	HHS/Centers for Disease Control & Prevention	Promoteurs Objectif Zéro Sida (Promoteurs de l'Objectif Zéro Sida)	5141	1390.07	HHS/GAC/Local	\$75,000

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 8719.09

Mechanism: Leadership, Management & Sustainability Project

Prime Partner: Management Sciences for Health

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 19586.28923.09

Planned Funds: \$300,000

Activity System ID: 28923

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

BACKGROUND: In Haiti, youth, who represent more than 50% of the population, are the most vulnerable groups for HIV/AIDS and unwanted pregnancies, with a high incidence of clandestine abortions. FOSREF has a mandate from the Ministry of Health and Population (MSPP) to deliver youth-focused sexual and reproductive health and HIV/AIDS services to youth nationwide. In this context, FOSREF has identified key cities in the country where specific programs for youth must be implemented to meet the unmet needs of young people for sexual and reproductive health and HIV/AIDS prevention. To date, FOSREF has created and implemented a network of 15 youth centers in many cities. During the last four years, FOSREF has identified areas in the marginalized segments of the large cities, particularly in the Metropolitan areas of Port-au-Prince, where there are no existing youth services. Cité Soleil is one of these areas, representing one of the largest challenges in terms of unmet needs of youth for sexually transmitted infections, HIV/AIDS, sexual violence, and other sexual and reproductive health matters. Young people have been victims of gang activities that have reduced them to an almost hostage-like situation. Based on recent official information from the Ministry of the Interior, the Director of the National Police, and from the UN Peace Keeping Forces (MINUSTAH), the security situation in Cité Soleil has improved enough to begin to target services to the population in this area.

This activity also relates to activities in Care Pediatric Care & Support Health System Strengthening. It has 4 components:

ACTIVITY 1: Behavioral Communication Change with Youth: FOSREF will conduct training of youth peers and youth facilitators from various community-level groups. These youth will then go on to train youth in schools and in the community and will provide information and sensitization sessions at the Youth Centers. They will carry out groups education sessions both at the Youth Centers and out in the community. To support this work, the project (including the youth) will develop/adapt BCC materials that address HIV prevention, responsible sexual behaviors, promotion of VCT services, addressing stigma and discrimination, etc. The project will also use trained youth theater groups to deliver HIV/AIDS promotion messages, consistent and correct condom use, and promotion of VCT, among other topics. This component of this activity will work to train 60 individuals in counseling and testing according to national and international standards.

ACTIVITY 2: Youth Access to Clinical SRH and HIV/AIDS Services: The two Youth Centers in Bois Neuf and Boston will be staffed with trained providers who will deliver sexual and reproductive health and HIV/AIDS services to youth from Monday to Saturday. During the first year of the project, all clinical services will be available in the Boston Center and in Bois Neuf, the community outreach activities will be implemented during the first year, and the clinical services starting at the beginning of the second year. Youth will have access to STI diagnosis and treatment services, gynecological exams, sexual violence management, contraceptive methods, VCT services, and other related services. Services will be supported by trained youth facilitators who will participate in the VCT as counselors and referral sources. Young people who test HIV+ will be referred to other specialized centers for their medical follow up and integration into support groups for PLWHA. At the Youth Center, there will be trained youth facilitators who will be in charge of organizing the referrals. The points of referrals are other established FOSREF Youth Centers in the Metropolitan area that offer palliative care as well as other institutions offering ARVs such as Choscal in Cité Soleil. Both HIV+ and HIV- youth will be integrated into post-test clubs that function as psycho-social support groups. An outreach network of youth facilitators will organize community activities that promote the VCT services and other related services among youth. This component of this activity will support two service outlets to provide counseling and testing according to national and international standards. It will work to provide to 5,600 individuals counseling and testing for HIV and their test results (excluding TB).

ACTIVITY 3: Social Development Program for Youth: The project's social program is based on a model used by FOSREF in its "Other Choices Program." These are activities that offer social alternatives to the youth of Cité Soleil, offering them other socio-economic opportunities through training to decrease their participation in gang activities. Social Clubs supported by the project will provide possible alternative forms of income, such as computer skills training, floral art/paper training, dance courses, hair/beauty and skin care courses, sewing/embroidery classes, theater training, and basic literacy courses. Youth attending the clubs will build skills, self esteem, self empowerment, and will learn about alternative ways to earn income rather than engaging in risky behaviors.

ACTIVITY 4: Social Rehabilitation/Re-insertion Programs for High-risk Youth, including Youth-Oriented Leadership Development Program (YOLDP): This activity will address the needs of the most vulnerable youth, including street children and gang members, to integrate them in social activities and refer them for other USG partner vocational training. These youth will receive special short technical training in topics such as mechanics, handcrafting, masonry, carpentry, and so forth. The project will offer elementary classes for literacy and support for school reintegration of secondary school youth who have dropped out. The program will link with rehabilitation programs for young girls, and also with other education and microfinance programs supported by the USG. Particularly for the youth who were gang members, the project will adapt a youth-oriented Leadership Development Program, to ensure that these former gang members have the sense of belonging and importance that will replace what they felt as gang members.

Monitoring and Evaluation of these activities including data collection, use, quality and feedback will be an ongoing and focused effort.

New/Continuing Activity: Continuing Activity

Continuing Activity: 19586

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19586	19586.08	U.S. Agency for International Development	Management Sciences for Health	8719	8719.08	Leadership, Management and Sustainability Project	\$300,000

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 3142.09

Mechanism: ITECH

Prime Partner: University of Washington

USG Agency: HHS/Health Resources Services Administration

Funding Source: GHCS (State)

Program Area: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 12424.28671.09

Planned Funds: \$700,000

Activity System ID: 28671

Activity Narrative: SUMMARY:

I-TECH will maintain a subcontract with the Institut Haitien de Santé Communautaire (INHSAC) to continue implementing training in voluntary counseling and testing (VCT) (including rapid testing) and psychosocial support services for 300 health workers throughout Haiti. With technical assistance from I-TECH on tools and curriculum development, INHSAC will also train and support a network of personnel to provide supportive supervision to VCT providers.

BACKGROUND:

During 2004 -05, I-TECH supported INHSAC to develop an HIV counseling curriculum covering VCT, anti-retroviral therapy (ART) adherence, stigma and discrimination, changing male norms and behaviors for risk reduction, counseling of victims of sexual abuse and violence, couples counseling, and other areas (key legislative interest areas). In 2004-07, INHSAC completed a training of the trainer (TOT) sessions for its trainers, and delivered multiple training courses including: 1) a one-week course on pre- and post-test counseling and rapid HIV testing for health care workers from VCT scale-up sites; 2) a two-week in-depth course on integrated HIV counseling for counselors, social workers, psychologists, and other personnel responsible for psychosocial support programs in clinic and community-based settings; and 3) a two-week preventing mother to child transmission (PMTCT) course for providers at PMTCT scale-up sites. INHSAC collaborated with the National Public Health Reference Library (LNSP) for experienced laboratory trainers to deliver the rapid testing portion of training during the one-week VCT courses. In 2008, INHSAC hired a lab trainer to deliver this portion of the training in order to develop its own capacity to directly provide rapid test training. As INHSAC assumes responsibility for this portion of training, the LNSP continues to partner with INHSAC in a quality assurance role. In 2008, INHSAC continued to implement VCT, in-depth counseling, and PMTCT courses. By March 2009, INHSAC will have initiated a supportive supervision program, to reinforce counseling skills among past trainees. INHSAC will have developed standardized supervision tools and implemented a curriculum with 10 supportive supervisors in counseling, covering quality standards, supervision skills, motivating staff, documenting feedback, handling stress and burn-out, and other areas.

Activity 1: I-TECH will continue collaborating with INHSAC to plan, deliver, monitor, and evaluate VCT training, including rapid testing, for 200 health workers in clinic and community-based VCT settings. I-TECH will support INHSAC to improve the curriculum based on lessons learned from training evaluations and feedback from previous implementations of the trainings. INHSAC will continue to collaborate with the Laboratoire National de Santé Publique (LNSP) as it provides quality oversight of rapid testing training and applies quality assurance/quality control protocols at trainee sites.

Activity 2: INHSAC will provide in-service training (a two-week course) on in-depth psychosocial support to PLWHA and their families for 100 psychologists, social workers and other key personnel from clinic and community-based care and treatment programs. This two-week training will be extended to three-weeks with a one-week practicum at Hôpital de l'Université d'Etat d'Haiti (HUEH). This curriculum includes content related to U.S. Legislative interest, stigma and discrimination and reducing violence and coercion.

Activity 3: INHSAC will train 50 PLWHA as lay counselors to address ART adherence issues and post-test counseling; once trained, these lay counselors would be eligible to work as paid staff within Haiti's various ART programs. I-TECH will provide technical assistance on curriculum development, including instructional design, document production, pilot evaluation, and clinical review. This activity relates to U.S. Legislative interest. It will generate income and increase educational access for PLWHA. Recruitment and training of the lay counselors will be done in close cooperation with the sites in which they will be working.

Activity 4: INHSAC will continue to implement its supportive supervision program for counselors. The program goal is to involve a group of approximately 30 HIV counseling trainees (three per department), who demonstrated excellence and leadership during training. Following training as supportive supervisors, these personnel visit trainee sites, observe their peers in practice, provide supportive feedback, and report to INHSAC on their finding using standardized forms. Prior to including candidates in the supportive supervisor training, INHSAC coordinates with employers to release the relevant personnel during one-week per quarter to provide supportive supervision sessions to other trainees. INHSAC provides planning and coordination of supportive supervision sessions, and provides output-based stipends and travel expenses for the supportive supervisors. INHSAC will make at least two site visits per department to oversee the program, and will convene the group on a semi-annual basis to identify commonly-observed problems and strategies for improvement. This program will result in at least one supportive supervision session per trainee following the training.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17231

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17231	12424.08	HHS/Health Resources Services Administration	University of Washington	7698	3142.08	ITECH	\$900,000
12424	12424.07	HHS/Health Resources Services Administration	University of Washington	5151	3142.07	ITECH	\$400,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's access to income and productive resources

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$400,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 3125.09	Mechanism: National AIDS Strategic Plan
Prime Partner: Ministre de la Sante Publique et Population, Haiti	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Prevention: Counseling and Testing
Budget Code: HVCT	Program Budget Code: 14
Activity ID: 3902.28657.09	Planned Funds: \$700,000
Activity System ID: 28657	

Activity Narrative: ACTIVITY UNCHANGED

SUMMARY: With Fiscal Year (FY) 2008 resources, the United States Government (USG) plans to strengthen the capacity of the Ministry of Health (MOH) and continue to expand counseling and testing (CT) services to patients seen at hospitals using a provider-oriented approach to optimize the potential for testing patients. Currently, MoH has 25 active sites and is expected to have 30 sites by the end of FY2007. This support will enable expansion to 40 sites. Particular consideration will be given to: (i) training a generation of lay-counselors to counsel at public health sites so that more people can get access to counseling services, (ii) providing health center users more opportunities for exposure to prevention messages, especially those that test negative, (iii) decentralizing capacity to carry out training and quality assurance and quality control (QA/QC) for counseling and testing at the department level. The emphasis areas for this component are: (i) community mobilization and, (ii) human resources as some tasks will be shifted from health care personnel to lay-counselors. The primary targets are the 700,000 users of services that on average attend these facilities each year. These sites are spread across the 10 geographical departments of the country and includes three major teaching hospitals, 10 referral regional hospitals and various community hospitals.

BACKGROUND

The MOH is the prime regulatory entity for health care service delivery in Haiti, including HIV services. It is also the most important provider of health services with a network of dispensaries, community hospitals, regional departmental hospitals and three university hospitals. During FY 2007, many of these hospitals and health centers have established CT services with USG support. Currently 25 of the main public sites receive this support through a direct cooperative agreement with the MOH managed by an executing unit under the supervision of the central level, five other major department hospitals receive support through other USG mechanisms. This year, all public sites will receive funding under the MoH cooperative agreement as this mechanism has matured and shown capacity to play the fiduciary role for the entire network. From October 2006 to May 2007, this network of public sites have tested 45,466 people and detected 4,068 HIV + patients.

For the most part, counseling services at the health institutions have been provided by health care providers, thus considerably limiting access. This year the task will be shared with lay counselors at the peripheral sites where the work load of health care providers is enormous. To increase access to training, more capacity will be created at the regional level. The lack of logistics for training at the local level has limited capacity to train personnel at all sites in counseling activities.

ACTIVITIES AND EXPECTED RESULTS:

Activity 1: Expansion of counseling and testing services to 10 new sites. This will be done as part of an effort to fill gaps in coverage identified by the departmental directorates, especially in the West Department where there are very few sites in the region sharing borders with the Dominican Republic (Fonds Parisein, Ghanthier, Thomazeau). Moreover, the departmental directorates are currently engaged, with the help of the USG team, in a process of assessing coverage and laying out departmental plans. This has led to the identification of new sites with high potential. We estimate that an initial investment of US \$70,000 per site for a total of \$700,000 could enable the new sites to: (i) carry out needed renovations, (ii) procure office and lab equipment, (iii) ensure promotion of services within the institutions and in the neighboring communities, (iv) procure equipment and materials for promotional activities (TV, VCR), (v) hire lay-counselors, phlebotomists and community health agents, (vi) procure critical utilities such as gas for refrigerators, and (vi) organize post tests clubs and PLWA support groups. This does not include the cost of test kits.

Activity 2: Field support to CT services at 30 existing sites, including six public sites currently funded under other mechanisms (Justinien-Cap, HIC-Cayes, St Antoine-Jeremie, St Michel-Sud Est, Gonaives-Artibonite, Petit Goave- Ouest). This activity will emphasize fully integrating CT into routine clinical services offered to all patients and providing more partner referral services as well as couple and family counseling. We will continue to carry out pre- and post-test counseling at various wards, and test results communicated the same day. Funding will cover salaries of current counselors and phlebotomists, hire lay counselors, and procure critical utilities. **Activity 3:** In-service training and QA/QC for counseling at the departmental level. In FY 2006 and FY 2007 several resource persons from various departments completed their training of trainers, using the teach-back method. However, further iterations of the expected cascade never took place because the resources to sustain the logistics for the sessions were not planned. By allocating US \$150,000 to each of the 10 departments, for a total of US \$ 1,500,000, it will be possible to: (i) equip existing facilities, such as the nursing school in the Southern Department and Grande Anse or the Department in the South East to hold regional training sessions. Some renovation might be needed to support rapid test training at those locations (e.g. adding sinks, counters), (ii) provide available training materials at the regional level, (iii) support the logistics of theoretical and practicum sessions and, (iv) support the cost of QA/QC activities that the department directorates will carry out throughout the year. Training will be directed at health centers' staff, residents in transit in the departments and lay counselors. ITECH/INHSAC will provide technical assistance to the departments to strengthen the training and QA/QC activities of the department (see ITECH proposal on Counseling and Testing).

New/Continuing Activity: Continuing Activity

Continuing Activity: 17200

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17200	3902.08	HHS/Centers for Disease Control & Prevention	Ministre de la Sante Publique et Population, Haiti	7688	3125.08	National AIDS Strategic Plan	\$1,000,000
9309	3902.07	HHS/Centers for Disease Control & Prevention	Ministre de la Sante Publique et Population, Haiti	5134	3125.07	National Plan Mechanism	\$1,050,000
3902	3902.06	HHS/Centers for Disease Control & Prevention	Ministre de la Sante Publique et Population, Haiti	3125	3125.06		\$100,000

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 7716.09	Mechanism: HIV/AIDS Clinical Services In NE
Prime Partner: To Be Determined	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Prevention: Counseling and Testing
Budget Code: HVCT	Program Budget Code: 14
Activity ID: 18958.28648.09	Planned Funds: ██████████
Activity System ID: 28648	

Activity Narrative: Centre de Developpement de Sante (CDS) has been a PEPFAR sub-partner under the Management Sciences for Health (MSH) umbrella since the inception of the Emergency Plan. As this NGO has successfully supported Counseling and Testing, Palliative Care and Anti-retroviral Treatment services at several sites, the USG team recognizes the need to directly fund the activities supported by this NGO. Steps have been put into place for a follow-on TBD partner to continue these activities.

With Fiscal Year (FY) 2009 resources, TBD will support the national effort to strengthen and expand voluntary counseling and testing (VCT) programs in the North East Department of Haiti building on the successful implementation of two major VCT sites in this department and one in the North Department. TBD will work with the Ministry of Health (MOH) to implement other VCT sites mostly in the western part of the North East Department where the need for HIV programs is critical, and strengthen five former VCT centers. TBD will collaborate with the MOH in building an efficient referral system to create a network for the HIV program within the North East Department. Additionally, it will implement an anti-retroviral (ARV) service program in Lafossette, reinforce the ARV sites in Fort Liberte and Ouanaminthe, the VCT site at Petit Place Cazeau and implement VCT activities in La Saline (two shantytowns in Port-au-Prince). TBD will also participate in the improvement of guidelines and tools related to the national HIV program. Through partnership, CDS has been managing several public health care centers in the North East Department, one in the North Department and two in the West Department for many years. More recently, CDS has implemented and supervised the TB and malaria programs in the whole North East Department. TBD is expected to have as large an experience in community and primary health care to be able to assist MOH in developing comprehensive and integrated HIV program at the departmental level.

For the past three years, CDS has administered rapid HIV tests to 10,682 people in the North East Department and 1,031 have tested positive for HIV. From January through June 2007, 400 people tested positive for HIV among 3,747 tested at the two VCT sites in the North East and one in the North managed by CDS. Of those enrolled in CDS's HIV care program in Ouanaminthe, Fort Liberte and La Fossette, 28 % tested HIV in 2005 and 2006 and 74% tested HIV positive between January and June 2007. TBD will be expected to continue performing at this level.

With resources from the President's Emergency Plan for AIDS Relief (PEPFAR), TBD will implement one ARV site and five additional VCT sites with palliative care and HIV/TB programs and reinforce existing VCT and ARV sites. All 10 VCT (including three ARV sites where the complete package is offered) will have an integrated HIV program with counseling and testing services, palliative care (at the facility and in the community), a PMTCT program, and a TB/HIV and community sensitization program.

Expected results

TBD is expected to test 25,000 people, including pregnant women, for HIV. TBD may expect three percent of those tested to be HIV positive; hence, TBD may expect to enroll 700 patients in the palliative care program and to place 200 on ARV treatment. Seventy (70) health care professionals will be trained in counseling, testing, and palliative care and ARV treatment. In addition, seven new public health care centers will be reinforced with trained staff, materials and equipment, and will be able to offer better services to the community.

Activities

Activity 1

TBD will hire and train staff for seven VCT sites and one ARV site. This includes counselors, physicians, pharmacists, social workers, nurses, lab technicians, and community workers. It will reinforce physical infrastructure (especially laboratory) and provide materials and equipment at Trou du Nord, Mombin Crochu, Terrier Rouge, Grand Bassin, Mont Organise, La Saline, and Petite Place Cazeau. It will also completely staff the facility at La Fossette, which will become an ARV site. TBD will support counseling and testing activities, TB screening (including sputum, PPD test), TB prophylaxis and treatment, opportunistic infection prophylaxis and treatment, and psychosocial services at each site, x-ray and ARV treatment at the ARV sites within its network. Supply Chain Management System will provide laboratory supplies and drugs.

Activity 2

TBD will help MOH in establishing an efficient referral system that will link all VCT, TB/HIV, and ARV sites as well as all of the other sites that provide social support to PLWHA and their families. This network will allow all partners and/or coworkers to share experience and build a comprehensive and integrated departmental HIV program in the North East.

Activity 3

The central and regional TBD staff will monitor and supervise the HIV program. TBD will support staff costs for travel to the different sites.

Activity 4

TBD will participate in all national effort to elaborate and review the norms, protocols, guidelines and others tools for the HIV program.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18958

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18958	18958.08	HHS/Centers for Disease Control & Prevention	To Be Determined	7716	7716.08	HIV/AIDS Clinical Services	

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 3337.09	Mechanism: PIH
Prime Partner: Partners in Health	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Prevention: Counseling and Testing
Budget Code: HVCT	Program Budget Code: 14
Activity ID: 9363.27518.09	Planned Funds: \$450,000
Activity System ID: 27518	

Activity Narrative: SUMMARY:

The activities described below are carried out to support comprehensive counseling and testing services, and to ensure training and supervision for voluntary counseling and testing (VCT) and sexually transmitted infection (STI) detection and management. These counseling and testing activities will be conducted within PIH/ZL's "four pillars" model for implementing a comprehensive HIV program in the context of primary care: 1) HIV prevention and care, including voluntary counseling and testing (VCT); 2) detection and treatment of tuberculosis (TB) and other opportunistic infections; 3) detection and treatment of sexually transmitted infections (STIs); and 4) women's health and prevention of mother-to-child transmission (PMTCT) of HIV services. The primary emphasis areas for these activities are Gender: increasing gender equity in HIV/AIDS programs and Wraparound programs: Family Planning, Safe motherhood, and TB. Specific target populations include adults and most at risk populations, particularly out-of-school youth, street youth, and migrants, as well as orphans and vulnerable children and people living with HIV/AIDS.

Activities will be carried out at 10 sites in Haiti's Central Department (Belladère, Boucan Carré, Cange, Cerca La Source, Hinche, Lascahobas, Thomonde, as well as the new expansion sites of Mirebalais, Saut d'Eau, and Savanette) and 4 sites in the Artibonite Department (Petite Rivière, St. Marc, Project ZeroSIDA (POZ), and the new expansion site of Desdunes). Activities in St. Marc will be carried out in collaboration with the Hôpital St. Nicholas (HSN) and Services de Santé de Premier Echelon (SSPE) as well as at La Fondation Esther Boucicault Stanislas (FEBS) and Brocozel. Certain activities will also be carried out at health posts in Segur and Jean Denis, which report their numbers through Petite Rivière.

The PIH/ZL HIV Equity Initiative has relied on sustained funding from the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), as well as the President's Emergency Program for AIDS Relief (PEPFAR), to operate over the past six years. Our GFATM Round 1 grant ended in December 2007. In 2008 we received Bridge Year funding and expect to receive renewed funding through the rolling continuation channel (RCC) in 2009, but this is not enough to sustain current services. This specific application does not include budget lines for ARVs. However, we are expecting, for new patients enrolled after December 31, 2008, to receive ARVs through PEPFAR's Supply Chain Management System (SCMS) beginning in 2009. If this co-financing is not received, PIH/ZL will need to adjust all targets listed here, including, perhaps, a reduction in the number of service outlets.

BACKGROUND:

PIH/ZL's VCT activities are part of a comprehensive HIV prevention and treatment program started by PIH/ZL in 1998; expanded through the public sector beginning in 2002 in partnership with the Haitian Ministry of Public Health and Population (MSPP) and with funds from the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM); and further expanded to Hinche, Cerca La Source, Petite Rivière and St. Marc with the support of PEPFAR in the COP 05, 06, 07 and 08. Since 2004 the program has been a collaboration between these four key partners—PIH/ZL, MSPP, GFATM, and PEPFAR. Since 2005 work in the Artibonite region has been strengthened by involving several NGO partners in St. Marc (SSPE, Promotion Objectif Zerosida (POZ), and La Fondation Esther Boucicault Stanislas (FEBS)) and in Petite Rivière (Centre Medical Charles Colimon (CMCC)).

One of the most daunting challenges facing HIV scale-up projects in impoverished rural settings is that of case detection: identifying HIV-positive people for enrollment in treatment. Because the public sector has a meager budget and is able to provide little in the way of primary health care services, many public clinics in Haiti stand empty. In this context, there is minimal uptake of VCT for HIV. Without reinforcing primary health care or integrating HIV case finding and treatment within expanded services, initial efforts to find HIV cases will be unsuccessful. For example, freestanding VCT was initiated in the capital of the Central Department, Hinche, by the MSPP in January 2003; in the first year of the program, only 43 patients were tested. The PEPFAR-backed ZL initiative in Hinche began in March 2004. In the first year of joint operations, 5884 patients were tested; of these, 435 were positive, and 310 were started on ART.

The VCT services provided through PIH/ZL increase gender equity by supporting efforts to reach and test an equitable number of women and men. By offering VCT to all pregnant women as part of routine prenatal visits, these activities support linkages between HIV/AIDS and other sectors (family planning and safe motherhood).

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

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: VCT in the Central Department

The first activity is to continue providing comprehensive opt-out VCT services in PIH/ZL's health facilities and via mobile clinics. This activity will build on last year's success in providing VCT to more than 55,000 individuals by testing 65,000 people in 2009-2010. With this renewed funding, PIH/ZL will increase and improve efforts to provide VCT to Haiti's most marginalized groups, including migrants and vulnerable children. In order to reach these high-risk groups, PIH/ZL will initiate a series of activities, including additional mobile clinics, a site-wide community outreach campaign, and greater programmatic and staff focus on identifying and treating pediatric HIV cases (including PCR HIV testing for all orphans less than 18 months of age). Special emphasis will be placed on the communities of Savanette, Saut D'eau, and Mirebalais.

ACTIVITY 2: Scale-up VCT in the Artibonite

The second activity is to continue to scale-up access to VCT in the Artibonite region. In 2009, PIH/ZL will expand VCT services within a primary care setting at the public health centers in Desdunes and at POZ, as well as at two health posts in the Petite Rivière health care network, Segur and Jean Denis and one in the St. Marc health care network, Brocozel. HIV-positive individuals in Segur and Jean Denis will be referred to CMCC in Petite Rivière for treatment and individuals in Brocozel will be referred to St. Marc's facilities at

Activity Narrative: SSPE and HSN. Funding for VCT scale-up will be used to renovate, equip, and supply the sites listed above, as well as train clinicians in VCT practice.

Results of these two activities will contribute to the PEPFAR 2-7-10 goals by improving access to and quality of VCT services in order to identify HIV-positive persons and increase the number of persons receiving ARV services.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17212

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17212	9363.08	HHS/Centers for Disease Control & Prevention	Partners in Health	7691	3337.08	PIH	\$350,000
9363	9363.07	HHS/Centers for Disease Control & Prevention	Partners in Health	5137	3337.07	PIH	\$250,000

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

- * Family Planning
- * Safe Motherhood
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$377,777

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$5,511

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$15,656

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 3684.09

Mechanism: ICC

Prime Partner: International Child Care

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 18957.28873.09

Planned Funds: \$100,000

Activity System ID: 28873

Activity Narrative: The narrative will be modified in the following ways:

To reinforce the opt-out strategy, lab technicians will be placed in each service to make the rapid test and therefore diminish the waiting time and increase the testing rate for HIV.

Activity 2: ICC will work with GCH to promote community mobilization, such that GCH is recognized as the area leader in issues related to HIV testing and care. "Health Field Agents" will be hired and trained to go to the patient's living quarter for follow-up and ensuring the patient's observance to the treatment. This will also increase ICC's retention patient ratio. Emphasis will be placed on messages addressing gender equity, stigma, and discrimination. Juvenile specific educational materials aiming at HIV positive children will be created and distributed so the parents and the children can efficiently learn and deal with the disease in a positive way. The goal is to assist them to grasp and cope with the health related issues and the children to be less traumatized growing up. Furthermore, educational materials (i.e. pamphlets, brochures, newsletters, etc...) will be made available to all the patients visiting the hospital. The materials will be used as a tool to teach and familiarize the patient (including friends, families, and neighbors) with the disease while promoting healthy habits.

Activity 3: All patients who may be TB positive (particularly patient with symptomatic respiratory problem) will be provided a face mask to prevent the spread of the germ while in the hospital.

Grace Children's Hospital has been receiving assistance from PEPFAR under the umbrella of Management Sciences for Health, thus this is not a new activity, but the growth of a sub-partner to full partner status as ICC has been receiving funds in previous years for TB activities requires ICC to create this proposal.

SUMMARY:

International Child Care (ICC) is an NGO that runs Grace Children's Hospital (GCH) in Port-au-Prince and provides support to 137 stand-alone TB clinics. Grace Children's Hospital has been receiving support from PEPFAR in previous years as part of the MSH umbrella. In 2009, however, due to the demonstrated quality work, ICC will be receiving funding directly from USG for GCH and 7 of the 137 TB clinics in Haiti. This funding will reinforce the counseling and testing program that is offered to every patient at GCH and TB clinics. Quality counseling and testing services, including palliative care and ARVs will be provided. To successfully achieve this goal, the focus will be on strengthening, creating or modifying the following: community mobilization/participation, information, education and communication. The project will improve the level of care and services that are provided to those living in the Delmas municipality. GCH implemented the 100% provider strategy – initiated (i.e. all providers offer testing to all patients) on January to March 2007 and increased the number of tested person from an average of 500 at the beginning of the program to 2,173 in May 2007. During the same period, the number of HIV positive patients increased from 70 to 140. This same strategy will be initiated in 2009 at 16 of the 137 TB clinics supported by ICC.

BACKGROUND:

GCH began a voluntary counseling and testing (VCT) program in August 2003, although counseling and testing services were available for pregnant women, TB patients, and other patients with sexually transmitted diseases toward the end of 1990. GCH is one of the most frequented health facilities in the country. It receives references for multiple HIV related services including VCT, Palliative Care and anti-retroviral (ARV) services from a number of different health centers. GCH coordinates their interventions and programs with a wide range of other organizations including other PEPFAR partners. With all health care providers offering HIV testing to all patients, GCH greatly increased the number of diagnosed HIV positive patients.

ACTIVITY I

ICC will expand Counseling and Testing services at GCH, and make counseling and testing services readily available to all people visiting the hospital. In order to provide adequate space for this activity, GCH will need to renovate three additional rooms to accommodate HIV patients using the hospital.

ACTIVITY II

ICC will work with GCH to promote community mobilization, such that GCH is recognized as the area leader in issues related to HIV testing and care. Emphasis will be placed on messages addressing gender equity, stigma, and discrimination.

To facilitate service utilization, GCH will provide quick and easy access to transportation, and provide support to patients living in slum areas.

ACTIVITY III

ICC will emphasize tuberculosis, HIV/AIDS and TB/HIV problems through meetings at GCH as well as 7 TB clinics using community groups, schools, churches, and mass media. They will produce informational materials focusing on making behavioral changes. These sites will produce didactic material and use audiovisual equipment in waiting rooms to facilitate the transmission of information. Lastly, GCH will renovate its waiting room to better accommodate its clients with better ventilation and lighting.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18957

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18957	18957.08	HHS/Centers for Disease Control & Prevention	International Child Care	7684	3684.08		\$100,000

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 3323.09

Mechanism: SDSH

Prime Partner: Management Sciences for Health

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 18959.27510.09

Planned Funds: \$515,000

Activity System ID: 27510

Activity Narrative: SUMMARY: USAID Haiti implements an integrated maternal and child survival program through a network of nongovernmental organizations (NGOs). This program is being implemented by Management Sciences for Health, as the main contractor, under the name of Health for Development and Stability in Haiti (HDSH).

With the President's Emergency Plan for AIDS Relief (PEPFAR) USG provided resources, MSH will continue to maintain and reinforce VCT services in its network institutions with emphasis on opt-out, provider-initiated counseling and testing. Efforts will be deployed to expand services at non NGO institutions that operate within its network at the periphery of centers of excellence.

BACKGROUND: Over 2008, VCT services have been implemented in 34 of the USAID network NGOs: From October 2007 to June 2008, they have tested 64759 people with an average of 6,476 people a month. With 8,28% of people testing positive, the proportion of positive people tested in the network remains above the national average, indicating that the program covers areas with most at risk population. The number of people tested by sites through Counseling and Testing outside PMTCT services has yet to reach its potential due to financial constraints when considering the fact that the sites where the program takes place are secondary and primary health care centers with significant attendance. VCT has for long evolved in Haiti as a by-product of the PMTCT program and MSH had already started the opt-out approach in its network. Therefore the focus in FY09 will be on making counseling and testing services widely available to all walk-in and in-ward patients at all the facilities where the services are offered in the network. Furthermore, since most of the MSH collaborating sub partners have strived over the years to expand MCH services in their coverage areas through rally and fixed posts, continued efforts will be maintained in FY09 to integrate counseling services in the package offered at the fixed posts coupled with rapid syphilis tests.

Activity 1

Field support to enhance CT services at 34 existing sites with emphasis on integrating fully CT into the routine clinical services offered to all patients and providing more partner referral services as well as couple and family counseling including previous children. Emphasis will be put on communicating test results the same day and on providing escort services systematically to positive patients when they are referred within and outside facilities. Funding will serve to cover salaries of current and additional counselors, phlebotomists, facilitators to provide escort services to patients when they test positive and social workers at important sites to reinforce the psychosocial support provided to patients after testing.

Activity 2

Expansion of CT services, based on resources available, at selected fixed posts already offering the package of MCH care. Since the two previous years of SDSH, some of the MSH collaborating partners have expanded C&T services to fixed posts operating in their neighborhood and providing already the package of maternal and child care services, leveraging thereby both MCH and PEPFAR resources to open access to services for hard to reach population. In FY09 emphasis will be on making available at the fixed post resources to provide escort services to patients and cover their transportation cost at their initial visit when referred for patient care at the referral center and ensure that all HIV+ patients are enrolled in support groups. Attention will also be paid on ensuring that basic information system are in place to collect data from the fixed posts and aggregate them with those of the parent-organization.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18959

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18959	18959.08	U.S. Agency for International Development	Management Sciences for Health	7686	3323.08	Basic Health Services	\$650,000

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 3314.09

Prime Partner: Catholic Relief Services

Funding Source: GHCS (State)

Budget Code: HVCT

Activity ID: 5305.27502.09

Activity System ID: 27502

Mechanism: AIDS Relief

USG Agency: HHS/Health Resources Services Administration

Program Area: Prevention: Counseling and Testing

Program Budget Code: 14

Planned Funds: \$510,000

Activity Narrative: SUMMARY: Counseling and testing (CT) is provided at all AIDSRelief sites as part of a comprehensive package for care, treatment and support for people living with HIV/AIDS (PLWHA). Activities to support CT include: provision of comprehensive CT services at hospital clinics and satellite clinics; training and supervision of counselors and community health workers (CHWs) in CT; support of CT activities at all AIDSRelief health facilities; and, community mobilization. The primary emphasis areas for these activities are: community mobilization, training, network development, human resource development, food nutrition support, quality assurance, quality improvement, and supportive supervision. The specific target populations will be: women of reproductive age, youth, sexual partners and children of seropositive persons, tuberculosis (TB) patients, sexually transmitted infection (STI) patients, and adults and children with clinical evidence of AIDS.

The coverage area for this program include the communes of Fonds-des-Nègres (Nippes); Fonds-des-Blancs (South); Port-au-Prince (West); Deschapelles, Ennery, Gros Morne (Artibonite); Pilate, Limbe, Milot (North). People with high-risk behaviors and sexually-active youth will be motivated to attend CT clinics during community mobilization. In addition, AIDSRelief will conduct training in CT activities, in collaboration with Ministry of Health (MOH) and the Haitian Institute for Community Health (INHSAC). The MOH, Unité de Coordination Central (UCC) and Regional Health Departments are supportive of the project.

BACKGROUND:

AIDSRelief has supported counseling and testing services in Haiti since 2004, through support from Track 1.0 and funding from the President's Emergency Plan for AIDSRelief (PEPFAR). AIDSRelief is a five-member consortium, led by Catholic Relief Services (CRS), and includes three faith-based organizations, a medical institution recognized as a world leader in HIV/AIDS care, research and program development, and an international development company that specializes in the design and implementation of public health and social programs. All AIDSRelief Consortium members have a shared mission to provide quality medical care to individuals living with HIV/AIDS.

Since 2004, AIDSRelief has supported counseling and testing services in eight sites in five geographic departments, including the main public departmental hospital in Gonaives. In year five, Hopital La Providence was accorded to the Collaborative Agreement Partner of the Ministry of Health, Plan National. The community reference hospital, Hopital Sainte Croix at Leogane was temporarily closed, and their patient population was offered services at the GHESKIO-supported program at Signeau.

ACTIVITIES AND EXPECTED RESULTS:

Activity 1: AIDSRelief will provide CT services at the 9 hospital clinics and satellites clinics in its network, 6 Catholic mission hospitals, 1 Protestant hospital, 1 Community Non-profit and 1 Public Community Referral hospital, and will establish 4 additional CT services at satellite health centers linked to one of these hospitals.

Activity 2: AIDSRelief will provide necessary training and will supervise clinical staff and CHW in CT. In collaboration with MOH and the USG-supported CT training program at INHSAC, AIDSRelief will ensure that quality counseling and testing will be provided to the population seeking care at its facilities. Refresher trainings will be conducted during FY 2009 and follow-up will take place during technical assistance visits. All training will emphasize counseling and referrals for family planning and other reproductive health services.

Activity 3: AIDSRelief will support post-test activities (Post-test Clubs) at all of its health facilities to both seropositive and seronegative persons. AIDSRelief will provide education, psychosocial and logistical support to clients, clinic staff and CHWs in order to decrease stigmatization and discrimination experienced by PLWHA. In addition, AIDSRelief will ensure that all seropositive persons are registered in HIV care programs.

Activity 4: AIDSRelief will support community mobilization in order to decrease stigma and misinformation regarding HIV and to increase the number of persons accessing CT centers. This activity will raise the awareness of community leaders, CHWs, traditional birth attendants, health agents, teachers, pregnant women, youth, people with risk behaviors, driver syndicates and the general population about HIV/AIDS and the importance of VCT. Particular emphasis will be placed on integrating traditional birth attendants and community health agents into mobilization efforts.

Activity 5: AIDSRelief will implement expanded testing that is Family Centered and extended to the satellite/peripheral clinic, mobile clinic and community service center level. AIDSRelief will train CHWs to use patient as window into families; strengthen relationship with positive patients not yet on HAART and; locate patients through the community mapping of each facility. AIDSRelief will undertake the community based testing under the guidelines established for rapid tests from the Ministry of Health and National Reference Lab.

Activity 6: AIDSRelief will reduce the likelihood of HIV transmission through identification and behavior change. Technical assistance and training will be developed and monitored for prevention programs through various health education and risk reduction activities, which include screening, testing, counseling, other public health education training, etc.

Activity 7: Prevention with Positives will be organized such that with ARV treatment prevention is reinforced. With prevention efforts on HIV transmission (slow transmission), reduced infectiousness ART is sustainable. All efforts will be made to link all individual who test positive to care and treatment centers and community support services. Peer support by other PLWHA, accompagnateurs, and CHWs will be integral for the support and referral into care. Approaches to partner notification will include rapid HIV testing for partners and using peers to conduct appropriate partner notification, prevention counseling, and referral. AIDSRelief will continue to collaborate with Care and Support implementers to improve referral to prevention services, medical care, and treatment. Health education will provide comprehensive risk counseling and services for uninfected persons at very high risk for HIV and the infected persons with identified continued high risk

Activity Narrative: behaviors.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17168

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17168	5305.08	HHS/Health Resources Services Administration	Catholic Relief Services	7677	3314.08	AIDS Relief	\$350,000
9267	5305.07	HHS/Health Resources Services Administration	Catholic Relief Services	5117	3314.07	AIDS Relief	\$250,000
5305	5305.06	HHS/Centers for Disease Control & Prevention	Catholic Relief Services	3434	1579.06	AIDS Relief	\$0

Program Budget Code: 15 - HTXD ARV Drugs

Total Planned Funding for Program Budget Code: \$4,600,000

Program Area Narrative:

The President's Emergency Plan for AIDS Relief (PEPFAR) and the Global Fund (GF) have been supporting HIV/AIDS care and treatment services in Haiti for the past 5 years through public, private and faith-based institutions. Although there are some indications that HIV prevalence in Haiti is on a downward trend, Haiti remains the country with the highest HIV prevalence in Latin America and the Caribbean. To date, over 17,000 Haitian patients are on antiretroviral (ARV) treatment.

By September 2009 (with FY 2008 funds) the USG, in collaboration with the GF, will supply long-term ART to 25,000 people and to 33,000 by September 2010. In addition, antiretroviral prophylaxis will be provided to 2,500 pregnant women and drugs for palliative care and opportunistic infection treatment to over 122,000 in FY 09. Of the 45 sites providing ARV treatment in the country at the end of FY 08, the PEPFAR Program provided the drugs for 32 sites and the GF provided drugs for 17 sites. Four of the sites receive ARV drugs from both PEPFAR and GF programs. For these sites, GF supplies the first line regimens and PEPFAR provides the second and third line regimens and pediatric AIDS drugs. The proportional split of ARV drug procurement for Haiti is approximately 40% by the GF and 60% by the USG. The USG fraction includes a 10% buffer stock to be able to respond to GF emergency needs of commodity loans. This proportional split is expected to gradually evolve to 50% USG and 50% GF as their procurement system improves and proves its capacity to efficiently cover program needs. There is careful monitoring of drug procurement and distribution between the PEPFAR team and the GF team to avoid duplication of resources and reporting. The number of sites for which PEPFAR provides ARVS is expected to increase to 50 by September 2009 using FY 2008 funds, and to 60 by Sept 2009, using FY 2009 funds. In addition, plans are to reinforce as needed all previously established sites. The focus on pediatric AIDS services, began in FY 2006, will continue through 2009 as the USG Team will increase supply and access to pediatric drugs. Furthermore, as recommended, PEPFAR plans to procure adequate supplies of second line ARV drugs for patients, as needed.

The Partnership for Supply Chain Management (PFSCM) is responsible for procurement, warehousing and distribution of the PEPFAR provided drugs. Catholic Relief Services assists with the forecasting of ARVs for their seven sites funded under the AIDS Relief Project.

With FY 2009 funds, the USG, through PFSCM, will ensure availability of ARV drugs at 45 sites in accordance with the Ministry of Health (MOH) guidelines and the GF, through the Rolling Continuation Channel (RCC) of Round 1 and under Round 5, will continue to supply drugs to their 17 sites. PEPFAR and GF drug logistics teams will continue to maintain close collaborative planning and monitoring of drug distribution. The September 2009 targets for the country, as well as for PEPFAR, are 25,000 persons on ART and 2,500 pregnant women supplied with prophylactic ART. The focus of the USG efforts in drug procurement and supply chain management with FY 2008 funds will be:

- continued coordinated commodity procurement and management system in support of the MOH's National AIDS Program, integrating the GF procurement system.
- improving the quality of available information and the management of the supply chain;
- continued monitoring of adequate use of HIV commodities;
- periodic training in logistics and stock management with emphasis on HIV commodities, continuous onsite in-service training,

supervision and technical assistance on stock management;

- continuous active delivery of stock to sites;
- improving the provision of computerized reports of commodity needs projections for sites and for the national level including all commodity sources; and
- providing appropriate technical assistance to the MOH on review of HIV/AIDS protocol and norms and continued reinforcement of regional departmental and central warehouses to improve cold chain requirements and storage conditions.

Funding from FY 2008 is being used to reduce the redundancy of AIDS commodities procurement and logistics in the country by working with the MOH to strengthen its procurement and distribution system and procedures. The USG is working toward this goal, with PFSCM as the main partner. In FY 2009, the PFSCM will continue to be responsible for the warehousing and distribution of HIV commodities.

The Essential Medicines Program (PROMESS), a World Health Organization and other United Nations stakeholders' project, was established over 10 years ago. However, it has not been able to effectively and definitively address issues such as the lack of a national entity responsible for warehousing and distribution of drugs and medical supplies to the whole health network. A major drawback to the PROMESS system is that while its mandate is procurement and warehousing, it does not distribute commodities to hospitals and other health delivery sites, nor does it undertake use assessments and forecasting exercises to establish future needs. The establishment of a distribution system of drugs and laboratory supplies became a major challenge with the increasingly difficult conditions of 2004 and a number of institutions established their own mini-networks to circumvent this problem. The USG Team has taken the leadership in providing a single procurement and distribution agent for HIV-related commodities, and is committed to working with the Government of Haiti to transfer these skills to the local partners.

The USG has played a leadership role in advocating for a national forecasting of ARV needs for the country. In the absence of a national ART scale-up plan, the USG Team and the Global Fund, the two major providers of ARV drugs in the country, meet on a regular basis with the MOH to exchange information and data to ensure that ARV drugs are available in the country for all existing patients, taking also into account the scale up strategy as well as the national objectives and the individual project treatment goals. The concerted effort includes all implementing partners receiving funds for ARV services through PEPFAR, Global Fund or other donors.

According to the USG database, ARV patients nationally are on four first-line regimens: AZT/3TC/ EFV; AZT/3TC/NVP; D4T/3TC/EFV and D4T/3TC/NVP, thus using the five drugs: AZT, 3TC, D4T, EFV and NVP. USG procurement efforts will concentrate on these four drugs as well as some second line and alternate regimens to take into account the potential need for changing treatment regimens as more patients may develop severe side effects or resistance to one or more drugs or class of drugs. All purchased drugs will have to be approved or tentatively approved by the Food and Drug Administration.

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 3831.09	Mechanism: SCMS
Prime Partner: Partnership for Supply Chain Management	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: ARV Drugs
Budget Code: HTXD	Program Budget Code: 15
Activity ID: 4350.28664.09	Planned Funds: \$4,600,000
Activity System ID: 28664	

Activity Narrative: Narrative is unchanged from FY 08

SUMMARY:

Activities are carried out to provide best quality ARV drugs and other HIV commodities through assessment of needs, forecasting, purchasing, shipping, warehousing and distribution of the commodities. Infrastructure, technical assistance and capacity building of clinics in logistics management complete the scope of activities. The primary emphasis areas for these activities are commodity procurement, logistics and infrastructure. Specific target populations include People living with HIV/AIDS, HIV positive pregnant women, HIV positive infants and children, public and NGO health workers, pharmacists and nurses. The activities will be carried out at selected sites across the country in all ten geographical departments.

BACKGROUND:

This project is part of an ongoing PEPFAR initiative started in FY 2006 and now working in over twenty countries including the fifteen focus countries and other non-PEPFAR and collaborating partners. Haiti is the one country to have a fully established PFSCM office and to offer all services and activities related to the supply chain management from forecasting to procurement, storage and distribution with a strong technical assistance component. The activities are keyed to assist the Haitian MOH in reaching the national objectives of care and support to HAART patients. The aim is to provide an uninterrupted supply of ARVs and related HIV for all designated sites according to the national norms and guidelines. PFSCM will train key personnel in the management of those commodities.

The need of drugs assessment process through quarterly quantification will be ongoing and a better determination of the procurement of ARVs and its timing will be improved constantly. The implementation of new sites will continue and will cover NGO and public clinics, part of the PEPFAR network.

ACTIVITIES AND EXPECTED RESULTS:

We will carry out three separate activities in this Program Area.

ACTIVITY 1: Procurement of ARVs

PEPFAR has established itself as a major ARV supplier to Haiti's PLWHA along with the Global Fund. The constant supply of most regimens ensured a better scale up rate and increased the chances of reaching the nationally set objectives. Some partners are still using a large spectrum of regimens making procurement planning and inventory tracking more complicated. SCMS will procure only those drugs included in the national treatment guidelines, are registered in the country and are FDA approved or tentatively approved. SCMS will make every effort to coordinate timing and quantities of ordering with the Global Fund counterparts. The Global fund is still moving with its plans to centralize all ARV procurement away from its sub-recipients to a single purchase and distribution system, using PROMESS, the MOH essential drug procurement and warehousing program, as their purchasing agent. SCMS will continue to provide a unique, national forecasting that is updated quarterly and will make every effort to work with the MOH and the Global Fund systems to have one purchasing, planning and execution system for ARV drugs for the country. This will facilitate planning, procurement and reduce double reporting on patients, thus decreasing MOH and donor redundancy. SCMS will purchase ARVs also for pediatric and PMTCT patients using the revised national norms for both these categories.

This funding will go specifically to support procurement of ARV drugs to adults, children and pregnant women. This activity will build on PEPFAR's success in maintaining, since 2006, a stock of ARVs sufficient for the needs of ART patients without interruption. The continuing activity will aim to provide ARVs, taking into account Global Fund stocks, for 25,000 patients by September 2009.

ACTIVITY 2: Logistics

Within this activity, SCMS will operate a single coordinated commodity procurement and management plan with the other stakeholders involved in ARV procurement, mainly the Global Fund. Sharing of complete patient data on each individual treatment site, along with drug budgets and procurement plan will improve the quality of available information and the management of the supply chain.

SCMS will provide technical assistance to the MOH at the National AIDS Control Program for ongoing coordination of procurement planning and stock management. We will provide periodic formal training in logistics and stock management with emphasis on HIV commodities. We will also continue to conduct continuous on site training, assistance follow up to training and supervision of stock activities. These activities will encompass public, MOH's, sites and NGO-operated sites with an objective of fifty sites across the country.

SCMS will provide computerized reports of commodity needs projections for each site, and for the national level, including all commodity sources. Quarterly, SCMS will update commodity needs forecasting based on monthly stock and patient data. This activity will contribute to improved ARV supply chain and treatment services throughout all treatment centers countrywide.

New technological solutions, developed by PFSCM, pilot tested during FY07 will be implemented on a larger scale among partners and stakeholders to improve speed, accuracy of the reporting process and better information sharing on patients and stocks.

One hundred employees- pharmacists, nurses, health workers- in the public and NGO sector will receive formal training in HIV commodity management as well as training in a computerized inventory management system.

ACTIVITY 3: Infrastructure

SCMS will continue to provide renovations to the selected sites across the country as well as the necessary equipment and furniture to warehouses and dispensing areas. Specific activities and the appropriate funding are listed under the activity narrative: infrastructure.

The central warehouse will be fully operational and will accommodate all ARV drugs for the national PEPFAR program in accordance with the recommendations from the Fuel and Logistics Group. We will operate a warehouse with a constant and reliable power supply, safe and controlled environment as well as adequate cold chain equipment.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17216

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17216	4350.08	U.S. Agency for International Development	Partnership for Supply Chain Management	7693	3831.08		\$2,560,000
9332	4350.07	U.S. Agency for International Development	Partnership for Supply Chain Management	5145	3831.07		\$6,400,000
4350	4350.06	U.S. Agency for International Development	Partnership for Supply Chain Management	3831	3831.06		\$7,084,293

Program Budget Code: 16 - HLAB Laboratory Infrastructure

Total Planned Funding for Program Budget Code: \$9,950,000

Program Area Narrative:

The Haitian public health laboratory network includes the National Public Health Laboratory (NPHL) and clinical laboratories located at Departmental and District hospitals as well as at public health care facilities throughout the country. In addition, there are laboratories managed by the private sector, which have well-trained staff and better infrastructure than their public sector counterparts. Haiti also has strong non-governmental institutions (NGOs) such as the Haitian Group for the Study of Kaposi's Sarcoma and Opportunistic Infections (GHESKIO) Center, which offer more sophisticated laboratory tests including HIV ELISA, western blot, automated CD4 counts and viral load determinations and serves as a reference laboratory for the country. The USG team has been instrumental in linking the NPHL and GHESKIO together in order to provide in-country technical assistance and expertise to more peripheral elements of the national public health laboratory network.

Overall, laboratory infrastructure in Haiti is very weak. Key barriers to strengthening Haiti's laboratory system include a shortage of skilled laboratory personnel, lack of laboratory space, inadequate infrastructure and lack of recognition of the value of laboratory diagnostics. In addition to the above, improvement of Haiti's laboratory infrastructure continues to be a challenge for the USG team due to 1) lack of reliable, stable electricity, 2) lack of a clean water supply, 3) lack appropriate mechanisms to manage biological waste, 4) difficulties in ensuring proper equipment maintenance and repair, and 5) low income and lack of professional stature of lab personnel.

In 2007/2008, under the leadership of a new director and with the assistance of the USG team, the NPHL is taking steps to become the lead institution for laboratory issues throughout Haiti. With USG assistance, NPHL has neared completion a new 5-year strategic plan to cover the years 2008-2012. The USG team continues to work closely with NPHL in this effort in order to provide support to those services and facilities consistent with both the national and PEPFAR strategies. In addition to developing capacity as a reference laboratory, with help from the USG, the NPHL has taken the lead in several activities, including training of laboratory personnel, quality assurance and quality control of laboratory testing, and selection, maintenance and repair programs for laboratory equipment.

By the end of 2008, the USG Haiti Team will have supported the NPHL and 138 healthcare institutions. These include five reference laboratories; nine departmental hospitals; 69 public and private referral hospitals; 24 healthcare centers; and 27 VCT centers. In 2007, the USG team supported NPHL by helping to establish the first national QA/QC program for HIV rapid testing, an activity repeated and expanded from 75 sites in 2007 to 127 sites in 2008. In 2008, the USG team successfully facilitated the establishment of the polymerase chain reaction technique at both NPHL and GHESKIO for early diagnosis of HIV in infants. In addition, PEPFAR continued to support the national training center for laboratory science at NPHL. Significant progress has been made on establishing a Laboratory Information Management System (LIMS) that will interface with information management systems already in place in Haiti (such as the electronic medical record and the Monitoring Evaluation System Interface (MESI), the epidemiologic surveillance system used for HIV/AIDS in Haiti). LIMS will be operational in at least 3 sites by the end of 2008.

At the departmental level, PEPFAR continues to support automated CD4s, blood chemistry and hematology testing at sites that provide anti-retroviral medications (ARVs). Laboratories at centers that provide only palliative care services offer simpler manual methods for CD4, blood chemistry and hematology, though efforts will be made this year to automate those sites with large HIV+ populations. PEPFAR supports not only the provision of test kits, but also training, supervision, mentoring and monitoring of laboratory personnel providing these services. In 2007/2008, the USG team supported an energy assessment of several sites, the results of which have proved useful to correct sites with unreliable electricity.

In 2008/2009, the USG will 1) continue to work with the Partnership for Supply Chain Management (PFSCM) as the sole procurement agent for laboratory commodities, including reagents and laboratory equipment 2) continue to follow recommendations made by the USAID Energy Assessment team (see Policy Analysis and Other Systems Strengthening) 3) develop human laboratory capacity by supporting an "internship" program whereby selected medical technology students will be given an additional year of hands-on training in selected laboratories throughout the country. In addition, the USG team will continue to work with the two medical technology schools in country to strengthen their overall curriculum and provide more hands-on laboratory experience.

The USG will continue support of the overall NPHL QA/QC program for HIV, TB, rapid syphilis testing and CD4 counts. In addition, the USG team will continue to strengthen bench capacity of the NPHL through its support of TB culture and drug resistance monitoring (see TB/HIV program), bacteriology testing and PCR testing for early infant diagnosis. PEPFAR currently supports a biomedical engineering unit at NPHL to provide equipment repair and maintenance capacity within Haiti.

At the departmental level, no new sites are anticipated. However, major emphasis will be placed on strengthening existing clinical labs and improving clinical laboratory services relevant to HIV/AIDS care and treatment. PEPFAR, NPHL and GHESKIO will work together to provide training, refresher courses and supervision to laboratories at all levels. The USG team will work with PFSCM to ensure that laboratories at all levels have adequate reagents and materials that are not in danger of outdated. Rapid syphilis testing will be initiated at all levels of HIV testing facilities.

The USG Team coordinates with multiple international donors including World Health Organization (WHO/PAHO in TB/HIV drug resistance surveillance), the Global Fund (procurement of reagents for HIV rapid testing and ARV drugs), and UNICEF (pediatric diagnosis of HIV infection).

Table 3.3.16: Activities by Funding Mechanism

Mechanism ID: 3831.09

Mechanism: SCMS

Prime Partner: Partnership for Supply Chain
Management

Funding Source: GHCS (State)

Budget Code: HLAB

Activity ID: 10353.28665.09

Activity System ID: 28665

USG Agency: U.S. Agency for International
Development

Program Area: Laboratory Infrastructure

Program Budget Code: 16

Planned Funds: \$6,050,000

Activity Narrative: SUMMARY:

Activities are carried out to guarantee the availability of laboratory equipment and commodities including HIV and syphilis rapid tests, CD4 tests and controls, Hematology reagents and controls, Murex, Enzyme-Linked ImmunoSorbent Assay (ELISA), Western Blot HIV tests, Polymerase Chain Reaction (PCR) tests as well as the corresponding supplies needed throughout the above-mentioned integrated program areas. The list of needed commodities relate to (i) tests, (ii) confirmatory testing, reagents and supplies for diagnosis and enrollment of patients under the VCT, PMTCT, Pediatric diagnosis, laboratory support for HIV positive patients enrolled in HAART as well as quality assurance (QA) and quality control (QC), (iii) basic items needed for laboratory, dispensing and storing infrastructure improvements. Other than the medical equipment and the HIV commodities, SCMS will provide shelving and storage cabinets as needed. The primary emphasis area for these activities is commodity procurement including equipment, distribution as well as managing a central warehouse. This activity targets the general population, those HIV patients receiving care and treatment and laboratory workers at the Ministry of Health's National Public health laboratories (NPHL) and individual laboratories and dispensing facilities at approximately eighty selected United States Government supported sites.

BACKGROUND:

In FY 2006, the University of Maryland was responsible for assessing the needs, quantifying, and procuring lab commodities. Under a subcontract to PFSCM until September 2007, the International Training and Education Center for HIV (I-TECH) has been responsible for distribution and providing technical assistance for the laboratory departments within the health centers throughout the country for the USG Team. The PFSCM activities are keyed to assist the USG, the MSPP and other PEPFAR partners to reach the PEPFAR targets by provision of lab equipment, and commodities. The aim is to ensure continuous availability of rapid tests, other tests, reagents and related essential laboratory commodities and functioning equipment intended to the target population.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Procurement of laboratory commodities for the national public health laboratory and its network as well as the NGO sites supported by the PEPFAR program in Haiti.

In close collaboration with CDC/Haiti and Haiti's National Public Health Laboratory (NPHL), PFSCM will assess needs, quantify, procure and distribute HIV commodities and basic lab supplies; procure lab equipment; provide technical assistance for the departmental laboratories and health centers across the country in managing and rational utilization of their supplies; to train lab technicians across the PEPFAR sites in HIV commodity management with emphasis on lab tests, reagents and supplies. The lab commodities will be procured based on targets and program areas that include counseling and testing (pregnant women, adults, and TB/HIV patients), palliative care for TB/HIV, pediatric care and treatment, ARV services, and reinforcing the national laboratory infrastructure and systems.

Commodity needs for Counseling and testing for 600,000 individuals (200,000 under the PMTCT activity and 400,000 under the VCT activity) include HIV and syphilis rapid tests, reagents for HIV and syphilis QA/QC, general lab supplies, basic lab equipment, infrastructure, and shipment cost.

For pediatric diagnosis, the estimated number of babies to be tested by dried blood spot PCR is 4,000. PFSCM will procure PCR test kits, general PCR supplies and DBS collection supplies.

PFSCM will procure laboratory equipment to set up a TB culture and drug resistance testing laboratory at the NPHL. We will also purchase PPD and AFB smear microscopy for the TB/HIV activity.

Palliative Care laboratory activities will include procurement of test kits and supplies to perform 98,000 tests including CD4 manual tests and controls; basic hematology testing; basic manual chemistry tests such as SGOT, SGPT, Creatinine and the corresponding controls.

At the ARV sites, which have level III labs, the PFSCM will procure reagents and controls to monitor HIV/AIDS patients receiving ART. The testing include CD4 (PointCare / FacsCount), hematology (Sysmex), blood chemistry (Reflotron), AFB, PPD and other simple diagnostic reagents for opportunistic infections. Five sets of automated lab equipment (PointCare, Sysmex, and Reflotron) will be procured for new ARV sites.

ACTIVITY 2: Managing a central warehouse for all PEPFAR HIV commodities and operating a distribution network.

After securing and renovating a central warehouse, corresponding to the accepted standards for such facility during the COP 2007, SCMS will continue to manage that facility ensuring quality and security for HIV commodities purchased and stored by PFSCM and maintaining the chain of custody of the commodities. PFSCM will coordinate and deliver all HIV commodities and basic lab items to USG-supported laboratories.

ACTIVITY 3: Reporting

SCMS will carry all reporting activities on usage data for all commodities purchased within the SOW of this program area and share the gathered information with the USG team and other key partners.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17218

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17218	10353.08	U.S. Agency for International Development	Partnership for Supply Chain Management	7693	3831.08		\$2,900,000
10353	10353.07	U.S. Agency for International Development	Partnership for Supply Chain Management	5145	3831.07		\$2,500,000

Table 3.3.16: Activities by Funding Mechanism

Mechanism ID: 11440.09

Mechanism: CDC - Lab

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Budget Code: 16

Activity ID: 9923.27479.09

Planned Funds: \$150,000

Activity System ID: 27479

Activity Narrative: SUMMARY: This activity will strengthen the Ministry of Health's (MOH) national laboratory network capacity by continuing to provide technical assistance for multiple laboratory issues, including pediatric diagnostic testing, quality assurance/quality control program (QA/QC), and selection and development of laboratory information management system (LIMS). The Laboratory Technical Working Group at the Office of the Global AIDS Coordinator (OGAC) led by CDC Global AIDS Program (GAP) International Laboratory Branch and other United States Government (USG) senior staff recommends the use of DBS PCR (Amplicor Deoxyribonucleic acid (DNA) PCR) testing for early infant diagnosis (EID). This recommendation was endorsed by the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF)/CDC in May 2006. With funding provided by COP 08, DBS testing of infants has begun and will continue to expand during COP 09.

ACTIVITY AND EXPECTED RESULTS:

Activity 1: This funding supports CDC/Haiti's full time, US direct hire (USDH) Laboratory Section Chief. This is not a "new position" but rather a continuation of the hiring mechanism for the position. CDC Haiti recently lost their Laboratory Section Chief, but recruiting efforts continue to find a replacement.

Activity 2: CDC Atlanta will continue to provide TA to the laboratory program of Haiti in order to help to standardize laboratory program activities globally. Areas of expertise/evaluation will include selection of laboratory methods for resource limited settings, TB testing, Laboratory Information Systems, viral load and anti-retroviral resistance testing methods.

Activity 3: CDC Haiti will again support up to five national laboratory network staff for an external study tour on maintenance and repair of automated and basic laboratory instruments. CDC will support the USG laboratory team staff to travel within the country for supervisory visits, and to monitor and evaluate the progress of the program. Given the weak human capacity in clinical laboratory science, CDC/Haiti recognizes the value of hands-on learning gained through site visits to laboratories with similar conditions.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17240

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17240	9923.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7701	3141.08		\$150,000
9923	9923.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5154	3141.07		\$298,000

Table 3.3.16: Activities by Funding Mechanism

Mechanism ID: 3315.09

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

Funding Source: GHCS (State)

Budget Code: HLAB

Activity ID: 4601.27490.09

Activity System ID: 27490

Mechanism: GHESKIO

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Laboratory Infrastructure

Program Budget Code: 16

Planned Funds: \$400,000

Activity Narrative: SUMMARY: The goal of these activities is to strengthen National Public Health Laboratory (NPHL) capacity by providing continuing technical assistance in the areas of Dried Plasma Spot (DPS) Quality Assurance for HIV antibody testing, and whole blood syphilis testing. GHESKIO will also support laboratories at PMTCT, VCT, ARV, and palliative care sites through training and technical assistance in diagnostic tests used for diagnosis and follow up. The main emphasis for these activities is continued training, technical assistance for quality assurance/quality control and equipment maintenance for GHESKIO laboratories. These activities will involve NPHL, GHESKIO, and designated sites. The specific target population includes public and private health care workers nationwide.

BACKGROUND: Many activities in COP09 are a follow up of activities conducted in 2007 and 2008 as part of NPHL's objective to develop and provide QA/QC services to sites providing HIV-related testing in Haiti. Through these activities, GHESKIO will continue to build the NPHL's capacity by mastering and transferring to NPHL the capacity for HIV screening using DPS (re-testing activity). These activities will improve the capacity of NPHL to provide quality control of laboratory results in healthcare facilities nationwide.

ACTIVITIES AND EXPECTED RESULTS

ACTIVITY I: This activity is to continue providing competency assessment yearly for 200 healthcare workers with the collaboration of NPHL on DPS processing and HIV whole blood testing. It will build on the previous year's activity to assist NPHL in the implementation of the DPS HIV testing. Corrective action and retraining based on competency assessment results will be provided. GHESKIO mobile team will only be in charge of the assessment of the healthcare workers of GHESKIO network. NPHL will be responsible for the MOH network.

ACTIVITY II: GHESKIO will continue providing QA/QC assistance in whole blood rapid syphilis testing to NPHL and the MOH lab network.

ACTIVITY III: GHESKIO will prepare a 1-week refresher workshop for the 10 trainers of the NPHL trained during the COP08 activities. These trainers had previously been trained in CD4 T-cell count determination by flow cytometry, ELISA, Western Blot, and p24 antigen assay. During this refresher workshop, the skills of these trainers will be assessed and new recommendations will be made to the NPHL based on the trainers' performance.

ACTIVITY IV: GHESKIO will follow up with the initial training to train all new national lab staff in diagnosis of opportunistic infections, TB culture, TB drug resistance testing (4 weeks) in collaboration with American Society of Microbiology (ASM) and Association of Public Health Laboratories (APHL) who will provide on-site technical assistance to the national lab for TB, bacteriology, and parasitology. This joint effort is aimed to enable the national lab to function in these laboratory areas in a timely manner.

ACTIVITY V: With the support of the CDC GAP International Lab Branch EID and PEPFAR LTWG, GHESKIO will participate in performance evaluation of the 2 laboratories (GHESKIO/IMIS and NPHL) previously trained in DBS-PCR for early infant diagnosis of HIV. Corrective action and troubleshooting will be conducted. GHESKIO and NPHL will participate in a proficiency testing program provided by WHO and CDC.

ACTIVITY VI: GHESKIO will develop drug resistance testing capacity to monitor HIV/AIDS patients receiving ART by following the WHO/CDC criteria and monitoring treated patients. Based on preliminary data at GHESKIO, we anticipate that 5% per year of the patients receiving antiretroviral therapy (ART) will meet WHO eligibility criteria for ART failure. We will collect and freeze plasma specimens from an estimated 500 patients who meet WHO criteria for failure in order to perform HIV drug resistance testing. Funds are requested for 2 laboratory technicians performing this technique. This activity will help better define the demographic and clinical characteristics of patients who fail ART so that new better adapted guidelines for monitoring patients on ART can be drafted. The drug resistance mutations identified will help better tailor second-line antiretroviral drug regimens for patients failing ART in Haiti. Finally, this service will allow us to increase capacity for virologic testing in Haiti and to train new technicians in these tests.

ACTIVITY VII: GHESKIO will provide laboratory support for four ART sites in its network. GHESKIO will play an active role by improving laboratory infrastructure, upgrading the facility, and hiring additional lab staff to make laboratories at these facilities ready for becoming ARV sites.

ACTIVITY VIII: GHESKIO will hire 1 biomedical engineer assisted by 1 electrician to increase its capacity of the Biomedical Engineering Unit. Funds are also requested for the current personnel of this unit. This staff will receive training on maintenance, repair and troubleshooting of mechanical and automated analyzers used in the network (Point Care, Sysmex, Reflotron, ELISA plate reader, Facs Count). This staff will be available to assist the national lab biomedical engineer unit providing services as deemed necessary.

ACTIVITY IX: GHESKIO will provide a refresher workshop to 2 laboratory technicians per site in the network (total of 32 technicians) to perform instrument check and preventive maintenance. All public sites will be covered by NPHL. GHESKIO will send its Biomedical engineering staff to assist the national lab with the training of lab equipment maintenance at the national lab.

ACTIVITY X: NPHL will be in charge of equipment maintenance of the MOH Network. The GHESKIO maintenance staff will serve as a backup for the National Laboratory and will be responsible for maintenance and service of equipment in the GHESKIO network. Twice a year, GHESKIO staff will verify the equipment maintenance activities in the GHESKIO laboratory network (16 sites: 8 private and 8 public) including equipment cleaning, adjustment and replacement of parts, functional checks, temperature recording, troubleshooting activities, calibration of equipment and record verification. This activity will be introduced to other national laboratory networks in order to improve lab system quality.

ACTIVITY XI: GHESKIO will acquire one additional hematology instrument to increase the capacity of the

Activity Narrative: laboratory and for better follow up of patients receiving ART.
New/Continuing Activity: Continuing Activity
Continuing Activity: 17182

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17182	4601.08	HHS/Centers for Disease Control & Prevention	Groupe Haitien d'Etude du Sarcome de Kaposi et des Infections Opportunistes	7682	3315.08		\$388,000
9283	4601.07	HHS/Centers for Disease Control & Prevention	Groupe Haitien d'Etude du Sarcome de Kaposi et des Infections Opportunistes	5124	3315.07		\$400,000
4601	4601.06	HHS/Centers for Disease Control & Prevention	Groupe Haitien d'Etude du Sarcome de Kaposi et des Infections Opportunistes	3315	3315.06		\$0

Table 3.3.16: Activities by Funding Mechanism

Mechanism ID: 6218.09	Mechanism: National Laboratory
Prime Partner: Ministre de la Sante Publique et Population, Haiti	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Laboratory Infrastructure
Budget Code: HLAB	Program Budget Code: 16
Activity ID: 12429.28875.09	Planned Funds: \$2,250,000
Activity System ID: 28875	

Activity Narrative: SUMMARY:

The activities described reflect ongoing efforts to build laboratory infrastructure in Haiti through strengthening the capacity of the National Public Health Laboratory (NPHL) and its network. Funding will be used to continue and expand the national laboratory quality assurance and quality control program (QA/QC) in HIV and syphilis rapid testing as well as ARV and palliative care lab services. In addition, NPHL will reinforce bacteriology and parasitology laboratory expertise for HIV/AIDS related opportunistic infections, and strengthen its biomedical engineering service unit to install and repair laboratory equipment. All planned activities will be carried out by NPHL employees, in collaboration with Haitian Group for the Study of Kaposi's Sarcoma and Opportunistic Infections (GHESKIO), USG, and other PEPFAR-supported implementing partners.

BACKGROUND: Accurate test results are very critical for public health. With help from the USG team, Haiti has established a functional regulatory body (NPHL) to coordinate and evaluate laboratory performance in the country. Proposed activities for COP09 are ongoing from previous funding years in addition to 2 new activities (see Activity 11), all consistent with NPHL and MSPP mission.

ACTIVITIES AND EXPECTED RESULTS:**Activity 1: Quality Assurance**

NPHL will reinforce its QA/QC program for HIV and syphilis rapid testing and AFB smear microscopy. A combination of QC activities will be conducted: 1) use of a standardized logbook for recording information at VCT centers along with a standardized tool for M&E; 2) regular supervisory sites visits to 150 VCT sites to track and monitor laboratory testing data on HIV and syphilis; 3) refresher courses on QA of HIV and syphilis rapid testing; and 4) participation of all VCT sites in External Quality Assurance (EQA) proficiency testing implemented by NPHL.

Activity 2: NPHL will also provide QA/QC to ARV and palliative care laboratories using the same kinds of activities, i.e. regular supervisory visits to the laboratory network, EQA proficiency testing for CD4. In FY09, NPHL will enroll in an EQA/PT program for CD4 and start an EQA program for blood chemistry and hematology. After protocols for the EQA program are developed, EQA panels for CD4 enumeration will be sent out to participating ARV and palliative care laboratories. Corrective action will be conducted in case of error and/or discordance. NPHL has hired and trained 10 regional departmental lab technicians to provide regular QA/QC supervisory visits, train and troubleshoot. NPHL will assist the USG to launch new ARV and palliative care sites by conducting site assessment, conducting training, coordinate with SCMS for lab commodity delivery, and perform supervisory QA/QC visits.

Activity 3: NPHL will continue to maintain inventories for all laboratory equipment at ARV and palliative care sites under the MSPP network and at the NPHL. A biomedical engineering service unit which has been established during COP07 is responsible for 1) evaluating lab equipment, 2) installing new ARV automated lab equipment, 3) maintaining, troubleshooting and repairing equipment at all sites except the GHESKIO network where such staff are already available, 5) maintaining bio-safety cabinets at the NPHL, 6) training laboratory personnel how to routinely maintain common lab equipment, and 7) procuring equipment maintenance service contracts as appropriate.

Activity 4: Significant improvements in electrical backups, water filtration systems, and security have been made. Due to greater confidence in temperature monitoring and alarm systems on freezers, NPHL is getting positioned to initiate and maintain a repository of specimens (eg, serum specimens and MDR/XDR TB strains) to support future surveillance activities and studies.

Activity 5: NPHL will continue to set up bacteriology and parasitology laboratories to enhance diagnosis of opportunistic infection associated with HIV/AIDS. In addition to the advanced bacteriology lab at NPHL, 3 departmental centers of excellence will also develop the capacity to culture and identify bacterial pathogens and perform drug susceptibility testing. NPHL is developing an advanced parasitology lab with the capacity to perform serology assays, but simple parasitology testing for intestinal helminthes and protozoa will be done at all 10 departmental laboratories.

Activity 6: In collaboration with GHESKIO, INHSAC and other USG partners, NPHL will train 150 lab personnel and health care workers to perform HIV and syphilis rapid tests, as well as the DPS QA/QC. Additionally, NPHL will train 40 technicians for all relevant laboratory areas including CD4 counts, hematology, blood chemistry, parasitology and bacteriology. Forty people will also be trained in laboratory equipment maintenance (see Activity 3). All training is a one week course. Training modules in lab-related subjects are developed by partners in conjunction with NPHL and include good laboratory practices and methods for preventive maintenance of equipment.

Activity 7: NPHL will continue to support the salaries of staff recruited in COP08, including one epidemiologist, four microbiologists (to work at HIV, bacteriology, parasitology and mycobacteriology laboratories), two biomedical engineering staff, one laboratory manager, as well as the additional management and supportive staff approved in COP08.

Activity 8: In preparation for possible future implementation of viral load and HIV drug resistance testing, NPHL will plan for a feasibility study.

Activity 9: NPHL will continue to strengthen the integration of the national laboratory and the department of epidemiology in coordinating a data management unit at NPHL. This unit will collect and manage both routine laboratory and surveillance data.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17206

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17206	12429.08	HHS/Centers for Disease Control & Prevention	Ministre de la Sante Publique et Population, Haiti	7689	6218.08	National Laboratory	\$2,610,000
12429	12429.07	HHS/Centers for Disease Control & Prevention	Ministre de la Sante Publique et Population, Haiti	6218	6218.07	National Lab Mechanism	\$1,750,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$800,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.16: Activities by Funding Mechanism

Mechanism ID: 5341.09	Mechanism: ASCP
Prime Partner: American Society of Clinical Pathology	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Laboratory Infrastructure
Budget Code: HLAB	Program Budget Code: 16
Activity ID: 9922.28888.09	Planned Funds: \$200,000
Activity System ID: 28888	

Activity Narrative: SUMMARY: Currently, the clinical and hospital laboratories within Haiti are challenged to provide laboratory services to support HIV/AIDS care and treatment. The successful implementation of the President's Emergency Plan for AIDS Relief (PEPFAR) goals requires a significant strengthening and expansion of laboratory services. As antiretroviral treatment (ART) is made more widely available, there is an immediate need for expanded patient monitoring in clinical chemistry, hematology, and CD4. ASCP and the United States Government (USG) team, working together, will enhance laboratory systems in Haiti by implementing comprehensive laboratory quality assurance programs and conducting integrated laboratory training.

BACKGROUND: On August 31, 2005, the ASCP received notice of award for "Supporting Laboratory Training and Quality Improvement for Diagnosis and Laboratory Monitoring of HIV/AIDS Patients in Resource Limited Countries through Collaboration with the ASCP," a three year cooperative agreement between the Centers for Disease Control and Prevention and the ASCP. The overall goal of this program is to enhance laboratory-testing practices and strengthen the quality of laboratory testing services in order to improve the effectiveness of HIV/AIDS prevention, care and treatment services and interventions.

For COP08, ASCP conducted a Training of Trainers (TOT) training event for Laboratory Management and Basic Laboratory Operations Training (BLOT) in place of a Chemistry, Hematology, and CD4 (TOT). These trainings were conducted for 20 senior level department managers in June 2008. We will be back to conduct a BLOT roll-out during COP08.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Phlebotomy Training

ASCP will conduct 2 four-day training workshops (back-to-back) at NPHL in phlebotomy and specimen collection designed for lab technologists that will include didactic and hands-on training. Participants engage in hands-on training using venipuncture arms and infant feet, as well as actual participant practice. NPHL has identified this as a critical need for sites throughout Haiti due to errors associated with collecting blood into improper vacutainers which has an impact on CD4 testing.

ACTIVITY 2: CD4 Technical Assistance – 1 month

One month of Technical Assistance will include one French speaking ASCP consultant remaining in country for 31 days. In-country officials have determined that the focused goal of the TA is to ensure quality CD4 testing. An outcome will be enrollment of NPHL in a proficiency testing program.

ACTIVITY 3: Monitoring and Evaluation Activity

ASCP is currently working with an M&E specialist to design a tool to assess the impact of our COP08 lab management training. This plan will include evaluation of lab sites that have received ASCP training directly, or through regional roll-out trainings.

ACTIVITY 4: Assessment of University Hospital, Port au Prince

L'Hopital Universitaire d'Etat de Haiti (HUEH) is the largest public hospital in Port au Prince. Their HIV clinic began operating in 2006 and currently has approximately 500 patients on ARV and 1,200 enrolled in care. The rapid expansion of the HIV program has highlighted gaps within the hospital as a whole and more specifically, the need for strategic planning for the laboratory. To assist with this, one ASCP consultant will conduct a needs assessment of their laboratory. The ASCP consultant will conduct site-visits and participate in discussions regarding the needs, gaps and strengths of the University Hospital. Based on these discussions, ASCP will make recommendations regarding the immediate needs of the hospital to assist with the reorganization of the Central Lab and to determine how the lab will best interact with other hospital departments. The ASCP consultant will assess where the hospital is currently at and where they need to go to assist in future planning performed by the University Hospital Board and the NPHL. Based on these discussions, ASCP will make recommendations regarding the most immediate needs to strengthen laboratory capacity. It is the responsibility of the country to create the itinerary and invite key stakeholders.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17161

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17161	9922.08	HHS/Centers for Disease Control & Prevention	American Society of Clinical Pathology	7673	5341.08	American Society for Clinical Pathology	\$200,000
9922	9922.07	HHS/Centers for Disease Control & Prevention	American Society of Clinical Pathology	5341	5341.07	American Society for Clinical Pathology	\$173,000

Table 3.3.16: Activities by Funding Mechansim

Mechanism ID: 7723.09 **Mechanism:** ASM
Prime Partner: The American Society for Microbiology **USG Agency:** HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State) **Program Area:** Laboratory Infrastructure
Budget Code: HLAB **Program Budget Code:** 16
Activity ID: 17799.28889.09 **Planned Funds:** \$100,000

Activity System ID: 28889

Activity Narrative: SUMMARY: In FY08, ASM received funds to strengthen TB diagnostics in Haiti. As a result, NPHL now has a TB lab and strengthened proficiency testing program for AFB smear microscopy. In addition to ongoing efforts toward establishing a quality-assured diagnosis of TB and strengthening the TB external quality assurance program, FY09 activities will extend to strengthening parasitology lab services – with an emphasis on enrolling labs in proficiency testing programs for malaria diagnostics.

BACKGROUND: Opportunistic Infections (OIs) are common in HIV populations and are a major threat to People Living with HIV/AIDS (PLWHA), both prior to diagnosis as well as during care and treatment programs. In response to a petition by the PEPFAR Laboratory Technical Working Group for countries to establish fully integrated clinical laboratory services, ASM will ensure that NPHL demonstrates laboratory competency for 2 of the most important OIs – TB and malaria.

ACTIVITIES AND EXPECTED RESULTS: In FY09, ASM technical experts will provide in-country support for strengthening laboratory systems and strategic planning, standardization of protocols for cost effective testing, and good clinical laboratory practice specifically for TB and parasitology lab services by conducting the activities described below.

Activity 1: Now that the TB lab physical structure is in place at NPHL, efforts need to be concentrated on delivering service to labs in its network within a reasonable turnaround time. Network labs need to be trained on specimen collection and logistics need to be worked out for specimen transport to NPHL. Staff at NPHL need further training on specimen processing and culture/DST according to SOPs that still need to be developed. The AFB smear microscopy proficiency testing program has been initiated, but needs to be expanded and refined. ASM will work with I-TECH, the implementing partner in charge of lab information management, to establish a protocol for notifying MOH and CDC of MDR and XDR TB strains. Finally, ASM will assist NPHL is establishing methodology for saving strains in their newly developed freezer repository system.

Activity 2: Develop lab capacity and establish QA/QC program for parasitology through the following: (1) evaluation of parasitology diagnostic capacity in-country; (2) collaboration with NPHL to develop and facilitate basic Training of Trainer (TOT) workshops. These will include a training plan for laboratory personnel and guidelines for supervision and oversight for quality standards at NPHL to be rolled out at peripheral laboratories; (3) follow up mentoring in those peripheral labs that sent technicians to the TOT at NPHL, ensuring proper retention and implementation of learned procedures; (4) assist NPHL with development of a proficiency testing program for parasitology; and (5) collaborate with I-TECH to strengthen pre-service, in-service, and continuing medical education in parasitology for laboratory professionals.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17799

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17799	17799.08	HHS/Centers for Disease Control & Prevention	The American Society for Microbiology	7723	7723.08	Lab Technical Assistance	\$300,000

Table 3.3.16: Activities by Funding Mechansim

Mechanism ID: 15.09 **Mechanism:** APHL
Prime Partner: Association of Public Health Laboratories **USG Agency:** HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State) **Program Area:** Laboratory Infrastructure
Budget Code: HLAB **Program Budget Code:** 16

Activity ID: 3916.28610.09

Planned Funds: \$400,000

Activity System ID: 28610

Activity Narrative: SUMMARY: The Association of Public Health Laboratories (APHL) will continue providing technical assistance to the USG Team to support 3 critical activities: (1) strengthening laboratory QA/QC efforts; (2) strengthening laboratories services at VCT, ARV and palliative care sites, and the National Public Health Laboratory (NPHL); and (3) improving laboratory facility infrastructure, and equipment validation, operation and maintenance. APHL will use technical and scientific experts from its staff, public health laboratory members and technical consultants to provide effective and timely assistance to the USG Team.

BACKGROUND: APHL has been actively working in Haiti since 2003 as a PEPFAR implementing partner. Previous activities have included providing technical assistance for: (1) implementing HIV Rapid Testing throughout the departments in Haiti; (2) establishing a national lab QA/QC program for HIV rapid testing; (3) writing standard operating procedures for laboratory testing to support HIV/AIDS diagnosis and treatment as well as training lab personnel in these activities; (4) coordinating training of laboratory personnel; and (5) assist the USG team with launching laboratories to provide services at VCT, palliative care, and ARV sites.

ACTIVITIES AND EXPECTED RESULTS:

In COP09, APHL will continue to support the USG Team strategy for strengthening laboratory infrastructure in Haiti by conducting the activities described below.

Activity 1: APHL will provide technical assistance to the USG Team and MSPP in coordination with the CDC Haiti office to strengthen laboratory infrastructure capacity. APHL will provide experts to assist NPHL in the following areas: (1) further expand the QA/QC program in HIV and syphilis rapid testing including proficiency testing, (2) improve laboratory operational management at field sites, (3) assist NPHL in the development of standard operating procedures for laboratory testing, (4) continue to assist NPHL in planning, coordinating, and delivering training activities, (5) assist NPHL to improve existing laboratory services for VCT, palliative care, and ARV sites, (6) assist NPHL in delivery of diagnostic bacteriology services (ie, training NPHL staff to perform culture, identification, staining, and drug sensitivity testing) at the the newly established NPHL bacteriology. It is expected that 3 laboratory consultants will be available to help NPHL achieve these aims.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17652

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17652	3916.08	HHS/Centers for Disease Control & Prevention	Association of Public Health Laboratories	7674	15.08	HHS/APHL/HQ	\$550,000
9263	3916.07	HHS/Centers for Disease Control & Prevention	Association of Public Health Laboratories	5114	15.07	HHS/APHL/HQ	\$249,000
3916	3916.06	HHS/Centers for Disease Control & Prevention	Association of Public Health Laboratories	3148	15.06	HHS/APHL/HQ	\$0

Table 3.3.16: Activities by Funding Mechansim

Mechanism ID: 3142.09

Mechanism: ITECH

Prime Partner: University of Washington

USG Agency: HHS/Health Resources Services Administration

Funding Source: GHCS (State)

Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Budget Code: 16

Activity ID: 3886.28673.09

Planned Funds: \$400,000

Activity System ID: 28673

Activity Narrative: SUMMARY:

The bulk of I-TECH activities will be continuation of customization and deployment of a laboratory information system (LIS) within the network of USG-supported ART sites. I-TECH also has a lead role in promoting training and retention of laboratory professionals through development of pre-service curricula for medical technologists, supporting in-service training, and a strong collaboration with the Haitian Association of Laboratory Professionals.

BACKGROUND:

In 2007, I-TECH initiated the process of identifying an appropriate LIS for Haiti. In collaboration with a laboratory information specialist from CDC Global AIDS Program, I-TECH reviewed with stakeholders the process of requirements gathering and the LIS selection process following the APHL Guidebook for LIS Implementation in Resource Poor Settings. In December 2007, I-TECH posted a Request for Information on limsfinder.com to explore and evaluate commercial and open source LIS options. Criteria for evaluation included functionality, flexibility and customization to meet Haiti's priority needs, opportunity for local partnership and capacity development, and cost. A national consensus meeting including representatives of the NPHL, CDC/Haiti, and I-TECH was held in March 2008. The decision was made to pursue adaptation of OpenELIS, an open source product that can be customized to meet the unique needs of Haiti's clinical laboratories and NPHL. OpenELIS has already been implemented in Vietnam using PEPFAR funds.

Beginning in March 2008, I-TECH provided technical assistance to NPHL in collaboration with CDC to develop, print, and disseminate nationally standardized paper-based tools for laboratory information management. Such tools are needed to support best practices in management of lab information and to improve efficiency at sites, which in many cases use improvised hand-written lab order slips, lab results forms, and results registers/notebooks. I-TECH supported training of laboratory personnel on the use of these tools. Importantly, these paper tools also lay the foundation for development and roll-out of the electronic LIS, both by standardizing data management processes among clinical labs prior to adoption of an electronic system, and informing the OpenELIS development team on how to automate these laboratory workflows.

By March 2009, I-TECH will have developed a standardized curriculum on LIS, have a pilot-ready version of the Haitian version of OpenELIS, and support pilot testing of this system in 4 clinical laboratory sites and at the NPHL. The pilot phase of LIS implementation will include ensuring site readiness through hardware and software installation, providing user training, incorporating feedback and recommendations for continuous improvement, and planning for rollout to 10 additional departmental reference hospital sites. I-TECH will also develop an interface for data exchange between OpenELIS and the national MSPP HIV Electronic Medical Record (iSanté). I-TECH has worked closely with CDC and MSPP since 2005 to develop and implement the iSanté system, used by 41 sites with records for approximately 24,200 patients as of July 2008.

I-TECH is committed to supporting laboratory professionals in Haiti. In 2007, I-TECH hosted a 10-week course through the University of Washington's Laboratory Technologist Training Program for 4 Haitian laboratory professionals from NPHL to attend training on use and maintenance of the PointCare automated CD4 analyzer. I-TECH also provided technical assistance to develop and deliver a laboratory equipment maintenance course to be integrated into the standardized pre-service laboratory curriculum. By March 2009, I-TECH will have sponsored an additional 8 laboratory personnel from Haiti to attend 2 study tours; 1 focused on laboratory management and the other on laboratory equipment maintenance and use.

ACTIVITY 1: I-TECH will continue collaboration with CDC/Haiti, CDC/GAP Atlanta, and Haiti MSPP to implement OpenELIS in a total of 14 sites by March 2010. I-TECH is diligently working to ensure that at least 3 clinical labs of the initial 5 pilot sites (4 clinical labs plus NPHL reference lab) will "go live" by March 2009. Adaptation of OpenELIS to meet the specific needs of NPHL will be a critical component of this task. Among the unique business processes of the NPHL that go beyond requirements for the clinical labs are: statistical analysis and surveillance, training and resource management, and national level laboratory reporting. Equally important, I-TECH will design and develop an interface between OpenELIS and iSanté to enable efficient, electronic data exchange. Another long-term objective will be interfacing the systems with the national pharmaceutical data management system.

Through on-going partnership with the University of Washington's Clinical Informatics Research Group and expert consultants, I-TECH will continue to collect and incorporate user feedback from the initial sites to improve the system for replication throughout Haiti. I-TECH will ensure procurement and installation of necessary hardware (servers, backup power supplies, local area networks, etc.) for new implementation sites, in collaboration with CDC's Regional Information Officers (RIOs) and site personnel. I-TECH will maintain the LIS implementation support of 4 in-country staff members (1 part-time health information system manager, 1 part-time laboratory advisor, 1 information technology advisor, and 1 full-time LIS trainer).

In close collaboration with NPHL, I-TECH will develop a training of trainers (TOT) module on OpenELIS functionality along with a user manual, and provide technical assistance for delivery of this TOT to departmental level laboratory technologists. These departmental laboratory technologists will be responsible for the training and oversight of clinical lab technologists on the use of OpenELIS. I-TECH staff will provide follow-up observation of trainers and further on-site training assistance for successful use of the system. Training and technical assistance will emphasize use of OpenELIS to improve quality of lab services and to aid decision-making for lab program management. I-TECH will be responsible for developing and disseminating SOPs for specimen tracking and results reporting.

ACTIVITY 2: I-TECH will continue to promote the laboratory technician profession in Haiti through a partnership with the Haitian Association of Laboratory Professionals. I-TECH will provide technical assistance and funding to the Association to develop and disseminate a quarterly newsletter and to host an annual conference. The goal of both activities will be to provide scientific updates and to instill a culture of professional excellence. I-TECH will assist the Association to sponsor an award for professional

Activity Narrative: excellence, with a structured application and selection process. Donations of laboratory equipment will be made to the 2 national laboratory schools in honor of the awardees.

To ensure achievement of a major aim of the National Lab Strategic Plan, I-TECH will continue to take the lead in standardizing pre-service curricula for the medical technologist training programs at the 2 public national laboratory schools in Haiti. The focus has been on establishing a 3 year diploma curriculum, but the National Plan calls for a transition into a 4 year BS degree program. I-TECH will also support other partners engaged in delivery of in-service training (eg, assist ASCP with rollout of the Basic Lab Operations Training to all 10 Departments in Haiti).

ACTIVITY 3: I-TECH has played a key role in supporting the NPHL in establishing its 5 year Lab National Strategic Plan (2008 – 2013). As of October 2008, endorsement of the lab strategic plan by stakeholders is in its final stages. Fulfillment of this goal is a major milestone, as it is considered high priority by the CDC/GAP International Laboratory Branch and the PEPFAR Laboratory Technical Working Group. A strategy needs to be in place to ensure that elements of the plan are actually implemented according to a defined timeline. A key component of the National Plan is to develop a rigorous monitoring and evaluation protocol. I-TECH is uniquely qualified to serve as NPHL's primary partner in coordinating these M&E activities.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17233

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17233	3886.08	HHS/Health Resources Services Administration	University of Washington	7698	3142.08	ITECH	\$535,000
9340	3886.07	HHS/Health Resources Services Administration	University of Washington	5151	3142.07	ITECH	\$544,000
3886	3886.06	HHS/Health Resources Services Administration	University of Washington	3142	3142.06	ITECH	\$1,000,000

Total Planned Funding for Program Budget Code: \$5,400,000

Program Area Narrative:

The Health information system in Haiti has reached a turning point whereby sufficient progress has been made with regard to its HIV/AIDS component to uplift the others. In less than five years the HIV/AIDS information system has gotten off the ground to lay a foundation, which is now serving as a diving board for a complete overall of the HMIS. Indeed, the dynamic which has played for the standardization of HIV indicators at the inception of this program is spilling over into other areas. Lessons taken away from the HIV program are now helping to carry out a similar process for the overall HMIS. Some of the data collection reporting and monitoring tools developed for this program, such as prenatal and maternity registers are helping to fill existing data gaps in maternal care. The patient medical record developed for the monitoring of AIDS cases is now being adapted to generate a chart for the monitoring of pregnant women. The infrastructure developed to support monitoring, reporting and surveillance for HIV are now being tapped to revitalize the same functions in other areas. The best illustration comes from the fact that the post-disaster-surveillance system put in place on the heels of the recent hurricanes is being supported by field data personnel and makes use of IT infrastructure supported by this program. The M&E training curricula supported by this program incorporates notions and applications that can easily be adapted to other areas; and the training sessions are attended by all types of health workers.

Nonetheless, several pieces remained to be put in place for the system to become fully inclusive, and perform at a level where quality can be completely guaranteed and where data can be made readily available in desired formats to allow evidence based decisions across the board. The main challenges lie in the development of capacity to: integrate the HIV system into the overall HMIS; perform seamless routine data validation; monitor and evaluate effectively various emerging components of the HIV program such as OVC, nutrition, PMTCT, CBO activities; establish close linkages between community-based and facility based information systems; facilitate data exchange among the multiple electronic applications developed by the HIV program; expand surveillance to specific groups such as the MARPS, and pregnant women; map out supply of services .

The plan in FY09 is to leverage existing capacity of the USG team and the partners to take on those challenges and ensure that: () all facility-based and community-based point of services have access and use the data collection, and reporting tools countrywide () in service and pre-service training are available to capacitate health professionals to perform their data functions () reports and analysis can be generated and data used to inform decision making. The following are specific activities to achieve those overarching goals. The USG team staff is currently constituted by 1 SI liaison and 5 regional officers detailed to backstop implementation of SI activities on the field. A new position will be added to assist with M&E activities, surveillance and behavioral surveys. Tulane University will continue to hold its 101 M&E training sessions and will add this year an intermediate course, through which it will be possible for trainees to integrate in their practicum M&E studies designed for the program and constitute the manpower to carry out these studies. ITECH which has developed the Electronic Medical record (EMR) will initiate the process of adapting it to serve patient data management needs in primary care settings to include both HIV-infected and non HIV-infected patients. This move is expected to ease up surveillance and seal the integration of HIV into the overall HMIS. SOLUTIONS, a local firm which has developed the web-based aggregate reporting system (MESI) through which HIV reporting is being carried out, will work with the three implementers of Electronic medical record on a data exchange program to harness the massive amount of individual data collected on 73 % of patient in care in the country to generate surveillance data. JSI-MEASURE will ensure the full scale roll out of the community based information system, which is currently being piloted on a selected number of sites. NASTAD will continue to provide technical assistance and training for surveillance, case notification, along with the integration of HIV into the HMIS. SCMS will upgrade its application for drug management to allow the interconnection with other applications such as the EMR and MESI. It will also complete the development of its Program management System built with the idea of giving to the USG and Global Funds partners a tool for planning, management and coordination of their activities. The MOH will continue to ensure the role that it has started to play since last year with regard to data validation, supply of data collection and reporting tools.

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 3142.09	Mechanism: ITECH
Prime Partner: University of Washington	USG Agency: HHS/Health Resources Services Administration
Funding Source: GHCS (State)	Program Area: Strategic Information
Budget Code: HVSI	Program Budget Code: 17
Activity ID: 3910.28674.09	Planned Funds: \$800,000
Activity System ID: 28674	

Activity Narrative: SUMMARY:

I-TECH will support extension of the MOH electronic medical record (iSanté) system for data management and reporting on HIV care services, and initiate adaptation of iSanté for primary care. I-TECH will continue targeted program evaluation on transfer of learning following in-service training of physicians at HUEH, and on process and outcomes of a curriculum strengthening and faculty development process at the four national nursing schools. I-TECH will initiate targeted program evaluation on transfer of learning following pre-service training of psychologists and social workers at FASCH.

BACKGROUND:

Beginning in 2005, I-TECH collaborated with MOH, CDC, and other partners in the development of a standardized set of paper-based adult and pediatric HIV medical record forms. I-TECH then launched a pilot version of the electronic medical record (EMR) system, and built in enhancements through successive release versions. As of July 2008, 41 ART sites in Haiti had begun to use the system, with data for more than 24,200 patients. The system is designed for flexible use, with ability to use the system via the web or through hosting on a local server. It includes an automated replication function so data from sites hosting the system on local servers are replicated to a central back-up server. The central back-up server provides access to de-identified data for national program reporting. As of July 2008, 13 clinics were using the system through local servers, meaning they could use the system without being dependent on sporadic internet connections. I-TECH and CDC continue to support further deployment of the system on local servers.

I-TECH has reorganized and improved user interface of iSanté. By March 2009, I-TECH will have identified methods for data exchange between the EMR and several other information tools in Haiti: a laboratory information system (LIS) currently under development; the pharmacy information tool supported by Supply Chain Management Systems (SCMS); and the MESI system for presentation of aggregate health program data. The interfaces will minimize duplication of effort by site personnel in managing patient information and reporting.

Since 2005, I-TECH has collaborated extensively with local partners, such as CDC, Institut Haitien d'Enfance (IHE), and HUEH to provide training on use of the EMR system to clinicians, data clerks and data managers. I-TECH's HIV clinical mentors train fellow clinicians on the relevance of complete patient data for quality HIV care, on appropriate use of the medical record, and on how to interact with the EMR system to obtain summary information useful for patient care. I-TECH's iSanté team provides training to data management personnel through workshop-based and on-site training, supports configuration and installation of local servers, and provides other computer maintenance support at sites using the system. I-TECH has also initiated development of a standardized, national training curriculum on data management and the EMR system.

With existing I-TECH staff and consultants and in partnership with CDC Regional Information Officers (RIOs), Tulane UTAP, and others, I-TECH is focusing on reinforcing data quality and data completeness among users of the system, through system modifications, training and on-site technical assistance. I-TECH supports data analysis and dissemination of findings on key questions of interest. For example, iSanté is reporting on quality of care indicators as defined and utilized by MOH and HIVQUAL, and I-TECH is collaborating with MOH and WHO to analyze early warning indicators for ARV drug resistance.

As of March 2009, iSanté will include VCT and PMTCT modules to support improved continuity of care for patients identified as HIV positive, as well as more efficient data management and reporting for VCT and PMTCT programs.

ACTIVITY 1: I-TECH will initiate the process of adapting iSanté to serve patient data management needs in primary care settings to include both HIV-infected and non HIV-infected patients. This process will begin with primary care site evaluations to determine the top priority and high impact functions of primary care data management. Following the assessment, I-TECH will collaborate with key stakeholders within the MOH and CDC to establish a software development and implementation plan to include primary care standardized paper form development, pilot testing, evaluation and national validation of the paper forms, development of a training module on use of the paper forms, and delivery of training at the 10 departmental level hospitals in conjunction with paper form dissemination. The paper forms will inform development of the modified primary care version of iSanté, which will be ready for implementation by March 2010.

ACTIVITY 2: I-TECH will engage key stakeholders and provide technical assistance on the development of a minimum-data-set version of the medical record and EMR application for HIV patient care. This enhancement will allow decentralized satellite care sites to interact with the national network and patient data system. I-TECH will work with MSPP and other partners to identify and implement cost-effective innovative technologies for incorporation of these sites (for example, through off-site data entry, use of mobile phone technology for relay of data, or use of mobile computers to periodically capture data from sites). I-TECH will develop training modules on the minimum-data-set version and deliver training for 60 personnel from decentralized care sites.

ACTIVITY 3: In collaboration with HIVQUAL, WHO and MESI, I-TECH will continue to strengthen data management and data analysis capacity in Haiti. The I-TECH team will assist the MOH to refine protocols for data quality assurance at site, regional, and national levels and provide technical assistance to the MOH and key partners such as IHE to apply these protocols. I-TECH will also provide leadership on using iSanté data for patient- and program-level decision-making, through analysis of patient health outcomes related to HIV treatment programs. I-TECH will continue to incorporate user feedback from clinicians, administrators, and other iSanté users to modify system features in iterative design and development cycles.

ACTIVITY 4: Through regular training site visits, the I-TECH team will orient clinic users on new system features and optimal use of the system at their sites. I-TECH will also continue to collaborate with CDC, IHE, Tulane University, and other partners to provide training to users at all existing and newly established iSanté sites. I-TECH will reinforce IT support for the iSanté system including on-site and remote training and support for hosting the application on local servers, supporting replication of data to the central data

Activity Narrative: repository, executing regular system maintenance functions, and making minor modifications of the EMR application to meet changing local needs. I-TECH will sponsor and conduct an in-depth workshop at I-TECH/UW to teach about the iSanté software system, the data model, reporting and data access, and backup and maintenance procedures (how to rebuild servers, reinstall software reload data from backup, and other failure recovery strategies).

ACTIVITY 5: I-TECH will complete development of a standardized, national curriculum on data management and the EMR system, as well as an improved and updated user manual for the system to support training activities. I-TECH will support adaptation and implementation of the curriculum for pre-service and in-service training for personnel working in VCT, PMTCT, ARV, and non-ARV (palliative care) settings, including clinicians, social workers and psychologists, and data management personnel. I-TECH will support training on the MOH's National Health Data Management (HSIS) system. I-TECH will develop and implement a TOT for MOH and partner training staff with the goal of increasing capacity for delivering high-quality and technically sound training.

ACTIVITY 6: I-TECH will undertake a targeted program evaluation measuring transfer of learning among residents, junior, and mid-level physicians trained at HUEH. Evaluation of transfer will address whether learners apply skills to the workplace, measuring training outcomes. Training participants will be contacted 6-12 months after participating in training. Methods may include observation of providers by trained mentors, a follow-up survey of trained providers, or patient exit interviews. This will yield valuable information about the quality of the training program and the conditions necessary for transfer of learning into practice.

ACTIVITY 7: I-TECH will conduct a second targeted program evaluation on the process and outcomes of the integration of HIV/AIDS into the curriculum of the five national nursing schools (ENI). A standardized student knowledge assessment based on core competencies and reflective of the new HIV/AIDS content will be developed and used to collect baseline data from nurses currently completing degrees at the ENI. During the implementation of new HIV content in the curriculum, I-TECH will work with the ENI faculty and administration to systematically monitor the changes made to methods, materials, and content, and student and faculty reactions to these changes. This information will be used to document lessons learned and recommendations for improvement in the curriculum and teaching. Each cohort of nursing students will be assessed as they complete the program. Student exam results will be compared over time, and triangulated with process evaluation data on implementation of the curriculum. I-TECH proposes to conduct follow-up observational assessments of nursing skills in practice among recent graduates after 2 and 4 years, to identify outcomes of the initiative.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17234

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17234	3910.08	HHS/Health Resources Services Administration	University of Washington	7698	3142.08	ITECH	\$700,000
9341	3910.07	HHS/Health Resources Services Administration	University of Washington	5151	3142.07	ITECH	\$550,000
3910	3910.06	HHS/Health Resources Services Administration	University of Washington	3142	3142.06	ITECH	\$360,000

Emphasis Areas
Workplace Programs
Human Capacity Development
Public Health Evaluation
Food and Nutrition: Policy, Tools, and Service Delivery
Food and Nutrition: Commodities
Economic Strengthening
Education
Water

Table 3.3.17: Activities by Funding Mechanism

Mechanism ID: 6218.09	Mechanism: National Laboratory
Prime Partner: Ministre de la Sante Publique et Population, Haiti	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Strategic Information
Budget Code: HVSI	Program Budget Code: 17
Activity ID: 28962.09	Planned Funds: \$300,000
Activity System ID: 28962	
Activity Narrative: Partnership Framework 20% (5 million in total). This activity will focus on the development and implementation of the Lab Management Information System (LMIS) at the National Public Health Laboratory.	
New/Continuing Activity: New Activity	
Continuing Activity:	

Table 3.3.17: Activities by Funding Mechanism

Mechanism ID: 3144.09	Mechanism: IHE
Prime Partner: Institut Haitien de l'Enfant (Haitian Child Health Institute)	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Strategic Information
Budget Code: HVSI	Program Budget Code: 17
Activity ID: 3907.28956.09	Planned Funds: \$300,000
Activity System ID: 28956	

Activity Narrative: The narrative will be modified in the following ways:

Activity 01: Conduct the 6th annual sero surveillance survey. This activity will repeat the annual sero surveillance survey to estimate the current trends of the HIV and syphilis epidemics among 10,000 pregnant women attending 25 PMTCT sites and will estimate for the first time, the incidence of HIV among that population. The survey will take into account the experience gained in COP 08 in implementing the sero survey in the PMTCT network, and will use again the methodological approach used to estimate the prevalence of HIV and syphilis. In addition, the technology of Aware™ BEDTM EIA HIV-1 test will be used to estimate the HIV incidence. The planning and implementation phases of the survey will be accomplished by IHE in close collaboration with the MOH National Lab and the CDC local Lab Advisor. At the end of March 2010, a report will be published that presents trend analyses of the HIV and syphilis epidemics among pregnant women and an estimate of the incidence of HIV infection.

Activity 02: Monitoring of Early Warning Indicators (EWI). IHE will continue monitoring the Early Warning Indicators (EWI) of Anti-retroviral Resistance based on the guidelines adopted by the World Health Organization and using the Electronic Medical Records (EMR) that are in use at the different ART sites – records that were developed by the International Training and Education Center on HIV/AIDS (I-TECH), Partners in Health (PIH) and “Groupe Haitien d’Etudes du Sarcome de Kaposi et des Infections Opportunistes” (GHESKIO). The objective of this activity is to assess the extent to which the ART program is working to optimize the prevention of HIV drug resistance. Approximately 45 institutions in the ART network that have patients registered for at least six months of ART will be targeted; the primary period under study will examine patients enrolled from January through June 2008 and followed for one year. In addition, IHE will examine at 24 months of ART, the cohort enrolled from January through June 2007. IHE will use the same methodological approach used during the preceding year, with emphasis on data validation and extensive auditing of data collected that compares data from the EMR with data collected using the manual tools/records in use at the different sites. IHE will work with I-TECH, PIH and GHESKIO to update the EMR software to allow the electronic extraction of data. IHE will also work in close collaboration with the Ministry of Health and the Pan American Health Organization (PAHO) in Haiti to implement this activity and analyze the data. At the end of December 2009, a report will be issued that indicates the level of the EWI for Anti-retroviral Resistance at the different sites and that provides appropriate recommendations.

Activity 03: Evaluation of HIV primary drug resistance. The objective of this activity is to evaluate the extent of transmitted HIV drug resistance at selected sites. The protocol developed by WHO and CDC and used in COP 08 by IHE in a pilot phase will be revised based on the experience gained in the previous year. This evaluation will be carried out at three selected sites within the ANC/PMTCT sero sentinel network representing respectively the Metropolitan area, the urban area and the rural area. The target population will be pregnant women attending the ANC/PMTCT sites who are under 25 years of age, in their first pregnancy, and not previously on ART. The evaluation of the extent of transmitted HIV drug resistance will be performed using genotyping characterization, determined by a specialized lab recommended by the World Health Organization (WHO) and CDC. IHE will work closely with the local CDC and Pan-American Health Organization (PAHO/WHO) offices in implementing this evaluation. By the end of March 2010, a report will be presented indicating the level of HIV resistance by site for each drug and each class of drugs as <5%, 5-15% and >15%.

Activity 04: Develop and implement a monitoring system for children born of HIV positive mothers. With support from UNICEF, IHE conducted a primarily qualitative study of existing services for children born of HIV-infected mothers. The results of that study indicate that a successful intervention for these children needs to begin during the pregnancy of the HIV+ woman. The follow-up of children born of HIV+ mothers begins at birth, which requires an effective coordination of services inside the hospital starting with a coordination of maternity and pediatric/ infant-care services. The study also identified a need to have a community-based component to encourage that post-partum and post-natal medical visits happen as scheduled and to determine and overcome the difficulties each mother confronts in assuring appropriate care of their infants/children.

The objective of this activity is to ensure the proper follow-up and care of children born of HIV positive women that takes into account the extremely limited number of those children who previously benefited from proper care.

Under this activity, IHE will establish a comprehensive monitoring system that tracks services for HIV+ pregnant women and their infant children, beginning with the proportion of seropositive women who deliver in hospitals and the proportion of children born of HIV+ mothers who are enrolled in the PTMTC program. IHE will also track the mechanisms in place to encourage hospital-based deliveries and the operation of community-based systems of support and training available for HIV+ mothers. This activity will primarily focus on monitoring the services provided to these children, the evaluation of the clinical and biological status of the children - using the evaluation system developed jointly by PAHO/WHO and UNICEF-, the treatment received by those children and their survival status at 3, 12 and 24 months.

This activity will be implemented in 15 institutions delivering PMTCT+ services with a Community Palliative Care (Care and Support Program) component.

IHE will orient the staff at collaborating institutions in the use of the monitoring system to improve the quality and comprehensiveness of health and support services provided to children born of HIV positive mothers.

IHE will work closely with the MOH, the CDC, the United States for International Development (USAID) and the United Nations Children’s Funds (UNICEF) offices in implementing this activity. After finalizing the list of indicators with these partner institutions, IHE will devise and establish an appropriate monitoring system based on existing data collection mechanisms and avoiding duplications and inefficiencies.

A report will be submitted by March 2010 that presents practical recommendations aimed at generalizing a system of child follow-up and care that is associated with and intergrated into existing health information systems.

Activity Narrative: BACKGROUND

This project, funded by PEPFAR through a cooperative agreement between the Centers for Disease Control and Prevention (CDC) and IHE since September 2004, is ongoing. It will build upon accomplishments of preceding years, taking into consideration progress made and lessons learned in tracking reports, validating data, providing technical assistance to individual sites, supporting development of the Monitoring and Evaluation Surveillance Interface (MESI) electronic system and supporting training sessions on the HIV/AIDS information system.

This project is supported by the Haitian government. All activities will be implemented directly by IHE, but particular attention will be paid to work more closely with MOH staff, reinforcing the existing working relationship. However, there will be no major change in the strategic approach. We will focus on data analysis and utilization of information.

ACTIVITIES AND EXPECTED RESULTS

Activity 1 - See above

Activity 2 - See above

Activity 3 - See above

Activity 4 - See above

Activity 5 – Support to the development of MESI: IHE will continue to provide inputs for the development and upgrade of MESI. IHE will ensure implementation of these specific activities: identification and development by SOLUTIONS of new reports related to monitoring of site activities and site performance in order to respond to the needs of strategic information, introduction in MESI of new tools that facilitate data analysis and quality control, and train site and departmental personnel to be able to use MESI and ensure sustainability. A revised version of MESI's web application with the new functionalities will be available by December 2008 in all sites and used by 100% of the site personnel.

Activity 6 - Conduct a sixth round of the ANC sero survey in the existing network of sites. The methodological approach used will be the same as in the preceding years with a complementary component to compare classical ANC sero survey with usual PTME (spell out) monitoring system, in order to test the possibility to use the regular PMTCT monitoring system as an instrument for trend analysis of HIV epidemic among pregnant women. In-depth participation of the MOH staff will be sought at central and peripheral levels to assure progressive transfer of this activity to MOH. At the end of December 2008, a report will be available on trend analysis of HIV epidemic among pregnant women.

Activity 7: Collect data on Early Warning Indicators of Anti-retroviral Resistance per guidelines of the World Health Organization. IHE, with the support of the Pan American Health Organization (PAHO) in Haiti, began collection of non-laboratory data for Early Warning of Anti-Retroviral Resistance using the Early Warning System of the WHO. Genotyping characterization, the laboratory component of this surveillance system, will be performed this year using funding from PAHO. For 2008, however, continued collection of data (including individuals lost to follow-up, no shows for appointments, etc) will be collected from ARV sites during visits for the routine validation of data.

Activity 8: Support UCSF for the Triangulation. IHE (the local partner) will subcontract University of California at San Francisco (UCSF) in the planning and implementation of the triangulation. They will collaborate in the definition of questions, the gathering of data/reports, facilitation of meetings, analysis of data and drafting of reports. They will recruit a high level local consultant specialized in modeling and handling of data to lead that effort.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17184

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17184	3907.08	HHS/Centers for Disease Control & Prevention	Institut Haitien de l'Enfant (Haitian Child Health Institute)	7683	3144.08		\$600,000
9284	3907.07	HHS/Centers for Disease Control & Prevention	Institut Haitien de l'Enfant (Haitian Child Health Institute)	5125	3144.07		\$1,300,000
3907	3907.06	HHS/Centers for Disease Control & Prevention	Institut Haitien de l'Enfant (Haitian Child Health Institute)	3144	3144.06		\$265,000

Table 3.3.17: Activities by Funding Mechanism

Mechanism ID: 7725.09

Prime Partner: John Snow, Inc.

Funding Source: GHCS (State)

Budget Code: HVSI

Activity ID: 18846.28958.09

Activity System ID: 28958

Mechanism: MEASURE Evaluation Track Order

USG Agency: U.S. Agency for International Development

Program Area: Strategic Information

Program Budget Code: 17

Planned Funds: \$250,000

Activity Narrative: JSI will continue to support the United States Government (USG) country team to improve health information systems, monitor and evaluate health programs and institute effective and evidence-based programmatic decision making with the aid of quality data. While the principal emphasis of this activity will be strengthening health management information systems (HMIS), other important emphasis areas include support for monitoring and evaluation (M&E), and reporting for the President's Emergency Plan for AIDS Relief (PEPFAR), and continued development and implementation of an USG reporting system for community-based programs. Particular emphasis will be placed on strengthening data quality for reporting and the use of program data for decision making. The primary target populations include staff at the UCC (NACC) and the MOH (MSPP), health care workers, and program managers within community based organizations (CBOs), faith-based organizations (FBOs), non-governmental organizations (NGOs) and other PEPFAR implementing partners. The scope of this support is national as the HMIS extends to all health districts while the community-based activities are conducted in all provinces.

BACKGROUND: The implementing organization has supported M&E activities in Haiti since 2001. Building on this experience, the implementing organization will work at the national level coordinating with a variety of stakeholders such as the Ministry of Health (MOH), UCC (Unité Centrale de Coordination du Programme de Lutte contre les IST/VIH/SIDA), the Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM), the Inter-American Development Bank (IDB) and PEPFAR implementing partners.

Sub-activity 1: Technical assistance support to the USAID/Haiti Social Services Strategy

The Technical Assistance will address four focus areas that are linked – (1) to build monitoring and evaluation capacity (through mentoring, seminars etc.) of the USAID/Haiti health and education technical staff; (2) to provide technical assistance to the health and education implementing partners to enable them to have an adequate system for, and capacity to, monitor their respective program performance; (3) provide technical assistance to both the USAID technical staff and the implementing partners on jointly monitoring overall strategy performance towards achieving end of year and end of strategy results; 4) provide technical assistance and strategic technical direction to the PEPFAR Haiti Program and 4) develop a data management system for all implementing partner reporting data for the Health and Education Office .

Sub-activity 2: Development of a paper-based system for monitoring performance of non facility-based interventions.

Activities in support of community level program information reporting for 2009 is a continuation of a process begun in 2006. The community based activity reporting system began in 2007 (COP 2006) as a USG implementing partner reporting system for PEPFAR indicators. Indicators were harmonized among IPs and standardized forms and reports were created. Training was conducted for community level staff in spring, 2008. In COP 2009 the emphasis will be on supervising and facilitating the comprehensive roll-out of the system to all USG implementing partners. Supportive supervision and mentoring will be provided to data managers and decision makers at the community level to ensure appropriate evidence-based decision making, use of data for program management, and reporting of quality data. In COP 2009 the implementing organization proposes to harmonize the information system for community based activities with the Haitian National AIDS Control Program and programs supported by other international donors (e.g. the Global Fund, UNICEF). Additionally, MEASURE Evaluation proposes to conduct a formal evaluation of the effectiveness of the community based activity reporting system in monitoring programs and strengthening program management. Funding for this activity will be used for consensus building meetings, site visits, technical assistance visits by international-based staff as well as salary support for full time in-country and international-based staff. MEASURE Evaluation would like to hire a full time staff member to foster the comprehensive roll out of this important new system.

Sub-activity 3: Data Demand and Information Utilization (DDIU)

Good program management depends on quality data for effective decision making. The data demand and information utilization curriculum devised by MEASURE Evaluation stresses the identification of important stakeholders and linking these to the critical management decisions they are required to make, as well as the sources where these data can be found. In COP '09 MEASURE Evaluation will build capacity in Haiti at all levels of the health system (National, Implementing Partner, Service Delivery Sites) but particular focus will be placed on decisions made and demand for information at the community level and in health care facilities. MEASURE Evaluation will implement a stepwise approach to stimulating demand and improving use of data; (1) perform a DDIU assessment; (2) use the information from Step 1 to identify and define strategic opportunities in terms of the entry point of DDIU activity, beneficiaries, and stakeholders and anticipated results; (3) select the DDIU tools and approaches that will be applied; and (4) document the impact of DDIU activities in terms of the anticipated results from Step 2. In 2009, MEASURE Evaluation will support the extension of the DDIU curricula to the level of the health care facility/implementing site/community-based program. In addition, MEASURE Evaluation proposes to identify needs for secondary data analysis of PEPFAR program data and develop the capacity within local organizations to conduct such analyses. Funding for this activity in 2009 will be designated for conducting regional trainings for data use, conducting site visits for data quality control and data use mentoring, and evaluations of information needs at the organizational level and for preparing guidelines for secondary data analysis of PEPFAR data. Support for in-country and international-based salaries will also be required.

Sub-activity 4: Strengthening the integration of HIV/AIDS HIS into the overall HIS.

This activity was suspended in FY 2006 due to a lack of support by the MOH and re-prioritization of needs by USG. It is hoped that in accordance with a renewed emphasis on health information system strengthening by the Office of the Global AIDS Coordinator (OGAC), this activity will have the necessary support for implementation in COP '09. The COP 2009 proposes implementing a strategic plan to integrate HIV/AIDS data into the overall HMIS in Haiti. USG support enables the HIS system to meet both short and long term HIV/AIDS health information goals, including meeting the information needs of diverse international donor organizations, including PEPFAR, GFATM, UNICEF, and the MOH, in a harmonized

Activity Narrative: system (the “Three Ones”). In FY 2009 the implementing organization plans to 1) ensure that the HIS regularly reports quality HIV/AIDS data to PEPFAR and GFATM, 2) implement and monitor performance of the patient referral system within the health care system; and 3) provide technical assistance to the 10 health departmental offices to strengthen their capacity to validate, analyze, and use data.

Sub-activity 5: General HMIS Strengthening

The development and strengthening of a routine facility-based health information system (RHIS) is an integral part of the strategic information plan and a critical element for fostering sustainability of SI in Haiti. The USG has supported Haiti in building a sustainable HIS that permits generation of information necessary for rational decision making at each level of the health system. MEASURE Evaluation will build on work conducted in previous years by: 1) strengthening the RHIS management capacity at Ministry offices responsible for RHIS management (Division of Epidemiology and Laboratories, Division of Planning and Evaluation) through focused technical assistance in database development and management, data analysis, monitoring and evaluation, and reporting; 2) assisting the MOH in the elaboration of the Haiti Annual Report (annual activity); 3) organizing workshops on data review, use and dissemination (including the publication of departmental newsletters and feedback reports); 4) organizing refresher training for facility personnel on data collection form completion (e.g. registers, monthly report form); 5) providing training for regional RHIS managers on best practices for RHIS management and implementation (e.g. performance monitoring and evaluation); 6) monitoring the quality of RHIS data and intervening where appropriate; and 7) working with USG to harmonize the RHIS with existing reporting systems (e.g. MESI for HIV/AIDS). To that effect, the RHIS database will be enhanced to allow the exportation of an XML data file for easy integration into the MESI system. Making the RHIS data available via the online MESI system will make RHIS program managers more accountable by increasing the visibility of the strengths and weaknesses of the RHIS data. Additionally, the increased access to data afforded by the online data will make the RHIS more effective at enabling evidence-based decisions system wide. Other potential areas for integration include the Inter-American Development Bank’s pilot project for strengthening health systems at the level of the UCS.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18846

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18846	18846.08	U.S. Agency for International Development	John Snow, Inc.	7725	7725.08	MEASURE Evaluation Track Order	\$550,000

Table 3.3.17: Activities by Funding Mechanism

Mechanism ID: 3147.09	Mechanism: NASTAD
Prime Partner: National Association of State and Territorial AIDS Directors	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Strategic Information
Budget Code: HVSI	Program Budget Code: 17
Activity ID: 10243.28959.09	Planned Funds: \$650,000
Activity System ID: 28959	

Activity Narrative: BACKGROUND

Activities in FY 2009 will continue to support the in-country hire and her work with MSPP to operationalize and support the surveillance plan. In addition, NASTAD will continue to provide peer-to-peer technical assistance through pairing of U.S. health department epidemiologists with their counterpart Haitian departmental epidemiologists and epidemiologists within UCP, DERL and the National Laboratory in support of capacity enhancement in epidemiology and surveillance.

NEW ACTIVITIES AND EXPECTED RESULTS:

NASTAD will carry out four separate activities in support of capacity enhancement of the MSPP:

ACTIVITY 1:

Continue providing technical assistance to MSPP for revitalizing the national AIDS surveillance system. The NASTAD team will provide support to the MSPP to expand the surveillance system in a sustainable fashion to 158 voluntary counseling and testing (VCT) and preventing mother to child transmission (PMTCT) sites and to ensure that analysis and application of the surveillance data occurs and also developing the process of reporting existing individual-level case report data by HIV testing and treatment sites into the Monitoring Evaluation and Surveillance Interface (MESI). Partners in this expansion process are expected to include the MSPP departmental epidemiologists, MSPP departmental monitoring and evaluation officers, the Monitoring and Evaluation Team of Haiti (METH), and CDC/Haiti.

The NASTAD team will host their Haitian counterparts in the U.S. to facilitate skills exchange and enhance the mentoring process. This mentoring relationship will provide opportunities for professional growth and skills development while also strengthening the case notification system, facilitating analysis and synthesis of HIV data, and promoting the use of data for departmental planning and decision-making. The FY 2009 delegation visit will include four department-level epidemiologists.

ACTIVITY 2:

The second activity is to provide TA to central and departmental-level epidemiologists in developing an epidemiological profile document for their department.

In FY 2009, NASTAD will provide TA to train 60 departmental level MSPP Staff. NASTAD will conduct a formal Data Interpretation and Utilization Needs Assessment at both central and departmental Ministry and will utilize the Epidemiologic Profile of the Grand Sud as a tool to increase the capacity for epidemiological interpretation and utilization.

ACTIVITY 3:

NASTAD will provide targeted TA to the Haiti MOH on the development of surveillance forms, legislation and surveillance system requirements. NASTAD will host a delegation of three central MSPP staff (DERL, UCP) in the US to facilitate the development of a first draft of surveillance legislation and NASTAD team members will continue providing on-going technical assistance to finalize this legislation procedure.

ACTIVITY 4:

The fourth activity is to provide technical assistance the MSPP in the revitalizing the National Ethic Committee. In FY 2009, NASTAD will be collaborating with the central level MSPP to review the research protocols and procedures. In addition, NASTAD will facilitate the capacity building of the national ethic committee members

TARGETS:

In order to strengthen and sustain, current surveillance capacity building efforts in Haiti, NASTAD will continue supporting the position of a Country Advisor and a full time coordinator will also be hired to assist the country advisor in supporting the ongoing technical assistance to central and departmental MSPP staff. Both, the country advisor and the technical coordinator will facilitate NASTAD's collaboration with CDC/Haiti, MSPP, METH, SOLUTIONS and Tulane University with a view to integrate surveillance capacity building efforts with Monitoring and Evaluation activities. The full time hired NASTAD staff in Haiti will also provide on-going TA to the newly hired ten M&E coordinators.

Conduct study tour to US with departmental epidemiologists to facilitate skills exchange and enhance professional growth of MSPP staff.

Provide on-going Technical assistance to central, departmental and communal MSPP epidemiologists and other staff on HIV cases notification forms training.

Develop training curricula and materials to support epidemiologic profile development.

Conduct 10 trainings to support the replication of epidemiologic profile document and the use of data for decision-making.

Provide Technical assistance to central staff of MSPP in developing a surveillance legislation procedure.

Provide technical assistance to MSPP in revitalizing the national Ethic Committee.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17207

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17207	10243.08	HHS/Centers for Disease Control & Prevention	National Association of State and Territorial AIDS Directors	7690	3147.08		\$400,000
10243	10243.07	HHS/Centers for Disease Control & Prevention	National Association of State and Territorial AIDS Directors	5135	3147.07		\$250,000

Table 3.3.17: Activities by Funding Mechanism

Mechanism ID: 9393.09	Mechanism: Tulane
Prime Partner: Tulane University	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Strategic Information
Budget Code: HVSI	Program Budget Code: 17
Activity ID: 18848.28960.09	Planned Funds: \$600,000
Activity System ID: 28960	

Activity Narrative: SUMMARY:

This activity is aimed at backstopping the overall development of the HIS for HIV/AIDS supported by PEPFAR on various areas. It encompasses: (i) Support the USG team for the preparation of the PEPFAR annual and semi-annual reports and for overall planning effort (ii) technical assistance to the Ministry of Health for elaboration of the M&E framework, M&E plan, and the M&E regional workshops on HIV/AIDS and for the generation of reports on demand (iii) technical assistance to IHE for the improvement of data collection and reporting processes as well as data quality control mechanisms (iv) technical assistance to SOLUTIONS for the overall design and continuous enhancement of the web-based (MESI) and for the improvement of data base management and data quality inputs (v) technical assistance to the Regional Information Officers of the USG team (RIO) in the rolling out of the internetworking infrastructure, especially in system design and implementation. The primary emphasis of this activity is: training and workshops, HMIS, USG data base and reporting system, and IT. Specific target population include physicians, nurses or health professionals involved in data collection, management and analysis, Statisticians and data clerks, District Regional Officers, Regional Information Officers, NGOs, and local organization consultants involved in M&E and data.

BACKGROUND:

Prior to the advent of PEPFAR, the USG team had received support from a specialized US-based organization to help with the development of an M&E system for the national HIV/AIDS program with a mandate to standardize indicators, organize M&E 101 training for the MOH staff and key USG partners, and support the dissemination of HIV/AIDS data. This mandate expanded under PEPFAR to incorporate progressively additional tasks such as: (i) support the USG team for preparation of PEPFAR reports (ii) support to the reinforcement of IT infrastructure and the training of field staffs in basic computer skills, (iii) technical support to local organizations such as IHE and SOLUTION for data collection validation, reporting and analysis. The strategy adopted by this support organization to deliver this technical assistance has been to detail a full time M&E officer in Haiti and commission specialized short term consultancies for specific works. Through this assistance: more than 600 individuals received M&E training in various areas; an architecture for the rational deployment of IT infrastructure has been developed and implemented with a perspective of establishing a countrywide network; 42 sites have been outfitted with basic computer equipment and internet connection; field personnel have received hands-on training at different sites for the use of computer and internet; the USG team has received regular support to prepare its annual and semi annual reports; processes and mechanisms at the two local institutions, IHE and SOLUTION has made significant improvements. As the contractor for these activities came under the UTAP mechanism, the USG team has put into place a competitive process to find a follow on contractor.

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

With the expansion of the program with the help of International Funds like PEPFAR and Global Funds, Haiti is facing a human resources crisis. In order to enhance the capacity of health care staff at the local, regional and national level providing health care services, Tulane will assist the Haitian Ministry of Health and the Haiti State University (JUH), in the elaboration and the development of a Public Health Masters Program and Short-term certificate program. The purpose of this Masters Program and Short-term Certificate Program is to: (1) establish a new health professional network focus on program and program improvement, to take advantage of the great strides made in M&E demand for donors for accountability and efficiency, but also as a retention tool for the Ministry of Health, (2) produce qualified health professionals in Health Monitoring and Evaluation to work with the private and public sectors, (3) be country owned and operated.

Tulane will provide technical assistance to the Ministry of Health and CDC-Haiti in-country partners in the development of a short course certificate program on Monitoring and Evaluation to improve program implementation, accountability and transparency in Health and to provide a platform for experience exchange in the area of Health M&E between practitioners and theories. These short courses will emphasize the logical models of Health Programs, communication, networking, Information Technology, data management, analysis and reporting. Tulane will provide technical assistance to the MOH to provide long distance learning training on M&E primarily through online classes using video-conferencing facilities and follow-up discussion calls with Professors.

ACTIVITY 2:

With more than 85% of patients in care and available on the Electronic Medical Records used by Ministry of Health and Population (MSPP), by GHESKIO, and PIH, as well as the aggregated data on MESI, it is important to access the current functionality and the sustainability of these systems to ensure that these systems are adhering to the national and international standards in data elements, security, confidentiality, storage and transfer and utilization of information. Tulane proposes to assist with an evaluation of key aspects such as usefulness, security, simplicity, flexibility, quality of data of Haiti's Patient Monitoring Systems for best practices and recommending improvements.

ACTIVITY 3:

Tulane will provide TA to the MSPP in data collection, analysis and interpretation to address key questions related to the epidemic. Tulane proposes to provide technical assistance for the following activities: (1) gaining basic understanding on the utilization of data medical record forms and various Health Information systems (EMR, MESI, TRAINSMART, LIS, HIV/QUAL), (2) managing and understanding these databases; (3) gaining a basic understanding of analytic methods; (4) learning and utilizing Geographic Information Systems software, STATA and SPSS software. Tulane also proposes to conduct training workshops on data cleaning, use, analysis, writing, and triangulation with the goal of identifying drivers of the epidemic.

ACTIVITY 4:

Distance learning-online training: Tulane will continue to support the deployment of IT infrastructure by providing equipment at specific facilities to facilitate online training, technical assistance for needs assessments and architecture design and implementation. Tulane will provide technical assistance to the MSPP to offer online video training in the fundamental concepts and tools for M&E of HIV/AIDS programs in French and Haitian Creole, linked to the use of data collection tools and the use of reporting of data for the

Activity Narrative: facility-based level. This will limit the displacement of health workers from different health facilities around Haiti to the training center in Port-au-Prince in order to receive training and permit information of new versions of the Electronic Information database to be shared. The video-conference system will allow the Health Professional at the MOH at the central level to communicate on a regular basis with other health professionals at the regional and communal levels.

ACTIVITY 5:

Tulane will provide technical assistance to implement the "digital fingerprints" identification system of patients attending and receiving ART at health facilities. This system is meant to reduce duplication of patients receiving HIV care within or from different regional health facilities. Tulane will assist the MOH by conducting a small pilot study with the intention of identifying best practices and recommending improvements.

ACTIVITY 6:

Tulane will support the U.S. Government team in Haiti in the preparation of the semi-annual and annual reports for the President Emergency Plan for AIDS Relief. Tulane will develop templates to tally data and provide support to the U.S. Government in-country team for the tabulation and validation of data during the preparation of reports.

ACTIVITY 7: Tulane University will support the MOH by providing specialized consultancy to lead and organize the task force and workshops for developing the National M&E Plan for the National AIDS Control Program. Tulane University will lead the task force by: 1) organizing task force and working group meetings; 2) ensuring efficient control of information; 3) working with all partners; 4) obtaining technical assistance from Tulane as needed; 5) leading the drafting of the document.

ACTIVITY 8:

Tulane University will provide technical assistance and backstopping to METH to ensure completeness, accuracy and quality of data that are being reported from the sites. Indeed METH S.A. needs substantial assistance to face with difficulties with late reporting, facility capacity to process and report this data, lack of clearly defined indicators. Tulane University's assistance will include: (i) continuous assessment of the relevance of the data collection and reporting tools and their adjustments to the need of the programs (ii) regular data audit that focuses on the existing data quality, instruments, reporting templates and the data base currently being used (iii) joint site visits with IHE to review facility protocols and procedures and assess data quality by comparing central database with log books (iv) comparison between data posted on the electronic systems (MESI, EMR, and LIS) and data entered into paper systems (v) support for the preparation of a curriculum adapted to different categories of personnel (vi) support to IHE for the development of a manual to better define the indicators (vii) training of IHE statisticians and data base managers in use of statistical package software such as SPSS to increase their capacity for analysis (viii) Regular meetings with umbrella organization implementing the PEPFAR program such as PIH, GHESKIO, MSH which are collecting data both to feed the national system and to serve their own needs to ensure harmonization of their system with the national system. Tulane University will help create a tool for the audit of their data. This overall assistance will be provided through both the Tulane University local M&E officer and through specialized short term consultancy. The expected result is to ensure that the processes, mechanisms, and tools existing for data collection, validation and reporting are adequate and are set to provide good quality data.

ACTIVITY 9: Tulane University will provide technical assistance for the continuous development of MESI. Tulane will: (i) provide its technical support in order to continually assess the status of the MESI data base system for its completeness, its relevance and accuracy. Mechanisms will be developed to verify the MESI database and confirm that data have been updated (ii) provide technical oversight/guidance for the development of key technical support documents to facilitate the uniform and consistent operation of the system. These documents may include: data management plan and data quality plans and procedures. (iii) Collaborate with SOLUTION for the formulation of new queries for generation of reports from the database and for the design of data reporting templates to be incorporated into the MESI (iv) work with SOLUTION to incorporate into MESI a set of relevant and dynamic graphics for the display of information. (v) Develop built-in formula for data validation (vi) Develop and implement with SOLUTION data dissemination and use plan that includes promotion for the MESI database itself among implementing partners.

ACTIVITY 10: Tulane will provide financial and technical support to TBD for data triangulation of ANC, DHS, BSS and other designated/available data sources. The prevalence of HIV in the general population will be estimated from ANC surveillance and will be compared with the results of the 2005 HDHS+ to arrive at the best possible estimate of HIV prevalence in Haiti.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18848

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18848	18848.08	HHS/Centers for Disease Control & Prevention	Tulane University	9393	9393.08	Tulane	\$700,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$150,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.17: Activities by Funding Mechanism

Mechanism ID: 12227.09

Prime Partner: To Be Determined

Funding Source: GHCS (State)

Budget Code: HVSI

Activity ID: 29774.09

Activity System ID: 29774

Mechanism: IHE TBD

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Strategic Information

Program Budget Code: 17

Planned Funds: ██████████

Activity Narrative: The contract with IHE will end mid-year, therefore the remaining funds needed to follow on with this project (half year of funding) will remain as TBD until the new FOA is complete.

The narrative will be modified in the following ways:

Activity 01: Conduct the 6th annual sero surveillance survey. This activity will repeat the annual sero surveillance survey to estimate the current trends of the HIV and syphilis epidemics among 10,000 pregnant women attending 25 PMTCT sites and will estimate for the first time, the incidence of HIV among that population. The survey will take into account the experience gained in COP 08 in implementing the sero survey in the PMTCT network, and will use again the methodological approach used to estimate the prevalence of HIV and syphilis. In addition, the technology of Aware™ BEDTM EIA HIV-1 test will be used to estimate the HIV incidence. The planning and implementation phases of the survey will be accomplished by IHE in close collaboration with the MOH National Lab and the CDC local Lab Advisor. At the end of March 2010, a report will be published that presents trend analyses of the HIV and syphilis epidemics among pregnant women and an estimate of the incidence of HIV infection.

Activity 02: Monitoring of Early Warning Indicators (EWI). IHE will continue monitoring the Early Warning Indicators (EWI) of Anti-retroviral Resistance based on the guidelines adopted by the World Health Organization and using the Electronic Medical Records (EMR) that are in use at the different ART sites – records that were developed by the International Training and Education Center on HIV/AIDS (I-TECH), Partners in Health (PIH) and “Groupe Haïtien d’Etudes du Sarcome de Kaposi et des Infections Opportunistes” (GHESKIO). The objective of this activity is to assess the extent to which the ART program is working to optimize the prevention of HIV drug resistance. Approximately 45 institutions in the ART network that have patients registered for at least six months of ART will be targeted; the primary period under study will examine patients enrolled from January through June 2008 and followed for one year. In addition, IHE will examine at 24 months of ART, the cohort enrolled from January through June 2007. IHE will use the same methodological approach used during the preceding year, with emphasis on data validation and extensive auditing of data collected that compares data from the EMR with data collected using the manual tools/records in use at the different sites. IHE will work with I-TECH, PIH and GHESKIO to update the EMR software to allow the electronic extraction of data. IHE will also work in close collaboration with the Ministry of Health and the Pan American Health Organization (PAHO) in Haiti to implement this activity and analyze the data. At the end of December 2009, a report will be issued that indicates the level of the EWI for Anti-retroviral Resistance at the different sites and that provides appropriate recommendations.

Activity 03: Evaluation of HIV primary drug resistance. The objective of this activity is to evaluate the extent of transmitted HIV drug resistance at selected sites. The protocol developed by WHO and CDC and used in COP 08 by IHE in a pilot phase will be revised based on the experience gained in the previous year. This evaluation will be carried out at three selected sites within the ANC/PMTCT sero sentinel network representing respectively the Metropolitan area, the urban area and the rural area. The target population will be pregnant women attending the ANC/PMTCT sites who are under 25 years of age, in their first pregnancy, and not previously on ART. The evaluation of the extent of transmitted HIV drug resistance will be performed using genotyping characterization, determined by a specialized lab recommended by the World Health Organization (WHO) and CDC. IHE will work closely with the local CDC and Pan-American Health Organization (PAHO/WHO) offices in implementing this evaluation. By the end of March 2010, a report will be presented indicating the level of HIV resistance by site for each drug and each class of drugs as <5%, 5-15% and >15%.

Activity 04: Develop and implement a monitoring system for children born of HIV positive mothers. With support from UNICEF, IHE conducted a primarily qualitative study of existing services for children born of HIV-infected mothers. The results of that study indicate that a successful intervention for these children needs to begin during the pregnancy of the HIV+ woman. The follow-up of children born of HIV+ mothers begins at birth, which requires an effective coordination of services inside the hospital starting with a coordination of maternity and pediatric/ infant-care services. The study also identified a need to have a community-based component to encourage that post-partum and post-natal medical visits happen as scheduled and to determine and overcome the difficulties each mother confronts in assuring appropriate care of their infants/children.

The objective of this activity is to ensure the proper follow-up and care of children born of HIV positive women that takes into account the extremely limited number of those children who previously benefited from proper care.

Under this activity, IHE will establish a comprehensive monitoring system that tracks services for HIV+ pregnant women and their infant children, beginning with the proportion of seropositive women who deliver in hospitals and the proportion of children born of HIV+ mothers who are enrolled in the PTMTC program. IHE will also track the mechanisms in place to encourage hospital-based deliveries and the operation of community-based systems of support and training available for HIV+ mothers. This activity will primarily focus on monitoring the services provided to these children, the evaluation of the clinical and biological status of the children - using the evaluation system developed jointly by PAHO/WHO and UNICEF-, the treatment received by those children and their survival status at 3, 12 and 24 months.

This activity will be implemented in 15 institutions delivering PMTCT+ services with a Community Palliative Care (Care and Support Program) component.

IHE will orient the staff at collaborating institutions in the use of the monitoring system to improve the quality and comprehensiveness of health and support services provided to children born of HIV positive mothers.

IHE will work closely with the MOH, the CDC, the United States for International Development (USAID) and the United Nations Children's Funds (UNICEF) offices in implementing this activity. After finalizing the list of indicators with these partner institutions, IHE will devise and establish an appropriate monitoring system based on existing data collection mechanisms and avoiding duplications and inefficiencies.

Activity Narrative: A report will be submitted by March 2010 that presents practical recommendations aimed at generalizing a system of child follow-up and care that is associated with and intergrated into existing health information systems.

BACKGROUND

This project, funded by PEPFAR through a cooperative agreement between the Centers for Disease Control and Prevention (CDC) and IHE since September 2004, is ongoing. It will build upon accomplishments of preceding years, taking into consideration progress made and lessons learned in tracking reports, validating data, providing technical assistance to individual sites, supporting development of the Monitoring and Evaluation Surveillance Interface (MESI) electronic system and supporting training sessions on the HIV/AIDS information system.

This project is supported by the Haitian government. All activities will be implemented directly by IHE, but particular attention will be paid to work more closely with MOH staff, reinforcing the existing working relationship. However, there will be no major change in the strategic approach. We will focus on data analysis and utilization of information.

ACTIVITIES AND EXPECTED RESULTS

Activity 1 - See above

Activity 2 - See above

Activity 3 - See above

Activity 4 - See above

Activity 5 – Support to the development of MESI: IHE will continue to provide inputs for the development and upgrade of MESI. IHE will ensure implementation of these specific activities: identification and development by SOLUTIONS of new reports related to monitoring of site activities and site performance in order to respond to the needs of strategic information, introduction in MESI of new tools that facilitate data analysis and quality control, and train site and departmental personnel to be able to use MESI and ensure sustainability. A revised version of MESI's web application with the new functionalities will be available by December 2008 in all sites and used by 100% of the site personnel.

Activity 6 - Conduct a sixth round of the ANC sero survey in the existing network of sites. The methodological approach used will be the same as in the preceding years with a complementary component to compare classical ANC sero survey with usual PTME (spell out) monitoring system, in order to test the possibility to use the regular PMTCT monitoring system as an instrument for trend analysis of HIV epidemic among pregnant women. In-depth participation of the MOH staff will be sought at central and peripheral levels to assure progressive transfer of this activity to MOH. At the end of December 2008, a report will be available on trend analysis of HIV epidemic among pregnant women.

Activity 7: Collect data on Early Warning Indicators of Anti-retroviral Resistance per guidelines of the World Health Organization. IHE, with the support of the Pan American Health Organization (PAHO) in Haiti, began collection of non-laboratory data for Early Warning of Anti-Retroviral Resistance using the Early Warning System of the WHO. Genotyping characterization, the laboratory component of this surveillance system, will be performed this year using funding from PAHO. For 2008, however, continued collection of data (including individuals lost to follow-up, no shows for appointments, etc) will be collected from ARV sites during visits for the routine validation of data.

Activity 8: Support UCSF for the Triangulation. IHE (the local partner) will subcontract University of California at San Francisco (UCSF) in the planning and implementation of the triangulation. They will collaborate in the definition of questions, the gathering of data/reports, facilitation of meetings, analysis of data and drafting of reports. They will recruit a high level local consultant specialized in modeling and handling of data to lead that effort.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 11438.09

Mechanism: CDC - Field Support

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Budget Code: 17

Activity ID: 3913.27476.09

Planned Funds: \$350,000

Activity System ID: 27476

Activity Narrative: INTEGRATED ACTIVITY FLAG:

Activities in this narrative are related to Institut Haitien de l'Enfance (IHE), International Training and Education Center on HIV (I-TECH), and TULANE narratives in strategic information; I-TECH in policy and systems strengthening and in counseling and testing (CT); prevention of mother to child HIV transmission (PMTCT); anti-retroviral (ARV) services; palliative care; and policy analysis and systems strengthening.

SUMMARY: Funding has been earmarked this year to acquire offshore technical assistance for the country team in the area of monitoring and evaluation. Emphasis will be put on shaping up the Monitoring and Evaluation (M&E) plan for the next five years as well as on data usage. The country office will continue to provide a selected range of support to the United States Government (USG) implementing partners in order to sustain their capacity to develop HIV/AIDS strategic information system. This supply-driven support will enable the USG to leverage the impact of its overall contribution to the national HIV/AIDS program. It encompasses: (i) hands-on technical assistance to collaborating partners by USG regional health information officers already established in Haiti's 10 regional departments. They will coordinate partner interventions and provide support in those skill-intensive domains in short supply in the country; (ii) cross technical assistance among sites within the concept of "Centers of Excellence" and; (iii) sponsorship of participation of local indigenous staff at international forums, workshops, and seminars with the objective of developing in-country expertise in strategic information (SI). The emphasis areas are IT, USG database and reporting systems. The primary beneficiaries are the MOH staff, community based organizations (CBOs), non-governmental organizations (NGOs), and other implementing organizations.

BACKGROUND: The USG has directly supported SI efforts since 2005 to ensure greater coordination of activities including: 1) maintaining highly skilled professionals in the field that would not be otherwise available; 2) consolidating investments in information technology and guaranteeing availability of data for strategic information purposes. Five regional health information officers (RIOs) have been hired and detailed to the regional departments of the country with each RIO covering more than one department. They are seconded by the Ministry of Health (MOH) regional departments and travel throughout their assigned region to provide support to the MOH, the sites, and local partners in health information systems management, commodity and drug information management, and overall project management to ensure that mechanisms are in place for the collection, processing, and analysis of data for decision making. RIOs currently support 128 sites throughout the country.

In Fiscal Year (FY) 2006 and FY 2007, funding was provided to support participation of local personnel at international forums, workshops, and seminars with the objective of fostering a new breed of local SI professionals, capable of filling their responsibilities within the established SI system. Several of those who attended offshore courses are now taking part as trainers or mentors to the ongoing M&E training programs.

ACTIVITIES AND EXPECTED RESULTS:

Activity 1: At no cost to the country team, CDC headquarters will provide a range of technical assistance to the country team to support the formalization of an M&E plan, the formulation of PHE themes and elaboration of corresponding protocols, and the use of data for decision making using the various databases in place.

Activity 2: CDC Haiti will provide hands-on assistance through RIOs and cross-assistance among participating sites. The five RIOs will travel throughout their assigned departments to support departmental directorates, sites, and community-based local partners. To encourage best practices and foster sharing of experiences, RIOs will encourage cross assistance among the sites, a practice by which the most experienced field personnel at the referral sites travel to assist other personnel at peripheral sites. CDC, through the RIOs, will provide leadership in the development, rolling out and maintenance of the data management system aimed at supporting the national HIV/AIDS program. Additionally, CDC will establish local area and regional networks for sharing of information within and between entities participating in the program and located in their coverage area; provide hands-on assistance and on the job training to health care providers, field data personnel, and regional authorities to enable them to perform data collection, reporting and processing duties; support the data quality assurance process and participate in field data validation visits and quality assurance circles; lead reengineering effort to establish work and data flow suitable to the easy collection of data in all sub-systems related to the development of the program; participate in the establishment and maintenance of a management by objective system with regular monitoring of established targets and by involving the sites, departmental directorates and partners; and maintain good relationships, interface and coordinate efforts with local authorities, facility personnel, and all USG partners developing interventions in their assigned areas.

Activity 3: The USG team will support the development of in-country SI expertise through sponsorship for field personnel to international workshops. Such sponsorship in FY 2005 and FY 2006 led to greater involvement and leadership from sponsored professionals. Opportunities will be sought to train people in management of community-based information systems. Among other areas of interest are: M&E, HIV/AIDS surveillance, tuberculosis (TB)/HIV surveillance, information technology, survey methodologies and techniques for conducting Behavioral Surveillance Surveys (BSS), antenatal surveys and incidence reports, and projections and estimation techniques.

Specifically, the USG team will regularly update the list of prospective training opportunities; identify potential candidates in collaboration with the MOH and partners; work with selected participants on scope of work to ensure application of workshops or seminar contents upon return; facilitate registration for participants; support the logistics registration, room and boarding; and maintain a database of participants.

TARGETS:

150 of local organizations provided with technical assistance for SI
30 individuals trained in SI including M&E, surveillance and HMIS

EMPHASIS AREAS:

- Training
- Human resources

Activity Narrative:

- Quality assurance / quality improvement and supportive supervision
- Monitoring, evaluation or reporting (or program level data collection)
- HIV Surveillance systems
- AIS, DHS, BSS or other population survey

TARGET POPULATIONS:

- Other MOH staff
- Implementing organizations
- Program managers
- Women
- Health care providers

COVERAGE AREAS:

- National

KEY LEGISLATIVE ISSUES:

Increasing gender equity in HIV/AIDS programs

New/Continuing Activity: Continuing Activity

Continuing Activity: 17241

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17241	3913.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7701	3141.08		\$350,000
9348	3913.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5154	3141.07		\$340,000
3913	3913.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	3141	3141.06		\$115,000

Table 3.3.17: Activities by Funding Mechanism

Mechanism ID: 3831.09	Mechanism: SCMS
Prime Partner: Partnership for Supply Chain Management	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Strategic Information
Budget Code: HVSI	Program Budget Code: 17
Activity ID: 18849.28666.09	Planned Funds: \$150,000
Activity System ID: 28666	

Activity Narrative: ACTIVITY UNCHANGED

SUMMARY:

Activities are carried out to provide planning and strategic tool for the two major stakeholders in the HIV/AIDS area: The US Government and the Global Fund through its principal recipient in Haiti, the Sogebank Foundation.

During the 2006 Implementers Conference in Durban SA, members of USG Team (Haiti and Washington, DC), Global Fund, Sogebank Foundation and SCMS/HQ met and discussed the need for a planning tool to be used by both stakeholders for their strategic thinking and planning of HIV activities. After analysis of various options, SCMS was asked to develop the tool.

The first version of the Project Management Information System (PMIS) tool is now available, was presented to the stakeholders and is ready for use with PEPFAR's data and indicators.

Next steps will address the GF projects' indicators, training of users and decision makers, maintenance of the tool as well as trouble shooting. Upgrades will be provided based on interaction with users and new needs identified by the stakeholders.

BACKGROUND:

The PFSCM project is part of an ongoing PEPFAR initiative started in FY 2006 and now working in over twenty countries including the fifteen focus countries and other non-PEPFAR and collaborating partners. Haiti is the one country to have a fully established PFSCM office and to offer all services and activities related to the supply chain management from forecasting to procurement, storage and distribution with a strong technical assistance component as well as a program management information system. The activities are keyed to assist the Haitian MOH and the major stakeholders in reaching the national objectives of care and support to PLWHA. The aim is to provide an integrated Information System to serve as a planning and strategic tool for the two major stakeholders in the HIV/AIDS area: The US Government and the Global Fund through its principal recipient in Haiti, the Sogebank Foundation. PFSCM will train key decision makers in the use of this tool as well as designated personnel at the corresponding organizations and agencies in data entry and validation.

ACTIVITES AND EXPECTED RESULTS:

We will carry out three separate activities in this Program Area.

ACTIVITY 1: UPDATING OF THE PMIS TOOL

The IS Team at SCMS will interact with all users as they start getting familiar with the tool and inputting data and using it for programmatic reasons. Updates and upgrades will be necessary during COP08 to include GF/FSGB indicators; to add other stakeholders on request and to create the interface with MESI

ACTIVITY 2: MAINTAINING THE TOOL

The IS Team in DC and in Haiti will carry our maintenance activities such as testing the tool and its responsiveness, trouble shooting, assisting users when facing functionality problems and installing the tool at selected locations on demand.

ACTIVITY 3: TRAINING

SCMS/HQ and Haiti will jointly conduct training at two levels:

1. Users: all those that will be asked by their respective organizations to input data and create reports;
2. Decision makers: those who will use the data/ reports to analyze, discuss with other partners and make strategic decisions.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18849

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18849	18849.08	U.S. Agency for International Development	Partnership for Supply Chain Management	7693	3831.08		\$200,000

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 3125.09

Mechanism: National AIDS Strategic Plan

Prime Partner: Ministre de la Sante Publique
et Population, Haiti

Funding Source: GHCS (State)

Budget Code: HVSI

Activity ID: 3912.28660.09

Activity System ID: 28660

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Strategic Information

Program Budget Code: 17

Planned Funds: \$1,700,000

Activity Narrative: ACTIVITY UNCHANGED:

SUMMARY: The purpose of this activity is to help materialize the “three ones” concept by capacitating the Ministry of Health (MOH) to: (i) implement the national monitoring and evaluation (M&E) framework; (ii) consolidate the HIV/AIDS information system into the Health Management Information System (HMIS); (iii) support the production and rolling out of standardized paper-based forms and registers both for facility and non-facility activities; (iv) assume a greater role in data validation and processing; (v) manage and process data, as well as monitor performance in all HIV/AIDS program areas; (vi) expand and maintain information technology (IT) infrastructure that currently links the different levels of the system (sites, department and central levels); (vii) expand the use of electronic databases such as the Monitoring Evaluation Surveillance Interface (MESI) and electronic medical records (EMR) and; (viii) coordinate and consolidate all monitoring and evaluation (M&E) training. The emphasis areas for this activity are: HMIS, IT, and HIV surveillance. The primary beneficiaries are MOH officials and staff, donors, service providers, and sites’ personnel.

BACKGROUND: Haiti’s health care system is divided into three sectors: public facilities, accounting for about 40% of service delivery; private not-for-profit and mixed facilities and programs, accounting for another 40% and; private for-profit providers (medical clinics and hospitals) accounting for the remaining 20%. In addition to its role as service provider, the MOH governs and regulates the system through several central departments in charge of standards, supervision, quality control and strategic planning. Within the MOH, the units which play the most prominent role with regard to strategic information are: (i) the Unité de Coordination de la Lutte contre les IST/VIH/SIDA (UCC), responsible for planning, monitoring and oversight of all HIV activities in the country; (ii) the Department of Epidemiology (DELR), in charge of surveillance, control, regulation, and integration of priority programs and; (iii) the departmental directorates (DDs) responsible for operations and oversight of field activities.

Through a cooperative agreement (CoAg) with the MOH, funding has been provided by the President’s Emergency Plan for AIDS Relief (PEPFAR) in Fiscal Year (FY) 2005 through FY 2007 and has allowed: (i) greater access to data by DDs and the central level through the electronic applications developed (MESI and EMR); (ii) reinforcement of the M&E structures at the DDs, where dedicated M&E staff has been hired; (iii) establishment of an information technology (IT) infrastructure comprised of national and regional servers allowing the local hosting of data; (iv) establishment of a dependable system for distribution of paper based materials (Forms and registers) utilized for data collection and reporting; (v) revitalization of a case notification system at pilot sites that has paved the way for expanded surveillance activities; and (vi) setting up of a national M&E course for HIV/AIDS professionals with the help of Tulane University, (vi) consolidation of all M&E training under the umbrella of the MOH and; (vii) an increase in the number the field visits carried out by the departments and the UCC.

ACTIVITIES AND EXPECTED RESULTS:

Activity 1: M&E framework and Consensus building: The MOH will continue to conduct consensus-building activities among all stakeholders (donors, MOH officials, and service providers) to develop a national health information system. To build consensus, the MOH will maintain and support the M&E cluster by calling regular cluster meetings, keep minutes of the meetings, and provide adequate follow-up to all meeting. The MOH will organize a national M&E framework conference focusing on the steps to materialize the framework. US funding will cover the logistics of the multiple meetings and the workshop, the acquisition of services of a consultant to handle the details and the production and dissemination of the M&E framework.

Activity 2: Producing and distributing data collection and reporting tools and registers. Various tools have been designed or adapted for clinical care and community services. Most of these tools, developed with United State Government support, have been extensively tested in the field. The MOH has in place a functional distribution system which has reduced the frequency of out of stock forms experienced in the past. The system functions with a central warehouse at the UCCC and regional hubs at the DDs. The MOH will continue to ensure seamless supplies to the sites and the community-based activity outlets. The tools to be produced and distributed include: voluntary counseling and testing (VCT) and preventing mother to child transmission (PMTCT) registers and reporting forms, patients charts (intake, follow up, laboratory, pharmacy, and discontinuation forms), pre anti-retroviral (ARV) and ARV registers, and community based registers and reporting forms (prevention, OVC, and palliative care). USG funds will be used to reinforce storage capacity at the UCC and the 10 DDs, produce the multiple forms and registers and cover the cost of handling and shipping.

Activity 3: Expanding and enhancing Information Technology (IT) infrastructure by (i) providing hubs and network equipment, (ii) ensuring protection of existing assets through installation of UPS and inverters, and (iii) supporting basic computer training for field staff. With an objective to take advantage of the possibility offered in IT and facilitate processing and sharing of information, PEPFAR and other donors have supported, through different mechanisms, the procurement and installation of IT equipment. The results have been remarkable. Monthly data are now available for 98% of implementing partners. As new sites are launched and as the information system for community services is rolled out, efforts will concentrate in FY 2008 on: (i) equipping the new sites and reinforcing IT capacity for the community-based partners and, (ii) expanding training in basic computer skills and computer maintenance for M&E field staff. The MOH has also initiated in FY 2007 the creation of an intranet, which will be expanded in FY 2008. PEPFAR funds will (i) cover the cost of training for personnel in 150 sites and 100 collaborating community based organizations (CBO) implementing non facility-based program, (ii) procure and install IT equipment and accessories, and (iii) reinforce the intranet.

Activity 4: Data processing, analysis and data quality control (QC) both at the central and departmental levels. The DDs have been reinforced in FY 2007 by hiring dedicated M&E staff and have taken on more responsibilities for data validation and QA/QC. Several mechanisms developed by the USG partners have been progressively transferred to the DDs. Efforts are now needed to allow the UCC, which only has one M&E contact person, to backstop the DDs.

Activity 5: Coordination and logistics of M&E training. The MOH will continue to coordinate and support the logistics of all M&E trainings and workshops. This mechanism has given the MOH leverage to encourage partners to consolidate training. Instead of having multiple partners holding various training sessions on different topics, the MOH has been able to create for each target audience (providers, field data staff), one curriculum integrating contributions from each partners. This consolidation of curriculum which started in FY 2006 with the organization of workshops for providers and M&E field staff will culminate in FY 2007 with the implementation of an M&E post graduate course for interns, residents, and other health professionals.

Activity Narrative: Activity 6: Surveillance and case notification. IN FY 2007 the DELR received technical assistance from NASTAD to launch an HIV surveillance system with the participation of private laboratories in the metropolitan area, and initiate the development of an epidemiologic profile for four geographical departments regrouped under the denomination of "the Great South." These activities will be sustained and expanded nationwide in FY 2008 for a total of US \$300,000. These funds will allow the DELR to (i) scale up the epidemiologic profile in the 10 departments, (ii) train the DD staff in updating the profile, (iii) expand the HIV case notification system to the provinces by working with private labs throughout the country, and (iv) reinforce its own capacity to process, analyze and disseminate data on surveillance.

Activity 7: Development of MESI into a national aggregate reporting system for HMIS. With the interconnection of MESI and the EMR and its use for case notification of HIV, MESI will soon become the sole source for HIV data, statistics and surveillance. In FY 2008 the MOH will expand MESI use to reporting for the entire HMIS. MESI implementers will work with JSI MEASURE for the interconnection with their HMIS application. The MOH will also provide training on the use of the new HMIS module.

Activity 8: Leadership for the data triangulation process: The MOH will constitute a task force with different stakeholders to guide the process and assign a point person to chair it. Under the facilitation of University of California in San Francisco (UCSF) the task force will help identify key questions based on country context, convene large stakeholders meeting and disseminate results

- Number of local organizations provided with technical assistance for strategic information activities = 250
- Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS) = 500

New/Continuing Activity: Continuing Activity

Continuing Activity: 17203

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17203	3912.08	HHS/Centers for Disease Control & Prevention	Ministre de la Sante Publique et Population, Haiti	7688	3125.08	National AIDS Strategic Plan	\$1,200,000
9310	3912.07	HHS/Centers for Disease Control & Prevention	Ministre de la Sante Publique et Population, Haiti	5134	3125.07	National Plan Mechanism	\$700,000
3912	3912.06	HHS/Centers for Disease Control & Prevention	Ministre de la Sante Publique et Population, Haiti	3125	3125.06		\$250,000

Total Planned Funding for Program Budget Code: \$5,812,000

Program Area Narrative:

During the first four years of execution of this program, several policy issues have found traction through the implementation of its various technical areas. Indeed the environment in which testing, care for HIV patients, assistance to OVC has been performed has permanently been modified to allow more access to those services and prompt a more compassionate attitude toward the disease and people infected and affected by it. The best illustration of the policy changes brought about by the program comes in the fact that a new generation of nurses is now being trained to serve as practitioners and will be permitted to examine HIV patients and prescribe drugs to circumvent the fact that not enough physicians are available in the country to deliver care.

Great strides have also been made with regard to the four areas targeted for system strengthening through this specific component of the program: human resources capacity development; strengthening of Ministry of Health regional structures and development of local response to the epidemics; fight against stigma and discrimination; and improvement in supply of energy to the facilities implementing the program.

As part of the human resource capacity building strategy, HIV/AIDS-related content has been integrated into standardized curricula at the major public-sector schools for health professionals (medicine, nursing, laboratory, social sciences) , teaching capacity have been built through faculty development activities, and standardized student evaluation tools and processes based upon mastery of core competencies have been developed.

The strengthening of systems at the Ministry of Health has focused on assisting departmental directorates for planning, monitoring and supervision of HIV/AIDS activities in their jurisdiction as well enabling them to put in place competitive mechanisms for financing local response to the epidemics. Height out of the ten departmental directorates of the MOH have been able through this support to hold partner forums, put together integrated HIV action plans, operate QA/QI and supervision teams. Four have been able to manage competitive grants for grass root organizations involved in sensitization, mobilization, community-based care and OVC activities

The fight against stigma and discrimination has mobilized in first place the patients receiving services in the program by providing them opportunities to create support groups around the sites where they are receiving services. The majority of sites providing basic care or ARV maintain active at least one or two PLWA support groups, which constitute platforms to keep patients active in the fight against stigma, while providing them opportunities to channel their grief. In five departments of the country the support groups have converge into five strong departmental associations of PLWA, which are very much involved in advocacy activities, community mobilization, and provision of community-based care.

In FY09, the USG will continue in collaboration with its partners to further the same agenda for system strengthening. ITECH will set up curriculum working groups for schools yet to be covered such as the pharmacy, dentistry and ethnology schools to launch the process of integrating HIV content into their programs and support for faculty development activities, including a TOT to support strong teaching skills. ITECH will also roll out TrainSMART, which is an open-source, web-based training data collection system, which will allow users, including all PEPFAR-supported training organizations in Haiti, to accurately track training, trainer and trainee data in a consistent manner. I-TECH will provide funding and technical assistance to establish a regional HIV clinical training center (RTC) in the South Department. GHESKIO and POZ will continue to provide support to the PLWA associations and the PLWA support groups. They will inventory this year the support groups and transfer capacity through training and assistance, to the departmental teams to enable them to assist and monitor the support groups. MOH will expand its support to all 10 departmental directorates

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 3125.09	Mechanism: National AIDS Strategic Plan
Prime Partner: Ministre de la Sante Publique et Population, Haiti	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Health Systems Strengthening
Budget Code: OHSS	Program Budget Code: 18
Activity ID: 4348.28661.09	Planned Funds: \$400,000
Activity System ID: 28661	

Activity Narrative: ACTIVITY UNCHANGED

SUMMARY: This component of the program comes in direct support to the Government of Haiti to help: (i) establish within the Minister Of Health (MOH) a functional system for regulation of the provision of HIV/AIDS services, coordination of quality assurance and quality control and QA/QC and training activities nationwide; (ii) strengthen the MOH's financial management and absorptive capacity; (iii) reinforce the departmental level support to community activities by enabling 10 health departmental directorates to lead and coordinate all community mobilization activities as well as manage 30 small competitive grants to community organizations, especially associations of PLWHAs; and (iv) conduct policy and advocacy activities to develop and finalize norms and protocols, promote the passing of specific laws for protection of PLWHA and OVC and promote bi-national cooperation between the Haiti and Dominican National AIDS Programs. This program component should increase the country absorptive and financial management capacity, contribute to the establishment of a regulatory environment in the provision of HIV/AIDS services, and reinforce the creation of a grass root national response against HIV-AIDS. The major emphasis areas for the activity are local organization capacity development and training. The primary targeted populations are the country coordinating mechanisms, the MOH staff at central and departmental levels, the grass roots community-based organizations (CBOs), and PLWHAs.

BACKGROUND: Haiti's health care delivery system is divided into three sectors: public facilities, accounting for about 40% of service delivery; private not-for-profit and mixed public/private partnership facilities, accounting for another 40%; and private for-profit providers (medical clinics and hospitals), accounting for 20%. In addition, the MOH fulfills normative, regulatory and supervisory functions through different directorates established both at the central and the departmental levels.

Years of political instability have led donors to exclusively rely on emergency mechanisms to channel funding to Haiti. During the first two years of the President's Emergency Plan for HIV/AIDS Relief (PEPFAR), in the absence of mechanisms to directly fund the publicly-managed activities, support was channeled through United States Government (USG) private sector partners. While this approach allowed quick launching of activities, it was accompanied by high overhead costs that reduced funds available for field activities. With various funding streams linked to different program areas from PEPFAR, the USG established a cooperative agreement with the MOH, which enabled the Ministry to develop a comprehensive program involving all levels (central, departmental and publicly managed sites). The program included: (i) field support for the development of CT, PMTCT, palliative care and ARV services at 25 of the major public hospitals of the country; (ii) the development of lab infrastructures throughout the country to support the biological monitoring of patients enrolled in services and the reinforcement of a national laboratory quality assurance/quality control (QA/QC) program; (iii) the reinforcement of a national monitoring and evaluation (M&E) system to monitor national HIV/AIDS program performance and results with increased participation of the departmental directorates and; (iv) the creation of small competitive grants under the leadership of the regional departmental directorates to foster and support local initiatives from community groups and local public agencies and taking advantage of the decentralized management at the departmental level. The execution of this program component has resulted in an increased capacity of the public sector to manage USG funds. In addition, participation of various sectors of the civil society has been enhanced through the increased channels of support to community activities and the reinforcement of governance of the program.

ACTIVITIES AND EXPECTED RESULTS:

Activity 1: Reinforcement of technical, grant and financial management capacity both at the executing unit of the MOH and at the departmental directorates. The Executing Unit has successfully managed \$4.4 million allocated in FY05 and FY06 and has started the execution of a \$5.7 million grant in FY07. Money allocated to the unit has been spent within the limit allowed, in compliance with the USG standard provisions, and with an overhead cost of less than 20%. In FY08 additional capacity will be needed to allow both the unit and the 10 departmental directorates to play their technical and fiduciary roles. Focus will be put on hiring highly skilled professionals, reinforcing the management mechanisms and processes, and providing training to managers of the sub-recipients in the area of financial management and control. The estimated cost of the package is US\$ 1.5 million, including all overhead cost for the management of the MOH program.

Activity 2: Competitive grants for grass root- community activities. This activity, which reached four departments in FY05, and seven in FY07, will be expanded to all 10 in FY08. The grants will finance a menu of activities proposed exclusively by local community groups or local administrative entities, with priority to PLWHA organizations. Those activities may include, but are not limited to: awareness and educational activities, community care or home-based care initiatives, and community day-care centers for OVC. The regional department directorates will ensure the promotion of this grant facility, interface with local organizations, facilitate the review of proposals by the regional committees to be put in place, administer the grants, and oversee the execution of activities by awardees. A total of 30 local organizations are expected to participate in this initiative. They will receive technical assistance, training and support from both the Executing Unit and the departmental directorates for management of their awards. Each department will manage a grant portfolio of \$ 40,000 for a total of US \$400,000 for the 10 departments.

Activity 3: The setting up of a functional system for accreditation, training, and QA/QC. So far training and QA/QC are being carried out by multiples entities, including the MOH, which has established with FY06 funding its own capacity to provide training and QA/QC through a consortium of its University hospital, which has constituted a pool of trainers and mentors with the assistance of I-TECH. Technical assistance using the methodology HIV/QUAL is planned for this structure in FY07. We propose in FY08 is to organize this embryonic structure, regroup some senior specialists and broad the national mandate of : (i) accreditation of centers providing HIV/AIDS services, (ii) train trainers in different areas of HIV/AIDS, (iii) organize a fellowship for infectious disease specialists, (iv) provide technical assistance and support to the departmental structures providing training and QA/QC, (v) coordinate all training activities and maintenance of a training database an, (vi) coordinate the contribution of Haitian health professionals living in the diaspora, in the context of the national HIV/AIDS curriculum. Trainers and mentors will be organized under a coordinator working under the supervision of UCC. About US \$1,000,000 is needed to improve teaching capacity at two university hospitals, support the logistics of training, support the logistics of field visits in the departments and the sites for QA/QC and accreditation purposes, support the logistics of travel and accommodations for the Haitian mentors from the diaspora.

Activity Narrative: Activity 4: Support for and participation in the MOH technical committees to revise national norms for ARV treatment drug regimens and finalize national norms for TB/HIV co-infection management, food and nutritional support for PLWHA and OVC. Support and participate in efforts to pass the National AIDS Law and reinforce the legal structures for improved protection of HIV/AIDS-related double orphans, counseling and testing of children and job protection in the National Haitian Police and other national uniformed services and in the private sector.
 Emphasis areas % of effort
 Human resources 51-100
 Local Organization Capacity Development 10-50
 Policy and Guidelines 10-50

New/Continuing Activity: Continuing Activity

Continuing Activity: 17204

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17204	4348.08	HHS/Centers for Disease Control & Prevention	Ministre de la Sante Publique et Population, Haiti	7688	3125.08	National AIDS Strategic Plan	\$1,000,000
9312	4348.07	HHS/Centers for Disease Control & Prevention	Ministre de la Sante Publique et Population, Haiti	5134	3125.07	National Plan Mechanism	\$500,000
4348	4348.06	HHS/Centers for Disease Control & Prevention	Ministre de la Sante Publique et Population, Haiti	3125	3125.06		\$390,000

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 3315.09

Mechanism: GHESKIO

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

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 15465.27491.09

Planned Funds: \$150,000

Activity System ID: 27491

Activity Narrative: This project will support the national HIV prevention and care program by proposing a response to the crucial shortage of physicians in some areas. Most of the graduate physicians leave the country after their training. More than 75% of those remaining in the country leave in the metropolitan area. The nurses are by far the best personnel available, capable to offer good care with a short and appropriate training. A twelve months curriculum is ready allowing the selected nurses to work closely with patients at GHESKIO during six months and to complete their academic skills during the next six months at Quisqueya. This program will be certified by the national authorities. Particular attention will be paid to encouraging beneficiaries to go back in their origin site.
 We will carry out separate activities in this Program Area.

ACTIVITY 1: The first activity is to provide scholarship to selected nurses allowing them to be able to afford the intensive twelve months curriculum. Most of them will come from cities away from the capital. This funding will go specifically to support lodging and per diem fees during the training time.

ACTIVITY 2: The second activity is to assure the correct execution of the educational and training program. GHESKIO and Universite Quisqueya will host the beneficiaries during twelve (12) months for a dynamic and interactive curriculum aiming to offer them all the skills to be able to carrying HIV patients without complications. This funding will go specifically to support training activities, teaching materials, salaries for two job training mentors, teachers. This activity will be initiated in 2009, and the first graduates will be ready to strengthen the national health program in 2010.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17183

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17183	15465.08	HHS/Centers for Disease Control & Prevention	Groupe Haitien d'Etude du Sarcome de Kaposi et des Infections Opportunistes	7682	3315.08		\$300,000
15465	15465.07	HHS/Centers for Disease Control & Prevention	Groupe Haitien d'Etude du Sarcome de Kaposi et des Infections Opportunistes	5124	3315.07		\$150,000

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 11792.09
Prime Partner: To Be Determined
Funding Source: GHCS (State)
Budget Code: OHSS
Activity ID: 29698.09
Activity System ID: 29698
Activity Narrative: Partnership Framework 20% (5 million in total).
New/Continuing Activity: New Activity
Continuing Activity:

Mechanism: Partnership Framework 20%
USG Agency: HHS/Centers for Disease Control & Prevention
Program Area: Health Systems Strengthening
Program Budget Code: 18
Planned Funds: ██████████

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 12213.09
Prime Partner: To Be Determined
Funding Source: GHCS (State)
Budget Code: OHSS
Activity ID: 29773.09
Activity System ID: 29773
Activity Narrative: Partnership Framework 20% (5 million in total).
New/Continuing Activity: New Activity
Continuing Activity:

Mechanism: Partnership Framework 20%
USG Agency: U.S. Agency for International Development
Program Area: Health Systems Strengthening
Program Budget Code: 18
Planned Funds: ██████████

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 9397.09
Prime Partner: PA Government Services Inc.
Mechanism: Improving Energy Services in Haiti
USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 18708.28965.09

Planned Funds: \$520,000

Activity System ID: 28965

Activity Narrative: Several PEPFAR program areas such as blood safety, antiretroviral (ARV) services, basic palliative care, prevention of mother-to-child transmission (PMTCT), tuberculosis (TB) /HIV, and laboratory programs require functioning health facility infrastructure. Blood banks, clinics, pharmacy, out-patients services, in-patients wards, all tiered levels of laboratories (national, regional, district, and healthcare centers), and all auxiliary services including, administrative, face serious obstacles in Haiti due to the unreliable power supply. Adhoc solutions implemented without proper design, installation and training are often extremely expensive to operate and do not provide the quality of power required for proper operation of the health facility. Sustainable solutions require holistic approaches based on sound engineering design and include rewiring, use of distributed (onsite) energy generation, storage, and power conditioning technology, and significant institutional capacity building within the Ministry of Health and individual health facilities.

SUMMARY: The activities in this narrative seeks to improve the operations of healthcare facilities that provide clinical and laboratory services to persons living with HIV/AIDS (PLWHAs) by retrofitting facility infrastructure at several centers of excellence (COE). These COEs represent a cross-section of critical health facilities, including departmental hospitals, blood banks, and clinics. The program will maximize the sustainability of this effort by establishing standardized operation and maintenance protocols supported by a trained network of health facility engineers.

BACKGROUND: Haiti suffers from some of the worst quality electrical power in the world. Power outages occur daily, while longer outages lasting up to a month are not uncommon at many facilities including some departmental hospitals. Both the quality and the intermittency of the grid power in Haiti pose a major barrier to the sustainability and viability of several PEPFAR initiatives. Laboratory services offering CD4 enumeration, blood chemistry, hematology analysis, and other tests are disrupted on a daily basis because of insufficient back-up power supplies. Automated expensive laboratory instruments and communications technologies are constantly burnt out due to electrical surges despite protection by UPS. Refrigerators used to store drugs, vaccines, and laboratory reagents commonly function poorly, operating outside the acceptable temperature range (4-12C). Computers, internet and communication technology, central to PEPFAR/Haiti's effort to improve medical records and data collection, often sit idle as a result of insufficient power supplies. In short, the impact of several PEPFAR programs is directly compromised as a result of insufficient power supplies in Haiti.

In November 2007, the PEPFAR/Haiti program supported an assessment of options for improving energy services at critical health care facilities. In 2008, PEPFAR/Haiti has supported training and capacity building activities to improve the MOH's ability to address energy challenges, the retrofit of 15 facilities with reliable power systems, and an engineering design for a reliable, cost effective power system at one of the major district hospitals. Activities enumerated in this narrative are part of this ongoing effort to improve the infrastructure of healthcare facilities across Haiti.

ACTIVITIES AND EXPECTED RESULTS:

In fiscal year 2009, the partner will undertake the following activities to build on these initial accomplishments and improve the infrastructure of one ARV center of excellence (district hospital) and 15 additional health facilities in Haiti:

Activity 1: Institutional Capacity Building: Enhance the Ministry of Health's ability to improve energy services at health facilities by establishing a trained network of health facility engineers in each district in Haiti. Extensive training of the engineers and of health facility maintenance staff will be conducted in collaboration with local technical training institutes.

Activity 2: Health Facility Retrofits: Implement retrofits of critical health facility energy infrastructure utilizing a standardized approach. The retrofit program relies on local private sector companies for professional design, installation, and maintenance of all energy systems to meet both current and projected needs of the facility in a sustainable and cost effective manner.

Activity 3: Center of Excellence Retrofit: Retrofit the energy system of a large district hospital based on the engineering design completed in FY '08. Extensive data collection and analysis will allow this facility to serve as a model for other district hospitals in Haiti and in other PEPFAR countries.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18708

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18708	18708.08	U.S. Agency for International Development	PA Government Services Inc.	9397	9397.08	Improving Energy Services in Haiti	\$790,000

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 8719.09

Mechanism: Leadership, Management & Sustainability Project

Prime Partner: Management Sciences for Health

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 19591.28924.09

Planned Funds: \$200,000

Activity System ID: 28924

Activity Narrative: Development of BCC materials: Following the mapping interventions and the inventory of BCC materials conducted under COP07, LMS will develop a state of art database IEC materials containing both an electronic catalog and a hard copy .This database will serve as a national resource for all partners with an interest in communication materials. This will facilitate the coordination in the development of BCC materials and the harmonization of prevention, care and support messages.

Management of condoms and family planning commodities: Under PEPFAR, the use of PEPFAR HIV funds to support the integration of family planning services into HIV services is permitted. LMS will provide technical assistance for the management of the condoms and other USAID-funded family planning commodities to support HIV/AIDS activities.LMS will work in collaboration with SCMS, SDSH and other partners to effectively manage PEPFAR-funded condoms in the USG-supported service delivery sites in close coordination with USG partners while technical assistance is provided to the MSPP to support efforts to establish one unique and secure commodities management system for the health sector and activity that unites all of the LMS Project in Haiti: improving leadership and management capacity across partner organizations, the Ministry of Health, and LMS project staff

SUMMARY: In COP 08 the Leadership, Management and Sustainability (LMS) Program will continue to provide institutional capacity building support to selected Government of Haiti units, such as the CNLS, to increase their abilities to provide nationwide coordination, thereby increasing synergies and effectiveness of the PEPFAR programs. LMS will develop leadership and management skills at national and departmental levels. Support will also include strengthening organizational and program management capacity to efficiently and effectively affect the national response, with particular emphasis on coordination issues. LMS will provide support in areas of organizational development such as: development and maintenance of constructive, informed working relationships with all stakeholders, including the USG, their IPs, and other donor organizations; project management; clarifying roles and responsibilities; monitoring and evaluation; strategic planning; sound governance; and leadership development. The goal of this technical assistance and capacity building is an improved organizational structure with a clear mission, more efficient governance, effective internal and external communication, monitoring and evaluation systems, and improved management.

With the end of the HCP Project in Haiti, the Leadership, Management and Sustainability (LMS) Program will continue to be supported by USAID to lead the current program on strengthening departmental-level capacity to plan, coordinate, and monitor interventions focusing on promoting appropriate behaviors for HIV/AIDS prevention, addressing issues of stigma and discrimination reduction, and community mobilization for increased demand for and use of HIV/AIDS services. JHU/CCP will continue to provide some technical assistance to the program through a subcontract with LMS. This program is funded through prevention funds, and a description of these activities is included under both AB and OP program areas.

BACKGROUND: As part of the development assistance under the USAID Investing in People Objective, 3.1 Health Area, 3.1.1 HIV Program Element, USAID provides technical assistance to the Government of Haiti to reinforce the national health care delivery system and strengthen the leadership capacity and systems of the Ministry of Health and Population (MSPP) to better manage the National AIDS Program. The MSPP Departmental Health Directorates are increasingly taking on responsibilities for planning, monitoring, and coordinating health care services in their regions.

ACTIVITY 1: Development of BCC materials: Following the mapping interventions and the inventory of BCC materials conducted under COP07, LMS will develop a state of art database IEC materials containing both an electronic catalog and a hard copy .This database will serve as a national resource for all partners with an interest in communication materials. This will facilitate the coordination in the development of BCC materials and the harmonization of prevention, care and support messages.

ACTIVITY 2: Coordination: LMS will assist the departmental teams to formalize the structures and mechanisms for coordination. Following the mapping exercise done between September and December 2007 in six departments, LMS will work closely with the departments to put in place a system allowing better coordination of community mobilization and prevention interventions. LMS also will continue to assist the MSPP central level in the planning and organization of mapping exercises in the four remaining departments.

ACTIVITY 3: Planning and Monitoring: LMS will assist the MSPP departmental directorates in the planning of community interventions and their monitoring. The work will consist of analyzing and disseminating the results of interventions to the partners in order to make appropriate updates and changes.

ACTIVITY 4: Capacity building: While managing and leading the process of coordination of BCC interventions, LMS also will reinforce the capacity of the departments, implementing partners, and providers, through training in leadership and management, BCC, community mobilization and/or interpersonal communication, depending on the specific needs. To support the capacity building effort and ensure a coordinated and integrated approach, LMS will develop/adapt tools and support materials for the management of communication and community mobilization activities.

ACTIVITY 5: Leadership Development Programs: Good leadership is more important than ever in the health care environment in Haiti. The rise of HIV/AIDS and other infectious diseases; health reforms such as decentralization; and uncertainties in donor funding present formidable external challenges to health care organizations. At the same time, organizations confront low staff morale, staff shortages, weak systems and processes, difficulty in sustaining high-quality services, and other internal challenges. To address these challenges, they need managers who can not only manage, but also lead their staff through change. When organizations invest in leadership development for managers at all levels, they will increase their ability to adapt to change. Their managers will learn to reinforce leadership values and apply leadership practices that promote sustainable organizational performance. By practicing both leading and managing, managers will be better able to achieve results and maintain high-quality services despite the obstacles they face. LMS will implement Leadership Development Programs (LDP) to help Haitian NGOs and the MSPP to develop managers who lead with a vision of a better future. The program has three major learning

Activity Narrative: objectives: (1) learn the basic practices of leading and managing so that managers are capable of leading their workgroups to face challenges and achieve results; (2) create a work climate that supports staff motivation; and (3) create and sustain teams that are committed to continuously improving client services.

LMS will help develop facilitators for the LDPs who will go on to help teams carry out this process at several levels and for specific audiences—NGOs, MSPP, youth, and women. As part of the process, these teams engage in the program over a period of four to six months. Teams will discuss strategies for—and actively address—their challenges through all program activities. To help organize and support their work, five kinds of program activities will be held: (1) Senior Alignment Meetings, an initial meeting which generates commitment and ownership of the LDP among key organizational stakeholders; (2) LDP Workshops, a series of workshops comprised of 12 half to full day core sessions during which participants learn core leading and managing practices and concepts; (3) Local Team Meetings, on-the-job meetings between workshops in which participants transfer what they learned to the rest of their work team, discuss strategies to address their challenges, and apply leading and managing practices; (4) Regular Coaching, in which local health managers support the teams in implementing the tools of the LDP; and Stakeholder Meetings, in which stakeholders are periodically updated and enlisted as resources to support the teams.

ACTIVITY 6: Direct support to MSPP Units: As requested, LMS will support technical advisors to specific MSPP Units to assist in targeted capacity building, planning, monitoring, leadership development, and improved management.

ACTIVITY 7: Management of condoms and family planning commodities: Under PEPFAR, the use of PEPFAR HIV funds to support the integration of family planning services into HIV services is permitted. LMS will provide technical assistance for the management of the condoms to support HIV/AIDS activities. LMS will work in collaboration with SCMS, SDSH and other partners to effectively manage PEPFAR-funded condoms and family planning commodities in the USG-supported service delivery sites in close coordination with USG partners while technical assistance is provided to the MSPP to support efforts to establish one unique and secure commodities management system for the health sector and activity that unites all of the LMS Project in Haiti: improving leadership and management capacity across partner organizations, the Ministry of Health, and LMS project staff .

Monitoring and Evaluation of these activities including data collection, use, quality and feedback will be an ongoing and focused effort.

New/Continuing Activity: Continuing Activity

Continuing Activity: 19591

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19591	19591.08	U.S. Agency for International Development	Management Sciences for Health	8719	8719.08	Leadership, Management and Sustainability Project	\$550,000

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 11928.09

Mechanism: PHE SWEPT

Prime Partner: To Be Determined

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 29223.09

Planned Funds: ██████████

Activity System ID: 29223

Activity Narrative: This PHE activity, "System-Wide Effects of PEPFAR supported HIV Service Provision: Haiti" was approved for inclusion in the COP. The PHE tracking ID associated with this activity is HT.09.0221

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas
Human Capacity Development
Public Health Evaluation
Estimated amount of funding that is planned for Public Health Evaluation
Food and Nutrition: Policy, Tools, and Service Delivery
Food and Nutrition: Commodities
Economic Strengthening
Education
Water

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 11929.09	Mechanism: PHE Costing
Prime Partner: To Be Determined	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Health Systems Strengthening
Budget Code: OHSS	Program Budget Code: 18
Activity ID: 29225.09	Planned Funds: [REDACTED]
Activity System ID: 29225	
Activity Narrative: This PHE activity, "Evaluation of Cost and Cost Effectiveness of HIV treatment to support resource planning" was approved for inclusion in the COP. The PHE tracking ID associated with this activity is HT.09.0232.	
New/Continuing Activity: New Activity	
Continuing Activity:	

Emphasis Areas
Human Capacity Development
Public Health Evaluation
Estimated amount of funding that is planned for Public Health Evaluation
Food and Nutrition: Policy, Tools, and Service Delivery
Food and Nutrition: Commodities
Economic Strengthening
Education
Water

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 3142.09	Mechanism: ITECH
Prime Partner: University of Washington	USG Agency: HHS/Health Resources Services Administration
Funding Source: GHCS (State)	Program Area: Health Systems Strengthening
Budget Code: OHSS	Program Budget Code: 18
Activity ID: 4617.28675.09	Planned Funds: \$400,000
Activity System ID: 28675	

Activity Narrative: SUMMARY:

I-TECH will continue working with Haiti's public-sector schools for health professionals (medicine, nursing, laboratory, social sciences, pharmacy, and dentistry) to integrate HIV/AIDS-related content into standardized curricula, to build teaching capacity through faculty development activities, and to develop standardized student evaluation tools and processes based upon mastery of core competencies. I-TECH will collaborate with the Université d'Etat d'Haïti to develop and integrate a basic HIV/AIDS course for all freshmen students. I-TECH will also develop the capacity of the Ministry of Health (MOH) to guide health worker training programs in HIV care and treatment. Geographic coverage area of this activity includes Port-au-Prince/West Department, Les Cayes/South Department, and Cap Haitien/North Department.

BACKGROUND:

In 2005-2006, I-TECH launched curriculum development processes with Haiti's professional schools in nursing, medicine, social sciences, and laboratory. This work involved close collaboration with the MOH. In 2007-2008, I-TECH launched a guide for integration of HIV content into the four-year nursing curriculum, including competencies, learning objectives, and supporting content. I-TECH held a faculty development training of trainers (TOT) for first-year nursing school faculty, aiming to support integration of HIV content and improve faculty teaching skills.

By March 2009, I-TECH will have conducted a TOT for laboratory instructors from the two national laboratory schools, and implemented a pilot and evaluation of the newly developed first year laboratory technician curriculum. I-TECH collaborated with the Faculté de Sciences Humaines (FASCH) to incorporate culturally relevant materials on OVC into the required curriculum for psychology and social work students. For medical school faculty and students, I-TECH supported the installation of an electronic resource library at the Faculté de Medecine. I-TECH also implemented a TOT for 80 trainers within the MOH.

In 2007-08, the MOH validated the national ARV/OI curriculum, developed by I-TECH in partnership with local content experts. I-TECH disseminated the curriculum in print and electronic formats, and carried out a "Teachback" TOT course for trainers from key HIV clinical training institutions in Haiti. I-TECH also disseminated several Creole-language training videos in partnership with the MOH, including stigma and discrimination trigger scenario, and a 40-minute drama on ART (Chans). By March 2009, I-TECH will have revised the national ART curriculum to include new, updated content, disseminated the revised materials, and conducted additional TOT; it is anticipated that 300 health care providers from Haiti's 10 departments will be trained.

The above-mentioned activities are part of I-TECH's global strategy for decentralization of curriculum development capacity to country offices, health ministries, and other in-country partners. In 2007, I-TECH hired an in-country training manager to be mentored by the Seattle-based Training Development Team (TDT) and, in turn, to lead mentoring of I-TECH Haiti curriculum development staff and MOH counterparts. In 2008, I-TECH hired a curriculum developer and funded INHSAC to hire a curriculum developer to further transition capacity to Haiti, with technical assistance from the Seattle-based TDT. I-TECH continues to engage the MOH in the formative development and final validation of all I-TECH training products.

ACTIVITY 1: In partnership with the medicine curriculum working group, I-TECH will finalize the integration of HIV/AIDS content into the curriculum of at least one nationally recognized school of medicine, and conduct pilot evaluation of the use of the new content. I-TECH will continue to host quarterly faculty development workshops and provide continued support for the electronic resource library installed at the Faculté de Medecine.

ACTIVITY 2: I-TECH and INHSAC will collaborate to continue to provide mentoring of nursing school faculty through three one-week visits to each of five nursing schools and the national school of midwifery, to assure successful use of HIV curriculum material as well as teaching and assessment techniques. Additionally, INHSAC will deliver two faculty development sessions aiming to improve teaching skills of 40 nursing faculty members. I-TECH will continue to facilitate a working group to develop and validate standard student evaluation tools and processes, linked to graduation requirements. The evaluation tools will use a competency-based framework and will be closely tied to learning objectives. I-TECH and INHSAC will continue the year-by-year integration of HIV content into the nursing school curriculum, and INHSAC will deliver a TOT for instructors of the third year curriculum. I-TECH will support and evaluate implementation of the third year nursing curriculum while developing the fourth year curriculum. INHSAC will develop and deliver two faculty development TOT sessions for third-year nursing faculty.

ACTIVITY 3: I-TECH will collaborate with FASCH to ensure validation and dissemination of the revised social science curriculum, provide faculty mentoring, and assist to develop and validate student evaluation tools that include HIV-related competencies. I-TECH will also assist FASCH faculty to continue to revise content for a university prerequisite social sciences course which addresses: HIV/AIDS transmission, prevention, stigma, gender, and testing and treatment issues. The goal of this core course is to broaden access to state of the art HIV/AIDS training resources and to shape the knowledge and attitudes of future opinion leaders in Haitian society.

ACTIVITY 4: In partnership with the laboratory curriculum working group, I-TECH will evaluate implementation of the first year basic-level lab curriculum, and finalize a revised, standardized year two curriculum which harmonizes training programs and student evaluation standards of the two national laboratory schools for the basic-level laboratory professionals. I-TECH will continue to host quarterly faculty development workshops to address key competencies for laboratory educators. To facilitate successful delivery of the new courses added to the laboratory curriculum, I-TECH will provide resources to support recruitment of teachers for the national laboratory schools.

ACTIVITY 5: In partnership with local universities and teaching institutions, I-TECH will continue to work on the development of a competitive one-year program for students who have successfully completed the basic-level laboratory training. This one-year program will be the final year of a new four-year bachelor degree curriculum for advanced laboratory professionals intended to expand the pool of highly skilled lab personnel in Haiti. The curriculum will include theoretical and practical components, and will be piloted at the national laboratory school in Cap Haitien.

Activity Narrative: ACTIVITY 6: I-TECH will convene curriculum working groups in for the pharmacy, dentistry and ethnology schools to launch the process of integrating HIV content into their programs and support for faculty development activities, including a TOT to support strong teaching skills.

ACTIVITY 7: I-TECH will continue to provide technical assistance to the Training Cluster within the MOH Coordination Unit for AIDS/TB/Malaria on developing standardized HIV/AIDS clinical training materials, TOT, and monitoring and evaluating training. I-TECH will conduct a follow up on the TOT "Teachback" to ensure the proper utilization of the methodology by the participants and reinforce their capacity through refresher training if needed.

ACTIVITY 8: I-TECH will initiate training and technical assistance for national roll out of the Training System Monitoring and Reporting Tool (TrainSMART), I-TECH's open-source, web-based training data collection system. TrainSMART will allow users, including all PEPFAR-supported training organizations in Haiti, to accurately track training, trainer and trainee data in a consistent manner. Additionally, TrainSMART has a reporting module that allows users to run various automatic reports, as well as create and save customized reports that can be run at any interval. TrainSMART will facilitate planning, monitoring and reporting on training outputs at the departmental and national levels.

ACTIVITY 9: I-TECH will provide funding and technical assistance to establish a regional HIV clinical training center (RTC) in the South Department. Following launch of the RTC, I-TECH will provide quarterly visits to mentor local trainers in delivery of high-quality didactic, skills-building, and clinical practicum training.

ACTIVITY 10: I-TECH will work with various local medical associations to adapt a curriculum for training healthcare providers working in the private sector. The goals of delivering this training are to reinforce capacity within the private sector to provide quality care to HIV patients, and to foster a broader network of clinicians who have received state of the art training in HIV/AIDS care and treatment.

ACTIVITY 11: In 2008, INHSAC and I-TECH conducted a training needs assessment for Disease Reporting Officers (DRO) and Site Managers (SM) of ART scale-up sites. Based on this assessment, INHSAC and I-TECH collaborated to develop a leadership and management curriculum to build DRO and SM capacity in team building, monitoring and evaluation, budgeting and computer literacy. In 2009, INHSAC will provide this training for 25 DRO and SM from Haiti's 10 departments.

ACTIVITY 12: I-TECH will continue to disseminate and monitor use of the stigma and discrimination trigger scenario, including adaptation and implementation of TOT developed by the CHART network on training using the scenarios. I-TECH will continue to integrate the scenarios into its training curricula and activities, and will advocate and support their use in MOH and partner training.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17235

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17235	4617.08	HHS/Health Resources Services Administration	University of Washington	7698	3142.08	ITECH	\$715,000
10240	4617.07	HHS/Health Resources Services Administration	University of Washington	5151	3142.07	ITECH	\$800,000
4617	4617.06	HHS/Health Resources Services Administration	University of Washington	3142	3142.06	ITECH	\$0

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 1390.09

Mechanism: POZ

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

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 18709.28935.09

Planned Funds: \$100,000

Activity System ID: 28935

Activity Narrative: ACTIVITY UNCHANGED

SUMMARY: The purpose of this project is to reduce stigma and discrimination and the spread of HIV/AIDS in five geographic areas of Haiti: It will help to create positive attitude amongst health service providers, the traditional healers and the community have to create has environment more comfortable and supportive for PLWHA.

BACKGROUND: A recent study carried out by an organization (Concern) highlighted the fact that infected and affect are generally victims of stigmatization and discrimination on behalf of the health service providers. The recommendation was thus to sensitize the health service providers to these two problems. We thus propose to target 5 sites on the level of the 6 following departments (West, North, South, South East, Grand Anse, and Nippes). On the level of these sites, we will sensitize all the health providers and community leaders and traditional healers HIV/AIDS epidemic has a tremendous impact on the Haitian communities. There is an estimated 200,000 persons living with HIV/AIDS (PLWHA) and 18,000 orphans of whom very few have access to basics care and support services. In site of major efforts supported by public and private groups to create and build up capacity of health staff and public awareness, strong stigma and discrimination still associated with the disease still exist and often leaves PLWHA isolated from family and community support systems. It has been well documented that to create an effective and sustained response to HIV prevention, care, treatment and impact mitigation, stigma and discrimination must be addressed. However, despite S&D being identified as an important factor in Haiti's epidemic--and is a core component of the Ministry of Health's HIV prevention strategy--few resources have been earmarked towards its mitigation. S&D and/or fear of S&D remain the main barriers to effective prevention and treatment; yet the international community allocates the lion's share of its funding to ART. Speaking at last year's AIDS conference in Toronto, Peter Piot, the executive director of UNAIDS, observed that stigma together with human rights have been "relegated to the bottom of AIDS programmes...often with no funding."

Also reported in many surveys, these negative attitudes often come from the health facilities personal itself where the PLWHA ought to receive care and treatment. In addition, almost one (1) household on every three (3) reported to consult a traditional healer when a member of the family become sick (EMMUS, 2000). There is no gender difference and the proportion of household is equally significant in urban and rural residence. It is also reported that late training course of chronic diseases such as AIDS cross the path of traditional healers before they get to medical modern medicine, and quite often its too late. Since the beginning of the AIDS epidemic to date, public and visible activities of traditional healers have been almost non existent. There is no dialogue and few contacts between the two sectors delivering health care to the population. Ratio traditional healer/Population in approximately 1/500 according to statistics and most of beliefs, practices and farming representation carry on the causes of AIDS and HIV transmission are far away different from what we know one modern medicine.

ACTIVITIES AND EXPECTED RESULTS

ACTIVITY 1: To sensitize 300 health service providers (doctors, nurses, medical auxiliaries of the targeted institutions on Stigmatization and Discrimination problems. According to the available curriculum, health service providers will be sensitized during two days on the causes, the consequences of Stigmatization and Discrimination.

ACTIVITY 2: To sensitize 150 members of the personnel staff of these institutions. Since the personnel staff (guard, housewives, boilers etc....) is also directly in liaison with the patients, it will be sensitized during one day.

ACTIVITY 3: To sensitize 300 traditional healers on the six focused departments. Culturally a very great number of Haitians when sick, turn to the traditional healers, especially chronic disease. Some do it in parallel, others in very first place. Considering their obvious importance in the chain of health care of the patient, POZ thus proposes to sensitize them during two days, not only on the problems of the HIV/AIDS, Stigmatization and Discrimination but also to encourage them to refer of all the received patients so that the latter receive adapted and powerful care which their case requires.

ACTIVITY 4: To sensitize 300 popular leaders of the community. Since the PLWHA also undergo Stigmatization and Discrimination coming from the members of the community and as the leaders have a great influence on it and are well listening and their advice taken, POZ will conduct a one day session.

ACTIVITY 5: To set up at the level of each department, a surveillance committee of stigmatization and discrimination cases. Being given that all the personnel of each institution targeted will have been sensitized and that it will have been selected because of the existence of service of testing, therefore, groups of support and even association of PLWHA, POZ will set up a committee of 4 members (1 PLWHA, 1 health service provider, 1 member of the community and 1 person from the religious sector).

ACTIVITY 6: Media campaigns will consist of radio and TV spots, journalistic reports, banners or billboards and brochures. Under the direction of the POZ manager communication officer Coordinator, and with the technical assistance of CECOSIDA and others partners, the media strategies will be planned and implemented in the three catchment areas. There will be large events with media coverage as well as reinforcing messages regularly diffused throughout the communities radio/TV networks.

ACTIVITY 7: Support the development and capacity building of two associations of MSM in Cap-Haitian and Port-au-Prince respectively. POZ will provide technical assistance and financial support to help building administrative capacity to two associations of MSM. These will include: accompaniment for official state recognition; setting-up a location for holding meetings and administrative procedures to manage funds; conducting organizational assessment, strategic planning exercises and program development; small grants for communication activities; partnership in mobilization activities.

SPECIFIC MONITORING AND ACTIVITIES EVALUATION

Activity Narrative: POZ will conduct the following monitoring and reporting activities in order to assess the progress of the project, effectiveness of interventions and to update the donor one has regular basis;

- Monthly progress updates of project activities through email;
- Narrative Written quarterly carry forwards;
- Mid- term evaluation

New/Continuing Activity: Continuing Activity

Continuing Activity: 18709

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18709	18709.08	HHS/Centers for Disease Control & Prevention	Promoteurs Objectif Zéro Sida (Promoteurs de l'Objectif Zéro Sida)	7697	1390.08	HHS/GAC/Local	\$150,000

Program Budget Code: 19 - HVMS Management and Staffing

Total Planned Funding for Program Budget Code: \$5,770,500

Program Area Narrative:

The United States Government (USG) has been supporting HIV/AIDS programming in Haiti for more than 20 years, initially through USAID which focused on prevention interventions, community level support and care for people living with HIV/AIDS (PLWHA) and orphans and vulnerable children (OVC), condom promotion, and screening and treatment of sexually-transmitted infections (STIs), as well as systems development and capacity building in the nongovernmental (NGO) and public sector. The Centers for Disease Control and Prevention (CDC) opened its country office in Haiti in 2003 to co-manage the USG HIV/AIDS PEPFAR-funded program, focusing primarily on laboratory support, clinical care and treatment services, information management, and efforts to build host-country capacity in each of these areas. The USG Team coordinates closely with the Government of Haiti (GOH)'s Ministère de la Santé Publique et Population (MOH), and other donors, in health and HIV/AIDS and maintains a close relationship with the Global Fund for AIDS, tuberculosis (TB), and Malaria (GFATM) for coordination of planning and monitoring of projects and commodity purchases. USAID and CDC both strive to emphasize their competitive advantages and leverage agency strengths in the respective program areas, while at the same time complementing each other's efforts through active collaboration in program planning and operational management (e.g. joint staff meetings, site visits, sharing of best practices). USAID and CDC are the only two USG agencies with established local offices (co-located). Peace Corps is not currently operating in Haiti, nor are there activities implemented through the Department of Defense.

The Haiti PEPFAR team is characterized by cross-cutting responsibilities for technical expertise with partner portfolio management. Thus, a single individual acts as the technical lead for any one program area, interacting with partners whose cooperative agreements or contracts may be managed by another individual, often in the complementary USG Agency (i.e. CDC technical leads interact with USAID-managed partners and vice versa). With only a single exception, partners have contractual agreements with one agency only, although they may receive funding from another agency as a sub-partner. In 2007, the Haiti PEPFAR team helped pilot the Functional Staffing Analysis and effectively began the staffing for results process. This exercise demonstrated a potential need for a TB/HIV program specialist, additional support in prevention of sexual transmission and in strategic information (SI) at the Country Coordinator level. As the TB/HIV program area is considered by the team to have a strong clinical orientation, the position will lie within the CDC program. USAID will recruit a public health specialist with skills in prevention of sexual transmission in the coming year and funding will be provided to the USAID Global Health Fellowship Program to recruit an SI specialist to fill the SI Coordinator position, funded under the SI program area. The SI Coordinator position, placed alongside the Country Coordinator, will be responsible for interfacing at the national level with our international partners, both here in Haiti as well as on the global front. Recruitment for the unfilled PEPFAR Country Coordinator is currently underway, both locally and offshore. USAID and CDC have agreed to split costs for this position, with USAID paying salary and benefits while CDC provides housing and support costs as required. The USG team is making efforts to fill these positions locally as a step towards sustainability of the program.

As of September 2008, the USG Team has 45 positions, 43 of them full-time working on PEPFAR activities and programs, including support and field staff. All but two of these are currently filled and recruitment is underway to fill these. Desired staff skills are a mix of high-level technical leadership and experienced program management to ensure efficiency, reasonable costs and long-term sustainability of the USG investment in Haiti. Technical leadership skills have provided assistance with establishing vision and over-all program coherency while management skills provide capacity for operational planning, field monitoring and supervision. There is also a continued need for substantial numbers of support and administrative staff due to the lack of efficient systems and infrastructure in Haiti. Long-term sustainability will be achieved by the USG staff working side by side with government and other local technical advisors and project monitoring personnel to train and to establish together the systems, procedures and infrastructure that will be the legacy of the PEPFAR initiative.

CDC and USAID have worked to remain complementary in their technical oversight functions and take care not to be duplicative in their hiring of technical specialists. Thus, USAID has technical advisors for OVC, pediatric AIDS, PMTCT, community care and support, prevention of sexual transmission, policy and systems strengthening and commodity supply chain management, while CDC has technical advisors in care and treatment (including facility-based palliative care), TB/HIV, counseling and testing, laboratory infrastructure, prevention and strategic information. As the Haiti team is relatively small, it is envisioned that SFR will continue to be a process involving the two USG Agency leads (Chief of Party for CDC and Senior HIV Advisor for USAID) in conjunction with the PEPFAR Coordinator. Review of staffing needs is easily done in an informal setting, but formal yearly review may become necessary if program areas scale up and require additional staffers to shore up the weak infrastructure within the Haitian MOH. The USG team would certainly benefit, however, from a Staffing for Results visit by senior leadership from headquarters.

CDC Haiti's team is almost exclusively devoted to PEPFAR implementation whereas USAID's Health Office manages the PEPFAR program as an integrated element into its many-faceted health portfolio. Thus, while all of the technical advisors, program managers and support staff on the CDC team work full-time on PEPFAR, USAID has three full-time PEPFAR technical advisors, and 1 full-time support staff in addition to part time involvement from all other technical, management and support staff.

USAID and CDC have moved to the New Embassy Compound which house all offices and agencies of the USG in Haiti in April 2008. The offices continue to be co-located as this definitely facilitates communication and coordination of activities, enabling the two offices to more effectively work as a single USG team.

The total planned spending on management and staffing for FY08 does not exceed 12% of the total planned budget for the year.

Table 3.3.19: Activities by Funding Mechanism

Mechanism ID: 3141.09

Mechanism: CDC - ITSO/M&S

Prime Partner: US Centers for Disease
Control and Prevention

Funding Source: GHCS (State)

Budget Code: HVMS

Activity ID: 3914.21641.09

Activity System ID: 21641

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Management and Staffing

Program Budget Code: 19

Planned Funds: \$2,400,000

Activity Narrative: CDC Haiti Management & Staffing
\$2,300,000

The CDC Global AIDS Program (GAP) office first opened in the capital city of Port au Prince, Haiti in 2003 as a co-located office on the USAID Mission campus. Since the inception of the President's Emergency Plan for AIDS Relief (PEPFAR) program in Haiti in 2004, CDC's management and technical staff have worked in close collaboration with the Population Health and Nutrition Unit (PHN) of USAID to jointly manage the planning and implementation of the PEPFAR program. In April 2008, CDC Haiti co-located its country office to the newly opened U.S. Embassy Compound located in the Tabarre section of the capital city. CDC Haiti HIV/AIDS technical and public health advisor programmatic/managerial expertise continue to provide assistance and capacity building training (including financial management) to both the Ministry of Health (MOH) and the United States Government (USG)'s institutional partners. As CDC Haiti does not operate under a larger in-country agency context for its administrative support service, it has sole operational and financial responsibility for its own contingency planning, the meeting of USG security requirements, the provision of workspace (including internet access), the recruitment and training of locally employed personnel, and residential housing support for USG Direct Hires assigned to Haiti. In addition, CDC Haiti has associated support expenses incurred for CDC Haiti technical expert personnel located in the field as well as in Port-au-Prince who work with USG partners to implement PEPFAR program activities throughout Haiti as approved in the yearly Country Operational Plan (COP).

CDC and USAID, in a coordinated effort to ensure adequate technical coverage and avoid duplication of human resources, have each put together complementary rosters of technical advisors based on core institutional competencies and experiences. As of October 2008, all fifty-four (54) of CDC Haiti's currently approved personnel positions are 100% supported by PEPFAR funding. The approved personnel roster for CDC Haiti presently include (9) vacancies (one audit specialist; one procurement assistant; one US direct-hire laboratory section chief, one TB/HIV Specialist, one regional health information specialist, one driver, and three regional care and treatment specialists). Of the 54 total CDC Haiti staff positions, three (3) are US Direct Hires (USDH) that include the Chief of Party, the Deputy Director, and the Laboratory Section Chief. A fourth US hire is supported through a CDC Personal Services Contract (PSC)* and serves as the CDC Haiti HIV/AIDS Prevention Section Chief. The remaining CDC Haiti senior level staff includes two (2) medical doctors hired as Locally Engaged Staff (LES) HIV/AIDS technical experts, and a Chief Administrative Specialist. The CDC Haiti Port au Prince office houses professional (technical, financial, information technology, administrative, and support (secretaries and motor pool) staff.

Approximately 30% of CDC Haiti's locally-employed staff (professional and support) operate out of small regional offices located throughout the country (e.g., Cap Haïtien and Saint Marc in the north; Les Cayes, Jacmel, and Jeremie, in the south) in association with the MOH's Regional Departmental hospital system. The decentralization of CDC staff to the regional department level is a reflection of CDC Haiti's leading role in the implementation of the national PEPFAR care and treatment program, and a realization of the need to institutionalize PEPFAR activities down to the local Ministry of Health level. Moreover, given ongoing security concerns in Haiti, the USG Team recognizes the crucial need for program implementation to be able to continue unhindered at regional department levels despite sporadic security situations that often begin in the capital city of Port au Prince and then flare up across the country. Decentralization is designed to permit program implementation and activities to continue even if critical disruptive events occur elsewhere in the country and result in security-related curtailment of USG staff travel and program operations.

In order to better implement the PEPFAR program with a goal of long-term program integration and sustainability, CDC Haiti management & staffing (M&S) goals include the following M&S objectives for FY 2009: continue ongoing USG and partner team-building; assess specific training and development needs for current CDC Haiti locally employed personnel; complete staff recruitment for vacant positions, with an immediate focus on hiring the 3 health information and care and treatment specialists to be located at regional departmental levels, and a strategic information (SI) specialist who will be located in the CDC Haiti Port au Prince office; address staffing needs in other technical areas (prevention and laboratory), as well as identify staffing gaps between CDC and USAID; support CDC Haiti warehouse operations with a focus on distribution of laboratory/clinic equipment to MSPP Hospitals throughout Haiti in support of the Partnership for Supply Chain Management System (SCMS), until SCMS can fully undertake safe reception and timely distribution of PEPFAR commodities throughout Haiti, and maintain requisite "cold chain" operations.

CDC expects to fill previously approved administrative vacancies which have not yet been staffed. (note: a procurement assistant position was advertised and a candidate selected, however the candidate was unable to secure a local security clearance through the Embassy RSO; approved FY08 vacancies for auditor/financial analyst and a secretary still have not been filled). Eight new driver positions were approved and seven successfully hired late-FY08 (three full-time and 4 WAE). Funds are reserved in our FY09 budget to support staff training for professional and support staff, for ongoing program supervision in the field, and for off-shore based technical assistance as needed. Commodity procurements in FY09 will be limited primarily to the procurement of additional office equipment for new staff at the new Embassy compound, and possibly 1 or 2 vehicles needed to support ongoing field travel (outside of Port au Prince) for staff who must operate under necessary but very restrictive security guidelines and regulations. Infrastructure expenses include supporting and adhering to strict security-related requirements, office equipment upgrades, as well as "telecommute-related" internet set-up and maintenance expenses. Logistic expenses include staff overtime, vehicle maintenance, air travel and lodging, vehicle insurance and fuel.

Cost of Doing Business:

OBO Head Tax: The CDC/Haiti estimated Overseas Building Office (OBO) Head Tax for FY09, a pro rata budget amount to defray the costs of construction of the New Embassy Compound (NEC), occupied as of April 2008 is \$373,692.

ITSO: Management & Staffing funds in the amount of \$171,162 has been considered in formulating this budget (see separate activity narrative for IRM tax) to support the mandated HHS-CDC IT "tax" under CDC Haiti management and support (M&S) operations.

Activity Narrative: ICASS: The CDC/Haiti estimated ICASS bill for FY 2008 is \$449,338, per estimate from the US Embassy Port-au-Prince Budget and Finance (B&F) office. PEPFAR is the only source of program funds that support the CDC Haiti office. CDC Haiti is fully supported by the US Embassy through ICASS for a "full package" of ICASS provided support services. These services include: lightly-armored vehicle (LAV) motor pool for US personnel; GSO housing and maintenance for U.S. direct-hire and personal services contract (PSC) personnel; payroll and related HR activities for LES personnel; diplomatic pouch services; airport expeditor services for US personnel and visiting TDYers; cashing, accounting and vouchering for both US and LES personnel; provisioning of drinking water and residential water for US personnel; mandatory armored shuttle service to/from office for US personnel; and regional security office support for US personnel and TDYers.

Early Funding Request: Per instructions from CDC Headquarters, Posts were directed to include early funding requests in their FY09 Country Operating Plans (COP's) in order to ensure that adequate Management and Support funding is available in-country until the first Congressional Notification is approved/processed and received at Post, which is estimated to be in/about March/April 2009. During this period, the CDC Haiti office estimates its financial funding requirements to be approximately \$2,300,000 (combined GHCS and Core funding) to support the costs of salaries and benefits, administrative operational costs, and overhead expenses ("costs of doing business").

New/Continuing Activity: Continuing Activity

Continuing Activity: 17242

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17242	3914.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7701	3141.08		\$2,474,500
9349	3914.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5154	3141.07		\$2,110,000
3914	3914.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	3141	3141.06		\$1,770,811

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 3141.09	Mechanism: CDC - ITSO/M&S
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Management and Staffing
Budget Code: HVMS	Program Budget Code: 19
Activity ID: 19001.21643.09	Planned Funds: \$171,162
Activity System ID: 21643	

Activity Narrative: CDC Haiti Management & Staffing – ITSO
\$171,162

The CDC Global AIDS Program (GAP) office first opened in the capital city of Port au Prince, Haiti in 2003 as a co-located office on the USAID Mission campus. Since the inception of the President’s Emergency Plan for AIDS Relief (PEPFAR) program in Haiti in 2004, CDC’s management and technical staff have worked in close collaboration with the Population Health and Nutrition Unit (PHN) of USAID to jointly manage the planning and implementation of the PEPFAR program. In April 2008, CDC Haiti co-located its country office to the newly opened U.S. Embassy Compound located in the Tabarre section of the capital city. CDC Haiti HIV/AIDS technical and public health advisor programmatic/managerial expertise continue to provide assistance and capacity building training (including financial management) to both the Ministry of Health (MOH) and the United States Government (USG)’s institutional partners. As CDC Haiti does not operate under a larger in-country agency context for its administrative support service, it has sole operational and financial responsibility for its own contingency planning, the meeting of USG security requirements, the provision of workspace (including internet access), the recruitment and training of locally employed personnel, and residential housing support for USG Direct Hires assigned to Haiti. In addition, CDC Haiti has associated support expenses incurred for CDC Haiti technical expert personnel located in the field as well as in Port-au-Prince who work with USG partners to implement PEPFAR program activities nationally as approved in its yearly Country Operational Plan (COP).

Cost of Doing Business: ITSO
New HHS/CDC IT Policy Implementation: Management & Staffing funding in the amount of \$171,162 is included in this budget to cover the mandated HHS-CDC IT support costs for CDC Haiti management and administrative personnel.

New/Continuing Activity: Continuing Activity

Continuing Activity: 19001

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19001	19001.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7701	3141.08		\$45,500

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 3321.09	Mechanism: GAP Base Funds
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP	Program Area: Management and Staffing
Budget Code: HVMS	Program Budget Code: 19
Activity ID: 4347.27334.09	Planned Funds: \$1,000,000
Activity System ID: 27334	

Activity Narrative: BACKGROUND

CDC Haiti Management & Staffing – ITSO \$171,162

The CDC Global AIDS Program (GAP) office first opened in the capital city of Port au Prince, Haiti in 2003 as a co-located office on the USAID Mission campus. Since the inception of the President's Emergency Plan for AIDS Relief (PEPFAR) program in Haiti in 2004, CDC's management and technical staff have worked in close collaboration with the Population Health and Nutrition Unit (PHN) of USAID to jointly manage the planning and implementation of the PEPFAR program. In April 2008, CDC Haiti co-located its country office to the newly opened U.S. Embassy Compound located in the Tabarre section of the capital city. CDC Haiti HIV/AIDS technical and public health advisor programmatic/managerial expertise continue to provide assistance and capacity building training (including financial management) to both the Ministry of Health (MOH) and the United States Government (USG)'s institutional partners. As CDC Haiti does not operate under a larger in-country agency context for its administrative support service, it has sole operational and financial responsibility for its own contingency planning, the meeting of USG security requirements, the provision of workspace (including internet access), the recruitment and training of locally employed personnel, and residential housing support for USG Direct Hires assigned to Haiti. In addition, CDC Haiti has associated support expenses incurred for CDC Haiti technical expert personnel located in the field as well as in Port-au-Prince who work with USG partners to implement PEPFAR program activities nationally as approved in its yearly Country Operational Plan (COP).

Cost of Doing Business: ITSO

New HHS/CDC IT Policy Implementation: Management & Staffing funding in the amount of \$171,162 is included in this budget to cover the mandated HHS-CDC IT support costs for CDC Haiti management and administrative personnel.

CDC Haiti Management & Staffing – ICASS \$449,338

The CDC Global AIDS Program (GAP) office first opened in the capital city of Port au Prince, Haiti in 2003 as a co-located office on the USAID Mission campus. Since the inception of the President's Emergency Plan for AIDS Relief (PEPFAR) program in Haiti in 2004, CDC's management and technical staff have worked in close collaboration with the Population Health and Nutrition Unit (PHN) of USAID to jointly manage the planning and implementation of the PEPFAR program. In April 2008, CDC Haiti co-located its country office to the newly opened U.S. Embassy Compound located in the Tabarre section of the capital city. CDC Haiti HIV/AIDS technical and public health advisor programmatic/managerial expertise continue to provide assistance and capacity building training (including financial management) to both the Ministry of Health (MOH) and the United States Government (USG)'s institutional partners. As CDC Haiti does not operate under a larger in-country agency context for its administrative support service, it has sole operational and financial responsibility for its own contingency planning, the meeting of USG security requirements, the provision of workspace (including internet access), the recruitment and training of locally employed personnel, and residential housing support for USG Direct Hires assigned to Haiti. In addition, CDC Haiti has associated support expenses incurred for CDC Haiti technical expert personnel located in the field as well as in Port-au-Prince who work with USG partners to implement PEPFAR program activities throughout Haiti as approved in the yearly Country (COP).

Cost of Doing Business: - ICASS

For FY09, the CDC/Haiti estimated ICASS expense is budgeted for \$449,338. The PEPFAR is the only program funded activity operated by the CDC Haiti office. To support CDC Haiti activities and personnel in Haiti, CDC Haiti receives all non-CDC provided in-country support services via the US Embassy ICASS program, under which CDC Haiti subscribes to a "full slate" of ICASS provided support services. Some of the subscribed services include: motor pool back-up support; GSO housing and maintenance for U.S. direct-hire and personal services contract (PSC) personnel; payroll and related HR support services for locally employed personnel; diplomatic pouch services for US personnel; airport expeditor services for USG and TDY personnel; government-owned vehicle mechanic services; cashiering, procurement, accounting and vouchering financial services for both US and LES personnel; provisioning of drinking water and residential water supplies for US personnel; "mandatory" armored vehicle shuttle service for USG direct-hire and TDY personnel; and regional security support for CDC Haiti assigned direct-hire and USG TDY personnel.

CDC Haiti Management & Staffing - (M&S) \$2,300,000

The CDC Global AIDS Program (GAP) office first opened in the capital city of Port au Prince, Haiti in 2003 as a co-located office on the USAID Mission campus. Since the inception of the President's Emergency Plan for AIDS Relief (PEPFAR) program in Haiti in 2004, CDC's management and technical staff have worked in close collaboration with the Population Health and Nutrition Unit (PHN) of USAID to jointly manage the planning and implementation of the PEPFAR program. In April 2008, CDC Haiti co-located its country office to the newly opened U.S. Embassy Compound located in the Tabarre section of the capital city. CDC Haiti HIV/AIDS technical and public health advisor programmatic/managerial expertise continue to provide assistance and capacity building training (including financial management) to both the Ministry of Health (MOH) and the United States Government (USG)'s institutional partners. As CDC Haiti does not operate under a larger in-country agency context for its administrative support service, it has sole operational and financial responsibility for its own contingency planning, the meeting of USG security requirements, the provision of workspace (including internet access), the recruitment and training of locally employed personnel, and residential housing support for USG Direct Hires assigned to Haiti. In addition, CDC Haiti has associated support expenses incurred for CDC Haiti technical expert personnel located in the field as well as in Port-au-Prince who work with USG partners to implement PEPFAR program activities throughout Haiti as approved in the yearly Country Operational Plan (COP).

CDC and USAID, in a coordinated effort to ensure adequate technical coverage and avoid duplication of human resources, have each put together complementary rosters of technical advisors based on core institutional competencies and experiences. As of October 2008, all fifty-four (54) of CDC Haiti's currently approved personnel positions are 100% supported by PEPFAR funding. The approved personnel roster for CDC Haiti presently include (9) vacancies (one audit specialist; one procurement assistant; one US direct-

Activity Narrative: hire laboratory section chief, one TB/HIV Specialist, one regional health information specialist, one driver, and three regional care and treatment specialists). Of the 54 total CDC Haiti staff positions, three (3) are US Direct Hires (USDH) that include the Chief of Party, the Deputy Director, and the Laboratory Section Chief. A fourth US hire is supported through a CDC Personal Services Contract (PSC) and serves as the CDC Haiti HIV/AIDS Prevention Section Chief. The remaining CDC Haiti senior level staff includes two (2) medical doctors hired as Locally Engaged Staff (LES) HIV/AIDS technical experts, and a Chief Administrative Specialist. The CDC Haiti Port au Prince office houses professional (technical, financial, information technology, administrative, and support (secretaries and motor pool) staff. Approximately 30% of CDC Haiti's locally-employed staff (professional and support) operate out of small regional offices located throughout the country (e.g., Cap Haïtien and Saint Marc in the north; Les Cayes, Jacmel, and Jeremie, in the south) in association with the MOH's Regional Departmental hospital system. The decentralization of CDC staff to the regional department level is a reflection of CDC Haiti's leading role in the implementation of the national PEPFAR care and treatment program, and a realization of the need to institutionalize PEPFAR activities down to the local Ministry of Health level. Moreover, given ongoing security concerns in Haiti, the USG Team recognizes the crucial need for program implementation to be able to continue unhindered at regional department levels despite sporadic security situations that often begin in the capital city of Port au Prince and then flare up across the country. Decentralization is designed to permit program implementation and activities to continue even if critical disruptive events occur elsewhere in the country and result in security-related curtailment of USG staff travel and program operations.

In order to better implement the PEPFAR program with a goal of long-term program integration and sustainability, CDC Haiti management & staffing (M&S) goals include the following M&S objectives for FY 2009: continue ongoing USG and partner team-building; assess specific training and development needs for current CDC Haiti locally employed personnel; complete staff recruitment for vacant positions, with an immediate focus on hiring the 3 health information and care and treatment specialists to be located at regional departmental levels, and a strategic information (SI) specialist who will be located in the CDC Haiti Port au Prince office; address staffing needs in other technical areas (prevention and laboratory), as well as identify staffing gaps between CDC and USAID; support CDC Haiti warehouse operations with a focus on distribution of laboratory/clinic equipment to MSPP Hospitals throughout Haiti in support of the Partnership for Supply Chain Management System (SCMS), until SCMS can fully undertake safe reception and timely distribution of PEPFAR commodities throughout Haiti, and maintain requisite "cold chain" operations. CDC expects to fill previously approved administrative vacancies which have not yet been staffed. (note: a procurement assistant position was advertised and a candidate selected, however the candidate was unable to secure a local security clearance through the Embassy RSO; approved FY08 vacancies for auditor/financial analyst and a secretary still have not been filled). Eight new driver positions were approved and seven successfully hired late-FY08 (three full-time and 4 WAE). Funds are reserved in our FY09 budget to support staff training for professional and support staff, for ongoing program supervision in the field, and for off-shore based technical assistance as needed. Commodity procurements in FY09 will be limited primarily to the procurement of additional office equipment for new staff at the new Embassy compound, and possibly 1 or 2 vehicles needed to support ongoing field travel (outside of Port au Prince) for staff who must operate under necessary but very restrictive security guidelines and regulations. Infrastructure expenses include supporting and adhering to strict security-related requirements, office equipment upgrades, as well as "telecommute-related" internet set-up and maintenance expenses. Logistic expenses include staff overtime, vehicle maintenance, air travel and lodging, vehicle insurance and fuel.

Cost of Doing Business:

OBO Head Tax: The CDC/Haiti estimated Overseas Building Office (OBO) Head Tax for FY09, a pro rata budget amount to defray the costs of construction of the New Embassy Compound (NEC), occupied as of April 2008 is \$373,692.

ITSO: Management & Staffing funds in the amount of \$171,162 has been considered in formulating this budget (see separate activity narrative for IRM tax) to support the mandated HHS-CDC IT "tax" under CDC Haiti management and support (M&S) operations.

ICASS: The CDC/Haiti estimated ICASS bill for FY 2008 is \$449,338, per estimate from the US Embassy Port-au-Prince Budget and Finance (B&F) office. PEPFAR is the only source of program funds that support the CDC Haiti office. CDC Haiti is fully supported by the US Embassy through ICASS for a "full package" of ICASS provided support services. These services include: lightly-armored vehicle (LAV) motor pool for US personnel; GSO housing and maintenance for U.S. direct-hire and personal services contract (PSC) personnel; payroll and related HR activities for LES personnel; diplomatic pouch services; airport expeditor services for US personnel and visiting TDYers; cashing, accounting and vouchering for both US and LES personnel; provisioning of drinking water and residential water for US personnel; mandatory armored shuttle service to/from office for US personnel; and regional security office support for US personnel and TDYers.

Early Funding Request: Per instructions from CDC Headquarters, Posts were directed to include early funding requests in their FY09 Country Operating Plans (COP's) in order to ensure that adequate Management and Support funding is available in-country until the first Congressional Notification is approved/processed and received at Post, which is estimated to be in/about March/April 2009. During this period, the CDC Haiti office estimates its financial funding requirements to be approximately \$2,300,000 (combined GHCS and Core funding) to support the costs of salaries and benefits, administrative operational costs, and overhead expenses ("costs of doing business").

New/Continuing Activity: Continuing Activity

Continuing Activity: 17238

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17238	4347.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7700	3321.08		\$1,000,000
9347	4347.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5153	3321.07		\$1,000,000
4347	4347.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	3321	3321.06		\$1,000,000

Table 3.3.19: Activities by Funding Mechanism

Mechanism ID: 11437.09

Mechanism: CDC - ICASS

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Management and Staffing

Budget Code: HVMS

Program Budget Code: 19

Activity ID: 19000.27475.09

Planned Funds: \$449,338

Activity System ID: 27475

Activity Narrative: CDC Haiti Management & Staffing – ICASS \$449,338

The CDC Global AIDS Program (GAP) office first opened in the capital city of Port au Prince, Haiti in 2003 as a co-located office on the USAID Mission campus. Since the inception of the President's Emergency Plan for AIDS Relief (PEPFAR) program in Haiti in 2004, CDC's management and technical staff have worked in close collaboration with the Population Health and Nutrition Unit (PHN) of USAID to jointly manage the planning and implementation of the PEPFAR program. In April 2008, CDC Haiti co-located its country office to the newly opened U.S. Embassy Compound located in the Tabarre section of the capital city. CDC Haiti HIV/AIDS technical and public health advisor programmatic/managerial expertise continue to provide assistance and capacity building training (including financial management) to both the Ministry of Health (MOH) and the United States Government (USG)'s institutional partners. As CDC Haiti does not operate under a larger in-country agency context for its administrative support service, it has sole operational and financial responsibility for its own contingency planning, the meeting of USG security requirements, the provision of workspace (including internet access), the recruitment and training of locally employed personnel, and residential housing support for USG Direct Hires assigned to Haiti. In addition, CDC Haiti has associated support expenses incurred for CDC Haiti technical expert personnel located in the field as well as in Port-au-Prince who work with USG partners to implement PEPFAR program activities throughout Haiti as approved in the yearly Country (COP).

Cost of Doing Business: - ICASS

For FY09, the CDC/Haiti estimated ICASS expense is budgeted for \$449,338. The PEPFAR is the only program funded activity operated by the CDC Haiti office. To support CDC Haiti activities and personnel in Haiti, CDC Haiti receives all non-CDC provided in-country support services via the US Embassy ICASS program, under which CDC Haiti subscribes to a "full slate" of ICASS provided support services. Some of the subscribed services include: motor pool back-up support; GSO housing and maintenance for U.S. direct-hire and personal services contract (PSC) personnel; payroll and related HR support services for locally employed personnel; diplomatic pouch services for US personnel; airport expeditor services for USG and TDY personnel; government-owned vehicle mechanic services; cashiering, procurement, accounting and vouchering financial services for both US and LES personnel; provisioning of drinking water and residential water supplies for US personnel; "mandatory" armored vehicle shuttle service for USG direct-hire and TDY personnel; and regional security support for CDC Haiti assigned direct-hire and USG TDY personnel.

New/Continuing Activity: Continuing Activity

Continuing Activity: 19000

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19000	19000.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7701	3141.08		\$600,000

Table 3.3.19: Activities by Funding Mechanism

Mechanism ID: 1419.09 **Mechanism:** USAID - ICASS/IRM/M&S
Prime Partner: US Agency for International Development **USG Agency:** U.S. Agency for International Development
Funding Source: GHCS (State) **Program Area:** Management and Staffing
Budget Code: HVMS **Program Budget Code:** 19
Activity ID: 19002.27480.09 **Planned Funds:** \$90,000
Activity System ID: 27480
Activity Narrative: ACTIVITY:
The estimated amount for the IRM tax for FY 08 for USAID's PEPFAR program is \$90,000.

New/Continuing Activity: Continuing Activity

Continuing Activity: 19002

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19002	19002.08	U.S. Agency for International Development	US Agency for International Development	7699	1419.08	USAID/GAC/HQ	\$40,000

Table 3.3.19: Activities by Funding Mechanism

Mechanism ID: 1419.09 **Mechanism:** USAID - ICASS/IRM/M&S
Prime Partner: US Agency for International Development **USG Agency:** U.S. Agency for International Development
Funding Source: GHCS (State) **Program Area:** Management and Staffing
Budget Code: HVMS **Program Budget Code:** 19
Activity ID: 19003.27481.09 **Planned Funds:** \$380,000
Activity System ID: 27481
Activity Narrative: The USAID/Haiti estimated ICASS bill for support to PEPFAR staff for FY 2008 is \$380,000, per estimates received from the US Embassy Port-au-Prince Budget and Finance (B&F) staff. In April, 2008, USAID moved to the New Embassy Compound which house the entire US Embassy, including all USG agencies. Soon, there will be one consolidated General Services Office and ICASS support office for all USG agencies. The ICASS services to be provided to support the USAID PEPFAR program include: motor pool for US personnel, GSO housing and maintenance for US personnel, payroll and related HR activities for LES personnel, diplomatic pouch services for US personnel, airport expediting services for US personnel and visiting TDYers, accounting and vouchering for both US and LES personnel, provisioning of drinking water and residential water for US personnel, mandatory armored shuttle service to/from office for US personnel, and regional security support for US personnel and TDYers.

New/Continuing Activity: Continuing Activity

Continuing Activity: 19003

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19003	19003.08	U.S. Agency for International Development	US Agency for International Development	7699	1419.08	USAID/GAC/HQ	\$120,000

Table 3.3.19: Activities by Funding Mechanism

Mechanism ID: 1419.09

Mechanism: USAID - ICASS/IRM/M&S

Prime Partner: US Agency for International Development

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Management and Staffing

Budget Code: HVMS

Program Budget Code: 19

Activity ID: 3936.27482.09

Planned Funds: \$1,280,000

Activity System ID: 27482

Activity Narrative: SUMMARY: In FY 2008 USAID/Haiti will continue to oversee the President's Emergency Plan for AIDS Relief (PEPFAR) activities using its existing staff and Mission support functions. Virtually all staff in the USAID Health Office contribute at least a portion of their time to the management and technical oversight of the United States Government (USG) PEPFAR activities, although only four persons contribute 50% or more of their time and two persons devote full-time to PEPFAR. This staffing pattern for PEPFAR at USAID is an intentional strategy to foster integration of HIV/AIDS programming throughout the entire health portfolio of the Mission and to ensure that PEPFAR activities achieve wrap-around impact wherever possible. In the current 2007-2009 USAID Mission Strategy, in which technical offices are subsumed under three Foreign Assistance program objectives, the Health Office is incorporated into the Investing in People Program Objective, thus creating increased opportunities for cross-sector wrap-around programming. The USAID Mission supports PEPFAR with strong in-country capacity in finance, program planning, procurement and administrative support through its Financial Management, Program Support, Contracts and Executive Offices to manage resources and ensure compliance with USG regulations. In addition to PEPFAR funding, the USAID Health Office manages a \$25 million annual program of maternal and child health, family planning and other infectious diseases (tuberculosis) interventions to strengthen basic health services in Haiti and provides a platform for PEPFAR activities through an active network of 30 non-governmental organizations (NGOs) which run more than 100 health centers. PEPFAR resources are used to complement the efforts of the Mission's \$34 million Title II Food Security Program to reach HIV/AIDS affected families through the Title II project partners, World Vision, Catholic Relief Services and ACDI/VOCA that operate over 800 food distribution outlets and complementary maternal and child health interventions countrywide. USAID achieves integration of HIV/AIDS into its overall development goals in wrap around programs with Education (for both out-of-school youth and basic education programs), Economic Growth (micro-finance support and job opportunities for families living with AIDS), Agriculture and Trade (linking families living with HIV/AIDS to improved agriculture, market and trade opportunities.)

USAID and CDC, in a coordinated effort to ensure adequate technical coverage and avoid duplication of human resources, have a complementary roster of technical advisors that is based on core institutional competencies and experience. The USAID roster has technical advisors/program managers who provide technical expertise in PMTCT, pediatric AIDS, prevention of sexual transmission, orphans and vulnerable children (OVC), drug and commodity supply chain management and policy and systems strengthening. There are two full-time technical advisors working on the PEPFAR program, the Senior HIV/AIDS Advisor and the Technical Advisor for pediatric AIDS, OVC and community care and support. An additional nine persons provide technical and program management support at less than 100% effort and another 17 persons provide program support, one at 100% and the rest at less than 100%. The total roster of USAID staff contributing any amount of time includes: (2) US direct hires (USDH), the Health and Education Office Chief who provides management oversight and the Health and Education Office Deputy Chief who serves as technical advisor/program manager for the education activities; (1) US personal services contractor (USPSC), the Senior HIV/AIDS Advisor who provides overall coordination, management and technical leadership of USAID's PEPFAR program; (6) foreign service national (FSN) Technical Advisors/Program Managers: (1) PMTCT Advisor, (1) Education Technical Advisor, (1) Maternal and Child Health Program Manager, (1) Commodity Supply Chain Program Manager and (2) Public Health Program Managers in the areas of prevention of sexual transmission and reproductive health; (14) FSN support staff: (1) Financial Analyst, (2) administrative assistants, (3) Drivers and 2 persons each from the Contracting, Financial Management, Program Planning and Executive Offices to provide on-going support when needed.

The PEPFAR Country Coordinator is hired as a USPSC under USAID. Salary and benefits for this position are paid under the USAID USPSC contract. Other related costs (housing, travel and other allowances) are provided for under CDC's Management & Staffing budget.

To supplement USAID Mission staff, funds are reserved for targeted technical assistance from USAID Washington and from outside consultants, as needed, on a broad range of technical issues, policy development, and documentation activities to bring more analytical and evidence-based design to the PEPFAR Program. Funds are reserved for staff training and conferences, travel for field program supervision and technical coordination in and outside of Haiti. Procurement includes purchase of additional office equipment. Infrastructure expenses include security and related office upgrades and administrative expenses. Logistics include staff overtime and vehicle maintenance, insurance and fuel.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17237

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17237	3936.08	U.S. Agency for International Development	US Agency for International Development	7699	1419.08	USAID/GAC/HQ	\$1,345,000
9344	3936.07	U.S. Agency for International Development	US Agency for International Development	5152	1419.07	USAID/GAC/HQ	\$1,227,000
3936	3936.06	U.S. Agency for International Development	US Agency for International Development	3418	1419.06	USAID/GAC/HQ	\$408,532

Table 5: Planned Data Collection

Is an AIDS indicator Survey(AIS) planned for fiscal year 2009?	Yes	X	No
If yes, Will HIV testing be included?	Yes		No
When will preliminary data be available?			
Is an Demographic and Health Survey(DHS) planned for fiscal year 2009?	Yes	X	No
If yes, Will HIV testing be included?	Yes		No
When will preliminary data be available?			
Is a Health Facility Survey planned for fiscal year 2009?	Yes	X	No
When will preliminary data be available?			
Is an Anc Surveillance Study planned for fiscal year 2009?	Yes	X	No
If yes, approximately how many service delivery sites will it cover?	Yes		No
When will preliminary data be available?			12/1/2009
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 2009?	Yes	X	No

Supporting Documents

File Name	Content Type	Date Uploaded	Description	Supporting Doc. Type	Uploaded By
FY09 HAITI Budgetary Requirements Worksheet.xls	application/vnd.ms-excel	11/13/2008	Final budgetary requirements worksheet. All required percentages met. Recommended SI percentage unmet due to increase needs in SCMS and excess funding in this area in the past. Additionally, with the expectation of Compact money, systems strengthening and SI are two areas Haiti will focus on.	Budgetary Requirements Worksheet*	CBaier
HAITI Waiver Justification for 8% Partner Limit.doc	application/msword	11/17/2008	8% Waiver justification for GHESKIO and PIH. PFSCM is showing up as exceeding the limit, however they are solely procurement and therefore exempt from this exercise.	Budgetary Requirement Justifications	CBaier
HAITI Executive Summary.doc	application/msword	11/17/2008		Executive Summary	CBaier
HAITI Ambassadors Letter pdf.pdf	application/pdf	11/17/2008		Ambassador Letter	CBaier
HAITI Gender Narrative.doc	application/msword	11/15/2008	Brief description, each program area has defined ways in which gender is being addressed for COP 09.	Gender Program Area Narrative*	CBaier
HAITI COP 2009 Global Fund Supplemental.doc	application/msword	11/14/2008		Global Fund Supplemental	CBaier
HAITI Human Resources for Health Narrative.doc	application/msword	11/14/2008	Provided here is an overview of our human resources within the Haiti program, the challenges, our plans and strategies and where we hope to go!	HRH Program Area Narrative*	CBaier
HAITI Management and Staffing Budget Table.xls	application/vnd.ms-excel	12/2/2008		Management and Staffing Budget Table	CBaier
Haiti Summary Targets and Explanations.xls	application/vnd.ms-excel	12/22/2008		Summary Targets and Explanation of Target Calculations	JRose1
HAITI Salary Support Table.xls	application/vnd.ms-excel	12/1/2008		Health Care Worker Salary Report	CBaier
SAPR09 COPRS narrative 14-5-09 FINAL.doc	application/msword	5/15/2009	There are ~650 extra characters in our May 2009 SAPR Overall narrative. I have uploaded the document here to guarantee the total information for submission. We tried to reduce but couldn't get it to 5000!	Other	CBaier