

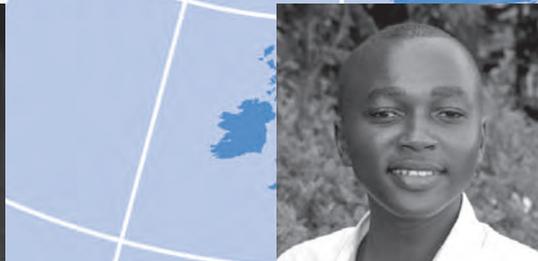
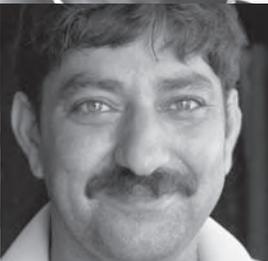
HAITI FINAL REPORT

September 1999—March 2007

USAID'S IMPLEMENTING AIDS PREVENTION AND CARE (IMPACT) PROJECT



USAID
FROM THE AMERICAN PEOPLE





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This publication was funded by USAID's Implementing AIDS Prevention and Care (IMPACT) Project, which is managed by FHI under Cooperative Agreement HRN-A-00-97-00017-00.

Produced December 2007

**Haiti Final Report
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for

**USAID’s Implementing AIDS Prevention
and Care (IMPACT) Project**





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*Submitted to USAID
By Family Health International*

December 2007

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TABLE OF CONTENTS

ACKNOWLEDGEMENTS.....	2
GLOSSARY OF ACRONYMS	3
EXECUTIVE SUMMARY	5
PROGRAM STRATEGIES, IMPLEMENTATION, AND RESULTS	6
INTRODUCTION	6
COUNTRY CONTEXT.....	6
IMPLEMENTATION AND MANAGEMENT	7
HAITI PROGRAM TIMELINE	8
PROGRAM STRATEGIES AND ACTIVITIES	10
PROGRAM RESULTS.....	13
PROGRAM OUTPUTS	13
PROGRAM OUTCOMES AND IMPACT	15
LESSONS LEARNED AND RECOMMENDATIONS	17
ATTACHMENTS	20
IMPLEMENTING PARTNER ACTIVITY HIGHLIGHTS.....	20
HAITI PROGRAM FINANCIAL SUMMARY	22
PUBLICATIONS PRODUCED	25

ACKNOWLEDGEMENTS

Family Health International (FHI) and the country office in Haiti are immensely grateful to USAID/Haiti for continuous guidance, support, and funding throughout the life of the Implementing AIDS Prevention and Care (IMPACT) Project in Haiti.

We are also grateful to the numerous IMPACT partners, both governmental and nongovernmental, for the opportunity to work together to achieve the common goal of reducing the burden of HIV/AIDS in Haiti. Without their high level of commitment and collaboration, we would not have achieved what we did.

The IMPACT/Haiti program was managed by a team of very dedicated staff based in Port-au-Prince and Arlington, Va., who showed complete commitment to their responsibility. To them, we say thank you and well done. The invaluable contribution of international and local consultants who provided technical assistance to the program cannot be overemphasized.

GLOSSARY OF ACRONYMS

AIDSCAP	AIDS Control and Prevention Project
AMI	<i>Aide Médicale Internationale</i>
ANGH	<i>Association des Guides d’Haïti</i>
ARV	Antiretroviral
BCC	Behavior change communication
BSS	Behavioral surveillance survey
CBO	Community-based organization
CDC	Centers for Disease Control and Prevention
CERA	Centre d’Evaluation et de Recherches Appliquées
CHI	Children’s Hospice International
CPDEP	Centre pour le Développement de Démocratie et Education Participative
CSW	Commercial sex worker
ECCO	Entreprise Caraïbienne de Construction
EMMUS	Enquête Mortalité, Morbidité et Utilisation des Services (Mortality, Morbidity, and Services Utilization Survey)
FEBS	Fondation Esther Boucicaut Stanislas
FBO	Faith-based organization
FHI	Family Health International
FOSREF	Fondation pour la Santé Reproductive et de l’Education Familiale
GHESKIO	Groupe Haïtien d’Etudes du Sarcome de Kaposi et des Infections Opportunistes
HUEH	Hôpital de l’Université d’Etat de Haïti
HIV	Human immunodeficiency virus
IMPACT	Implementing AIDS Prevention and Care
IR	Intermediate result
MAC	Maison Arc-en-Ciel
MARCH	Management Research Community Health
M&E	Monitoring and evaluation
MINUSTHA	Mission des Nations Unies pour la Stabilisation d’Haïti
MOH	Ministry of Health
MSH	Management Science for Health
MSM	Men who have sex with men
NASTAD	National Alliance of State Territorial AIDS Directors
NGO	Nongovernmental organization
OPS/OMS	Organisation Pan Américaine de Santé/ Organisation Mondiale Santé
OVC	Orphans and vulnerable children
PAHO	Pan American Health Organization
PISACO	Ponts et Chaussées Irrigation Services Architecturaux Construction
POZ	Promoteurs Objectif Zéro Sida
PSI	Programme de Santé et Information
PLHA	People living with HIV and AIDS
PMTCT	Prevention of mother-to-child transmission
STD	Sexually transmitted disease
STI	Sexually transmitted infection
UCC	Unit of Control and Coordination of HIV/AIDS

UCS	Unité Communale de Santé
UJAPH	Union des Jeunes pour le Progrès et l'Avancement d'Haiti
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
VCT	Voluntary counseling and testing
VDH	Volontariat pour le Développement Haïtien
WHO	World Health Organization

EXECUTIVE SUMMARY

At the request of USAID/Haiti and the Ministry of Health (MOH), Family Health International (FHI) initiated activities in Haiti in 1997 under the Implementing AIDS Prevention and Care (IMPACT) Project. The overall goal of the IMPACT/Haiti program was to work with Haiti's MOH and its partners to implement the country's National Strategic Plan for HIV/AIDS, which aims to reduce the risk for HIV transmission, mitigate the impact of HIV/AIDS, and reduce the vulnerability of Haitian people to HIV. To date, USAID/Haiti has provided \$8,576,395 in field support funds to IMPACT/Haiti.

IMPACT/Haiti activities focused largely on capacity building and providing direct mentorship, leadership, and technical assistance to the MOH/Haiti and its partners. Through support from USAID/Haiti and in a coordinated effort with a range of international and local partners, FHI assisted the government of Haiti to strengthen its capacity to ensure quality and effective HIV/AIDS programming in the country. This complemented the ongoing activities of other agencies/organizations working on HIV/AIDS in Haiti and incorporated a participatory approach to working in the country. Throughout IMPACT activities, FHI's primary role was to provide technical assistance to the MOH, which directly implemented activities.

Initially, IMPACT/Haiti concentrated its efforts on key interventions such as

- *behavior change and prevention interventions*—These activities supported USAID/Haiti intermediate result (IR): 3.3.1 “effective HIV/AIDS prevention to care” targeting youth, commercial sex workers (CSW), and men who have sex with men (MSM) through peer education, social marketing of condoms, behavior change communication (BCC), and multimedia campaigns.
- *support and care activities for orphans and vulnerable children and people living with HIV/AIDS*—This supported USAID/Haiti IR: 3.3.1 by providing community-based care and support programs with support groups and psychosocial assistance.
- *advocacy and institutional support*—These activities supported USAID/Haiti IR: 3.3.4, “strengthened disease surveillance systems and related laboratory and diagnosis infrastructure” through site renovation and implementation of networks involved in advocacy against HIV/AIDS.
- *strategic information/research*—A behavioral surveillance survey supported USAID/Haiti IRs 3.3.1 and 3.3.4.

After the review of program activities and the development of the National HIV/AIDS Strategic Plan for 2000–2005, IMPACT/Haiti expanded its program activities to include additional technical areas, with the goal of

- expanding and improving voluntary counseling and testing (VCT) and prevention of mother-to-child transmission (PMTCT) services
- strengthening targeted behavior change interventions
- improving targeted interventions for groups that engage in high-risk behaviors
- improving care and support services, including home- and community-based care and HIV clinical care and treatment
- strengthening strategic planning, monitoring, evaluation, and surveillance capacities and systems

IMPACT/Haiti collaborated closely with USAID/Haiti, the MOH/Unit of Control and Coordination of HIV/AIDS (UCC), and various stakeholders to identify emerging needs and to annually update its strategy and work plan to ensure that the program remained responsive to the Haitian HIV/AIDS situation.

PROGRAM STRATEGIES, IMPLEMENTATION, AND RESULTS

INTRODUCTION

The Implementing AIDS Prevention and Care (IMPACT) Project began work in Haiti in 1997, providing technical assistance and capacity building in HIV/AIDS programming to the Ministry of Health (MOH)/Unit of Control and Coordination of HIV/AIDS (UCC). With funding from USAID, IMPACT supported the effort of the Haitian MOH in the implementation of the national HIV/AIDS strategic plan and provided technical and financial assistance to local nongovernmental organizations (NGOs).

IMPACT/Haiti concentrated its efforts on key prevention interventions that targeted youth, commercial sex workers (CSW), and men who have sex with men (MSM) through peer education, social marketing of condoms, BCC, and multimedia campaigns. IMPACT/Haiti also provided care and support interventions for orphans and vulnerable children (OVC); and people living with HIV/AIDS (PLHA) through community-based care, support programs, and psychosocial assistance. The project also focused on advocacy and institutional support programming, including voluntary counseling and testing (VCT) and prevention of mother-to-child transmission (PMTCT), through site renovation and implementation of networks involved in advocacy against HIV/AIDS; the research/behavioral surveillance survey rounds I, II, and III; and the transactional sex study.

COUNTRY CONTEXT

Haiti occupies one-third of the Caribbean island of Hispaniola, which it shares with the Dominican Republic, and has a population of approximately 8 million. By the end of 2001, Haiti had one of the highest HIV/AIDS prevalence rates in the Caribbean and, outside of sub-Saharan Africa, was country hardest hit by HIV globally. At the time of IMPACT/Haiti's initial programming, the adult prevalence rate was approximately 5.6 percent (250,000 adults), and 12,000 children were infected with HIV. More than 200,000 children have been orphaned by AIDS, and approximately 11 HIV-infected babies were born every day in Haiti. The high level of HIV throughout the country increased the number of tuberculosis cases, the most common opportunistic infection for HIV-positive people.

According to the recent preliminary data from EMMUS IV, the 2004–005 demographic and health survey, the HIV-prevalence rate among adults in Haiti is approximately 2.2 percent. Haiti is one of the countries where the prevalence rate of HIV/AIDS is decreasing. It is the poorest country in the western hemisphere, with 65 percent of the population living below the poverty line. Political violence, an unstable government, poverty, and a weak health infrastructure have all contributed to the spread of HIV/AIDS.

IMPLEMENTATION AND MANAGEMENT

During the early phase of the program (1998–2000), IMPACT did not establish an office in Haiti due to the level of funding and scope of work. Assistance was mainly achieved through a combination of direct technical input from a local coordinator and intensive short-term technical assistance by outside experts, along with support for skills-building activities in various technical and program management areas. Coordination of specific activities and logistical support were provided through strategic partners such as Promoteurs Objectif Zero Sida (POZ), managed by the former country director of AIDSCAP, which was a prior HIV/AIDS global program implemented by Family Health International (FHI) and the predecessor to IMPACT.

IMPACT/Haiti provided subagreements to CARE and Maison Arc-en-Ciel (MAC) to support OVC-intervention activities; and to Centre d’Evaluation et de Recherches Appliquées (CERA) to implement the first, second, and third waves of the Behavior Surveillance Survey (BSS-I, BSS-II, and BSS-III) and disseminate the regional reports. That subagreement was awarded based on the unique ability of CERA to implement the survey and carry out plans for the dissemination of results. Several subagreements were also awarded with funds from the US President’s Emergency Plan for AIDS Relief to various partners, such as Fondation pour la Santé Reproductive et de l’Education Familiale (FOSREF), Volontariat pour le Développement Haïtien (VDH), Aide Médicale Internationale (AMI), POZ, and MAC. IMPACT/Haiti provided technical assistance through both short-term technical consultancies and the hiring of long-term advisors. IMPACT/Haiti worked closely with the MOH in the planning and implementation of their entire project.

In early 2001, a decision was made to open a country office in Haiti. In April 2001, a country director was hired and a new office was established in Port-au-Prince. The staff office was organized into three units—technical, administrative, and financial—all of which were supported by FHI headquarters and occasionally by local and international consultants.

With changes in the funding environment in Haiti—notably the financial award from the Global Fund to Fight AIDS, Tuberculosis and Malaria—IMPACT/Haiti was well positioned to leverage additional resources. This funding allowed additional interventions in the area of care at Hôpital de l’Université d’Etat de Haiti (HUEH) and in prevention through State Nursing School and National Laboratory.

HAITI PROGRAM TIMELINE

<i>Program Activities</i>	2000		2001		2002		2003	2004		2005		
<i>Quarter</i>	1,2	3,4	1,2	3,4	1,2	3,4	1,2	3,4	1,2	3,4	1,2	3,4
Prevention/Behavior Change and Communication												
Developed or adapted BCC materials for targeting high-risk-behavior groups (CSWs, MSM, youth)	X	X										
Implemented BCC mass media campaign		X										
Developed or adapted peer-education materials	X											
Revised the current peer-education curriculum	X											
Trained peer educators to reach populations that engage in high-risk behaviors (CSWs, MSM, youth)		X										
Peer-education activities carried out by trained peer educators		X										
Strengthened the repertoire of counseling skills offered by the counselor at the hotline, <i>Line Bleu</i>		X										
Increased the capacity of <i>Line Bleu</i> to handle the volume of calls		X	X	X	X	X	X	X	X	X	X	
Trained <i>Line Bleu</i> counselors		X	X									
Implemented entertainment and education approach through theater sketches on stigmatization, discrimination, youth clubs, interpersonal communication, group education			X	X	X							
Provided BCC capacity building to local NGOs (FOSREF, VDH, POZ, Fondation Esther Boucicault Stanislas [FEBS], Association des Guides d'Haïti [ANGH])			X	X	X	X	X	X	X	X	X	
Provided technical assistance to Mission des Nations Unies pour la Stabilization d'Haïti [MINUSTHA] in the area of prevention by training police officers as peer educators											X	X
Follow up on trained peer educators												X
Care and Support Intervention for OVC and PLHA												
Conducted a situation analysis on OVC in nine departments ¹ of the country.		X										
Trained religious/community groups in the registration and enumeration of OVC		X										
Conducted a situation analysis on OVC in nine departments of the country.		X										
Trained religious/community groups in the registration and enumeration of OVC.		X										
Completed enumeration exercise		X										

¹ Haiti is divided into ten regions known as departments: Artibonite, Centre, Grand 'Anse, Nippes, Nord, Nord-Est, Nord-Ouest, Ouest, Sud, and Sud-Est (source: *CIA World Factbook*).

<i>Program Activities</i>	2000		2001		2002		2003		2004		2005	
<i>Quarter</i>	1,2	3,4	1,2	3,4	1,2	3,4	1,2	3,4	1,2	3,4	1,2	3,4
Care and Support Intervention for OVC and PLHA												
Supported pilot intervention that targeted the most vulnerable children and encouraged decentralized and community-based approaches.			X									
Held department forums to promote the development of networking among OVC providers.		X	X									
Capacity building with MAC to offer a comprehensive package of psychosocial support, home-based care training, medical services, and scholarships to children with HIV/AIDS and their families.							X	X	X	X	X	
Capacity building with AMI to provide support to children affected by HIV/AIDS, especially orphans, through BCC with street children							X	X	X	X	X	
Capacity building with POZ to create PLHA association							X	X	X	X	X	
Capacity building with PLHA associations and faith-based organizations (FBOs) on abstinence and “be faithful” messages							X	X	X			
Supported training on orphan care and strengthened psychosocial services through the Haitian Ministry of Social Work											X	
Provided financial and technical assistance to four departmental directorates of the MOH partners for OVC scholarships											X	
Provided technical assistance to set up petty-cash system for transportation of PLHA to come to service facilities in four departments of the country											X	X
Provided small grants to four PLHA associations											X	X
Trained and supported four PLHA associations, post-test clubs, referral networks											X	X
Advocacy and Institutional Support												
Coordinated the nationwide renovation activity done through PISACO and ECCO (Cayes, Jacmel, Grand Anse, Miragoane, Port de Paix, Pilate, Aquin)							X	X	X	X	X	X
Supported GHESKIO in the implementation of five VCT/PMTCT sites in the west department							X	X	X	X		
Supported Food for the Poor for implementation of VCT/antiretroviral (ARV) services									X	X	X	

Quarter	2000		2001		2002		2003		2004		2005	
	1,2	3,4	1,2	3,4	1,2	3,4	1,2	3,4	1,2	3,4	1,2	3,4
Advocacy and Institutional Support												
Supported Food for the Poor for implementation of VCT/antiretroviral (ARV) services									X	X	X	X
Elaborated and disseminated <i>Manuel de Normes de Prise en Charge clinique et Thérapeutique du VIH/SIDA</i>)								X	X			
Elaborated and disseminated national training curriculum for counselors of VCT, which included a VCT trainers' guide and VCT participants' guides								X	X			
Conducted training courses for counselors, supervisors, and trainers										X		
Supported the implementation of ARV services in the country by the renovation in three referral hospitals in the country's departments									X	X		
Provided proximity assistance to the Southern Departmental Direction to scale up the south health direction VCT/PMTCT/ARV services.							X	X	X	X	X	X
Renovated, equipped, and staffed three new community-based VCT centers											X	X
Strategic Information, Surveillance, and Research												
Conducted a situation analysis on OVC in Haiti	X	X	X									
Provided technical assistance to MOH to conduct the first round of BSS	X	X	X									
Presented BSS-I results at national stakeholders' meeting			X									
Supported and managed the second round of BSS								X	X	X		
Presented BSS-II results at national stakeholders' meeting										X		
Supported an HIV/AIDS case surveillance pilot study through a Children's Hospice International (CHI)/Centers for Disease Control and Prevention (CDC)/ National Alliance of State Territorial AIDS Directors (NASTAD) contract to established HIV sentinel surveillance.										X	X	
Conducted the third round of BSS											X	X
Conducted the transactional sex study											X	X

PROGRAM STRATEGIES AND ACTIVITIES

IMPACT activities in Haiti were to support the effort of the Haiti MOH in the implementation of the National HIV/AIDS Strategic Plan and provide technical and financial assistance to local NGOs. Activities included BCC and prevention interventions, care and support for OVC and

PLHA, scale up of VCT and ARV services, advocacy and institutional support, and strategic information.

Behavior Change and Prevention Interventions

IMPACT/Haiti provided support to the MOH in the area of BCC at different levels and in all aspects of the implementation of the National HIV/AIDS Strategic Plan. In addition to collaboration with the MOH and other agencies—such as the Pan American Health Organization (PAHO)/World Health Organization (WHO), United Nations Population Fund (UNFPA), Population Services International (PSI), United Nations Children’s Fund (UNICEF), the CDC, and Management Sciences for Health (MSH)—IMPACT/Haiti worked in partnership with some local executive agencies, such as FOSREF and VDH, that worked with youth throughout the country. Activities included innovative youth interventions, including entertainment and education through theater sketches (also known as edutainment) on stigmatization and discrimination; youth clubs; interpersonal communication; peer education; mass media campaigns; and interventions surrounding special events such as Carnival, Mother’s Day, and National AIDS Day. The Association des Guides d’Haïti (ANGH) educated members of the community, especially in-school youth, to make informed decisions about their sexual life and address stigmatization. POZ contributed to the reduction of the spread of HIV/AIDS by enabling youth to make informed decisions about sexual practices through educational activities, support groups, *Téléphone Bleu/Line Bleu* (an on-call service providing information on HIV/AIDS/STIs), and newsletters.

The reduction of sexual risk among high-risk-behavior groups was also taken into consideration by IMPACT/Haiti. The project provided financial and technical assistance to local executive agencies such as FOSREF and Fondation Esther Boucicault Stanislas (FEBS), which worked toward the reduction of sexual risk among CSWs. Peer educators and community health workers visited night clubs, bar hotels, brothels, and other sites in order to provide sexual education and BCC materials to female sex workers and promote clinic services. A collaborative agreement was undertaken with Mission des Nations Unies pour la Stabilisation d’Haïti (MINUSTAH) to train Haitian police officers as peer educators. Promotion of utilization of VCT services was implemented with Centre pour la Démocratie et l’Education Participative (CPDEP) and Laborde for the general population, and Management Research Community Health (MARCH) was used for pregnant women.

The BCC strategy had widespread buy-in and support from all project partners. The activities resulted in

- an increase in the capacity and skills of individuals to openly discuss issues related to sexuality, STIs, HIV, and AIDS with their partners, peers, and seniors
- a deeper understanding of the difference between *exposure to HIV* and *infection by HIV*
- a deeper understanding of the benefits of prompt treatment for STIs as a way of reducing vulnerability to HIV
- increased understanding of and confidence in youth abstinence, fidelity, and condom use as options in preventing HIV infection
- skills acquisition in negotiating safer sex and condom use between individuals
- a greater understanding of the benefits and importance of VCT

Care and Support Intervention for OVC and PLHA

IMPACT/Haiti, in collaboration with agencies such as UNICEF, l'Institut du Bien-Etre Social, and a local network of orphanages and community-based service providers, conducted a situation analysis of OVC in Haiti. This analysis was conducted to determine the numbers and proportion of children orphaned and their locations, as well as their needs for education, health, and protection in all 10 departments of the country.

IMPACT/Haiti provided financial and technical assistance to MAC, which offered a comprehensive package of psychosocial support, home-based care training, medical services, and scholarships to children and families affected by HIV/AIDS. IMPACT/Haiti also provided financial and technical assistance to Aide Médicale Internationale (AMI), which worked with street children. Behavior change and care activities were carried out in the center and directly in the street through peer education and active participatory approaches. For example, street children participated in the design and elaboration of health messages (e.g., songs, material designs), and were trained as a peer educators. IMPACT/Haiti supported training on orphan care and strengthening psychosocial services through the Haitian Ministry of Social Work, and provided financial and technical assistance to four departmental directorates of the MOH partners for OVC scholarships.

FEBS has benefited from IMPACT/Haiti technical and financial support in working with PLHA in the Artibonite department. Some activities were conducted to financially support PLHA who sought ARV services in four departmental referral hospitals (South, South East, North, and Grand Anse). These activities were conducted through a subagreement with the departmental directorates of MOH.

Advocacy and Institutional Support

Due to the urgent need to rapidly expand and improve AIDS-related services promotion by the Emergency Plan, under the technical leadership of CDC, proximity assistance to the Southern Departmental Direction was conducted to scale up the South Health Direction VCT/PMTCT/ARV services. Activities related to the following interventions were conducted: strengthening the coordination between the Department and the two *Unité Communale de Santé* (UCS); supporting implementation of services, including VCT lab logistics; infection-prevention trainings; and staff recruitment and HIV information system implementation.

To improve VCT/PMTCT/ARV service delivery, IMPACT/Haiti took the lead role in the coordination of nationwide renovation activity done through PISACO and ECCO. As part of this intervention, 18 clinics were physically renovated. IMPACT/Haiti also supported the implementation of ARV services in three sites in the country: Hospital Immaculée Conception des Cayes in Southern Department, Hôpital St. Antoine de Jeremie in Grand Anse Department, and Hôpital St. Michel de Jacmel in Southeast Department. IMPACT/Haiti provided technical assistance to support a full package of renovation, equipment, staff, and lab to institute three new community-based VCT sites. GHESKIO was supported for the implementation of five VCT/PMTCT sites in the Western Department and Food for the Poor for VCT/ARV service delivery.

IMPACT/Haiti was well known for providing technical assistance to the MOH in the establishment of national norms and procedures. The following documents were produced during the IMPACT project: *Manuel de normes de prise en charge clinique et thérapeutique des*

personnes vivant avec le VIH (guidelines on the clinical and therapeutic management of people living with HIV), *Normes nationales pour le dépistage volontaire du VIH/SIDA* (national guidelines for voluntary counseling and testing), and *Curriculum de formation pour le dépistage volontaire du VIH* (national training curriculum for HIV counselors).

Strategic Information

In support of the MOH, IMPACT/Haiti, in collaboration with PSI, UNICEF, and PAHO carried out two rounds of BSS covering high-risk-behavior groups. The first round covered young males and females ages 15–19 and 20–24 in the metropolitan zones of Cap Haitian and Port-au-Prince. The second round covered youth ages 15–24 years, women ages 25–49 around sentinel surveillance sites, female sex workers (FSW), migrant males and females, and MSM. The main objective was to collect information about current knowledge and attitudes on HIV infection, STIs, sexual practices, risk perception of HIV/AIDS, and the impact of prevention interventions among the selected groups, as well as trends over time.

During fiscal year 2005, IMPACT/Haiti, in partnership with the Global Fund, conducted a third BSS using the same design and target groups as the second BSS to demonstrate behavioral trends over time. In addition, the third BSS included the police force. The preliminary result was presented at a national stakeholders' meeting. Overall, conducting the third BSS was essential for gathering data on the behaviors in the populations targeted above. These data complement the surveillance data that was gathered in the second BSS; the information has allowed the MOH and other intervening parties to use the new information to design their strategy and approach to HIV interventions in the field. In addition to the BSS, the transactional sex study among young females provided additional information to MOH.

IMPACT/Haiti provided support to carry out an HIV/AIDS case surveillance pilot study through a CHI/CDC/NASTAD contract to established HIV sentinel surveillance. A new methodology for sentinel surveillance was developed: sentinel sites were chosen; many tools were developed, such as a training manual, AIDS notification form, register of patient status and forms to complete monthly reports; disease reporting specialists were recruited, trained and equipped; and, the data collection started in the sentinel site selected. A final evaluation report of this project was prepared and a national scale-up plan is in process.

PROGRAM RESULTS

IMPACT's main role in Haiti was to provide technical assistance to the MOH and act as the direct implementer through the 10 departmental MOH directorates, in collaboration with local and international agencies and NGOs. FHI's technical assistance, both direct and indirect, contributed to achievements outlined during the IMPACT Project reporting period, as documented in reports from IMPACT/Namibia implementing agencies.

Program Outputs

BCC and Prevention

- 152,342 individuals (general population) reached through sensitization and mobilization sessions
- 731,561 youth reached with HIV/AIDS information at youth clinics
- 54,598 CSW reached
- 48,600 youth participated in trainings about stigma
- 117 young peer educators trained

- 246 information, education, and communication (IEC) materials produced
- 33,886 individuals reached with community outreach HIV/AIDS prevention program in the areas of abstinence and being faithful
 - 8,479 individuals reached with community outreach HIV/AIDS-prevention program in the area of abstinence only
 - 4,696 individuals reached through HIV/AIDS-prevention program that are not focused on abstinence
- 408 health providers trained to provide prevention services
- 150 police officers trained as peer educators
 - 4,063 individuals reached by police peer educators
- Forum for mobilization and advocacy (FBOs included Caritas, World Relief, World Vision, and Catholic Relief Services)
- 530 leaders of Roman Catholic, Episcopal, and Protestant churches reached
- 98 religious leaders informed on basic HIV/AIDS knowledge
- 4,0431 clients counseled and tested (through all VCT/ARV sites supported by IMPACT/Haiti), including pregnant women
- 2,454 pregnant women counseled and tested
- 243 pregnant women tested HIV positive

Care and Support Intervention for OVC and PLHA

- national situation analysis of OVC in Haiti conducted and disseminated
- 190 members of community support groups trained in home-based care
- 319 OVC supported for schooling
- 3585 OVC reached (psychosocial support, healthcare, home-based care)
- 615 households received psychosocial support
- 15 street children trained as peers educators
 - 557 individuals trained by the peer educators who were street children
- 46 OVC programs supported (orphanages through Ministry of Social Work)
- 84 central and regional staff of the Ministry of Social Work trained on children's rights and HIV/AIDS (training session offered by FHI to staff of the ministry)
- 97 service providers from orphanages trained on children's rights and HIV/AIDS
- 1098 PLHA received funds to visit service facilities in four departments of the country
- 530 PLHA under ART
- PLHA association/platform created
- 40 PLHA trained in emotional accompaniment for PLHA surrounding topics such as HIV/AIDS transmission, prevention, ARV treatment
- 50 PLHA trained in human rights and HIV/AIDS, communication, initiation to project management
- six members of the PLHA association trained in accounting

Advocacy and Institutional Support

- 23 health sites renovated, staffed, and equipped to deliver VCT and/or ARV services
- 540 health providers trained in counseling, testing, post-test club facilitation
- National training curriculum for VCT counselors elaborated and disseminated
- VCT training guide developed and disseminated (FY 2003–04)

- manual for clinical and therapeutic management of PLHA (*Manuel de prise en charges clinique et thérapeutique des personnes vivants avec le VIH*)
- Training curriculum for post-test club animators created

Strategic Information, Surveillance, and Research

- situation analysis of OVC in Haiti conducted
- first round of BSS conducted and disseminated
- second round of BSS conducted and disseminated
- case surveillance pilot study completed through a CHI/CDC/NASTAD contract
- third round of BSS started, data collection and analysis completed, and preliminary results presented at a national stakeholders' meeting
- transactional sex study conducted

Program Outcomes and Impact

IMPACT/Haiti and its partners completed three rounds of BSS that covered the high-risk-behavior groups in the area covered by the IMPACT/Haiti project. A proxy outcome and impact of the realization of the IMPACT/Haiti project can be seen through the data from the BSS. The first round, carried out in 2000, covers young males and females 15–19 years old and 20–24 years old in two areas of the country: the metropolitan zones of Cap-Haïtien and Port-au-Prince. The second round taken in 2003 covered the following groups: youth ages 15–24 years old, women ages 25–49 years located around the sentinel surveillance sites, female sex workers (FSW), male and female migrants, and men who have sex with men (MSM). Men in uniform were supposed to be part of the second BSS surveys, but were not included in 2003 due to political unrest. The third round of the BSS (2006) followed the same design and target groups as the second BSS and included the men in uniform.

Data from the 2003 and 2006 BSS show changes in some HIV/AIDS-related knowledge and behavior indicators among the high-risk-behavior group target population. For instance, awareness of HIV/AIDS increased from 98.9 percent in 2003 to 100 percent in 2006 in all groups. Except for FSW, the 2006 data show also an increase in the percentage of target groups who knew the prevention method of HIV/AIDS, compared to 2003 data. There is a significant increase between 2003 and 2006 among participants who received counseling and testing and received their test results (see table below).

The BSS-II and BSS-III conducted in 2003 and 2006 by FHI/CERA produced the data in the table that follows on selected UN General Assembly Special Session (UNGASS) indicators among groups considered at increased risk for HIV transmission.

**Outcomes among Target Populations
Documented in the Behavioral Surveillance Survey, 2003–06**

Sex	Sex workers (%)		Drivers of public vehicles (%)		Haitian-Dominican migrants (%)				MSM (%)		Street children (%)		Police (%)	
	<i>Female</i>		<i>Male</i>		<i>Male</i>		<i>Female</i>		<i>Male</i>		<i>Male</i>		<i>Male</i>	
Survey Round	2003	2006	2003	2006	2003	2006	2003	2006	2003	2006	2003	2006	2003	2006
Awareness of HIV/AIDS	99.2	99.6	99.6	96.3	99	100	98.9	100	87.7	100	98.2	92.1		100
Knowledge of HIV/AIDS transmission-prevention methods	79.9	17.7	69.8	65.4	74.0	80.6	67.4	74.7	38.1	48.2	77.2	54.6		72.1
Received counseling and testing and test results	48.5	71.0	14.4	31.9	4.8	18.2	1.5	21.1	9.4	48.0	4.1	11.2	5	86.7
Positive attitudes with regard to PLHA	4.7	33.9	9.3	0.0	5.8	0.0	2.9	0.0	20.5	52	2.2	6.4		16.7
Primary abstinence	N/A	N/A	3.1	6.4	9.5	10.5	12.7	6.8	25.0	2.2	9.7	65.3		98.6
Secondary abstinence	N/A	N/A	3.1	6.4	21.2	12.8	35.1	13.3	25.0	2.2	8.3	33.3		98.6
Fidelity to only one sexual partner	N/A	N/A	52.6	53.7	53.1	47.7	62.3	80.4	0.0	12.2	11.6	6.2		32.4
Use of condom during the last sexual relation	98.0	93.5	4.3	1.1	4.5	9.3	0.0	0.0	29.5	72.8	25.7	8.9		44.0
Behavior at elevated risk	N/A	N/A	47.4	8.0	11.6	18.2	1.1	1.8	36.5	12.0	80.7	90.5		53.3

LESSONS LEARNED AND RECOMMENDATIONS

Opportunities

- HIV/AIDS is a social phenomenon, not just a medical problem. It needs to be addressed in a holistic way with a holistic approach that implicates all the sectors and is coordinated so everyone works toward the same goal. To aim at that coordination, consensus must be reached about what the problem is and what the goal should be. All the roles and tasks and the means of articulation—for every sector and within each sector—need to be clearly defined.
- Until now, we have been working mostly with quantitative results and less with qualitative indicators. The program would greatly benefit from more focus on qualitative indicators that could measure the outcomes of our intervention.
- We underestimated all of the benefits that could be obtained with the PLHA regrouped in a structured association; they could become actual partners rather than remain as implementers.
- Interventions against HIV/AIDS should be an opportunity to reconsider the whole health sector and deliver better services to the population.

Challenges

- There was a lack of MOH leadership for the HIV/AIDS program.
- Overlap and duplication of effort resulted from the lack of stakeholder coordination.
- Services needed to be continued while implementing renovations.
- A multicultural approach in the fight against HIV/AIDS requires further development.
- Personnel turnover was high.
- Frequent changes in the mandate of implementing agencies threatened assurance of high-quality work
- Maintaining the quality of services was difficult.
- Decentralization issues (e.g., time and performance constraints) delayed contract approval.

Lessons learned

- Focusing only on HIV/AIDS issues sends mixed signals to the population—more specifically to service providers—resulting in more stigmatization and discrimination toward PLHA.
- Community mobilization is a key factor that should be addressed more aggressively in the program. That mobilization should also be addressed with service providers so that everybody understands the program in the same way.
- The physical structure of the institutions and their equipment need to be addressed to guarantee the quality of the services delivered. We need to be able to keep individuals in the system and achieve service-delivery norms in terms of confidentiality, neatness, air flow, toilets, comfortable seats, electric energy, and laboratory equipment.
- The integration of different programs is mandatory. One of the ways to reach this objective is to train family planning and TB service providers in VCT so they can deliver those kinds of services to all the patients they see.
- The involvement of PLHA associations is very important in reaching the program goal. But these associations need to be created, and PLHA must be worked with closely so they

can develop a democratic institutional life that will enable them to become real partners in the fight against HIV/AIDS.

- VCT training must be conducted by experts in counseling who have been working in that field and have experienced that kind of service. To ensure that implementation is according to the norms of practice, all personnel need to be accompanied in the field by experienced counselors for at least six months.
- For change to occur, it is important to involve individuals in charge and service providers at the institutional level in the process. They may provide important information that result in errors being avoided.
- Switching the mandate of the implementing agencies—sometimes in the middle of a project implementation—could destroy the project itself, undermine its efficiency, and generate frustration from the public and the implementing agency. These actions can lead to poor service quality, bad perception of the project by the population being served, and loss of funds and energy already invested.
- The activities of post-test clubs led to more mature PLHA and facilitated their regrouping into PLHA associations. Involvement of PLHA association members is a key factor in the fight against HIV/AIDS, including the reduction of stigmatization and discrimination.
- Addressing non-medical needs of PLHA facilitates adherence of treatment (e.g., support for transportation, microcredit opportunities, job opportunities, and nutritional needs).
- Coordination between institutional palliative care activities and community palliative care should be strongly linked for the continuum of comprehensive care and support for PLHA and their families.
- Strong leadership from the MOH facilitates implementation of HIV/AIDS activities and avoids duplication of effort among partners.
- A lack of continuum of the mandate makes interventions difficult to sustain and less efficient, and is a powerful, discouraging, and frustrating factor.

Recommendations

Further capacity building of the MOH is the key factor within the lessons learned. The MOH and its partners (local and international), developed the National Strategic Plan for HIV/AIDS, but the MOH did not have the management capacity to ensure that it was implemented as planned. That strategic plan also needed to be a more holistic regrouping to better integrate all sectors of public health with the other sectors. That regrouping integration has to be done in a complementary manner: each sector should be able to intervene in a way to reinforce the other sector's interventions. This regrouping has two steps. First, a common understanding of the pandemic has to be developed. Second, each sector has to understand the impact of that epidemic on its sector and the interrelation between all of the sectors. The MOH can no longer be the sole leader. The intervention has to become a national priority, and it has to be integrated in the national development plan at the state level.

The health sector could propose a national health action plan and present the plan's priorities and principles of interventions to its partners. These partners can then intervene according to their expertise in the domain addressed.

The guiding principles and the training curriculum, especially those related to VCT and medical HIV management, need to be revised, and they should not be revised as a sanitary component only; we need to understand the person as a whole.

- The national program should focus on the creation and the reinforcement of PLHA associations. This process was successfully achieved in four steps of the FHI strategy, and could be implemented anywhere there are VCT and/or ARV activities.
- Standardized data-collection forms have been developed and tested. They should be refined so that all the service providers can master them. The importance and the impact of a good information system should also be discussed with service providers at all levels so that everyone can play their respective role.
- The program must include a component that focuses on the reentry of PLHA and HIV-affected individuals into society. This will fill a huge gap and help PLHA to achieve their wellbeing. The health sector needs to conduct a lobby toward the social partners to define a mechanism that will open the doors for PLHA so they can have access to professional training, microfinance, and legal and nutritional support.
- A new approach for the nutritional aspect in the fight against HIV/AIDS must be created. Donors have been lobbied to finance the local production of the food complement that could not be reached through international support. The nutritional aspect could be achieved through local organizations that specialize in food production. These organizations could coordinate the production through local groups; they could also transfer some expertise to the local groups so they could improve their skills. Whenever possible, providing nutrition assistance to low-income PLHA should be prioritized.

ATTACHMENTS

IMPLEMENTING PARTNER ACTIVITY HIGHLIGHTS

Name	Organizational Type	Location	Target Population	Budget	Intervention	Project Dates
FOSREF	NGO	Port-au-Prince	Youth, CSW	\$259,405	Prevention BCC	12/15/99–05/31/05
POZ 1	NGO	Port-au-Prince	Youth, MSM, general population	\$489,182	Prevention BCC	12/31/05
MAISON ARC EN CIEL	NGO	Port-au-Prince	OVC orphaned by AIDS	\$120,149	Care and support	04/01/02–03/31/05
FEBS	NGO	St Marc	CSW	\$63,355	Prevention BCC	01/12/03–03/30/06
AMI	NGO	Port-au-Prince	OVC: youth in street	\$73,115	Care and support	01/11/03–05/31/05
ANGH	NGO	Port-au-Prince	In-school youth, general population	\$40,647	Prevention BCC	01/11/03–05/31/05
POZ CBO's	NGO	Port-au-Prince	CBOs: faith-based organizations	\$105,881	Prevention/BCC CBOs, faith-based organizations	01/02/02–01/31/05
GHESKIO	NGO	Port-au-Prince	General population	\$45,515	Institutional support/ PMTCT	05/14/04–02/28/05
USAID/PEPFAR	US Government		General population	\$750,000	Prevention PMTCT, ARV OVC2 X 7X 10	02/04–02/05
CERA I	Private institution	Port-au-Prince	At-risk groups	\$73,132	Research BSS-I	01/10/00–02/28/01
CERA II	Private institution	Port-au-Prince	At-risk groups	\$297,982	Research BSS-II	11/15/02–09/30/04
CERA III	Private institution	Port-au-Prince	At-risk groups	\$168,551	Research BSS-III	01/15/06–03/15/07
VDH	NGO	Port-au-Prince	Youth, general population	\$91,337	Prevention BCC	11/15/99–03/30/01
CARE	NGO	Port-au-Prince	OVC	\$41,509	Research on OVC	01/01/01–10/31/01
ECCO	Private institution	Port-au-Prince		\$81,002	Renovation	04/15/03–01/11/03
PISACO	Private institution	Port-au-Prince		\$134,404	Renovation	04/15/03–10/15/03
Child Health Institute	NGO	Port-au-Prince	General population	\$153,766	Surveillance study	06/15/04–10/31/05
MARCH	NGO	Port-au-Prince	Pregnant women	\$46,953	PMTCT	10/10/2004–09/30/05
UJAPH	NGO	Port-au-Prince	PLHA	\$30,000	Management PLHA	5/5/04–9/21/06
POZ-ITECH	NGO	Port-au-Prince		\$150,000	Care and support to PLHA	01/15/05–02/28/06
CPDEP-MC	NGO	Port-au-Prince	General Pop	\$145,155	Community mobilization	01/07/05–06/30/06

Name	Organizational Type	Location	Target Population	Budget	Intervention	Project Dates
CPDEP-VCT	NGO	Port-au-Prince	General Pop	\$132,202	Community-based VCT	01/10/05–10/15/06
Food for the Poor	NGO	Port-au-Prince	Pregnant women	\$84,603	Support to the hospital	01/10/05–09/30/06
DCCH-Laborde	Faith-based organization	Cayes	General Pop	\$27,972	Community-based VCT	01/03/06–09/30/06
POZ	NGO	Port-au-Prince	Youth	\$36,950	Transactional sex study	06/01/06–03/15/07
Department Sanitary South	Government	Cayes	PLHA	\$25,000	Support to PLHA	10/01/05–10/31/06
Department Sanitary North	Government	Cap-Haïtien	PLHA	\$25,000	Support to PLHA	10/01/05–10/31/06
Department Sanitary Grand Anse	Government	Jérémie	PLHA	\$25,000	Support to PLHA	10/01/05–10/31/06
Department Sanitary South East	Government	Jacmel	PLHA	\$25,000	Support to PLHA	10/01/05–10/31/06

HAITI PROGRAM FINANCIAL SUMMARY

Since 1999, USAID/Haiti committed \$8,576,395 in program support funds to IMPACT/Haiti.

IMPACT provided the following subagreements over the life of the project (LOP):

Funding source	Budget (USD)	Title
Haiti (FS)	\$97,912	Haiti: <i>M.C. Conseils</i> —Mass Media Campaign
Haiti (FS)	\$63,355	Haiti: <i>Projet de sensibilisation des travailleurs de sexe</i>
Haiti (FS)	\$ 91,337	Haiti: VDH II
Haiti (FS)	\$73,115	Haiti: <i>Programme integre d'aide medicale et de prevention en faveur des enfants et jeunes des rues de P-a-P</i>
Haiti (FS)	\$259,405	Haiti: FOSREF
Haiti (FS)	\$105,881	Haiti: <i>Mobilisation et prise en charge communautaire VIH</i>
Haiti (FS)	\$120,149	Haiti: Maison Arc en Ciel
Haiti (FS)	\$45,515	Haiti: GHESKIO
Haiti (FS)	\$81,002	Haiti: ECCO SA
Haiti (FS)	\$326,804	Haiti: BSS-II
Haiti (FS)	\$134,404	Haiti: PISACO
Haiti PMTCT/PI (FS)	\$46,953	Haiti: MARCH: PMTCT–CITYMED Delmas
Haiti PEPFAR 2.0	\$40,000	Haiti: PISACO, SA– <i>Clinique Externe HIC Port-de-Paix - Phase II</i>
Haiti PEPFAR COP05	\$145,155	Haiti: CPDEP– <i>Mobilisation Communautaire</i>
Haiti PEPFAR COP05	\$36,590	Haiti: POZ– <i>Rapports Sexuels de Transaction</i>
Haiti PEPFAR COP05	\$135,935	Haiti: CERA–BSS III
Haiti PEPFAR COP05	\$ 84,603	Haiti: Food for the Poor– <i>Prise en Charge Globale de PVVIH (85956)</i>

IMPACT/Haiti provided also small grants (RRF) to the following agencies:

Partner organization	Title of project	Funding (HTG)	Start and end dates
Hôpital l'Esperance de Pilate	Moving Hôpital l'Esperance de Pilate	200,000	4/04–5/04
CECOSIDA	Launching of internet site CECOSIDA	193,050	03/05/04
UJAPH	Behavior change	200,000	6/1/04–8/2/04
Inst. St-Louis de Gonzague	Parent-student awareness of the problems of MST-VIH/SIDA	120,000	25/04/04–21/06/04
CECOSIDA	Promotion of the 21st memorial in the media	199,950	30/04/04–30/05/04
Centre de Sante Bernard Mevs	Implementation of PMTCT, Centre de Santé Bernard Mevs	84,379,76	10/05/04
POZ, Phase I	21 International Candlelight AIDS Memorial - Phase I	105,000	16/05/04
POZ, Phase II	21 International Candlelight AIDS Memorial - Phase II	105,000	16/05/04
Groupe Kozé la Santé	First AIDS Candelight Memorial	175,248	16/05/04
Haiti Contact Plus	School mobilization against AIDS week	193,500	17/05/04–22/05/04
PESADEV	SIDA- Foot	36,500	30/06/04–30/07/04
Tessy Film Production	<i>La Victime</i>	180,000	2/7/2004–10/04
FEBS	World AIDS Day 2004	100,000	19/11/04–15/12/04
MARCH	HIV/AIDS Awareness training for pre-teens	185,000	20/11/04–05/12/04
A.P.A.A.C	HIV/AIDS and STI Prevention for Adolescents	185,000	11/04–4/05
UJAPH	<i>Sensibiliser les jeunes sur l'utilisation des CDV.</i>	150,000	28/01/05–05/02/05
CNFT	HIV/AIDS Prevention	50,000	5/3/2005–28/03/05
Hôpital St-Michel de Jacmel	Support launching of ART services at hospital	150,000	11/3/05–11/03/05
Hôpital Food for the Poor	Programme CDV & PTME	192,000	2/5/05–31/07/05

Partner organization	Title of project	Funding (HTG)	Start and end dates
CECOSIDA	Orientation for journalists on the decentralization of ARV drugs	11,400	4/5/05–04/05/05
Mairie Bas-Limbé	HIV/AIDS prevention in Limbe and Bas Limbe communities	90,758	7/31/05–1/5/2005
POZ	Commemoration 6th Annual AIDS Candlelight Memorial	75,5000	9/5/05–15/05/05
Groupe Kozé la Santé	2nd Candlelight University AIDS Memorial	75,000	13/05/05–15/05/05
PROCOM	Jeunes Emancipes sans SIDA	56,625	1/6/05–31/07/05
Fondation Espoir Grand' Anse	Community mobilization / FESTI CAFÉ 2005	100,000	7/7/05–16/07/05
Le Nouvelliste	International Conference on HIV/AIDS treatment - Brésil	39,000	14/07/05–27/07/06
GIPPN	Jeunesse avisee contre les maladies inopportunes	81,650	10/7/05–17/07/05
DSS	Community mobilization activities during La Fête de Gelée	50,000	05/05–08/05
CESED	Summer Youth Camp in Jacmel	100,000	29/08/05–3/09/05
CECOSIDA	Speech about HIV/AIDS	42,750	20/10/05
MHDR	Microcredit—Jacmel	210,000	15/10/05–31/03/06
Plate Forme Haïtienne des Associations de PVVIH	Atelier de formation des Associations de la Plate Forme sur les ARV et leurs effets secondaires	94,500	22/10/05–12/11/05
POZ / PHAP	National PLHA newspaper	210,000	8/12/05–10/12/05
DSS	Support for OVC - CIH/SIDA	163,465	12/05–06/06
DSGA	Support for OVC - CIH/SIDA	200,000	12/05–06/06
DSSE	Support for OVC - CIH/SIDA	200,000	12/05–06/06
DSN	Support for OVC - CIH/SIDA	186,147	12/05–06/06
Comité des étudiants de médecin & de pharmacie	Awareness about STI, VCT, and HIV/AIDS	42,000	28/04/06–30/04/06

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