

**PREVSIDA: Prevention of Sexual Transmission of HIV/AIDS in Haiti
among MARP's**

Cooperative Agreement 521-A-00-10-00006-00

Implementing Partner: PSI/Haiti, FOSREF, ARC, SEROVIE

Final Progress Report: Life of Project September 2010 to March 2015

Background

Population Services International/Haiti and its partners submitted in 2010 to USAID/Haiti's Request for Application (RFA) number 521-10-002 *Prevention of Sexual Transmission of HIV/AIDS in Haiti a proposal for Component 2: Prevention of Sexual Transmission of HIV/AIDS for Most at Risk Populations (MAPRs) in setting characterized by High Risk Behaviours*. The project had a total estimated cost budget of \$ 9,696,668; 750,000\$ of this amount came from PSI as cost share. The goal of this program was to reduce the number of new HIV infections in Haiti through increased adoption of safer behaviours by MAPRs. The contract with PSI and USAID/Haiti was signed in September 2010.

In 2012, Population Services International (PSI) has achieved significant results in the prevention of HIV/AIDS in Haiti via two projects: Prevsida and PROMARK HIV (Contract Number GHH-I-00-0062-03). Although these efforts have been well coordinated, USAID and PSI agreed that the program description could be better aligned if the HIV/AIDS activities component under PROMARK were integrated under the Prevsida umbrella, therefore a realignment of the Prevsida program was proposed.

PrevSida MARP Program, allowed PSI/Haiti and its partners to better identify the size, characteristics and locations of target groups, standardize approaches to key target groups within Haiti, and expand coverage of these groups nationwide through communications and improved service delivery, thereby reducing HIV incidence in the country.

The following are the partners who implemented the project with PSI:

- ARC which targeted the Youth most at Risk (those are defined as youth that are leaving near hot zones)
- FOSREF which targeted the Commercial sex Workers and their clients

- MARCH which targeted mobile populations such as truck drivers and migrant workers (until 2012)
- SEROVie which targeted men having sex with men (MSM)

PREVSIDA, a two components program funded by USAID, is committed to engaging with the highest levels of political leadership in responding to the challenge of HIV and AIDS and to support implementation of the government's National Strategic Plan. Prevention is a key component of the Haitian national response to the HIV epidemic. The national strategic plan cites risk reduction through behavior change and the promotion and distribution of condoms as integral aspects of HIV prevention. It identifies Sex Workers, Men having Sex with Men, mobile populations and prisoners as key target groups. In generalized epidemics, some sub-populations contribute disproportionately to the epidemic. It is important to address these populations in the places or "hot zones" where they congregate in order to decrease the extent to which they become bridges to increasing HIV prevalence among the general population.

The program that had two components was managed by two main partners. PSI's focuses was on Most at Risk Populations (MARPs).

The project period is four and a half years: September 2010 through April 2015, but this project was reviewed and modified in April of 2012. The modifications that were made as amendment were as follows:

- MARCH an implementing partner is longer part of the project as of fiscal year 2012-2013.
- Activities to promote and to Increase access to male Condom "PANTE" will be integrated into the scope of work of PREVSIDA/MARPs.
- The target groups' people living with HIV/AIDS (PLWHA) and Men in uniform will no longer be addressed within this project.
- The activities with the truckers that were led by MARCH will now be conducted by PSI

The objectives of PREVSIDA MARPs component were to increase the:

- Understanding of the patterns and the settings of risky sexual behaviors.
- Risk assessment and condom use among most-at-risk populations

- Access of most-at-risk populations to condoms
- Access to HIV, health and other services for most-at-risk populations

PSI proposed to achieve the following results:

- Increase the use of Condoms by MARPs
- Decrease the numbers of sexual partners by MARPs
- Increase access to HIV services and others health services to MARPs

This final program report comprises six sections:

1. Accomplishments and results
2. Partners activities report
3. Monitoring and evaluation
4. Lessons Learned (Strengths and Weakness)
5. Final financial status
6. Success Stories

1-ACCOMPLISHMENTS AND RESULTS

a) Communication for behaviour change.-

Behavior Change Communications

- **Generic and Branded**
- **Multiple Levels, Multiple Channels**
 - Interpersonal Communications (IPC)
 - Support groups from local Community Based Organizations
 - Peer educators, couples counselors
 - Home visits by community health promoters
 - Mid-Level Communications
 - Cinemobile
 - Special events
 - Mass Communications
 - Radio (47 stations nationwide), Television, Press Events, Billboards

The most vulnerable populations in Haiti, particularly the Sex Workers (Female) and Men Having Sex with Men are quite difficult to find for awareness activities due to stigmatization and discrimination. In order to reach them, PSI/Haiti has implemented a communication strategy based on peer educators and developed a communication plan (strategies and key messages) for behaviour change tailored to each target group. The communication plan was based on the archetypes drawn from qualitative surveys (TRaC and focus

groups) that were conducted by PSI and other available findings from other

studies. Peer educators (CSW, MSM, Youth at Risk, Truckers) previously trained are responsible for conducting the Interpersonal Communication (IPC) sessions. Peer education as a communication strategy is being used for the past fifteen years in Haiti, so PSI/Haiti and partners were to criticize the strategy, to find a way to improve it and mainly the final objective was to find the best way to harmonize our different IPC interventions.

IPC Task Force

In order to improve the overall quality of PSI and partners' interpersonal communications outreach activities, PSI has put into place an internal IPC Task Force. This Task Force had worked to ensure that definitions of different IPC activities are harmonized within PSI and among PSI and partners, and that all types of activities are used adequately. International standards of ICP will be reviewed and incorporated to help bring PSI's and its partners' work up to date with the objective of maximizing the impact of IPC activities in the field.

With these objectives, the Task Force is working towards the following outputs:

- Updated training standards for peer educators and facilitators with an emphasis on communication skills,
- Increased leverage of peer educators' and facilitators' potential as social networkers, in order to establish an informal referral system – i.e., enable peer educators and facilitators to refer participants to clinical services,
- Enhanced interactivity to better ensure reception of key messages by participants, and
- Consistent and harmonized approach to quality assurance of IPC activities' throughout PSI and among PSI and its partner organizations.

The Task Force is led by the Steering Committee, consisting of the two Executive Directors and the Director of Programs, and is being facilitated by the Technical Advisor for Behavior Change Communication and IPC Focal Point. Members of the Task Force include all program managers and key members of the research team.

Archetypes

Commercial Sex Workers (CSW) Archetype

Nadia is a 23 year old woman who lives in an urban setting. She has a difficult time reading and writing. She lives with her lover (her "Sweetheart") but has a child with another. She earns an average of 10,000 gourdes a month (approximately (\$250 US).

She is a sex worker in brothels and "bases" (hangouts). She spends most of the day sleeping at home, and taking care of her body (nails and hair) for her evening job which is sex work. She drinks beer, smokes cigarettes and experiments sometimes with marijuana at the brothel. She dreams of having a trade or a small business like a beauty shop. She's apprehensive about her child's future, how violent her clients are, and her competitors.

She uses a condom with her clients, but does not with her regular partner. She has 40 sexual relations per week with her clients and 4 per week with her lover.

Positioning: For Nadia, using a condom with all of her partners is the only way to make her dreams come true and to guarantee a better future for her child.

PLAN MARKETING

PRÉVENTION VIH/SIDA EN HAÏTI • LES TRAVAILLEUSES DU SEXE

Nadia 20 ans

DONNÉES DÉMOGRAPHIQUES [SOURCES: FOCUS 2011 ET IBBS 2011 DE PSI/HAÏTI]

Age	: 20-27 ans
Nombre d'enfants	: 1
Lieu d'habitation	: elle habite dans une ville
Religion	: catholique mais pratique le vodou
Statut	: vit seule
Education	: niveau primaire accompli
Revenu moyen	: 5,000 gourdes/mois

DONNÉES PSYCHO-GRAPHIQUES

Mode de vie	: elle est travailleuse de sexe dans les bordels et les bases
Routine journalière	: dort chez elle pendant une bonne partie de la matinée. Prend soin de son corps (ongles, cheveux) pour son travail la nuit qui est le sexe. Au bordel elle boit de la bière, elle fume de la cigarette, et essaie des fois la marijuana
Ses aspirations/rêve	: elle veut avoir une profession ou faire du commerce (studio de beauté, partir dans les petites Antilles pour revenir faire du Commerce)
Ses appréhensions	: l'avenir de son enfant, la violence de ses clients et de ses concurrents, la maladie, les grossesses

COMPORTEMENTS

- Elle utilise couramment le préservatif avec les clients : 90.1% [IBBS 2011] mais avec son partenaire non payant elle ne le fait pas régulièrement : 55.9% [IBBS 2011]
- Type de sexe : vaginal et oral, rarement elle a des relations anales
- Nombre de rapports sexuels au total par semaine avec les clients: 10
- Nombre de rapport avec son partenaire non payant/semaine : 2

POSITIONNEMENT

Afin de garantir son avenir et celui de son enfant, Nadia se protège contre les IST et les grossesses non désirées en utilisant régulièrement le préservatif avec tous ses partenaires.

DÉTERMINANTS

FACTEURS DÉTERMINANTS DU COMPORTEMENT
UTILISATION CONSTANTE DU PRÉSERVATIF AVEC LES PARTENAIRES RÉGULIERS

- Efficacité personnelle pour l'utilisation du préservatif avec ses partenaires non payants
- Normes subjectives sur l'utilisation du préservatif avec ses partenaires non payants

PSI
Haiti
Plan action, Résultats attendus

PLAN MARKETING

PRÉVENTION DU VIH/SIDA EN HAÏTI



Ricky 25 ans

DONNÉES DÉMOGRAPHIQUES (SOURCES : FOCUS 2011)

- Vit en milieu urbain
- Education : Secondaire
- Occupation : Commerçant
- Statut matrimonial : célibataire mais a 1 enfant

DONNÉES PSYCHO-GRAPHIQUES

- Valeurs et fiertés : Il est fier de son éducation et de son apparence physique. Il est aussi fier de sa spiritualité
- Aspirations : Il veut réussir économiquement et souhaite être accepté par la société comme ce qu'il est
- Loisirs : Il va dans les fêtes privées. Aime regarder les films pornographiques et va beaucoup sur l'internet pour rencontrer de nouveaux partenaires

COMPORTEMENTS

- Il a 1 partenaire masculin régulier et plus d'un partenaire masculin occasionnel.
- Il fréquente parfois les partenaires féminins
- Il est versatile ce qui signifie que dans ses relations avec les hommes il pénètre les hommes et est aussi pénétré

POSITIONNEMENT

Pour Ricky l'utilisation conjointe et systématique du condom et du lubrifiant est un moyen sûr qui prolonge son plaisir de vivre et l'aide à poursuivre son rêve d'être accepté par la société.

DÉTERMINANTS

FACTEURS DÉTERMINANTS DU COMPORTEMENT
UTILISATION CONJOINTE ET SYSTÉMATIQUE DU CONDOM

- Locus de contrôle : Il pense que la décision d'utiliser un préservatif dépend de son excitation et de celle de son partenaire qui peut ne pas lui laisser le temps de l'enfiler
- Connaissance : Il pense que le lubrifiant favorise seulement la pénétration
- Croyance : Il croit que le préservatif diminue le plaisir et que l'acte sexuel avec les jeunes n'est pas risqué



Men having Sex with Men (MSM) Archetype

Ricky is a 25-year old man. He lives with his extended family, in an urban setting.

Ricky is a bisexual man with an active sexual life. He does have a regular male partner with whom he enjoys playing a versatile role. This doesn't deter him to be with other men or women for pleasure or for financial gain. Ricky believes that everybody's choices should be respected.

Ricky likes to have fun. His fondest hobbies are: listening to French ballads, Zouk (French Caribbean) and Haitian music, going to clubs and festivals, and surfing the internet.

He is well-informed about STIs and the fact that a condom serves to protect him. However that doesn't prevent him from not using it with his regular partner.

Inter Personal Communication (IPC)

Inter Personal Communication (IPC) has been known worldwide as the best strategy to conduct BCC activities and to influence one's to adopt a new

behaviour or to provoke a change of another one deem not safe for one’s health. During this project, PSI and its partners have trained 28 MSM peer educators, 26 truckers peer educators, 40 Migrant workers, 40 young peer educators (girls) at the post-earthquake camps, 473 sex workers peers educators and 308 Youth peer educators to conduct IPC activities with their peers.

To reach participants from unstable and unstructured groups like it was the case with the MSM and CSW, the IPC sessions were conducted with an adapted model "one touch" method; which offers the possibility to debate all themes (STIs, HIV / AIDS, VCT, condom use) in a short time with up to 20 participants while thematic sessions were conducted for stable groups like the youth at risk.



ARC’s peer educator’s session

Many people were reached through this strategy see the table below:

INDICATORS	Total achieved (2010-2015)	Targets for LOP	Percent Achieved
Number of CSWs reached through IPC activities	340,615	326,000	104%
Number of youth reached through IPC/outreach activities to promote behavior change beyond Abstinence and	417,524	313,800	133%

fidelity			
Number of MSM reached through IPC activities	8,876	7,000	127%
Number of mobile population reached through IPC activities (Truckers)	19,353	14,500	133%
Number of condoms distributed for free during the period (non- branded)	19,930,471	16,350,000	122%
Number of condoms sold (branded, Pantè)	8,805,600	9,000,000	98%

The objectives of the communication activities were to:

- Raise the MARP's awareness on the need to reduce the number of sexual partners in the prevention of STI / HIV / AIDS mostly the youth and the MSM.
- Use a condom every time that they are having sex.
- Seek for HIV services naming testing, Care and treatment etc...

Blog for MSM

Another innovative approach was the creation of a website where MSMs could visit and access a blog relevant to their needs and situations. The MSM's blog's address is: <http://rickyclub99.blogspot.com> . This was launched on May 2012, with an introduction by Ricky, and words of encouragement to MSM to come and chat with him. It was being promoted during all IPC activities, and its address appears on the cover of our IEC materials "better wet" pamphlet. Traffic and readership on the blog was disappointing and was not progressing well so PSI has decided to end it after the 2011 IBBS TRaC study on MSM had demonstrated that more than 70% of MSM surveyed said they have never used the internet, the remaining 30% don't always use the internet. Some only go online once a week.

This innovative experiment not having proven effective, the PSI's HIV and Communications Department decided to put the blog on hold to be able to re-evaluate how to best use social media and our resources to help Ricky adopt healthier sexual behaviours.

b) Condom Availability.-

The Use of condoms by MARPs involves their availability their knowledge of the benefits for using it and their acceptance as a way to protect themselves against HIV/AIDS. In order to increase the accessibility of condoms for the general

population and especially for our MARPs population, PSI based on the Place studies that located specific places where people congregate to have and search for sex, has ensured that all the retailer sites (sales points) exist in the areas where the MARPs convene, had the products available.

Our partners also distributed freely non branded generic condoms to their target groups during the IPC sessions and any activities conducted to encourage this behaviour.

Also based on the 2011 PLACE survey, the following activities have been identified to create an enhanced and cost-effective distribution system for PANTE condoms:

- Collaboration with NGOs and Community-Based Agents to increase access in rural areas
- Increased capacity in the sales force
- Bi-Annual retail audits to better understand the market and the communication evolution
- Close monitoring of appropriate pricing
- Total Market Approach

c) Counselling and Testing.-

Knowledge of HIV status is a key element in the prevention of HIV; PSI has established 3 mobile teams offering voluntary testing for HIV, syphilis at the beginning and later pre-screening for TB. Many activities were conducted in the areas reached by the project with the main objectives of increasing the awareness of more people on their HIV status and also to increase their access to treatment and prevention. The groups mostly targeted were CSW and their clients, MSM, most vulnerable youth and the general population. More than 34.600 persons were tested and receiving post counseling test for HIV through Mobile VCT, 876 were tested HIV positive and most of them were link to existing HIV care and support. These mobile operations were achieved in areas not covered by partners providing VCT services in fixed locations.

Indicators	Total achieved to date	Targets for LOP	Percent Achieved
Number of Persons tested and receiving post counseling test for HIV through Mobile VCT	34,640	30,000	115%



Port de Paix - HRC/ARC team with red caps walking to visit a newly implemented activity in a baz named "Sou Kannal", one of the poorest area in Port de Paix.

d) Promotional and sales activities.-

Promotional and sales activities were conducted for our condom PANTE. These activities started only in 2012 after we had revisited the scope of work of the PREVSIDA's project to add the social marketing of PANTE that was previously under PROMARK. The main strategies and activities to promote the use of the PANTE can be summarised as follow:

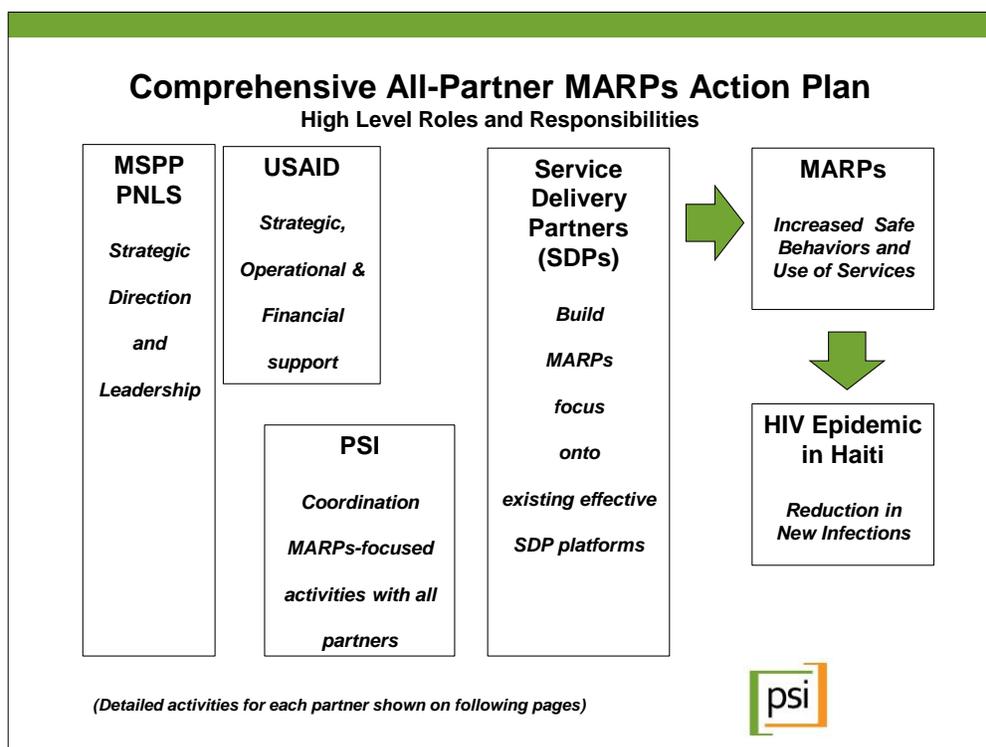
- The "Caravan Pante", was organized and conducted to allow a better recognition and a better visibility of our new packaging. The "Caravan Pante", visited almost all the departments.
- "5 pou 1 campaign" : a promotional campaign in order to boost the sale of the new PANTE
- "PLIS KONTWOL BAZ PAM" a pilot project who identified and trained 54 employees (12 in North, 12 in Artibonite, 12 in South, 8 in Nippes and 10 in West) from 20 barbershops in 5 departments. These employees were trained on HIV/AIDS and Interpersonal communication techniques. All the barbershops were painted and identified with the PLIS logo. Branded male condoms were sold through that mechanism and persons were sensitized
- Telemarketing: within this service phone numbers were given through our spots and to our wholesalers in order to make the link between our wholesalers, our retailers, consumers and the sales force to fill any gaps and get closer to them

- Broadcasting of PANTE spots (brand) , JISKOBOU radio and TV spot (generic)
- Activities during Carnival in Cap-Haitien, Jacmel and Gonaives
- Sponsoring of activities to support the communication around HIV/AIDS
- Support of the MOH in the commemoration of International AIDS day

One thousand and eighty five (1,085) promotional activities for PANTE were conducted throughout the country from April 2012 to march 2015 and about 925.000 people were reached. Around 9 million condoms were also sold for the period.

Cine mobile activities: these activities allowed us to reach a large number of consumers via our messages on behavior change and to promote the use of PANTE; more than 74.000 people were reached from October 2013 to March 2015 through 73 projections.

e) Link MARPs to HIV Health Services and others



PSI Haiti “Comprehensive All Partner MARPS Action Plan”, was developed in order to find a better way to link MARPs to HIV services and others. This plan shared with USAID and all SDP partners described in details the different strategies and

activities that OHMaSS/PSI and the USG/SDP partners have to pursue in order to create a network of sites called “MARPs friendly”, located near the Hot Spots where MARPs congregate, and where MARPs can be assured of access to care without fear of discrimination and stigmatization.

PSI with the help of I-TECH elaborated and integrated a new module within the PNLs curriculum to train and sensitize health care providers on the stigmatization and discrimination aspect of the HIV services that are provided to the MARPs and particularly to MSM. A lot of people have been trained with this new curriculum the table below summarizes it:

Summary of health providers trained with the MARPs Friendly module

Place of Training	Date of Training	Number of persons trained
Hôpital Saint Antoine – Jérémie (MARPs Module only)	October 14 - 15 2013	26
UGP / PEPFAR (Formation PEC+MARPs Module)	November 25th to 20 December 20 th , 2014	20
CIFAS (PEC+ MARPs Module)	March 10th to 21st, 2014	30
UGP / PEPFAR (Formation PEC+MARPs Module)	July	22
UGP / PEPFAR (Formation PEC+MARPs Module)	September	23
TOTAL		121

There was an excellent coordination between stakeholders to achieve the desired results during the implementation. All activities have not had the expected success and often we had to change strategy and intervention tactics.

3-MONITORING AND EVALUATION

During the implementation of the project, every quarter, the PSI’s M&E staff ensured the quality of the data reported by our partners. Indeed, supervisory visits were carried out at the hot spots, verification of programmatic reports from our partners.

All PSI programmatic data are now available on DIHS-2 platform managed with Futures Group support. The sales activities were monitored by the sales department itself.

Moreover, this project was an opportunity to carry out several studies and surveys on those most at risk populations compared to STI / HIV / AIDS. Here are the main:

All MARPS: PLACE studies 2011 and 2012

The aim of the PLACE study was to map up all the venues where most at risk populations are seeking new sexual partners, in an effort to identify and describe the places where interpersonal communication activities can reach the target populations most effectively.

Female Sex Workers: a qualitative study on marketing planning (FoQuS).

Youth : TRaC study, as a particularity, the youth study had two subsamples, one household based and another one, venue-based, informed by the PLACE study and targeting at-risk youth.

WOMEN: PSI Haiti conducted a qualitative research study meant to explore the acceptability of Reyalite female condoms among young women that are not sex workers.

MSM and CSW: IBBS research 2011 and 2014 with the size estimation

At the start of the PREVSIDA project, substantial quantitative data on MSM was unavailable; to get the project underway, PSI Haiti conducted a qualitative study FoQuS to help us ascertain the target group's behavior, which then enabled OHMaSS/PSI to develop interpersonal communication activities that would lead MSM and CSW also to lasting behavioral changes.

OHMaSS/PSI Haiti's team has obtained the full collaboration of the PNLS, LNSP, and NGO partners, for planning and implementation of the research studies. The IBBS studies were a strategic priority for the Haitian MSPP and there was a keen interest on the PNLS' side to help PREVSIDA implement them.

The table below will show the different outcomes indicators used to assess the different activities under the PREVSIDA project.

Table summarize the results of the indicators followed by the project from the IBBS studies

Outcomes Indicators	IBBS 2011			IBBS 2014		
	<24 years	25 years and +	Total	<24 years	25 years and +	Total
Percentage of MARPs (MSM) who are infected with HIV (MSM)	13.3%	29.8%	18.1%	RDS		13%
				9.0%	36.4%	16.0% (Crude)
Percentage of MARPs (FSW) who are infected with HIV	7.0%	11.4%	8.6%	RDS		8.7%
				6.2%	13.5%	9.3% (Crude)
1.1 Percentage of female sex workers reporting the use of a condom with all their clients (disaggregated by age)	90.9%	88.3%	89.9%	90.8%	88.6%	89.9%
1.2 Percent of MSM who report the use of a condom the last time they had anal sex with a male partner (disaggregated by age)	70.8%	77.2%	72.7%	70.8%	74.7%	72.7%
1.3 Percent of MARPs (MSM) who report having sex under the influence of alcohol or drugs in the last 12 months (disaggregated by, age)	28.3%	29.3%	28.6%	24.2%	27.8%	25.2%
1.4 Percent of MARPs (FSW) who report having sex under the influence of alcohol or drugs in the last 12 months (disaggregated by age)	21.2%	19.4%	20.5%	26.9%	23.5%	25.4%
Percent of MSM who have had anal sex with more than one male partner in the last 6 months of all men surveyed who have sex with a male partner.	77.2%	74.9%	76.5%	70.7%	74.0%	71.6%
3.1 Percent of MARPs (MSM) who received an HIV test in the last 12 months and who know the result (disaggregated by age)	46.4%	51.1%	49.2%	36.4%	45.7%	38.9%
3.2 Percent of MARPs (FSW) who received an HIV test in the last 12 months and who know the result (disaggregated by, age)	64.7%	62.4%	63.9%	61.8%	66.9%	64%
3.3 Percent of MARPs (MSM) who report having STI symptoms in the last 12 months and report treatment of it (disaggregated by, age)	66.4%	80.8%	70.9%	56.4%	58.4%	56.9%
3.4 Percent of MARPs (FSW) who report having STI symptoms in the last 12 months (disaggregated by, age)	14.3%	20.3%	16.5%	23.9%	24.7%	24.3%

4-LESSONS LEARNED & ACHIEVEMENT

- 1- A strong and deep network of local partners -- MSPP, NGOs, CBOs and commercial -- is a key success factor to an effective social marketing program. Only by a very tight collaboration with the MSPP can we ensure we are supporting implementation of the country's public health strategy, and achieving maximum impact by avoiding any duplication and ensuring full complementarity of public and social marketing activities. NGOs and CBOs have deep community ties which are critical to the success of communications activities. And the commercial sector is key to ensuring that products move along each link of the supply chain, to reach final beneficiaries.
- 2- Both SEROvie and PSI delivered on their promises to make the use of condoms and lubricants a systematic behavior in MSM. Free lubricants were provided by USAID. Knowledge of the water-based lubricant is widespread among MSM. There is incessant demand for lubricant three and half years after the program's inauguration.
- 3- Board game sessions have become not only a mean to educate the group but also a community bonding tool. According to peer educators, game sessions were the space to find solutions as a group, to discuss matters very pertinent to their lives and the sexual health and to simply hang out especially in a country where they do not have many expressive outlets as a community. They will miss these sessions sorely.
- 4- According to peer educators and supervisors, being trained by PSI and being recognized as SEROvie peer educators gave them a sense of purpose and made them feel respected by family and community members who'd always thought that being a MSM was associated to being useless sexual deviants. As educators, they received respect for their knowledge and their skills, which also aided in their community's perception that they had something to contribute to their society.
- 5- Peers were very dedicated and put a lot of effort into this project, even though they were always under great pressure.
- 6- In the activities of the mobile VCT team, PSI/Haiti used the successful "accompagnateur" strategy to link people who tested positive for HIV with appropriate care and support services available in the community. Only a few of those that have been referred for services did not accept to be

accompanied for care and treatment services. We attribute this reluctance to accept follow-up services to fear of stigmatization and discrimination by service providers. Even when transportation fees are provided, over 20% of PLWHA refuse the accompaniment service. In order to avoid contact with the “accompagneurs,” some who refused services, gave fake telephone numbers, falsify addresses, or simply do not show up for scheduled appointments.

- 7- The implementation of prevention activities of HIV / AIDS with vulnerable groups requires the development of partnership with structures that were able to prove their experience and performance in the field. Starting in October 2012, we had a most fruitful collaboration with organisations firmly implanted in the transport sector in Haiti, FTPF and SCPVBA who used to work with the Haitian government and other local and international organizations. This had facilitated the mobilization and participation of truckers and motorcycle drivers in our different prevention activities for HIV / AIDS.
- 8- The involvement of the community has been recognized in the IPC sessions. Community leaders have offered spaces including school, church, Public Square for the interventions.
- 9- The condom’s demand is very high among vulnerable young people, they always requisite condoms as a condition to attend a session. The peer educator always make referrals to the point of distribution services and free condoms points to continue and encourage a change of safe behaviour in relation to some issues related to sexuality.

5-WEAKNESSES & CHALLENGES

- 1- The slow start of the project was crucial in the absorption rate of the project but by 2011 the situation was regularized.
- 2- From May to September 2013, following LGBT’s public demands for equal rights and legislation approving same-sex marriage. A consortium of religious and moral leaders organized well-attended anti-homosexuality protests in Port-au-Prince, Les Cayes, Jacmel and Cap-Haitian. We had to suspend field activities as SEROVle was taking care of physically and psychologically abused MSM nationwide.
- 3- Some communities continued to be homophobic and would negatively influence the peer education activities. The Northeast city of Fort-

- Liberté is a good example, during the first special event that the peers had organized in March 2012, the police was called and the community was in an uproar. IPC sessions was continued to be conducted in relative secrecy, and at the end, only one out of five peers in Fort-Liberté agreed to work with SEROVie.
- 4- VCT activities with and for MSM was a major challenge throughout the program. MSM refused to attend general population VCTs because of insults that would be thrown at them. Those that specifically targeted MSM still attracted the communities' attention and would deter MSM from attending.
 - 5- There is a larger network of MSM who do not identify themselves as gay and yet it does not exist any specific study to inform PSI Haiti on how to reach them. This relates to understand MSM sub-culture such as: 1) open and known (flamboyant, effeminate and showy), and 2) closeted and covert (down low and closeted). It is necessary to tailor HIV prevention program for each subcategory of MSM as this community is very segregated because closeted. Bisexual men and those who engage in transactional or commercial sex with other men do not happen to share the same values, profile and interest, but both serve as a bridge for STI and HIV to the general population.
 - 6- Also, there is much stigmatization and discrimination between the two sub-groups. This is a problem that PSI/OHMaSS encountered during the implementation of the project.
 - 7- With the program closing the fear that the MARPs will also lose good habits that many projects have taken years to foster is a challenge for the HIV prevention program in Haiti. With HIV/AIDS prevention, as a peer said, adults take time to accept new concepts and to let go of old ones. The key is to keep passing on the messages.
 - 8- As the 2013 nationwide homophobic panic demonstrate, a future version of this program must delve deeper into a non-discrimination campaign toward lesbians, gay, bisexuals, and transgender persons. Emphasis must be placed on educating the population on concepts related to gender and sexual diversity, and gender and sexually-based violence.
 - 9- At the end of the project, the projectors are turned on to new high-risk sexual practices being experienced by young people: young people frequently use the "4 giga" - 4 rounds of elastic between 2 Condoms- in

sexual relationships to generate more sensation or pain in women. A practice that challenges all security measures in sexual relationships of young people against HIV / AIDS and early pregnancy.

CONCLUSION

This report puts an end to a four and a half years' experience of a wonderful project that had the opportunity to see the MARPs problematic on a larger and more strategic scale. PREVSIDA brought a lot of expertise and knowledge of the behavior of the MARPs populations particularly the MSM and the CSW; it also provided the occasion to bring together all the different actors that were intervening on the field. During the past four years and a half the PREVSIDA project has participated in the improvement of life, right to health and access to services for the MARPs population even though there is still a lot to be done. The studies and results of the activities have reshaped the global pictures of the Haiti HIV/AIDS response for the coming years by putting the focus on the MARPs' population in the latest National HIV strategic Plan. Stigma and discrimination is still a concern in the Haitian society particularly regarding the MSM but this project has put a solid base to address such issue at the population level and particularly at the health professional level. PSI/Haiti would like to take this opportunity to thank USAID for giving us the chance to be a part of this ultimate assessment of the MARPs problematic in Haiti and to lay down some path for the coming years to impact positively their health, behavior and well-being.

RECOMMENDATIONS FOR FUTURE INTERVENTIONS— TO BUILD ON PROGRAM SUCCESS

PREVSIDA has achieved significant success over its four years and a half year duration and there still remains opportunities for ongoing advancement and ultimate increased positive health impact in Haiti.

First, it is clear that continuous investment is required to maintain the gains achieved thus far. Every week thousands of young people decide to become sexually active, and so require information and encouragement to keep themselves safe, and to understand the options available to them to protect themselves against HIV/AIDS. The level of communication must be maintained to ensure that these new health consumers are effectively reached.

In this context, our first recommendation is to sustain the ongoing investment that USAID has made to link the MARPs to HIV care and treatment services and to protect the gains secured to date by the PREVSIDA project.

SUCCESS STORIES

Throughout the project period, the program reported on particular successes, including the following attached as Annexes to this report:

- EXAMPLE OF A STRONG PUBLIC PRIVATE PARTNERSHIP
- WITH OPPORTUNITIES COME TALENTS AND...
- PREVSIDA a path towards MSM rights for health!
- World AIDS Day Brought to the People!



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