Haiti

Operational Plan Report

FY 2013

Note: Italicized sections of narrative text indicate that the content was not submitted in the Lite COP year, but was derived from the previous Full COP year. This includes data in Technical Area Narratives, and Mechanism Overview and Budget Code narratives from continued mechanisms.

Operating Unit Overview

OU Executive Summary

COUNTRY CONTEXT

For many in the United States, Haiti has become synonymous with hurricanes and earthquakes whose effects are compounded by the vulnerability of the populations they strike in the Haitian countryside and the precarious hillside encampments around Port-au-Prince. Natural disaster, combined with frequent political instability and disease have continually set back Haitian efforts to chart a stable path toward social and economic renewal. While there are numerous interdependent needs to break these cycles of poverty, improving the health of the Haitian population is central to rebuilding the human and economic capital of one of America's closest neighbors.

Haiti's estimated 135,000 HIV positive individuals constitute the greatest burden of HIV/AIDS care and treatment responsibility in the Caribbean region. Underlying the data are geographic shifts in populations living with HIV , and a need to reach key populations disproportionately affected by the virus with effective prevention programs. Haiti has a generalized HIV/AIDS epidemic, with higher prevalence rates in major cities and driven by key populations, such as commercial sex workers (CSW) and men who have sex with men (MSM), and the social conditions of women and youth. As of December 2012, 72 percent of HIV infected individuals with immediate need for antiretroviral therapy were receiving it; and 65 percent of pregnant women were tested for HIV. There is a high level of stigmatization towards HIV positive individuals in the country, especially at the community level. Overall, communicable diseases make up a starkly higher proportion of mortality (72 percent) than the regional average (20 percent) . Haiti has the highest rate of tuberculosis (TB) in the Western Hemisphere with an estimated incidence of 306 cases for 100,000 inhabitants – of which about 60 percent of expected cases are detected and 60 percent of TB patients are tested for HIV. Malaria prevalence is estimated at 4.9 percent. More than 600,000 cases and nearly 8,000 deaths have been reported since the cholera epidemic began in Haiti .

The Government of Haiti's domestic health investments are limited: only 5.7 percent (compared to the Abuja Target of 15 percent) of its national budget to public health in FY 2010-2011, of which 90 percent was spent on personnel related costs. An estimated 55 percent of the country's approximately ten million people live on less than one dollar a day and cannot afford the higher quality healthcare provided in private clinics. There is a shortage of health workers, low retention of nurses and doctors, and a need to improve skill level and knowledge base at all levels. A lack of local coordination of different levels of care – primary, secondary and tertiary – leads to inefficient distribution of services, and to gaps in critical health care services for many communities. Government funding to support operational and management costs for critical disease programs, including HIV/AIDS, TB, and emergency obstetric care

(EMOC) and neonatal care is negligible and, if left unaddressed, could precipitate a widening resource gap in the face of declining external resources. Sixty percent (60%) of the approximately 800 functioning health facilities serving the population are managed by non-governmental organizations (NGOs) . REDACTED.

But underlying these grave challenges are examples of national resilience and health programs that could demonstrate to the world that Haiti is capable of breaking out of the cycles of poverty and disaster that have plagued its recent history. Haiti also was once synonymous with the HIV epidemic. In the 1990s Haiti's HIV prevalence rate was estimated to have climbed to over 4 percent, a serious public health threat that could have escalated to the calamitous levels facing some countries in Sub-Saharan Africa today. Preliminary 2012 Demographic and Health Survey (DHS) data suggests that Haiti's current HIV prevalence has remained stable since the 2006 DHS (2.2 percent), suggesting that a successful treatment and prevention program is keeping healthy those already infected while checking transmission at a population level. Of note, scale up of HIV-related services quickly recovered and subsequently accelerated following disruptions in the aftermath of the 2010 earthquake and subsequent cholera outbreak. Coverage of HIV services has improved significantly, while investments made by USG and others in the human and physical capital necessary to support the national HIV response have become platforms for improved healthcare across all levels of the Haitian health system. An emphasis on improving quality of services in step with coverage, including adherence of patients and reaching key populations (an area newly targeted with domestic resources) is at the forefront of the national program moving forward.

PEPFAR FOCUS IN 2013: UNIVERSAL ACCESS AND COUNTRY OWNERSHIP THROUGH HEALTH SYSTEM STRENGTHENING

Central to this success has been support from the American people through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). The PEPFAR program has been instrumental in scaling up HIV services while building the MSPP capacity to sustain the HIV response over the long term. During implementation of the 2013 Country Operational Plan (COP), Haiti is poised to cross historic milestones in its HIV/AIDS response. It is projected that by mid-2013 the country will have achieved universal access to antiretroviral therapy (ART) – meaning that, according to national guidelines, 80 percent of those estimated to need ART are receiving it - while health system strengthening projects detailed in the Partnership Framework Implementation Plan (PFIP) for Health will be progressing in earnest. These two themes: 1) Universal Access and 2) Country Ownership through Health System Strengthening underpin major shifts and important advances in the PEPFAR/Haiti portfolio described in this document and reflected throughout the program.

PROGRESS AND FUTURE: PEPFAR BLUEPRINT IN HAITI, UNIVERSAL ACCESS

In January 2010, an earthquake destroyed large tracts of Port-au-Prince, leveled the ministry of health, and triggered a population upheaval from which the country is still recovering. While other national HIV programs were making the leaps in HIV treatment coverage that became the underpinning of the now realistic dream of an AIDS-free generation, substantial programmatic gains made by the PEPFAR/Haiti program in 2008/2009 were slowed. Today, due in large part to the considerable resources made available from the American people through the PEPFAR program, and the tireless work of healthcare providers, GOH leadership, the USG team and development partners, those setbacks have turned into an historic opportunity for Haiti to join the ranks of countries which make HIV treatment available to all who need it.

To support this, the USG health team has made concerted efforts to reshape the PEPFAR portfolio around the science of impactful interventions – scaling up HIV testing and counseling, and prevention of mother-to-child transmission (PMTCT) as entry points to HIV treatment – while reshaping prevention programming to actively link key populations to services and expand activities within the HIV positive population that reduce transmission. As the influx of post-earthquake funds recedes, PEPFAR/Haiti will search for new ways to find value for money and leverage across the USG portfolio, the public sector and other development partners. Achieving universal access to ART and PMTCT services is a threshold the country can and should surpass this year – a milestone in Haiti's rebuilding efforts that should be recognized for its special significance in a country so often left searching for signs of hope. To build on these achievements, USG has engaged with the MSPP on three opportunities to focus continued expansion of access: (1) conducting a national ART outcomes evaluation; (2) changing national ART guidelines to expand access further; and (3) considering an HIV test and treatment evaluation.

1. UNIVERSAL ACCESS KEY PRIORITIES - CARE AND TREATMENT COVERAGE AND QUALITY
PEPFAR/Haiti is prioritizing a variety of activities for FY 2013 to ensure that the success of achieving universal access is amplified with improvements in quality of services and the targeting of key populations. Accelerating the shift toward PMTCT Option B+ and fast tracking patients from care to treatment are central to the USG service delivery strategy. Coverage and accessibility of HIV testing and counseling, including expanded use point-of-care testing and an emphasis on testing all TB patients for HIV and linking co-infected patients to services, remains a focus for the program. Following extensive data audits to shore up patient registers, facility-centered adherence and retention activities are being improved, with increased integration of referral/counter-referral tools within the Electronic Medical Records (EMR) system and a sizeable per capita increase of community health workers to conduct outreach and patient tracing from facilities.

To ensure that quality of services continues to improve as coverage increases, USG is implementing a range of quality assurance and quality improvement projects that (1) improve MSPP's oversight of

facilities, (2) increase the frequency and coordination of USG site monitoring, and (3) use site data to improve programs. MSPP facility oversight will be strengthened by establishing and maintaining local coordination units within USG-supported healthcare referral networks; USG will also support technical assistance to departmental service delivery teams to institute clinical mentoring of facilities and improved data reporting. The USG interagency team will strengthen its own site management, accelerating current initiatives to roll out the CDC-developed site management system and USAID external verification project, while looking for opportunities to integrate site monitoring across the agencies.

2. UNIVERSAL ACCESS KEY PRIORITIES- PREVENTION SHIFT AND KEY POPULATIONS

The prevention portfolio is completing a fundamental shift toward better serving key populations, particularly commercial sex workers (CSW) and men who have sex with men (MSM); in 2013 targeting 'hot spots' where key populations are concentrated with formal linkages into nearby clinical services is being coordinated across implementing partners. USG will identify remaining gaps in family planning services, training, commodities and oversight within the PEPFAR platform and will develop a strategy to address those gaps in collaboration with national stakeholders and development partners. In spring 2013 the Violence Against Children Survey (VACS) will be released by the Government of Haiti (GOH) along with a multisectoral response plan supported by USG; USG will also engage MSPP in revamping the national children's health policy.

PROGRESS AND FUTURE: COUNTRY OWNERSHIP

In 2012 the U.S. – Haiti Health Partnership Framework (2012-2017) was developed and signed, laying out a mutually-accountable, joint strategic agenda to accelerate the development of Haiti's public health services to reach the Millennium Development Goals. The Partnership Framework also marked a redoubled commitment by USG to support the GOH in coordinating, overseeing and eventually absorbing health sector activities now so often provided through development partner support. In 2013, two main thrusts detailed under the companion PFIP document will put the plan in action in which: (1) the creation of a bilateral management/technical structure will allow MSPP to shape and coordinate USG support to the Haitian health system and (2) MSPP will be supported to take managerial [and gradually financial] ownership of the national primary and secondary health platforms supported through development partners, including the PEPFAR program.

3. COUNTRY OWNERSHIP KEY PRIORITIES – GOH INVESTMENTS AND HSS

GOH publications such as the Investment Budget and Law 2012 and the MSPP Annual Report 2011-2012 make it clear that the financial magnitude of public health issues being buttressed by USG and other development partners is insufficiently factored into national planning. In line with the Partnership Framework's overarching emphasis on health system strengthening (HSS), USG is engaging MSPP, the Ministries of Finance, and Planning and External Cooperation, and the Prime Minister's Office in

pragmatic planning to transform Haiti's health sector into a high-impact, domestically-financed model over the long term. In the short term, GOH is taking an increased role in USG procurement processes, serving as members of technical review panels, while managing steadily increasing funding being passed through MSPP/CDC cooperative agreements. As MSPP's capacity improves, USG'S expressed intent over the five years of the PFIP is to transfer these PEPFAR mechanisms to MSPP as a cornerstone of health programming and assistance. Complimentary to this effort are three new USAID technical assistance programs in 2013 focused on building MSPP's (1) central systems to manage donor resources and local capacity to oversee health referral networks; (2) central and departmental level budgeting and financing functions; and (3) to consolidate national reporting and surveillance systems under a strengthened MSPP planning and evaluation function. Further, GOH and USG are working with development partners, such as the World Bank and the Global Fund to fight AIDS, Tuberculosis and AIDS (Global Fund), to explore use of these projects as multi-donor funding mechanisms that could complement projected increases in domestic health resources. In 2013/2014 a shift of service delivery to MSPP will continue, with handover of some functions presently with NGOs or U.S. university partners.

4. COUNTRY OWNERSHIP KEY PRIORITIES – MANAGING FOR TRANSITIONS

In a time of declining resources, achieving universal access to services while carrying out an ambitious agenda of building country ownership and public sector capacity requires USG to be exceptionally efficient with its use of resources. Services currently delivered must reach per unit costs that will allow GOH to eventually absorb PEPFAR programs. Likewise, attention to quality (with oversight) must ensure that inputs are directly linked to a standard of services that draws more Haitians into the health system. Stricter management of contractor programmatic and financial performance, including utilization of costing analysis to identify and prioritize high impact activities is a focus of the program moving forward. A key example is continued joint PEPFAR-Global Fund resource mapping and data verification exercises to achieve lower service costs and validate results.

USG has ended contracts whose results were not in line with the PEPFAR Blueprint or the expectations of GOH counterparts. Fragmentation between facility and community responses is being eliminated by merging community-based activities under the management of service delivery partners. Parallel supply chain systems are being consolidated to reduce logistical redundancies. In 2013, for example, PEPFAR's Supply Chain Management System (SCMS) project will deliver both HIV/AIDS and family planning commodities. Moreover, developing a consolidated and more cost-effective national supply chain is a core deliverable of the PFIP. Decentralization of laboratory and blood supply services will afford HIV patients greater access to care. And investments in critical infrastructure and equipment, such as outfitting clinics with basic electrical back-up systems will allow facilities to provide HIV-related services without the crippling electrical interruptions common in Haiti.

PROGRAM OVERVIEW: PRIMARY PREVENTION

PREVENTION SHIFT / KEY POPULATIONS

New infections are driven in large part by unprotected transactional and commercial sexual activities, and the widespread practice of multiple (and often trans-generational) concurrent sexual partnerships (MCP) in the general population. In response, the prevention portfolio is completing a fundamental shift toward better serving at-risk populations, particularly commercial sex workers (CSW) and men who have sex with men (MSM). This “reshaping” of the portfolio consists of (1) formalizing referral arrangements to link key populations to client-friendly services; (2) ensuring consistent provision of quality of prevention with positive (PwP) services; and (3) formulating a national treatment adherence strategy to reduce transmission risk within the positive population. In FY 2013, linkages between facility and community based service partners will be formalized through strategic plans to promote active referral between key population ‘hot spots’ and nearby clinical services. In support of this effort, the mapping of hot spots, such as bars, brothels, duty-free factory zones, public beaches and cross-border areas will be updated, with a point of focus to coordinate CSW activities with the PEPFAR/Dominican Republic program. Cross-border activities outlined in the Key Population Challenge Fund proposal will be funded by the bilateral program. Additional high-risk or high-transmitter groups, such as migrant workers, incarcerated persons and mobile populations, will be targeted using an appropriate combination of HTC, behavior change communication and condom social marketing.

In FY 2013, the centerpiece of the prevention portfolio will take shape with the establishment of a capacity building project for MSPP’s national AIDS program (PNLS). Staff will be embedded within PNLS to improve and develop national prevention strategies that are informed by rigorous monitoring frameworks. The project will support PNLS to coordinate targeted communication and testing activities, and will further the prevention program shift by focusing on strengthening the package of facility-based prevention services. Key objectives for reinforcing services include increasing awareness of pre exposure prophylaxis (PEP) services and improving prevention with positives PwP programming through on-site mentorship and related support, including promotion of adherence for patients on ART.

PMTCT PRONG 1, FP/HIV INTEGRATION AND CONDOMS

PEPFAR/Haiti is actively collaborating across USG platforms and with development partners to improve the quality and reach of maternal and reproductive health, family planning (FP) and emergency obstetrical care (EMOC) services. In FY 2013, efforts to integrate HIV services into family planning and MCH services will include the development of improved and standardized FP method communication materials for both clinical providers and recipients, in order intended to improve and clarify information related to the method mix. Similarly, the interagency health team is working to further FP/HIV integration across PEPFAR-supported sites. A preliminary assessment suggests that most sites that do not currently

provide family planning commodities do provide condoms and referrals for FP; a relatively small proportion of sites observe religious restrictions around FP services (although more data is needed to assess the situation). An important approach will be to work with service delivery partners to leverage additional resources from other donors to expand the availability of family planning services within PEPFAR supported sites. In FY 2013, additional FP/HIV integration activities include consolidating the FP commodities supply chain into the SCMS project and re-scoping an existing project to provide an additional FP service quality and compliance monitoring arm for the USG team.

Funding pipeline will be used to sustain the USG-supported condom supply chain in FY 2013/14, making available more than 41 million condoms: approximately 38 millions of no-logo male condoms for free distribution and 3.5 million branded condoms for sale through the social marketing program.

PROGRAM OVERVIEW: DIAGNOSIS, LINKAGE AND CARE

HIV TESTING AND COUNSELING

In FY 2013, the operational objective for HIV Testing and Counseling (HTC) activities is to provide HTC services to approximately one million people (including pregnant women), up from 820,000 in FY 2012. Four key activities will receive particular attention: (1) Provision of testing at multiple points, including expanded use of point-of-care testing; (2) Expansion of provider-initiated counseling by addressing limitations in physical space at clinics and continual training of staff to mitigate high staff turnover; (3) continued scale up of multiple testing procedures, including finger prick testing; and (4) active referral to enhance enrollment of newly tested HIV positive patients into care. In services such as maternal and child health, the existing “opt-out” strategy will result in increased numbers for HTC in FY 2013. Similarly, efforts to ensure that all pregnant women seeking antenatal services at PEPFAR supported sites have access to HTC services will continue.

Community-based referral and support programs are being shifted to create stronger links to facilities through scale up of the number and use of community health workers, a MSPP priority. These efforts will expand services related to HIV rapid testing, TB screening and diagnostics, and family planning. Networking between all levels of the health system and reliable referral and counter referral are important for the performance of the program, and USG is working toward strengthening those activities particularly in areas of concentrated USG development investments known as the “development corridors”. Additionally, a plan has been developed to convert 14 sites into CD4 testing hubs by the end of FY 2013 to allow for national coverage. Additionally, an evaluation of new PIMA CD4 point of care diagnostics activity was conducted in order to address issues related to poor CD4 result turnaround times in difficult to reach sites. PNLS has developed a working group to support, coordinate and direct decentralized testing efforts and further improve national coverage of CD4 testing.

ADHERENCE AND RETENTION AND CARE

During FY 2012, major partners conducted data quality assessments to eliminate all non-active HIV patient files from their reporting. The result of this process is improved data quality that has a onetime effect, decreasing the cumulative number of patients accessing at least one clinical care for the period (84,000). This adjustment affects the national number but responds to the query of the program for accountability and represents an overall improvement in data quality. For FY 2013, through expanded HTC and the retention and quality of care initiatives outlined below, PEPFAR/Haiti expects to reach at least 120,000 adults and children with clinical care services.

Reducing lost before enrollment (LBE) remains a priority in FY 2013, including measures such as providing facilitators to accompany newly tested HIV positive patients to their first clinical visit and fast-tracking newly tested positive patients. In FY 2013, a critical focus is reducing lost to follow up (LTF) for pre-ARV patients and ARV patients. One new initiative will focus on developing standard multi-month scripting protocols for adherent patients across service delivery partners to facilitate adherence while lowering transportation, clinical support costs and patient waiting times. Ongoing initiatives include: (1) ensuring timely assessment of patient ART eligibility; (2) hiring an additional 300 CHWs to reduce LTF through active tracking of lost clients; (3) systematic use of medical records for pre-ARV and ARV patients; and (4) expansion of health quality assurance and control (HealthQUAL) to all care sites in addition to ARV sites. Retention indicators will be added to the HealthQUAL model to give providers the data needed to improve their respective facilities. An emphasis will be placed on developing the continuous improvement model at all USG-supported sites, in tandem with the MSPP departmental directorates. In addition to improving the quality of care, these efforts taken together will reduce patient backlogs, help keep medical records for pre-ARV updated, and will help facilities track vital events such as death or relocation.

An overall shift in community support to a model that supports community based efforts through facility-based nodes, using CHWs as the mechanism for community outreach should facilitate active linkages to services more effectively than the previous model. Additional focus in FY 2013 will be working with service delivery partners to incorporate referral and counter-referral tracking of patients between facilities (and community programs) to improve LBE, LTF and loss-to-initiation of ART services.

ADULT AND PEDIATRIC CARE, PWP, NUTRITION

In FY 2012, Early Infant Diagnosis (EID) coverage reached 82 percent of all newborns to HIV positive mothers enrolled in PMTCT services. Over 2,800 HIV-exposed newborns received a PCR test and 84 percent of pediatric patients received co-trimoxazole prophylaxis. The 56 sites that have been capacitated to collect and transfer dry blood spot (DBS) specimens for PCR testing have been linked to non-capacity

sites as a means further expanding EID coverage to all PMTCT sites. USG will also engage MSPP in revamping the national children's health policy.

The nutritional components of the pediatric care package have been improved through the implementation of WHO recommendations on infant and young child nutrition, development of toolkits and training for health care providers, and establishment of strong linkages between institutions providing CMAM (Community Management of Acute Malnutrition) along with access to Ready to Use Therapeutic Feeding (RUTF). Approximately 280 malnourished children are seen each month, 70 percent of whom are between 6 and 24 months of age. Overall, PEPFAR -supported sites and community networks rely on Title II partners or the World Food Programme (WFP) for food and nutrition support. In FY 2012, Title II partners and WFP together provided nutritional support to more than 41,000 PLHIV and their families, including OVC (nearly double the FY 2011 result). However, maintaining that level of support will be strained as WFP scales back in some geographic departments in FY 2013, and the Multi Year Assistance Program (MYAP) comes to an end. For FY 2013, PEPFAR will start Nutrition Assessment Counseling and Support (NACS) implementation in four sites, with a projected scale up to 19 sites. Additionally, efforts are needed to effectively link the most vulnerable families with malnourished children to livelihood, food security activities, and household economic strengthening. The USG remains an active member of the National Technical Working Group on Nutrition, and is supporting MSPP to develop a national nutrition surveillance system.

In FY 2013, the package of services for children will be expanded to further address key causes of illness/death in children in Haiti, including diarrhea, pneumonia, and malnutrition, according to the national Standardized Monitoring and Assessment of Relief and Transitions (SMART) survey conducted in March 2012, 4.1 percent of children under 5 years old were acutely malnourished. Because both national data and data from HIV care programs indicate low routine immunization coverage, a specific objective is to increase routine vaccination coverage, leveraging earthquake supplements and GAVI support. There are several broad child health initiatives that will expand services for children in Haiti in the coming years. These include a bi-annual Child Health Week Program funded by Inter-American Development Bank (IADB) and a MSPP program (implemented by WHO and funded by Canada) that provides free services for under-five children. PEPFAR will leverage these programs and activities to ensure access to Vitamin A supplementation, de-worming, and immunization for OVC.

OVC AND LIVELIHOODS

In FY 2012, the USG allocated resources to link PLHIV and HIV-affected families with income generating activities, job creation, and microfinance to meet their basic needs. PEPFAR, in collaboration with OVC implementing partners, is developing a Livelihoods Strategy to frame and guide future investments in this area. Resources will also be allocated to improving the transition of adolescents graduating from the

OVC program. The 18 year old age group is still vulnerable in the sense that they graduate from the OVC support before achieving self-sufficiency. PEPFAR will support efforts to create linkages with vocational training, education, and job opportunities for this age group. In collaboration with the Education section of USAID/Haiti, PEPFAR will develop a school block grant to cover school fees to facilitate a gradual transition towards self-sufficiency of the program. This strategic shift was driven be peer reviewed research which shows that block grants have a greater impact in improving the quality of educational services delivered, allowing for a greater number of youth to benefit from this support.

Collaboration between PEPFAR supported activities and USAID's child protection and gender-based violence activities will also be strengthened; funds from a new USAID program to protect the rights of children, women, and youth are being leveraged to provide and improve health services delivered to HIV/AIDS-affected/infected street children and youth, children in residential care, reunified families, and children, youth, and women in IDP camps, prison, and those with disabilities. PEPFAR/Haiti has initiated an assessment of the quality of OVC services (e.g., access to education, legal protection, and psychological support) with the goal of rapidly taking necessary steps to improve them.

GBV AND VIOLENCE AGAINST CHILDREN

During FY 2013, PEPFAR supported services for women and girls affected by gender-based violence (GBV), including particularly in the internally displaced person (IDP) camps. This support will continue in FY 2013 for such services, including reproductive health services as well as psychosocial support, HIV counseling and testing, and advice on how women and girls can adopt measures to increase their legal rights and protection. In FY 2013, the Gender Challenge Fund reached to 42,564 individuals with activities to mitigate GBV, referred 2,155 victims of GBV to voluntary counseling and testing, and reproductive health and/or psychosocial support services, and offered vocational training to 57 vulnerable women and linking 46 women to micro-credits loans projects.

In spring 2013 the Violence Against Children Survey (VACS) will be released by the Government of Haiti (GOH) along with a multisectoral response plan supported by USG. In compliment with the prevention program, USG will support the development of strategies and policies that tackle social norms fostering gender inequity. HIV prevention campaigns will also integrate gender issues in order to improve young men's attitudes and reduce risk behaviors in ways that promote positive and equitable partner relationships. Health providers will be educated and sensitized on the importance of systematically searching for signs of GBV as victims often have a propensity for STI and HIV infection, and make Post Exposure Prophylaxis (PEP) available to them. During FY 2013, all ART, palliative care, and PMTCT sites will offer PEP 24 hours and seven days a week for exposed persons, including victims of sexual assaults and occupational accidents.

TB/HIV

The majority of TB funding in Haiti is provided through the Global Fund. At an implementation level, PEPFAR provides additional support focused primarily on laboratory capacity development, TB-specific funding to HIV treatment partners to address TB/HIV co-infection, TB surveillance, and other TB specific needs such as infection control. Support to the national TB program (PNLT) at the central and departmental levels is focused on the development of guidelines, and coordination and supervision functions. In FY 2013, USG's main priorities are to: (1) support the National TB program's oversight role in TB and TB/HIV coordination; (2) strengthen laboratory diagnostic capacity; (3) improve rates of HIV testing among TB patients; (4) improve the implementation of early ART initiation and the three "I"s – intensified case finding, isoniazid preventive therapy, and infection control; and (5) address specific challenges related to multi-drug resistant (MDR) TB in densely populated urban areas, prisons, camps for internally displaced persons (IDPs), mobile populations, and trans frontier groups. Through its earthquake supplement, CDC received non-PEPFAR resources that will continue to be leveraged to expand TB diagnostics, case-finding, infection control and surveillance.

To further improve TB/HIV integration, USG will continue to train HIV providers in TB treatment, while deepening collaboration with TB treatment providers. In FY 2013, USG will place special emphasis on increasing the rate of HIV testing in TB settings and among TB patients, an area that lagged behind the much higher rates of TB testing for HIV patients. Additionally, USG will work with all providers to improve infection control efforts, including increased use of site monitoring to ensure measures are consistently in place. TB screening of HIV-tested clients will continue to be ensured through systematic application of standardized testing protocols. PEPFAR/Haiti expects that every patient enrolled in care is screened for TB. Moreover, TB diagnosis procedures have improved with expanded use of florescent microscopy in many sites and addition of TB culture capacity at the National Lab. In FY 2013, smear, X-Ray and GeneXpert testing will be expanded to ensure that HIV infected patients are systematically given a smear if they are respiratory symptomatic and an X-Ray before being treated with TB prophylaxis.

PROGRAM OVERVIEW: SECONDARY PREVENTION

PMTCT PRONGS 3 AND 4

The main focus of the PMTCT program is to support the national objective of universal access to PMTCT services for HIV positive pregnant women and the virtual elimination of MTCT in Haiti. There are an estimated 300,000 pregnancies each year in Haiti, of which 7,000 mothers are likely to be HIV positive. In FY 2012, USG partners tested over 200,000 pregnant women for HIV for the first time; 5,824 pregnant women were identified as HIV positive and 4,791 of those of those women received ARVs to prevent vertical transmission. For FY 2013, USG plans to test more than 230,000 pregnant women and reach more than 6,200 with ARV prophylaxis.

A key component supporting the goal of universal access to services was the authorization of Option B in 2011 and the adoption of Option B+ in March 2012. Since then, 93 percent of pregnant women enrolled in PMTCT received HAART. PEPFAR/Haiti expects this scale up to be sustained through a combination of recently-initiated strategies: (1) expanded testing of pregnant women at ANC and Maternity wards; (2) increased availability of the full line of HAART regimens within the maternal structures, including pediatric prophylaxis for children born at facilities; (3) increased use of nurse midwives in order to enhance maternal health service quality; (4) scale up of trained nurse case managers to monitor pregnant women and their children before and after childbirth; (5) increased collaboration between sites and traditional birth attendants in their vicinity; and (6) improvement of the active monitoring and surveillance of pregnant women across multiple wards using a combination of OBGYN charts that enable longitudinal tracking of pregnant women and the MESI module for active surveillance of positive pregnant women. Increased utilization of facility-based community outreach should also facilitate engagement of women into PMTCT services as a function of antenatal care promotion delivered by CHWs.

TREATMENT, LABORATORY

Particular priority has been placed on early initiation of clients on ART, with early and sustained HAART for HIV+ pregnant women (Option B+). At the close of FY 2012, 41,000 patients were receiving ART. The aggressive total direct treatment target set through PEPFAR's network delivery partners for FY 2013 is approximately 56,000., At the close of FY 2012, the PEPFAR/Haiti program supported 91 ART sites with plans to activate an additional 19 sites during FY 2013. ART site expansion will not only facilitate initiation of new clients onto ART, but will also facilitate adherence, particularly for rural and difficult to reach populations that previously lacked proximate services. Expanded use of point of care diagnostics (particularly PIMA) to should support the fast tracking of patient ART initiation through early and rapid staging.

In FY 2013, efforts to expand the use of data to improve site-level reporting and management for decision making will continue, including greater utilization of the electronic medical record (EMR) system, as well as fostering earlier initiation through readily available lab data and patient staging information. Facilities will receive continued support to institutionalize quality improvement practices through establishment of site teams to monitor data on a routine basis and develop action plans to address identified issues. Additional support is also directed at the departmental level, supporting departmental teams tasked with conducting reviews of site level outcomes and performance. This model will continue to be expanded with additional resources and project support in FY 2013.

In FY 2013, the National Public Health Laboratory (LNSP) will focus on supporting universal access to ART services through roll out of CD4+ testing networks and expanded diagnosis of TB/HIV co-infected

patients. LNSP has brought significant support to the program by running the DBS DNA PCR tests, and working together with USG on the management of data related to Early Infant Diagnosis.

PROGRAM OVERVIEW: HEALTH SYSTEMS

STRATEGIC INFORMATION

PEPFAR has been successful in implementing a robust data reporting system to monitor HIV/AIDS programming and inform certain strategic decisions. This system is based on advanced tools such as electronic medical records (EMR) and a web-based operation (MESI) to allow timely aggregating of HIV and related service data.

In FY 2013, USG will continue to use the foundations put in place by PEPFAR to build the overall health information system. A priority in the Partnership Framework, the USG and GOH will with other development partners, particularly Canada, France and Brazil, the Clinton Health Access Initiative (CHAI), the Pan-American Health Organization (PAHO) and Global Fund principal recipient, United Nations Development Program (UNDP), to support an integrated health information platform own and managed by GOH. The effort will define a strategic approach to develop a national information system architecture that integrates service quality data, service reporting, commodity tracking, and active surveillance systems. It is envisioned that consolidating reporting streams, both from existing systems and from ones currently under development, into a centralized information hub within MSPP will have a dramatic impact on GOH's ability to manage the health sector. Importantly, USG will embed significant capacity in MSPP's planning and evaluation unit to oversee these activities and improve MSPP governance of strategic information in Haiti.

SUPPLY CHAIN, COMMODITIES AND EQUIPMENT

National targets for testing, care, and treatment continue to increase toward universal access to services and virtual elimination of vertical transmission of HIV. These initiatives will require a renewed focus on improving supply chain visibility downstream (e.g. availability of stock or facility-level inventory management issues) and upstream (e.g. vendor on-time delivery or demand outpacing supply). A component of this focus will be to ensure standard operating procedures across PEPFAR partners on site-level support and implementing an early warning system for stock-outs. Haiti has experienced some recent incidences of stock-outs in PEPFAR and Global Fund-supported sites. Therefore increased engagement with Global Fund Principal Recipients to improve collaboration and coordination is a priority for USG Haiti and includes harmonized monitoring and evaluation (M&E), sharing supply plans, and coordinated site level management. A persistent challenge remains building the capacity within MSPP to advance the implementation of the supply chain unification project, as well as to lead donor coordination

through the national supply chain working group.

HEALTH SYSTEMS STRENGTHENING

HR AND TRAINING

A continuing and daunting challenge for the health sector is the shortage of trained and qualified professionals outside of Port-au-Prince. Ongoing key priorities remain the training of new health care professionals while working with GOH to absorb qualified personnel onto domestic payrolls and to properly incentivize MSPP staff to shoulder a heavier burden of service provision. In the short and medium term, USG will continue to fill a substantial portion of the human resource (HR) gap in the health sector. In FY 2013, more than 3,200 professionals will be fully or partially supported through the PEPFAR program, including 1,300 service providers, 650 technicians and clinical service staff, and 1,300 managerial and support staff. Nearly 3,000 community support staff will complement PEPFAR-supported services. In FY 2013/2014, PEPFAR will support an increase in professional staff through the MSPP/CDC cooperative agreement in the referral networks as part of USG's Post-Earthquake strategy to elevate the overall level of HIV and TB care in the development corridors. For example, the first of 12 unique referral networks will hire a mix of sixty nurses, midwives, doctors and specialists in facilities linked together by a local coordinator and referral systems, to construct a fully functional primary and secondary health care system in a community (Matheux) that would otherwise be severely underserved. In FY 2013/2014, unique master plans will be developed for each referral network.

The increasing number of patients on treatment is creating a strain on the ability of service delivery partners to provide services to ART and pre-ART patients. To address this, PEPFAR/Haiti continues to support a significant amount of pre-service education to increase the pool of providers capable of delivering quality care for HIV patients. In FY 2013, it is projected that PEPFAR support will contribute significantly to the training of 900 (up from 750 in FY 2012) nurses, general practitioners and midwives to improve palliative care, ARV treatment, pediatric ARV, PMTCT and other related infectious disease services in the country. Other cadres such as case managers for PMTCT or community nurses will continue to be supported. This approach will seek to sustain multidisciplinary teams at all sites to guarantee a standard quality basic package of care at institutional and community levels and improve patient load management. The CDC-supported field epidemiology program is currently training its second class of MSPP epidemiologists, creating future public sector leaders through intensive capacity building. Task shifting/sharing to nurses in order to reduce burden on providers and improve quality of services at all levels will be a focus of the program moving forward. In FY 2013/14, a key initiative will be to increase the number of trained community health workers per capita to the national norm.

PROGRAM INTEGRATION: WORLD BANK COORDINATION

To support the numerous priorities outlined in the program summary, the USG will continue to collaborate with key donors and implementing organizations in Haiti, especially around care and support activities for women and children. In FY 2013/2014, USG will explore collaborations that would use PEPFAR-platforms, including MSPP/CDC cooperative agreement and related USAID technical support, to implement World Bank MCH activities.

Population and HIV Statistics

Population and HIV Statistics				Additional Sources		
	Value	Year	Source	Value	Year	Source
Adults 15+ living with HIV	100,000	2011	AIDS Info, UNAIDS, 2013			
Adults 15-49 HIV Prevalence Rate	02	2011	AIDS Info, UNAIDS, 2013			
Children 0-14 living with HIV	13,000	2011	AIDS Info, UNAIDS, 2013			
Deaths due to HIV/AIDS	5,800	2011	AIDS Info, UNAIDS, 2013			
Estimated new HIV infections among adults	5,400	2011	AIDS Info, UNAIDS, 2013			
Estimated new HIV infections among adults and children	6,400	2011	AIDS Info, UNAIDS, 2013			
Estimated number of pregnant women in the last 12 months	266,000	2010	UNICEF State of the World's Children 2012. Used "Annual number of births as a proxy for number of pregnant women.			
Estimated number of pregnant women living with HIV needing ART for	4,700	2011	WHO			

PMTCT						
Number of people living with HIV/AIDS	120,000	2011	AIDS Info, UNAIDS, 2013			
Orphans 0-17 due to HIV/AIDS	87,000	2011	AIDS Info, UNAIDS, 2013			
The estimated number of adults and children with advanced HIV infection (in need of ART)	59,905	2011	WHO			
Women 15+ living with HIV	61,000	2011	AIDS Info, UNAIDS, 2013			

Partnership Framework (PF)/Strategy - Goals and Objectives

Number	Goal / Objective Description	Associated Indicator Numbers	Associated Indicator Labels
1	Advance Government of Haiti's leadership and oversight of the health sector in Haiti and reduce its dependence on donor support over time.		
1.1	Improve the Government of Haiti's leadership and oversight of the health sector.	H1.1.D	H1.1.D Number of testing facilities (laboratories) with capacity to perform clinical laboratory tests
		H1.2.D	H1.2.D Number of testing facilities (laboratories) that are accredited according to national or international standards
1.2	Increase access to quality integrated health services with focus on maternal and child health, nutrition, family planning/reproductive health, HIV/AIDS and other infectious diseases, and	P1.2.D	P1.2.D Number and percent of HIV-positive pregnant women who received antiretrovirals to reduce risk of mother-to-child-transmission

	disabilities.		during pregnancy and delivery
		P6.1.D	P6.1.D Number of persons provided with post-exposure prophylaxis (PEP)
		C2.4.D	C2.4.D TB/HIV: Percent of HIV-positive patients who were screened for TB in HIV care or treatment setting
		T1.1.D	T1.1.D Number of adults and children with advanced HIV infection newly enrolled on ART
1.3	Improve health information and supply chain management systems.	H1.1.D	H1.1.D Number of testing facilities (laboratories) with capacity to perform clinical laboratory tests
		H1.2.D	H1.2.D Number of testing facilities (laboratories) that are accredited according to national or international standards
1.4	Rebuild health facilities and physical health infrastructure.	H1.1.D	H1.1.D Number of testing facilities (laboratories) with capacity to perform clinical laboratory tests
		H1.2.D	H1.2.D Number of testing facilities (laboratories) that are accredited according to national or international standards

Engagement with Global Fund, Multilateral Organizations, and Host Government Agencies

How is the USG providing support for Global Fund grant proposal development?

USG chaired the project development committee, and works with the bureau of the CCM to coordinate the development of proposals. Technical experts of USG join the project development committee to provide technical assistance to the development of GF grant proposals. This initiative allows USG to better inform on specific activities of USG programs and helps minimize duplications. It also ensures better quality of the proposals by responding to the lack of human resources in the country to assist in the development of the proposals. As chair of the committee USG encourages the participation of many sectors in the development of the proposals to ensure that the process is very participative and reflects the national view. USG also participates in technical working groups to discuss the strategic orientations of the grants, and also to identify remaining gaps to be funded by the GF grants. USG supports the MOH in the development of strategic documents (national strategic plan, M&E plan, PSM plan) and ensures alignment of the GF grant proposals with the strategic orientations of the MOH.

Are any existing HIV grants approaching the end of their agreement (Phase 1, Phase 2, NSA, CoS, or RCC) in the coming 12 months?
No

Redacted

To date, have you identified any areas of substantial duplication or disparity between PEPFAR and Global Fund financed programs? Have you been able to achieve other efficiencies by increasing coordination between stakeholders?
Yes

If yes, how have these areas been addressed? If not, what are the barriers that you face?
Redacted

Public-Private Partnership(s)

(No data provided.)

Surveillance and Survey Activities

Surveillance or Survey	Name	Type of Activity	Target Population	Stage	Expected Due Date

Surveillance	ANC surveillance	Sentinel Surveillance (e.g. ANC Surveys)	Pregnant Women	Evaluation	09/01/2013
Surveillance	ANC Survey	Sentinel Surveillance (e.g. ANC Surveys)	Pregnant Women	Evaluation	12/01/2011
Survey	B Survey	Behavioral Surveillance among MARPS	Female Commercial Sex Workers	Evaluation	12/01/2011
Survey	Behavioral Survey	Behavioral Surveillance among MARPS	Female Commercial Sex Workers, Male Commercial Sex Workers, Migrant Workers, Street Youth	Planning	12/01/2011
Surveillance	Case-base Surveillance of HIV	Other	Other	Implementation	12/01/2013
Surveillance	Case-based surveillance of HIV	AIDS/HIV Case Surveillance	Other	Implementation	12/01/2013
Survey	Demographic and Health survey	Population-based Behavioral Surveys	General Population	Publishing	05/01/2013
Survey	Demographic and Health Survey (DHS)	Other	General Population	Publishing	05/01/2013
Survey	Demographic Health Survey	Population-based Behavioral Surveys	General Population	Publishing	05/01/2013

Survey	DHS	Other	General Population	Publishing	05/01/2013
Surveillance	IDPSS	Other	Other	Evaluation	12/01/2012
Surveillance	IDP-SS	Sentinel Surveillance (e.g. ANC Surveys)	Other	Implementation	12/01/2012
Surveillance	IHSS	Sentinel Surveillance (e.g. ANC Surveys)	Other	Implementation	12/01/2012
Survey	MAARPS survey	Behavioral Surveillance among MARPS	Female Commercial Sex Workers, Migrant Workers	Evaluation	12/01/2012
Survey	Monitoring of HIV-Drug resistance	HIV Drug Resistance	Other	Evaluation	12/01/2012
Surveillance	NSSS	Other	General Population	Implementation	12/01/2012
Surveillance	Other systems	Other	Other	Planning	12/01/2013
Survey	Service Provision assessment	Other	Other	Planning	01/01/2014
Survey	Service Provision Assessment (SPA)	Other	Other	Planning	01/01/2014
Surveillance	TB surveillance	TB/HIV Co-Surveillance	Other	Implementation	12/01/2013
Surveillance	TB/HIV Surveillance	TB/HIV Co-Surveillance	Other	Implementation	12/01/2014
Survey	Violence against children	Population-based Behavioral Surveys	Youth	Implementation	05/01/2013

Budget Summary Reports

Summary of Planned Funding by Agency and Funding Source

Agency	Funding Source			Total
	GAP	GHP-State	GHP-USAID	
HHS/CDC	3,678,189	83,016,168		**86,694,357**
HHS/HRSA		2,570,000		**2,570,000**
USAID		44,278,641		**44,278,641**
Total	**3,678,189**	**129,864,809**	**0**	**133,542,998**

Summary of Planned Funding by Budget Code and Agency

Budget Code	Agency				Total
	HHS/CDC	HHS/HRSA	USAID	AllOther	
HBHC	8,821,093	122,172	2,145,316		**11,088,581**
HKID	2,041,163		6,117,603		**8,158,766**
HLAB	6,475,395	109,955	3,869,117		**10,454,467**
HMBL	2,916,760		557,239		**3,473,999**
HMIN	1,082,652				**1,082,652**
HTXD	132,953		3,878,180		**4,011,133**
HTXS	16,551,659	366,516	1,232,463		**18,150,638**
HVAB	893,544		1,318,563		**2,212,107**
HVCT	5,455,507	195,475	1,240,488		**6,891,470**
HVMS	3,572,473		1,585,221		**5,157,694**
HVOP	539,099	97,738	4,079,670		**4,716,507**
HVSI	9,245,860	871,900	4,599,640		**14,717,400**
HVTB	5,356,975	146,606	464,806		**5,968,387**
MTCT	6,328,553	244,344	1,855,254		**8,428,151**
OHSS	9,801,730	170,950	10,183,014		**20,155,694**
PDCS	3,338,266		573,147		**3,911,413**
PDTX	4,140,675	244,344	578,920		**4,963,939**
	86,694,357	**2,570,000**	**44,278,641**	**0**	**133,542,998**

National Level Indicators

National Level Indicators and Targets

Redacted

Policy Tracking Table

Policy Area: Other Policy						
Policy: Nutritional Fortification Law						
Stages:	**Stage 1**	**Stage 2**	**Stage 3**	**Stage 4**	**Stage 5**	**Stage 6**
Estimated Completion Date						
Narrative						
Completion Date						
Narrative						

Technical Areas

Technical Area Summary

Technical Area: Care

Budget Code	Budget Code Planned Amount	On Hold Amount
HBHC	11,088,581	0
HKID	8,158,766	0
HVTB	5,968,387	0
PDCS	3,911,413	0
Total Technical Area Planned Funding:	**29,127,147**	**0**

Summary:
Care and Support

Care activities in Haiti include counseling and testing (CT), basic care and support for adults and children, TB and HIV integration, and support for OVC.

Major Achievements
In FY 2011 support from PEPFAR contributed to testing more than 560,000 people (including pregnant women) for HIV. Of these individuals, 25,657 tested HIV+ and 15,395 were enrolled in care and support. A total of 142,169 eligible adults and children were provided with at least one care service. Cotrimoxazole (CTX) coverage reached 71% of all eligible patients. Targets for all age groups were met, with increases in PMTCT testing, prophylaxis, and clinical services contributing to a more significant increase in the 18 and older group. Referrals from clinics to community-based services have improved due to formalized linkages between community-based service delivery networks (PDSCs) and PEPFAR supported facilities. This effort has been critical in patient retention as linkages to job creation and livelihood are enhanced, as exemplified by PEPFAR's work with the International Office of Migration (IOM) to create jobs for persons infected and/or affected by HIV, including those caring for OVC. This collaboration involved PLWHIV associations supported through umbrella NGOs in four departments and helped create 8,300 short-term jobs, 45% of which employed women. The job creation projects also contributed to the cross-cutting goals of economic strengthening, capacity building, and gender equality, and led to significant improvements in public infrastructure, agriculture, schools, and the environment.

Food support was provided to 23,920 OVC, mainly through coordination with Title II partners. Livelihood support to OVC families is being increased and quality standards for the OVC program are being developed. Early Infant Diagnosis (EID) coverage reached 82% of all newborns to HIV positive mothers enrolled in PMTCT and 84% of pediatric patients received CTX according to HIVQUAL generated data at 57 of the 80 palliative care sites.

Approximately 80% of all patients who received at least one clinical care service (79,589) were screened for TB and 4,263 HIV positive patients started TB treatment in FY11. USG efforts to support TB activities focused on increased detection of TB among HIV patients and expanded diagnosis of HIV in TB patients. USG is providing extensive support for TB-related laboratory efforts, including for culture and drug susceptibility testing, expansion of quality assurance for AFB smears, and expansion of fluorescence microscopy. Collaboration with the national public

health lab and national TB program to introduce Xpert, establish surveillance for drug resistance, and expand infection control activities was also initiated in FY11.

Key Priorities for FY12/13
Despite these significant achievements, Haiti is still facing a number of key challenges. Linkages between facilities and community networks have been formalized but the referral and counter-referral tracking of patients between facilities and PDSCs needs more monitoring to reduce loss-to-follow up and loss-to-initiation of ART, and to improve retention on ART. Such efforts would also maximize access to and improve quality of HIV care services, especially for PLWHIV and OVCs.

Partner disclosure of HIV status and testing remain a challenge as well. Although HIV prevalence remains higher among men, more women get tested for HIV than men. Furthermore, lab limitations, particularly the slow transition to automated CD4+ testing, have seriously impaired immunologic monitoring for HIV patients and slowed initiation of ART.

HIV diagnosis among TB patients remains relatively low. In FY 2011, of 15,000 TB patients only 50% were tested for HIV. Considering that historically, 25% to 30% of TB patients have tested positive for HIV, the program lost the opportunity to identify up to 2,000 HIV positive individuals among untested TB patients.

In FY12 and FY13, the USG's major goals will remain 1) maximizing access to HIV care and support, and 2) improving the quality of services. These goals are in line with the Government of Haiti's (GOH) strategy and priorities for the period and shared with other major donors, including WHO, UNICEF/WFP, UNAIDS, and the Global Fund. To implement these goals, care and support resources will be allocated based on the following priorities: 1) further integration of HIV and TB services; 2) scaling up of interventions such as EID and CTX prophylaxis coverage, livelihood for OVCs, and nutritional support for infants and young children infected or affected by HIV; 3) expanding PMTCT service access at all ANC and MCH sites; and 4) further strengthening operational linkages between the community and institutional levels. The availability and capacity of human resources for health, the efficiency of the supply chain system as well as the improvement of the lab system in the country will be of critical importance to the design and delivery of care and support services. These three areas will therefore receive particular attention and support as cross-cutting program elements.

Adult Care and Support in FY12/13

Counseling and Testing
In FY12, the operational objective for HIV Counseling and Testing (CT) activities is to provide CT services to more than 750,000 people (including pregnant women). The medium term target is to reach about one million people per year with CT services by FY15. To achieve this objective, efforts will seek to reinforce posttest counseling, organize services, improve patient flow, and provide active referral to enhance enrollment of newly tested HIV positive patients into care.

The adopted strategy is to reach a sizable proportion of ambulatory and in-patient service users at the facilities through counseling, and lead them to testing. Accordingly, efforts will be deployed to achieve a reliable count of the number of patients attending these facilities and consequently, better manage patient flows. In addition, three key activities will receive particular attention: 1) Provision of testing at multiple points: HIV counseling is currently available at all PEPFAR supported multi-ward facilities, while HIV testing is mostly centralized at the labs, creating bottlenecks, long waiting lines, and in some instances loss of good will from potential clients; 2) Facilitation of Provider Initiated CT: Although widely promoted by PEPFAR and throughout Haiti, provider-oriented CT efforts have always been constrained by limitations in physical space at the clinics, appropriately trained staff, and in some instances, lack of planning and management skills at these clinics. These constraints will be addressed forcefully in FY12 to allow facilities to test at least 30% of their clients; and 3) Adoption of multiple testing procedures, including fingerprick testing. Traditionally, the program has relied on venous blood drawing and performance of the assays in lab setting. The recent adoption by the Ministry of Health

(MOH) of fingerprick testing opens up a window for decentralizing testing at multiple points and making it more convenient for patients, especially after regular hours when laboratory services are not available.

Funding for VCT will provide field support for increasing human resource capacity for CT such as phlebotomists, post-test counselors, and making space accommodation where necessary at the facilities to expand on-site testing. Additional support will target technical capacity building and technical and managerial training to improve overall efficiency in implementing CT activities. Efforts will seek to integrate CT into improved family planning, TB, antenatal, and pediatric services as well as general outpatient clinics. In services such as maternal and child health, the existing "opt-out" strategy will certainly result in increased numbers for CT in FY12. Similarly, efforts to ensure that all pregnant women seeking antenatal services at PEPFAR supported sites have access to HIV CT services will continue.

Care and support services
Community-based services are a key element of HIV care in Haiti because access to health facilities is very limited in many parts of the country. All PLWHIV are eligible for services that include counseling, education, adherence assistance, distribution of commodities (for example for purification of drinking water), and linkages to food security and livelihood programs. A key PEPFAR-supported community HIV/AIDS project is responsible for linking clinical sites with identified key community health workers (liaison agents/site managers/community nurses) who will facilitate services for PLWHIV seen in those sites. Through home visits, PLWHA are encouraged to attend clinical appointments, referred for health care when needed, and informed about established points of delivery of community services (PDSC). These PDSC provide recreation, spiritual and emotional support services on site, serve as a point of distribution for health commodities, and provide linkages to services such as food support through Title II or WFP assistance. PDSC offer lodging for PLWHA, transportation to their home or to the clinical sites from distant places, and thus facilitate improved access to health care.

PLHIV associations have been formed throughout the country and play an important role in providing care and support, education and stigma reduction, and support for treatment adherence at both the clinic and community levels. Stigma reduction is also being addressed through information, education, and dissemination of communication materials targeting health care providers, caregivers, and communities surrounding HIV/AIDS care and treatment sites. In FY12, the program will continue to support and strengthen PLHIV associations in all ten departments. Members of these associations will be trained to deliver psychosocial support to newly diagnosed HIV patients and guide them through the difficult time of processing and accepting their result. The associations will work closely with care and treatment centers as well as PDSC to sensitize PLHIV on the importance of adherence, and help foster their dignity and participation in prevention interventions by harmonizing information and education related to family planning, consistent condom use, disclosure, and other relevant topics.

Clinical Services
The program will continue to support the provision of high-quality clinical services for HIV/AIDS patients enrolled in palliative care. Special emphasis will be placed on the management of opportunistic infections, nutritional assessments, and counseling and support for both adult and pediatric patients, in accordance with newly revised national care and treatment guidelines as well as World Health Organization (WHO) guidelines for integrated management of adult illness (IMAI) and integrated management of childhood illness (IMCI).

More specifically, in FY12, PEPFAR/Haiti will implement activities addressing the following priorities: 1) Enhancement of package of services for pre-ARV patients: ARV patients get a full package of clinical, psycho-social and lab services, and are subjected to close monitoring, while in practice, pre-ARV patients typically receive a reduced package of services along with very loose follow up. Efforts will be devoted in FY12 to i) make all elements of the ARV patient service package available to pre-ARV patients, especially prophylactic drugs (Cotrimoxazole, INH), CD4 testing, and the PwP package; and ii) schedule clinical visits for pre-ARV patients more systematically along with the same monitoring rigor applied to ARV patients. 2) Cut back lost before enrollment and track pre-ARV patients lost to follow up: since up to 40% of patients tested positive continue to be lost before enrollment (LBE), measures such as providing facilitators to accompany newly tested HIV positive patients to their first clinical

visit and fast-tracking newly tested positive patients will be reinforced. Similarly, lost to follow up (LTF) for pre-ARV patients will get the same attention as LTF for ARV patients and will be tracked through home visits. 3) Systematic use of medical records: while medical records are used systematically for ARV patients, they have been inefficiently used at care and support sites. As a result, these sites have accumulated considerable backlogs, and across the board, medical records for pre-ARV patients are outdated. Efforts will be devoted to getting all patients in care on record and keeping data updated, especially with regards to vital events such as death or relocation. 4) Expansion of quality assurance and control (HIV/QUAL) to all care sites: in its first wave, HIV/QUAL was primarily implemented at ARV sites. The objective for FY12 is to expand HIV/QUAL coverage to include all care sites, and in doing so, expose all patients in care to enhanced quality standards.

Capacity Building
With the increasing number of patients on treatment, waiting time is becoming an issue for patients enrolled in care. This reality has made it more difficult to retain palliative care patients. In FY11 PEPFAR supported the training of HIV/AIDS and infectious disease nurse specialists to increase the pool of providers capable of delivering quality care for asymptomatic and non-complicated HIV patients. For FY12, PEPFAR will continue to support training of nurses and general practitioners in palliative care, ARV treatment, pediatric ARV, PMTCT and other related infectious diseases. By increasing nurses' role in managing HIV patients, the program will ensure that enough time is devoted to each patient while keeping the waiting time reasonable. Other cadres such as case managers for PMTCT or community nurses will continue to be supported. This approach will seek to sustain multidisciplinary teams at all sites to guarantee a standard quality basic package of care at institutional and community levels and improve patient load management. The approach will also include efforts to maintain an acceptable ratio of community health workers per patient, and create adequate space at HIV clinics, labs, and archives to match the repeated and demanding needs of patients in care and treatment. Additional resources will be allocated to provide targeted subsidies to patients for vital services and support that they may require and to continue community-based interventions such as home visits and support group operations.

Pediatric Care and Support in FY12/13
In FY11, Early Infant Diagnosis (EID) coverage reached 82% of all newborns to HIV positive mothers enrolled in PMTCT services. Over 2,800 HIV-exposed newborns received a PCR test and 84% of pediatric patients received cotrimoxazole prophylaxis. The 56 sites that have been capacitated to collect and transfer DBS specimens for PCR testing have been linked to non-capacity sites as a way to further expand EID coverage. The nutritional components of the pediatric care package have been improved through the implementation of WHO recommendations on infant and young child nutrition, development of toolkits and training for health care providers, and establishment of strong linkages between institutions providing CMAM (Community Management of Acute Malnutrition) for access to Ready to Use Therapeutic Feeding (RUTF). Through the CRS network an average of 280 malnourished children are seen each month, 70% of whom are between 6 and 24 months of age.

In FY12 and FY13, the package of services for children will be expanded to further address key causes of illness/death in children in Haiti, including diarrhea, pneumonia, and malnutrition (according the 2005 DHS, 9% of children were acutely malnourished). Because both national data and data from HIV care programs indicate low routine immunization coverage, a specific objective is to increase routine vaccination coverage, leveraging earthquake supplements and GAVI support. There are several broad child health initiatives that will expand services for children in Haiti in the coming years. These include a bi-annual Child Health Week Program funded by Inter-American Development Bank (IADB) and a new MOH program (supported by WHO and ACDI) that provides free services for under-five children. PEPFAR will leverage these programs and activities to ensure access to Vitamin A supplementation, de-worming, and immunization for OVC.

The EID component of pediatric care and support has been one of the major accomplishments of the last two years. There is broad access to EID nationwide. The number of sites with EID capacity has increased to 56 (from 9 in 2009). 57 of the 80 palliative care sites regularly perform quality assurance and control through HIVQUAL. With further expansion of testing and aggressive efforts to follow up with exposed/infected infants, 500 infants are expected to be put on ART as a result of a positive PCR test in FY12. Early initiation of cotrimoxazole prophylaxis

will also be a priority in FY12 and FY13. Efforts are underway to appropriately stock clinics with cotrimoxazole prophylaxis, in collaboration with the Clinton Foundation and SCMS.

Loss to follow-up continues to be a concern for PEPFAR/Haiti. Since 2009, a strategy has been put in place with a community based program to establish linkages between facilities and communities to ensure a continuum of care. In FY12, special efforts and resources will be allocated to support PMTCT case managers at the PMTCT sites who will work with liaison agents from the community service networks to facilitate the tracking of mothers and HIV-exposed infants and children. Home visits will be increased, and referral and counter referral systems will be better monitored to decrease LTFU and improve coverage of pediatric care and support services, including the aforementioned health interventions.

One of the biggest challenges facing the pediatric care and support program is the lack of trained service providers capable of delivering quality pediatric care and treatment to patients. Some departments have no pediatric providers, even at the main reference hospital (i.e., the North East Department). In FY11, PEPFAR supported training of pediatricians and general practitioners to provide both general and HIV-specific services. In FY12, PEPFAR will train 40 pediatricians and general practitioners. The training will be expanded to include nurses as part of task shifting efforts.

Food and Nutrition in FY12/13
In FY11, PEPFAR provided technical assistance to the MOH's Nutrition Directorate to develop and disseminate best practices, toolkits, and guidelines for the nutritional management of PLWHIV. The USG is an active member of the National Technical Working Group on Nutrition, under the leadership of the MOH, along with UNICEF, Inter-American Development Bank, World Food Program, WHO, and the World Bank. The nutrition related M&E system in Haiti is still weak. The USG is supporting the MOH to develop a national nutrition surveillance system.

In FY12, the USG will support efforts to strengthen the capacity of local institutions to implement Nutrition Assessment, Counseling and Support (NACS). Organizations receiving NACS funding will include these funds in their budget and provide a related work plan. Linkages have been established with NGOs working in Community Management of Acute Malnutrition (CMAM) in Haiti to expand their activities to children in PEPFAR supported programs for access to RUTF (Ready to Use Therapeutic Feeding) through SCMS. In addition, a local company located in Cap-Haitien produces therapeutic and supplementary food. This company will soon be evaluated by UNICEF for quality and safety standards, a prerequisite for UNICEF to procure therapeutic and supplementary food locally. PEPFAR/Haiti supported sites and community networks rely on Title II partners and WFP for food and nutrition support. In FY11, Title II partners provided nutritional support to 20,399 PLWHIV and their families, including OVC. However, additional efforts are needed to effectively link the most vulnerable families with malnourished children to livelihood, food security activities, and household economic strengthening. Improvements in the referral /counter referral system should contribute to better access to a continuum of care, including food and nutrition.

Orphans and Vulnerable Children and Families in FY12/13

Livelihood is a key factor in improving the quality of life of PLWHIV. In Haiti, harsh poverty combined with continuing food insecurity accentuates the vulnerability of PLWHIV and their families.

In FY12, the USG will allocate resources to link PLWHIV and HIV affected families with income generating activities, job creation, and microfinance to meet their basic needs. PEPFAR, in collaboration with OVC implementing partners, will develop a Livelihoods Strategy to frame and guide future investments in this area. Resources will also be allocated to improving the transition of adolescents graduating from the OVC program. The 18 year old age group is still vulnerable in the sense that they graduate from the OVC support before achieving self-sufficiency. PEPFAR will support efforts to create linkages with vocational training, education, and job opportunities for this age group. In collaboration with the Education section of USAID/Haiti, PEPFAR will develop a school block grant to cover school fees as a gradual transition towards self-sufficiency. This effort will be linked

to health care, child protection, and gender based violence related activities. Collaboration between PEPFAR supported activities and USAID's child protection and gender-based violence activities will also be strengthened; funds from a new USAID program to protect the rights of children, women, and youth are being leveraged to provide and improve health services delivered to HIV/AIDS-affected/infected street children and youth, children in residential care, reunified families, and children, youth, and women in IDP camps, prison, and those with disabilities. A PEPFAR supported national Violence Against Children Survey (VACS) will be fielded in April 2012, and will provide results by November. PEPFAR will use the resulting data to modify protections programming and will collaborate with its implementing partners and UNICEF to develop and implement early childhood development and child safeguarding and protection strategies in relevant communities. With technical assistance from HCI/URC, PEPFAR/Haiti has initiated an assessment of the quality of OVC services (e.g., access to education, legal protection, and psychological support) with the goal of rapidly taking necessary steps to improve them.

PEPFAR has supported the development of a curriculum for training OVC care and support providers. In FY12, the curriculum will be used in collaboration with the Haitian Institute for Community Health (INSHAC) to conduct training for OVC service providers. This effort will help fill the gap for trained personnel such as community workers and nurses who need additional training to extend the provision and/or monitoring of social protection at the community and clinic levels. For the long term, PEPFAR/Haiti is joining forces with Capacity Plus, an international organization to promote country-specific workforce development for child protection related services.

TB/HIV Integration in FY12/13
The TB program in Haiti is supported primarily through the Global Fund (GF). PEPFAR provides additional support focused primarily on laboratory capacity development and TB/HIV co-infection. The USG provides TB-specific funding to HIV treatment partners to address TB/HIV co-infection; to International Child Care for TB/HIV, TB surveillance, and other TB specific needs such as infection control; and to the PNLT (French acronym for the national TB program) at the central and departmental levels to support the development of guidelines, and coordination and supervision functions. Additional funding supports laboratory development efforts.

Responsibilities for the GF and PEPFAR are well delineated. The GF supports drug procurement, AFB microscopy, some aspects of QA at the national lab, most program staff (such as microscopists, clinicians, and coordinators), and coordination related to the main TB program. PEFPAR's support is directed primarily at the implementation of TB/HIV activities, particularly at larger facilities, and capacity strengthening for central and peripheral laboratory including LED microscopy, culture and drug susceptibility testing.

In FY11, TB screening among HIV patients reached 80%. The USG allocated significant resources to train HIV providers in active TB detection and make skin tests largely available at sites to help with TB screening. PEPFAR also promoted the use of 1) structured medical records at all care and ARV sites, forcing providers to use existing algorithms for symptom detection; 2) INH prophylaxis systematically, forcing providers to rule out active TB before dispensing prophylaxis; and 3) INH prophylaxis as one of the HIV/QUAL indicators to make both TB screening and use of prophylaxis gold standards for quality of care. The TB program in Haiti is therefore expanding while rebuilding after the 2010 earthquake. The program leadership remains in leased space; hundreds of thousands of persons remain displaced; and plans to transfer management of surveillance data from a PEPFAR implementing partner to the ministry were delayed. A container lab BSL3 facility is operational, and a "brick and mortar" lab is also nearing completion.

For FY12 and FY13, the main priorities are: to support the National TB program to play a stronger oversight role in both TB and TB/HIV coordination; to strengthen laboratory diagnostic capacity; to improve rates of HIV testing among TB patients; to improve the implementation of the 3 Is and early ART initiation; and to address specific challenges related to MDR TB, TB in densely populated urban areas including slums, prisons and camps for internally displaced persons, and among mobile populations, including those crossing the border with the Dominican Republic. Through its earthquake supplement, CDC received non-PEPFAR resources that will be leveraged to further expand TB diagnostics, case-finding, and surveillance. These resources will be leveraged to complement PEPFAR and GF investments.

The specific operational objectives will seek to ensure that all care and treatment sites within the supported health networks screen all patients seeking care; all HIV patients diagnosed with TB be put on TB treatment; and all TB patients are tested for HIV and those testing positive be initiated on ARV, even without CD4. To achieve these objectives, the following activities will receive particular attention in FY12: 1) training and involvement of HIV providers in TB treatment: resources will be made available for all networks to train staff and make all possible arrangements to maintain HIV providers involved in the management of TB treatment by either i) allowing HIV staff to monitor co-infected patients with or without dispensation of TB drugs at the HIV clinic; ii) backstopping TB staff with HIV personnel and integrating the management of both diseases; and/or iii) offering TB treatment at sites where capacity exist to set up TB clinics in compliance with infection control requirements; 2) increased access of HIV patients to TB diagnosis procedures to make smear and x-ray as broadly available as tuberculin so that HIV infected patients systematically get an x-ray to rule out TB prior to TB prophylaxis and that patients who are respiratory symptomatic systematically get a smear; 3) systematic HIV Testing of TB patients by providing training in HIV counseling to all TB providers and convenient access to HIV testing services to TB patients; and 4) fast tracking ARV enrollment for TB patients testing positive for HIV: simplified procedures will be implemented across the networks to give co-infected patients convenient access to ARVs, regardless of presence or not of CD4 cell count at time of initiation. In parallel, no hurdle access and heightened psycho-social support will be provided to these patients to ensure adherence.

To improve diagnosis of TB, use of LED florescent microscopy is being expanded in both HIV treatment and general TB diagnostic settings and GeneXpert is expected in several sites including those in distant rural centers and prisons. While NGO and research partners have TB culture capacity, culture and drug-susceptibility testing capacity is just being established at the National Public Health Laboratory (LNSP). Data concerning national rates of TB drug resistance are limited, but rising numbers of cases of DR TB are being recognized. A protocol for a survey of DR-TB in the Ouest department is nearing finalization and should be implemented in FY12. PEPFAR/Haiti anticipates using the survey as a springboard for establishing routine culture/DST at least for patients failing therapy/undergoing retreatment. Resources will be allocated to support the expansion of surveillance for DR TB, and at a minimum, routine testing of isolates from patients with treatment failure/retreatment.

Haiti is in the process of transitioning to the 4 symptom screen promoted by WHO. Current program reporting is based in part on screening that includes CXR but ongoing training will support a shift toward reporting on symptom based screening. Such support will increase the proportion of persons with HIV/TB co-infection identified and immediate eligibility for ARVs. This is part of a concerted effort to expand the number of sites providing ART, and the proportion of persons who are eligible for ART and actually receive it. HCWs at HIV treatment sites are receiving training in TB treatment so that management of the two diseases can be better integrated, which should result in earlier treatment initiation. Indicators of early ART initiation will be tracked through CQI efforts.

Analysis of data from EMRs demonstrates high rates of screening for symptoms of TB, and improving use of isoniazid. Collection of indicators related to number of persons screened for TB (as well as those initiating TB treatment, CTX, and ART), and the number of persons receiving INH have already been incorporated into MESI, the national monitoring system.

Previously supported infection control efforts have resulted in the establishment of facility level committees, which will be leveraged to expand the focus more specifically on TB infection control. Support for development of more aggressive infection control policies related to TB will be provided in FY13. In FY12, resources will be allocated to support assessments of infection control practices at all major hospitals.

Technical Area: Governance and Systems

Budget Code	Budget Code Planned Amount	On Hold Amount
HLAB	10,454,467	0
HVSI	14,717,400	0
OHSS	20,155,694	0
Total Technical Area Planned Funding:	**45,327,561**	**0**

Summary:
GOVERNANCE AND SYSTEMS TAN

As one of the poorest country in the developing world, Haiti is characterized by very weak socio-politic and economic structures. The country has seen social and political instability along with a lasting dire economic situation. An estimated 55 percent of the country's approximately ten million people live on less than one dollar a day. The January 2010 powerful earthquake that struck Haiti compounded the situation. According to official accounts, more than 200,000 people died and an additional 300,000 were injured. More than 250,000 homes were leveled, causing approximately 1 million people to move to temporary Internally Displaced Persons (IDP) camps. Several government buildings were leveled, many civil servants died, and government records were destroyed.

As a response, the USG's post-earthquake Haiti Reconstruction Strategy has consisted of helping Haiti rebuild its physical and governance infrastructure. This is particularly true in the Health sector where the USG's investments, including some PEPFAR resources had to be used to rebuild key components of the health system – physical infrastructure, human resources, information systems – and strengthening the GOH's skills base, structures, and operational systems to increase its capacity to provide policy directions, oversight, and coordination.
PEPFAR has developed in the context of an underfunded and underperforming health system in Haiti. Only 5 percent of the national budget is allocated to the health sector; of which, 95 percent is allocated to personnel costs. There is almost no funding to support operational and management costs for HIV/AIDS and other critical disease programs. Only 47 percent of the population gets access to health care services. Sixty percent (60%) of the identified 800 health facilities serving the population are managed by non-governmental organizations (NGOs). Most of the government-managed major public hospitals (departmental and university teaching hospitals) do not provide quality basic health services. As a result, PEPFAR is implemented using a mix of NGO and government managed health facilities, including the major public hospitals. NGOs have been critical to the delivery of HIV prevention, care, and treatment services at the community level where government provided social support services are very limited and of poor quality. While many public health services are provided by NGOs, the Government of Haiti's oversight of these NGO operations has been limited, thus impeding the government's ability to lead and coordinate the health sector effectively.
With the new Partnership Framework (PF), the USG and GOH are increasing resources allocated for strengthening Haiti's capacity to lead, manage, and sustain the national HIV/AIDS response. Using the six health systems strengthening building blocks, the approach is to improve the quality and expand access to HIV/AIDS services by integrating them into the GOH's minimum and maximum health service packages while building the capacity of all key stakeholders – GOH, NGOs, and the private sector – to better position them to take ownership and greater responsibility in the design, financing, implementation, and oversight of all health services in Haiti, including HIV/AIDS programming.

Global Health Initiative

The USG/Haiti team is promoting a whole-of-a-government approach to rebuilding the health sector by aligning all USG resources to reinforce the health system. PEPFAR resources are being integrated with USG maternal and child health and the supplemental funding to provide technical and financial support to improving HIV services

through integration into the primary health care system. Major goals include reinforcing the management and coordination capacity of the MOH, working with local stakeholders (including private sector) and the MOH to find alternative sources of financing of HIV activities, and using the HIV information and supply chain infrastructure to develop national health information and supply chain systems. These efforts also include increasing an already robust engagement with the other donors and the private sector to improve coordination and maximize the health impact of our programs.
Existing country level platforms – such as the GF's Country Coordination Mechanism (CCM) led by GOH with representations from different sectors of the government, other donors, and key stakeholders – are key partners in our stategy. At the strategic level, the planned PF Steering Committee that will have representation from different sectors, will be leveraged for further multisectoral participation in the strengthening of the health sector. At technical level, existing CCM technical working groups for MCH, PMTCT, BCC, and SI have started to refocus their technical oversight over more integrated package of services. The USG is encouraging a public-private partnership model where NGOs continue to support service delivery through diversified sources of funding while GOH take greater responsibility in the overall governance and financing of the health sector.

Leadership and Governance and Capacity building

Staffing and capacity gaps within the MOH inhibit its ability to perform critical functions at central and departmental levels. There is a great dependence of the health sector on donors funding. Consequently, additional efforts are necessary to further integrate the HIV/AIDS response as part of a well-coordinated national plan for the overall health sector.
To address these gaps, the USG and GOH are committing to build the capacity of MOH to improve its governance functions through four steps: 1) develop a sector-wide resource planning process, 2) increase the planning and budgeting capacity at central and departmental levels, 3) increase contracting and procurement capacity of the government by creating a contracting unit within the MOH that will manage resources of all sources, and 4) mobilize Haitian health financing for MOH's established priorities.
PEPFAR is already providing technical, financial, and logistic support to reinforce different central MOH Directorates, especially the ones that oversee HIV/AIDS, TB and malaria, epidemiology, service organization, family health (that include maternal and child health), planning and coordination, and pharmaceutical management. This support has leveraged GOH and other donors' (e.g., Global Fund, the Canadian) technical and financial resources to reinforce policy making and regulatory reforms for HIV/AIDS and other critical health issues. As a result, the MOH has been able to update the HIV care and treatment, PMTCT, and maternal and reproductive health norms and guidelines. At the field level where these norms and guidelines are implemented, PEPFAR is providing resources to reinforce the MOH departmental offices in planning, monitoring, and supervising HIV/AIDS activities at the departmental and local level. With these resources, the MOH departmental offices have put in place departmental forums through which different stakeholders (NGOs, public, and private) come together to administer HIV/AIDS activities. As most PEPFAR resources are channeled through NGOs, the reinforcement of the MOH departmental offices and these forums have provided an excellent opportunity for integration of activities and the reinforcement of MOH's decision-making and coordination capacity at the operational level.
The USG also provides direct financial support to the MOH. Through CDC cooperative agreements, the USG is channeling over 15% percent of PEPFAR funding through the MOH's MOH/PEPFAR unit, the National Blood Service, and the National Public Health Laboratory. This is part of an experiential approach to building the MOH capacity to integrate health services. These resources are used to directly support MOH central and departmental offices for coordination, policy-making, and monitoring of HIV programming in combination with other critical services in areas such as maternal and child care, TB, cholera, and other critical diseases.
The above efforts are taking place in collaboration with other donors, especially those participating in the implementation of Global Fund supported activities through the CCM. The collaboration has also allowed PEPFAR and GF to implement synergistic actions at the planning and implementation levels, which is resulting into a better continuum of services, especially for women, girls, and PLWHIV.

Strategic Information

PEPFAR has been very successful in implementing a robust data reporting system to monitor the HIV/AIDS programming and inform strategic decision-making. This system is based on advanced tools such as electronic medical records and a web-based operation to allow timely aggregating of collected data. At facility level, infrastructure for health information systems such as human resources and information technology (internet access and computers) have been reinforced, allowing all institutions implementing HIV/AIDS services to report timely and complete service data. Building on this information infrastructure, a system of Quality Assessment/Quality Improvement (QA/QI) has been successfully implemented at one third of PEPFAR supported health institutions and new efforts are being initiated at the community level to capture care and treatment related service data.
The MOH departmental offices have also been reinforced with M&E personnel and logistical capacity to monitor and validate the data generated at the organizational level and to use aggregated departmental level data to inform planning and coordination of activities. At the MOH central level, human resources and logistical capacities have been reinforced to process and use data generated at the field levels. A server has been installed at central level and serves as a repository of all data generated from different sources. The MOH and all HIV/AIDS implementing partners are in a position to generate layered data to monitor and report on departmental and national level HIV surveillance activities and determine with more accuracy risk factors, disease progression, and survival and mortality rates.

The HIV reporting system is serving as a foundation to build the overall health information system by using the HIV infrastructure at departmental and national levels to collect and report on general health statistics and to reinforce the national surveillance system. Through the PF, the USG and GOH intend to work with other donors, particularly Canada, France and Brazil, and multilateral agencies such as PAHO and UNDP to support an integrated health information platform lead and managed by GOH. The effort will define a strategic approach to develop a national information system architecture that integrates quality of service data, epidemiology and active surveillance systems, and addresses issues related to the overall integration and interoperability of the different vertical, single disease-focused health information systems currently in use in the country.

As these efforts are implemented, the USG will also use other standard methods to improve knowledge of the HIV/AIDS epidemic in Haiti. The Demographic Health Surveys (DHS) being fielded this year will include HIV testing and help establish the trend of the infection prevalence within the general population. In addition to the DHS, a Hot Spot study have been undertaken to map-out MARP groups. Regular BSS conducted in MARP groups now include HIV testing, and the National Antenatal HIV and Syphilis surveillance activity will be completed this year. A national Violence Against Children Survey is being conducted in April and will inform OVC, gender, and social protection programming. These different sources of data allow better understanding of the epidemic and are now used to inform prevention activities abd service provision at the national level.
Service delivery

Haiti has a generalized epidemic with a higher prevalence in people living in major cities and driven by poverty, most-at-risk groups, and the social conditions of women and youth. Based related data, the prevention activities have targeted the general population with a major focus on relevant prevention services to youth and most at risk populations such as MSM, CSW, and linkages with women and girls empowerment programs. To better target youths, the USG and GOH are working collaboratively through the new PF to integrate sexual and HIV prevention education in schools. Both governments are also developing a better policy and enabling environment to improve prevention activities among CSWs in the broader context of national social support services.

Because of the generalized nature of the epidemic and a prevalence of 2.2 percent, the HIV/AIDS care and treatment activities have been integrated into primary care services such as TB and maternal and child care to increase HIV testing and identification of infected individuals. Overall, at the site level, a continuum of response has been established between HIV/AIDS activities and other USG and donor supported primary care services, which creates the opportunity to provide a wide range of integrated services to the general population. Different approaches and mix of services have been implemented to match the availability of resources to the needs of the population. Some partners use an extensive community network to provide HAART at home. Others use mobile teams from centers of excellence to provide outreach HIV care and treatment services at primary health care

centers. Services are implemented through a mix of public and private/NGO institutions, leveraging additional resources available through these institutions. The use of major public communal, departmental and university teaching hospitals remains the major means to leverage GOH resources. A functional referral network between the different levels of services and providers has been established to ensure continuum of services between these levels.

The integration of services across prevention, care, and treatment remains an on-going effort with more and more evidence based successes to report each year. For example, the prevention programs targeting youths, CSW and MSMs are integrated with specialized referral centers for testing, clinical care and treatment tailored to the needs of each of these groups. In addition, a program of community based social and economic services has been developed and linked to the various care and treatment service sites to provide a package of support services to the PLWHIV and their families, thereby creating a supportive environment to improve long term adherence to treatment. The continuum of services between sites and communities is managed and monitored by a network of community health agents that are responsible for home visits and tracking of HIV patients. To implement this model of services, PEPFAR has been supporting multidisciplinary teams of providers composed of clinicians, nurses, pharmacists, community workers, social workers, and psychologists.
A system of QA/QI (HIVQUAL)has been established for HIV care and treatment services, using the existing infrastructure for data reporting and HIV surveillance. The system is based on national indicators jointly selected by GOH and major stakeholders. Quality teams have been formed at sites, and departmental and national levels to review these indicators and develop steps for improvement based on progress results. The system covers one third of the HIV care and treatment services and will be expanded in FY12 to cover all care and treatment services as well as community based social support services.

Human resources

The health sector in Haiti is experiencing a quantitative and qualitative shortage of qualified personnel at all levels. Since inception, PEFPAR has focused on developing the human resource capacity necessary to carry out its HIV/AIDS prevention, treatment, and care activities. This effort will continue in FY12 and seek to reinforce the performance of the multidisciplinary teams of health workers now supporting these activities.

Significant resources have been allocated to developing human resources within the MOH at central and departmental levels for policy reforms, planning, coordination and monitoring. The central offices of HIV/AIDS, planning, epidemiology, service organization and planning have received staff assistance through external experts to help review/elaborate norms and guidelines, and to provide technical support to define operational directions for programs supported by these offices. All departmental offices have been reinforced with consultants trained in M&E, HIV care and treatment and social mobilization to support supervision, coordination, and monitoring of activities.

Pre-service training is being expanded. HIV education has been integrated in the curricula of different schools such as the school of medicine, nursing, social science of the State University. Teachers have been trained and training tools have been provided to implement these curricula. This effort is now expanding to cover private schools of medicine and nursing, using standardized curricula across the country. In-service training has expanded as well, based on operational need assessment and priorities. With USG support, the MOH recently established a Field Epidemiology and Laboratory Training Program (FETP) to increase the knowledge and skills of public sector epidemiologists and laboratory personnel. Specialized in-service training centers have been established. Three training centers (including one managed by the GOH) have been set up to provide continuing education in HIV care and treatment services. Another specialized training center has been set up to provide continuing education in the areas of CT, PMTCT, and social services integrated with community health care.

Despite these efforts, the shortage of human resources is still compounded by low retention of health professionals, particularly in the public sector – which creates the burden to constantly train new professionals to support the HIV/AIDS operations – and poor coverage in hard-to-reach areas. In the new PF, the USG and GOH intend to put forward a plan for health workforce development that will include incentives and salary scales as an attempt to

retain health professionals within the public sector and provide incentive for professionals to work in rural areas. The plan is also expected to 1) deepen the implementation of the existing task shifting strategy to allow nurses to prescribe medicine and to formally integrate community health workers in the continuum of services; and 2) incentivize GOH to increase the health sector's share of the national budget in order to progressively absorb the costs of more skilled human resources in the health sector.

Laboratory Strengthening

PEPFAR is supporting the development of the lab infrastructure in Haiti, which is benefiting both HIV/AIDS care and treatment services and all primary care services. In general all HIV service sites have basic lab infrastructure – technical staff, equipment, and commodities – that provides HIV basic testing, routine testing for TB smear, and blood chemistry and hematology at Tier I and II levels.

The national public health laboratory serves as the backbone of the lab system in Haiti, and has increased its testing, quality assurance, training and management capacity in the current program year. The National lab receives direct PEPFAR support, and has advance equipment and human resources to perform advanced testing in virology, parasitology and bacteriology, and mycobacteriology. It also serves as the national training center and conducts most of the lab training related to HIV and other infectious diseases of public health importance. Through the national lab, a national quality assurance and quality control system has been set up for HIV testing. The system is now being expanded to cover other diseases such as TB and malaria. The reference lab is now instrumental in disease surveillance, effectively providing confirmation diagnosis for different disease threats such as H1N1 and cholera.
Moving forward, efforts will focus on strengthening Tier I lab services with better quality services and building Tier II labs at departmental level with the capacity to do advanced parasitology, bacteriology, mycobacteriology, and HIV testing, provide decentralized lab training, and serve as a reference level for the network of labs within the department.
Health efficiency and financing

The Haiti national HIV/AIDS response is still heavily dependent on donor resources. The USG team is implementing various measures to improve the cost-efficiency of HIV/AIDS operations with the long term goal of making services affordable and sustainable for GOH take over. A costing study has been completed for the treatment services implemented by a few major PEPFAR partners. This study will be supplemented with a new study in planning to analyze costs across the whole range of prevention, care and treatment services implemented by all partners. The USG intends to leverage the new PF to strengthen collaboration with other donors and advocate for a more substantial participation of GOH and the Haitian private sector in the financing of the overall health sector.

Supply Chain and logistics

In the absence of a functional national supply chain system for health commodities in Haiti, the USG set up a vertical supply chain and logistics for HIV/AIDS and health commodities. The system has successfully procured and actively distributed regularly all necessary HIV related drugs and commodities to all points of services. Moving forward, the USG and GOH in collaboration with all other major donors have initiated discussions on how to build on this PEPFAR-supported infrastructure, particularly at the points of service, to develop a unified and decentralized supply chain management system lead by the MOH. These discussions have focused on issues such as updating norms and policies, improving physical infrastructure of warehouses, and reinforcing human resources and logistical capacities. Earthquake supplemental resources from USAID will help build warehousing capacity while CDC supplements will focus on expansion and updating of the national cold chain.

Gender

The USG is increasing its support to addressing gender related issues that have proven a significant barrier to improving women's and girls' access to health services. A gender focal point has been added to the USAID/Haiti

team and will provide technical support to all USG supported activities, including health, to develop a gender strategy for addressing workplace gender violence and discrimination.

At the programmatic level, the USG expects that in FY12, efforts to further integrate reproductive health, maternal care, and PMTCT services will significantly improve the health condition of women. Additional resources are being allocated to support specific programs aimed at reducing violence against women and implementing services to provide psychological, social, and treatment support for women victim of sexual violence. This will be done in conjunction with social mobilization and health education e for women and girls, and will be informed by the upcoming national Violence Against Children Survey.

Technical Area: Management and Operations

Budget Code	Budget Code Planned Amount	On Hold Amount
HVMS	5,157,694	0
Total Technical Area Planned Funding:	**5,157,694**	**0**

Summary:
(No data provided.)

Technical Area: Prevention

Budget Code	Budget Code Planned Amount	On Hold Amount
HMBL	3,473,999	0
HMIN	1,082,652	0
HVAB	2,212,107	0
HVCT	6,891,470	0
HVOP	4,716,507	0
MTCT	8,428,151	0
Total Technical Area Planned Funding:	**26,804,886**	**0**

Summary:
Prevention

The Prevention portfolio in Haiti includes prevention of mother-to-child transmission (PMTCT), sexual prevention interventions, including abstinence and faithfulness activities, and biomedical prevention programs (blood safety and injection safety). Haiti has a generalized epidemic with a national prevalence rate of 2.2%. However, this rate is higher in high risk population groups such as commercial sex workers (CSW) and men having sex with men (MSM), and most HIV/AIDS cases are concentrated in big cities.

New infections are driven by unprotected transactional and commercial sexual activities, especially the socially widespread practice of multiple concurrent sexual partnerships (MCP) among the general population, which is

often trans-generational. As a result, PEPFAR has adopted a consolidated and integrated approach to reduce sexual transmission by a) promoting normative change and preventive behaviors among sexually active youths and adults in the general population, particularly those engaged in MCP, and b) providing support for a comprehensive package of intensified preventive interventions targeting most-at-risk populations in venues with high prevalence of risky sexual behavior. A national PLACE survey was conducted in FY 2011 to identify these venues and better understand the inner works of these high risk groups. The results of the PLACE survey and other surveys underway are being used to inform the selection of appropriate interventions for a combination prevention approach.

In FY 2011, prevention activities reached over one million people with prevention messages. Community outreach efforts to reach people in MCP expanded. Commercial sex workers, a key driver of the epidemic in Haiti were singled out for specific combination prevention interventions. Targeted services were provided to 97,000 CSW. Social Marketing increased demand for male and female branded condoms. Distribution was high, with 2.2 million branded condoms sold and 39 million distributed nationwide. Demand for female condoms is expanding, with 49,000 sold during the period. Sexual prevention activities have been expanded to rural areas with emphasis on both the general population and the sexually active youth. These activities are combined with our continuous support to the National AIDS Communication Program, the corner stone of the National Behavior Change Communication strategy. Moreover, a total of 651,000 people were tested for HIV, of which, nearly 180,000 pregnant women were tested. Strategies to reduce loss before enrollment in care have been implemented and templates for site-specific PMTCT work plans have been developed to track and improve PMTCT services.

In FY 2012 and 2013, Haiti will focus on further building the capacity of the MOH for better coordination and implementation of Prevention activities, improving Prevention with Positive with a particular focus on ART adherence, and strengthening Prevention activities in health networks as a way to further integrate prevention activities into Care and Treatment services. PMTCT services will be simplified, expanded, improved, and further integrated within MCH services. The management and disposal of biomedical waste at departmental levels will also be a priority. The provision of post exposure prophylaxis (PEP) will be expanded (from current 39% of targets) to cover more victims and non-victims of sexual assaults as well as occupational cases. The national blood safety program (NBSP) will be prioritized for support to increase its screening capacity up to over 40,000 units a year.

PMTCT

The main focus of the PMTCT program is to support the national objective of universal access to PMTCT services for HIV positive pregnant women and the virtual elimination of vertical MTCT in Haiti. There are an estimated 300,000 pregnancies each year in Haiti, of which 8,000 are likely to be HIV positive. In FY 2011, of 5,800 pregnant women identified as HIV positive, 60% received ARV either as treatment or as prophylaxis, which is more than double the number achieved in FY2010. New PMTCT guidelines were implemented based on the new guidelines issued by WHO in 2010, which allow early initiation of ARV prophylaxis starting at the 14th week of pregnancy. As a result, the gap between the time of enrollment and the initiation of treatment or prophylaxis for HIV positive pregnant women was significantly reduced. Moreover, a "case manager" approach was implemented, which allowed better tracking of each HIV positive pregnant woman and improved adherence to ART and other interventions.

In line with the national objective, PEPFAR efforts in FY 2012 and 2013 will focus on: (i) increasing testing among pregnant women; (ii) improving access to PMTCT services; (iii) increasing prophylaxis coverage for HIV positive pregnant women; (iv) continuing to implement the revised guidelines; (v) reinforcing psychosocial and community support for HIV positive pregnant women to ensure adherence to medication; and (vi) improving tracking systems to ensure that exposed newborns receive ARV prophylaxis and access early infant diagnosis (EID). The targets are to test over 250,000 pregnant women and provide ARV to more than 5,500 per year by FY2013.
PMTCT activities will be combined with technical capacity-building, and technical and managerial training for PMTCT staff to significantly increase the number of institutions providing PMTCT services (up to 100 by the end of FY2012) and to ensure that all HIV positive pregnant women receive ARV either as treatment or as prophylaxis. We will seek to increase the capacity to track every single HIV positive pregnant woman enrolled, which is currently

done through a program (the Community Health and AIDS Mitigation Project or CHAMP) that supports a comprehensive network of facility based liaison officers linked to community health workers and field agents. We expect this close collaboration between the case manager and the liaison officer from CHAMP and between the institutional and community levels to improve post-natal PMTCT interventions, including tracking of HIV exposed newborns to ensure high rates of EID and linkages with OVC programs in order to maximize HIV-free child survival for all children born to HIV-positive women. Furthermore, just prior to this COP submission, we successfully engaged the MOH on an addendum to the PMTCT norms so that HIV positive pregnant women enrolled in PMTCT can stay on ART long life because improving the quality of life of the mother equals better chance of survival for the exposed newborn.

Among the constant challenges faced by PMTCT in Haiti are the structural and institutional deficiencies underlying MCH services. To improve the integration of PMTCT into MCH, we plan to train health providers working at prenatal, maternity and pediatric wards on PMTCT and the importance of constantly looking for the opportunity to provide counseling and HIV testing at any point of entry to those services. There are several efforts underway to improve the quality of reproductive health services in Haiti, including non-PEPFAR reproductive health programs such as PAHO's "Soins Obstetricaux Gratuits" or SOG. PEPFAR is actively seeking collaboration with these programs to improve the quality of maternal and reproductive health service and expand access to family planning and emergency obstetrical care services. Additionally, the USG is leveraging earthquake supplements that provide the opportunity for the USG to greatly enhance emergency obstetric services directly. We anticipate that improving the quality of maternal and reproductive care will impact the rates of ANC attendance and delivery at facilities, and consequently increase HIV testing and uptake of PMTCT services.

To monitor the implementation of these priorities, we will continue to emphasize improved quality of PMTCT data, and move beyond outputs (number of HIV positive pregnant women receiving ARV prophylaxis) to start responding to outcome questions such as the risk of MTCT or the actual number of pediatric HIV cases prevented. We expect the continuous implementation of the "woman chart" to improve both data collection and patient follow up. HIVQUAL methodology has effectively improved quality of services at ARV sites, and will be expanded to reach palliative care and PMTCT sites. In addition, site level PMTCT work plans will be used to monitor the implementation of key actions mentioned above.

Sexual Prevention

The HIV epidemic in Haiti is driven by the socially accepted and widespread MCP among the general population, and unprotected transactional and commercial sexual activities. Consequently, the identification and acknowledgement of behaviors that put populations at risk and the survey of places where these risky sexual behaviors take place are essential for more strategic programming and investment, and targeted outreach efforts. This would be further facilitated by the identification of the epidemic's variability within and across regional departments and geographic zones. The acquisition of such strategic information will remain a key priority of the Sexual Prevention portfolio through FY2013 and the foundation for ongoing efforts to strengthen the overall national strategy to prevent new cases of sexual infections.

For FY 2012, the programmatic priority is to further strengthen Prevention interventions through a selective combination of:

1. Comprehensive sex and HIV education activities targeting the general population, in-school and out-of school youth, migrant workers, and mobile populations; efforts are underway to integrate sex education into schools in collaboration with the Ministry of Education;
2. Activities seeking to increase knowledge of HIV serostatus, especially among high-risk/high-transmitter groups;
3. Social marketing of condoms for sexually active adults and youth; and
4. Prevention with Positives to reduce sexual transmission of HIV, especially in sero-discordant couples.

For in-school and out-of-school youth, high quality interventions will be designed around comprehensive sex and HIV education but will include condom use promotion for sexually active youth and encouragement and support to seek knowledge of their serostatus where appropriate and allowed. Youth peer educators in after-school clubs and youth social groups will be trained to that end and mentored. Social and religious group members and community health agents will be trained and supported to carry out combination Prevention activities – HIV awareness, abstinence and being faithful, condoms, and HIV Counseling and Testing (HCT) – targeted at the general population at the community level. In FY11, 70,337 people were reached with specific AB messages through churches and schools. Communities with sizable numbers of migrant worker as well as communities of mobile populations will receive a major focus. The USG will support activities that seek to inform, educate and mobilize communities around HIV/AIDS prevention while providing them with the means and support to reduce their exposure to HIV infection.

Efforts to reduce new infections among high-risk or high-transmitter groups – such as commercial sex workers, migrant workers, and mobile populations – will be expanded using an appropriate combination of behavior change communication, condom social marketing, and HCT. The focus will be on locales where high-risk sexual activities take place such as bars, brothels, duty-free factory zones, and public beaches. Additional resources will be invested to expand services to and knowledge of CSW and MSM networks. The national PLACE survey conducted in FY11 identified such 1,245 sites where people meet new sexual partners and revealed that of these sites, 813 are high HIV prevalence; 47% have HIV prevention activities while 72% expressed interest in these activities. Condoms were available in 53% of the sites. This is the type of Strategic Information that will inform Prevention activities moving forward. PEPFAR Haiti will continue to harmonize activities with PEPFAR colleagues in the Dominican Republic to support the bi-national strategy to bring prevention messages and tools to mobile people crossing and/or living along the Haitian-Dominican border.

HIV Counseling and Testing (HCT) and Sexually Transmitted Infection (STI) services are available at all PEPFAR 148 VCT sites and number of prevention and outreach centers. In FY11, 473,144 individuals were tested for HIV, representing 79% of VCT targets for the year. Moreover, among the HIV positive individuals identified, 41% were lost before enrollment (LBE). More women get tested than men, though the prevalence remains higher for men that do come for counseling and testing. In FY2012, in addition to expanding the number of individuals seeking VCT services, we will seek to strengthen the referral systems of these sites (more hands on referrals) to ensure that those who test positive for HIV receive care and support services timely. We will seek to increase HCT activities in high risk population groups while devising new strategies to engage men more effectively, beyond partner tracking. This objective will also be implemented through the integration of various services.

In FY11, 79,589 (ART and Pre-ARV) patients received a minimum package of Prevention with Positive (PwP) services. PwP services are offered at all ARV and Care sites, which have social and community health workers trained to engage patients on PwP practices. The priority in FY2012 will be further integrating positive health dignity and prevention program into the clinical settings. Linkages between Prevention activities and HIV/AIDS care, support, and treatment services will be further strengthened. Efforts to integrate HIV services into family planning and MCH services will be expanded. One approach will be to encourage and support Implementing Partners to leverage additional resources from other donors to expand the availability of family planning services within PEPFAR supported sites. Training updates are planned for health workers to promote new guidelines, particularly on the importance of prevention counseling for PLWHIV and the role of early initiation of ART in reducing infectiousness (provided high levels of adherence and low viral loads).

Gender

Although not a major factor for HIV transmission, gender based violence (GBV) remains a concern in Haiti. During FY 2011, PEPFAR supported services for women and girls affected by gender based violence, particularly in the internally displaced person (IDP) camps. This support will continue in FY 2012 for such services, including reproductive health services as well as psychosocial support, HIV counseling and testing, and advice on how women and girls can adopt measures to increase their legal rights and protection. In addition, results of the national

Violence Against Children survey that will be fielded in April will be used to further inform gender and protections programming. The USG will also support the development of strategies and policies that tackle social norms fostering gender inequity. HIV prevention campaigns will also integrate gender issues in order to improve young men's attitudes and reduce risk behaviors in ways that promote positive and equitable partner relationships. Health providers will be educated and sensitized on the importance of systematically searching for signs of GBV as victims often have a propensity for STI and HIV infection, and make PEP available to them. During FY 2012, all ART, palliative care, and PMTCT sites will offer PEP 24 hours and seven days a week victims of sexual assaults and occupational exposures.

Blood Safety

The main objective of efforts in this area is to meet the urgent national need of 40,000 units/year within the next three years, and the long term goal of achieving the 90,000 units of blood per year as recommended by WHO standards. The devastating earthquake on January 12, 2010 had enormous impact on the blood service system. The main blood transfusion center was destroyed. These services are now being provided in scattered temporary structures with limited capacity. However despite delay in establishing a temporary center, nearly 20,000 units of blood were collected and tested during FY 2011. For FY 2012, rebuilding the blood transfusion system in Haiti will be the priority. The national blood transfusion center (NBSP) will continue its collaboration with Haitian Red Cross and international Federation of Red Cross to finalize the establishment of a temporary national blood transfusion center. By so doing, the testing capacity of the transfusion system will significantly increase, while the NBSP progresses with the construction of a permanent center. The pre-design and the design phases will be completed, and the construction of the NBTC started in FY2012.

For the FY2012 COP, the priority will be to strengthen the NBSP and increase its capacity to collect, test, store, and distribute blood and blood products. Technical assistance will be provided to reinforce the organizational structure of the NBSP, including the development of standard operation procedures (SOP) and updating protocols based on the results of an assessment conducted last year. The USG will strengthen GOH policies, systems, and human capacity, and provide essential supplies and equipment for blood production. SOPs, protocols, and equipment for the temporary blood center will be in line with those planned for the permanent NBTC so that the personnel can enter the new structure ready to perform to the highest standard.

A strong emphasis will be put on blood donors promotion activities to reach the objective of more than 80% donated blood coming from non remunerated voluntary donors. PEPFAR will support the establishment of donor cells in order to increase the pool of regular donor (donating twice a year). A network of mobile collection teams will be developed to increase the collection capacity of the system.

The USG will support the NBSP for the renovation and upgrade of two blood posts to become regional transfusion centers (South and North) to both increase production capacity and provide backup so as to avoid any interruption or collapse of blood transfusion services in the case of another event similar to the earthquake affecting the main center in Port-au-Prince.

Injection safety and healthcare waste management

During FY 2011 the USG supported the MOH to undertake injection safety (IS) and healthcare waste management (HCWM) activities. Support was also provided to strengthen the procurement and distribution of safe needles, syringes, and sharps containers throughout the country.

In FY 2012, the USG will reinforce its support to the direction of health promotion public hygiene et and environmental protection (DPSPE) to build its capacity to develop, adapt and distribute behavior change communication materials for reducing unnecessary injection and using oral medications as alternatives to injections.

For HCWM, the priority will be to improve the capacity of major hospital to dispose of biomedical waste. If the capacity of triage of biomedical waste has improved in Haiti, the disposal capacity is still very weak. A rapid assessment conducted last year showed that very few public institutions have the capacity to properly dispose of biomedical waste. The USG will support the DPSPE to set up a team specifically dedicated to IS and HCWM and tasked to work on the recommendations resulting from last year's site assessment. The USG will provide support for the acquisition of incinerators of high capacity for the ten (10) departmental hospitals in the country. Those institutions will be part of a network where smaller institutions can, after efficient segregation, transport their biomedical waste for disposal at larger institutions. The USG in collaboration with DPSPE will assist very small and remote institutions in building and/or repairing small incinerators. In addition to direct support through PEPFAR, some post earthquake supplemental resources will be leveraged to further expand the capacity of appropriate disposal of medical waste in throughout the country.

During FY2012, infection control committees will be established and/or reinforced within PEPFAR supported sites. Technical assistance will be provided to these committees to develop an infection control plan including TB infection control, universal precautions, injection safety and healthcare waste management. These committees will also be responsible for ensuring that supplies (color coded bags, sharp containers, syringes, etc) and equipments (autoclaves, incinerators, shredders, UV lights, fans, etc) costs are considered during sites budget development.

Technical Area: Treatment

Budget Code	Budget Code Planned Amount	On Hold Amount
HTXD	4,011,133	0
HTXS	18,150,638	0
PDTX	4,963,939	0
Total Technical Area Planned Funding:	**27,125,710**	**0**

Summary:
TREATMENT NARRATIVE

Over the past year, the USG/PEPFAR team has worked to achieve a strategic shift in the management of the PEPFAR program in Haiti. A focus on accountability and performance has been intensified, with measures implemented to improve efficiencies and impact in PEPFAR-supported programing. Implementing partners have received a clear mandate to achieve ambitious goals related to scaling up access to quality HIV/TB-related services. In FY2012, to fast-track initiation of currently eligible clients for ART and improve treatment coverage overall, the program will implement a series of key initiatives including:

- *Removing excessive adherence policies for ARV enrollment, such as eliminating identification of a treatment buddy or patient's home visit by a community health agent as an absolute requirement for ART initiation;*
- *Setting up a flexible appointment systems and implementing improved patient flow protocols for drug dispensing to adherent patients in order to reduce the burden of mandatory monthly visits;*
- *Implementing immediate ARV initiation to priority groups (such as HIV positive pregnant women and co-infected TB/HIV patients), regardless of CD4 cell count;*
- *Improving access to CD4 testing through expanded regional lab networks for automated CD4;*
- *Improved lab management related to allocation of lab personnel to appropriately reflect lab specimen burdens; and*
- *Streamlining ARV service delivery through task shifting models centered on nurses (clinical nurses, nurse midwives, case managers), paramedical, and non-medical personnel, particularly at smaller and newly launched*

sites.

The USG recently initiated an activity with UCSF to conduct a chart review of all ART sites in order to stratify and fast-track treatment enrollment for all eligible but currently un-initiated ART patients, based on the national guidelines. This effort will ensure that management systems are strengthened, with increased partner oversight, at all supported facilities and ensure that all eligible clients are initiated on ART in an expedited manner.

The national treatment objectives and scale up plans target universal access to ARV treatment for eligible HIV patients (according to the newly revised national guidelines) and the virtual elimination of vertical transmission of HIV. These PEPFAR direct targets are completely in line with the national plan. Moreover, given for the last two years Global fund has been facing issues preventing sub-recipients from receiving funds, expanding PEPFAR direct targets is determinant to meeting national objectives. During COP12, the USG projects a significant increase in ART initiations, with a target of newly initiating 12,000 adults and pediatrics on treatment, with an overall target of 50,440 on treatment in Haiti by the end of the COP12 period. The country team developed targets by considering information from two main sources: 1) population-based estimates of the size of various target populations and 2) specific targets proposed by individual implementing partners. The group incorporated available information from UNAIDS, recent program performance, and select evaluations to inform the estimates. In brief, the number of HIV-infected persons eligible for, but not yet on ART based on the current national guidelines is estimated to be 30,000-35,000 persons, and includes groups that should be relatively straightforward to reach (persons who have been tested for HIV and enrolled in care) and groups more difficult to reach (including, for example, persons who have not yet accessed HIV testing, or have accessed HIV testing, but have not been linked to care and treatment services). The group developed estimates of the numbers of eligible persons within each target population, and developed estimates of achievable targets within each target population. The group also applied estimates for loss to follow up for both to the numbers of patients currently on ART. Pregnant women with HIV are a very high priority group for treatment expansion.

Using the USG supported electronic medical records, the MESI database and HIVQUAL data, sites with high numbers of non-initiated HIV eligible patients will be selected for hands on technical assistance. This technical assistance will include chart reviews to place active patients into three categories: 1) immediately eligible for treatment; 2) likely eligible patients with immediate need for CD4+ assessment to determine eligibility; and 3) patients who should continue in routine care (not ART eligible in the near future). The staff at clinics involved in the activity will be re-trained on eligibility criteria, and will be actively involved in setting appointments to get eligible patients assessed and on treatment. They will be advised on strategies to aggressively monitor patients to maximize treatment initiation. Follow up visits and monitoring of the electronic HMIS systems available for the ART network in Haiti will document progress toward reaching rapid treatment expansion objectives.

Ensuring quality of ART and related treatment services is essential not only to initiation of ART, but also to the fostering of adherence. There are multiple ongoing efforts supported by the USG to ensure the quality of treatment programs in Haiti. The majority of treatment sites in Haiti are using an electronic medical record (EMR); the EMR itself helps to improve treatment quality—for example, information about TB symptom screening is required by the electronic interface. The EMR also allows access to data that facilitate application of a continuous quality improvement approach (with HIVQUAL support). HIVQUAL analyses have identified treatment program elements with good performance (for example, rates of cotrimoxazole administration [>90%], rates of symptom screening for TB [>90%]) and areas in need of improvement (proportion of treatment-eligible persons who are initiated on ART; number of persons receiving IPT).

In most settings in Haiti, identification of treatment failure is based on clinical and CD4 criteria. Adherence issues are aggressively addressed before treatment is changed. While the proportion of patients on second line treatment is below 5%, resistance testing is available only for particularly difficult cases through one network. During the COP12 period, strategies will be developed to ensure wider access to resistance testing services across service delivery networks.

Expansion and access to services will be facilitated through new ART site activations, as well as improving efficiencies within existing sites. The service delivery project supported by USAID will be tripling the number of ART service points by the end of the COP12 period. Additionally, efforts are being made to ensure that the full package of PMTCT services (testing to prophylaxis) is provided at all PEPFAR supported sites that care for pregnant women. Stronger linkages between the tuberculosis and HIV programs will provide opportunities for earlier treatment of co-infected individuals. Current HIV patients will be encouraged to bring in their sexual partners for testing and staging, if necessary. Given the relatively low HIV prevalence in Haiti, prevention and treatment linkages will continue to be reinforced to ensure discordancy in relationships and reduce transmission through active adherence facilitation efforts.

Policy shifts in Haiti will further facilitate initiation and retention of clients on ART. Treatment guidelines in Haiti have been modified based on 2010 WHO recommendations, and now recommend TDF with FTC or 3TC plus EFV or NVP as first line, with AZT-based regimens as alternatives. Treatment is recommended for those with CD4 <350, for clients with TB, and for all pregnant women. These guidelines have been officially launched nationally. Changes to new regimens for patients on therapy are being implemented gradually, based on clinical symptomology and commodity (AZT) backlogs. As described in the treatment target projections, the Haiti team is working aggressively to implement the new guidelines (with particular focus on ART initiation for pregnant women and TB/HIV patients) and to address barriers to ART initiation (such as unavailability of CD4 cell count capacity and overly stringent application of guidelines meant to ensure adherence). Laboratory monitoring protocols were recently changed from a recommendation for annual CD4 cell counts to recommendations for CD4 cell counts on a bi-annual basis. Haiti has moved away from routine monitory of hematologic and biochemical parameters; these are now recommended only in specific situations and based on symptomology.

In terms of ART commodities, the majority of ARVs in Haiti are funded through PEPFAR. Global Fund and PEPFAR both contribute substantially to treatment in Haiti, with an estimated 20/80 percent split. SCMS procures drugs for both initiatives, allowing for effective commodity procurement coordination. There have been some challenges to implementation of GF programs in Haiti in the past few years, with significant GF administrative and compliance issues. However, there is a new principal recipient (PR) in place and renewed efforts to maximize the effectiveness of these programs, both at the levels of the CCM and implementation. The USG is actively working with the new PR to improve coordination and avoid duplication. Moreover, significant progress has been achieved in the reforming of the CCM.

As in other countries, TDF prices continue to decline, and there are anticipated savings associated with the new guidelines, primarily related to durability of the first line regimen. On the other hand, the benefits of using PIs as first line treatment for infants whose mothers received treatment as part of PMTCT were not identified as outweighing the costs.

Savings are anticipated based on a reduction in frequency of follow-up appointments for stable patients, reduction in the frequency of routine laboratory monitoring (other than CD4 cell counts which are being used as a mechanism to rapidly expand ART access), and reduction in loss to follow up/change to second line regimens based on intensive efforts to improve adherence (for example through the community based liaisons).

HIV services are offered as a continuum. All sites that are considered HIV service delivery sites offer HIV testing (N ˜150). Subsets of these offer PMTCT services and HIV care services. A further subset 62 sites offer ART. There are aggressive efforts to expand provision of ART at sites that currently offer either PMTCT or care services. PMTCT services are fully integrated with ANC services; there are ongoing efforts to leverage PEPFAR resources to strengthen general ANC services and to leverage non-PEPAFAR resources that are supporting improvements in ANC/reproductive health to ensure that these services are also available to women with HIV. For example, a case manager approach that has been effective at improving uptake of services for women with HIV is being expanded to ensure improved services for all pregnant women. A PAHO-supported effort to reduce costs to women for quality obstetric services (Soins obstetricaux gratuits) is also available to women with HIV and should lead to improved rates of ANC attendance and delivery in facilities. Related USG-supported efforts are also expected to improve

access to and quality of obstetric care. TB services have been traditionally provided through peripheral health facilities. There are ongoing efforts to strengthen provision of TB diagnosis and treatment at larger centers where HIV treatment services are provided so that co-infected patients can receive comprehensive care and treatment services.

Treatment in Haiti is supported through partner networks. Program and site coordinators are responsible for day to day supervision, and each network supports a team of specialists that provide technical assistance and mentoring. USG-supported staff extend the reach of the departmental health directorates that are responsible for program oversight, but whom lack necessary resources (human and otherwise) to effectively manage their departments. This level of USG supervision support ensures that provided services are in accordance with national guidelines and meet national quality standards.

There is currently no comprehensive system for pharmacovigilance in Haiti. To improve GOH capacity related to ensuring effective pharmacovigilance, the USG will be supporting the GOH in two key areas: 1) policy support and information systems. The USG is currently embedding staff within the Department of Pharmaceutical Management (DPM) to improve overall capacity within the Department. In addition, in Q2 FY12, the USG supported the DPM with a team from the Systems for Improved Access to Pharmaceuticals and Service (SIAPS) in order to conduct an assessment of GOH pharmaceutical policies. During COP12, the USG will respond to the assessment, as well as DPM requests, to review and update key pharmaceutical policies, most specifically the National Pharmaceutical Policy (PPN). In terms of regulatory issues, the USG will be assisting the DPM address the backlog of drug registration requests, as well as modernizing the drug registration and importation authorization system. Lastly, the USG will be supporting the DPM and UPE with improving overall information systems as they relate to regulated pharmacy mapping and commodity tracking. Elements of this expansion in information systems support will be phased in through piloted projects defined with the unified supply chain strategy for Haiti, a multi-donor effort.

Despite Haiti's experience with emergencies, there are limited general plans in place for management of unforeseen emergencies. Buffer stocks are typically expanded from 1 month to 3) in anticipation of emergencies or challenges, for example during hurricane season or prior to elections.

In 2009, PEPFAR-Haiti supported Health 20/20 to conduct costing analyses. Analysis of data from this study is ongoing; however the preliminary results are instructive. This analysis demonstrated relatively consistent severity of illness at the time of clinic enrollment (in line with the guidelines then in use requiring a CD4 cutoff of 200 or WHO stage 3 or 4), fairly substantial variation in the package of services offered to patients (with greatest variation occurring in the broad areas of the numbers of lab tests conducted and the provision of non-clinical services including cash transfers to patients), broad variation in costs of services offered, consistent rates of retention (average rate of loss to follow up was 15% over 3 years), and some variation in patient outcome, but without demonstrable association with the services provided. Median costs for the package of services for patients on ART were ~ $175, with a broad range ($60-$460). Lessons from the costing study will be shared with the partner networks to inform sustainability of treatment activities. During Q4 of FY12, the USG will implement a Partner Inventory in collaboration with GF in Haiti to further articulate elements of the the package of support implementing partners are providing and to identify cost-effective approaches for delivery services. Analysis of Inventory data will inform resource allocation and planning during the COP12 period.

Now that a new PR is in place, there are concentrated efforts to coordinate between GFATM and PEPFAR. Most major partners receive funding from both groups for both HIV and TB work. PEPFAR is coordinating a series of meetings that includes both donors and individual partners to ensure that areas of overlap and gaps in coverage are being addressed. The other major donor is UNICEF (providing drugs for PMTCT and children through UNITAID).

PEDIATRIC HIV TREATMENT

PEPFAR/Haiti has been working closely with its partner SCMS in realizing a yearly quantification and forecasting

exercise for pharmaceutical and laboratory commodities related to Pediatric HIV Treatment. All partners involved in treatment (pediatric and adult) participate in that exercise and forecasting is done based on consumption and target for the next fiscal year. The Pediatric AIDS program has benefited from commodities (pediatric second line ART, Cotrimoxazole, DBS PCR kits) through the Clinton Foundation (CHAI) and the coordination between CHAI and SCMS has allowed for better planning and avoidance of duplication. CHAI participates in the quantification and forecasting exercise.

The National Public Health Laboratory (LNSP/MOH) has brought tremendous support to the program by running the DBS DNA PCR tests and working together with USG on the management of data related to Early Infant Diagnosis. Another important contribution comes from the GHESKIO IMIS Laboratory that also runs the DBS DNA PCR. Both laboratories are regularly supervised by CDC for quality control and respond to international standards. The As the National Reference Laboratory, the LNSP establishes national policies related to laboratory practices and supervises the network of laboratories in Haiti, including those involved with PEPFAR and across various diseases control programs including malaria, TB, STDs and others. LNSP has the authority to provide accreditation, quality assurance, supervision and resources to tiered laboratories. LNSP is working toward developing quality networks in two regional laboratories (North and South/ Cap-Haitien and Les Cayes). LNSP is supported by PEPFAR mainly with CDC. LNSP efforts in this COP will focus on expansion of ART services through a robust CD4+ testing network and expanded diagnosis of TB/HIV co-infected patients.

No disparities based on gender in accessing and receiving treatment have been reported. Boys and girls have equal access to services and the pediatric treatment program is closely linked to the OVC program so a continuum of services along child protection, gender based violence and gender issues are addressed.

Electronic medical records are readily available at sites and data on treatment is integrated into the MESI system used by PEPFAR. More details related to SI are described under the SI TAN. Networking between all levels of the health system and reliable referral and counter referral are important for the performance of the program. USG is working toward strengthening those aspects particularly in certain regions of the country known as "development corridors". One of the daunting challenges faced by the program is the shortage of trained and qualified professionals to care and treat those children particularly out of the capital city. PEPFAR, through some centers of excellence such as Nos Petits Freres et Soeurs, has provided training for pediatricians and general practitioners in order to fill the huge gap. Historically, entire Haitian departments have lacked even basic levels of pediatric care and support. Through, PEPFAR contributions, access to pediatricians has been scaled up and allowed for decentralized pediatric HIV treatment. For FY 12, PEPFAR will support the training of about 20 new pediatricians/general practitioners per year. A next step is to work with the nurses (task shifting) in order to decentralize the burden on departmental main hospitals and improve quality of services at all levels. PEPFAR/Haiti is working toward more integration in the health system by supporting to more qualified human resources, developing with MOH ways to retain the personnel and facilitating more linkages between the personnel at the facilities and those at the community level (case managers, site managers and community workers) for better performance and reduction of lost to follow up (LTFU).

In terms of the overall supply chain to support adult and pediatric care and treatment services, the USG has been working with MOH and other Agencies as World Health Organization (WHO) toward a strategy to develop a one supply chain network that would allow for more efficiency and result in country ownership and sustainability. SCMS is the backbone of the Pediatric Program for procurement and distribution. SCMS has supported a continuous supply of commodities in the aftermath of the earthquake and during the outbreak of the cholera epidemic; no over-stocks or stock-outs of pediatric ARV were reported during the past two years. The USG has coordinated work between the implementing partners, SCMS, and CHAI through the Pediatric Technical Working Group (TWG) and the yearly group meeting on quantification has contributed to this achievement. As of August 30th, 2049 children were receiving ART with USG support. The Pediatric TWG is the structure through which pediatric drug selection is defined. Pediatric HIV National Guidelines in Haiti are written based on the latest WHO recommendations. MOH is represented within the Pediatric TWG and all documents produced by this structure are validated by MOH for use and dissemination.

Technical Area Summary Indicators and Targets

Future fiscal year targets are redacted.

Indicator Number	Label	2013	Justification
P1.1.D	P1.1.D Percent of pregnant women with known HIV status (includes women who were tested for HIV and received their results)	n/a	Redacted
	Number of pregnant women with known HIV status (includes women who were tested for HIV and received their results)	240,000	
P1.2.D	P1.2.D Number and percent of HIV-positive pregnant women who received antiretrovirals to reduce risk of mother-to-child-transmission during pregnancy and delivery	93 %	Redacted
	Number of HIV-positive pregnant women who received antiretrovirals (ARVs) to reduce risk of mother-to-child-transmission	5,490	
	Number of HIV-	5,921	

	positive pregnant women identified in the reporting period (including known HIV-positive at entry)		
	Life-long ART (including Option B+)	4,117	
	Maternal triple ARV prophylaxis (prophylaxis component of WHO Option B during pregnancy and delivery)	1,318	
	Maternal AZT (prophylaxis component of WHO Option A during pregnancy and deliverY)		
	Single-dose nevirapine (with or without tail)		
	Newly initiated on treatment during current pregnancy (subset of life-long ART)		
	Already on treatment at the beginning of the current pregnancy (subset of life-long ART)		
	Sum of regimen type disaggregates	5,435	
	Sum of New and		

	Current disaggregates		
P6.1.D	Number of persons provided with post-exposure prophylaxis (PEP) for risk of HIV infection through occupational and/or non-occupational exposure to HIV.	2,058	Redacted
	By Exposure Type: Occupational	156	
	By Exposure Type: Other non-occupational	569	
	By Exposure Type: Rape/sexual assault victims	1,333	
P7.1.D	P7.1.D Number of People Living with HIV/AIDS (PLHIV) reached with a minimum package of 'Prevention with PLHIV (PLHIV) interventions	n/a	Redacted
	Number of People Living with HIV/AIDS reached with a minimum package of 'Prevention of People Living with HIV (PLHIV) interventions	129,109	
P8.1.D	P8.1.D Number of the targeted population reached with	n/a	Redacted

	individual and/or small group level HIV prevention interventions that are based on evidence and/or meet the minimum standards required		
	Number of the target population reached with individual and/or small group level HIV prevention interventions that are based on evidence and/or meet the minimum standards required	830,000	
P8.2.D	P8.2.D Number of the targeted population reached with individual and/or small group level HIV prevention interventions that are primarily focused on abstinence and/or being faithful, and are based on evidence and/or meet the minimum standards required	n/a	Redacted
	Number of the target population reached with individual and/or small group level HIV	200,000	

	prevention interventions that are primarily focused on abstinence and/or being faithful, and are based on evidence and/or meet the minimum standards required		
P8.3.D	P8.3.D Number of MARP reached with individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the minimum standards required	n/a	Redacted
	Number of MARP reached with individual and/or small group level preventive interventions that are based on evidence and/or meet the minimum standards required	64,518	
	By MARP Type: CSW	18,125	
	By MARP Type: IDU	2	
	By MARP Type: MSM	2,177	
	Other Vulnerable Populations	44,214	
	Sum of MARP types	64,518	
P11.1.D	Number of individuals who received T&C	828,953	Redacted

	services for HIV and received their test results during the past 12 months		
	By Age/Sex: <15 Male	0	
	By Age/Sex: 15+ Male	0	
	By Age/Sex: <15 Female	0	
	By Age/Sex: 15+ Female	0	
	By Sex: Female	523,365	
	By Sex: Male	305,588	
	By Age: <15	41,447	
	By Age: 15+	787,506	
	By Test Result: Negative	0	
	By Test Result: Positive	0	
	Sum of age/sex disaggregates	0	
	Sum of sex disaggregates	828,953	
	Sum of age disaggregates	828,953	
	Sum of test result disaggregates	0	
C1.1.D	Number of adults and children provided with a minimum of one care service	278,755	Redacted
	By Age/Sex: <18 Male	0	
	By Age/Sex: 18+ Male	0	
	By Age/Sex: <18 Female	0	

	By Age/Sex: 18+ Female	0	
	By Sex: Female	167,253	
	By Sex: Male	111,502	
	By Age: <18	96,937	
	By Age: 18+	181,818	
	Sum of age/sex disaggregates	0	
	Sum of sex disaggregates	278,755	
	Sum of age disaggregates	278,755	
C2.1.D	Number of HIV-positive individuals receiving a minimum of one clinical service	129,109	Redacted
	By Age/Sex: <15 Male	0	
	By Age/Sex: 15+ Male	0	
	By Age/Sex: <15 Female	0	
	By Age/Sex: 15+ Female	0	
	By Sex: Female	76,285	
	By Sex: Male	52,824	
	By Age: <15	0	
	By Age: 15+	0	
	Sum of age/sex disaggregates	0	
	Sum of sex disaggregates	129,109	
	Sum of age disaggregates	0	
C2.2.D	C2.2.D Percent of	87 %	Redacted

	HIV-positive persons receiving Cotrimoxizole (CTX) prophylaxis		
	Number of HIV-positive persons receiving Cotrimoxizole (CTX) prophylaxis	112,516	
	Number of HIV-positive individuals receiving a minimum of one clinical service	129,109	
C2.3.D	C2.3.D Proportion of HIV-positive clinically malnourished clients who received therapeutic or supplementary food	n/a	Redacted
	Number of clinically malnourished clients who received therapeutic and/or supplementary food during the reporting period.	6,702	
	Number of clients who were nutritionally assessed and found to be clinically malnourished during the reporting period.	0	
	By Age: <18	0	
	By Age: 18+	0	
	Sum by age	0	

	disaggregates		
C2.4.D	C2.4.D TB/HIV: Percent of HIV-positive patients who were screened for TB in HIV care or treatment setting	100 %	Redacted
	Number of HIV-positive patients who were screened for TB in HIV care or treatment setting	129,109	
	Number of HIV-positive individuals receiving a minimum of one clinical service	129,109	
C2.5.D	C2.5.D TB/HIV: Percent of HIV-positive patients in HIV care or treatment (pre-ART or ART) who started TB treatment	3 %	Redacted
	Number of HIV-positive patients in HIV care who started TB treatment	3,400	
	Number of HIV-positive individuals receiving a minimum of one clinical service	129,109	
C4.1.D	C4.1.D Percent of infants born to HIV-positive women	67 %	Redacted

	who received an HIV test within 12 months of birth		
	Number of infants who received an HIV test within 12 months of birth during the reporting period	3,967	
	Number of HIV-positive pregnant women identified in the reporting period (include known HIV-positive at entry)	5,921	
	By timing and type of test: virological testing in the first 2 months	1,720	
	By timing and type of test: either virologically between 2 and 12 months or serology between 9 and 12 months	2,911	
C5.1.D	Number of adults and children who received food and/or nutrition services during the reporting period	16,174	Redacted
	By Age: <18	10,109	
	By Age: 18+	4,852	
	By: Pregnant Women or Lactating Women	1,213	
	Sum of age disaggregates	14,961	
T1.1.D	Number of adults and	18,739	Redacted

	children with advanced HIV infection newly enrolled on ART		
	By Age: <1	225	
	By Age/Sex: <15 Male	418	
	By Age/Sex: 15+ Male	6,490	
	By Age/Sex: <15 Female	485	
	By Age/Sex: 15+ Female	11,346	
	By: Pregnant Women	1,733	
	Sum of age/sex disaggregates	18,739	
T1.2.D	Number of adults and children with advanced HIV infection receiving antiretroviral therapy (ART)	56,121	Redacted
	By Age: <1	0	
	By Age/Sex: <15 Male	1,465	
	By Age/Sex: 15+ Male	20,453	
	By Age/Sex: <15 Female	1,533	
	By Age/Sex: 15+ Female	32,670	
	Sum of age/sex disaggregates	56,121	
T1.3.D	T1.3.D Percent of adults and children known to be alive and on treatment 12 months after initiation of antiretroviral	85 %	Redacted

	therapy		
	Number of adults and children who are still alive and on treatment at 12 months after initiating ART	10,736	
	Total number of adults and children who initiated ART in the 12 months prior to the beginning of the reporting period, including those who have died, those who have stopped ART, and those lost to follow-up.	12,557	
	By Age: <15	536	
	By Age: 15+	10,200	
	Sum of age disaggregates	10,736	
H1.1.D	Number of testing facilities (laboratories) with capacity to perform clinical laboratory tests	144	Redacted
H1.2.D	Number of testing facilities (laboratories) that are accredited according to national or international standards	0	Redacted
H2.1.D	Number of new health care workers who graduated from a pre-service training	1,134	Redacted

	institution or program		
	By Cadre: Doctors	401	
	By Cadre: Midwives	28	
	By Cadre: Nurses	460	
H2.2.D	Number of community health and para-social workers who successfully completed a pre-service training program	869	Redacted
H2.3.D	The number of health care workers who successfully completed an in-service training program	3,875	Redacted
	By Type of Training: Male Circumcision	79	
	By Type of Training: Pediatric Treatment	1,114	

Partners and Implementing Mechanisms

Partner List

Mech ID	Partner Name	Organization Type	Agency	Funding Source	Planned Funding
10508	Partners in Health	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	9,000,000
10639	Partnership for Supply Chain Management	Private Contractor	U.S. Agency for International Development	GHP-State	10,000,000
10658	International Child Care	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	3,000,000
10823	National Alliance of State and Territorial AIDS Directors	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	500,000
12556	Population Services International	NGO	U.S. Agency for International Development	GHP-State	2,782,332
12608	Ministre de la Sante Publique et Population, Haiti	Host Country Government Agency	U.S. Department of Health and Human	GHP-State	2,500,000

			Services/Centers for Disease Control and Prevention		
12610	Association of Public Health Laboratories	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	150,000
12613	Tulane University	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	970,000
12618	American Society of Clinical Pathology	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	0
12621	Management Sciences for Health	NGO	U.S. Agency for International Development	GHP-State	0
12625	University of Washington	University	U.S. Department of Health and Human Services/Health Resources and Services Administration	GHP-State	2,200,000
12660	U.S. Agency for	Other USG	U.S. Agency for	GHP-State	0

	International Development (USAID)	Agency	International Development		
12692	Ministre de la Sante Publique et Population, Haiti	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	28,760,595
12695	National Alliance of State and Territorial AIDS Directors	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	500,000
12696	Tetra Tech PM Inc	Private Contractor	U.S. Agency for International Development	GHP-State	1,262,811
12698	Center for Development and Health	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	1,500,000
12706	New York AIDS Institute	Other USG Agency	U.S. Department of Health and Human Services/Health Resources and Services Administration	GHP-State	370,000
12708	Promoteurs Objectif Zéro Sida	NGO	U.S. Department of Health and	GHP-State	1,000,000

	(Promoteurs de l'Objectif Zéro Sida)		Human Services/Centers for Disease Control and Prevention		
12711	Ministre de la Sante Publique et Population, Haiti	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	2,800,000
13569	University of Miami School of Medicine	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	1,700,000
13620	Groupe Haitien d'Etude du Sarcome de Kaposi et des Infections Opportunistes	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	5,400,000
13621	Futures Group	Private Contractor	U.S. Agency for International Development	GHP-State	712,917
13622	FHI 360	NGO	U.S. Agency for International Development	GHP-State	0
13637	John Snow, Inc.	Private Contractor	U.S. Agency for International Development	GHP-State	250,000
13671	American Society	Private Contractor	U.S. Department	GHP-State	250,000

	for Microbiology		of Health and Human Services/Centers for Disease Control and Prevention		
13744	Groupe Haitien d'Etude du Sarcome de Kaposi et des Infections Opportunistes	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	3,500,000
14564	Management Sciences for Health	NGO	U.S. Agency for International Development	GHP-State	3,425,000
14572	TBD	TBD	Redacted	Redacted	Redacted
14576	Population Services International	NGO	U.S. Agency for International Development	GHP-State	0
14578	Management Sciences for Health	NGO	U.S. Agency for International Development	GHP-State	2,480,615
14624	University of Maryland	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	3,000,000
14627	Catholic Medical Mission Board	FBO	U.S. Department of Health and Human Services/Centers for Disease Control and	GHP-State	6,000,000

			Prevention		
14706	Foundation for Reproductive Health and Family Education	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	1,500,000
14710	University of Washington	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	3,500,000
14761	New Partner	TBD	U.S. Agency for International Development	GHP-State	480,000
14766	TBD	TBD	Redacted	Redacted	Redacted
16722	Abt Associates	Private Contractor	U.S. Agency for International Development	GHP-State	1,870,000
16723	University Research Corporation, LLC	Private Contractor	U.S. Agency for International Development	GHP-State	125,000
16801	TBD	TBD	Redacted	Redacted	Redacted
16856	TBD	TBD	Redacted	Redacted	Redacted
16969	TBD	TBD	Redacted	Redacted	Redacted
17031	Foundation for Innovative New Diagnostics	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	300,000

Implementing Mechanism(s)

Implementing Mechanism Details

Mechanism ID: 10508	**Mechanism Name: PIH**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Partners in Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: PR/SR	
G2G: No	Managing Agency:

Total Funding: 9,000,000	
Funding Source	**Funding Amount**
GHP-State	9,000,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Partners In Health/Zanmi Lasante (PIH/ZL), in collaboration with the Haitian Ministry of Health (MSPP), provides comprehensive health care in rural central Haiti, including integrated prevention, care, and treatment services for HIV/AIDS/TB. Global Fund and PEPFAR support allowed PIH/ZL to scale up integrated programs to 12 sites in the Central Plateau and lower Artibonite regions, serving 1,202,979 people. PIH/ZL primarily targets women, the poor, and other marginalized groups. The comprehensive HIV program aligns with PEPFAR and GHI strategies for Haiti, including increased treatment and care at all sites and within at-risk populations, prioritization and integration of PMTCT services, increased pediatric care, and integration with other PIH/ZL and MSPP programs. The PIH/ZL partnership with the MSPP aims to strengthen Haiti's public health system. Eleven of 12 PIH/ZL sites are MSPP facilities. PIH/ZL invests in infrastructure, information management systems, and human resources at each site to build local and sustained capacity. To enhance quality of care and efficiency, PIH/ZL focuses on strong monitoring and evaluation. By linking our electronic medical records (EMR) system to the national database for HIV case notification, we are improving HIV surveillance systems and reporting. With improved program management, further integration of services, increased capacity of healthcare workers, and leveraging of partnerships, PIH/ZL is

working towards greater cost efficiency. In early 2012, we plan to initiate a cost effectiveness analysis to strengthen this effort.

Cross-Cutting Budget Attribution(s)

Economic Strengthening	121,967
Food and Nutrition: Commodities	252,000
Human Resources for Health	160,183
Motor Vehicles: Purchased	183,600

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**10508**
Mechanism Name:	**PIH**
Prime Partner Name:	**Partners in Health**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	1,998,009	0

Narrative:

PIH/ZL works to optimize quality of life for HIV-infected patients and their families and to prevent transmission of HIV and other infections, now including cholera. HIV care and support activities are conducted within the comprehensive HIV program in the context of primary care, and are delivered by complementing a high standard of clinical care with a strong community-based network of accompagnateurs. Care spans from the clinic, to the community, to the home, and activities are carried out in all 12 sites we serve in the Central Plateau and lower

Artibonite regions. HIV-infected patients and their families are the primary target population. As PIH/ZL engages more women in VCT activities, and generally works to focus efforts on women and marginalized groups, the proportion of women receiving care and support services is greater than men. In St. Marc, PIH/ZL specifically engages commercial sex workers, in addition to the general population in the comprehensive HIV program. As a routine part of ARV services, all patients receive daily home visits by their accompagnateur. These visits ensure client retention and needed referrals. In addition to daily directly observed therapy (DOTS) for patients on ART, the accompagnateur provides emotional and social support, monitors health and well-being, education and information and cholera prevention. If patients experience barriers to positive outcomes, the accompagnateur addresses the situation either directly or through a referral to a clinic. The PIH/ZL social work team provides monthly patient meetings, support groups, and individual psychosocial support. As needed, a prevention package (safe water, condoms, and insecticide-treated nets in areas where malaria is endemic) and food/nutritional support is provided for HIV-affected families. In 2012, 3,750 severely malnourished patients will receive nutritional support, and – 7,000 clients will also receive food and/or other nutrition services to ensure food security. Additional social support may include assistance with school fees, housing, and transportation support to/from a clinic. In 2012, PIH/ZL expects to provide a prevention social support package to 11,000 PLWHA and transportation assistance for 5,600 PLWHA. Through local partnerships, PIH/ZL also works to link HIV patients with other economic assistance and social programs. PIH/ZL's Department of Monitoring and Evaluation tracks data on community-based activities and social support, in addition to comprehensive data collected at the health facilities. This data is part of a regular feedback loop for clinical and program staff, providing valuable input for monitoring and quality improvement.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	1,000,000	0

Narrative:

To support HIV-affected orphans and vulnerable children (OVC) and their caregivers, PIH/ZL takes a family-oriented, rights-based approach to social support, focusing on meeting multiple needs including the provision of nutritional support, psychosocial support, and social assistance, in addition to clinical care. In the context of primary care, PIH/ZL supports the capacity of health centers to identify children infected or affected by HIV while providing services such as vaccinations and well-child visits. Dlo Lavi, bednets, ORS, and vitamins will be provided both in community-based home visits and clinic visits, as available. Community-based staff ensure adequate follow-up and growth monitoring of at-risk children to prevent relapse into malnutrition. Children identified as malnourished and severely malnourished are 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 7,000 OVC will receive food and nutritional support in 2012. PIH/ZL's trained social workers provide psychosocial support services to OVC and their HIV+ parents or caretakers. They offer support groups, as well as individual counseling for those who have not disclosed their HIV status. The psychosocial support groups

focus on coping strategies for dealing with stigma, grief and loss; identification of depression; and disclosure of HIV status to family members. In 2012, PIH/ZL expects to enroll 450 OVC and caregivers in psychosocial support groups. Social workers also provide prevention education targeted at teenage girls and boys to reduce the chances of OVC themselves becoming infected by HIV or other STIs, or becoming pregnant too early. PIH/ZL expanded capacity to provide psychosocial support and services to OVC by providing social worker assistants in the lower Artibonite and training social workers for the newest sites.

In 2012, PIH/ZL will provide 12,000 OVC with school aid and other support. Recently, the PIH/ZL psychosocial team outlined plans for an OVC program evaluation. An initial data analysis has already been performed that resulted in use of new performance indicators and targets to improve integrated care for OVC.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	842,413	0

Narrative:

Tuberculosis (TB) is the leading HIV-associated opportunistic infection (OI) for patients in Haiti, and is rampant among HIV positive patients and their families due to chronic malnutrition and overcrowded living conditions. Detection and treatment of TB is fully integrated into PIH/ZL's comprehensive HIV program. PIH/ZL has strengthened and expanded capacity to detect, treat, and prevent TB among HIV-infected patients across all sites. PIH/ZL's ultimate goal is to screen 100% of HIV-positive patients for TB. We are currently in the process of merging two formerly separate forms into the same intake form. This form will be rolled out in 2012, and with that in place we expect to screen 95% of new patients. We will screen 60% of existing patients in 2012 and increase that to 95% by FY2015. Of the 23,000 patients we expect in our HIV program in 2012, we expect 10%, or 2,300 to start TB treatment. Clinical guidelines adopted by PIH/ZL also recommend that all patients with tuberculosis be offered HIV testing and counseling. In 2012, we expect to test 100% TB patients for HIV. PIH/ZL trains clinicians and accompagnateurs on the management of TB/HIV co-infection on a regular basis. Select clinicians and community health workers from all sites will also participate in classroom-based trainings and clinic- and community-based practicums that address TB identification, treatment, and prevention strategies for HIV-infected individuals. PEPFAR funding also supports TB/HIV-related laboratory capacity and the maintenance of necessary infrastructure. The PIH/ZL Departments of Monitoring & Evaluation and Medical Informatics work to standardize data collection and evaluate programs for quality improvement. The M&E team not only collects data from health facilities and also from community based activities. On a weekly basis, the management, program, and clinical teams meet to review data and consider program adjustments.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	726,342	0

Narrative:

PIH/ZL works to optimize the quality of life for HIV-infected pediatric patients and their families and to prevent the

transmission of HIV and other sexually transmitted infections (STIs). These activities overlap with those under Pediatric Treatment (PDTX) as PIH/ZL provides comprehensive care and treatment in an integrated approach to improve outcomes. Care and support activities are conducted both through our health facilities and our community-based network of accompagnateurs. Activities will be carried out at all 12 sites. As a routine part of ARV services, all pediatric patients are seen daily in their homes by their accompagnateur. These visits provide adherence support and 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. Social and psychological support to pediatric HIV patients and their families is provided based on needs assessments conducted by doctors and social workers. Access to food support will be provided for children in need. In 2012, PIH/ZL expects to provide social and psychological support to 235 pediatric HIV patients on treatment and their families PIH/ZL HIV-positive families with assistance for school fees, housing, food, and transportation to/from the health facility to further ensure food and economic security. The program will also provide links to microenterprise activities. In 2012, PIH/ZL expects to continue to provide social assistance to the approximately 235 pediatric HIV patients on treatment.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	451,599	0

Narrative:

TBD

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	312,412	0

Narrative:

TBD

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	659,240	0

Narrative:

PIH/ZL promotes human resources for health through numerous trainings, medical education programs and strengthening 11 MSPP health facilities. We invest in physical infrastructure improvements, equipment, information management systems, procurement systems, and laboratory services. Training takes place both within and outside of our National Training Centers in Cange and Hinche. PIH/ZL's Medical Informatics team is linking our

electronic medical records (EMR) system and the national database for HIV case notification. We will adopt and integrate the indicators of the national EMR. In 2012, we will begin to roll out an upgraded EMR system linking clinics, pharmacies, and laboratories, and improvements to the Internet system. We will improve the interoperability of our EMR and link it with HEALTHQUAL to generate the appropriate reports. PIH/ZL collaborates closely with the National Alliance of State and Territorial AIDS Directors to improve HIV surveillance systems and reporting. PIH/ZL plans to strengthen procurement systems and laboratory services at all of its sites. In all of our work, PIH/ZL leverages partnerships to create a comprehensive and integrated approach to healthcare in Haiti. For the HIV program, PIH/ZL's key partners are the MSPP, PEPFAR, and GFATM. Additionally, the World Food Programme and several local NGOs collaborate with the HIV program. This year, the World Bank is supporting a new pilot program for polyvalent CHWs in Boucan Carre. The Canadian International Research Development Centre supports some EMR costs.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMBL	169,265	0

Narrative:

TBD

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	687,204	0

Narrative:

PIH/ZL's efforts to prevent the spread of HIV and other STIs are grouped in four main 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 efforts specifically target marginalized populations of all ages including OVC, men who have sex with men (MSM), commercial sex workers, and women.The HIV prevention strategy includes access to family planning supplies and partner counseling. All communication and counseling strategies include abstinence, be faithful and use condoms as central messages. Prevention activities will be carried out at all 12 sites. Specialized community outreach workers (NEC) provide prevention education in schools, churches, market places, health centers, community meetings, mobile clinics, soccer games, brothels, traditional healers' homes, and cock fighting arenas with people of all ages. Prevention messages are frequently broadcast on major radio stations throughout the Central and Artibonite departments. Prevention messages are promoted to the many thousands of people who attend the annual World TB Day and AIDS Day community events. PIH/ZL expects to reach 600,000 people in 2012 with prevention messages. PIH/ZL promotes and provides condoms free of charge at all health facilities, through mobile clinics and community events. Printed materials incorporate images to easily convey public health messages. By empowering both men and women to make informed choices about their sexual behavior, PIH/ZL sexual prevention activities 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. PIH/ZL's Department of Monitoring & Evaluation tracks data on prevention messages and community-based activities. The data is regularly provided to clinical and program managers who monitor and evaluate programs.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	441,350	0

Narrative:

PIH/ZL provides training, supervision, and services in comprehensive counseling and testing (VCT) and sexually transmitted infection (STI) detection and management. These VCT activities are 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 VCT; 2) detection and treatment of TB and other opportunistic infections; 3) detection and treatment of STIs; and 4) women's health PMTCT services. VCT activities are carried out at all 12 sites. Specific target populations include adults and most at-risk or marginalized populations, particularly out-of-school youth, street youth, and migrants, as well as orphans and vulnerable children and people living with HIV/AIDS and partners. During the last 12 months, 66,696 individuals received testing and counseling services; in 2012, PIH/ZL aims to more than double that number to 147,358 . Comprehensive opt-out VCT services are provided in health facilities and via mobile clinics. At each health facility, pregnant women are offered VCT as part of routine prenatal visits. HIV VCT services are also offered to all symptomatic and at-risk individuals seeking care. This "opt out" approach to case detection integrated within primary care and women's health services has consistently proven effective for high uptake of HIV testing at our project sites. Mobile clinics, including three new mobile VCT clinics managed from Verrettes, are used to reach some of the high-risk groups including street youth and migrants, as well as the general population. Enhancing efforts to identify and treat pediatric HIV cases, PCR HIV testing will be provided for all orphans less than 18 months of age. For 2012 and beyond, PIH/ZL plans to increase pediatric and partner testing. In 2012, PIH/ZL will increase efforts to test partners of new pregnant women in our program. We are aiming for 20% of newly enrolled pregnant women have a partner tested in 2012, with a goal of increasing that over subsequent years.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	618,026	0

Narrative:

PIH/ZL provides comprehensive PMTCT services to HIV+ women at all 12 sites. Mirebalais Hospital is expected to open in March 2012, and will include comprehensive maternal and child health services, with integrated PMTCT. 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. This is done on an opt-out basis. PIH/ZL enlists "ajan fanm" (community health workers trained in women's health) to increase referrals of pregnant women to clinics for testing and prevention education. In 2012, PIH/ZL expects to provide testing and

counseling to 29,000 pregnant women. PIH/ZL also provides prenatal, perinatal, and postnatal care to HIV-infected women at each site. In the prenatal period, HIV+ pregnant women are enrolled in the PMTCT program for counseling on transmission prevention. If health workers discover that a woman has contracted HIV and/or become pregnant as a result of sexual violence, PIH/ZL staff connect her to legal services and provide ongoing medical and psychological support. ART is offered to women with advanced HIV infection and to all women in the third trimester of pregnancy. Nutritional supplements, multivitamins, and STI screening and treatment are also routinely provided. Mothers and infants receive comprehensive postnatal care with 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 2012, PIH/ZL plans to provide this comprehensive care for 512 HIV+ pregnant women. Post-partum, new mothers receive nutritional supplementation, infant formula, and supplies for preparation of clean water. It is expected that 512 new HIV-infected pregnant women will receive these services in 2012. As the MSPP recently adopted new (WHO) PMTCT protocols, PIH/ZL will provide staff training to ensure adherence to the new regimens. PIH/ZL will use positive deviance strategies to address anticipated cultural barriers to these new protocols.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXD	40,003	0

Narrative:

TBD

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	662,715	0

Narrative:

PIH/ZL administers integrated, comprehensive provision of care and treatment. As this is a continuum of care, these activities overlap with HBHC. At all 12 sites (Belladère, Boucan Carré, Cange, Cerca La Source, Hinche, Lascahobas, Thomonde, Petite Rivière, St. Marc, Montrouis, Verrettes, and Mirebalais), PIH/ZL maintains access to ARV services and antiretroviral therapy for HIV+ patients and to train health workers in all aspects of HIV care and treatment. As HIV+ patients are identified through PICT and VCT services, they are referred to our comprehensive HIV program for monitoring, care, and treatment. General clinical care is provided in the health facility, at home, and through mobile clinics. All HIV-positive patients are followed monthly by a trained HIV/TB physician. At each visit, patients are evaluated for HIV disease progression, TB and other OIs, and general health and well-being. When indicated, prophylaxis, treatment, and social services are provided; palliative care given; and ART provided. All patients who are placed on ART are assigned an accompagnateur (a community health worker), 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 2012, PIH/ZL expects to provide clinical care to

23,000 patients. PIH/ZL maintains services for 6,730 individuals currently on antiretroviral therapy (ART) through retention efforts and clinical follow-up. In 2012, PIH/ZL expects to enroll 1,404 new patients on ART. PIH/ZL will seek to increase enrollment among the most marginalized and high-risk groups in its catchment area, including commercial sex workers, men who have sex with men, out of school youth, and migrants. In addition to providing direct services, PIH/ZL is committed to 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 positive patients. We train healthcare workers across Haiti, including pre-service trainings and in-service trainings. In 2012, PIH/ZL expects 60 health care workers and 250 community health workers to complete a pre-service training program, and another 500 health care workers to complete an in-service training program. Both these training programs, and PIH/ZL's partnership with the MSPP, contribute toward building local ownership and sustainability of ART service delivery. In early 2012, PIH/ZL will convene an internal task force to evaluate if services can be delivered differently and more efficiently given the number of years patients have been treated.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	391,422	0

Narrative:

Pediatric treatment efforts include access to antiretroviral therapy (ART) for existing pediatric patients, expanding access to anti-retroviral (ARV) services to additional HIV-infected children, and training health workers in all aspects of pediatric HIV care and treatment. Through a comprehensive approach that coordinates efforts through health facilities, mobile clinics, and community health workers, PIH/ZL ensures program retention and clinical follow-up. All symptomatic or at-risk children and pregnant women seeking care at PIH/ZL clinics are offered VCT. If identified as HIV+, a patient is referred for post-test counseling, CD4 count and other lab tests. All HIV+ pediatric patients are followed monthly by a trained HIV/TB physician. At each visit, pediatric patients are evaluated for HIV disease progression, with viral load monitoring for both pre-ART or ART patients, for tuberculosis and other opportunistic infections, and for general health and wellness. When needed, prophylaxis, treatment, and social services are provided; palliative care given; and ART initiated. Early detection of HIV assures the child receives proper treatment and nutrition as quickly as possible. 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. PIH/ZL provides community-based VCT services as well as general clinical care for HIV-infected children and their families through mobile clinics; and pediatric patients are assigned an accompagnateur who gives essential psychosocial support to patients and their families, monitors health, and provides daily directly observed ART. In 2012, PIH/ZL expects to provide care and ART services for approximately 235 pediatric HIV patients. All care and treatment is provided free of charge. PIH/ZL conducts ongoing training of clinical staff in effective palliative care strategies specifically focused on children.

Implementing Mechanism Details

Mechanism ID: 10639	Mechanism Name: SCMS
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: Partnership for Supply Chain Management	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 10,000,000	
Funding Source	**Funding Amount**
GHP-State	10,000,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The Supply Chain Management System (SCMS) will supply best quality ARV drugs, medicines for opportunistic infections, laboratory equipment and commodities 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). Commodities include: i) Drugs including (a) all ARVs used in the national program, b) prophylaxis drugs such as INH, Vitamin B6, Cotrimoxazole and multivitamins, c) other antibiotics, antifungal and anti-parasitic drugs for treatment of the most common infections in HIV/AIDS patients, d) supportive drugs for symptoms such as fever, cough, diarrhea, headache, and pain; ii) Rapid Tests, confirmatory testing, reagents and supplies including HIV and syphilis rapid tests, CD4 tests and controls, Hematology reagents and controls, Chemistry reagents and controls, Murex, Enzyme-Linked ImmunoSorbent Assay (ELISA), Western Blot HIV tests, Polymerase Chain Reaction (PCR) tests as well as the corresponding supplies and equipment needed throughout the specified program areas; iii) Nutritional support such as Ready-to-Use Therapeutic Foods; and iv) Basic items needed for laboratory, dispensing and storage of commodities. SCMS will provide needs assessment, forecasting, purchasing, shipping, warehousing and distribution of the commodities to ensure on time availability. Monitoring and evaluation, training, and capacity building in logistics management complete the scope of activities. The activities will be carried out at USG supported sites across the country in all ten geographical departments. SCMS will also take steps to transfer skills and build the capacity of MOH counterparts in supply chain management.

Cross-Cutting Budget Attribution(s)

Food and Nutrition: Commodities	1
Human Resources for Health	1
Water	1

TBD Details

(No data provided.)

Key Issues

Malaria (PMI)

Child Survival Activities

Safe Motherhood

TB

Budget Code Information

Mechanism ID:	**10639**
Mechanism Name:	**SCMS**
Prime Partner Name:	**Partnership for Supply Chain Management**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	1,440,061	0

Narrative:

SCMS will provide procurement and logistics management for high quality commodities including:
(i) Drugs including (a)prophylaxis drugs such as INH, Vitamin B6, Cotrimoxazole and multivitamins, (b) other antibiotics, antifungal and anti-parasitic drugs for treatment of the most common infections in HIV/AIDS patients, (c) supportive drugs for symptoms such as fever, cough, diarrhea, headache, and pain;
(ii) Laboratory equipment and commodities including HIV and syphilis rapid tests, CD4 tests and controls, hematology reagents and controls, chemistry reagents and controls, Murex, Enzyme-Linked ImmunoSorbent Assay

(ELISA), Western Blot HIV tests, Polymerase Chain Reaction (PCR) tests, PPD and AFB smear microscopy for TB/HIV; (iii) Basic items needed for laboratory, dispensing and storing commodities.
SCMS will provide complementary logistics activities, including assessment of needs, forecasting, purchasing, shipping, warehousing and distribution of the commodities to ensure on time availability. In an effort to integrate supply chain management activities in Haiti, SCMS will operate a single coordinated commodity procurement and management plan that includes other stakeholders, particularly the Global Fund. This will mainly forecasting, supply planning, product selection and harmonization, warehousing and distribution.
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 for drugs and lab commodities and continue to conduct continuous on-site training. SCMS will assist also the DPM and the departmental warehouses in their regulatory and management activities. Quarterly, SCMS will update commodity needs forecasting based on monthly stock and patient data and have at least one annual update with all the partners and the stakeholders. This activity will contribute to improve supply chain and treatment services throughout all treatment centers countrywide. Specific target populations include people living with HIV/AIDS, HIV positive pregnant women, HIV positive infants and children, public and nongovernmental health workers, pharmacists and nurses. The activities will be carried out at USG-supported sites across the country .

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	264,303	0

Narrative:

SCMS will provide high quality ARV drugs, opportunistic infections medicines and laboratory equipment and. The list of needed commodities includes:
(i) Drugs including (a) all ARVs used in the pediatric national norms, (b) prophylaxis drugs such as INH, Vitamin B6, Cotrimoxazole and multivitamins, (c) other antibiotics, antifungal and anti-parasitic drugs for treatment of the most common infections in HIV/AIDS patients, (d) supportive drugs for symptoms such as fever, cough, diarrhea, headache, and pain;
(ii) Rapid Tests, confirmatory testing, reagents and supplies for diagnosis and enrollment of patients under the Pediatric diagnosis;
(iii) Nutritional support such as Ready-to-Use Therapeutic Foods; and
(iv) Basic items needed for laboratory, dispensing and storing commodities.

SCMS will provide assessment of needs, forecasting, purchasing, shipping, warehousing and distribution of the commodities to ensure on time availability. The primary emphasis areas for these activities are commodity procurement and logistics management. Specific target populations include HIV positive infants and children. The activities will be carried out at USG supported sites across the country in all ten geographical departments.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	88,639	0

Narrative:

SCMS will support the procurement of Genexpert TB diagnostics platforms, as well as cartridges for a pilot during that will continue into the COP12 period. Implementing partners include FHI/CHAMP, Health through Walls, MSH/SDSH and International Child Care (ICC). Evaluation this pilot will inform the national lab strategy for Haiti as it relates to TB diagnostics.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	374,429	0

Narrative:

SCMS activities related to care and support include the following:
(i) Drugs including (a) all ARVs used in the pediatric national norms, (b) prophylaxis drugs such as INH, Vitamin B6, Cotrimoxazole and multivitamins, (c) other antibiotics, antifungal and anti-parasitic drugs for treatment of the most common infections in HIV/AIDS patients, (d) supportive drugs for symptoms such as fever, cough, diarrhea, headache, and pain;
(ii) Rapid Tests, confirmatory testing, reagents and supplies for diagnosis and enrollment of patients under the Pediatric diagnosis;
(iii) Nutritional support in the form of Ready-to-Use Therapeutic Foods; and
(iv) Basic items needed for laboratory, dispensing and storing commodities.

SCMS will provide assessment of needs, forecasting, purchasing, shipping, warehousing and distribution of the commodities to ensure on time availability. The primary emphasis areas for these activities are commodity procurement and logistics management. Specific target populations include infants and children living with HIV/AIDS, HIV positive pregnant women, public and nongovernmental health workers, pharmacists and nurses. The activities will be carried out at USG supported sites across the country in all ten geographical departments.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	3,237,711	0

Narrative:

SCMS activities 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, (iii) basic items needed for laboratory, dispensing and storing infrastructure improvements. The primary emphasis area for these activities is commodity procurement including equipment and associated first-year maintenance contracts, distribution, as well as managing a central warehouse and distribution. The activities will be carried out at USG supported sites in all ten departments.

1) Procurement of laboratory commodities: In close collaboration with CDC/Haiti and Haiti's National Public Health Laboratory, 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. These activities will support PMTCT, VCT, adult and pediatric treatment, TB, palliative care, CD4 and other monitoring, in line with programmatic strategy and guidelines.

To strengthen laboratory infrastructure and systems, PfSCM will procure reagents, test kits, equipment and lab supplies necessary to train lab personnel and healthcare workers at the national lab.

2) Systems strengthening and capacity building: After the successful implementation of the CD4 referral system pilot using the BD FACS Count as the technical platform, SCMS will continue supporting the MOH in standardization of laboratory equipment and expansion of the CD4 program at the national level. We will assist in the harmonization of all technical platforms by level of care and produce through the CAGIL committee all needed procedures and work tools as part of the quality assurance system being implemented by the national laboratory.

3) PSCM will coordinate and deliver all HIV commodities and basic lab items to USG-supported laboratories.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	0	0

Narrative:

SCMS will implement and operate a single data collection tool for patient and drug consumption management. In FY 2006 and the first part of FY 2007, SCMS/Haiti staff in collaboration with the software developers and managers at MSH/CPM in Arlington updated the ADT software (SIMPLE) to be able to integrate Opportunistic infections Drugs and patient data. It has now evolved into "EDT" (Electronic Dispensing Tool) that takes into account HIV and opportunistic infections treatment protocols, an expanded list of drugs for HIV and drugs for the treatment of malaria and tuberculosis. The collaboration with the University of Washington in Seattle succeeded in establishing and piloting the interface between EDT and the iSanté EMR during FY10. During FY12, the program will use this tool at all ART sites in the great metropolitan area and up to 25 sites. This effort will continue through FY13. The aim is to implement this system at all ART sites across the country including the new upgrades. This ill allow for accurate and current data on type, frequency of diseases / opportunistic infections and on most frequently

used treatments as well as reducing duplication and time spent on data entry and at facility by the patients. All the above will contribute to a better management of drugs and their availability at all times.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	0	0

Narrative:

Health Systems Strengthening activities are conducted by SCMS under various technical narratives aiming mainly at building the Ministry of Health's capacity to manage and oversee a national supply chain in most of its components: product selection, quantification, supply planning, warehousing, distribution and quality assurance.

PfSCM has included activities towards that goal under the various budget codes: MTCT, HBHC, PDCS, HLAB, HVSI and HMBL. The activities will be conducted with various directorates within the MoH such as Direction de Santé Familiale (DSF), Direction de Pharmacie, du Medicament et de la Medecine Traditionnelle (DPM/MT), Laboratoire National de Santé Publique (LNSP).

DSF : we will support capacity building activities at the central level to enable the department to manage a multi-sectorial committee on logistics and take the lead in quantification and managing multi-donor commodities.

DPM/MT: through embedding technical and clerical personnel within this department, we will continue to build the ministry's capacity to fully manage different aspects of the supply chain such as drug registration, quality assurance, quantification, etc… We will also assist at no less than three departmental warehouses in completing the full refurbishing of the facilities, training of personnel and providing them with the necessary paper and electronic tools to manage the stocks.

LNSP: we will increase the capacity of the national lab in harmonizing the technical platforms, producing and implementing standard procedures and instructions to help enforce the quality assurance program initiated by the national lab with the assistance of various donors.

The activities will be conducted in at least four geographical departments for Ministry of Health personnel.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMBL	557,239	0

Narrative:

SCMS is responsible for the procurement of laboratory supplies and equipment needed for reaching the established national objectives on blood safety. The supplies will be delivered to the Haitian Red Cross on behalf of the

National Program (PNST) that manages the National Blood Center laboratory and with the agreement of the USG team. The Haitian Red Cross will screen every unit of blood collected nationwide for HIV, HCV, HBV, syphilis, and HTLV-1 and 2. Quality control supplies are part of this procurement mechanism and a percentage of the supplies will go to GHESKIO-IMIS, which performs this particular aspect of the activity. Additional supplies will be procured to support a network of up to 30 blood collection centers and blood banks around the country. This activity targets the general population and blood transfusion lab technicians as well as National Blood Transfusion Program and Red Cross staff. The activities will be carried out at the central blood bank and all transfusion centers across the country in all ten geographical departments.

SCMS will receive and process orders for supplies from the Haitian Red Cross, GHESKIO and the National Blood Safety Program in support of PEPFAR blood safety activities in Haiti. PfSCM will create needs assessment, standard supply list, quantification and supply planning and purchase orders for needed supplies. SCMS will further support the delivery of these supplies to Haiti (customs clearance), interim warehousing for internationally and locally procured commodities and their distribution to the Haitian Red Cross or the National Reference Laboratory, as appropriate.

Training in stock management of technicians running the various blood transfusion sites will be part of our activities particularly for the new hires and any other requiring refresher courses. We will encourage the national program and the Red Cross to identify senior technicians to act as trainers so we can increase their capacity by training of trainers to take over the training activities.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	455,923	0

Narrative:

SCMS will provide high quality commodities, particularly rapid tests and confirmatory testing for enrollment of patients for PMTCT and reagents and supplies for Polymerase Chain Reaction tests for early infant diagnosis. This includes assessment of needs, forecasting, purchasing, shipping, warehousing and distribution of the commodities to ensure on time availability. SCMS will work closely with the MoH and support its expansion of the PMTCT program to include up to 125 sites in FY2012. SCMS will act as secretariat for the PMTCT subcommittee on commodities and will coordinate donations to the program from various sources by providing assistance in customs clearance, warehousing and active and passive distribution to all national sites. Specific target populations include health workers, HIV positive pregnant women and HIV positive infants. The activities will be carried out at all PMTCT USG supported sites as well as other sites designated by the Ministry for distribution of commodities in all ten geographical departments and at two reference laboratories (National Lab and GHESKIO-IMIS).

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Treatment	HTXD	3,581,695	0

Narrative:

SCMS conducts assessment of needs, forecasting, purchasing, shipping, warehousing and distribution of needed commodities. The list of needed commodities includes all ARVs used in the national program for adults, children and pregnant women. These activities will build on PEPFAR's success in maintaining, since 2006, a stock of ARVs sufficient for the needs of about two thirds of total ART patients without interruption.

1) Procurement of ARVs: SCMS will procure drugs included in the national treatment guidelines for adult, pediatric and PMTCT patients. SCMS will make every effort to coordinate timing and quantities of ordering with Global Fund counterparts. The national authorities are still expressing high interest with plans to centralize all ARV procurement into a single purchasing and distribution system, using PfSCM as the mechanism to achieve that goal. SCMS will continue to provide national forecasting that is updated quarterly based on monthly stock and patient data and have at least one annual update with all the partners and the stakeholders. This activity will contribute to improve supply chain and treatment services throughout all treatment centers countrywide, facilitate planning, procurement and reduce double reporting on patients, thus decreasing MOH and donor redundancy.

2) Logistics Strengthening: SCMS will provide technical assistance to the MOH's AIDS 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 and continue to conduct continuous on-site training, technical assistance, follow up to training and supervision of stock activities. These activities will encompass public and NGO-operated sites across the country. SCMS will include system strengthening activities to assist the central Ministry authorities in conducting regulatory activities and enable them to incorporate permanently commodity management activities and supervision within the ministry. We will assist also the departmental CDAIs to maintain an integrated logistics system within their department.

3) Managing a Central Warehouse and Commodity Distribution Network: PfSCM will continue to manage a central warehouse facility ensuring quality and security for HIV commodities purchased and stored by the project and maintaining the chain of custody up to the point of delivery.

Implementing Mechanism Details

Mechanism ID: 10658	**Mechanism Name: International Child Care**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: International Child Care	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	

G2G: No	Managing Agency:

Total Funding: 3,000,000	
Funding Source	**Funding Amount**
GHP-State	3,000,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

In FY12, ICC activities will be implemented in eight of the ten geographic departments of the country and across seven technical areas: Prevention of Mother to Child Transmission (MTCT); HIV Testing and Counseling (HVCT); Adult Care and Support (HBHC); TB/HIV (HVTB); Adult Treatment (HTXS); Strategic Information (HVSI); Abstinence/Be Faithful (HVAB). The main objectives are to ensure that: 1) 90% of patients with tuberculosis that are enrolled in treatment are tested for HIV; 2) 90% of TB patients co-infected with HIV are receiving ART; 3) 95% of co-infected patients with treatment failure will be evaluated for multi-drug resistance. The target population living in the geographic areas covered by the selected partner sites is of about 3,812,425 people of whom 8109 are expected to be tuberculous in 2012. To achieve these results in FY12, ICC will strengthen 10 TB sites that will become fully functional ARV sites and will support 15 new ones that will offer HIV testing and basic care services. The referral system will be strenghten at TB treatment sites that do not have the capacity to offer ARV treatment to co-infected patients. ICC will also focus on working the major ART sites on integrating HIV and TB services, with the end result being that providers at those sites are capable of treating both diseases. ICC will contribute to the expansion of the national electronic M&E system (MESI) by introducing M&E mechanisms and tools into the system focusing on HIV/TB, adapting the TB information system to integrate variables on co-infection and to generate surveillance and case notification of TB/HIV co-infection.

Cross-Cutting Budget Attribution(s)

Food and Nutrition: Policy, Tools, and Service Delivery	20,000
Gender: Gender Equality	55,000
Water	40,000

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**10658**
Mechanism Name:	**International Child Care**
Prime Partner Name:	**International Child Care**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	590,565	0

Narrative:

During FY 2012 ICC will continue to strengthen and expand HIV services at 10 major TB sites to ensure availability of comprehensive care and treatment services. At those technical and financial support for ICC will guarantee the provision of care and support to at least 80% of HIV positive persons. They will a complete package of services including OI prophylaxis and treatment, lab monitoring including CD4 count and psycho-social support. As recommended in country, ICC will work with the sites to ensure that patients newly tested positive for HIV have their first clinical visit and necessary lab tests the same day in order to reduce loss to follow up.

Services will be provided by a multidisciplinary team comprised of physician, nurses, psychologist/social workers, pharmacist, lab personnel and community health worker under the leadership and supervision of well experienced mentors from ICC.

ICC will work with other stakeholder such as CHAMP intervening at the community level to complete the package of services and ensure the continuum of care. Such collaboration will ensure that patients in need have access to nutritional support, transit house, home visit, spiritual support, etc...

ICC will also provide support to the site for systematic use of Medical records. Equipment and training will be made available to ensure the availability and proper use of the iSante EMR. This will facilitate the implementation of continuous quality improvement activities for the best possible care to be provided at these institutions.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	688,568	0

Narrative:

ICC is working with a network of TB sites and in FY 2012 will continue to integrate HIV services whiling continuing the expansion and improvement of TB services. All TB patients within the ICC network will be tested for HIV and 100% co-infected identified will be place on ART either by TB providers trained on ART services or by active referral to ART sites. All co-infected patients experiencing treatment failure or in retreatment will be given proper investigation for TB drug resistance.

The primary focus in FY2012 will be to improve quality of HIV services provided at these TB sites and the following components will be emphasized:

Training and involvement of TB providers in HIV treatment: The network will guarantee the training for its staff by supporting the logistics of its participation to sessions offered, in case that the centrally managed mechanisms for this training could not provide the support. The network will make all possible arrangements to maintain TB providers involved in management of HIV treatment.

Hiring of key staff personal in order to rapidly put co-infected patient on ART: the ICC network will hire skilled clinicians that have experience in managing both HIV and TB. Skilled supervisors or care coordinators will also need to be hired to assure that proper care is given to all TB or HIV and with a great focus on co-infected patients.

ICC will also focus on support the ministry of health in strengthen the TB Infection Control Program through cross fertilization visits and sharing of experiences. ICC will ensure that all sites providing TB care and treatment will have an infection control committee that will effectively work to prevent the spread of TB. Training for health care workers for TB infection control will be conducted at all facilities.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	180,000	0

Narrative:

The MSPP plan in FY12 is to move from 13 sites providing Care and Support to Children to 21 Care and treatment sites. Entry to the program, which is the Prevention of Mother-to-Child Transmission (PMTCT) will be strengthened through coordinated efforts of Case Managers who track babies born form pregnant mothers and make sure that they get their Early Infant Diagnosis (EID). The Orphans and Vulnerable Children (OVC) programs to be implemented this year will also reach out to children not captured by the PMTCT program. Children enrolled in the program will be received a package of services including: Post-partum prophylaxis for children within 72 hours after delivery, Cotrimoxazol prophylaxis, Integrated Management of Childhood Illnesses (IMCI) and basic pediatric care immunization, regular growth monitoring, routine vitamin A supplementation, oral rehydration therapy (ORT)/zinc supplementation for treatment of acute diarrhea and de worming, particularly for children under five. The PDSC activities will seek to integrate all these interventions to deliver an improved care and support for children at sites.

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Governance and Systems	HLAB	200,000	0

Narrative:

Sexual prevention/Abstinence-be faithful (HVAB) constitutes part of the visiting-nurses and educators on motorcycle activities in their communities. The target is to reach 114372 adolescents and young adults, men and women aged 18-30 in the catchman areas of the TB-HIV sites, with the appropriate themes during the health education sessions to be organized, eight meetings monthly by each community health workers (7128 meetings yearly), in secondary schools, churches' and other young groups. Voluntary counseling and testing will be promoted near to the beneficiaries of those sessions. The quality assurance will be promoted by the supervision system established by level, local regional and central, using a specific supervision grid to control the work of the health worker in this field. Aside the supervision, at the monthly meeting organized with the community health workers, they will have to report on this activity.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	212,559	0

Narrative:

ICC is supporting testing and counseling services at 23 facilities. In FY11, 12886 individuals got tested from these facilities. In FY12 a growth of 20% has been projected for testing. The strategy is to reach and offer counseling and testing (CT) to all ambulatory and in-patient service users at these facilities. ICC will support the site in providing CT a multiple entry points, which will facilitate by using fingerprick recently adopted by the ministry of health. ICC will also work with the sites to improve enrollment. All patients newly tested positive for HIV will be given the opportunity to have the first clinical evaluation and laboratory testing the same day.
ICC will also work with community leaders and other stakeholders to sensitize the population of the targeted communities on the importance of knowing his/her HIV status in the fight for prevention of HIV transmission. ICC has a network of visiting auxiliary nurse that conduct home visits to trace TB contacts. These auxiliary nurses will be trained on HIV education and counseling in order to sensitize individuals during home visits on HIV.
To reach such objectives ICC will provide support to the sites for improving the CT facilities as well as adequate staffing.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	200,000	0

Narrative:

In FY12 ICC will scale up PMTCT by using sevral strategies: 1- Expansion of Testing at ANC and Maternity wards. PMTCT will be thus extended to twelve new health centers and provide the opportunity to prevent MTCT in pregnant woman. The benefits of HIV testing among pregnant women will be actively promoted by the network of community health workers (visiting nurses and educators on motorcycle) during their public education activities in

the community; 2-Availability of triple therapy regimens supported by the norms. The emphasis will be on: (i) working with SCMS to help the sites meet the criteria for HAART supply (ii) ensuring that drugs dispensation can be done within the maternal structures (ANC and maternity wards) including pediatric prophylaxis for children (iii) and making sure that personnel have the proper training; 3-Expansion of Case Manager (CM) approach: All sites will have at least one case manager; 4-Improvement of clinical and support services to women: Funding for that component will also support implementation at the supported sites of a series of interventions aimed at improving quality, appeal and effectiveness of maternal services such as : recruitment of qualified human resources; organization of community activities including women's clubs sensitization and education on reproductive health and training and collaboration with traditional birth attendants; 5-Improvement in monitoring and surveillance of pregnant women; ICC will support sites in using the new OBGYN patient chart that will facilitate follow up of pregnant women. ICC will also promote the use of the active surveillance of positive pregnant women feature on MESI. Al sites supported by ICC will implement an efficient system to generate timely reporting.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	728,308	0

Narrative:

During the last fiscal year ICC is provided technical and financial support to 10 major TB sites to provide ART services. In FY 2012, ICC will continue to strengthen and expand HIV services at those sites enabling them to provide comprehensive ART services. Support will be provided to recruit and trained a multidisciplinary team to deliver high quality care to patients on ART according to national guidelines. New enrollment is expected to grow by at least 20%. Also, as these sites receive a high number of TB patients the focus will be on identify co-infected patients to be enrolled on ART as early as possible.

ICC will also support the sites in reducing loss to follow up. While adherence is highly important the success of ART, excessive majors may impede the enrollment. Providers will initiate ART adherence counseling as early as the first clinical visit to reduce the timeline for enrollment. Also, to reduce waiting sites will set up flexible appointment system for drug dispensation to adherent patients. By so doing, the ratio patient /providers will increase virtually allowing more time for first visits. In FY12 patients files will be classified according to adherence status and interval for visit appointment. ICC will work with LNSP to integrate the regional networks for automated CD4 testing. Manual testing will be the fall back option were the network is not yet functional. ICC will work with each site to assess the need in term lab personnel to ensure that adequate human resources are available according to patient load and the labor intensity of manual systems

ICC will also invest in supporting the sites to implement HIV continuous quality improvement activities using the electronic medical record. As such providers will immerse in culture of constantly reviewing charts and use data for decision making.

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Treatment	PDTX	200,000	0
Narrative:			
ICC will provide support for the monitoring of treatment patients as that function is shifted gradually to trained nurses in order to fill gaps where medical personnel are in short supply. Efforts to identify children in need of treatment will be stepped up by increasing site access to EID by Dried Blood Spot- Deoxyribonucleic acid-Polymerase Chain Reaction (DBS-DNA-PCR). The community health agent will be organized to play vital role in adherence monitoring.			

Implementing Mechanism Details

Mechanism ID: 10823	**Mechanism Name: Nastad 1617**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: National Alliance of State and Territorial AIDS Directors	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 500,000	
Funding Source	**Funding Amount**
GHP-State	500,000

Sub Partner Name(s)

SOLUTIONS SA.		

Overview Narrative

NASTAD supports capacity building in the areas of HIV/AIDS program administration, prevention, treatment and care, and surveillance, building sustainability for effective programs. NASTAD focuses on building the human resource capacity of public health staff through transfer of existing experience and skills. NASTAD, with the Haitian Ministry of Health (MSPP), has developed a case-based HIV/AIDS surveillance system (HASS) which permits an un-duplicated count of Haitians infected with HIV, showing the true impact of the disease, allowing for targeted services. NASTAD has positioned itself as a technical assistance (TA) provider and activity facilitator with the MSPP, with the long-term intent of full project management by the MSPP, as stated in a MoU. NASTAD's goal in

these COP years is to transition a quality HASS to the MSPP; objectives are to grow and refine HASS (perhaps including other diseases); to ensure quality, complete, and timely data submission; to ensure active and effective data use for improved public health; and to ensure skills and capacity of the MSPP to support and manage the HASS, and the staff that use it.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	18,526
Motor Vehicles: Leased	22,800

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**10823**		
Mechanism Name:	**Nastad 1617**		
Prime Partner Name:	**National Alliance of State and Territorial AIDS Directors**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	HVSI	500,000	0

Narrative:

NASTAD has supported the MSPP for the development, implementation, and management of a robust national case-based HIV/AIDS Surveillance System (HASS), with the goal of improved capacity for disease surveillance, M&E, and strategic information use. HASS draws inputs from more than 120 HIV testing, treatment and care sites in Haiti via two low-barrier mechanisms, and then allows for site-level, department-level, and national level reports to be generated. In FY 12 and FY 13, NASTAD will continue to support HASS, expanding efforts in system and data

quality assessment and improvement; routine and demonstrated data analysis, dissemination, and use; MSPP-led system support, management, and ownership; and HASS-related training integrated into national institutions and efforts. *- NASTAD will provide ongoing management of HASS, but will emphasize support for ongoing training, knowledge transfer, and technical support to the identified technical staff within the MSPP with the goal of eventual transition of system management and use.* *- NASTAD will continue to emphasize and expand upon data quality, completeness, and timeliness initiatives, supporting the ongoing implementation of and reporting out on the HASS M&E framework and epidemiologic trends, and ongoing support to and supportive supervision of departmental staff engaged in site-level support. A model similar to the HIV/QUAL effort will be implemented to engage sites into data quality and use as well as service improvement and disease follow up, through the creation of local surveillance committees* *- NASTAD will expand the HIV/AIDS Surveillance System (HASS) to create a stronger system for tracking HIV positive pregnant mother-infant pairs through pregnancy and delivery, thereby ensuring uptake of treatment and care, including maternal and pediatric HIV prophylaxis, creating successful referrals for long-term treatment and care (women), and providing follow-up testing - and where necessary, treatment and care – for HIV-exposed infants. NASTAD will support PMTCT service delivery sites to improve their PMTCT-related outcomes. Components of the intervention include: (i) Training, definition of roles and responsibilities, and empowerment of staff for real-time site-level management of prenatal HIV cases using the electronic 'Dossier de la Femme' (where available) and/or a simple site-level, patient-specific tracking form. Activities will support ongoing patient management and monitoring during key sentinel events (iii) Use technology and systems to support real-time, site-level management of prenatal HIV cases via cases reported to HASS. This central mechanism acts as a back stop and a quality flag to the site-level work. When an HIV+ pregnant woman's case is reported to HASS, a series of timed flags are set for reminders/queues to be sent to the case manager.* *- By leveraging the existing HASS system and its strong partnerships with clinical sites and EMR managers, and strong partnership with local/national clinical training institutes, NASTAD will provide support for the design and implementation of a surveillance system for TB that will be initiated at the PEPFAR supported sites* *- NASTAD will continue to support training initiatives with new clinicians and counselors with local training institutes, but will increase emphasis of fully integrated and institutional led curricula.*

Implementing Mechanism Details

Mechanism ID: 12556	**Mechanism Name: AIDSTAR Sector One ICQ/ PROMARK**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Population Services International	
Agreement Start Date: Redacted	Agreement End Date: Redacted

TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 2,782,332	
Funding Source	**Funding Amount**
GHP-State	2,782,332

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The AIDS Prevention Communication Program "PREVSIDA" will provide technical assistance to Haiti's political leadership in the implementation of the National Strategic Plan (2008–2012) for HIV and AIDS. The plan cites risk reduction through behavior change and the promotion and distribution of condoms as integral aspects of HIV prevention. It identifies Commercial Sex Workers (CSW), Men having Sex with Men (MSM), mobile populations and prisoners as key target groups. For FY12, PREVSIDA II will support a MARPs approach that seeks to: 1) understand the patterns and settings of risky sexual behaviors; 2) assess risk and condom use among MARPs; and 3) improve access to condoms, HIV, and other health services for MARPs. PrevSIDA II will play a key role in COP12 by coordinating and orienting VCT and referral services for MARPs in the place and location where they congregated to meet new sexual partners. PrevSIDA II will tailor specific and appropriate BCC messages to reach each MARPs category. This combined approach will help to increase the use of condoms, VCT services, TB screening and other health services for MARPs, while contributing to decrease the numbers of new concurrent sexual partners among MARPs. During FY2012 additional quantitative and qualitative behavioral surveys will be conducted, including prevalence testing with MSMs and CSWs. This information will be used to identify and address gaps in MARP targeted activities. This includes a profile for each MARP community, an estimated size of the group, locations where they congregate, and determinants of behavior and attitudes necessary to reinforce change. The overarching goal is to have a good knowledge of the drivers of the epidemic and use the collected information for startegic decision making.

Cross-Cutting Budget Attribution(s)

Key Populations: FSW	182,491
Key Populations: MSM and TG	51,470

TBD Details

(No data provided.)

Key Issues

Military Population

Mobile Population

Family Planning

Budget Code Information

Mechanism ID:	12556		
Mechanism Name:	AIDSTAR Sector One ICQ/ PROMARK		
Prime Partner Name:	Population Services International		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	OHSS	202,069	0

Narrative:

The PrevSIDA II goal is to tranfer the management of the project to the Ministry of Health so it can feel in its regulatory role by coordinating, implementing and monitoring high-quality and cohesive services to the MARPs population. To that end, PSI and all its subpartners work closely under the Ministry of Health strategic vision in order to plan, implement and monitor all project's activities, including the surveys. PrevSIDA's approach in working with both the National and Department level communications clusters is to strengthen and build the capacity of the MOH to improve its leadership, coordination and supervision role during the implementation of the activities targeting MARPs. PrevSIDA II embedded Haitian professionals to the National AIDS Communication Program to reinfrce their capacity to respond the different technical assistance requests coming from its different partners in country.

During FY2012, PREVSIDA II will continue to embed local Haitian professionals to the National AIDS Communication Program based on the identified needs with an emphazis on three Departmental Directorates: Grande Anse, Nippes, and South East. Logistic and material support will alse be part of the overall assistance to the NACP for FY2012 which will facilitate dissemination of norms, behavior and communication change materials,

training curricula and policies nationwide through the departmental offices of the National AIDS Control Program.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	772,225	0

Narrative:

In FY2012, PREVSIDA will provide mobile voluntary counseling and testing and TB screening services out of Port-au-Prince including the Grand South of Haiti, and out of Cap Haitian including the Grand North of Haiti. PREVSIDA will continue to use the successful "accompagnateur" strategy whereby a trained counselor to track persons who tested positive and the project will work closely with other USG and non-USG partners to ensure that positive patients are actively referred to specific HIV and TB care and services providers in their community. PREVSIDA will follow national protocols for TB screening and voluntary counseling and testing services. During FY2011, USG/PEPFAR partners have integrated HIV/AIDS prevention messages and voluntary counseling and testing services in their family planning and reproductive health services and made VCT serviecs available for couples and pregnant women at the sites level. This strategy will be refined, reinforced and expanded in other health services/programs for greater impact in FY2012. The PLACE survey results demonstrate the needs to provide VCT services and prevention messages in bar, brothels, public beaches, etc. The PrevSIDA VCT team will ensure that mobile VCT services and TB screening services are available in these areas on a regular basis while ensuring that positive people are properly referred for care and support.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	1,808,038	0

Narrative:

In FY 2012, the PREVSIDA MARP team will compare the mapping of the different MARP's category, the geo-referenced data based that identifies condoms retail outlets and the PLACE survey results. The objective of this exercise is to determine whether or not condoms are available in communes and departments with high densities of MARPs and in hotspots where people congregated to meet new sexual partners. This analysis will be done semi-annually as part of the project monitoring process with the goal to share updated information with other USG partners on condoms needs to further inform them on existing condom effort distribution to avoid stochouts. The PREVSIDA team will continue to support the Departmental Healt Directorates in their forecasting exercise in order to better plan for and manage condoms availability in their departments. These activities will also provide opportunities to seek feedbacks from MARPs about their preferences, condom's need and their overall experience with both generic and non-generic condoms. During FY2012 PrevSIDA will improve the coordination among other USG and non-USG partners to promote active referral and tracking of patients on ART to ensure that they remain adherent to ARV treatment while promoting prevention messages for positive person. In complementary to this approach the PrevSIDA team in FY2012 will supprt and work to facilitate the coordination of TB screening activities as well as TB educational messages among USG implementing partners within the PEPFAR netwroks.

In FY2012 PrevSIDA team's activities will target approximately 37,800 youth (15-24 years old) nationwide; 26,250 CSWs and their clients mainly in major urban areas; construction workers, displaced people living in camps, MSM and PLWHA.

Implementing Mechanism Details

Mechanism ID: 12608	**Mechanism Name: Blood Safety**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Ministre de la Sante Publique et Population, Haiti	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: Yes	Managing Agency: HHS/CDC

Total Funding: 2,500,000	
Funding Source	**Funding Amount**
GHP-State	2,500,000

Sub Partner Name(s)

GHESKIO CENTRES	Haitian Red Cross	

Overview Narrative

The over goal of the national blood transfusion program is to meet the urgent national need of 40,000 units/year within the next three years, and the long term goal of achieving the 90,000 units of blood a year per WHO standards. The devastating earthquake on January 12, 2010 had enormous impact on the blood service system. The main blood transfusion center was destroyed. These services are now being provided in scattered temporary structures with limited capacity. However despite delay in establishing a temporary center, nearly 20,000 units of blood were collected and tested during FY 2011. For FY 2012, rebuilding the blood transfusion system in Haiti will be the priority. The national blood transfusion center (NBSP) will continue its collaboration with Haitian Red Cross and international Federation of Red Cross to finalize the establishment of a temporary national blood transfusion center. By so doing, the testing capacity of the transfusion system will significantly increase, while the NBSP progresses with the construction of a permanent center. 2012 is considered the true recovery period after the earthquake disaster of January 12, 2010.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12608**
Mechanism Name:	**Blood Safety**
Prime Partner Name:	**Ministre de la Sante Publique et Population, Haiti**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMBL	2,500,000	0

Narrative:

For the FY2012 COP, the priority for the National Blood Safety Program (NBSP) will be to increase its capacity to collect, test, store, and distribute blood and blood products. The NBSP will collect at least 25,000 units. To achieve such an objective, the NBSP will reinforce its organizational structure; develop/revise standard operation procedures (SOP); and updating protocols based on the results of an assessment conducted last year.

The NBSP will also improve the infrastructure of the Blood transfusion system. Two blood posts will be rehabilitated and equipped to become regional transfusion centers. Ten new blood depots will be equipped to ensure geographical access to blood and blood products.

A strong emphasis will be put on blood donors promotion activities to reach the objective of more than 80% donated blood coming from non remunerated voluntary donors and increase the pool of regular donor (donating twice a year). The NBSP plans to implement two strategies, the blood donor cluster and the Club 25, to promote blood donation and favor donor retention. Mass media campaign using radio and TV ads and other promotional

materials (t-shirts, flyers, etc…) will be used to encourage blood donation. A network of mobile collection teams will be established to increase the collection capacity of the system. *The NBSP will strengthen its screening capacity. The lab of the blood transfusion center will be equipped with automate to speed the screening process for TTI agents: HIV, Hepatitis B and C, Syphilis, HTLV I and II. We will add P24 antigenemia test to decrease HIV transmission risk. 100 % of collected blood units will be screened. Irregular antibodies screening will be implemented in immunology testing. Quality control will be realized by reviewing 20 % of negative samples and all positive samples. Confirmatory testing will be done.* *During FY 2012, The NBSP will reinforce the transfusion information system to support a monitoring and reporting system. This system will give the possibility to track each blood unit from donor to receiver.* *Training on Haemovigilence, blood utilization, promotion on voluntary blood donation, lab testing, management, IT information, and Quality management system will conducted to ensure safety in addition to efficient and rational use of blood and blood products.*

Implementing Mechanism Details

Mechanism ID: 12610	**Mechanism Name: APHL**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Association of Public Health Laboratories	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 150,000	
Funding Source	**Funding Amount**
GHP-State	150,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

In FY12, APHL will provide core training initiatives that support laboratory strengthening. The Training Initiatives include: 1) Laboratory management training provides supervisors and directors with the knowledge, skills and abilities to be more effective in their jobs. This is a comprehensive one-week curriculum that has been developed

and continually improved with user input. Mentored follow-up projects enable participants to gain competency and confidence. Outputs of this training and follow-up include SWOT analyses, organizational improvements and coaching initiatives; 2) Strategic and operational planning workshops provide laboratory professionals with knowledge, skills and tools to develop effective strategic plans that support national health goals and guide development of annual operational plans for systematic, sustainable improvements in laboratory services. Outputs include strategic and operational plans; 3) Twinning agreements between major US public health laboratories and national referral laboratories cultivate close working relationships, learning opportunities and information sharing. Outputs include technology transfer and competency in new test methods and long-term affiliations; 4) Implementation of laboratory information management systems provides increased efficiency of testing, better monitoring of quality control, supply and equipment management, and data for surveillance, trend monitoring and evidence-based decisions.

Cross-Cutting Budget Attribution(s)

Motor Vehicles: Leased	5,598

TBD Details

(No data provided.)

Key Issues

Increase gender equity in HIV prevention, care, treatment and support
Child Survival Activities
Safe Motherhood
TB

Budget Code Information

Mechanism ID:	**12610**
Mechanism Name:	**APHL**
Prime Partner Name:	**Association of Public Health Laboratories**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	150,000	0

Narrative:

APHL plans to build on ongoing activities to strengthen laboratory systems in Haiti. Specific activities include:
1. National EQA Program: APHL will expand the EQA pilot program to laboratory sites outside the Ouest department. Goal: 30 sites participating in EQA by the end of COP12.
2. Molecular Testing: Building on the viral load training conducted in early 2012 at the Laboratoire National de Santé Publique (LNSP), work with the Ministry of Health (MSPP) and CDC to develop a plan to roll-out the HIV viral load testing services to support care and treatment initiatives in Haiti (identify target populations and participating health sites). Explore implementation of viral load testing at additional laboratories outside Port-au-Prince.
3. CD4 Point-of-Care Testing: Support implementation (equipment purchase and training) of point-of-care CD4 testing at district laboratories.
4. Support Logistic Coordination Unit (LCU) in development of nationwide network for specimen transport.
5. Technical Training: Conduct biosafety training at LNSP
6. Support travel for one LNSP staff to attend the GWU-APHL Institute for Laboratory Leadership
7. Establish twinning relationship with Florida State Public Health Laboratory in Miami, Florida.
8. Accreditation: Conduct training in laboratory management (SLMTA) for 35 laboratorians.

Implementing Mechanism Details

Mechanism ID: 12613	**Mechanism Name: Tulane**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Tulane University	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 970,000	
Funding Source	**Funding Amount**
GHP-State	970,000

Sub Partner Name(s)

Groupe Sante Plus		

Overview Narrative

Tulane University's goal is to provide technical and financial assistance to the Ministry of Health of Haiti in order to achieve the Ministry and PEPFAR objectives. Tulane's specific objectives are to support capacity building for human resources for health (HRH), the national HMIS system, and MOH Information System, training of health professionals in the areas of M&E and HMIS, and pre-service training of Health Technicians. The population targeted for intervention includes all health professionals involved in data collection, management and analysis, statisticians and data clerks, District Regional Officers, Regional Information Officers, NGOs, and consultants involved in the M&E of health related data. Tulane works very closely with various Haitian Departments, including the Department of planning and evaluation of the MSPP (UPE), Direction des Ressources Humaines, Progamme Nationale de Lutte contre le VIH/SIDA (PNLS), and the Minister of Interior. Tulane's close collaboration with hospitals, health facilities and other local institutions in the health sector along with the focus on strengthening local resources is the foundation of Tulane's exit strategy.

To ensure cost efficiency, Tulane will work primarily with in-country partners to implement its programmatic objectives. Through our focus on capacity strengthening for Haitian health personnel and the expansion of health professionals in Haiti, Tulane plans to further impact the cost of health services in the country. Tulane will develop M&E mechanisms to monitor the quality of intermediate health education in collaboration with the MSPP and the CDC advisor.

Cross-Cutting Budget Attribution(s)

Motor Vehicles: Leased	54,000

TBD Details

(No data provided.)

Key Issues

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

Budget Code Information

Mechanism ID:	**12613**
Mechanism Name:	**Tulane**
Prime Partner Name:	**Tulane University**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	751,087	0

Narrative:

In Haiti, more than 85% of patient records are available in the Electronic Medical Records (EMR) as well as the aggregated data on MESI. Therefore, it is important for the MOH to develop a standardized National Health Management Information system to assess the functionality and sustainability of these systems and ensure that users are adhering to national and international standards for data elements, security, confidentiality, storage, transfer and utilization of information. Tulane will assist the MOH by performing an assessment of the existing health information system at the MOH to understand the existing process, to define the organizational structure, and human resource needs of the new MOH. Tulane will also conduct a three-week training course in Health Management Information Systems for 50 epidemiologists, statisticians and M&E officers selected from the MSPP, and provide educational materials and ICT support.

Tulane will support the MSPP with the development of an M&E plan for Health. The objective of this activity will be to develop the standards for operation of health facilities and develop a set of M&E indicators that will be used for certification and for licensing purposes. Examples of standards include equipment maintenance and availability, the ratio of medical and nursing staff to patients, surgical infection rate, and PMTCT. To develop these standards we propose: 1) assessment of health facilities with a standardized protocol using global tools and comparisons with international standards; 2) collaborative development of standard requirements by category of health facility and health cadre; 3) development of standard monitoring forms and formative and process M&E tools for improving personnel supervision and quality of care; 4) conduct training on the use of the tools developed; and 5) ensure that the M&E framework developed for this activity builds and complements the existing M&E system. Tulane will conduct various certificate courses in Monitoring and Evaluation and procure educational materials and equipment

to support and strengthen the campus network infrastructure at the University of Notre Dame based in Port-au-Prince, and at the Institut Superieur de Cadres en Sante in Les Cayes. These courses include: 1) a 2.5 day "Introduction to M&E" course at the University of Notre Dame for all 4th year medical students and 3rd year nursing students of the Universities of Notre Dame, State Medical and Pharmacy School, Lumiere and Quisqueya; 2) a 3-week long higher level M&E course for 25 participants from the MSPP and its local and international partners; this course will provide prerequisites for the establishment of a functional national M&E system in Haiti; and 3) a one-week M&E workshop for staff of the MSPP and its Planning Department (Unite Programme et Evaluation-UPE) to develop a M&E Plan and M&E Work Plan for the Ministry; the workshop will be preceded by an assessment of the National (Central and Departmental level) M&E System and will focus on analyzing needs and developing recommendations to inform the M&E plan and detailed implementation workplan; HIV/AIDS/TB will serve as the core detail areas in the development of this workplan, but all priority health problems in Haiti will be included.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	218,913	0

Narrative:

Through PEPFAR and the Global Fund, Haiti has experienced a growth in local, regional, and national health care programs. To accommodate the need for increased healthcare personnel, and to respond to donor's demand for accountability and efficiency, Tulane will assist the Haitian Ministry of Health with: 1) training of new cadres of health workers, such as Health Technicians and Health Extension Workers; and 2) training of faculty and nurse health educators at 4 schools of nursing, in Les Cayes, Jeremie, Fort Liberte and Gonaives.

Despite significant investments made available to hospitals and other health facilities to provide for women and children, many pregnant women continue to die from complications related to pregnancy and childbirth. Children under five years of age continue to suffer greatly due to malnutrition and acute respiratory infections. Aware of these problems, the MSPP has decided to resurrect and adapt distinctive community-focused health personnel, Health Technicians and Health Extension Workers who will be deployed in remote areas of the country.

Health Technicians will be required to deliver a minimum package of services, with an emphasis on prevention and promotion. They will be based at the first response health centers (SSPE,) but the bulk of their activities will take place in the community during home visits that will absorb 80% of their time. Activities are aimed specifically at pregnant women and children under five. A 13-month course to train Health Technicians will be initiated in Les Cayes at l'Institut Superieur de Formation de Cadres en Sante located at L'Ecole Nationale des Infirmieres des Cayes, Fort Liberte, Gonaives and Jeremie

Tulane will also continue its support to l'Ecole Superieur de Formation des Cadres en Sante and the school of nursing in Les Cayes by adding a program to train Auxiliary nurses for an extra year to receive a certificate in Community Health. This new group of health professionals will be called Health Extension Workers. They will be

based at SSPE and HCR (Community Reference Hospital) and will deliver a preventive and curative healthcare package of services.

Implementing Mechanism Details

Mechanism ID: 12618	**Mechanism Name: ASCP**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: American Society of Clinical Pathology	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 0	
Funding Source	**Funding Amount**
GHP-State	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative

ASCP will provide technical assistance to four laboratories (Hopital University la Paix, the National Lab, Hopital Universite Justinien, and Hopital Imacculate Conception) in the Strengthening Laboratory Management Towards Accreditation (SLMTA) program. The SLMTA program aims to strengthen laboratory management, achieve immediate laboratory improvement, and accelerate the process toward accreditation by WHO. The goal is to build sustainable laboratories by instilling Quality Management Systems and Quality System Essentials that will promote the efficacy of lab services. The foundation of this program is a framework that defines the tasks a laboratory manager must perform in order to deliver quality laboratory services that support optimal patient care. The entire program consists of three trainings scheduled over a twelve month period. ASCP will begin the SLMTA program by conducting a stakeholders meeting with key representatives from each lab to offer an overview the program and foster sensitization. Following the stakeholders meeting, ASCP will conduct baseline assessments of the four participating laboratories to identify needs and gaps in each laboratory and determine improvement activities during each of the three SLMTA workshops in Haiti.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

Increase gender equity in HIV prevention, care, treatment and support
Malaria (PMI)
TB

Budget Code Information

Mechanism ID:	**12618**
Mechanism Name:	**ASCP**
Prime Partner Name:	**American Society of Clinical Pathology**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	0	0

Narrative:

Training activities are designed to enable laboratory managers to accomplish tasks using tools and job aides to enhance their management routines. Each training is followed by three months of work within the laboratories to focus on specific Improvement Projects. Three months following the third workshop, each laboratory will be visited a final time by an assessment team of four assessors and one ASCP consultant who will use the WHO Laboratory Accreditation Checklist and compare the scores from the baseline assessment to gauge progress made during the program.

ASCP will begin the SLMTA program by conducting a stakeholders meeting with key representatives from each lab

to offer an overview the program and foster sensitization. Following the stakeholders meeting, ASCP will conduct baseline assessments of the four participating laboratories. During a one-week trip, two ASCP consultants and one ASCP staff will meet with key stakeholders at each lab and conduct assessments using the WHO accreditation checklist. These baseline assessments will identify needs and gaps in each laboratory and will determine improvement projects during each of the three SLMTA workshops in Haiti. Once baseline assessments are completed, ASCP will conduct three SLMTA training workshops.

Implementing Mechanism Details

Mechanism ID: 12621	**Mechanism Name: SDSH**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Management Sciences for Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 0	
Funding Source	**Funding Amount**
GHP-State	0

Sub Partner Name(s)

AEADMA	CBP de PIGNON	CENTERE DE SANTE LES ANGLAIS
CENTRE DE SANTE RABEAUTO	CENTRE DE SANTE DE MARMELADE	CENTRE DE SANTE DE ST MICHEL
CENTRE DE SANTE DES ABRICOTS	CENTRE DE SANTE ILES A VACHE	CENTRE DE SANTE ST HELENE
CENTRE SANTE LUMIERE / FINCA	CLINIQUE LA FANMY	Clinique St Paul (Montrouis)
Filles de la Charité – Cité Soleil	FONDEPH Delmas 75	FONDEPH Martissant
FOSREF-CEGYPEF	FOSREF-Christ-Roi	FOSREF-solino
GRACE CHILDREN	HHF Klinik Pep Bondye	HOPITAL CLAIRE HEUREUSE

Hopital de Fermathe	HOPITAL LUMIERE /BONNE-FIN	OBCG
PIERRE PAYEN	SADA	

Overview Narrative

Not Provided

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12621**
Mechanism Name:	**SDSH**
Prime Partner Name:	**Management Sciences for Health**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	0	0
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	0	0
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	0	0
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	0	0
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	0	0
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	0	0
Narrative:			
None			

Implementing Mechanism Details

Mechanism ID: 12625	**Mechanism Name: I-TECH**
Funding Agency: U.S. Department of Health and Human Services/Health Resources and Services Administration	Procurement Type: Cooperative Agreement
Prime Partner Name: University of Washington	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 2,200,000	
Funding Source	**Funding Amount**

GHP-State	2,200,000

Sub Partner Name(s)

CORNELL/GHESKIO	INHSAC	Nos Petits Freres et Soeurs
University of Miami/Hopital Justinien		

Overview Narrative

The International Training and Education Center for Health (I-TECH) is a collaboration between the University of Washington and the University of California, San Francisco. I-TECH's activities occur primarily in the following technical areas: health system strengthening; health workforce development; operations research and evaluation; prevention, care, and treatment of infectious diseases. I-TECH has been working closely with the Ministère de la Santé Publique et de la Population (MSPP) and partners since 2004, at first to increase clinical skills and strengthen technical capacity related to HIV/AIDS, and in recent years evolving to support broader health systems strengthening as endorsed by PEPFAR and the Global Health Initiative. I-TECH supports activities that impact all departments in Haiti, primarily through training capacity building (pre-service and in-service), clinical mentoring (3 hospitals in Port-au-Prince), laboratory systems strengthening, and strategic information systems (electronic medical records, laboratory information system, and training database). I-TECH has identified several methods to increase cost efficiency. Infectious diseases training for nurses and Doctors will continue to improve quality of care for HIV patients, TB patients and other. Transition to local ownership will also reduce I-TECH costs in the long term. Transition plans are underway or in planning stages for all program areas. Strategies include identification of local partners (usually MSPP and current subcontractors), joint planning, building capacity through training and 1:1 mentoring, integration of curricula, phased transition of responsibilities, and ongoing on-site and remote technical assistance as needed.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	41,724
Motor Vehicles: Purchased	180,000

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12625**
Mechanism Name:	**I-TECH**
Prime Partner Name:	**University of Washington**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	122,172	0

Narrative:

During the last fiscal year, the community health course was revised by Institut Haïtien de Formation en Sciences de l'Education (IHFOSED) in collaboration with I-TECH to support the appropriate linkages and referrals to the health system. I-TECH will subcontract to INHSAC to train 100 health agents with the updated version of the curriculum (one session of 10 days).

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	146,606	0

Narrative:

In COP11, I-TECH collaborated with the MOH and partners to develop a TB curriculum. The basic content was based on the Caribbean Guidelines for the Prevention, Treatment, Care and Control of Tuberculosis and TB/HIV (from the CHART Network). During FY 2012 I-TECH will conduct five training sessions for 120 nurses and physicians working in the public health facilities and networks supported by PEPFAR. Clinical mentoring tailored to TB management, TB/HIV co-infection will be provided to three sites (La Paix, MIJ, and HUEH).

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	109,955	0

Narrative:

I-TECH will provide trainings for clinical laboratory personnel to support performance and operations improvement. Trainings will focus on quality system essentials, including health management information systems

(including OpenELIS lab system), documents and archives, and evaluation. I-TECH will provide technical assistance to the MSPP National Public Health Reference Laboratory (LNSP) in collaboration with other stakeholders to have a broad approach laboratory quality essentials focusing on HMIS, documents and archive and evaluation. I-TECH will collaborate with LNSP in the elaboration of lab protocols and SOPs, and support curriculum design for teaching the protocols. After conducting the fingerprick pilot for specimen collection for VCT, I-TECH in conjunction with the lab stakeholders (SCMS, LNSP, CHAI) will roll out the technique nationally. I-TECH will assist LNSP in conducting training to roll out proper practices of fingerprick specimen collection for HIV testing and other lab tests. Currently many laboratories refuse to use fingerprick, and others are using fingerprick without any standards. A pilot was conducted in 6 sites during COP11 and standardized lab procedures have been developed to perform fingerprick in country. A training session will be done in every health department (10 trainings) for the personnel of the VCT sites including lab technicians and nurses. I-TECH will collaborate with the LNSP to train non-laboratory staff to perform testing in order to effectively meet VCT demands and provide high quality VCT services to clients. A number of site visits will be conducted jointly with the LNSP and CHAI to follow up on proper utilization of the fingerprick. All the health departments will be visited, a total of 10 visits of 3 days during COP12. This collaboration will be helpful for the evaluation of the PIMA CD4 count using fingerprick. I-TECH will help to convene a Technical Working Group for the elaboration of the action plan and a monitoring system to follow-up with implementation of the strategic plan. I-TECH will also engage a consultant to support the MOH (MSPP) to develop and implement laboratory policies based on its National Strategic Plan for Laboratory, released in July 2011.

I-TECH will also assist and provide direct technical assistance (Jacmel, Jérémie, HUP, NPFS, and 2 others designated) to become lab centers of excellence and adopt best lab operation and management practices, including implementation of a cost recovery model.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	501,900	0

Narrative:

I-TECH will continue improvement and expansion of iSanté (EMR) functionality to serve patient data management needs according to priorities set by MSPP and CDC. Implementation of iSanté for primary health care will continue, increasing the number of sites successfully using iSanté for HIV/AIDS and primary health care to a total of 69 sites. I-TECH will assist with hardware and software deployment that supports uninterrupted iSanté use, and will mentor IT and SI staff to maintain the system. I-TECH will also provide training and mentoring to ensure high-quality data entry and use of data from iSanté to inform program and service improvements and expansion. New development will focus on supporting features and functionality started in COP11 (malaria fields/reports, TB module and reports, HealthQual reports).

I-TECH will assist MSPP to develop a health information systems framework and explore appropriate architecture;

develop a revised reporting framework; mentor MSPP/CDC staff in system administration, software development, and technical writing; support MSPP/CDC staff to develop new features; and support MSPP/CDC staff to manage the rollout of new releases and functionalities. Development will focus on improved interoperability with other systems including OpenELIS, electronic dispensing tool (EDT), MESI, and OpenMRS; updating of HIVQual and HealthQual reports; expansion or adjustment of TB and malaria components; and other new features as identified by stakeholders. I-TECH will resume assistance provided in the past to sites for data quality improvement and use, by visiting PEPFAR-supported sites with printed reports from the EMR to devise and implement improvement solutions adapted to local conditions. The data quality improvement team will also provide online support to the sites by checking available reports from the EMR and establishing regular conference calls with local teams.
I-TECH will work closely with identified counterparts from MSPP/CDC to begin transitioning development tasks.
In the lab sector, I-TECH will extend implementation, training and support for OpenELIS to 20 new sites for a total of 60 sites (overlapping those sites using iSanté for primary care). Support will include site visits and training, remote and in-person technical support, and hardware/infrastructure support as needed. I-TECH will also support an additional 20 sites to begin using the paper-based OpenELIS forms. I-TECH will continue to improve and expand the functionality of OpenELIS for clinical sites and LNSP according to priorities set by the Laboratory Information Systems Working Group. Development will include decision support tools, interfaces with automatic analyzers and a system for software bug fixes and updates for LNSP and the clinical sites. New features will include reinforcing the inventory system to meet SCMS needs, developing more QC/QC features to support EQA program at LNSP.
I-TECH will support MSPP to take over management of TrainSMART, and build MSPP capacity to provide ongoing training and support to the health departments. Through site visits and remote support, I-TECH will provide technical assistance to TrainSMART users to improve data quality.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	170,950	0

Narrative:

I-TECH will continue its collaboration with CIFAS (the Center for Information and Training in Health Administration, located at HUEH), to continue to provide 3-week theoretical and practical training sessions using the revised national ART curriculum for junior and mid-level providers. TA visits to Mirogoane, Carrefour, Croix des Bouquets, and other sites as requested by CDC and MSPP, for HIV/AIDS services will continue.
I-TECH will continue its nursing initiative at HUEH, HUP, and MIJ with the goals of enhancing the role of nurses within the HIV care team through training advanced practice nurses in a one year intensive course including didactic and practicum components, to reach 15 nurses. Following training, these infectious specialist nurses will be capable of providing primary clinical management of stable HIV patients, TB patients and other common infectious diseases in Haiti. I-TECH's HIV nurse mentors will continue to collaborate with nursing supervisors at

HUEH, HUP, and MIJ to deliver theoretical training sessions on HIV patient management, patient education, nutrition, and other topics and will supervise practical rotations. I-TECH will work with 2 nursing schools and university-based hospitals to include the training as a Continuing Education course. I-TECH nurses will also continue to work with the leadership at HUEH, HUP, and MIJ 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.
I-TECH will continue to support MSPP to develop a 4th year of the ENI curriculum and develop a competency-based, comprehensive pre-service teaching package. I-TECH will develop and conduct a training-of-trainers (TOT) based on the Teachback methodology on the new curriculum and provide support to MSPP and schools to implement it. I-TECH will continue to facilitate a nursing school working group to develop and validate standard student evaluation tools and processes, linked to graduation requirements.
I-TECH will provide guidance to the lab curriculum working group on the implementation of a 4th year curriculum for lab technicians; continue to host quarterly faculty development workshops to address key competencies for laboratory educators; provide resources to support recruitment of teachers and professional development for the national laboratory schools.
I-TECH will continue to empower general physicians by training 12 physicians from sites in remote areas on a newly adapted curriculum to become mentors. They will receive a refresher course on the more current pathologies encountered and in-depth training on management of HIV.
I-TECH will continue to provide assistance to the midwifery school to integrate HIV content into their programs and support training at the school.
I-TECH will continue to provide technical assistance to the Training Cluster within the MSPP Coordination Unit for AIDS/TB/Malaria on developing clinical training materials, TOT, and monitoring and evaluating training.
In COP11, I-TECH provided refresher courses on Primary Care for nurses and physicians to support the deployment of iSanté for public facilities and network supported by PEPFAR in 5 health departments. In COP12, the training sessions will continue to have a national coverage.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	195,475	0

Narrative:

I-TECH will continue to subcontract with INHSAC to continue implementing its training in voluntary counseling and testing (VCT) (including rapid testing). INHSAC will conduct four VCT trainings for 100 participants in clinics and community-based VCT settings. INHSAC will also continue its training for psychologists, social workers and other key personnel at clinics, community-based care and treatment organizations on psychosocial support for people living with HIV/AIDS (PLWHA). The trainings will be held for 120 participants, and will include four days of practice at Hôpital Universitaire La Paix. To support epidemiologic surveillance and case notification, the trainings will also include one day for data management (in collaboration with METH SA), and one day for case notification (in collaboration with NASTAD).

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	97,738	0

Narrative:

Cervical cancer is highly preventable when caught in the pre-cancer stage, and safe and effective treatment is available even in low-resource settings. However Haiti does not have a standardized cervical cancer screening program. During FY 2011, in collaboration with the MOH, I-TECH participated in a training of trainers related to VIA technique and cryotherapy, where 23 people were trained as master trainers. The purpose was to pilot the screening and prevention program in 2 sites in collaboration with PAHO and JHPIEGO. By the end of the COP 11 period I-TECH will have supported another training session on LEEPS procedure and will have established at least one screening site in our network.

During FY 2012, I-TECH will work with the MOH to adapt, and disseminate new guidelines, clinical algorithms and referral pathways for screening of pre-cancerous lesions of the cervix and invasive cancers. I-TECH will also adapt iSanté to track cervical cancer-related indicators, including service provision data, to begin to collect cervical cancer morbidity and mortality data as a part of iSanté's integration into primary health care services. I-TECH will also support the implementation of screening and treatment of precancerous lesions at the sites where they are providing direct financial and or technical assistance (Jacmel, Jérémie, NPFS, MIJ, HUP, and Carrefour). In 2011 I-TECH facilitated the creation of a Positive Prevention (PP) technical working group (TWG) with representatives from MSPP, FHI, JHPIEGO, POZ, MSH, INSHAC, and I-TECH to adapt the PP model developed by the University of California San Francisco (UCSF) to the Haitian context. I-TECH subsequently developed and piloted a PP curriculum for health care workers; conducted training-of-trainers (TOT); and PP was implemented in 3 sites, MIJ, La Paix and Carrefour. In COP12, I-TECH will continue to support the 3 sites, extend PP model to other sites such as NPFS, Hôpital St Antoine and Hôpital St Michel. Five regional training sessions on PP will be held for 3 three health departments (Nord, Sud, and Ouest). The target will be nurses, psychologists, social workers, and case managers working in 50 sites for a total of 200 providers from all ART sites. I-TECH will also support INHSAC to integrate PP in their other curricula such as VCT training for social workers and psychologists, case manager training, and HIV care and treatment.

INHSAC will conduct trainings in Family Planning for 40 participants. The Family Planning training targets nurses and physicians working in the public health sector and networks supported by PEPFAR.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	244,344	0

Narrative:

I-TECH will partner with Institut Haïtien de Santé Communautaire to deliver training and practicum experience for health care workers and community health workers. In recent years, INHSAC has provided training to hundreds of personnel from VCT/PMTCT scale-up sites in Haiti. INHSAC will continue this activity to reach personnel at new

scale-up sites, and will provide follow-up supervision to reinforce transfer of learning into practice. Activities will include one week of theoretical training at INHSAC and a second week of practice in Maternité Issaie Jeanty plus three additional days for NASTAD, METH SA and EMR session. The PMTCT curriculum has been updated to include content on "Mothers Clubs" and "Case Managers Strategies." It will emphasize patient flow (mothers and babies); links to service organizations to support mothers and babies, as well as the referrals between the different units (ANC, Delivery, Pediatrics) to ensure appropriate care and reduce loss-to-follow up; education of women enrolled in PMTCT program and their "accompagnateurs;" and use of data collection forms. A total of 4 PMTCT trainings will be realized, for a total of 100 health care providers trained.

In COP10, INHSAC developed a PMTCT Case Manager curriculum targeting case managers who will be responsible for: in-depth community education; working with women to develop a delivery plan; ensuring adequate institutional and community support for HIV-infected women during pregnancy and delivery; and reinforcing proactive management of HIV-infected pregnant women and their infants. In COP11 INHSAC began conducting this training, which will continue in COP12 with a total of 3 sessions reaching 60 case manager participants.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	366,516	0

Narrative:

Through the placement of clinical mentors at three hospitals in Port-au-Prince (Hôpital Universitaire de la Paix (HUP), Maternité Issaïe Jeanty (MIJ), and Hôpital de l'Université d'état d'Haiti (HUEH)), I-TECH will continue to lead improvements in quality of care and access to HIV services. Clinical mentors will complete patient rounds, chart reviews, case conferences, and quality improvement projects with HUEH leadership, residents, interns, and/or medical students in the infectious disease unit and the adult unit of HUEH, with emphasis on primary health care, ART management, prevention of OIs and STIs. I-TECH will support 1) HUP to expand HIV services reaching 1980 adult patients in care/880 adult patients on ART; 2) MIJ to expand to 1100 in care/440 on ART; and 3) HUEH to expand to 4000 in care/1690 on ART. I-TECH will continue to offer its warmline telephone service to provide expert clinical advice on HIV/AIDS management to health care providers with limited access to on-site consultation.

I-TECH will support these sites to strengthen ART services to ensure early initiation of ART. Strategies to speed the enrollment process of eligible patients without compromising adherence will be implemented. Patient enrolled in care will be prepared for ART starting the first clinical visit.

Last year 10 Continuous Quality Improvement (CQI) projects were completed at four sites (HUP, MIJ, HUEH and Hôpital Carrefour). The CQI process involves analyzing iSanté EMR data to identify challenges, solutions and improvements to service provision. In COP12, CQI activities will continue at the 4 sites.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	244,344	0

Narrative:
In COP12, Nos Petits Frères et Soeurs (NPFS) will expand its cohort of pediatric HIV patients at Hôpital Saint Damien to approximately 800 patients with 350 on ART. NPFS provides services including clinical monitoring of infants and children with HIV, hospitalization, daily directly observed therapy (DOT) for PMTCT for pregnant women with severe adherence challenges, monthly home visits for infants and children on ART, psychosocial support services, nutrition support, and referrals for economic support, educational services and other community-based programs. NPFS refers pediatric patients to other care centers closer to their homes for ongoing outpatient treatment. *NPFS will offer PMTCT service to 40 HIV infected women. 80 infants exposed to HIV (from the PMTCT cohort) will be screened with PCR-DNA for HIV and enrolled in care and support. 120 infants exposed and uninfected but vulnerable will receive pediatric care. As a national center of excellence, NPFS will train four physicians and six nurses to take care of infants, children, and adolescents exposed and infected with HIV/AIDS to scale-up the pediatric management of HIV/AIDS throughout Haiti. In Tabarre, 10,000 residents in twelve neighborhoods, under the leadership of a public health nurses and seven health agents, will participate in a health education program covering IMCI for children, reproductive health, HIV/AIDS, sanitation and vector control for the prevention of malaria, dengue, and filariosis. 200 children under one year of age will receive a full set of immunizations. 200 children aged one to five will receive full immunizations. 200 women of reproductive age will receive immunizations against tetanus through monthly assembly posts and at the institution. 100 women will receive a Pap smear to screen for cervical cancer. 100 women will with HIV whose children are included in HSD cohort will receive a method of family planning. I-TECH will provide technical assistance to NPFS to evaluate and assure quality of this practicum-training program.*

Implementing Mechanism Details

Mechanism ID: 12660	**Mechanism Name: Central Contraceptive Logistics Project**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: U.S. Agency for International Development (USAID)	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 0	

Funding Source	Funding Amount
GHP-State	0

Sub Partner Name(s)

N/A		

Overview Narrative

Not Provided

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12660**		
Mechanism Name:	**Central Contraceptive Logistics Project**		
Prime Partner Name:	**U.S. Agency for International Development (USAID)**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVOP	0	0
Narrative:			
None			

Implementing Mechanism Details

Mechanism ID: 12692	**Mechanism Name: National AIDS Strategic Plan**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Ministre de la Sante Publique et Population, Haiti	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: Yes	Managing Agency: HHS/CDC

Total Funding: 28,760,595	
Funding Source	**Funding Amount**
GHP-State	28,760,595

Sub Partner Name(s)

Centre de Charpentier	Centre de Santé de Borgne	Centre de Santé de Croix-des-Bouquets
Centre de Santé de Limbé	Centre de Santé de Pestel	Centre de Santé de Quatre Chemins
Centre de Santé de Vraudreuil	Clinique des Marchés	Dispensaire Sacré-Coeur de Chantal
HCR de Camp Perrin	HCR Port Salut	Hôpital de Carrefour
Hôpital de la Grande Rivière du Nord	Hôpital de l'Université d'Etat d'Haïti	Hôpital Fort Saint-Michel
Hôpital Immaculée Conception de Port-de-Paix	Hôpital Immaculée Conception des Cayes	Hôpital la Providence des Gonaïves
Hôpital Notre Dame de la Paix (Jean Rabel)	Hôpital Saint Antoine de Jérémie	Hôpital Sainte Thérèse de Miragoâne
Hôpital Universitaire Justinien	Hôpital Universitaire La Paix	Kay Timoun Bondye
Maternité Isaïe Jeanty	Unité de Coordination des Programmes	

Overview Narrative

In Haiti, the 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%. The Ministry of Health fulfills normative, regulatory, and supervisory functions through different directorates established both at the central and the departmental levels.

The USG is supporting the MOH to develop a comprehensive program involving all levels (central, departmental, and publicly managed sites). The support is being used to 1) provide services in the areas of CT, PMTCT, palliative care and ARV services at all HIV/AIDS sites managed by MOH; 2) strengthen 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; 3) reinforce the national monitoring and evaluation system for the national HIV/AIDS program performance and results; 4) create a small competitive grants under the leadership of the regional departmental directorates to foster and support local initiatives from community groups and local public agencies, taking advantage of the decentralized management at the departmental level; and 5) reinforce a policy environment supportive a strong national HIV/AIDS response.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	5,080,111
Motor Vehicles: Purchased	150,000
Renovation	1,930,000
Water	330,000

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	12692		
Mechanism Name:	National AIDS Strategic Plan		
Prime Partner Name:	Ministre de la Sante Publique et Population, Haiti		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	2,400,000	0

Narrative:

Activity 1: The MOH will enroll every person who receives a positive HIV test into a palliative care program designed to monitor the patient's status, prevent and manage OIs, and provide psycho-social support according to the national norms and protocols. It is estimated that approximately 25,000 patients will be monitored, including 5000 new enrollees.

Activity 2: The MOH will continue to support a network or community health workers to serve as the principal liaison between the health facility and people living with HIV/AIDS (PLHIV) and extend each site coverage into the community. They will conduct home visits, refer family members of PLHIV for testing, ensure adherence; encourage no shows to return for follow-up visits; provide advice on personal care; help plan community meetings to address myths about HIV and combat stigma; refer PLHIV needing acute care to the nearest health facility; and refer PLHIV in need of economic and nutritional support, and reproductive health service to the appropriate agency.

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

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

Activity 5: The MOH will link all MOH palliative care sites with ARV sites, to ensure that eligible patients get access to ART.

Activity 6. The MOH will monitor input, process, outcome indicators pertaining to palliative care as identified in the National Monitoring and Evaluation System Interface (MESI) as well as PEPFAR indicators by ensuring that all sites report these indicators into the MESI system. In addition, the MOH will monitor the quality of palliative care and support services through field supervisory visits by its QA/QC team .

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	740,000	0

Narrative:

MSPP is committed to the program goal that all children born from HIV-infected parents be identified, tested, and enrolled as OVC and offered a full package of services whether infected or exposed. Therefore it will work with its participating sites to offer an expanded package of direct support to Orphans and Vulnerable Children (OVC) with the goal of reaching at least three services or more per child. Types of services to be provided will include:

psychological support, access to Integrated Management of Childhood Illnesses (IMCI) and basic pediatric care (immunization, vitamin A supplementation, de-worming, and growth curve control). Community-health nurses assigned at each sites will coordinate both institutional services to be provided by the pediatric ward and the community-based services to be provided through networks of community health agents.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	1,500,000	0

Narrative:

The reality is that the two programs TB and HIV are embedded at all the sites supported within the network. The following objectives will be pursued in Fy12 under that component : (i) 100% of patients seeking care during the period will be screened for TB (ii) All 100% of HIV patients diagnosed for TB will be put under TB treatment (iii) all TB patients will be tested for HIV (iv) all TB patients tested positive for HIV will be put under ARV, even without CD4. The following activities will be supported:
Training and involvement of HIV providers in TB treatment: MSPP will guarantee the training for its staff by supporting the logistics of its participation to sessions offered by ITECH, All possible arrangements will be made to maintain HIV providers involved in management of TB treatment using one or a combination of those different options: (i) Allow HIV staff to monitor co-infected patients with or without dispensation of TB drugs at the HIV clinic (ii) Backstop the TB staff by the HIV personnel and fold both program under one umbrella for its management at sites where management of TB patients is done exclusively at the TB clinics (iii) seize the opportunity to offer TB treatment at sites where capacity exist to set up TB clinics in compliance with infection control requirements

Increased access of HIV patients to TB diagnosis procedures : Currently there are only 8/27 sites that have X-RAY capacity. A modest expansion is envisioned to bring it at 12. At those 12 sites all HIV infected patients get systematically an X-Ray to rule out TB prior to TB prophylaxis and that the respiratory symptomatic gets systematically a smear.

HIV Testing of TB patients: HIV testing of TB patients will be systematic. The network will guarantee: (i) training in HIV counseling to all TB providers (ii) and TB patients, convenient access to HIV testing services

Fast tracking ARV enrollment to TB patients tested positive for HIV: Simplified procedures will be implemented across the network to give to co-infected patients convenient access to ARV, regardless of presence or not of CD4 cell count at time of initiation. In parallel to that no hurdle access, heightened psycho-social support will be provided to these patients to guarantee adherence. REDACTED.

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Care	PDCS	1,300,000	0

Narrative:

The Ministry was the first mechanism used by the program to hire pediatricians at Public Health facilities to launch the expansion of pediatric care services, which were thus far limited at GHESKIO and PIH. The plan in FY12 is to move from 13 sites providing Care and Support to Children to all 21 Care and treatment sites supported in the Network. Entry to the program, which is the Prevention of Mother-to-Child Transmission (PMTCT) will be strengthened through coordinated efforts of Case Managers who ensure capture of all babies born form pregnant mothers and make sure that they get their Early Infant Diagnosis (EID). The Orphans and Vulnerable Children (OVC) programs to be implemented this year will also reach out to children not captured by the PMTCT program. Children enrolled in the program will be received a package of services including: Post-partum prophylaxis for children within 72 hours after delivery, Cotrimoxazol prophylaxis, Integrated Management of Childhood Illnesses (IMCI) and basic pediatric care immunization, regular growth monitoring, routine vitamin A supplementation, oral rehydration therapy (ORT)/zinc supplementation for treatment of acute diarrhea and de worming, particularly for children under five.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	1,500,000	0

Narrative:

Funding under this component will be used to make sure that patients enrolled in care and treatment has a basic lab package which includes: HIV rapid test, malaria microscopy, TB AFB smear microscopy, hematology manual test, manual CD4 testing, urine dipsticks, serology rapid tests, ova & parasites exam. Efforts will be done throughout the network to enhance capacity of existing labs to support automated equipment available in the program such as: automated hematology, automated chemistry, and automated CD4 at sites selected by LNSP to serve as regional hubs. Areas of improvement includes : Infrastructure, power supplies, manpower.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	3,600,000	0

Narrative:

MSPP has incorporated NSSS into the HIV/AIDS MESI system to have a unified surveillance system with integrated information systems for data collection. The integrated system is now operational.
Activity 1: MSPP will continue to support the HIV/AIDS information system and will interconnect surveillance for other conditions of public health importance, such as malaria and other vector-borne diseases, diseases that disproportionately affect women and children, childhood vaccine preventable diseases, and reproductive health (SR). These activities will not only enhance the HIV/AIDS system but also improve information systems for the other

programs. CDC will help to ensure links with partners in the planning phase in order to align activities and support the overall direction of the MSPP.
Activity 2: Assessment of systems for strengths and weaknesses and develop overall plan to improve and integrate information systems across various programs, including NSSS and MESI, and IDPSS.
Activity 3: Conception and revision of data collection and reporting tools including automation of analyses and reports for HIV and other disease of public health importance, including 1) production, storage, and distribution of data and reports; development of improved tally forms for data collection for diseases newly incorporated in MESI; and training on use of data collection and reporting tools.
Additional key activities under this budget code include: 1) data quality assurance for HIV and other diseases of public health importance, including monitoring and evaluation of data collection systems; 2) dissemination of information technology; 3) working with Solutions, an IT company, to better integrate the surveillance within MESI and incorporate program-specific information systems into the overall HMIS at all three tiers of the health system; 4) build capacity to ensure the implementation of the collection, analysis, and dissemination of HIV/AIDS behavior and biological surveillance data; and 5) continue to maintain a national web-based electronic data management system.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	5,192,916	0

Narrative:

The goal of this effort is to contribute to strengthening the 6 building blocks of the Haitian health system. Activities will cover the following areas:
1. Service Delivery: the MOH will foster more synergistic relationships among programs by supporting integration at both the service delivery level and the central level for programs such as TB, vector-borne diseases, childhood vaccine preventable diseases and reproductive health. Activities will include improving IT technology across programs, integration of HIV services into other service packages, and coordinating joint supervisory visits. The capacity of the directorates in charge of these programs at the central level will be enhanced to better coordinate with the HIV units. Particular focus will be placed on Director de Santé de la Famille (DSF), l'Unité de Coordination de la Tuberculose, and l'Unité de Coordination de la Malaria.
2. Supply Chain Management (for program-related drugs and supplies): the peripheral components of the supply chain management (such as the drug policy apparatus, the departmental warehouses, and the healthcare centers' pharmacies and laboratories) will be strengthened. The focus will be on policy development, improved management of departmental warehouses and improved facility management of inventories to ensure the sustainability of local commodity operations.
3. Human Resources: we will continue to support the training of new cadres of personnel (primarily nurse midwives, nurse anesthetists, and nurse practitioners); the inclusion of HIV/AIDS curriculum in the medical and

nursing schools to provide training for interns and residents at teaching hospitals, and the assistance to post-graduate training in management of HIV related opportunistic infections, and other communicable diseases. This assistance may include provision of scholarships for advanced training as well as expanding the program for training of nurse practitioners. We will invest in the development of centers of excellence for patient care and management at departmental hospitals as a means to build regional expertise and support peripheral centers.
4. Finance: In addition to support to improve financial management at the Departmental (provincial) and facility levels, the MOH will initiate steps to take greater responsibility in program financing by enacting cost analyses of various interventions and developing plans and scenarios to analyze how greater local resources could be allocated to HIV.
5. Health Information Systems: This effort will focus on systems integration and data quality and use.
6. Leadership and Governance: MOH will expand the use of improved management tools to increase its oversight capacity and improve the management of its sub-grantees. Additional efforts will improve MSPP's planning and budgetary capacity with a focus on the Directorate for Organization of Health Systems (DOSS).

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMIN	1,000,000	0

Narrative:

During FY 2011, MSPP receive support for PEPFAR to undertake injection safety (IS) and healthcare waste management (HCWM) activities. Support was also provided to strengthen the procurement and distribution of safe needles, syringes, and sharps containers throughout the country.

In FY 2012, the MSSP will reinforce its support to the direction of health promotion public hygiene et and environmental protection (DPSPE) to build its capacity to develop, adapt and distribute behavior change communication materials for reducing unnecessary injection and using oral medications as alternatives to injections.

For HCWM, the priority will be to improve the capacity of major hospital to dispose of biomedical waste. The DPSPE will set up a team specifically dedicated to IS and HCWM and tasked to work on the recommendations resulting from last year's site assessment on IS and HCWM. Support will be also provided for the acquisition of incinerators of high capacity for the ten (10) departmental hospitals in the country. In addition to direct support through PEPFAR, MSPP will leverage resources from other donors to further expand the capacity of appropriate disposal of medical waste throughout the country.

During FY2012, infection control committees will be established and/or reinforced starting with PEPFAR supported sites. Technical assistance will be provided to these committees to develop an infection control plan including TB infection control, universal precautions, injection safety and healthcare waste management. These

committees will also be responsible for ensuring that supplies (color coded bags, sharp containers, syringes, etc) and equipments (autoclaves, incinerators, shredders, UV lights, fans, etc) costs are considered during sites budget development.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	1,500,000	0

Narrative:

Counseling and testing services will take place at 28 sites.
Activity 1: The MOH will test150,000 individuals over the next 12 months. The bulk of funding, aside from testing within the context of PMTCT, will go to test hospital patients regardless of their reason for coming to the hospital. This goes along with the full integration strategy of the MOH as well as the PITC approach.
Activity 2: The MOH will promote site and community based HIV testing to create demand and encourage patients to be tested. Funding will be used to procure equipment and materials for promotional activities (TV, VCR) for the sites; produce posters, brochures and other communication and information materials to be distributed to patients along with banners and street signs to create greater awareness of the opportunity offered by the facilities. In addition, the MOH will support community testing days at all sites and will sponsor special radio spots promoting testing events.
Activity 3: The MOH will follow the national testing algorithm and perform all related tasks.
Activity 4: To ensure full enrollment of HIV positive individuals in care services, each site will maintains accurate CT registers, appointment books with return dates and maintain continuous follow-up records with the identification of no-shows. A CT QA/QC team (see below) will assess each site and its client management system to ensure that there are no factors discouraging patients from returning such as staff attitudes, waiting time (analysis of patient flow), prompt services, and good psychosocial support.
Activity 5: The MOH will reinforce activities to ensure adequate quality assurance and quality improvement (QA/QI) processes are in place. The USG Team will support the services of a national CT QA/QI team that will periodically visit all sites, use a supervision checklist, and ensure that all sites respect norms regarding CT and that personnel is fully aware of policies regarding discordant results in couples.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	1,500,000	0

Narrative:

The goal for the next two years is to expand PMTCT coverage to 50,000 pregnant women per year. Progress will be measured through individual site reports with control of data quality as reported to the national information system (MESI). The unit cost per patient is approximately US$43 per patient, excluding drugs. The cost per unit will be decreased by improving integration of PMTCT services into the routine obstetric care and pediatric treatment services provided by each facility.

Decentralization: the decentralization of PMTCT services will be achieved through the implementation of the Integrated Management of Adolescent and Adult Illnesses (IMAAI), a strategy that aims at building the capacity of health care providers peripheraally to provide HIV-related services. PMTCT is a major part of this approach.
Capacity-building: the executing unit will assist facilities to set up and improve PMTCT services, and will support the entire hierarchy of systems supervisors, from the district level office, through the provincial directorates and the national unit that oversees all HIV activities in the country. This will increase the capacity at each level of the system for program oversight, assessing the quality of services and for ensuring the requisite data are collected and submitted.
PMTCT interventions: provider initiated testing and counseling is now the norm at all sites supported by this program. In addition, the MOH is applying the WHO-initiated protocol on PMTCT and will monitor any recommended changes in ARV regimen in the following years. Various approaches will be used to ensure retention and adherence of mother-infant pairs depending on the individual policies and capabilities of each site. Some utilize the services of accompagnateurs whereas others use the services of community health workers.
Demand creation: most facilities in the program are for the most part participants in a CIDA (Canada) funded MCH project that renders prenatal care and deliveries free of charge to the pregnant women. This has increased utilization of obstetric services and concurrently PMTCT testing and other related services.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	7,277,679	0

Narrative:

The MOH will provide ARV treatment at 8 sites. The MOH has adopted the IMAAI strategy, which encourages decentralization of ART services, once the patient has initiated treatment. The main activities will include the following.
Activity 1: At the two teaching hospitals, HUEH and Isaie Jeanty, the MOH will support the reinforcement of the clinical mentoring, training and technical assistance to strengthen the teaching of HIV treatment protocols for interns and residents via I-Tech.The Executing unit will assign one of its staff members to supervise training activities and observe and report on interactions between mentors and trainees in real-time clinical situations.
Activity 2: The MOH will support staff (physicians, nurses, psychologists, counselors and social workers) and community personnel to expand ARV services at the targeted ARV public sites.
Activity 3: The MOH will continue the use of electronic medical records, which will serve as the principal tool to measure clinical outcomes. Assessment of various factors including consistency in following appointments as well as receipt of ARV drugs on a timely basis and adherence will be followed on an individual and cohort basis for each individual site along with biologic monitoring including CD4 cell counts and viral loads. Other clinical outcome factors will include hospitalization, drug resistance and death.
Activity 4: The MOH will use performance measurement data for quality improvement. The performance data used for assessing clinical outcome will be evaluated at each site to measure gaps in visits, gaps in biologic monitoring,

gaps in receiving medications on time, clinical assessments such as patient weight, occurrence of opportunistic infections and drug resistance.

Activity 5: With the assistance of a QA/QC team, efforts for patient retention and adherence will be expanded. Each site will maintain accurate patient registers, appointment books with return dates and continuous follow-up records with the identification of no-shows. Community health workers will be retained to do home visits of PLHIV particularly those that miss appointments. To improve adherence, in addition to home visits by community health workers, PLHIV support groups and supervisory visits to assess physical and logistical factors will be implemented. Patients will be provided small stipends for public transport costs to the clinic.

Activity 6: The target population is made up primarily of patients visiting public facilities, including large departmental hospitals as well as other regional public hospitals. These patients receive a comprehensive care and treatment package including ART provision, cotrimoxasole prophylaxis, and TB screening. At each site, efforts are under way for improved integration of services so as to increase program efficiency.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	1,250,000	0

Narrative:

Pediatric treatment will be expanded to all sites already providing pediatric care. Responsibilities for monitoring of treatment patients will be shifted gradually to trained nurses in order to fill gaps where medical personnel are in short supply. Efforts to identify children in need of treatment will be stepped up by increasing site access to EID by Dried Blood Spot- Deoxyribonucleic acid-Polymerase Chain Reaction (DBS-DNA-PCR). The community health agent will be organized to play vital role in adherence monitoring. The program will support home-visits.

Implementing Mechanism Details

Mechanism ID: 12695	**Mechanism Name: NASTAD 1842**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: National Alliance of State and Territorial AIDS Directors	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 500,000	
Funding Source	**Funding Amount**

GHP-State	500,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

NASTAD has worked with the Haitian Ministry of Health (MSPP) to design and implement a case-based HIV/AIDS surveillance system which permits an un-duplicated count of Haitians infected with HIV, showing the true impact of the disease, allowing for targeted services, as well as related HIV surveillance studies, such as an Antenatal Clinic (ANC) Sero Surveillance Study, and an evaluation of PMTCT data for use a surveillance measure in the place of ANC data. NASTAD has positioned itself as a technical assistance (TA) provider and activity facilitator with the MSPP, with the long-term intent of full project management by the MSPP. NASTAD's goal in these COP years is to transition guidance over and implementation of surveillance studies and initiatives to the MSPP; objectives are to implement a national HIV/AIDS surveillance strategic plan including special studies, generating data to support a second generation surveillance system, and supporting use of the generated data for public health improvement. NASTAD's work supports all regions of Haiti, and all working in the field of HIV testing, treatment, and care. NASTAD works with MSPP staff at the National and Departmental levels, providing one-to-one and group-based TA in the concepts and application of surveillance an epidemiology, supportive supervision in surveillance program planning and staff leadership and management, and training in areas such as system use, data use, and data quality management. NASTAD also works directly with HIV testing and treatments sites for support in system use and data quality management, in partnership with Department MSPP staff if at all possible. NASTAD will lease one vehicle to support field-level supportive supervision of MSPP staff, and quality management initiatives with surveillance.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	14,150

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	12695		
Mechanism Name:	NASTAD 1842		
Prime Partner Name:	National Alliance of State and Territorial AIDS Directors		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	HVSI	500,000	0

Narrative:

IN FY12 NASTAD proposes to : (i) expand the MESI/HASS platform to allow for case-based TB surveillance and hence contribute to the creation of a comprehensive second generation surveillance system, (ii) and along with the MSPP and the representative HIV Surveillance Working Group, will delineate specific surveillance study needs, and collaborate in the creation of Haiti-specific methodology, the study implementation, the data evaluation, and the timely publication of findings. Therefore NASTAD can and will provide assistance and oversight for the following surveillance studies:

Implementation of case-based TB surveillance : NASTAD will: (I) Emphasize TB surveillance in HASS, in addition to HIV surveillance, in order to create a comprehensive second generation surveillance system. (II) Partner with and mentor the MSPP for the assessment, planning, re-design/expansion and implementation of the TB and TB/HIV surveillance system to ensure that it is a national system that can be transitioned to and managed by the MSPP (II) Assess and adapt the existing TB information systems and HASS to integrate variables on co-infection and to generate surveillance and case notification of TB/HIV co-infection (III) Define, design, and pilot a system for TB and TB/HIV case reporting, case matching, and public health surveillance feedback to the reporting site (iv) Support the development of an interface to allow case-based information to be shared between the TB and the HIV units on treatment progress and outcomes of co-infected individuals (v) Support a national database system on TB and HIV co-infection (vi) Mentor the MSPP's National TB Unit and the DELR in surveillance, epidemiology, HASS use, trend analysis, and evidence-based prevention, treatment, and care planning (vii Work with the MSPP to generate TB and TB/HIV surveillance reports that depict incidence, prevalence, co-infection, risk factors, geographic hotspots, treatment success, and over time, trends in infection, treatment, and prevention.

- Implementation of Cohort study: In 2008, NASTAD and the MSPP published an HIV/AIDS epidemiologic profile for the Grand Sud region of Haiti; a follow-up point in time analysis was done in 2009 for Haiti. In both cases, a subset of data from people enrolled in HIV treatment and care programs was analyzed to evaluate the impact of the HIV systems in place. NASTAD and the MSPP will formalize a protocol to implement a long-term cohort study in

FY11 (a retrospective and prospective evaluation of HIV treatment and care indicators and HIV progression), and will implement the study in FY12. *Support to Data Triangulation: NASTAD will continue to reinforce Haiti's public health staff to use surveillance data to demonstrate the impact of HIV/AIDS on their region, the impact of treatment and care programs, and to identify areas of need for program, funding, or policy change. NASTAD will support data triangulation of existing and available HIV/AIDS-related data sets (case surveillance (ongoing), ANC sero-surveillance (historic, and 2011/12), bio-behavioral surveillance among MARPs (2011/12), DHS (2005, 2012)) and UNAIDS estimates to refine Haiti's HIV prevalence estimate, population size estimates (people with HIV/AIDS, MARPs), ART needs, and epidemiologic summary. NASTAD looks to support the MSPP in the creation of a national HIV/AIDS epidemiologic profile.*

Implementing Mechanism Details

Mechanism ID: 12696	**Mechanism Name: Improved Health Facility Infrastructure**
Funding Agency: U.S. Agency for International Development	Procurement Type: USG Core
Prime Partner Name: Tetra Tech PM Inc	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 1,262,811	
Funding Source	**Funding Amount**
GHP-State	1,262,811

Sub Partner Name(s)

Haiti Tec		

Overview Narrative

The Improving Health Facility Infrastructure (IHFI) program focuses on providing health facilities with clean, reliable electricity, allowing safe use of sensitive laboratory equipment, IT equipment, increasing on-site safety, and contributing in other ways to improved delivery of health services. For the COP12, Tetratech will work on four key areas: 1) additional installations of no-contact battery backup power systems, ensuring stable, high quality

electricity supply for laboratory and IT areas; 2) additional training of health facility technicians to operate and maintain the backup power systems, such as batteries, inverters and diesel generators; and including daily and monthly technical data logging and centralized data collection; 3) rollout of short training sessions for health facility Medical Directors and/or Administrators, to develop familiarity with the backup power systems, and understand their uses and limitations; in addition, supporting and holding accountable the technicians assigned to maintain them; and 4) energy assessments of additional facilities to identify needed energy infrastructure investments for continued safe and reliable operations. All IHFI activities are coordinated with the Project Management Unit (UGP), and support and training is provided to the technical department at UGP. Technical data from the different health facilities will be centrally stored at UGP. IHFI will continue to prioritize installations based on need and in coordination with UGP priorities. Over the next few years, we expect UGP to consolidate its capabilities in order to take on the energy backup systems and other energy infrastructure investments.

Cross-Cutting Budget Attribution(s)

Motor Vehicles: Leased	42,000
Renovation	908,000

TBD Details

(No data provided.)

Key Issues

Malaria (PMI)
Child Survival Activities
Safe Motherhood
TB
Workplace Programs
Family Planning

Budget Code Information

Mechanism ID:	12696		
Mechanism Name:	Improved Health Facility Infrastructure		
Prime Partner Name:	Tetra Tech PM Inc		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	HLAB	631,406	0

Narrative:

Although the laboratories are a subset of the key parts of health facilities needing improvement in electricity reliability, IHFI has found that the laboratories are often the first area or issue identified. Many of IHFI's interventions are catalyzed by laboratory needs, but invariably end up being broader installations, covering more than just laboratories. The budget indicated here is estimated to apply to laboratories only.

Clean and reliable energy is a fundamental requirement for laboratory certification or accreditation, and as more laboratories in Haiti move in this direction, the energy backup power systems will have to be upgraded.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	631,405	0

Narrative:

Overall strengthening of health systems through IHFI focuses on two common barriers to optimum operation of health facilities: 1) poor and insufficient energy infrastructure; and 2) lack of knowledge on what to do about it. The IHFI approach is to work through UGP with individual health facilities where these needs have been identified, analyze and design appropriate systems, train/teach facility directors and administrators about their operation and benefits, and train facility technicians to maintain these systems and report system data regularly to facility administration, which in turn, reports data regularly to UGP. This required information flow helps ensure attention to and familiarity with the new systems, while allowing UGP to develop data across the country on improvements.

One other IHFI activity helps feed into UGP's understanding and prioritization of energy infrastructure needs: energy and water assessments at health facilities. These assessments look at the electrical installations in each facility studied, provide analysis and review of gaps or problems, and identify and prioritize a series of investments required to bring the electricity and water systems to best practice levels.

Working with UGP allows IHFI to identify both laboratory and IT electricity needs, making the investments more efficient. However, IHFI could also help other Partners use any of their energy infrastructure investments in a more effective way, sharing best practices from IHFI installations, combined with the Partner's particular needs. Aside

from some co-funding from APHL in 2011, this effort has not been pursued.

Implementing Mechanism Details

Mechanism ID: 12698	**Mechanism Name: CDS**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Center for Development and Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: PR/SR	
G2G: No	Managing Agency:

Total Funding: 1,500,000	
Funding Source	**Funding Amount**
GHP-State	1,500,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The Centers for Development and Health (CDS) has a cooperative agreement with CDC to integrate HIV care into its primary care and reproductive health services supported by USAID. For the last three years CDS has strengthen and expand HIV prevention services including HIV counseling and testing (CT) and diagnosis and treatment of STIs. The project is implemented in four communes of the North East and one small community in the metropolitan area of the West Department in alignment with the objectives of the national HIV/AIDS program. HIV activities were initiated in the health centers at Mombin Crochu, Trou du Nord, and Terrier Rouge; they were improved and completed at Mont Organise (North East) and Petite Place Cazeau (West)

During FY 2012 will increase its support to allow all centers aforementioned to a comprehensive package of clinical care and treatment to HIV patients in integration with primary care and reproductive health; and become ART sites. CDS will ensure that all five centers have a well train multidisciplinary team clinicians, social and community workers to support the continuum of care. Linkages with community activities will contribute to increase the support accessible to HIV patients, allow better tracking and reinforce adherence.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	77,848
Motor Vehicles: Purchased	47,500

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12698**
Mechanism Name:	**CDS**
Prime Partner Name:	**Center for Development and Health**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	300,000	0

Narrative:

As stated in HCTV, CDS will work on decreasing time to provide test results and facilitating patients tested positive for HIV in accessing care to reduce Loss to before enrollment (LBE). In addition to active referrals to the HIV care and treatment unit, better organization of patient flow will ensure that all patients tested positive for HIV have their first clinical visit and laboratory test the same day to determine their eligibility.

CDS will work with the sites to ensure that all patients enrolled in care receive a package of services at both institutional and community level to ensure continuum of care including diagnostic, prevention and treatment of opportunistic infections (OI), diagnostic and treatment of sexually transmitted infections (STI), psycho-social assessment and support. All HIV patients will receive cotrimoxazole prophylaxis according to the national guidelines and all HIV patients will be screened for TB and those negative will receive INH prophylaxis.

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Care	HVTB	150,000	0

Narrative:

According to the national guidelines HIV/ TB co-infected patients are directly eligible for ART regardless of their CD4 count. CDS will work with the supported sites to ensure that all HIV patients are screened for TB; those tested negative will receive INH prophylaxis. Patients with a positive syndromic screening will be provided with smear microscopy and chest X-Ray to confirm diagnosis; they will receive TB treatment and be placed on ART according to national guidelines. All HIV clinicians will be trained on TB so that co-infected patients can be cared for by the same providers; such approach will reduce lost to follow up as it has been seen in a number of HIV patients refered for TB treatment. The Community Health Workers will be trained to conduct education and sensitization sessions on both TB and HIV. They will be prompt to refer all patients with respiratory symptoms to be examined for TB.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	100,000	0

Narrative:

A special emphasis will be put on reinforcing the monitoring and evaluation system currently used within the network. This includes training sessions for newly recruited Data Report Officers and social workers. During FY 2012 CDS will reinforce it strategic information (SI) component. The focus will be placed on: 1) the development of the IT infrastructure for the expansion of the electronic medical records for primary health care activities; 2) help strengthen HIVQUAL activities; and 3) human resources for HIV case notification and surveillance system. Such investments will improve disease reporting in general in CDS supported Health facilities.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	150,000	0

Narrative:

During FY 2012 CDS will work with the supported sites to improve primary care services to facilitate the integration of HIV. Leveraging resources from other donors, CDS will strengthen community health activities to ensure a continuum of services. Investments in strengthening the system will result in an overall improvement of services contributing to reaching our objectives. The component will support targeted measures aimed at improving services at the general ambulatory clinics, ANC clinics, maternity wards and TB clinics such as: reorganizing patient flow and recruitment of qualified and motivated health care providers. CDS will also reinforce community health programs through the hiring of community nurses to organize and supervise all community health activities including HIV sensitization and education sessions, home visit, community meeting on water, sanitation and hygiene, rally post ...etc.

Also, CDS will put a particular emphasis into improving financial and management capacity of health institutions in the network. Technical assistance will be provided develop/strengthen a cost recovery system. Meeting these objectives will allow sites to gradually increase their financial contribution in providing HIV services.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	150,000	0

Narrative:

CDS has provided HIV counseling and testing for nearly 10,000 individual during the last fiscal year. During FY 2012, CDS will continue to expand availability of counseling and testing within supported health facilities. At least 15,000 people will be tested for HIV and syphilis. The recent adoption by the Ministry of Health (MOH) of fingerpick testing will decrease waiting and allow a greater number of patients to receive their result the same day; those tested positive will have their first clinical visit as well reducing the number of loss before enrollment.
In addition, education and sensitization o n HIV will be conducted to promote attitude and behavioral change, access to health services such as voluntary counseling and testing, palliative care and ART services; to help reduce stigma and social exclusion; and raised awareness about HIV/AIDS and STIs

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	250,000	0

Narrative:

The centers for development and health (CDS) support PMTCT services at four health facilities. During FY 2011 nearly 3000 pregnant women were tested for HIV and of those tested positive (68), 35% were enrolled and receive ARV prophylaxis or treatment. In FY12, all five sites will offer PMTCT services and CDS will significantly increase prophylaxis coverage to ensure that at least 80% of HIV positive pregnant women enrolled will receive appropriate interventions to reduce the risk of maternal child transmission of HIV. At least 95% of pregnant women (PW) will receive prenatal services and will be tested for HIV and syphilis by the end of the year.
In order to reach those objectives CDS will reinforce PMTCT at all sites. Counseling and testing for HIV and syphilis will be performed at antenatal clinic as well as maternity wards. All pregnant women seeking services at these sites will know their HIV status by the time they deliver. Any pregnant women tested negative in 1st and 2nd trimester will have a second test in the third or during labor and delivery.
Providers at all sites will receive PMTCT refresher trainings to ensure the full implementation of the new PMTCT guidelines. Each site will recruit a case manager to ensure individualized care is provided to HIV positive pregnant women. Through formal linkages with community activities, we will ensure that every HIV pregnant woman receive a full package of services to support high level of adherence to treatment. Also, CDS will work with CARIS foundation to ensure that all HIV exposed newborns receive ARV prophylaxis within 72 hours as well as early infant diagnosis (EID).

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Treatment	HTXS	400,000	0

Narrative:

During FY 2012, CDS will strengthen and expand HIV services all supported sites to provide comprehensive ART services. Support will be provided to recruit and trained a dedicated multidisciplinary team to deliver high quality care to patients on HAART according to national guidelines. The package of services delivered includes ARV provision in addition to the standard package of Care and Support services.

CDS will invest in organizing services to simply the enrollment process of eligible patients while working in collaboration with other partners such as CHAMP and WFP to provide a package of institutional and community services to support high level of adherence.

As all these health facilities will be new ART sites, CDS will work with the supply chain management system (SCMS) to improve their supply chain management capacity to avoid stock outs.

During FY 2012 at least 125 HIV patients will receive ARVs at these sites

Implementing Mechanism Details

Mechanism ID: 12706	**Mechanism Name: HealthQUAL**
Funding Agency: U.S. Department of Health and Human Services/Health Resources and Services Administration	Procurement Type: Cooperative Agreement
Prime Partner Name: New York AIDS Institute	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 370,000	
Funding Source	**Funding Amount**
GHP-State	370,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

NYS AIDS Institute/HEALTHQUAL partners with MSPP to build national capacity for quality management of HIV treatment and to strengthen health systems. Applying a public health approach to quality management,

HEALTHQUAL builds capacity at the national-, departmental-, and clinic-levels to support performance measurement (PM) data collection and analysis to inform interventions that will improve the quality of treatment and patient outcomes. Aggregated clinic PM data is used to inform national HIV health system improvement priorities.
Objectives include: 1. Provide technical assistance (TA) in the development of a national quality management program. 2. Promote sustainable quality improvement activities in clinics across all departments in the country. 3. Provide TA to build capacity for data quality, collection, analysis and use to assess the quality of care provided at all HIV care providers and to inform local, departmental, and national improvement priorities and policy. 4. Implement advanced quality leadership course to build departmental capacity for quality management, strengthening sustainability. The target audience for activities is the core MSPP team, MSPP departmental staff, and quality leaders at HIV clinics, ultimately supporting all HIV clinics nationwide. Cost efficiencies will continue to be accomplished through the mentoring and deployment of quality coaches at the department level to provide local coaching, reducing travel costs for the central team. Collaboration with other partners assures that national coverage is met without duplication of partner activities. In FY11 HEALTHQUAL International implemented a robust cross-country, program-wide M&E program that includeed activities in Haiti. This M&E operation will continue in FY2012.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12706**
Mechanism Name:	**HealthQUAL**
Prime Partner Name:	**New York AIDS Institute**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	370,000	0

Narrative:

NYS AIDS Institute/HEALTHQUAL (HQ) will provide TA to MSPP to monitor, implement, and deploy a national quality management plan to guide activities and integrate quality improvement into existing national health systems. Objectives include: continue TA to MSPP leadership to: build multilevel capacity for data analysis, interpretation, and use to inform local, regional, and national improvement priorities in alignment with the Partnership Framework goal for SI, improve assessment capacity and effective reporting capability of results and patient outcomes; assure data quality and strengthen data systems; increase coaching skills of departmental quality coaches to improve sustainability through decentralized program implementation and clinic support; provide advanced quality leadership development for departmental personnel.

Activities for COP12 will focus on building capacity for data analysis and interpretation within MSPP to increase sustainability and country-ownership of the program. MSPP personnel will be identified for training and mentoring by the HEALTHQUAL US-based staff specifically around data usage and analysis.
The MSPP quality program continues to support participating clinics by utilizing trained local quality coaches located in the departments (currently 40+ nationwide), training new coaches as needed. COP 12 activities will focus on improving skills of local coaches through a national coaches training, with follow-up mentoring provided by a recently subcontracted Haitian-national quality coaching consultant who will provide services throughout the country.

Implementing Mechanism Details

Mechanism ID: 12708	**Mechanism Name: POZ**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Promoteurs Objectif Zéro Sida (Promoteurs de l'Objectif Zéro Sida)	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 1,000,000	

Funding Source	Funding Amount
GHP-State	1,000,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Last year, POZ restructured its interventions to focus on three main components in its targeted areas: (i) Care and support of people living with HIV (PLHIV); (ii) HIV-related services for "Men having Sex with Men" (MSM); and (iii) reduction of stigma and discrimination through supporting associations of people living with HIV (PLHIV). In FY12, POZ will continue to strengthen and expand HIV care and support activities including counseling and testing (CT) in three sites. Using the provider initiated CT, POZ will ensure that every individual seeking services at these facilities are offered the opportunity to be tested; The ones tested positive will be enrolled in care and will receive a complete package including screening for tuberculosis, OI drugs, lab monitoring. In FY12, POZ will use MSPP EMR for the follow up of HIV patients and will participate in Quality Improvement program at their sites. In FY12, POZ will continue to facilitate MSM in accessing high quality HIV services throughout the country through sensitization/ education of health care providers. At its centers, POZ will provide a full package of preventive services to MSM including condom and lubricant distribution, counseling and testing and treatment of STIs. POZ will also continue to provide technical and financial support to PLWHA associations to enable them to engage in community mobilization, sensitization and education on HIV.

Cross-Cutting Budget Attribution(s)

Economic Strengthening	283,333
Education	33,333
Food and Nutrition: Commodities	133,333

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	12708		
Mechanism Name:	POZ		
Prime Partner Name:	Promoteurs Objectif Zéro Sida (Promoteurs de l'Objectif Zéro Sida)		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	500,000	0

Narrative:

During FY12 POZ will be providing care in suport at all of the three institutions that are providing conselling and testing. Al least 80% of HIV positive persons will be enrolled in care and will receive a complete package including screening for tuberculosis, OI drugs, lab monitoring including CD4 count, psyco-social support. To reach this objective POZ will work to reduce loss to follow up before enrollment by providing support for active referrals and having the first clinical visit and necessary lab tests the same day. POZ will also be using MSPP EMR for the follow up of HIV patients and will participate in Quality Improvement program at all of their sites.

POZ will ensure that a multidisciplinary team including physicians, nurses, psychologist and/or social workers, lab technicians, pharmacists and community health workers are available at each site to support the continuum of care. POZ will also collaborate with other stakeholders intervening at the community level to complete the package of services.

POZ will also continue to provide technical managerial and financial support to PLWHA associations (seven associations) to enable them to engage in the fight against stigma & discrimination and provide support to PLWHA enrolled in care. POZ will build the capacity of the PLWHA associations to do community mobilization, sensitization and education on HIV in order to change people misconceptions about HIV. PLWHA associations supported by POZ will engage in organizing support groups at the care and treatment sites to help newly tested positive patients though communication and sharing experiences; as we believe a trained HIV positive person is the best support a new patient can have to guide him during his difficult moments.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	200,000	0

Narrative:

In FY2012, POZ will continue to strengthen and expand HIV care and support activities including counseling and testing (CT) in three sites (one in the North and two in the west department). During FY 2011 a total of 7336 individuals got tested from these facilities. In FY 2012, using the provider initiated CT POZ will ensure that every

individual seeking service at these facilities are offered the opportunity to be tested, which will result in a significant increase in the number of people tested for HIV. Moreover, the utilization of fingerprick for CT will reduce the turnaround time for result increase the number of people tested that get their results. POZ will also work to reduce loss to follow up before enrollment by providing support for active referrals and having the first clinical visit the same day.

Through the funding for VCT component POZ will also ensure that adequate support is provided to improve human resource capacity for C&T and making space accommodation to expand on-site testing.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	300,000	0

Narrative:

In FY 2012 POZ will continue to facilitate MSM in accessing high quality HIV services throughout the country through sensitization/ education of health care providers. Throughout its centers, POZ will provide a full package of preventive services to MSM including condom and lubricant distribution, counseling and testing and treatment of STIs. By so doing POZ will contribute to reduce sexual transmission among MSM. MSM will be reached through home visits by peers, through various social activities where MSM meet. Peers will also provide counseling services and distribute condoms. MSM will be encouraged to use the services and to bring their partners, whether male or female, as a significant number may be married. POZ will also work with other stakeholders to sensitize on the importance of reducing homophobia in tackling the down low phenomenon, which increases the propensity of MSM to contract HIV.

POZ will also continue to provide technical and financial support to PLWHA associations to enable them to engage in the fight against stigma & discrimination and HIV prevention activities. POZ will build the capacity of the PLWHA associations to do community mobilization, sensitization and education on HIV in order to change people misconceptions about HIV. This component will also include interventions at the policy and governance levels whereby POZ will facilitate the inclusion of stigma and discrimination as a major pillar within the next HIV/AIDS National Strategic Plan.

Implementing Mechanism Details

Mechanism ID: 12711	**Mechanism Name: National Public Health Laboratory**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Ministre de la Sante Publique et Population, Haiti	
Agreement Start Date: Redacted	Agreement End Date: Redacted

TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: Yes	Managing Agency: HHS/CDC

Total Funding: 2,800,000	
Funding Source	**Funding Amount**
GHP-State	2,800,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The MSPP/National public Health Laboratory (NPHL) remains committed to development and strengthening of laboratory networks related to quality assurance, training, testing expansion, and technical assistance. The development and strengthening of laboratory infrastructure collectively address the following 8 objectives: 1) lab capacity building; 2) specimen referral system, 3) cold chain and inventory management, 4) training and workforce development, 5) accreditation, 6) laboratory information system and health management information system, 7) quality management system, and 8) bio-safety and waste management. In FY12, the NPHL will reinforce the capacity of departmental laboratories to assume the role of regional reference public health lab and work toward regional and international accreditation. We will increase technical capacity, fully implement SOPs and biosafety measures, and provide personnel with the capacity to conduct EQA. Fully accredited regional public health lab in the North and the South will improve cost efficiency over time and ease geographical access to high quality laboratory services. It will specifically balance the geographical coverage of diagnostic centers and ensure timely access to accurate and preliminary results at the regional levels, especially in areas of dense rural populations. We are also working at enhancing the ownership of lab activities by local partner institutions, including Ministry of Health (HIV, Malaria, and TB national control programs), Global Fund, universities, and non-governmental organizations (GHESKIO, NASTAD, I-TECH, PIH).

Cross-Cutting Budget Attribution(s)

Human Resources for Health	315,905

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	12711		
Mechanism Name:	National Public Health Laboratory		
Prime Partner Name:	Ministre de la Sante Publique et Population, Haiti		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	HLAB	2,600,000	0

Narrative:

Specific activities include the continuation of efforts to strengthen facilities to support HIV/AIDS-related activities at regional/department level such as providing training support in clinical testing (i.e. chemistry, hematology, and CD4, phlebotomy). This will target all existing 86 care and treatment sites, and include equipment set-up and maintenance on FacsCount, Sysmex, Reflotron, Vitros, and basic small equipment. We will also provide for quality assurance programs on HIV & syphilis rapid tests (159 sites); malaria microscopy and RDT (40 sites).

During the last fiscal year, the implementation of an efficient specimen referral network to support HIV care and treatment and the laboratory surveillance system was initiated and Technical assistance for specimen transport for CD4 and TB testing provided. During FY 2012, The National Public Health Laboratory (NPHL), through collaboration with other stakeholders will ensure that all 86 HIV care and treatment sites are linked to centers with automated testing capacity for CD4.

In collaboration with ASM, the NPHL will provide training support to implement TB Fluorescent Microscopy at 20 sites. Also, over the next 18 to 24 months, we will work with ASCP to strengthen our technical capacity to meet regional and international requirements for a public health laboratory accreditation process. In addition two departmental laboratories, HIC (Les Cayes) and HUJ (Cap Haitien), will be strengthened and capacitated to function as Regional Laboratories or Tier 3 laboratories.

The NPHL will reinforce its collaboration with the supply chain management system to assist laboratories supported through PEPFAR in supply chain management.

Another major line of activities will consist of strengthening the National Lab at the central level to support

HIV/AIDS-related activities. This effort will include: 1) TB permanent lab BSL-3 renovations; 2) training of 6 TB staff on culture and DST, and 2 new TB techs hires; 3) implementation of TB culture and DST; 4) increase of service testing menu with viral load testing; 5) provision of tools and resources to establish and operate a specimen referral network; provision of microbiology professorship courses to 25 medical students and post-docs; 6) strengthening of data management capacity; 7) TB technician training for TB culture and DST lab with Massachusetts Supranational TB Reference laboratory; and 8) the implementation of surveillance activities for TB drug resistance in the West department (30 sites).

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	200,000	0

Narrative:

This effort is aimed building institutional capacity for laboratory-based surveillance in order to establish a national system at the central level (National Lab and DELR) as related to laboratory data analyses and surveillance. The operational objectives of this program are: 1) to conduct field and laboratory surveillance on human infectious diseases with empahsis on V. cholerae, Salmonella and Shigella sp diarheal diseases, respiratory infection diseases, and acute febrile illness; and 2) to incorporate the resutls of surveillance into disease prevention and national control programs and build into program monitoring system.

Actvities will seek to expand central capacity (National Lab and DELR) for implementation of laboratory-based surveillance in specimen collection, laboratory testing and data analysis, and surveillance and monitoring information. The system should be be web-based to ease integration/interface with existing data collection and management sources. This will include support for additional technicians, national and international training, lab reagents and supplies, and equipment. Data management training will be provided to develop standards for data collection, data base, data linkage, analysis, and dissimination. Support for surveillance transport logistics of team members and specimens will also be covered. At the regional level, support will be provided for on-site surveillance coordinators, training workshops, and laboratory supplies in an effort to set up and strengthen 4 health centres in the Ouest Department.

Implementing Mechanism Details

Mechanism ID: 13569	**Mechanism Name: University of Miami**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: University of Miami School of Medicine	
Agreement Start Date: Redacted	Agreement End Date: Redacted

TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 1,700,000	
Funding Source	**Funding Amount**
GHP-State	1,700,000

Sub Partner Name(s)

University of Miami/Hopital Justinien		

Overview Narrative

The Haiti Project of the University of Miami Miller School of Medicine provides technical assistance and supervision for the comprehensive HIV/AIDS program established at Hôpital Universitaire Justinien seven (7) years ago. Hôpital Universitaire Justinien has been designated as one of the Centers of Excellence of the National HIV/AIDS program for the northern region of Haiti. This challenge implies a transition from an initial contribution in the context of the emergency response to the HIV/AIDS epidemic to a sustainable, effective and strategic role in this part of the country in line with the Pepfar strategy . The following components are part of the existing program at Hôpital Universitaire Justinien and are receiving close support and guidance from the Haiti Project's team: The Adult Care, Support and Treatment; The Pediatric Care, Support and Treatment; The HIV Testing and Counseling; TB/HIV combined infection; and the Health System Strengthening. One important contribution of the Haiti Project of the UMMSM is the development of HIV/AIDS educational activities for healthcare personal in the Northern area of the country and the establishment jointly with Hôpital Universitaire Justinien of a Continuing Medical Education Center for HIV/AIDS care. This intervention is critical for the implementation of safe, effective and quality care to the PLWHA in the northern area of the country. Empowerment of local leadership as well as the overall strenghtening of facilities in the HIV/AIDS centers of the northern part of the country is central to the capacity building initiatives of the Haiti Project of the UMMSM.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	13569		
Mechanism Name:	University of Miami		
Prime Partner Name:	University of Miami School of Medicine		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	228,617	0

Narrative:

HUJ has elected to integrate HIV care in the services of the institution. The Family Practice Center and the Preventive Medicine Unit of the hospital share the responsibility of providing a comprehensive package of ambulatory care and support to the enrolled patients. A bio psychosocial model is applied to the care of these patients. Patients with serious complications of their HIV infection or other acute medical problems requiring hospital admission receive their medical care on the Internal Medicine ward.

As per September 2011, a total of 1,974 patients were actively enrolled in the program, with 807 men and 1,167 women, benefiting from an array of services which include: comprehensive clinical care with available essential medicines , preventive interventions (TB prophylaxis , cotrimoxazole prophylaxis), nutrition,family planning , psycho emotional support and social support. The community outreach arm of the program with the community health workers play a critical role for tracking of the patients from the pre enrollment stage to the post enrollment long-term adherence to care.

Prioritized strategies are currently implemented to increase at 80% the enrollment of patients tested positive for HIV and the retention of these patients in the system. These include:

- *Strengthening of the psychological care unit to improve the quality of the psychological support*
- *Tracking of patients tested positive who didn't receive their test result and the post test counseling*
- *Fast track enrollment for all patients tested positive*
- *Tracking of enrolled patients with missed appointment*
- *Assignment of an "accompagnateur" to all new enrolled patients*

- *Establishment of additional support group (3) during this current fiscal year*
- *Availibility of transportation fee for all enrolled patients to come to their appointment*
- *Mandatory periodic medical visits at the Family Practice Center*

Additional interventions are planned to strenghten the overall quality of care for ambulatory and hospitalized patients and the immunologic surveillance of the enrolled patients (availability of CD4 count tests for the patients twice a year). The Haiti Project has designed and implemented, through various training activities, a specific training component to improve ability of the providers to offer quality care to the enrolled patients.
Linkages with PAM, CHAMP, CBO are beeing strenghtened to create appropriate synergies beneficial to the patients Quality improvement cycle are used to for the continuous improvement of the enrollement and retention performance of the care system at HUJ.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	164,617	0

Narrative:

Since 2006, 416 patients with TB/VIH combined infection have been diagnosed at HUJ. The current rate of completion of treatment (TB) is 73% with a mortality rate at 23%. Existing guidelines for the management of HIV/TB combined infection are very limited and not disseminated throughout the country. The clinical laboratory of HUJ performs more than 1000 sputum smears for TB diagnosis. However, laboratory capacity in support to the diagnosis and the monitoring of patients with TB is limited. There is no capacity to diagnose and treat drug-resistant TB, Currently at HUJ, 100% of HIV patients are screened for TB according to norms and all active TB patients are screened for HIV infection. Efforts have been initiated since last fiscal year to improve collaboration between the TB and HIV programs to optimize the care of patients with TB/HIV co infection as these patients are co managed by both programs.

Efforts were also initiated to reduce the risks of TB transmission at HUJ (identification and mitigation of risks)through infection control measures .

The Haiti Project of UMMSM is an active member of the national collaborative initiative with the other partners of the Ministry of Health of Haiti to design and promote through educational initiatives a National Curriculum for TB.

One one-site physician has been designated to receive additional training on TB clinical care and the National TB program to promote the best practices in TB care and program management. A University of Miami expert provide technical assistance (guidance/supervision/education) for the strengthening of the TB clinic, the linkages between the TB and HIV programs and the care of the patients with TB/HIV combined infection. These initiatives are coordinated with the TB technical office of the North Health Department.

The National TB and HIV M&E framework as well as the revised TB/HIV indicators will be incorporated in the Haiti Project M & E plan for the program.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	181,284	0

Narrative:

Children diagnosed with the HIV infection receive their medical care at the Family Practice Center. Currently 120 children and adolescent are enrolled in care and support. Among these children, 100 are currently receiving ART HIV infected children receive comprehensive, continuous family centered and community oriented care. Children exposed to the HIV virus from a HIV positive mother are followed in the pediatric service for about six weeks. Currently, exposed children are under care in the pediatric service.

The national guidelines are used to provide care and support to the children diagnosed with HIV include: Comprehensive medical care, preventive measures (immunization, TMP prophylaxis), nutrition.

The program intends to increase the number of parents and HIV positive adolescents support groups. "Accompagnateurs" are provided to the children where the parents have difficulties with adherence to care. Linkages with community based organizations contribute in strengthening the care system for children and adolescents.

The Haiti Project has trained through a mini fellowship in pediatric infectious diseases one of the attending physicians at the Family Practice Center. This physician currently supervises the care to HIV infected children at Hôpital Universitaire Justinien. supervisory activities include: Chart review, monitoring of immunization in children, adherence to care and treatment.

UMMSM will strengthen the linkages between pediatric and PMTCT services to ensure that all HIV exposed new borns with PCR positive are put on ART.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	109,130	0

Narrative:

The SI allocations reflect efforts in support of treatment and training activities that were previously captured under other budget codes. During the COP 2013 budgeting process University of Miami attributed program management, staff time and operational costs to this area and it is reflected in the budget code allocations.

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Governance and Systems	OHSS	129,431	0

Narrative:

The Haiti Project works collaboratively with the North Health Department office and Hôpital Universitaire Justinien for supervision and mentoring of existing HIV/AIDS centers in the region. The centers optimally receive six scheduled visits per year and additionalvisits are done as needed. In FY2012, UMMSM will strengthen and expand the HIV referal network in the North Department to ensure HIV patients receive high quality care the closest possible to their homes. This will also reduce cost and improve adherence.

One major challenge is to create more coordination and synergy between the North Health Department/HUJ/Haiti Project of UMMSM to optimize the benefits of the joint actions. The North Department plans to address these issues through periodic meetings and workshops with the partners.

The Haiti Project has developed jointly with HUJ a Continuing Medical Education Center for HIV/AIDS . The Center has been formally established in April 2010 although the Haiti Project has developed and implemented HIV/AIDS educational activities since 2006. Personnel from the HIV care centers of the North Health Department are routinely trained or retrained at the Center as HUJ serves as the main site for practical training .Innovative training activities have been developed by the Haiti Project of UMMSM team including the training of 30 HIV Nurse Practitioners during the past three years to serve the patients in the northern part of the country. Trainings also encompass wrap around areas as family planning, mental health and cholera and contribute to the global strenghtening of the health care system. A total of 900 participants have benefitted from the trainings activities designed, organized and implemented by the Haiti Project and HUJ. During COP 12 UMMSM will provide capacity building training on as-needed basis to health providers in the North Department, allowing them to meet all the health needs in the areas of TB, HIV, other opportunistic infections, and infectious diseases.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	221,800	0

Narrative:

The Voluntary Counseling and Testing for HIV at HUJ has started 7 years ago with one point of service in the facility. During the past 3 years, 5 additional posts of HVCT have been established in the institution, increasing access to the patients and their family. The number of patients/clients tested has significantly increased recently. HUJ aims at educating and offering the counseling to 80% of the users of the facilities on HVCT through group education counseling sessions in different areas of the hospital. Currently HUJ is testing 10,000 persons per year including 150 TB patients and 3,000 pregnant women.
The national guidelines are used as the reference tool for counseling and testing for HIV. During the next two

years, all the counselors (10) will receive formal training or refresher training on the guidelines for HVCT and an appropriate on-site system to monitor the quality of testing and counseling will be established (normative supervision). For FY2012, UMMSM will work with HUJ to implement rapid testing using fingerprick.
Strategies are currently implemented to increase the performance of the HVCT services with special attention to the productivity of these services. Additional space will be provided at the TB clinic for HVCT activities. The program will also educate and motivate all providers of the hospital to refer clients and patients to the HVCT posts in order to increase demand creation in this high-yield setting and reach high-risk populations using the services at HUJ.
Strategies are also implemented to assure the enrollement of all patients tested positive: Same day identification of residence, enrollement in a tracking system, appointment at the earliest time possible, strenghtening of the referral system for patients referred to another point of service in the North Department Network (new care and treatment centers are being more available and may be closer to a patient's residence).
Efficiency of the laboratory HVCT services will be assessed as well as the current status of the laboratory workforce performing diagnostic for HIV infection. Hours of availability of lab services (afternoon shift) will be extended.
Existing tools of monitoring will be used to assess progression toward targets. The Haiti Project will work with HUJ, the North Health Department, the National Laboratory for quality assurance issues related to testing and counseling.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	196,594	0

Narrative:

Over the next two years, HUJ will test 6,000 pregnant women for the HIV infection and syphilis which represent 100% of the pregnant women seen. It's estimated that 210 pregnant women will have a positive test for HIV and all these women will be enrolled in the PMTCT program during this current fiscal year and the following one . The current rate of completion of prophylaxis for pregnant women is currently around 45% and 40% have received their prophylaxis.
The main objectives for the next two years call for 80% of enrolled pregnant women to receive a complete course of prophylaxis and all exposed newborns from enrolled HIV positive mothers should receive ARV prophylaxis as well as EID according to national standards.
Various strategies are currently implemented to improve the performance of the program. Included but not limited to are: the specific assignments of community health workers to enrolled pregnant women to improve compliance with care and treatment and perform home visits, the rigorous planning of delivery and tracking of delivery dates for each enrolled pregnant woman, the establishment of post test clubs for enrolled pregnant women and the availability of transportation fees for the family,home visits , the availability of delivery kits with prophylaxis medicine for the mother and the newborn.
Various linkages will allow additional strengthening of the PMTCT program; PAM for food access and nutrition,

CHAMP for referrals tracking and compliance, traditional birth attendants (matrones), community meetings aiming at men mobilization and involvement.
Education of providers on VCT best practices and the new guidelines for PMTCT will also be stressed during the next two years. Overall strengthening of prenatal care for better integration of PMTCT in reproductive health services will have to include the critical area of a suitable physical infrastructure for the general prenatal services at HUJ. This will help accommodate new demand creation as a result of community mobilization. Current established monitoring tools will be used to assess performance.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	291,430	0

Narrative:

As per September 2011, 1,974 active patients were receiving HAART in the program. For the current fiscal year, the program will add 490 patients on HAART with the assistance of the Haiti Project/UMMSM and other partners of HUJ. The patients on HAART benefit from a well-established and rigorous service offering comprehensive, continuous, patient-centered and community-oriented care. The national guidelines are followed for the care of patients. The package of services delivered includes ARV provision in addition to the standard package of Care and Support .All patients on HAART have an "accompagnateur" and have met all the eligibility criteria established as per the program guidelines .
The program aims at providing ART to 100% of patients clinically eligible and is implementing appropriate strategies to this effect (tracking of all eligible but inactive patients, softening of psycho social criteria for HAART eligibility, assignement of temporary accompagnateurs ,intensification of home visits,appointment reminders,calling cards to the commumity health workers.
Retention of all patients (100%) on HAART is also an issue currently addressed through the following strategies: Strengthening through training activities the knowledge and skills of the "accompagnateurs," increasing of education and counseling for patients at risk of non-compliance, strengthening of the tracking system for patients with missed appointments maintains the activities of the support groups, increase access to laboratory services to optimize the patients biological monitoring.
These interventions will concur to the global strengthening of the Adherence Plan of the facility HIV care and treatment program.
Training and re-training of providers is an integral part of the program at HUJ. The Haiti Project of the UMMSM has emphasized HIV/AIDS training at this facility since the inception of the program. Training of providers is implemented in the medical services and at the Continuing Medical Education Center for HIV/AIDS, a joint initiative of HUJ and the Haiti Project. Mentoring, percepting and supervision are offered on a continuous basis to providers, including 3 HIV/AIDS nurses practitioners trained on a specific Haiti Project traning program.

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Treatment	PDTX	177,097	0

Narrative:

Currently 100 children and adolescents are receiving HAART at Hôpital Universitaire Justinien (HUJ). The children receive HAART based on national guidelines and in the context of a family centered and community oriented care. The children and adolescent on HAART also benefit from the full package of pediatric care and support. "Accompagnateurs" is assigned to the family when parents have difficulties with adherence to care and treatment. Linkages with community organizations contribute in strengthening the care system for infected children and adolescents on HAART.

The Haiti Project has trained through a mini-fellowship in pediatric infectious diseases one of the attending physicians at the Family Practice Center. This physician currently supervises the care to HIV infected children at HUJ. Supervisory activities includes: Chart review, monitoring of immunizations in children, adherence to care and treatment. UMMSM will strengthen the linkages between pediatric and PMTCT services to ensure that all HIV exposed new borns with PCR positive are put on ART. UMMSM will integrate HIV care into outpatients and inpatient pediatric wards to boost pediatric ARV enrollement.

Implementing Mechanism Details

Mechanism ID: 13620	**Mechanism Name: GHESKIO 0545**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Groupe Haitien d'Etude du Sarcome de Kaposi et des Infections Opportunistes	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: PR/SR	
G2G: No	Managing Agency:

Total Funding: 5,400,000	
Funding Source	**Funding Amount**
GHP-State	5,400,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

In 2005, GHESKIO developed the concept for Centers of Excellence (COE) and was asked by PEPFAR to implement this concept. Criteria for COE include the establishment of adequate space for VCT, PMTCT, care for HIV and syphilis, pharmacy and stock, a pharmacy plan, site-specific adherence plan, an Information Technology Unit, and a training strategy for staff.

The purpose of this program is to provide technical and financial assistance to 11 sites throughout Haiti. The specific objectives of this project are to: 1) Achieve primary prevention of HIV; 2) Improve HIV/AIDS, STI, OIs including TB treatment/care, diagnostic capacity; 3) Mentor, train and supervise for the MOH GHESKIO network and strengthening the capacity of sites to collect and use surveillance data for the national program; and 4) Develop, validate and/or evaluate public health programs.These objectives will be reached by: 1) Continuing and strengthening provision of integrated Voluntary Counseling and Testing including high risk populations with improved comprehensive primary care and reinforced services for HIV/AIDS patients (adults, pregnant women and children); 2) Providing ongoing mentoring, training and supervision to the peripheral sites; 3) Reinforcing existing linkages with HIV community-based programs serving care and treatment sites that provide psycho-social, nutrition, and economic support to PLWHA and their families; and 4) Transfering administrative, fiscal, and managerial capacity to local organizations by focusing on making available the necessary equipment, tools and trained personnel to ensure the COE has sound administrative procedures to manage different sources of funding and all the goods provided.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**13620**

Mechanism Name:	GHESKIO 0545		
Prime Partner Name:	Groupe Haitien d'Etude du Sarcome de Kaposi et des Infections Opportunistes		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	500,000	0

Narrative:

Loss to before enrollment (LBE) has limited the number of HIV positive patients enrolled in palliative care. in FY 2012 GHESKIO will work with the site to reduce LBE. In addition to active referrals to the HIV care and treatment unit, better organization of patient flow will ensure that all patients tested positive for HIV have their first clinical visit and laboratory test the same day to determine their eligibilty. Such objective will require investments in recruiting and training health as well as in sterngthening health infrastructures.

GHESKIO will ensure that all patients enrolled in care receive a package of services at both institutional and community level to ensure continuum of care. the package will include: diagnostic, prevention and treatment of opportunistic infections (OI), diagnostic and treatment of sexually transmitted infections (STI), care of ART related illness (i.e., diabetes, arterial hypertension), nutrition assessment and recuperation (if needed), psycho-social assessment and support. All HIV patients will receive cotrimoxazole prophylaxis. Also all HIV patients will be screened for TB and those eligible will receive INH prophylaxis.

Through collaboration with POZ and PLWHA association, GHESKIO will support the organization of support groups at each site regrouping patients on HAART 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, refreshing, collation, and education materials.

GHESKIO will increase the number of community health workers (field workers) to accommodate scale-up at each of its palliative care sites. The community workers will be in charge of tracking patients, providing at home adherence support, education on best health and nutrition practices, counseling for positive behavior, distribution of care, and preventive commodities such as condoms, Oral Rehydration Salt (ORS), symptom and pain medications according to the guidelines. Resources will be used to pay their transportation fees.

GHESKIO will strengthen interventions to maintain patient's adherence in Care. 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.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	270,000	0

Narrative:

During FY 2012 GHESKIO will reinforce pediatric care for HIV exposed and HIV infected children. At each pediatric patients will have access to a well trained multidisciplinary team comprised of physician, nurse, social worker, and community health workers to ensure continuous and quality care. Every site will do clinical follow up and a specific adherence plan including transportation fees, childhood immunizations, nutrition and psychosocial support for the family. The Pediatric Care and Support will be linked to counseling and testing (CT), and preventing mother to child transmission (PMTCT). All exposed newborn will be enrolled in care and placed on cotrmoxazole prophylaxis. Through collaboration with CARIS foundation all exposed newborn will be provided with EID and those tested positive will be enrolled on ART. The same level of support provided to adult will be provided to pediatric patients with a particular emphasis on nutrition support and immunization. Also, GHESKIO will work with the sites to provide child friendly services and have designated area for children to interact with each other.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	200,000	0

Narrative:

SI efforts will consist of 1) the development of the IT infrastructure for the expansion of the electronic medical records for primary health care activities; 2) help strengthen HIVQUAL activities; and 3) human resources for HIV case notification and surveillance system. Such investments will improve disease reporting in general in the GHESKIO supported Health facilities.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	510,000	0

Narrative:

Strengthening HIV counseling and testing activities is essential to both HIV prevention and treatment. In FY 2012, GHESKIO will continue to expand availability of counseling and testing within supported health facilities. Support will be provided to improve patient flow and provider patient ratio to increase provider initiated counseling and testing at both out-patients and in-patients; HIV testing will be offered to all patients admitted to the hospital. The recent adoption by the Ministry of Health (MOH) of fingerpick testing will favor decentralizing testing at multiple points and making it more convenient for patients.

GHESKIO will continue to work to increase access to high HIV prevalence target populations such as female commercial sex workers (CSW) through collaboration with FOSREF, men having sex with men through collaboration with POZ, prisoners, patients with active TB, and street children. A special emphasis will be placed on providing HIV CT service to incarcerated individuals during FY 2012.

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Prevention	MTCT	820,000	0

Narrative:

The GHESKIO network supports PMTCT services at 10 facilities. In FY 11, of the 638 pregnant women diagnosed with HIV 405 (63%) receive ARVs either as prophylaxis or as treatment. In FY12, GHESKIO will significantly increase prophylaxis coverage to ensure that at least 80% of HIV positive pregnant women enrolled will receive appropriate interventions to reduce the risk of maternal child transmission of HIV. At least 95% of pregnant women (PW) will receive prenatal services and will be tested for HIV and syphilis by the end of the year.

In order to reach those objectives GHESKIO will reinforce PMTCT at all sites. Counseling and testing for HIV and syphilis will be performed at antenatal clinic as well as maternity wards (24/7) to ensure that every the HIV status of every pregnant women is know during prenatal and labor & delivery. All pregnant women tested negative in 1st and 2nd trimester will have a second test in the third or during labor and delivery.

GHESKIO will work with the sites to ensure that the new PMTCT norms are fully implemented and all pregnant women receive HAART. ARV drugs dispensation will be done within the maternal structures (ANC and maternity wards) including pediatric prophylaxis for children born at facilities. All health providers of maternal care services will receive full or refresher trainings on PMTCT. We continue to strengthen the case manager approach to ensure individualized care is provided to HIV positive pregnant women. Through formal linkages with community activities, we will ensure that every pregnant woman receive a full package of services (nutritional support through WFO, free labor and delivery services, transportation fees, home visits) to support high level of adherence to treatment. Also, GHESKIO will work with CARIS foundation to ensure that all HIV exposed newborns receive ARV prophylaxis within 72 hours as well as early infant diagnosis (EID) in collaboration with CARIS Foundation.

GHEKIO will continue to strengthen the integration of PMTCT into maternal care. In FY 2012 support will be provided to improve overall maternal care service through the implementation of the women chart at all sites to improve follow up; improving family planning services to prevent unwanted pregnancies; improving emergency obstetric services; and establishing dedicated services for high risk pregnancies that include HIV-infected pregnant women. This will facilitate prenatal, delivery and post-natal care without stigmatization of HIV-infected patients and will reduce maternal mortality thereby contributing to the overall PEPFAR goals.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	2,400,000	0

Narrative:

As per September 2011, 6050 active patients were receiving HAART through the GHESKIO network. The patients on HAART benefit from a comprehensive, continuous, patient-centered and community-oriented care. A well trained and dedicated multidisciplinary team (the same as describe in HBHC) is supported to provide high quality care to patients on HAART according to national guidelines. The package of services delivered includes ARV provision in addition to the standard package of Care and Support.

IN FY 2012 GHESKIO will continue to strengthen ART services to ensure early initiation of ART. Strategies to speed the enrollment process of eligible patients without compromising adherence will be implemented. Patient enrolled in care will be prepared for ART starting the first clinical visit. Achieving these strategies will allow GHESKIO to enroll nearly 2000 new patients on ART by the end of the year. We will also capitalize on an aggressive detection of HIV -TB co infection as well as retention of women starting ART during their pregnancies. GHESKIO will ensure that all patients newly enrolled under ART receive appropriate intensified adherence counseling on a regular basis and are provided with close follow-up to support adherence. We will also work with the sites to leverage resources from other donors and formal linkages with community services to ensure continuous of care.

GHESKIO will strengthen collaboration with Supply Chain Management System (SCMS) to ensure adequate supply of pediatric formulation of ARVs. Support will be provided to the sites to improve their supply chain management capacity to avoid stock outs.

Lastly GHESKIO will provide onsite clinical mentoring using clinical rounds and chart reviews to continuously improve providers' competencies in providing HIV treatment.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	700,000	0

Narrative:

During FY 2012 GHESKIO will reinforce pediatric services for HIV exposed and HIV infected children. Each pediatric patient will have access to a well trained multidisciplinary team comprised of physician, nurse, social worker, and community health workers to ensure continuous and quality care. Every site will do clinical follow up and a specific adherence plan including transportation fees, childhood immunizations, nutrition and psychosocial support for the family. Pediatric services will be linked to counseling and testing (CT), and PMTCT services. All exposed newborn will be enrolled in care and those identified as positive through EID are enrolled on ART. The same level of support provided to adult will be provided to pediatric patients with a particular emphasis on nutrition support and immunization.

GHESKIO will strengthen collaboration with Supply Chain Management System (SCMS) to ensure adequate supply of pediatric formulation of ARVs. Support will be provided to the sites to improve their supply chain management capacity to avoid stock outs.

Lastly GHESKIO will provide onsite clinical mentoring using clinical rounds and chart reviews to continuously improve providers' competencies in providing HIV treatment.

Implementing Mechanism Details

Mechanism ID: 13621	Mechanism Name: Support to UPE
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract

Prime Partner Name: Futures Group	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 712,917	
Funding Source	**Funding Amount**
GHP-State	712,917

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Not Provided

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**13621**
Mechanism Name:	**Support to UPE**
Prime Partner Name:	**Futures Group**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	475,805	0
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	237,112	0
Narrative:			
None			

Implementing Mechanism Details

Mechanism ID: 13622	**Mechanism Name: Food and Nutrition Technical Assistance (FANTA) Project**
Funding Agency: U.S. Agency for International Development	Procurement Type: USG Core
Prime Partner Name: FHI 360	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 0	
Funding Source	**Funding Amount**
GHP-State	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative

FANTA III as a follow on of FANTA II will be responsible to provide techical assistance to the Ministry of Health Nutrition Directorate to improve nutrition management of People Living With HIV/AIDS . The development of tool

kits (boite a image) fotr the general population as requested by MOH as well as the continuing dissemination of the Guidelines on Nutritional Management of PLWHA and TB patients released in 2010 , with the tool kits produced in 2011 will be expanded during FY 12. FANTA III will also provide technical assistance on NACS that will be developped during this FY 12 in selected Hospitals and Clinics. Toolkit quantification and dissemination schemes will be required deliverables. Toolkit components will require MOH and USAID activity manager concurence in order to ensure quality and appropriateness.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

Increase gender equity in HIV prevention, care, treatment and support
Increasing women's access to income and productive resources
Child Survival Activities
Safe Motherhood
TB

Budget Code Information

Mechanism ID:	**13622**		
Mechanism Name:	**Food and Nutrition Technical Assistance (FANTA) Project**		
Prime Partner Name:	**FHI 360**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	OHSS	0	0
Narrative:			

FANTA III will provide technical assistance to MOH related to nutritional strategy development and integration of nutritional activities into broader MOH strategic planning, particularly MCH. FANTA III will work toward dissemination of current MOH endorsed nutritional guidelines and tool kits for PLWHIV. FANTA III will also provide technical assistance for the NACS program to be implemented in selected Hospitals and Clinics.

Implementing Mechanism Details

Mechanism ID: 13637	**Mechanism Name: SPRING**
Funding Agency: U.S. Agency for International Development	Procurement Type: USG Core
Prime Partner Name: John Snow, Inc.	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 250,000	
Funding Source	**Funding Amount**
GHP-State	250,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

As a follow up of IYCN program in Haiti, SPRING is expected to continue with the training of partners primarily PEPFAR partners but also USAID under FSHA Title II, partners in the EGE sector (particulatrly in the sector of agriculture) in the use of the tool kits developped by IYCN. SPRING will also ensure to keep disseminating the Guidelines on Infant and Young Child Nutrition and support the Ministry of Health in its IYCN program with its partners. SPRING will also work toward increasing the linkages between the community level and health facilities so better follow up and referral of malnourished children and adults can be achieved. With the development of NACS in some facilities this aspect of SPRING activities will be critical as monitoring and evaluation of nutrition program has been weak. Special effort will be deployed in the corridors with linkages to WFP interventiions and looking for synergy and complementarity of nutrition programs. Periodic field visits, workplan reviews, and regular reporting will be combined to ensure that programmatic deliverables are met timely.

Cross-Cutting Budget Attribution(s)

Food and Nutrition: Policy, Tools, and Service Delivery	250,000

TBD Details

(No data provided.)

Key Issues

Increase gender equity in HIV prevention, care, treatment and support
Increasing women's access to income and productive resources
Increasing women's legal rights and protection
Child Survival Activities
Mobile Population
Safe Motherhood
TB

Budget Code Information

Mechanism ID:	**13637**		
Mechanism Name:	**SPRING**		
Prime Partner Name:	**John Snow, Inc.**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	OHSS	250,000	0

Narrative:

SPRING will oversee the implementation of the data collection tool and provide training to health workers for NACS activities in the regions . SPRING will also facilitate linkages with community level and facility based activitties, particularly in the screening of malnourished children and proper referal for treatment. SPRING will continue to provide technical assistance to MOH in the area of infant and young child nutrition .

Implementing Mechanism Details

Mechanism ID: 13671	**Mechanism Name: ASM**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: American Society for Microbiology	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 250,000	
Funding Source	**Funding Amount**
GHP-State	250,000

Sub Partner Name(s)

Laboratoire Nationale Sante Publique		

Overview Narrative

The major goal of this activity is local organizational and human capacity development in quality assurance and quality improvement of laboratory testing. The objectives are for ASM to develop training programs provided to Haitian laboratorians working in clinical health care facilities for improved diagnosis of tuberculosis (TB) and other HIV-related opportunistic infections (OIs). ASM will also improve the infrastructure of laboratories where these individuals currently work. Key expected intermediate outcomes include increased microbiological knowledge and retaining skills required to carry out quality-assured diagnosis of major infectious diseases. ASM will continue to explore partnership opportunities, both public-private and other kinds that help leverage funds, and the strategy, which involves transferring knowledge through onsite mentorship, is a cost-efficient manner to effect major changes. ASM will continue to work with Haitian laboratory technical working groups and unviersity leadership to adapt training materials for Haiti's particular circumstances, so as to ensure country ownership. Furthermore, ASM will work directly with the Ministry of Health's national reference laboratories for TB and OIs and national TB control program to transfer proper management expertise via onsite mentorship and training programs.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	250,000

TBD Details

(No data provided.)

Key Issues

Increasing women's access to income and productive resources

TB

Budget Code Information

Mechanism ID:	**13671**
Mechanism Name:	**ASM**
Prime Partner Name:	**American Society for Microbiology**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	250,000	0

Narrative:

In FY12, the American Society for Microbiology (ASM) technical experts (mentors) will continue to provide in-country support for microbiology and OIs, laboratory systems and strategic planning, standardization of protocols for cost effective testing, and good laboratory and clinical practice. ASM will expand training to regional laboratories. Other activities that will be followed up from the previous year will include: 1) improvement of training for simple OI diagnosis; 2) development of a comprehensive, integrated quality management system for basic microbiology, 3) review and improvements to the basic microbiology curriculum (and standard operating procedures (SOPs)) currently used in Haiti, 4) assisting via onsite mentoring and guidance with providing technical support for development of a proficiency program for TB to begin assisting with accreditation processes; 5) offering technical assistance for quality management systems (QMS) implementation for TB culture moving towards

accreditation. ASM will continue to work closely with Haiti's National Public Health Lab (LNSP) to ensure that these activities are coordinated with other organizations supporting HIV, TB and OI diagnosis and treatment in Haiti. ASM will work through the LNSP to ensure that activities and deliverables are developed and implemented in a harmonized fashion. Expected outcomes include development of a local cadre of well-trained individual microbiologists, so that they can continue forward with laboratory trainings at lower levels of the laboratory network, as well as assisting with maintaining achieved levels of diagnosis.

Implementing Mechanism Details

Mechanism ID: 13744	**Mechanism Name: GHESKIO Core 0541**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Groupe Haitien d'Etude du Sarcome de Kaposi et des Infections Opportunistes	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: PR/SR	
G2G: No	Managing Agency:

Total Funding: 3,500,000	
Funding Source	**Funding Amount**
GHP-State	3,500,000

Sub Partner Name(s)

Groupe Haitien d'Etude du Sarcome de Kaposi et des Infections Opportunistes		

Overview Narrative

The GHESKIO centers are comprised of the national institute for laboratory and research (INLR) and the institute for infectious diseases and reproductive health (IMIS) and provide ART service to nearly 23% of patients on ART in the country and serve as national reference for HIV, TB, MDR TB and laboratory for the country. In FY12, GHESKIO will strengthen HIV/AIDS and TB services at both INLR and IMIS to increase its capacity to provide technical assistance to health institutions providing ART services as part of the GHESKIO network. GHESKIO will continue to provide training on HIV services, clinical mentoring and supervision to increase the numbers of health

providers with capacity to provide high quality care to HIV patients. GHESKIO will also reinforce and strengthen HIV/AIDS and TB activities including MDRTB at the GHESKIO-IMIS HIV-TB-MDRTB hospital, the only facility of this kind in the West department, the GHESKIO-IMIS BSL3 laboratory, the Sigueneau Sanatorium (SS) and the National Penitentiary (NP). In FY12, GHESKIO plan to: 1) strengthen primary prevention of HIV through VCT and PMTCT at GHESKIO INLR, IMIS, Sigueneau (SS) and the National Penitentiary (NP); 2) Increase care and treatment of HIV/AIDS, STIs and other OIs a; 3) strengthen capacity of Haiti to collect and use surveillance data and manage national HIV/AIDS programs through ongoing mentoring and training and by expanding HIV/STI/TB surveillance programs; 4) strengthen lab support for surveillance, diagnosis, treatment, disease monitoring, and for HIV screening for blood safety; 5) develop, validate and evaluate public health programs to inform, improve and target appropriate interventions for prevention, care, treatment of HIV/AIDS, and TB/OIs; and 6) provide quality TB, TB/HIV and MDRTB services.

Cross-Cutting Budget Attribution(s)

Education	50,000
Food and Nutrition: Commodities	40,000
Food and Nutrition: Policy, Tools, and Service Delivery	30,000

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**13744**
Mechanism Name:	**GHESKIO Core 0541**
Prime Partner Name:	**Groupe Haitien d'Etude du Sarcome de Kaposi et des Infections Opportunistes**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	200,000	0

Narrative:

GHESKIO will provide care for all HIV infected clients through provision of clinical, psychosocial, preventing services. Clinical care will include prevention and treatment of OI, excluding TB, STI and other HIV-AIDS related complications. GHESKIO will also maintain and strengthen the HIV care unit, with a well trained multidisciplinary team composed of psycho-social workers, HIV infected trained individuals as counselors, pharmacists, clinicians, nurses and community workers at these facilities. We will strengthen our tracking as well in order to improve our retention rate. The HIV unit delivers quality services, supported by electronic medical records, good pharmacy and information systems, and strong linkages with community support services through our community unit. GHESKIO has developed a dedicated and sophisticated EMR that allows at all time complete patient tracking and available medication plan for each patient. A special attention is given to patient adherence by the use of pill count prior to seeing MD/RN. We plan to reinforce the EMR in collaboration with I-TECH and NASTAD. In order to improve patient adherence, incentives and strategies such as nutritional support by linkage with Espoir Anaize, transportation fees, micro credit by linkage with ACME, employment opportunities will be reinforced. The GHESKIO Centers Community Advisory Board (CAB) serves as a liaison between the GHESKIO Centers and the community.The CAB has been instrumental and will help us focus on vulnerable populations such as sex workers, street children and internally displaced persons. GHESKIO with the support of USAID has developed a project on Gender Based Violence to create linkages with the Haitian private sector for income- produced activities, vocational schools and provide educational services on human rights.

At the end of the year:

• At least 80% of patients diagnosed with HIV will be enrolled in care

• At least 80% of patients enrolled for follow-up care will attend clinic at least twice a year

• 90% of patients enrolled in care will remain active participants in the program.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	100,000	0

Narrative:

Orphans and Vulnerable Children Program

Food and nutritional support

Identification of family members as caregivers to provide access to shelter for orphans at the parents' death.

Ongoing identification of OVC through VCT, PMTCT, ARV programs.

Prevention and treatment activities will be continued in the children/adolescent clinics.

Psychosocial support for adolescents with poor adherence to treatment and for those made aware of their HIV status will be provided. Support groups will be held in the adolescent clinic.
Educational support by given school materials and scholarships for the OVC in needed will be provided.
Parents / OVC will be linked to private sector (Micro-credit) in order to promote income
Food and Nutrition activities:
Scale-up of preventative nutrition strategy for children 6-24 months
GHESKIO has scaled-up its infant feeding support (caregivers club + nutritional supplement) to cover all HIV-exposed infants 6-24 months of age. The program was based off a study in cooperation with Cornell University, which was completed in January 2010. The initial results of the study show a 57% reduction in stunting and a 68% reduction in wasting in intervention participants compared to a historical control group. Patients receive individual growth monitoring, well-baby care, group education, vaccinations, screening for severe acute malnutrition and a nutritional supplement (fortified peanut butter paste).

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	500,000	0

Narrative:

GHESKIO works closely with the National TB Program, the MOH and Partners in Health (PIH) to diagnose, treat and monitor MDR-TB and serve as a reference center to treat MDR TB. As the two TB sanatoria in the West Department (the Sigueneau Sanatorium in Leogane and the Sanatorium of Port-au-Prince) collapsed during the earthquake, GHESKIO set up a field hospital at IMIS for TB and MDR TB patients. In addition, the GHESKIO laboratory continues to perform TB diagnostic testing for other hospitals and tent cities.
During FY 2012, GHESKIO will continue to strengthen and expand IMIS facility to serve as a national reference center for TB multi-drug resistance testing and treatment, building on the efforts to provide a TB second line regimen and a national training and mentoring center for TB/HIV care and treatment.
GHESKIO will strengthen the HIV /TB care and treatment unit at Siguenea, with a well trained multidisciplinary team. While efforts are made to rebuild the infrastructure destroyed during the earthquake, GHESKIO will also focus on strengthening human resources, infrastructure and logistic capacity at Siguenau, to manage HIV/TB patients serving as an ART/TB site.
Haiti's incarcerated persons have a disproportionately high burden of infectious diseases including HIV and TB. This is particularly true at the overcrowded National Penitentiary (NP) in Port-au-Prince. For the past 15 years, GHESKIO and many other institutions have intermittently contributed to improve the care of prisoners at the NP. For the past year, of the 792 inmates screened for HIV and syphilis, 39 (5%) were HIV infected, 80 (10%) had serologic syphilis and 29 were placed on ART. TB was diagnosed and treated in 23/334 (7%) screened. During FY 2012 GHESKIO will provide comprehensive infectious diseases screening and care for prisoners in collaboration with others partners including Health through Walls.
• 100% of HIV patients will be screened for TB according to norms

• 100% of HIV patients with TB infection will receive treatment
• 100% of TB patients will be screened for HIV
• All diagnosed cases of MDR-TB at GHESKIO ILNR, IMIS, Sigueneau and the National Penitentiary will receive treatment.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	200,000	0

Narrative:

During FY 2012 GHESKIO will reinforce pediatric care for HIV exposed and HIV infected children. At each pediatric patients will have access to a well trained multidisciplinary team comprised of physician, nurse, social worker, and community health workers to ensure continuous and quality care. Every site will do clinical follow up and a specific adherence plan including transportation fees, childhood immunizations, nutrition and psychosocial support for the family. The Pediatric Care and Support will be linked to counseling and testing (CT), and preventing mother to child transmission (PMTCT). All exposed newborn will be enrolled in care and placed on cotrmoxazole prophylaxis.All exposed newborn will be provided with EID and those tested positive will be enrolled on ART. The same level of support provided to adult will be provided to pediatric patients with a particular emphasis on nutrition support and immunization.

• 90% of patients enrolled in care will remain active participants in the program by the end of the year.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	50,000	0

Narrative:

During FY 2012, GHESKIO will continue to strengthen and expand its laboratory capacity, all of which are centralized at IMIS. GHESKIO provides adequate and trained personnel, as well as equipment, materials, supplies and adequate space to perform routine testing, advanced HIV testing (CD4, PCR and viral load). In that manner, GHESKIO IMIS will serve as national reference center for HIV resistance testing. ART has been available countrywide in Haiti since 2003. Today, more than 55% of the estimated 60,000 HIV-infected persons eligible of ART in Haiti are receiving ARV. However, there are little data available on the drug resistance observed among patients initiating ART in Haiti. GHESKIO has established the only laboratory in Haiti capable of performing HIV-1 RNA level testing and genotyping. IMIS will also performed advanced bacteriology and Mycobacteriology testing including drug resistance testing. New technology such as the Cepheid GeneXpert MTB/RIF technology has been introduced. GHESKIO labs have developed standard operating procedures (SOPs) and other tools to ensure good standards of services, supported by a state of the art P3 bio-safety system. These labs are currently being strengthened and are using an electronic record system.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	50,000	0

Narrative:

During FY 2012, GHESKIO will strengthen through PEPFAR and leveraging resources from other donors the following component of its health system strengthening activities.

1) As the main HIV referral training center, GHESKIO has a permanent multidisciplinary team in charge of HIV/AIDS training. With this application, new modules will specifically addressed challenges such as adherence and retention of patients, importance to diagnose and treat HIV/AIDS earlier, HIV/TB co-infection including sessions on chest X-Ray readings, PMTCT and importance to increase hospital deliveries and cervical cancer screening. This training has been essential for scaling rapidly the GHESKIO HIV model nationwide. In addition, GHESKIO provides 3 types of specialized training: a Master's in Public Health (MPH) Program, a Nurse Practionner Program (NPP) both in collaboration with Quisqueya University and a Laboratory training program in partnership with the National Laboratory of Public Health. This program provide one year advanced training (practical and theoretical) in well-equipped laboratories at GHESKIO/INLR, GHESKIO/IMIS, and NPHL and another one year internship training at GHESKIO/INLR and GHESKIO/IMIS laboratories and at the NLPH with rotations in different sections of the laboratories (Microbiology, Serology, Immuno-Hematology, Biochemistry, HIV molecular biology, and QA/QC program).

2) The MPH program aims at increasing capacity in integrated clinical, operational, and health services in support of the national scale-up of HIV prevention and care services. This is the first Public Health Training Program in Haiti. Human resources can be adequately trained in resource-limited countries to tackle specific public health problems and at a fraction of the cost of what it would take if this training was held in a developed country.

3) For the nurse practitioner (NP) Program, referred applicant nurses from rural hospitals are evaluated by a formal test at entry. This program is aimed in particular at large public hospitals. At present, six (6) NP, all from public hospital, are being trained at GHESKIO. They include three (3) from HUEH, 1 from Jacmel, 1 from Jeremie and 1 from Les Cayes.

Also, through collaboration with NASTAD, GHESKIO will strengthen the capacity to collect and use surveillance data for the national program and in the MOH- GHESKIO network. NASTAD's approach work in Haiti is to work with the MOH and key implementing partners such as GHESKIO, to understand and use (where possible) systems and resources that are already in place; to focus on capacity building, knowledge and experience transfer; to plan for transition to local management from the start; and to provide mentoring, modeling, and technical assistance through transition. To further strengthen the capability of GHESKIO to reach system-wide implementation goals, we propose to develop within GHESKIO a Quality Improvement Team. This strategy will be developed through collaboration with the Institute of Health Improvement (IHI). The Quality Improvement Team will plan and execute health systems transformation at GHESKIO and throughout the GHESKIO HIV treatment network. In addition, the QI Team would study the effects of various systems strengthening tools and methods.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	200,000	0

Narrative:

During the past fiscal year, 29,694 people were tested for HIV and 3,792 were positive (13%). 205 pregnant women were tested HIV positive among 2,734 tested (7%) at the GHESKIO centers INLR and IMIS.
GHESKIO will maintain and support a team of counselors and social assistant workers to provide high quality HIV counseling and testing services. HIV and Syphilis Voluntary Counseling and Testing (VCT) will be offered to all individuals and all pregnant women seeking services at GHESKIO. Using the national algorithm for VCT for HIV and syphilis, at least 70% of patients seen in GHESKIO-ILNR and GHESKIO- IMIS VCT wards, at SS and NP will be tested for both HIV and Syphilis by the end of the year.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	500,000	0

Narrative:

GHESKIO will continue to expand PMTCT at the GHESKIO sites. During FY 2012 PMTCT activities recently introduced will be expanded at IMIS. At least 95% of pregnant women (PW) receiving prenatal services at GHESKIO- INLR and GHESKIO-IMIS will be tested for HIV and syphilis and 80% of those tested positive for HIV will be enrolled and receive appropriate interventions to reduce the risk of maternal child transmission of HIV by the end of the year.GHESKIO will make available a well trained team of nurse midewifes and counselors to care and manage each HIV positive pregnant woman according to her specific delivery plan. As GHESKIO INLR and IMIS do not offer maternity services established linkages will be reinforced with collaborating sites in our Network : Hospital Bernard Mevs, Hospital de Fermathe, Hospital de la Communaute Haitienne, Hospital Eliazar Germain and other institutions (HUEH, Hospital Isaie Jeanty, Hospital Judes Anne Maternity at Carrefour and Nos Petit Freres et Soeurs Pediatric Hospital) to provide a continuum of services to pregnant women. All HIV positive pregnant women will also receive access to a package of community services to ensure continuum of care and better traking of HIV exposed newborns. All HIV exposed newborns from mothers enrolled in PMTCT will receive timely and adequate prophylaxis and early infant diagnosis according to the national guidelines
Interventions to eradicate congenital syphilis will be continued and reinforced.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	1,200,000	0

Narrative:

As per September 2011, nearly 23% of active patients were receiving HAART through the GHESKIO centers. The patients on HAART benefit from a comprehensive, continuous, patient-centered and community-oriented care. A well trained and dedicated multidisciplinary team (the same also provide care) is supported to provide high quality

care to patients on HAART according to national guidelines. The package of services delivered includes ARV provision in addition to the standard package of Care and Support.
IN FY 2012 GHESKIO will continue to strengthen ART services to ensure early initiation of ART. Strategies to speed the enrollment process of eligible patients without compromising adherence will be implemented. Patient enrolled in care will be prepared for ART starting the first clinical visit. Achieving these strategies will allow GHESKIO centers to enroll nearly 1500 new patients on ART by the end of the year. We will also capitalize on an aggressive detection of HIV -TB co infection as well as retention of women starting ART during their pregnancies. We will strengthen our tracking as well in order to improve our retention rate. The HIV unit delivers quality services, supported by electronic medical records, good pharmacy and information systems, and strong linkages with community support services through our community unit. A special attention is given to patient adherence by the use of pill count prior to seeing MD/RN. GHESKIO has developed a dedicated and sophisticated EMR that allows at all time complete patient tracking and available medication plan for each patient.
GHESKIO will strengthen collaboration with Supply Chain Management System (SCMS) to ensure adequate supply of pediatric formulation of ARVs.
Lastly GHESKIO will provide onsite clinical mentoring and conduct chart reviews to continuously improve providers' competencies in providing HIV treatment.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	500,000	0

Narrative:

As of September 30, 2011, 524 children remained active on ART at GHESKIO INLR and IMIS.During FY 2012 GHESKIO will reinforce pediatric services for HIV exposed and HIV infected children. Each pediatric patient will have access to a well trained multidisciplinary team comprised of physician, nurse, social worker, and community health workers to ensure continuous and quality care. As for adult patient GHESKIO will ensure a package of care services including adequate support for high level adherence plan including efficient patient tracking, transportation fees, childhood immunizations, nutrition and psychosocial support for the family. Pediatric services will be linked to counseling and testing (CT), and PMTCT services. All exposed newborn will be enrolled in care and those identified as positive through EID enrolled on ART.
GHESKIO will strengthen collaboration with Supply Chain Management System (SCMS) to ensure adequate supply of pediatric formulation of ARVs.

Implementing Mechanism Details

Mechanism ID: 14564	**Mechanism Name: Leadership, Management and Governance**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract

Prime Partner Name: Management Sciences for Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: TA	
G2G: No	Managing Agency:

Total Funding: 3,425,000	
Funding Source	**Funding Amount**
GHP-State	3,425,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This project will consolidate critical management systems functions under MSPP supervision, and implemente needed policy changes at the Central and Departmental levels. The project will work to develop and implement a comprehensive human resources strategy aimed at hiring new staff and addressing the structural issues that make it difficult to retain qualified staff. The project objectives are: 1) Improved allocation of health sector resources (human and financial) to fundamentally support the ongoing decentralization objectives of the Haitian health sector, including diversification of funding and resources within and beyond the public sector; and 2) Improved effectiveness of health sector resources for maximum impact in a decentralized structure. Expected results include: Increase in the percent of the GOH budget spent on health from approximately 5% to 10%; Reduction of out-of-pocket health expenditure from approximately 48% to 40%; Achievement of annual benchmarks for bottom-up, results based budgeting and planning within the national budget setting cycle; Increase in the number of health workers per 10,000 population by cadre and/or geographic area; and Improved equity for health services coverage indicators (comparison of indicator in highest and lowest income quintile groups). USAID will work with the MSPP, the Ministry of Finance, the Prime Minister's office, the World Bank, and other development partners active in the health sector.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	342,500

TBD Details

(No data provided.)

Key Issues

Child Survival Activities

Safe Motherhood

Family Planning

Budget Code Information

Mechanism ID:	**14564**
Mechanism Name:	**Leadership, Management and Governance**
Prime Partner Name:	**Management Sciences for Health**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	3,425,000	0

Narrative:

A proliferation of health actors has made it harder for the MSPP to provide leadership, coordination, management, and appropriate regulation of health service delivery. Provision of free services and lack of reimbursement post-earthquake created a financial crisis for both public and private Haitian hospitals. A critical shortage of health workers throughout the health system is driven in part by salary structures that create disincentives for highly-educated Haitians to work in the health sector.

The USG has determined that the creation of a sustainable health system in Haiti will require a concerted effort to rebuild and strengthen the central, departmental and local levels of the MSPP and also support the sustainability of NGOs by reducing their reliance on public or donor financing. USAID's vision for a fully sustainable health system in Haiti includes:

Objective 1 - Improved allocation of health sector resources illustrative activities include:
• Coordinate with the MSPP to align sector planning and budgeting to the national process
• Support the MSPP to lead donor coordination and resource generation processes

• Support strategic planning for human resources for health at the central level. *• Support departmental level human resource planning, deployment, and training* *Objective 2 - Improved effectiveness of health sector resources illustrative activities include:* *• Support policy dialogue to develop actions that respond to the results of Demographic and Health Surveys (DHS), Service Provision Assessment (SPA), National Health Accounts (NHA) and other assessments of the current health situation.* *• Institute and ensure compliance with norms and standards for quality service provision* *• Support development of annual integrated departmental plans* *• Create a culture of data use for evaluating and responding to changing circumstances*

Implementing Mechanism Details

Mechanism ID: 14572	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 14576	**Mechanism Name: USAID/PROMARK**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: Population Services International	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 0	
Funding Source	**Funding Amount**
GHP-State	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The USG has supported social marketing efforts in Haiti since 1989 and, increasingly, has shared this support with a number of other donors, including the Canadian Cooperation (CIDA), the Dutch Cooperation, the German Cooperation (KfW) and the Global Fund for AIDS, Tuberculosis and Malaria (Global Fund). The support has allowed the introduction of an increasing variety of socially marketed products and the development of the relevant infrastructure for distribution of these products along with mass media messages, targeted communication materials, and peer education. The overall goal of this contract is to have a long-term positive public health impact in the area of HIV/AIDS, maternal and child health (MCH), and family planning/reproductive health (FP/RH) while enabling local stakeholders to improve their skills and knowledge in the Social Marketing area. For FY2012, PSI will identify, train, and mentor a local organization to take take over the delivery of high quality Social Marketing Program in Haiti. Support will be given to strengthen financial and management systems of the local entity. It is expected that this will foster opportunities for other donor streams to support the delivery of socially marketed commodities in Haiti. Additionaly, centralized support to the GOH will be provided in order to develop a total market approach to commodity delivery through socially marketed network, private and private sectors, allowing for the government and other donors to have a more prominent role in the support of subsidized commodities. Following this transition period, it is expected that support of socially marketed commodities would be provided through this newly created local entity.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

Child Survival Activities

Family Planning

Budget Code Information

Mechanism ID:	**14576**

Mechanism Name:	USAID/PROMARK		
Prime Partner Name:	Population Services International		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	OHSS	0	0

Narrative:

As a strategy for sustaining the delivery of high quality Social Marketing programs in Haiti, in FY2012, PSI will identify, train, and mentor one or a few local organization(s) to carry out locally designed and managed Social Marketing programs in Haiti. PSI will conduct a series organizational development assessments to identify a number of local organiztions with the organizational foundation and potential to successfully design and implement Social Marketing activities. The training and mentoring process will cover the technical aspects of social marketing as well as financial and organizational management skills. As a result, the selected, trained, and gratuated local organization(s) are expected to acquire the capacity to implement cost-effective social marketing BCC interevntions addressing a range of behaviors and product promotion and marketing that include, but are not limited to, male condoms, various contraceptive methods to spacing and limit pregnancies, and oral rehydration salts for the prevention of diarrheal diseases. The graduated organizations are also expected to acquire the necessary competency to be eligible to receive and manage USG/PEPFAR funds. Using other USG funds PSI will continue to implement other social marketing BCC activities related to Family Planning and Child Survival. For COP12, a focus on sustainability of socially marketed commodities will be prioritized. To implement this strategy, the current contract will be extended and modified in order to ensure delivery of a localized entity to carry out current activity supported under the PROMARK mechanism. Support will be given to support strengthening of financial and management systems of the local entity. It is expected that this will foster opportunities for other donor streams to support the delivery of socially marketed commodities in Haiti. Additionaly, centralized support to the GOH will be provided in order to develop a total market approach to commodity delivery through socially marketed network, private and private sectors, allowing for the government and other donors to have a more prominent role in the support of subsidized commodities. Following this transition period, it is expected that support of socially marketed commodities would be provided through this newly created local entity.

Implementing Mechanism Details

Mechanism ID: 14578	**Mechanism Name: Leadership Management and Sustainability (MSH/LMS)**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Management Sciences for Health	

Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 2,480,615	
Funding Source	**Funding Amount**
GHP-State	2,480,615

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Under the new PEPFAR II/USG strategy, to support the Ministry of Health in delivering good health services to the Haitian population while ensuring the availability of family planning and other health commodities at both USG supported sites and Departmental Hospitals or Warehouses, USAID/LMS will support the Ministry of Health to implement its strategy for improved logistic and delivery system nationwide. This effort will accelerate the achievement of targets under the health systems strengthening component of the USG/PEPFAR Haiti Reconstruction Strategy. USAID/LMS will work directly with the Family health Directorate (MOH/DSF) and the Pharmacist and Drugs Directorate (MOH/DPM) to reinforce the logistical capacity of the MOH to deliver family planning, HIV, and other health commodities to the major public sector hospitals and the Departmental warehouses. This effort includes: 1) strengthening local capacity to manage the supply chain of USG-donated condoms and family planning commodities; and 2) strengthening the capacity of MOH's DPM and DFS Directorates to manage commodity logistics and facilitate the delivery of quality family planning and other health services to the major public sector hospitals.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	768,240
Motor Vehicles: Leased	80,000

TBD Details

(No data provided.)

Key Issues

Family Planning

Budget Code Information

Mechanism ID:	14578		
Mechanism Name:	Leadership Management and Sustainability (MSH/LMS)		
Prime Partner Name:	Management Sciences for Health		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	OHSS	2,480,615	0

Narrative:

USAID/LMS will work directly with the Family Health Directorate (MOH/DSF) and the Pharmacist and Drugs Directorate (MOH/DPM) to reinforce the logistical capacity of the MOH to ensure and facilitate the delivery of Family Planning, HIV and other health commodities at the major public sector hospitals and the Departmental Warehouses. More specifically, LMS will oversee the actual delivery USG-donated condoms and family planning commodities while providing training and mentoring assistance to develop the internal capacity of the MOH to take over the management of the supply chain. DPM and DSF Directorates will also receive training and mentoring assistance in commodity logistics management and the development of appropriate processes and infrastructure to facilitate the delivery of quality family planning and other health services to the major public sector hospitals. A priority for the COP12 period will be to focus on sustainability of supply chain supportive activities in Haiti. The effort will be achieved through a collaboration with other supply chain support partners in Haiti, both USG and other donors. Specifically, a unified supply chain strategy has been developed addressing the need to house commodities centrally in the Port au Prince area, with strengthening of departmental warehousing and management systems. Key partners in this effort include SCMS, PAHO, and UNFPA. This strategically links vertical supply chain systems currently in place in Haiti. A steering committee has been defined and the newly appointed Minister of Health is the chair of this committee. Both SCMS and USAID/LMS provide central and departmental technical and managerial support. This human capacity support will be included in the Partnership Framework Implemenation Plan, with the objective of transition support to the GOH over a period of time. While SCMS human capacity support has focused on the delivery of HIV and TB related commodities and USAID/LMS

has provided assistance with logistical delivery of family planning and reproductive health-related commities (through the embedding of approximately 14 staff at the central and departmental levels), these scopes will be strategically coordinated over the COP12 period to ensure efficiences achieved and to facilitate absorption of their capacity into GOH mangement systems. The USG supports a pilot project in Nippes and South East to ensure the delivery of health commodities in all sites in these two departments, with this pilot informing the development of a tracking and monitoring system for the DPM, the pharmaceutical management unit within the MOH. Identified field data coordinators will report weekly to the central level (MOH/UPE) to centralize the the tracking and mangement of commodity delivery. In order to centralize the monitoring of commodities tracking and logisitics, USAID will be expanding the Carte Sanitaire database within the UPE, the planning and evaluation unit within the MOH, during the COP12 period to include pharmaceutical tracking data systems. This system will serve to support the DPM as well. To better define our capacity building support to the Ministry, the HIV component under USAID/LMS will be transferred to MSPP HIV Prevention project, a USAID prevention project to be launched in Q4 FY12.

Implementing Mechanism Details

Mechanism ID: 14624	**Mechanism Name: University of Maryland**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: University of Maryland	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 3,000,000	
Funding Source	**Funding Amount**
GHP-State	3,000,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The two main strategic objectives of theHaiti Institutional Strengthening Program (HISP) are: 1) Develop a center of excellence and teaching hospital for HIV clinical care and treatment that is supportive of the University of Notre Dame of Haiti (UNDH) post-graduate training program; 2) UNDH implements a high quality post-graduate

training program.

UMB will provide direct support to UNDH, and the training network to build efficient health systems and institutional capacity to train health professionals in key specialties—skills that increase Haiti's capacity to sustainably support HIV/AIDS and TB programming. The geographic coverage of the program will be determined long term by the final placement of the trainees but immediate coverage will include Ouest, Nord, and Sud Departments. The target population is post-graduate physicians and nurses with an impact on the HIV/AIDS patients at the 5 training sites. To promote sustainability, the HISP will explore mechanisms for cost efficiency such as use of student fees to support the post-graduate training and the leveraging of private donations to UNDH in the later years of the grant. HISP aims to transition to leadership by the UNDH by the end of 5-year grant period. The creation and strengthening of the Grant Management Unit at UNDH will support in-house proposal development to effectively solicit additional funding sources such as the Government of Haiti and international donors.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	1,423,223

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**14624**
Mechanism Name:	**University of Maryland**
Prime Partner Name:	**University of Maryland**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	115,595	0
Narrative:			

Prior to PEPFAR, UMB developed a model for care and treatment support based on providing a comprehensive care delivery model that focuses on long-term treatment success by integrating community support through the JACQUES Initiative. This model was successfully adapted for the needs and settings of the AIDSRelief countries. The community based treatment and support teams developed under the AIDSRelief grant and will continue to use this effective model for providing HIV care and support to infected patients. A package of services will be provided that will include the use of treatment partners, home based care, prevention services, support groups, palliative care and psychosocial support, early diagnosis and treatment of OIs, safe water interventions, and linkages to support services such as reproductive health, food and nutrition support and income generating activities.

Reducing mortality through the early diagnosis and proper management of OIs was a focus area in the last years of the AIDSRelief grant. UMB will build upon the lessons learned and will provide advanced OI diagnosis to patients in care and treatment with the goal of reducing early mortality.

Retention in care has often been overlooked, with the emphasis falling on the retention of patients on ART. UMB will closely monitor the retention in care since it is a gateway to treatment and can be used as a springboard for promoting ARV adherence. The facility clinicians, counselors and DRO will be trained on how to generate and use weekly reports regarding missed appointments and CD4 count schedules so they can more easily track and monitor patients and assist them with staying in care.
UMB will collaborate with HIVQual, I-TEC, Futures Group and other partners of CDC and MSPP in their efforts to strengthen the systems in place to evaluate program results.
The School of Medicine and School of Nursing have faculty experts who will provide training to the two sites on palliative care and psychosocial support for both persons infected and affected by HIV. These services will be part of the standard package of care and will include approaches to address pain management and end of life care.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	130,245	0

Narrative:

TB is an area of focus for the University of Maryland and the clinicians at Foyer St. Camille and the other four training hospitals will receive advanced training in screening, diagnosis and appropriate treatment for TB in the HIV infected individual. A TB screening tool will be implemented at each of the sites to ensure that all patients are screening for signs and symptoms of TB at each clinic visit. Linkages with the TB clinics will also be strengthened to ensure that all TB patients are getting tested for HIV and all HIV patients are screened for TB each time they come to the clinic.

Home based care teams will be trained and utilized to provide screening and referral of suspected cases. Hougans, or traditional healers, will also be trained on how to identify and refer potential TB cases and conduct

contact tracing and testing for known TB cases. This approach was in the early stages during COP11 and based on the successes, this will be rolled out at the training facilities.

GeneXpert and digital x-ray technology will be available to the two facilities and these testing services will be utilized when clinically indicated and in accordance with National Laboratory standards and protocols. Referral testing may be set up for other hospitals in the network based on collaboration with MSPP and the National Laboratory. UMB will link with GHESKIO and PIH to coordinate their approaches to MDR TB identification and management to ensure a streamlined approach to monitoring and treatment. The laboratory staff and clinicians at the sites will benefit from the UNDH post-graduate training program activities also funded under this mechanism and these trainings will be leveraged to improve the quality of care provided at the training hospitals.

Monitoring of these activities will be done through the iSante, MESI and other EMR systems as approved by the MSPP. The TB and HIV monitoring tools will be used as the basis for all data collection and evaluation. In addition to these tools, UMB will work with the Comite du Qualite at each site to design TB/HIV specific evaluations and monitor the interventions for effectiveness.
UMB will work with CDC, GHESKIO, MSPP and LNSP to improve the management of MDR TB cases at the training sites and support designated sites to develop the clinical capacity to manage and treat MDR TB cases after they have been stabilized through the first round of treatment. Outpatient DOT capacity will also be increased at the training sites to ensure a comprehensive network of peripheral sites with the capacity to increase TB treatment completion and success.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	95,413	0

Narrative:

Scaling up of pediatric care and support activities will be done at Foyer St. Camille. The services offered for pediatric patients will, where possible, be integrated into the rest of the care & treatment services to provide for a more family centered approach. Clinicians will receive training on pediatric ART formulations and proper management of pediatric cases since this has been identified as a weakness during the previous years of implementation through AIDSRelief.

Integration of pediatric services with maternal health and childhood immunization services will be done at the Foyer St. Camille and the training hospitals. The same package of services described under adult care and support will be provided for the pediatric patients. Linkages to OVC programs and organizations providing direct support will be done at the clinic level with a bi-directional referral system that can be tracked to monitor effectiveness.

Adolescents infected with HIV will be specifically addressed during the FY12 COP. With the increased number of pediatric patients reaching adolescence and a number of adolescent new infections, there is a need to have specific prevention approaches that are tailored to the needs of this population. Counseling regarding disclosure, adherence and issues of sexuality will be modified to address their needs and perspective. Youth support groups that were very successful in the previous years will be continued in COP12.

Pediatric testing will be implemented fully according to the national guidelines and VL testing will be available to all exposed infants. This testing will be supported for Foyer St. Camille and will also be done through linkages with other partners as necessary.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	127,011	0

Narrative:

Lab and SI allocations reflect efforts in support of treatment and training activities that were previously captured under other budget codes. During the COP 2013 budgeting process UMB attributed program management, staff time and operational costs to these areas and is reflected in the budget code allocations.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	87,133	0

Narrative:

Lab and SI allocations reflect efforts in support of treatment and training activities that were previously captured under other budget codes. During the COP 2013 budgeting process UMB attributed program management, staff time and operational costs to these areas and is reflected in the budget code allocations.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	1,937,589	0

Narrative:

Despite significant success towards universal access, Haiti continues to be burdened by a weak health system, extreme poverty, disproportionate infectious disease burden and stigma related to HIV. Haiti has critically low density of human resources for health underscoring the need for trained infectious disease health professionals. Haiti's educational institutions are under-resourced in materials, qualified faculty and space, and the quality and content of education, especially clinical instruction, varies greatly. Instruction in HIV and other infectious diseases,

chronic diseases, and maternal and child health care depends upon the experience of the faculty member, and can be limited since specialization in these crucial areas is unavailable within Haiti's academic and practice structure.

To address these gaps in health delivery services and clinical human resources with the capacity to provide quality care, UMB in collaboration with UNDH will implement a post-graduate training program for physicians and nurses. Trainees will participate in advanced clinical training in HIV/AIDS management, TB diagnosis, treatment and MDR/XDR TB management, maternal and child health.

To address the MSPP priorities the following four basic and advanced certificate programs will be provided for nurses: 1) Basic HIV/Infectious Diseases; 2) Basic Maternal/Child (includes focus on women's health & <5 mortality); 3) Basic Nutrition and chronic diseases (focus on hypertension & diabetes); 4) Advanced: Advanced Practitioner in Chronic Diseases (including HIV & TB).

The UMB –UNDH collaboration will directly support institutional capacity building and address the shortage of human resources for health. To achieve the goal of institutional strengthening, the Grant Management Unit established at UNDH will be developed to manage the current USG funds and explore opportunities to diversify the funding base for UNDH through other donor sources and activities. The post-graduate training activities will ultimately improve institutional capacity and health delivery services both at the five training sites but also at the larger Haiti health network as the trainees graduate and enter facilities in Haiti to practice.

At the institutional level, capacity for monitoring of HIV/AIDS patient and program level outcomes will be increased. The sites will receive technical assistance to improve their capacity to conduct program and patient level evaluations of quality of care. They will also have the capacity to utilize this information to construct interventions and evaluate their relative success or failure. Post-graduate trainees will learn how to conduct basic data interpretation, critically analyze peer-reviewed research, and translate this information into clinical setting applications.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMBL	54,645	0

Narrative:

UMB will provide training on injection safety, post-exposure prophylaxis, blood borne pathogen protocols and proper waste management. The objectives are to have clear, posted standard protocols regarding injection safety, waste management and proper procedures for post-exposure prophylaxis in all areas of the hospital. Each nurse, doctor and laboratory scientist who interacts with blood borne pathogens will be provided on-site training with follow up mentorship on a quarterly basis.

Monitoring and evaluation of this program area will be based on set criteria relating to the physical presence of single-use syringes, lances and blood drawing equipment, sharps disposal boxes, gloves and other relevant materials as well as period monitoring of the actual practices for blood collection, injections, and invasive procedures. The UMB School of Medicine and the School of Nursing will draw on the standard protocols used by the university hospital facility as well the best practices observed in the developing countries in which they have worked.

A third component of the program will address the commodity management in the facility to ensure that adequate stocks of injection supplies and safety materials such as gloves are always available. Injection safety champions will be identified within the existing staff teams and this person will be responsible for routine checks of stock and documentation through a checklist system.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	56,300	0

Narrative:

Prevention activities emphasizing abstinence and be faithful approaches will be supported at Foyer St. Camille. In the clinic setting as well as through support groups and community linkages, services relating to abstinence promotion will be provided. UMB will work with existing partners to promote proven interventions in the youth support group setting. Facility nurses and counselors will be trained on proper behavior change messaging and will provide promotional material to all VCT clients. These activities will be conducted in collaboration with the HVOP program area.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	86,373	0

Narrative:

UMB will support HIV testing and counseling through both provider initiated and client initiated approaches. This will be done primarily at the health facility setting but will also be provided in the community setting where it is deemed that the yield of new cases identified warrants the effort required to provide these services in the community setting. There will be an emphasis on ensuring that each HIV positive person identified through the community and facility based testing is tracked directly into care at the facility or referred with proper documentation to a more convenient treatment center.

Provider initiated testing and counseling will be promoted throughout the hospital facility at each point of entry into care. UMB will work towards the PEPFAR Haiti wide objective of at least 30% of outpatients receiving C&T services. Training will be provided to a minimum of one nurse/counselor in each ward to ensure that 24 hour access to testing and counseling services are available. These individuals will also be oriented on how to properly link the

patient into care and other services. Enrollment at the point of care will be piloted at FSC. While all patients will be offered testing, specific emphasis will be on the target populations of women through the outpatient department and the antenatal clinic, TB patients, and children. Approximately 80% of the funds will be used for testing in the PMTCT and TB settings.

HIV Counseling and testing (HCT) will be provided at HCT sites within the facilities and through community testing days in collaboration with the facility. The community testing days will be targeted to high risk populations and with a clear plan for how to effectively link infected persons directly into care. Clients coming to these HCT venues will be provided a package of services that includes abstinence, be faithful, condom use, and circumcision messaging. Counselors will be trained on couples counseling with a specific emphasis and protocol on interventions for discordant couples. Most at risk populations will be targeted based on the assessments conducted during the second half of COP11.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	25,118	0

Narrative:

Discordant couples identified through the counseling and testing services and support groups offered at the facility will be enrolled into special programs that will provide targeted prevention services in addition to treatment for the infected partner. In the general clinic setting, the Adherence Red Flag Indicator questionnaire will be utilized to identify patients on treatment who may need additional prevention interventions. As this is a new program area in Haiti for UMB, additional activities may be planned once the composition and prevalence of most at risk populations are identified in the catchment area of Foyer St. Camille. This assessment will be conducted during the second half of COP12. Specific interventions will then be selected based on the composition of the most at risk populations.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	93,511	0

Narrative:

In support of the goal of eliminating mother to child transmission, the University of Maryland Baltimore (UMB) will establish standards at the training hospitals and specifically Foyer St. Camille to demonstrate the best practices in prevention of mother to child transmission. The successes and lessons learned from the previous AIDSRelief activities will be built upon to focus on interventions that work such as mother-baby pair tracking, point of care enrollment and ART provision, the use of case managers, and improved delivery services at the facility. These interventions and approaches will be integral to the on-site education of the UNDH post-graduate trainees and will indirectly support the scaling up of PMTCT programs country wide as the trainees graduate and are placed at health facilities throughout the country.

The proposed targets for COP12 will be re-assessed as Foyer St. Camille (FSC) expands services. Progress at Foyer St. Camille (FSC) will be assessed on a monthly basis to ensure that the proposed interventions are being implemented successfully. The process of continuous quality improvement will be used to evaluate both the progress towards the targets and the quality of care that is being provided. Case managers will be empowered to conduct this continuous evaluation and review process at the site level and will be trained on basic data interpretation.

Community linkages and promotion of partner/family testing and disclosure will be promoted at the site level and UMB will work with other implementing partners in the Ouest department to ensure that comprehensive services are readily available at the point of entry for infected mothers. Couple and family support groups that were shown to have high uptake at the AIDSRelief supported sites will continue at FSC.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	105,624	0

Narrative:

UMB and UNDH through the post-graduate training program will provide training in the advanced management of HIV, TB and other OI. Both pre-service and in-service training will be provided and is further described under the OHSS budget code narrative. On-site training, supervision and mentorship will be provided to the physicians and nurses by UMB staff and faculty at the facility level. Supervision and mentorship will occur at a minimum, on a monthly basis. Trainings will be provided semi-annually or more frequently if there is staff turnover.

Patient level clinical outcomes will be monitored on a regular basis at both the facility and program level. UMB jointly developed a questionnaire that identifies Adherence Red Flag Indicators. This form and approach has been piloted in several of the AIDSRelief countries and was shown to be an effective tool for identifying patients who may be at risk of treatment failure. In the absence of access to regular viral load testing, this is a critical tool that can be used by clinicians to identify patients who need more close follow up and be referred for resistance testing and subsequent second line therapy if warranted. The goal of the Adherence Red Flag Indicators is to identify patients before they actually fail treatment so that appropriate interventions can be provided that can help them get back on track with their treatment. This tool, in conjunction with the nationally approved EMR and quality improvement tools, will be utilized at the two sites to improve patient adherence and long term outcomes.
Retention of patients on ART will also include the use of the home based care teams to conduct home visits and ensure that patients come for their scheduled appointments. The use of accompangateurs will continue and they will be sensitized and trained on the best practices.

Missed appointment, CD4 count and loss to follow up reports will be utilized by the home based care and facility teams to better monitor patient performance. These reports will also be used to monitor program performance and

assist the facility teams in rapidly identifying problems and developing effective interventions to address the issues. This will be done in collaboration with the Continuous Quality Improvement teams.
The laboratory for FSC will be equipped with the infrastructure, experts and clinical services of a specialty center in HIV medicine, including a reference lab for advanced HIV and ID diagnosis and training capacity in these areas. The training network will possess corresponding strength in infrastructure, staff, management, services and training capacity. The FSC site will be the "core" of the network and act as a reference hospital for diagnostic, clinical and training needs.
The following strategic principles will be applied to the training laboratory over the five year grant period: 1) Advanced HIV and ID Diagnostics lab, including scale up of laboratory infrastructure to support specific technologies, platforms and assays to increase diagnostic capacity for HIV specific testing; 2) Laboratory training for physicians and nurses in post-graduate training programs; 3) Reference center for HIV specific testing in Port-au-Prince; 4) Training center for lab technicians in the training network; 5) Achieves national and international accreditation; 6) Development of training network laboratories to support the post-graduate training program.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	85,443	0

Narrative:

Often clinicians are less comfortable treating pediatric patients than adult patients. UMB will provide training, on-site mentoring and supervision to the clinicians at Foyer St. Camille to ensure that both nurses and clinicians are comfortable with providing pediatric care and treatment. This will include the provision of pediatric treatment job aids that will be readily available to all clinicians.

Integrated clinic days will be promoted so as to allow mothers and infants to receive care and treatment along with other maternal and child health care services at the same point of care. This will help to minimize loss to follow up, promote adherence and uptake of immunization services. The joint tracking of mother-infant pairs will also be done.

Laboratory services for pediatric patients will be provided at both facilities and will be capable of providing CD4% and viral load monitoring of children both pre-ART and on ART.

Implementing Mechanism Details

Mechanism ID: 14627	Mechanism Name: Catholic Medical Mission board
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and	Procurement Type: Cooperative Agreement

Prevention	
Prime Partner Name: Catholic Medical Mission Board	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 6,000,000	
Funding Source	**Funding Amount**
GHP-State	6,000,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The purpose of the SIDALE program is to improve integrated HIV Clinical-based services by providing financial and technical assistance to a network of seven faith based hospitals and their satellite health centers (12) throughout Haiti. While the specific focus of the project is HIV/AIDS Care and Treatment, SIDALE will also improve the financial systems, management and leadership processes, strategic information capabilities, and business development strategies which will strengthen the health systems as a whole. The current network of hospitals included in SIDALE are the following facilities and their satellite centers: Hopital Espérance de Pilate, Hopital Sacré Coeur de Milot, Hopital Saint Jean de Limbé, Hopital Alma Mater de Gros Morne, Hopital Saint Boniface de Fond des Blancs, Clinique Bethel de Fond des Nègres and a seventh one to be identified under COP12. For FY12, SIDALE will continue to focus on identifying site capacity and performance gaps and rigorously address them through a capacity building feedback loop, applying targeted technical expertise and knowledge transfer to the clinical, managerial, financial, operations and M&E areas of greatest needs. SIDALE's support integrates the delivery of HIV clinical care and treatment services with primary care services. SIDALE will continuously work with this network of faith based hospital to strengthen and enhance their capacity to leverage resources from other donors to diversify their funding sources. As aforementioned the SIDALE's technical support in financial and management system will reinforce sites cost recovery system and increase local contribution in financing health activities. Through the partnership with Future's group, SIDALE will has implemented a robust monitoring and evaluation system.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	212,446
Motor Vehicles: Purchased	85,550

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**14627**		
Mechanism Name:	**Catholic Medical Mission board**		
Prime Partner Name:	**Catholic Medical Mission Board**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	547,080	0

Narrative:

Under COP12, SIDALE will continue to provide appropriate support to the seven institutions and 12 satellite clinics to offer high quality VCT services and also define strategies to scale-up VCT services. SIDALE will promote several approaches : 1) Institutional VCT: a/client initiated: friendly structure to facilitate people to come on their own to receive counseling and testing services; this strategy will increase the demand for HIV testing; and b/ provider-initiated: VCT services will be offered to all patients who come to the clinic, in all main units (general medicine, interne medicine, outpatients departments etc.); all the partner facilities will put an emphasis on TB clinics, antenatal and postnatal clinics to ensure that HIV screening is offered; 2) Mobile clinics in high prevalence areas will continue to be supported under COP12. SIDALE will ensure that each institution has enough well trained counselors, tools, materials and supplies to ensure good quality VCT services. In collaboration with MOH, SIDALE will conduct training and supervision for counselors in VCT to ensure valuable counseling and testing. SIDALE will support the implementation of the finger-prick testing strategy to shorten time, reduce loss to follow-up and increase the number of individuals being tested and receive their results the same day. On-site refresher trainings will be conducted and related follow-up will take place during technical assistance visits. IEC materials will be reviewed, improved and disseminated, to encourage testing in the general population and target

groups. SIDALE will work with each institution to ensure that a strategy is in place between VCT services and HIV units to guaranty a good flow of HIV positive patients and help prevent loss to follow-up. SIDALE will continue to strengthen referral linkages with post-test clubs and care and treatment programs and will work with CHAMP and other appropriate community partners to conduct sensitization activities on the importance of testing and on issues such as HIV/AIDS stigma and discrimination and infection prevention methods. SIDALE will emphasize the importance of community mobilization to increase visits to the VCT centers, and to facilitate access to treatment, care and support of PLWHA. In addition, all clinical staff (regardless of their assigned department) will be trained on the fundamentals of HIV and TB infection. The prevention model will ensure high quality counseling and testing services for all patients, provision of a minimum package of prevention services including PwP and provision of high quality PMTCT services to decrease infections among newborns. SIDALE will also work with site management to ensure that the referral of all inpatients and outpatients to VCT services, and mandatory screening to identify co-infection among those who are HIV or TB positive, are components of the health system and protocols. SIDALE will ensure that all seven institutions are part of an external quality assurance program to ensure high quality testing performance. Finally, SIDALE will promote best practices and experience sharing in scaling-up VCT among the faith based institutions at least twice a year during partners meetings. SIDALE will provide counseling and testing to 44,000 people throughout seven faith based institutions by the end of September 2013.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	130,918	0

Narrative:

SIDALE's goal is to help orphans and vulnerable children (OVC) grow and develop into healthy, well-adjusted and productive members of society. SIDALE will continue developing a mechanism for OVCs in the community that ensures that the children in need of HIV clinical services are referred to the care and treatment sites and that all OVCs within SIDALE are enrolled for services provided by community programs. SIDALE will organize training for community health workers and families, to ensure that they are informed about the special needs of infected children and OVC (i.e.: counseling on nutrition, education, health needs, etc.). The project will ensure that community workers and care givers are sensitized on stigmatization and linked to churches/NGOs/schools to collaborate and advocate on health and HIV issues. SIDALE will engage families, mother and fathers to assist in patient tracking within the community and ensure the follow up of care.

CMMB has been responsible in the past for OVC under the AIDSRelief Project and worked collaboratively with the communities in order to provide comprehensive services for OVCs, including care, treatment and psycho social support. This will continue with SIDALE through lessons learned and evidence-based best practices gathered under the AIDSRelief model.

Careful attention will be given in conceptualizing and implementing OVC activities to ensure that differing needs of boys and girls are identified and addressed, appropriate to their developmental stage. The girl child often faces a

disproportionate level of risk and vulnerability for exploitation, physical and sexual abuse, trafficking, HIV infection and burdens of caring for family members. SIDALE in collaboration with CHAMP will address these risks and strive to relieve the excessive burden that caring for family members often places on children and youth. Strategies for addressing these issues may include interventions that ensure girls have all that is necessary to continue in school, including secondary or vocational level schooling. This may include ensuring the provision of funds for school fees, transport, books and/or uniforms, and that there is family/caretaker support for staying in school.

SIDALE will participate in all clusters working on building local, regional and national capacity to strengthen the structures and networks that support healthy child development, to gather and use strategic information, and to develop policy and program responses that lead to comprehensive and effective care for OVCs.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	249,961	0

Narrative:

SIDALE will continue to provide technical support to sites to ensure that all TB patients are tested for HIV and all newly identified HIV positive patients are screened and tested for TB. SIDALE will ensure that the faith based institutions have well trained staff in TB case detection, TB treatment and TB screening. So far, AIDSRelief data showed that TB is poorly integrated with HIV/AIDS services at the sites level. During the FY2012 COP, SIDALE will continue to support the sites to better integrate the TB and HIV into primary care services. The project will provide the seven faith based institutions with mentoring and technical assistance to ensure that providers can treat both HIV and TB. SIDALE will promote TB program integration with HIV/AIDS programs at each site by establishing a strong referral system for an efficient flow of co-infected patients between the HIV and the TB units, with an emphasis on sharing information on the progress and outcomes of these patients between the units.

SIDALE will also continue working with Supply Chain Management Systems (SCMS) to ensure adequate symptomatic screening with PPD test and provision of related commodities, as well as INH for prophylaxis.

SIDALE will continue to collaborate with the Ministry of Health (MOH) at the central and departmental levels, and other lead TB NGOs (International Child Care, CARE, and Groupe Haitian d'Etude du Sarcome de Kaposi et des Infections Opportunistes (GHESKIO)) to coordinate and monitor the national TB/HIV program.

SIDALE will improve safety and bio-medical prevention by working with sites to implement basic systems and protocols, facilitate appropriate waste management, increase bio-medical prevention and bring sites up to national and best practice standards. In particular, sites will implement systems to control the spread of hospital-based infections and to identify cases of facility-based drug resistance to TB (MDR-TB).

The project will also strengthen linkages with CHAMP to ensure early identification and case finding for TB and promote ongoing treatment support for patients. SIDALE will support the seven treatment facilities for intensified patient follow-up to improve treatment success and identify treatment failure for proper management.

SIDALE's core clinical team will provide the partner sites with appropriate on-site technical assistance and

supervision to ensure that the sites regularly review and report high-quality data using the TB M&E framework.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	385,227	0

Narrative:

SIDALE will implement a multi-pronged approach to providing comprehensive pediatric care and support that improves neonatal, infant and child survival in line with the national protocol of pediatric HIV management.
The approach includes: PMTCT, HIV testing and counseling for infants, children, and adolescents, comprehensive package of care of exposed infants and their HIV+ mothers including provision of cotrimoxazole (CTX) prophylaxis for exposed and infected children, Opportunistic Infections treatment, infant feeding and nutrition assessments, immunization, palliative care, psychosocial support services, and care for families.
The Polymerase Chain Reaction (PCR) initiative which is being used at all sites will be reinforced to ensure that early infant diagnosis is being fully utilized. Supporting the scale-up of child friendly spaces and services at hospitals to better serve pediatric patients and their families will also be considered. The approach aims to ensure that all HIV positive children are enrolled and benefit from a complete package of screening (opportunistic infections; including TB, Cryptococcus neoformans, PCP and CD4 count testing) and treatment.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	154,044	0

Narrative:

SIDALE will continue to support laboratory services to perform all lab routine tests for the HIV/AIDS program. Laboratories will be properly staffed and equipped to ensure that all facilities have labs which meet the national standards of the ministry of health (MSPP). As such the project will ensure a) that all written Standard Operating Procedures and necessary tools to support good quality of services are available and b) the implementation of an electronic record system in collaboration with the National Laboratory.
Under the leadership of the Laboratory Advisor, SIDALE will continue to support continuous quality improvement at all sites. SIDALE will seek expertise from national and international partners to ensure Assurance/Quality Control protocols are implemented at all sites. Continuous technical assistance and supervision will be provided to ensure that the lab equipment remains functional, and training will be conducted to ensure that the lab technical skills of existing or new staff are accurate and up to date. SIDALE will liaise with the national counterparts (National Laboratory) to coordinate the maintenance and repair of all lab equipment.
To address the needs of sufficient space in some hospitals, extension and refitting have to be done to promote and enable safe TB processing and patient sample collection, as well as chemistry and hematology.
As identification of co-infected patients is important for quality of care and expansion of ARV services, where necessary, lab space will be reorganized to accommodate TB diagnosis capacity while implementing proper

infection control measure as well as adequate management of contaminated biomedical waste.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	666,187	0

Narrative:

SIDALE will support capacity strengthening activities in all areas of strategic information including: monitoring and evaluation, data demand and information use, and health informatics. Futures will implement central and site-level training and provide technical assistance to strengthen health facilities capacity to collect clean data and use it for decision making and for analyzing clinical and programmatic information in order to provide high quality HIV/AIDS care and treatment. This includes the capacity of the project staff in managing, analyzing and using clinical data not only to practice adaptive patient management but also to ensure sustainability and improved health facility planning and management.

The Site Capacity Assessment Tools (SCA) which has been used to assess the site during COP11 will be enhanced during COP12 to facilitate site adaptive management based on a SIDALE specific instance of the dashboard.

IQTools, whose implementation started during COP11 and will be fully deployed and rolled out to all sites during the COP12. IQTools enables sites to automatically generate custom reports through query functionality, harmonize SIMPLE and iSanté data, and produce automated Quarterly reports, ARV pick-up report and cohort mortality reports, which can be stratified by population groups (male, female, and pediatrics).

Sites will receive technical assistance in data analyses techniques and patient line analysis, which will allow the analysis of several overall trends including TB incidence, provider diagnosis rates, and regimen completion by population groups (i.e. males, females, pediatrics). Sites will also receive support in the continued and increased analysis of retention and attrition data, as well as PMTCT and its linkages with child survival. mHealth, GIS and other mobile technologies will support tracking for Patient referrals and also a reminder system.

To support the strengthening of the network, using a multi-disciplinary approach, the SIDALE team will identify two or three sites that have already taken a leadership role in developing a "culture of information". A CQI/DDIU specialist from these sites will be trained in EpiStats; and an IT specialist will receive capacity building in developing and maintaining databases, networks and other IT tools. These employees will be responsible for continuing to build capacity at their sites (better documentation, data analysis, and piloting new initiatives) and for assisting neighboring sites in developing their ability to manage data.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	887,713	0

Narrative:

SIDALE will place emphasis on health systems strengthening toward sustainability by continuing the capacity

building process launched under COP11. The project will continue to focus on identifying site capacity and performance gaps and rigorously addressing them through a capacity building feedback loop, applying targeted technical expertise and knowledge transfer to the clinical, managerial, financial, and M&E areas of greatest need. According to their individual needs, sites will be provided with training to improve supply chain management, leadership and governance, grants compliance and financial reporting, ensuring that appropriate policies and procedures are in place to support best practices. Appropriate IT systems will be put in place to ensure excellent management and use of information at all sites. The sites will also be supported to develop a diversified funding strategy by leveraging internal and external resources. Finally, SIDALE will work with sites to ensure engagement of local leadership, MSPP, UCP and other government structures, identifying areas for collaboration and utilizing the Community Services department (CSD) to pursue partnership of particular interest.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	150,040	0

Narrative:

SIDALE will provide direct and concerted mentoring at all sites on all three core prevention areas (PMTCT, VCT and PwP) to ensure universal access targets are achieved in the course of the grant. The clinical team and their partners, in close collaboration with CHAMP, will continue to provide support on how to implement a successful minimum package of PwP at the site and community level. The minimum package of services for PwP consist of a) Assessment of sexual activity and risk reduction counseling, b) assessment of partner status, partner testing or referral for partner testing, c) Assessment of STI and if indicated STI treatment or referral for client and partner, d) assessment of family planning needs and if indicated referral for family planning services or safer pregnancy counseling, e)assessment of treatment adherence and if necessary support services for treatment adherence, f) assessment of need and referral of PLHIV into support group, post-test club, etc. SIDALE will work to implement at all sites the adapted PwP model developed by I-Tech in collaboration with the University of San Francisco California. SIDALE will support these activities in Milot, Pilate, Limbé, Gros-Morne, Fond des Blancs, Fond des Nègres and their surrounding areas. During the past years, Hôpital Alma Mater (HAM), with the Gerard Foundation support, has implemented a Cervical Cancer Screening (CCS) integrated into antenatal care using VIA (Visual Inspection of the cervix using Acetic Acid), and Cryotherapy is used to treat precancerous lesions. SIDALE, through COP12 funding, will strengthen CCS at HAM and advocate expanding these services to all sites, in partnership with Gerard Foundation. CCS will be included in the minimum package of care offered to all HIV pregnant women.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	510,697	0

Narrative:

Under COP12, SIDALE will continue to provide appropriate support to the seven institutions and 12 satellite

clinics to offer high quality VCT services and also define strategies to scale-up VCT services. SIDALE will promote several approaches : 1) Institutional VCT: a/client initiated: friendly structure to facilitate people to come on their own to receive counseling and testing services; this strategy will increase the demand for HIV testing; and b/ provider-initiated: VCT services will be offered to all patients who come to the clinic, in all main units (general medicine, interne medicine, outpatients departments etc.); all the partner facilities will put an emphasis on TB clinics, antenatal and postnatal clinics to ensure that HIV screening is offered; 2) Mobile clinics in high prevalence areas will continue to be supported under COP12. SIDALE will ensure that each institution has enough well trained counselors, tools, materials and supplies to ensure good quality VCT services. In collaboration with MOH, SIDALE will conduct training and supervision for counselors in VCT to ensure valuable counseling and testing. SIDALE will support the implementation of the finger-prick testing strategy to shorten time, reduce loss to follow-up and increase the number of individuals being tested and receive their results the same day. On-site refresher trainings will be conducted and related follow-up will take place during technical assistance visits. IEC materials will be reviewed, improved and disseminated, to encourage testing in the general population and target groups. SIDALE will work with each institution to ensure that a strategy is in place between VCT services and HIV units to guaranty a good flow of HIV positive patients and help prevent loss to follow-up. SIDALE will continue to strengthen referral linkages with post-test clubs and care and treatment programs and will work with CHAMP and other appropriate community partners to conduct sensitization activities on the importance of testing and on issues such as HIV/AIDS stigma and discrimination and infection prevention methods. SIDALE will emphasize the importance of community mobilization to increase visits to the VCT centers, and to facilitate access to treatment, care and support of PLWHA. In addition, all clinical staff (regardless of their assigned department) will be trained on the fundamentals of HIV and TB infection. The prevention model will ensure high quality counseling and testing services for all patients, provision of a minimum package of prevention services including PwP and provision of high quality PMTCT services to decrease infections among newborns. SIDALE will also work with site management to ensure that the referral of all inpatients and outpatients to VCT services, and mandatory screening to identify co-infection among those who are HIV or TB positive, are components of the health system and protocols. SIDALE will ensure that all seven institutions are part of an external quality assurance program to ensure high quality testing performance. Finally, SIDALE will promote best practices and experience sharing in scaling-up VCT among the faith based institutions at least twice a year during partners meetings. SIDALE will provide counseling and testing to 44,000 people throughout seven faith based institutions by the end of September 2013.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	0	

Narrative:

SIDALE will provide direct and concerted mentoring at all sites on all three core prevention areas (PMTCT, VCT and PwP) to ensure universal access targets are achieved in the course of the grant. The clinical team and their

partners, in close collaboration with CHAMP, will continue to provide support on how to implement a successful minimum package of PwP at the site and community level. The minimum package of services for PwP consist of a) Assessment of sexual activity and risk reduction counseling, b) assessment of partner status, partner testing or referral for partner testing, c) Assessment of STI and if indicated STI treatment or referral for client and partner, d) assessment of family planning needs and if indicated referral for family planning services or safer pregnancy counseling, e)assessment of treatment adherence and if necessary support services for treatment adherence, f) assessment of need and referral of PLHIV into support group, post-test club, etc. SIDALE will work to implement at all sites the adapted PwP model developed by I-Tech in collaboration with the University of San Francisco California. SIDALE will support these activities in Milot, Pilate, Limbé, Gros-Morne, Fond des Blancs, Fond des Nègres and their surrounding areas. During the past years, Hôpital Alma Mater (HAM), with the Gerard Foundation support, has implemented a Cervical Cancer Screening (CCS) integrated into antenatal care using VIA (Visual Inspection of the cervix using Acetic Acid), and Cryotherapy is used to treat precancerous lesions. SIDALE, through COP12 funding, will strengthen CCS at HAM and advocate expanding these services to all sites, in partnership with Gerard Foundation. CCS will be included in the minimum package of care offered to all HIV pregnant women.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	480,689	0

Narrative:

All sites and their satellites will continue to provide PMTCT services, in order to diagnose HIV/AIDS among pregnant women and reduce HIV/AIDS transmission from mother to child. SIDALE will continue to assist the sites in addressing major challenges related to preventing the transmission of HIV infection from mother to child. The strategy will put continued emphasis on comprehensive family-centered PMTCT services. All pregnant women will also be offered CT for syphilis, and treatment services if necessary. The main focus of the project will be to provide technical assistance and support to the sites to enable them to administer, in a timely manner and in accordance with the national guidelines, prophylaxis to at least 80% of HIV positive pregnant women who had prenatal care visits. In order to encourage good management of deliveries, SIDALE will ensure that the sites have adequate supplies for PMTCT in the antenatal care wards and will reinforce maternity services with appropriate equipment, staff and training.

In collaboration with CHAMP, the project will work to utilize community health workers and develop strong linkages with community opinion leaders and community based services to track pregnant women, provide on time prophylaxis to newborns, and improve PMTCT outcomes overall. Traditional Birth Attendants will also be used to track mothers and administer prophylaxis to those who do not intend to deliver in facility, while also continuing to increase number of pregnant women accessing prenatal care services and institutional delivery. Throughout the year, SIDALE will work to enhance quality of PMTCT services, by placing emphasis on improving service quality and integration through the case manager approach, and through strengthening the capacity of health systems "as

a whole".
SIDALE will support the use of all National M&E Tools for PMTCT data collection, reporting and information. M-health Technologies will be used to ensure close follow up with the women for delivery purposes as well as to remind them of the need to keep in touch with the Health Center.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	1,432,686	0

Narrative:

SIDALE will continue to support each site to scale up the enrollment of ARV clients through expanded hospital-based and targeted community-based VCT services that target patients at highest risk for HIV, and through referrals from clinical programs such as TB treatment programs. Training on ART will be provided to insure accurate knowledge among the clinical staff and updated information will be provided when necessary. Specific technical assistance and close site supervision will be provided to ensure that ART is initiated as soon as possible when feasible (the same day), while continuing adherence counseling. SIDALE will ensure that all patients newly enrolled under ART receive appropriate intensified adherence counseling on a regular basis and are provided with close follow-up to guaranty adherence success to ART. The sites will continue to monitor the patients' visits to the clinic and to the pharmacy and implement timely follow ups.
SIDALE will promote strategies to expand ARV services at the sites, including 1) patients known to be adherent will be given 2-3 month ARV supplies to ensure that providers have enough time to see new patients who need frequent monitoring follow-up visits; 2) all HIV positive patients be screened for TB and the newly tested positive patients be enrolled on ART according to the national guidelines; 3) in order to increase the number of patients enrolled under ART, all seven sites will implement strong linkages with PMTCT services to ensure continuity of ARV treatment for HIV positive pregnant women enrolled in PMTCT. This strategy will also be applied to pansion of the ARV services to new sites.
SIDALE will seek to increase retention rates and reduce mortality rates through CQI/DDIU efforts and regular exchanges among partners on challenges and successes. The project will also work with the site management to ensure that referral of all inpatients and outpatients to CT and mandatory screening to identify co-infection among those who are HIV or TB positive is a component of the health system and their protocols.
Hospital laboratories will be scaled up to be capable of performing important routine lab tests to monitor ART and treatment outcomes. In addition, infrastructure will be enhanced to insure that SOPs are in place to ensure the quality of lab services. Sites will receive continued technical assistance in the implementation and troubleshooting of CBTS tools rolled out during the previous years. Technical assistance will also be provided to sites in streamlining community-based and facility-based services to ensure linkages are efficient and effective. The team will work to further reduce loss to follow up rates.

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Treatment	PDTX	404,758	0

Narrative:

SIDALE will work to scale-up pediatric treatment and reinforce pediatric services to ensure the long term health of all HIV-infected children. At the site level, ongoing technical support will be provided in three key areas: determining eligibility; treatment initiation, monitoring and follow up; and practical pediatric treatment challenges. Sites will receive one-on-one mentoring to ensure quality pediatric treatment.

Efforts to identify children in need of treatment will continue by including children and siblings of patients, inpatients, children seen at child health clinics or well baby clinics, community vaccination campaigns, and orphanages, etc. in outreach activities. IEC materials will be created and improved to encourage pediatric testing and enrollment in care as well as to reduce stigma. SIDALE will support all seven partner facilities to better integrate HIV into primary pediatric care services in order to improve quality of services at Ped outpatient clinics. This strategy will increase attendance at the Ped outpatient clinics and will improve the capacity to identify HIV positive children.

Implementing Mechanism Details

Mechanism ID: 14706	**Mechanism Name: FOSREF 0224**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Foundation for Reproductive Health and Family Education	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: PR/SR	
G2G: No	Managing Agency:

Total Funding: 1,500,000	
Funding Source	**Funding Amount**
GHP-State	1,500,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The FOSREF/CDC/ PEPFAR project will continue to serve nationwide its key target populations: Youth all

categories (both sexes), Sex Workers and clients, pregnant women, People Living with HIV/ AIDS and their families, OVC . The project will expand by implementing services to the "Center Department", through 2 new clinic- centers, one for the Youth (in Hinche -the main city of the Centre Department), and one for Commercial Sex Workers and Sexual partners (in Belladere/ city on border with the Dominican Republic).

The goal of the project is to reduce the HIV prevalence in Haiti, and to increase access to HIV/ AIDS services to the Haitian population. The project will continue to deliver a complete package of HIV/AIDS prevention, care and treatment services throughout the country to the most vulneralble groups and high-risk groups. The specific objectives of the project are to: 1) reinforce and increase access to screening and treatment of Sexually Transmitted Infections (STI) and HIV screening for 90% of all vulnerable and high-risk groups including migrants, within a comprehensive package of integrated preven-tion services, in a five-year period. 2) reinforce and increase access to care and treatment of HIV/AIDS, and support services to 100% of HIV (+) vulnerable and high-risk populations, within the FOSREF network, in a five-year period. In order to become more cost efficient, for all the components of the project (All program- areas) the emphasis will be realized on the complete integration of the Community Mobilization/ participation strategy and the clinical/ medical services strategy (institutional services). FOSREF will monitor the activities with ongoing data collection at institutional level and at community level, with community participation.

Cross-Cutting Budget Attribution(s)

Gender: Gender Equality	30,000
Key Populations: FSW	32,000

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**14706**

Mechanism Name:	FOSREF 0224		
Prime Partner Name:	Foundation for Reproductive Health and Family Education		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	351,455	0

Narrative:

FOSREF will continue to reinforce its care and support services to PLHIV adult population in its adult centers located in the West department (CEGYPEF and satelites centers of Solino and Christ Roi). This program will continue to address the needs of the youth and CSW HIV Positive tested at FOSREF centers and those from all PLHIV FOSREF's partner- associations. The proposed program will allow FOSREF to provide standard palliative care in a network of 20 FOSREF centers particularly to the youth HIV Positive and CSW HIV positive. Activity 1: Assessement of the clinical status of patients and to provide opportunistic infection (OI) treatment and prophylaxis, nutritional assessments, counseling and support. Patients will also benefit from long-term follow-up to determine the optimal time to begin ART and to refer them to ARV sites. Other activities: kit distribution (nutrional and hygiene), and support group in all centers and communities integrated in the project. Activity 2: References and counter-references with the ARV sites located in the targeted departments for the PLHIV eligible for ARV. Other services: tracking, adherence support, psycho-social and preventive care services, and basic home-based care for the ARV patients. Activity 3: Post-test clubs and support groups for PLVIH, who will be trained as peers that have a key role in the screening of HIV (+) people presenting early signs or symptoms of opportunistic infections. Physicians, nurses, counselors, psychologists, social workers and health community workers are all part of the team in charge of activities. Home/community-based activities for HIV-infected adults and their families will be also a very important aspect of the program. The program will deliver Clinical to PLHIV with a complete package of prevention including: partner/couples HIV testing and counseling, risk reduction counseling, adherence counseling and support, STI diagnosis and treatment, family planning counseling, and condom provision (positive prevention) treatment of OI and other HIV/AIDS-related complications; The program will also provide to the PLHIV nutritional assessment, and psychological support. The program will make a strong emphasis on the pateint retention in care and support, particularly through its very well organized of Community system of follow up of the patients and the well organized system of referrals, with accompagnateurs. The 6 exisiting Palliative care centers of FOSREF in the West department in the commune of Port au prince and Delmas will have their laboratory settings well reinforced and the other 14 centers in the West deparmtment will, progressively have also a reinforcement of the laboratories. It is important to signalize that there will be very strong linkages between those centers delivering HIV care and support with the ARV center of FOSREF (CEGYPEF), and the referrals and contre-referrals will be well organized. The staff of the centers will regularly evaluate the performance of the program, in order to take measures to correct any weaknesses. This will be realized with the support of the Chief of Care and Service of FOSREF, the staff of the section of "Quality of Services" at Central level, and the HIVQual Committee at center level. All these activities and interventions will permit to have a better adherence of the

patients and will permit to have the retention of the patients and avoiding abandon of patients under treatment.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	70,245	0

Narrative:

The FOSREF OVC project is to improve the social conditions, health and quality of life of OVC and provide support to families caring for OVC in Haiti. This is in line with the national PEPFAR OVC goals which prioritize a family-strengthening approach. The activities will continue to be carried out in five departments within Haiti: South, South East, Grande Anse, Nippes and West by FOSREF, a national non-governmental organization. The project will target children of both sexes, less than 18 years old, who are infected with HIV, or who have lost one or both parents to HIV/AIDS or who are directly affected by HIV/AIDS. Most children will come directly from linkages to the FOSREF Palliative Care, PMTCT and ARV programs, thereby further reinforcing our internal referral system.

To achieve its goal, this program will put special emphasis on key issues related to OVC and will have a strong community-level focus. The Clinical services delivery strategy which is a key strategy of the project will allow OVC to have access to a large range of clinical / psychological support services and community outreach services for OVC and supported families. Activity 1: Training sessions for OVC peers will be organized at the center level in the five departments served. Activity 2: Provision of psychosocial (psychosocial support to OVC at center and community level and for individual families) and educational support (school fees, school materials and uniforms) and vocational training for older OVC. Activity 3: Specific individual or group education sessions will be organized for OVC girls on self-esteem, negotiation skills, and life-skills. Activity 4: Clinical services for OVC with basic clinical care for common diseases such as non-complicated respiratory infections, diarrhea. Referrals of OVC presenting complicated diseases, at community and at institutional level. Activity 5: Economic strengthening of OVC and families, with income-generating especially for the poorest and most affected large families. The OVC team is comprised of physicians, nurses, psychologists, counselors, social workers and OVC peers.

In past years, the program has had major successes in identifying and linking OVC to available services. This has been accomplished through the well-organized referral system between the Palliative care and PMTCT components of the program and the OVC program. On the other hand, the program has known some challenges. The first is the vulnerability of most children in Haiti, not just OVC; this has determined a higher than expected volume of demands for services from the community, which the program, as defined, could not respond to. Another challenge has been the stigmatization and discrimination towards OVC caused by the actual services provided to them; when OVC can take advantage of services that should be available to all children, especially vulnerable and extremely poor ones, discrimination happens. The project has been able to deal with this issue by organizing activities for all children (both OVC and non-OVC) while ensuring that the project includes specific interventions for OVC only (or primarily).

In order to build an evidence base for the strategies and activities used, program impact will be evaluated mid-term

and at end of project. Success stories and best practices will be recorded at community and deparmental level.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	490,075	0

Narrative:

From its 33 youth, general population and SW-specific centers, the project's network will grow by the second year through the expansion of its specialized VCT and STI services to MSM and migrants. Activities targeting men will continue to focus on specific sub-populations such as men with multiple partners, men with high-risk sexual behavior, clients of prostitutes, and single men, with special emphasis on gender equity. Activities for pregnant women will continue to be mainly delivered in the four adult sites located in the metropolitan area and sub-urban, marginalized areas, of the West Department; they will also be available to all the pregnant young girls in the youth centers at national level, with Family Planning services integrated to the HIV services.

FOSREF will continue to provide VCT services to CSW and clients in 11 CSW-specific sites. The CSW trained peers will continue to be fully involved in the counseling process as key actors. FOSREF will continue to promote VCT services at fixed points of prostitution including brothels and bars and conduct HIV awareness sessions for clients of CSW in an effort to discourage them from engaging in high-risk sexual behaviors. HIV(+) CSW will be integrated in support group activities promoting positive prevention and gender equity and enrolled in Palliative Care or ARV treatment, with case managers and social workers playing an essential role in tracking and follow-up, as well as establishing successful linkages, within our network.

FOSREF will continue to provide VCT services to youth in the existing 18 specialized youth centers.Trained youth facilitators will continue to serve as counselors. Youth aged 15 to 24 years will continue to receive VCT-related services, integrated with other reproductive health services. Both HIV(+) and HIV(-) youth will be integrated in post-test clubs. HIV(+) youth will be referred for care and support services as well as ART. A team comprised of physicians, nurses, psychologists, lab technicians, and youth facilitators will conduct the activities. This strategy will be extended to MSM, and Migrants for STI management and VCT.

The program will continue to counsel and test pregnant women for HIV during prenatal visits and will ensure that HIV(+) women are formally enrolled in a PMTCT site offering a comprehensive package of PMTCT services in their community.

In our network of CSW centers, the average HIV prevalence among the CSW is around 5.4% (with the highest rate in the Commune of St Marc/ Artibonite which is 10%, and the lowest rate in the west department (Commune of Petion Ville: HIV prevalence among CSW: 4%). For the youth the average prevalence in our national Youth/ VCT program is around 1.9 to 2.3%.

The FOSREF 's VCT program has tested more than 23.000 people for the last year, and more than 60% of the services providers of the FOSREF's network have received refresher courses during the last year. It is important to signalize the in the FOSREF's VCT network program, all the VCT services are completely integrated with the other services of the centers (Psychological support, Family Planning, Post test clubs etc... etc…). People tested positive

for HIV are automatically integrated in the Post test clubs activities/ support groups, and are enrolled in care and support program.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	209,785	0

Narrative:

FOSREF will continue to deliver high-quality PMTCT services to pregnant women in all four of its adult centers located in Port-au-Prince (West department), and will extend them in COP12 to pregnant young girls in the youth centers, located in the West, North, North-East, North-West, Artibonite, South, South-East, Nippes and Grande-Anse departments.

This extension of services to pregnant youth will allow FOSREF to raise its annual targets from 600 (for COP11) to 825 and 975 respectively for the next two years.Those targets will be achieved through the integration of PMTCT services into the package of clinical services already offered at the youth centers and the promotion of services in the communities served by the youth and adult FOSREF centers.

Year-round community mobilization activities promoting VCT, prenatal care and PMTCT and special activities for specific occasions like Mother's Day, will be organized in order to increase PMTCT uptake. The project will continue to use the Clinical service delivery strategy with the Prenatal clinic as the key point of entry for pregnant women and youth. This will also allow for integration into psychosocial support services for women PLHIV, access to support for delivery and referrals for access to OVC services. All these strategies have proven to be effective in increasing retention and adherence and will continue to allow for adequate access to screening, treatment, care facilities and support services, within our network.

Individual information sessions will cover HIV C&T during pregnancy for all pregnant mothers, and also for all women in the waiting rooms of those SRH adult centers. Services provided will include information and education on HIV prevention, psychological and nutritional support, referral system for HIV(+) mothers and training.

The integrated PMTCT services will continue to be delivered in coordination with the other formal services (Palliative Care, VCT and Family Planning). For all pregnant women tested HIV positive, the case manager with the community workers will play a central role in the active search for all contacts (particularly sex partner/s), and family members will be informed about VCT. They will receive psychological assistance both at community and center level. All the HIV positive pregnant women will have regular medical exams, and will have basic lab exams such as: syphilis testing, all blood prenatal routine exams, urines, vaginal smears, CD4. There will be counseling sessions for pregnant women regarding PMTCT during prenatal visits; HIV positive women will be formally enrolled and received a comprehensive package of PMTCT services.

All the HIV positive pregnant women will receive bi-therapy during their prenatal visits. Under the supervision of the case manager, the accompaniers of the centers will ensure that all pregnant women receive their therapy also during the period of delivery, and in the postnatal period, since the 4 adult centers and the youth centers do not offer maternity/delivery services. A team comprised of physicians, nurses, counselors, case managers and

community health workers are in charge of these activities. Progress will be periodically measured by ongoing collection of data, scheduled supervision and quality monitoring as well as reporting of the project activities.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXD	92,950	0

Narrative:

TBD

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	285,490	0

Narrative:

The program will allow FOSREF to continue to provide ARV services to its patients in the West department in the FOSREF/PEPFAR- ARV center(CEGYPEF),, particularly the youth and CSW patients. This ARV center, which is the FOSREF main adult center , deserves all FOSREF's clients (Youth, CSWs, adults etc…) tested HIV(+), of all 18 FOSREF VCT sites in the Metropolitan area. All HIV(+) patients from those centers will continue to be referred to CEGYPEF determining improved programmatic efficiencies permitting continuous expansion of the ARV services.. The key strategy of the project for the ARV component is: the delivery of specialized ARV services to the patients at clinical level. The services will continue to be delivered by a well-trained team at center level. The ARV center will continue to have the complete collaboration and assistance of GHESKIO for complicated cases and particularly to manage any cases of resistance. It is important to signalize that the ARV services are incorporated into a complete comprehensive care and treatment package, including ART provision, clotrimoxazole prophylaxis, and TB screening, all these services available at CEGYPEF center. The project will reinforce the infrastructure of the CEGYPEF laboratory and of the 2 CEGYPEF satellites. All the clinical staff/ providers at CEGYPEF centers will receive refresher courses. It is important to signalize that under the responsibility of the Chief Medical center of CEGYPEF; there will be a strict supervision and control of the clinical monitoring of all patients receiving ARV. There will be also a strict supervision of all related laboratory activities. The clinical staff of CEGYPEF will have to assure that all patients are receiving the complete and high quality care for their opportunistic infections. This system will be reinforced by the community network (social workers, accompagnateurs / escort) that will have to assure the follow-up with the patients (home visits) and to address all their needs for referrals to the center for clinical services. This system will be supported with the Support group's activities that will be a key aspect in the continuum of care for the patients receiving ARV. The HIVQual committee of the center will play a key role in the follow-up of the patients and will be a key factor in the control of the quality of care that the patients are receiving. The staff will assure the adherence of the patients to the treatment, through the well organized system of continuum of care at institutional level and at community level (escort etc…). The staff of the center (CEGYPEF) will regularly evaluate the performance of the program, in order to take measures to correct any weaknesses. This will be realized with the support of the Chief of Care and Service of FOSREF, the staff of the section of " Quality of Services" at

Central level, and the HIVQual Committee at center level. All these activities and interventions will permit to have a better adherence of the patients and will permit to have the retention of the patients and avoiding abandon of patients under treatment. It is important to signalize that the project with its strong well organized community system escorting the patients and the complete integration of those patients in the Community/ support groups will guarantee the sustainability of the ART service delivery.

Implementing Mechanism Details

Mechanism ID: 14710	**Mechanism Name: University of Washington (I-TECH)**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: University of Washington	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 3,500,000	
Funding Source	**Funding Amount**
GHP-State	3,500,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

I-TECH's activities occur primarily in the following technical areas: health system strengthening, health workforce development, operations research and evaluation, prevention, care, and treatment of infectious diseases.
In September 2011, I-TECH received a 5-year CDC award to provide technical assistance and capacity building support to improve integrated HIV/AIDS services at Hôpital St. Michel of Jacmel and Hôpital St. Antoine of Jérémie, and support the facilities and their associated periphery sites to become Centers of Excellence. The geographic coverage and target population is the people living in the Grand'Anse and Sud-Est Departments of Haiti. The priority for I-TECH in FY2012 is to capitalize on achievements of last fiscal year and to continue to build local capacity (site level) to provide high quality HIV services including primary prevention of HIV, prevention care and treatment of OIs, STIs and TB as well as ART services. I-TECH will also ensure that each site has

administrative and managerial capacity to efficiently use PEPFAR funds. I-TECH will also help the site to look for ways to enhance their cost recovery system and use these resources to self finance health activities. I-TECH will also provide support to Hôpital Saint Damien/Nos Petits Freres et Soeurs (NPFS), a pediatric hospital in Port-au-Prince, to strengthen and improve its PMTCT services to become a center of excellence for PMTCT and Pediatric HIV providing the highest standard of services. During FY12, I-TECH plans to acquire two vehicles to support project activities.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**14710**
Mechanism Name:	**University of Washington (I-TECH)**
Prime Partner Name:	**University of Washington**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	595,000	0

Narrative:

In COP12, I-TECH will continue to provide technical assistance and build the capacity of Hôpital St. Antoine (HAS) of Jérémie and associated periphery sites in the Grand'Anse department, and Hôpital St. Michel (HSM) of Jacmel and associated periphery sites in the Sud-Est department in adult care and support to ensure that all patients enrolled in care receive a package of services at both institutional and community level to ensure continuum of care will including prophylaxis and treatment of opportunistic infections (OI), and prevention services

such as risk reduction counseling (see HVOP for more information on the Positive Prevention program), adherence counseling and support, family planning, psychosocial support and care for ART related illness. All HIV patients will receive cotrimoxazole prophylaxis. Also all HIV patients will be screened for TB and those eligible will receive INH prophylaxis.

As mentioned in HVCT, I-TECH will provide support to the supported sites to reduce lost before enrollment by ensuring that HIV test results are given the same day and patients tested positive for HIV have their first clinical visit as well during that day.

I-TECH will continue to provide technical assistance to support HSA and HSM to collaborate and strengthen referral networks with NGOs (examples include CHAMPS in Jacmel and Haitian Health Foundation in Jérémie) and indigenous health organizations providing community-based adult care and support.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	385,000	0

Narrative:

In COP12, I-TECH will continue to provide technical assistance to HSA in the Grand'Anse Department, and HSM in the Sud-Est Department to integrate HIV and TB services and increase quality and coverage of TB testing and treatment. I-TECH will continue to build capacity in facility based-testing and treatment and outreach/mobile clinic screening and treatment, including mobile clinics that provide TB, screening and treatment services to inmates at penitentiaries in both Jacmel and Jérémie.

I-TECH's approach to strengthening TB screening and treatment services at HSA and HSM relies on improving the quality of health services provided, and closely linking TB and HIV services. In COP11, I-TECH began providing technical assistance to COE sites in the following areas:

• Training HSA and HSM staff on TB infection control, management of TB using the national curriculum, and fast-tracking HIV-positive patients into HIV care and treatment.

• Equipping waiting rooms with UV light and culturally and linguistically appropriate IEC TB prevention materials.

• Posting TB care algorithm and TB standards of care in HIV and TB clinics at both HSM and HSA.

• Organizing weekly education sessions on TB prevention and signs/symptoms in the outpatient waiting room at both HSM and HSA.

• Implementing TB mobile screening and treatment program for inmates at penitentiaries in both Jacmel and Jérémie.

• Collaborate with GHESKIO and Partners in Health/Zanmi Lasante to offer multidrug resistant TB testing and treatment for patients with suspected MDR-TB.

• Test 100% of TB patients for HIV, and fast-track HIV-positive patients into care and/or treatment.

• Strengthen referral networks and establish mechanisms to increase the number of TB patients completing treatment.

In COP12, I-TECH will continue providing TB technical assistance to HSA, HSM, periphery sites and penitentiaries in the areas listed above.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	140,000	0

Narrative:

In COP12, I-TECH will provide trainings for clinical laboratory personnel at HSA, HSM, and periphery sites to support performance and operations improvement. Trainings will focus on quality system essentials, including health management information systems (including OpenELIS lab system), Phlebotomy, documents and archives, and evaluation. I-TECH will provide all necessary equipments for the full implementation of the laboratory information system in both HSA and HSM. I-TECH will provide technical assistance to HSA and HSM to ensure that the standards for good laboratory practices are in place and equipement for biosafety including autoclave, safety box, and other materials are available.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	25,000	0

Narrative:

During FY2012 I-TECH will provide financial and technical assistance to Hospital St Antoine and Hospital St Michel to improve their technologic infrastructure (hardware and software) supporting the electronic medical record (isante) the laboratory information system (Open Elis) and the training information system (TrainSMART). A particular emphasis will be place on restructuring the archives as iSante is being expanded to cover primary care services. I-TECH will also focus on data quality, data analysis, and use of data for program monitoring and management. Activities include: • Ensure the stability and availability of electricity at HSA and HSM. I-TECH will provide technical assistance to evaluate the electric charge, evaluate the electric power generating equipment, check the electrical circuits, and update the electrical system according to the energy needs.

• Ensure optimal functioning of iSanté and OpenELIS. I-TECH will provide technical assistance to support COE sites to implement routine maintenance of computers and servers on a monthly basis, routine use of a back-up system, and update anti-virus software on a weekly basis.

• Install a highly secure internet connection including installation of security updates, a firewall to block network connections from the internet, and installment and updating of antivirus software.

• Support the Archives to develop an effective filling system and support development and implementation of a training on the new filling system.

• User training on iSanté, OpenELIS, and TrainSMART.

• Trainings on data management and reporting.
• iSanté data quality analyses.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	80,000	0

Narrative:

I-TECH will use a health systems strengthening approach to build the capacity of the COEs and peripheral sites. This approach ensures integration across domains including leadership and management, finance, human resources for health (clinical mentoring and other training), strategic information (iSanté, OpenELIS, and TrainSMART), technology and delivery systems. This integrated multi-pronged approach is designed to directly impact health outputs and outcomes.
I-TECH will provide technical assistance to COE sites to develop a consolidated annual budget, develop and implement financial, administrative, and operations policy and procedure manuals, develop and implement internal financial regulations, and develop a schedule for the preparation and submission of financial reports.
I-TECH will provide technical assistance to COE sites to develop mission and vision statements, prepare and implement a code of ethics, organize weekly management meetings, and standardize roles and job descriptions.
To improve integration of PMTCT into maternal care and pediatric ARV into outpatient and pediatric I-TECH plans to support HSAS and HSM to rehabilitate antenatal and pediatric outpatients services including painting, equipments for consultation rooms as well as material for counseling and testing. I-TECH will also support the integration of family planning into both antenatal and outpatients care reinforcing the concept of "one stop shop".
I-TECH will also provide support to HSA and HSM to reinforce their capacity to manage funds. Adequate finanncial traning and accounting software will be provided. I-TECH will support the sites in implementing a cost recovery system to generate fund to address cross cutting issues.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	400,000	0

Narrative:

In COP12, I-TECH will continue to provide technical assistance to HSA in the Grand'Anse Department, and HSM in the Sud-Est Department to improve quality and increase coverage of HIV testing and counseling services.
I-TECH will continue to build capacity in facility based-testing and outreach/mobile clinic testing, including mobile clinics that provide HIV testing and counseling services to inmates at penitentiaries in both Jacmel and Jérémie.
I-TECH's approach to strengthening HIV/AIDS services in the Grand'Anse and Sud-Est Departments relies on strengthening the quality of health services provided at HSA and HSM, and integrating HIV testing and counseling into antenatal clinics, maternity child and reproductive services, TB clinics, and outpatient departments . The strengthening of routine services and the integration of HIV testing and counseling will increase the volume of

patients, increase testing and identification of patients who are positive, and increase the number of clients initiated on care and treatment.

The recent adoption by the Ministry of Health (MOH) of fingerpick testing will reduce waiting time before results and favor decentralizing testing at multiple points and making it more convenient for patients. During FY 2012, I-TECH will assist the supported sites in expanding availability of counseling and testing and training on fingerpick testing. Also, I-TECH will increase the provider /patients ratio to reduce waiting time and ensure that all patient tested get their results the same day; those with a positive result will also get their first clinical visit. I-TECH expects that such strategies will reduce lost to follow up before enrollment. During FY 2012 the objective is to provide counseling and testing to at least 50% of people seeking care at these supported sites.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	90,000	0

Narrative:

During FY 2012, I-TECH will continue to provide technical assistance and build the capacity of the supported sites to reinforce their prevention activities including positive prevention, cervical cancer, cervical cancer and STIs screening and treatment.

During last fiscal year, I-TECH in collaboration with the University of San Franscisco adapted a positive prevention (PP) model to the Haitian context and subsequently a curriculum on PP. During FY 2012, I-TECH will provide training on PP for all HIV service providers to further integrate positive health dignity and prevention program into the HIV clinical services at the supported sites.

During FY 2011, I-TECH has provided technical assistance to implement a pilot cervical cancer screening program at HSA using VIA and cryotherapy. I-TECH has distributed standards for screening of precancerous lesions using VIA, and train two midwives and 2 gynecologists in screening for per-cancerous cells using VIA methodology. In COP 12, 50% of women aged 30-45 seen in the HSA outpatient clinic will be screened and 100% with abnormal lesions will be treated.]

I-TECH will also assist Hopital St Antoine and Hopital St Michel in improving their capacity to screen, diagnose and treat STIs particularly syphilis for which a prevalence greater than 4% is being observed. I-TECH will ensure that providers are trained and sites have the supplies needed to fully implement the new algorithm adopted by the ministry of health.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	700,000	0

Narrative:

I-TECH will provide technical assistance to Hôpital St. Antoine (HAS) in Jérémie in the Grand'Anse department, and Hôpital St. Michel (HSM) in the Sud-Est department to scale-up and decentralize quality PMTCT services. The mid to long term goal over the course of the 5-year cooperative agreement is to decrease PMTCT to less than 2% transmission rate in the catchment areas. Due to limited space, targets are not outlined in this narrative, but are available on the "Mechanism Indicators Targets" spreadsheet.

I-TECH's approach to strengthening PMTCT services in the Grand'Anse and Sud-Est Departments relies on strengthening the quality of maternal child health care at HAS and HSM, and integrating PMTCT with routine maternal child health and reproductive services. Specific activities include:

• Improve physical infrastructure of maternity services at HSA.

• Ensure the operating room and maternity services at both facilities have equipment necessary to conduct cesarean sections and the equipment for newborn resuscitation and routine newborn care. I-TECH will need to secure addition funds for the sites to implement this activity.

• Provide retention support and continuing education for at least one full-time OBGYN and one mid-wife at both facilities.

• Provide refresher training in PMTCT care and counseling and management of OIs to maternal & child health and reproductive health personnel at both facilities.

• Ensure updated PMTCT, family planning, malaria, diarrhea, and malnutrition national guidelines and algorithms are posted in in-patient and out-patient maternal child health and reproductive health areas.

• Offer HIV testing to all pregnant women seen at antenatal clinic, and enroll 100% of HIV positive pregnant women into PMTCT.

• Review memorandum of understanding with other community partners involved in PMTCT care and treatment to improve PMTCT linkages and referral networks.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	963,000	0

Narrative:

In COP12, I-TECH will continue to provide technical assistance to Hopital St Antoine (HSA) and Hopital St Michel H(SM to improve the quality and coverage of adult HIV/AIDS treatment services. Specific activities include HIV/AIDS training and refresher training for providers, clinical mentoring, continuous quality improvement (CQI) activities, and building capacity of COE sites to provide practical clinical training opportunities for providers working at surrounding small health facilities.

I-TECH will provide technical assistance to HAS and HSM to design and implement to reduce the timeline for enrolling eligible patients on ART without compromising adherence. Preparation for ART will starts at the first clinical visit. As regimens are more effective and number of pills per day are decreasing patient are more likely to achieve adherence, however appropriate adherence counseling on a regular basis and close follow-up are to be

provided. Such strategies will ensure that at least 70% of eligible patients are enrolled on ART. I-TECH will also ensure that all patients with HIV -TB co infection are enrolled on ART and on women starting ART during their pregnancies continues their treatment for life.

To reach these objectives, staff at the COE and peripheral sites will receive the following trainings or refresher training in-person: a)Three-week theoretical and practical training sessions using the Infectious diseases curriculum curriculum for junior and mid-level providers; b) One week theoretical and practical training sessions using the new national TB curriculum for junior and mid-level providers.

COE staff will also have the opportunity to participate in web-based e-learning courses on HIV care and treatment, leadership and management, supervision, and improving quality of care. Distance eLearning training options include: (1) HIV Care, Treatment and Prevention (UW Department of Global Health (2) HIV web-based study (solely for individual use).

In COP12, I-TECH will continue to provide technical assistance in CQI, and build capacity of COE sites to develop expertise in the CQI process. Clinical rounds, chart reviews in addition to in-person clinical mentoring built on I-TECH Haiti's existing model will contribute to improve quality of care provided to ART patients.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	122,000	0

Narrative:

I-TECH will also reinforce pediatric HIV services at both HSA and HSM to ensure that all HIV exposed newborns are enrolled in care and those HIV positive (EID) are provided with ART. I-TECH will strengthen pediatric care and support at the supported sites to maintain the continuum of care for children on ART. A particular emphasis will be placed on completing immunization.

As part of the subcontract with I-TECH, NPFS will provide in-service training for health professionals in Haiti on prevention and treatment of pediatric HIV. The scientific community and programmatic implementers have the knowledge and capacity to eradicate pediatric AIDS. One strategy for a better response is to have enough well trained health professionals able to conduct the program and apply the national protocol in preventing and treating pediatric AIDS.

In COP11, the NPFS training program will train 20 Haitian health professionals in PMTCT and pediatric HIV care and treatment. CDC, I-TECH, and NPFS will collaborate to identify these 20 health professionals. In COP12, NPFS will provide training to 20 Haitian health professionals. The training program will be based on the Haitian National Pediatric HIV Guidelines and will include theoretical and practical components. The first two weeks will be devoted to theoretical teaching, followed by a practicum whereby trainees shadow experienced staff caring for HIV-exposed and infected children in both in-patient and out-patient settings.

Participants will learn all aspects related to care of exposed infants and HIV infected children, including initiation of HAART, monitoring children, how to diagnose failures, how to change regimens , how to treat and prevent the

opportunistic infections, TB/HIV, adherence principles, the disclosure of status to children, and the special challenges for adolescents. While completing the training program at NPFS trainees will also participate in academic activities such as morbidity and mortality review, regular conferences, and journal clubs.

Implementing Mechanism Details

Mechanism ID: 14761	**Mechanism Name: Health Prison Project**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: New Partner	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 480,000	
Funding Source	**Funding Amount**
GHP-State	480,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Health through Walls (HTW) supports the provision of comprehensive HIV/TB care and treatment to key prisons throughout Haiti, with two key objectives: 1) identifying, diagnosing, and treating deadly and contagious diseases within the prison population, and 2) providing education on HIV/AIDS, sexual disease, and tuberculosis prevention, and water sanitation. HIV and TB screening and treatment are provided to all prisoners at supported sites, both upon entering the facilities and on an ongoing basis. PEPFAR support will ensure that prisoners receive messaging on improving knowledge, attitudes, and behavior related to HIV prevention, care, and treatment through participation in peer education programs. The project will encourage the prisoners and personnel to maintain a sanitary environment to reduce potential exposures of contagious disease, including support for implementation of infection-control measures. HTW will also intensify services related to TB screening and diagnostics. During the COP11 period, a mobile digital x-ray was installed at the national penitentiary. Active referral strategies are also being developed to ensure that released prisoners on ART or TB treatment are linked with USG-supported treatment networks. In COP12, HTW will expand to support 3 additional prisons. During the COP12 period, HTW will serve as a TB pilot partner, using the Genexpert TB diagnostic platform to identify active TB clients, including MDR

clients (with active referral to the central plateau where incarcerated individuals can be properly isolated). This diagnostic will be used to support all sites within the HTW project.

Cross-Cutting Budget Attribution(s)

Economic Strengthening	1,875
Food and Nutrition: Commodities	3,573
Food and Nutrition: Policy, Tools, and Service Delivery	1,875
Gender: Gender Equality	1,875
Human Resources for Health	18,477
Key Populations: FSW	1,875
Key Populations: MSM and TG	3,750
Water	3,750

TBD Details

(No data provided.)

Key Issues

Increase gender equity in HIV prevention, care, treatment and support
Increasing women's legal rights and protection
Malaria (PMI)
Mobile Population
TB
Workplace Programs
Family Planning

Budget Code Information

Mechanism ID:	14761		
Mechanism Name:	Health Prison Project		
Prime Partner Name:	New Partner		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	120,000	0

Narrative:

The Project HTW has been supporting CARE services at 3 facilities. Three new sites will be upgraded to care status in FY12 to bring the total number of sites supported at 6. HtW also worked with the prison authorities to create a Discharge Planning Process to allow for planning and continuity of health care services for those released prisoners with HIV or TB. HtW recruited and trained a discharge planner, implemented an exit counseling and referral meeting process, identified appropriate follow-up medical care throughout Haiti to refer prisoners – particularly those with HIV or TB, or those seeking testing or further information once released. We are expecting the number of patients receiving at least 1 clinical care service to increase but due to the fact that the project has not been implanted in the additional sites and due to the fact that little information on the health status of the prisoners is availlable at those sites.The project will establish a baseline in FY12 for the appropriate targets, even if the project already had a year of implementation during a previous grant but the normal course of the grant was profoundly disrupt due to several factors :earthquake, cholera outbreak and a riot.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	120,000	0

Narrative:

At each of the supported prison facilities: 1) all prisoners will receive screening for HIV and TB, with postives enrolled in care and treatment services; (ii) TB+ will receive TB treatment, with MDR clients referred to the Central Plateau prison where isoluation can be ensured; (iii) all TB patients will be screened for HIV; and (iv) all TB patients tested positive for HIV will be put on immediate ART, regardless of CD4. Increased case finding of TB patients: with the introduction of a mobile digital x-ray and the future deploiement of the GeneXpert unit the project plans to greatly intensified their case finding in all sites,with the potential to diagnose MDR TB in the prisons an referral system is being put in place to refer the MDRTB+ to the central Plateau prison were they can be propely isolated.Fyurthermore CDC is procuring additional MDR drugs to ensure the continuity of care for the patients

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	80,000	0

Narrative:

Since the program is being implemented within the confines of the prisons walls, efforts will be deployed to screen (for HIV and TB) every new prisoner entering the target facilities. Additional efforts will be implemented to systematically screen current prisoners. The funding for VCT component will serve to provide periodic support for : (i) human resource capacity support for C&T, particularly related to phlebotomists and post-test counselors (ii) making space accommodation to expand on-site testing. Test kits will be procured through the SCMS mechanism.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	80,000	0

Narrative:

Prisoners receive prevention messaging focused on improving knowledge, attitudes, and behavior related HIV prevention, care, and treatment. This is achieved through through participation in peer education programs at the selected sites. The project will encourage the prisoners and prison personnel at the selected prisons to maintain a sanitary environment to reduce potential exposures of contagious disease, including support for implementation of infection-control measures. Activities include a focus on dissemination of safer sex practices including reducting high-risk prison behaviors, through a peer-education model. Furthermore, HTW will support thematic approaches to prevention programming, including adoption of World AIDS Day activities, as well as support of other ongoing prevention campaign activities.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	80,000	0

Narrative:

The project Is providing support currently to 3 ARV sites and is expected to launch services at 3 new in FY12 to bring the total number of sites offering ARV at 6 . New Enrollment is expected to grow during FY 12 because of a greater catchment area.The project will hire and train additional staff to implement their activities in the new sites. HTW plans to hire 2 doctors, 3 nurses and 1 phlebtomist to overcome the workload that will come with the activation of these 3 additional sites.

Implementing Mechanism Details

Mechanism ID: 14766	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 16722	**Mechanism Name: Health Financing and Governance (Abt/HFG)**

Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: Abt Associates	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: Yes
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 1,870,000	
Funding Source	**Funding Amount**
GHP-State	1,870,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

HFG project focuses on supporting USG's efforts to strengthen MSPP's leadership and oversight of the health sector. Two areas in particular have been outlined: health financing (HF) and human resources management (HRM). The specific activities are derived directly from the Partnership Framework's Implementation Plan (PFIP). Objective 1 of the PFIP focuses on supporting the MSPP's work in HF and HRM amongst other issues. HFG will work with the Directorate for Human Resources and OMRH when designing and implementing processes for strengthening the management and HR process. MSPP will pilot these processes so that they can then be adapted for use by other ministries. Furthermore, HFG will need to ensure that MSPP works effectively with the finance and planning ministries as it designs its health financing strategies. Two broad clusters of activities are envisaged for HFG in Haiti that follow the PFIP areas that USAID Haiti required the project to address. 1. Health financing. These include (a) the development and operationalization of a health financing policy as well as the strengthening of the capacity of the relevant units within the MSPP to be able to function together and with other ministries in order to implement and monitor the policy, (b) the strengthening of public financial management capacity in particular the budget development and execution processes and (c) resource tracking through the NHA and improved public investment planning. 2. The second group of activities relate to human resources for health management and these activities will be focused at the MSPP with full engagement of the OMRH. HFG will be working technically with several health sector stakeholders but its institutional capacity building will focus on MSPPs UPE, DAB, DRH and UADS units.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	16722		
Mechanism Name:	Health Financing and Governance (Abt/HFG)		
Prime Partner Name:	Abt Associates		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	OHSS	1,870,000	0

Narrative:

HFG project focuses on supporting USG's efforts to strengthen MSPP's leadership and oversight of the health sector. Two areas in particular have been outlined: health financing (HF) and human resources management (HRM). The specific activities are derived directly from the Partnership Framework's Implementation Plan (PFIP). Objective 1 of the PFIP focuses on supporting the MSPP's work in HF and HRM amongst other issues. HFG will work with the Directorate for Human Resources and OMRH when designing and implementing processes for strengthening the management and HR process. MSPP will pilot these processes so that they can then be adapted for use by other ministries. Furthermore, HFG will need to ensure that MSPP works effectively with the finance and planning ministries as it designs its health financing strategies. Two broad clusters of activities are envisaged for HFG in Haiti that follow the PFIP areas that USAID Haiti required the project to address. 1. Health financing. These include (a) the development and operationalization of a health financing policy as well as the strengthening of the capacity of the relevant units within the MSPP to be able to function together and with other ministries in order to implement and monitor the policy, (b) the strengthening of public financial management capacity

in particular the budget development and execution processes and (c) resource tracking through the NHA and improved public investment planning. 2. The second group of activities relate to human resources for health management and these activities will be focused at the MSPP with full engagement of the OMRH. HFG will be working technically with several health sector stakeholders but its institutional capacity building will focus on MSPPs UPE, DAB, DRH and UADS units.

Implementing Mechanism Details

Mechanism ID: 16723	**Mechanism Name: URC-HCI**
Funding Agency: U.S. Agency for International Development	Procurement Type: USG Core
Prime Partner Name: University Research Corporation, LLC	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: Yes
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 125,000	
Funding Source	**Funding Amount**
GHP-State	125,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Developing a set of National Standards is a first step in establishing quality services for Orphans and Vulnerable Children (OVC) and families at risk. The Standards establish minimum expectations of what activities and services must be provided for children to create a secure environment in which children and families can live. This activity link to the Partnership Framework as IBESR, a governmental institution (Institute of Social Welfare) under the Ministry of Social Affairs, is leading the process on quality standards with technical assistance from HCI/URC. The geographic coverage is nationwide since those standards will be applied through implementing partners. The implementing mechanism's strategy is to maintain an ongoing community of QI through a collaborative approach and by identifying best practices to operationalize standards at the point of service delivery. The implementing mechanism will gather evidence to demonstrate that applying standards improves quality of services, in addition to improving children's outcomes, client satisfaction, performance of service providers and efficiency and effectiveness of programs. The implementing mechanism's strategy is to continue to increase capacity for quality improvement

amongst ministry and other stakeholders. Particularly work towards a focus on local government and communities. This should facilitate transitioning over time and ensure sustainability of the project.The implementing mechanism is developing additional QI tools to be used at the point of service delivery. This should facilitate monitoring and evaluation of activities. Besides , it will facilitate training workshops on quality improvement principles and building skills to document quality improvement efforts.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

Increase gender equity in HIV prevention, care, treatment and support
Child Survival Activities

Budget Code Information

Mechanism ID:	**16723**		
Mechanism Name:	**URC-HCI**		
Prime Partner Name:	**University Research Corporation, LLC**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	125,000	0
Narrative:			
Developing a set of National Standards is a first step in establishing quality services for Orphans and Vulnerable Children (OVC) and families at risk. The Standards establish minimum expectations of what activities and services must be provided for children to create a secure environment in which children and families can live. This activity links to the Partnership Framework as IBESR, a governmental institution			

(Institute of Social Welfare) under the Ministry of Social Affairs, is leading the process on quality standards with technical assistance from HCI/URC. The geographic coverage is nationwide since those standards will be applied through implementing partners. The target population is Orphans and Vulnerable Children (OVC).The implementing mechanism's strategy is to maintain an ongoing community of QI through a collaborative approach and by identifying best practices to operationalize standards at the point of service delivery. The implementing mechanism will gather evidence to demonstrate that applying standards improves quality of services, in addition to improving children's outcomes, client satisfaction, performance of service providers and efficiency and effectiveness of programs. The implementing mechanism's strategy is to continue to increase capacity for quality improvement amongst ministry and other stakeholders. Particularly work towards a focus on local government and communities. This should facilitate transitioning over time and ensure sustainability of the project. HCI URC has been able to engage Ministry of Social Affairs in assuming a leadership role in the process of quality standards for OVC which is a success. Because activities under the CHAMP project has stopped , HCI URC needs to extend their work plan to work with new partners in order to achieved the planned goals.

Implementing Mechanism Details

Mechanism ID: 16801	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 16856	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 16969	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 17031	Mechanism Name: Foundation for Innovative New Diagnostics (FIND)
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Foundation for Innovative New Diagnostics	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: Yes
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 300,000	
Funding Source	**Funding Amount**
GHP-State	300,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Foundation for Innovative New Diagnostics (FIND) implements activities that strengthen the quality of laboratory services through the implementation of two key projects in Haiti supported by a coag with CDC:

1. Piloting Genexpert: FIND is working with CDC and the national lab to support the implementation and piloting the use of Xpert® MTB/RIF in Haiti for improving the case detection of TB or MDR-TB. FIND provides training and on-site supervision and monitoring during early implementation and also makes recommendations for national policy for scale-up of new technology.

2. TB microscopy External Quality Assurance (EQA): FIND leads the development of a TB microscopy EQA manual and standard operating procedures and report forms, in close collaboration with LNSP and ASM. The EQA program will incorporate a blinded re-checking system, use of control slides by microscopy laboratories, on-site supervision and panel testing.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	17031		
Mechanism Name:	Foundation for Innovative New Diagnostics (FIND)		
Prime Partner Name:	Foundation for Innovative New Diagnostics		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	HLAB	300,000	0

Narrative:

Foundation for Innovative New Diagnostics (FIND) implements activities that strengthen the quality of laboratory services through the implementation of two key projects in Haiti supported by a coag with CDC:

1. Piloting Genexpert: FIND is working with CDC and the national lab to support the implementation and piloting the use of Xpert® MTB/RIF in Haiti for improving the case detection of TB or MDR-TB. FIND provides training and on-site supervision and monitoring during early implementation and also makes recommendations for national policy for scale-up of new technology.
2. TB microscopy External Quality Assurance (EQA): FIND leads the development of a TB microscopy EQA manual and standard operating procedures and report forms, in close collaboration with LNSP and ASM. The EQA program will incorporate a blinded re-checking system, use of control slides by microscopy laboratories, on-site supervision and panel testing.

USG Management and Operations

Assessment of Current and Future Staffing.

Redacted

Interagency M&O Strategy Narrative.

Redacted

USG Office Space and Housing Renovation.

Redacted

Agency Information - Costs of Doing Business

U.S. Agency for International Development

Agency Cost of Doing Business	GAP	GHP-State	GHP-USAID	Cost of Doing Business Category Total
Computers/IT Services		540,000		540,000
ICASS		743,100		743,100
USG Staff Salaries and Benefits		2,042,709		2,042,709
Total	**0**	**3,325,809**	**0**	**3,325,809**

U.S. Agency for International Development Other Costs Details

Category	Item	Funding Source	Description	Amount
Computers/IT Services		GHP-State		540,000
ICASS		GHP-State		743,100

U.S. Department of Health and Human Services/Centers for Disease Control and Prevention

Agency Cost of Doing Business	GAP	GHP-State	GHP-USAID	Cost of Doing Business Category Total
Capital Security Cost Sharing		0		0
Computers/IT Services		0		0
ICASS		0		0

USG Staff Salaries and Benefits	3,678,189	3,760,573		7,438,762
Total	**3,678,189**	**3,760,573**	**0**	**7,438,762**

U.S. Department of Health and Human Services/Centers for Disease Control and Prevention Other Costs Details

Category	Item	Funding Source	Description	Amount
Capital Security Cost Sharing		GHP-State	244000	0
Computers/IT Services		GHP-State	550000	0
ICASS		GHP-State	800000	0