



Kings Hospital
Mais Gate 42
Cazeau, Haiti

Supported by
The Heartbeat Project, Inc.

MANAGED PREVENTIVE HIV SERVICE FOR WOMEN IN HAITI



FINAL REPORT

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Acronyms

AJFH	Association de Jeunes Femmes Haïtiennes
AIDS	Acquired Immunodeficiency Syndrome
CCM	Country Coordination Mechanism
CD	Country Director
CDC	Centers for Disease Control and Prevention
CSA	Customer Service Agent (Agent de service de clientèle)
DSGA	Department Sanitaire Grand' Anse
GFATM	Global Fund
HHS	Department of Health and Human Services
HIV	Human Immunodeficiency Virus
HQ	Headquarters
HRSA	Health Resources and Services Administration
JSI	John Snow, Inc.
MARCH	Management and Resources in Community Health
M&E	Monitoring and Evaluation
MOU	Memorandum of Understanding
MSPP	Haiti Ministry of Public Health and Population
NCE	No Cost Extension
NPI	New Partners Initiative
OCA	Organizational Capacity Assessment
OD	Organizational Development
OGAC	Office of the Global AIDS Coordinator
PEPFAR	President's Emergency Plan For AIDS Relief
PE	Peer Educator (Pair educator)
PM	Project Manager
PMTCT	Prevention of Mother to Child Transmission (of HIV)
PSA	Public Service Announcement (on radio)
SANTÉ FANM	Kreyol for "Health for Women" or "Healthy Women"
SC	Site Coordinator (Coordinatrice)
STI	Sexually Transmitted Infection
TA	Technical Assistance
TA-NPI	Technical Assistance to the New Partners Initiative Project (HHS)
USG	United States Government
VCT	Voluntary Counseling and Testing

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I. EXECUTIVE SUMMARY

Curamericas Global Inc. (Prime Recipient) in partnership with two local organizations, Management and Resources for Community Health (MARCH) and King's Hospital implemented the project *Managed Care Preventive HIV Services for Haitian Women*. Both local organizations implemented the project at different times during the project period, from February 1, 2009 to January 31, 2012.

Despite the late start of the project, challenges faced with different implementing partners, and unproductive time during transition among those partners; the Managed Care Preventive Services for Haitian Women Preventive HIV for Women and Men Project was successfully launched and field services began in April, 2009. Significant achievements include: 1) the recruitment, training, and deployment of key project staff; 2) the recruitment and deployment of a cadre of 180 Peer Educators and 24 Team Leaders; 3) the establishment of 36 VCT sites in underserved communities, including tent cities; 4) the execution of 12 out of 12 planned large BCC Edutainment events; 5) the education of 88,910 women and men aged of 15-49 on how to correctly identify ways of preventing HIV transmission; 6) Establishment of an excellent working relationship with the MSPP, the coordinators of CDC in Haiti, and local and international NGOs; 7) the education of 14,779 girls and boys on prevention of HIV through abstinence; 8) testing of 6,941 pregnant women for HIV; and 9) 3,833 women tested for HIV through the project received family planning services. The table below summarizes the entire project period accomplishment, data was collected from the three combined organizations, MARCH, King's Hospital, and Curamericas Haiti.

Objectives*	MARCH	King's Hospital	Curamericas Haiti	Total Achieved
Women aged 10-49 residing in the Delmas, Beaumont, and Les Cayes enrolled in the managed care program	46,103	N/A	N/A	46,103
Women and Men aged 15-49 exposed to BCC messages that correctly identify ways of preventing the sexual transmission of HIV	16,639	23,615	48,656	88,910
Sexually active women and men who have regular access to condoms	73,616	8,714	N/A	82,330
Girls and Boys 10-14 participated in BCC events that promote HIV prevention through abstinence	5,601	283	8,895	14,779
Sexually active women tested for HIV.	17,866	2,051	2842	22,759
Women tested for HIV through the project received family planning services	N/A	31	3,802	3,833
Women tested for STI (Syphilis)	11,956	385	6,249	18,590
Pregnant women tested for HIV	4,404	334	2,203	6,941
Positive HIV tested pregnant women who enrolled in PMTCT	27%	33%	78%	46% (Average)
All suspected victims of sexual violence received assistance and referred to proper services	N/A	100%	100%	100%

The project objectives were revised twice during the entire period of the project. MARCH implemented the initial project objectives from February 2009 to January, 2011. The first revision was made in September 2010, and King's Hospital implemented the revised objective from January 2011 to August 2011. From August 2011 to December, 2011, Curamericas requested for a No Cost Extension (NCE) and relocated the project from the capital city, Port-au-Prince to Grand'Anse. The NCE request included revision of objective and strategies. The NCE was granted on November for one additional year, up to

January, 2013. From February, 2012 to January 2013, Curamericas Global Haiti office implemented the NCE project activities in the Department of Grand'Anse in partnership with Department Sanitaire of Grand'Anse (DSGA) and Haiti Ministry of Public Health and Population (MSPP).

II. THE PROJECT ACCOMPLISHMENTS (*PER EACH ORGANIZATION*)

1. MARCH implementation Period – February 2009 to January 2011

Originally, the project goal was to reduce HIV sexual transmission among women residing in Delmas, Les Cayes and the Beaumont/Corail/Pestel region by strengthening current HIV prevention and service delivery, as well as increasing coverage, access and equity of HIV services utilizing an innovative population-based approach applied to managed care. Under this goal and strategies, MARCH began the implementation of the project from January 2009 to January 2011. During this period the project was amended to compensate for unmet objectives due to implementation delays during Project Year (PY) One. Important adjustments were also necessary after the disastrous earthquake in January 2010. The massive displacement of people into makeshift camps after the earthquake obliged project staff to consider these locations as primary outreach sites. Initially, many women showed interest in the project, so there was a surge in managed care enrollment; however, providing HIV testing and clinical services at these sites proved to be a logistical challenge. For this reason, the MARCH-operated CityMed facility at Petion-Ville was integrated as a project service provider and as an annex to the Delmas Health Center in order to bring services closer to the women scattered throughout the Port-au-Prince metropolitan area (PAP). Nonetheless, pressing basic needs at the tent cities prevailed over project services and women soon became more interested in comprehensive primary health care. The project was also adjusted to provide family planning services generally and as an attempt to protect vulnerable women exposed to unwanted sexual activity in the tent cities. This was done per recommendation from the Technical Capacity Assessment (TCA) conducted in July 2010 by the Technical Assistance New Partners Initiative Project (TA NPI), a collaboration of John Snow, Inc. and Initiatives, Inc. An additional recommendation resulted in an increase in services to exposed infants born to HIV positive mothers. A modification was made in the HIV prevention education approach when smaller BCC meetings substituted for large edutainment events. Lastly, the staff structure was adapted to strengthen project coordination. The table below summarizes accomplishment of MARCH.

Although the disastrous earthquake inflicted instability in project activities and forced staff to adjust to undue stresses and difficult circumstances, Curamericas staff were also made aware of the significant logistical, supervisory and management issues that likely contributed to the overall low project performance. The unsuccessful resolution of these problems, despite repeated attempts to provide MARCH support and guidance from Curamericas and its TA NPI partners, led to the decision to discontinue the relationship with MARCH and begin PY3 with a new partner, King's Organization.

Results /Objectives	Achieved	PY1 & PY2 Goal	%
49,897 Women aged 10-49 residing in the Delmas, Beaumont, and Les Cayes enrolled in the managed care program	46,106	49,897	92
60% Women aged 15-to 49 enrolled in managed care exposed to BCC messages	16,639	29,938	55.5
60% Women aged 10-to-14 enrolled in managed care and residing the Delmas, Beaumont and Les Cayes participating in BCC events that promote HIV prevention through abstinence	5,601	29,938	18
90% Women enrolled in Managed Care diagnosed with an STI who receive appropriate treatment	11,956	44,907	26
24,000 Sexually active women and men who have regular access to condoms	73,616	24,000	306

80% Sexually active women enrolled in managed care tested for HIV at least once	21,389	39,917	54
80% Pregnant women enrolled in managed care tested for HIV	4,404	39,917	11
80% HIV positive pregnant women enrolled in Managed Care registered in the PMTCT program	27	31,934	.08

A. Accomplishments against Detailed Work Plan (MARCH Period)

Objective 1: 49,900 women aged 10-49 residing in the Delmas, Beaumont, and Les Cayes will be enrolled in the managed care program by end PY2.

Objective	Outcome Indicator	Target	Actual	%	Goal
49,900 women aged 10-49 residing in the Delmas, Beaumont, and Les Cayes will be enrolled in the managed care program	Women 10 – 49 including pregnant women enrolled in managed care	49,900	46106	92	49900
Activity	Output/Process Indicator	Target	Actual	%	Goal
Enroll women aged 10-49 in managed Care	No of pregnant women enrolled in managed care	5200	6062	58	10400
	No women 15-49 enrolled in managed care	33722	33940	100.4	33722
	No. women/girls 10-14 enrolled in managed care	10978	6940	63	10978
Train site Coordinator	No. Site Coordinators hired & trained	5	7	N/A	N/A
Deploy recruiter	No Recruiters deployed *	160	186	116	160
Hire and train customer services	No. Customer Service Agents hired & trained	34	34	100	34
Hire and train Data Clerk	Data clerk hired and trained	5	4	80	5
	No. of women referred for enrollment by recruiters	N/A	NA	N/A	NA
	Database established	3	3	100	3

At the end of PY2, 46,106 women were enrolled in managed care. This represents 92% of the project year's total goal (46,106/49,900). However, a breakdown by groups shows a higher percentage of accomplishment among pregnant women (58% or 6,062/10,400). These differences primarily are due to the effects of the earthquake: adult women concentrated at tent cities were reached relatively easier initially, and special efforts were made to identify and enroll pregnant women as they were considered more vulnerable. Tent camp leaders were contacted to find venues in the camps to organize the training. Training sessions with peer educators were held right in camps.

On the contrary, the girls, typically reachable at schools, were difficult to access as these facilities were closed. However, once schools resumed, MOUs were signed with the schools and school children received abstinence-based prevention education which led to increased enrollment.

By analyzing project data, slightly more than 78% of the enrolled women came from Delmas/Petion-Ville in the PAP metropolitan area, just above 5% were enrolled in the rural area of the Beaumont region, and slightly more than 16% in the southern urban site of Les Cayes. These results are considerably

disproportionate to the originally planned target percentage distribution; 60% in Delmas, 15% in Beaumont and 25% in Les Cayes, which was projected based on population size at each site.

A greater level of effort was apparently applied in PAP in spite of the challenges resulted from the devastation and uncertainty created by the earthquake. Conversely, project performance appears proportionally and significantly lowers in Les Cayes and Beaumont where there have been no added earthquake-related obstacles. In Les Cayes, enrollment of pregnant women was especially low at 6% of the group's total. At Beaumont, the sexually active (age 15-49) and pregnant women comprise just over 5% of the group's total, and girls' enrollment was even less at 3%.

Referrals to other providers for enrolled women were made for services not provided by the project (e.g., ARV for non-pregnant women), but the follow-up/counter-referral system did not work well; this issue was discussed at the TCA workshop and MARCH resolved to acquire the capacity to offer these services and thus avoid having to do referrals.

Objective 2: 60% of women aged 15-to 49 enrolled in managed care will be exposed to BCC messages that correctly identify ways of preventing the sexual transmission of HIV and reject major misconceptions about HIV transmission.

Objective	Outcome Indicator	Target	Actual	%	Goal
60% of women aged 15-to 49 enrolled in managed care will be exposed to BCC messages that correctly identify ways of preventing the sexual transmission of HIV and reject major misconceptions about HIV transmission	No. of enrolled women 15-49 exposed to appropriate HIV prevention BCC messages	22,550	16639	73	22550
Activity	Output/Process Indicator	Target	Actual	%	Goal
Conduct HIV Prevention	No of people reached	60%	73		60%
Recruit and train Peer Educator	No. persons trained to promote HIV promotion by means beyond abstinence and being faithful	200	256	128	200
Conduct BCC event	No. of edutainment events held	5	3	60	5
	No. of participants 15-49 in Edutainment events	22550	16639	73	22550
	No. of peer educator-led sessions/meetings held for women 15-49	200	256	128	200

This indicator was accomplished in 73% or 16,639 of the 22,550 sexually active women targeted. However, based on the actual number of women aged 15-49 enrolled in managed care (46,106), it is estimated that about 14,560 (60%) should have participated in at least one BCC session; this means that only about 46% of this group of women enrolled in managed care have actually received HIV prevention education.

As the Managed Care (MC) enrollment indicator, a breakdown by project site demonstrates that PAP sites contributed the bulk of this outcome. Roughly 10% of the women participated in BCC in Les Cayes, but no activity was accounted for in August, September and November. There has been no HIV prevention education to this age group reported in the Beaumont region.

The focus was on peer education training: peer educators would meet twice with groups of twenty-five women per session. A total of 445 sessions were held with the participation of 11,111 women.

Objective 3: 60% of women aged 10-to-14 enrolled in managed care and residing the Delmas, Beaumont and Les Cayes will participate in BCC events that promote HIV prevention through abstinence.

Objective	Outcome Indicator	Target	Actual	%	Goal
60% of women aged 10-to-14 enrolled in managed care and residing the Delmas, Beaumont and Les Cayes will participate in BCC events that promote HIV prevention through abstinence.	No. of enrolled women/girls 10-14 exposed to HIV prevention by abstinence	7574	5601	73	60%
Activity	Output/Process Indicators	Target	Actual	%	Goal
Conduct health education	No of Girl and boy trained to promote HIV prevention by abstinence	200	256	128	200
	No peer educator-led sessions for women 10-14	300	215	71	300

The 60% goal for this objective was exceeded at 73% of the target (5,601 out of 7,574). Comparatively, this indicator was considerably exceeded; 5,375 represent 83% of the actual enrollment of 6,513 girls aged 10-14. The outcome distribution by project site is also reflective of the pattern observed in other indicators; almost 86% of the BCC activities have taken place in PAP, mainly at schools, with 14% in Beaumont and less than 1% in Les Cayes.

Youth 10-14 were out of school until April 2010 because of the sequel of the January 2012 earthquake. It was only when they returned to school that a program was developed for them. Thirty school teachers were trained and MOUs were established with selected schools.

Objective 4: 90% of the women enrolled in Managed Care who are diagnosed with an STI will receive appropriate treatment.

Objective	Outcome Indicator	Target	Actual	%	Goal
90% of the women enrolled in Managed Care who are diagnosed with an STI will receive appropriate treatment	No. of enrolled women tested for STI	N/A	13781	71	19200
	No. of enrolled women testing positive for STI who also received treatment	N/A	7105	98	11520
Activity	Output/Process Indicator	Target	Actual	%	Goal
	No. clinic staff trained in STI diagnosis & treatment	N/A	14		NA

Based on the STI prevalence rate and assuming full achievement of the PY2 enrollment target, it had been anticipated that 11,520 women would necessitate STI treatment. For the reporting period, 7,105 women received treatment, which is **98%** of the target. Two-thirds of the STI treatments were given at PAP sites, 16% at Les Cayes, and about 17% at Beaumont.

In response to project outreach, mostly in tent camps, women were drawn to CityMed clinics for free medications and treatment for STIs. All women coming to the CityMed clinics and to the AJFH center in Les Cayes for enrollment were offered STI testing and treatment; nearly one-third had symptoms of an STI and were treated for it.

Objective 5: 24,000 sexually active women and men will have regular access to condoms.

Objective	Outcome Indicator	Target	Actual	%	Goal
24,000 sexually active women and men will have regular access to condoms.	No. of men and women with regular access to condoms	24000	73,616	306	24,000
Activity	Output/Process Indicator	Target	Actual	%	Goal
Distribute Condoms	No. of condom service outlets established- CityMed Centers/other	9	6	66	9
	No. of condoms distributed	N/A	908,599		288,000

This indicator was exceeded by **more than double** (73,616/24,000). Each person received an average of 13 condoms (supplied by UNFPA and the Global Fund) bringing the total to about **800,000** condoms distributed. According to the planned goals, 60% of condoms were to be distributed in PAP, 15% in Beaumont, and 25% in Les Cayes; the actual percentages were 94%, 2% and 4% respectively. Regular service outlets included the four CityMed centers plus the AJFH Center in Les Cayes. In addition, peer educators distributed condoms at their chapter meetings for women 15-49, and customer service agents distributed condoms in camps.

Objective 6: 60% of sexually active women enrolled in managed care will be tested for HIV at least once.

Objective	Outcome Indicator	Target	Actual	%	Goal
60% of sexually active women enrolled in managed care will be tested for HIV at least once.	No. of enrolled women tested for HIV	23308	17866	76	23308
	No. enrolled women testing positive for HIV	N/A	190	10%	N/A
Activity	Output/Process Indicator	Target	Actual	%	Goal
Establish VCT	No. of VCT staff trained	N/A	27	100	N/A
	No. of VCT sites established	9	6	66	9

The anticipated number of women aged 15-49 tested for HIV during PY2 was 23,308. The achievement level of this indicator was nearly **76% (17,866)**. In relation to the number of women presently enrolled in MC, this number of tested women represents 76%. While PAP sites tested 58% of the target population, Les Cayes sites tested 33% and Beaumont 59%.

Of the 17,866 enrolled women tested for HIV, 190 (10%) tested positive. All MARCH CityMed staff involved in VCT received training in the Haitian national VCT protocols. All sexually active women enrolled at CityMed centers and the Les Cayes AJFH was offered VCT at the time of enrollment (using a PICT approach). *Determine* rapid tests were used, *Capillus* rapid tests used for the confirmatory test, and *Oraquick* for the “tie-breaker” test. Staff reported very little resistance on the part of the women to being tested, which they attribute to successful BCC and pre-test counseling. MARCH staff reported that many

women preferred to be tested at the CityMed sites because HIV testing services are “main streamed” into the CityMed’s comprehensive health services and they felt that there is less risk of stigma than if they went to other sites specifically dedicated to VCT.

Objective 7: 80% of pregnant women enrolled in managed care will be tested for HIV.

Objective	Outcome Indicator	Target	Actual	%	Goal
80% of pregnant women enrolled in managed care will be tested for HIV	No. of enrolled pregnant women tested for HIV	5200	4404	84	5200
Activity	Output/Process Indicator	Target	Actual	%	Goal
Conduct HIV testing	No pregnant women who are tested position	NA	17	0.3%	NA
	No. of VCT staff trained	N/A	27	100	N/A
	No. of VCT sites established	5	8	160	5

It had been calculated based on population size and prevailing pregnancy rate that 5,200 pregnant women would have been tested for HIV by the end of PY2; actually, **4,404** or approximately **84%** of the pregnant women targeted were tested. Nearly 86% of these women were tested at PAP sites, 6% at Les Cayes, and almost 8% at Beaumont.

Objective 8: 80% of HIV positive pregnant women enrolled in Managed Care will be registered in the PMTCT program.

Objective	Outcome Indicators	Target	Actual	%	Goal
80% of HIV positive pregnant women enrolled in Managed Care will be registered in the PMTCT program	No. of enrolled pregnant women testing positive for HIV	N/A	38	100	N/A
	No. of enrolled pregnant women testing positive for HIV who received PMTCT	N/A	12	31%	N/A

Based on a 3% HIV prevalence rate and the anticipated number of pregnant women enrolled in MC by the end of PY2, it had been estimated that 156 women would test HIV+; however, only **31%** of the HIV+ pregnant women received PMTCT services.

Every pregnant woman tested and testing positive was immediately enrolled in the PMTCT program services at the CityMed clinics. The Project Manager, the CityMed Clinic Managers, and the nurses involved in PMTCT all received training in the Haiti PMTCT protocols; the Clinic Managers (all MDs) and/or Site Coordinators performed quality assurance on the PMTCT care provided, making sure it conformed to national protocols.

In summary, virtually all of the indicators were below target, except for the distribution of condoms which was exceeded. Although the disastrous earthquake inflicted instability to project activities and forced staff to adjust to undue stresses and difficult circumstances, Curamericas staff was also, unofficially, made aware of significant logistical, supervisory and management issues that contributed not only to the inconsistencies explained above, but the overall low project performance. However, there had been no frank disclosure of these issues by MARCH staff during formal assessment processes conducted by Curamericas staff and JSI Technical Advisors. Some of the issues may have included lack of or an ineffective coordination system between the MARCH central office in PAP and project sites, particularly

outside of the PAP metropolitan area. It was reported that in Les Cayes project activities were temporarily suspended due to apparent disagreements with MARCH central office. Slow or inconsistent cash flow into project sites seemed to be another obstacle to effective project implementation. Although the creation of a supervisory structure was supported by Curamericas staff, there is no evidence that it had been put in practice successfully.

MARCH staff related other crucial concerns such as the low motivation of field staff, especially recruiters and peer educators; they became inactive after realizing that their level of efforts outweighed the financial compensation they received. HIV test and STI medication stock-outs also impacted the project activities at times.

Other external factors affected project performance. An important barrier in enrollment rates was the challenge of being able to increase service delivery capacity in order to accommodate the growing number of beneficiaries. To this end, the CityMed health facility in Petion-Ville was incorporated as a project service delivery center. Nonetheless, female beneficiaries, as well as their male partners, continued to demand comprehensive health services as part of Managed Care, not just the free project-related services, which made it more difficult to enroll women into the program. More pressing health needs such as common illnesses and chronic disorders took priority among potential project beneficiaries. Although MARCH clinic provided comprehensive care, they charged for it; CityMed clinics staff referred individuals unable to pay to public health facilities. The referral/counter-referral system did not work well, so enrolled women were lost to other service providers.

Unfortunately, MARCH management was not receptive to offers of support and guidance in spite of expressed concerns on the part of Curamericas' management and staff

2. King Hospital Implementation Period – February, 2011 to July, 2011

Based on a recommendation from a former Curamericas board member, King's Organization was selected as the local implementing partner. Nevertheless, the NPI technical support team, JSI, and CDC-Haiti recommended that all original project objectives were revised to the followings: 1) at least 20,000 women and men aged 15-49 will be exposed to BCC messages that correctly identify ways of preventing the sexual transmission of HIV, in Port-au-Prince, Jacmel and Petit-Goave, and Arcahaie, 2) at least 10,000 girls and boys aged 10-14 will participate in BCC events that promote HIV prevention through abstinence in School and church (camps), 3) at least 4,000 women will be tested for STI, 4) at least 25,000 sexually active women and men will have regular access to condoms, 5) at least 400 women will receive Family Planning services, other than condoms, 6) at least 8,000 women and men will be tested for HIV, 7) at least 2,000 pregnant women will be tested for HIV, 8) 100% of HIV positive pregnant women will receive PMTCT, 9) all women and girls identified or suspected to be victims of sexual violence will be offered assistance and referrals to proper services. King Hospital was sub-contracted to implement these revised objectives targeting the tent cities in Port-au-Prince, Jacmel and Petit-Goave, and Arcahaie.

The proposed Project Director at King's Organization participated in a meeting with staff from John Snow, Inc. and Initiatives at Curamericas for a follow-up Organizational Capacity Assessment (OCA) in Raleigh during January 2011. The newly contracted Country Representative for Haiti Dr. Rose François also attended the OCA and provided input into the work plan for the project's final year. The decision to hire a Country Representative was based on the need to facilitate and strengthen communication between Curamericas and the in-country partner. Ultimately, King's Organization's Project Director viewed the Cooperative Agreement as more of a grant and failed to allow the Country Representative to collaborate or otherwise take part in any aspect of the project. King's Organization's Project Director refused to meet weekly with the Country Representative as previously agreed upon in Raleigh and would not allow her to observe or monitor any of the project's ongoing activities, such as group peer education sessions or

individual HIV pre/posttest counseling. As a result, the Country Representative was unable to verify the efficacy of the program activities or the accuracy of data collection for M&E. Curamericas Global HQ staff conducted several trips to Haiti to address the problems with the Project Director. In consultation with CDC-Haiti, CDC HQ technical staff and JSI, it was determined that the relationship with King's Organization was not salvageable. The sub-agreement with King's Organization was terminated on July 29, 2011. In summary, the majority of the project objectives targets were not also met in King's implementation period as well. The table below summarizes of King's Hospital achieved results:

Specific Results/Objectives	Achieved	Target Goal	%
At least 20,000 women and men aged 15-49 will be exposed to BCC messages that correctly identify ways of preventing the sexual transmission of HIV, in Port-au-Prince, Jacmel and Petit-Goave, and Arcahaie	23,615	20,000	118
At least 10,000 girls and boys aged 10-14 will participate in BCC events that promote HIV prevention through abstinence in School and church (camps),	283	10,000	2.83
At least 4,000 women will be tested for STI,	385	4,000	9.62
At least 25,000 sexually active women and men will have regular access to condoms	8,714	25,000	34.85
At least 400 women will receive Family Planning services, other than condoms,	31	400	7.75
At least 8,000 women and men will be tested for HIV,	2,051	8,000	25.63
At least 2,000 pregnant women will be tested for HIV,	334	2,000	16.7
100% of HIV positive pregnant women will receive PMTCT	33 out 56 positives	100%	58
All women and girls identified or suspected to be victims of sexual violence will be offered assistance and referrals to proper services	43 out 43	100%	100

A. Accomplishments against Detailed Work Plan (King's Hospital Period)

No breakdowns of key activities were submitted by Kings Hospital; therefore, Curamericas could not include the detail.

3. Curamericas Implementation Period – February, 2012 to January, 2013

Following the termination of the sub-agreement with King's Organization, Curamericas decided to establish a local office in country that would implement the project. Curamericas held numerous meetings with staff from CDC Haiti, the Republique d'Haiti Ministère de la Santé Publique et de la Population (MSPP or the Ministry of Health), UNICEF's HIV section, the National AIDS Committee (NAC), and other NGOs working in Haiti to identify gaps in current HIV services and programs to determine where and how the project should operate to maximize the remaining funds and time available. Based on these discussions and recommendations, Curamericas determined that it should implement the remainder of the project in collaboration with the MSPP's rural Département Sanitaire de la Grand' Anse (DSGA) in western Haiti to avoid duplication, complement our comparative advantage, and maximize our efforts. Once the DSGA was selected for the project, criteria for sub-selection of various communities within the DSGA to target were determined

Curamericas in partnership with the DSGA determined that we should establish an office with permanent staff on the ground at the DSGA's headquarters facilities in Jérémie to provide supervision, assess progress of and be accountable for project implementation and finances, and to provide technical

assistance. In agreement with the DSGA, six Curamericas Haiti staff to be housed in our office in the DSGA compound included the following: the Country Representative, an Administrator/Accountant, a Supervising Community Health Officer, two Youth Peer Educators and a driver.

In addition to a delayed start, major implementation challenges included: 1) Due to the stock out of the testing kits, a substantial number of people referred by the Peer Educators for testing were rejected at the time of seeking services; 2) Some HIV positive pregnant women requested food and transportation before going to the referral hospital for their ARV treatment; 3) Some women who tested HIV positive during the mobile clinic waited a long time to get their results.

Overall, Curamericas Haiti has achieved and even exceeded all of its yearly objectives. During the DSGA forum organized by CDC in Jeremie, Curamericas Haiti was first congratulated by all stakeholders and partners, including the MSPP and CDC for the outstanding and exemplary work, but some recommendations and requests were made as well. The forum requested the following to Curamericas: 1) Provide ARV in one of the sites health facility); 2) Transfer all HIV positive, including men and non-pregnant women, to the referral hospital; 3) Expand its existing HIV prevention services to other health facilities of the Department; 4) Test all TB patients in its existing services; and 5) expand the formation of Curamericas Youth (aged of 10- 14) Ambassadors in all communities.

In addition, Curamericas saw the following accomplishments: 1) Curamericas collaborated with CDC Haiti to strengthen the community aspect of their intervention in Grand Anse; 2) Curamericas added in the Haiti Supply Chain Management System (SCMS) to respond to the high demand of testing HIV and Syphilis at all health facilities; 3) Seeking additional funding opportunities in Country and outside country to continue and sustain the actual HIV prevention intervention activities in the Grand'Anse; 4) Coordination and collaboration with CDC Haiti to respond to the recommendations of the forum even though those recommendations were NOT part of our strategies and objectives; 5) The Project considered adding two more sites (communities) to its existing sites despite the fact that the project has achieved and exceeded all its yearly objectives. A summary implementation period by Curamericas Haiti office results is outlined below relative to the original project objectives and targets

Result Based Objectives	Achieved	2 nd Revised Goal	%
At least 6, 000 women and men aged 15 - 49 will be exposed to BCC messages that correctly identify ways of preventing HIV transmission in Grand'Anse Department	48,656	6,000	810
At least 5, 000 girls and boys 10-14 will participate in BCC events that promote HIV prevention through abstinence in Grand'Anse Department	8,895	5,000	177
At least 3,000 women will be tested for Syphilis in Grand'Anse Department	6,249	3,000	208
At least 300 women, including pregnant women, will be tested for HIV through the project will receive family planning services in Grand'Anse Department	3,802	300	1267
At least 6,000 women and men will be tested for HIV in Grand'Anse Department	6,748	6,000	112
At least 1,700 pregnant women will be tested for HIV in Grand'Anse Department	2,203	1,700	129
100% of HIV positive pregnant women through the project will receive ARV or be enrolled into PMTCT in Grand'Anse Department	78%	100%	78
100% of suspected victims of sexual violence will receive assistance and referrals to proper services in Grand'Anse Department	100%	100%	100

A. Accomplishments against Detailed Work Plan (Curamericas Haiti/NCE Period)

Objective 1 – At least 6,000 women and men aged 15-49 in the Grand' Anse Department area will be exposed to BCC messages and will be able to correctly identify ways of preventing the sexual transmission of HIV

BCC & Testing in the Community					
February, 2012 – January, 2013					
Objective	Outcome Indicator	Target	Actual	%	Goal
At least 6, 000 Women and men aged 15 - 49 will be exposed to BCC messages that correctly identify ways of preventing HIV transmission in Grand' Anse	Number of women and men aged (15-49) who were exposed to BCC message that correctly identify ways of preventing HIV transmission.	6000	48,665	811	6,000
Main activity	Output Indicator	Target	Actual	%	Goal
Mobilize community	Number of communities mobilized (Locality)	213	133	62	213
Conduct HIV Awareness Event in community	Number of awareness events conducted (major events)	12	12	100	12
Conducted BCC session in community	Number of BCC education sessions in the community conducted		1693	NA	
	Number of men reached		8675	N/A	
	Number of women reached		11826	N/A	
Conduct VCT (Outreach) in the community	Number of VCT sessions conducted		13	NA	

The project was implemented in the sub-districts communities (sites) of Anse, d'Hainault, Preville, and Anse Du Clerk, and later on one more site was added, Chambellan. A Team Leader and two Peer Educators were recruited and trained in community mobilization strategies, HIV pre- and post-counseling, as well Family Planning counseling, and Behavior Change Communication (BCC) messaging and education. In addition to the Peer Educators training, one laboratory technician and one nurse were trained respectively on HIV testing protocol and procedure and on HIV pre- and post- counseling. All trainings were conducted following the Haiti MSPP policy on HIV/AIDS. Two refresher trainings were also conducted to ensure quality of services provided. BCC education and messages are conducted at the health facility level and community level. At the health facility, the Team Leader conducted HIV education during antenatal and postnatal services, and other consultations. The education covered mainly three essential topics: general knowledge and prevention on HIV and Syphilis and information on Family planning. The education sessions were given twice a week, three times a day, and the sessions lasted for 45 minutes. All attendees (15-49 years) and their spouses/partners, if present, were engaged in the discussion through question and answer during the session. At the community level, the two Peer Educators at each site first conducted community mapping where the entire site was divided by section (community). The section was mobilized by contacting the political and opinion leaders to inform them about the project objectives and purpose. Upon their agreement, households were educated alone or a cluster of households gathered in an area for an HIV education session. The same three topics were covered at the community level as well. In addition to the household education sessions, entertainment

was conducted each month and at each site. The entertainment events were planned in coordination with the selected community leaders to mobilize men's, women's, and youth groups to participate in song and drama competitions while attending mass health education sessions on HIV and syphilis prevention, where a prize was given by the Curamericas Country Director. Finally, the Supervising Community Health Officer conducted a radio talk show along with the Department Sanitaire Grand' Anse (DSGA) on HIV and syphilis to inform the community. The radio talk show was aired once a week. During the first six month of the project, 133 communities were mobilized, with a target of educating 6,000 women and men. As illustrated in the table above project has reached 48,665 women and men, exceeding the original target by 811%

Objective 2 – At least 5,000 girls and boys aged 10-14 will participate in BCC events that promote HIV prevention through abstinence.

BCC in School (Abstinence)					
February, 2012 - January 2013					
Objective	Outcome Indicator	Target	Actual	%	Goal
At least 5, 000 girls and boys 10-14 will participate in BCC events that promote HIV prevention through abstinence in Grand' Anse Department	Number of girl and boys aged 10-14 who participated in BCC events that promote HIV prevention through abstinence.	5000	8,895	177	5,000
Activity	Output Indicator	Target	Actual	%	Goal
Sign MOU with school	Number of MOUs signed with schools		25		
Conduct BCC on abstinence in school	Number of BCC on abstinence education sessions conducted		308		
	Number of girls aged 10-14 reached		4,299		
	Number of boys aged 10-14 reached		4,596		

In coordination with the Minister of Education, the project established Memorandums of Understanding (MOU) with 25 middle schools in the town of Jeremie. In the MOU, the school directors were responsible to inform and get permission from each student's parent about the activity. The Peer Educator conducted 308 sessions of 10 to 15 minutes four times a week at a different school or the same school depending on the monthly work plan with schools. The education was on life skill-based health education, conducted before or after classes. During the 308 sessions, the Peer Educators reached 8,895 youth, 4,299 girls and 4,596 boys ages 10-14. The life skill education was focused on two topics: abstinence and self-esteem. All youth between ages of 10-14 who attended the sessions were counted and reported to the Supervising Community Health Officer. To avoid double counting, the Peer Educators conducted one topic per class. Two topics per class was counted as two sessions, and students were counted as the number youth reached, disaggregated by gender. However, refresher sessions were conducted, but NOT counted. If a new student attended who never attended either topic previously, the student was counted as one new number reached. At the churches, Peer Educators ask about those who attended the previous educations but were not counted; the same was done at the youth centers. In addition to the Peer Education conducted at the school, the Project also formed Curamericas youth clubs called "The Curamericas Ambassador" at each school. They are responsible for educating their peers at church and organizing a soccer tournament at each community of Jeremie during vacation, sponsored by Curamericas. At half time of the game, the Peer Educator who accompanied the Ambassadors helped to talk about abstinence and self-esteem.

Objective 3 – At least 3,000 women will be tested for syphilis.

Syphilis Test women					
		February 2012 - January 2013			
Objective	Outcome Indicator	Target	Actual	%	Goal
At least 3,000 women will be tested for Syphilis in Grand'Anse Department	Number of women who tested for Syphilis	3000	6,249	208	3,000
Activity	Output Indicator	Target	Actual	%	Goal
Conduct Syphilis test	Number of Syphilis tests conducted		6,249		
	Number of women tested positive for Syphilis and treated.		342		
	Number of women tested positive for Syphilis who agree to be tested for HIV		336		
	Number of women syphilis positive who referred their partner		160		
	Number of referred partners tested and treated for syphilis		102		
Conduct BCC on Syphilis education	Number of BCC education on Syphilis session conducted at health facility		1514		

All women of reproductive age (WRA), including pregnant women, who attended antenatal, postnatal services, and other consultations at the three health facilities also participated in the daily BCC message education sessions on HIV, Syphilis, and Family Planning. At all health facilities, the education sessions were facilitated by the Team Leader. The messages covered the knowledge, importance of testing, and describing the prevention of transmission of HIV and Syphilis. Strong relationships were highlighted in these sessions between HIV and Syphilis as well as the importance of referring partner(s) to be tested and treated. The same education was also given during BCC education and outreach (VCT) at the community level. All assigned DSGA nurses were trained on how to conduct syphilis pre/post test counseling, and the Laboratory technicians were also trained on the proper way of testing (RPR). The project conducted 6,349 Syphilis tests; 342 women tested positive for Syphilis and were treated. All the women, including pregnant women, who tested positive for Syphilis, were asked to be tested HIV, however, only 336 of women who were positive accepted to be tested HIV. 160 Syphilis positive women referred their partners, but only 38 referred partners that tested positive and treated. Finally, 1,514 BCC education sessions on Syphilis were conducted at the health facilities.

Objective 4 – At least 300 women, including pregnant women, who will be tested for HIV through the project will receive family planning services

IV tested women - Family Planning					
		February, 2012 - January 2013			
Objective	Outcome Indicator	Target	Actual	%	Goal
At least 300 women, including pregnant women, who will be tested for HIV through the project will receive family planning services in Grand' Anse	Number of women, including pregnant women who tested for HIV received family planning services	300	3,808	1269	300
Activity	Output Indicator	Target	Actual	%	Goal

Conduct family planning counseling for all women, including pregnant who will be tested for HIV	Number of pregnant women who tested HIV negative received family planning counseling only	897
	Number of women tested HIV negative who received Family Planning counseling and commodities other than condoms	2871
	Number of women, including pregnant women who tested HIV positive and received family planning counseling and condom only	66
Provide Family Planning commodities	Number of Family Planning commodities other than condoms distributed	1214
	Number of condoms distributed to only women who tested for HIV	26459

The focus of this objective was to provide Family Planning services to all WRA, including pregnant women and mothers of children 0-23 months who came for other consultations, such as immunization and other health issues services and were tested for HIV. All BCC education sessions conducted included information on Family Planning. In addition to the mass FP counseling session to all women at the waiting room, the project nurse also provided individual FP counseling to all women. The project provided Family Planning counseling and commodities other than condoms to 2,871 women who tested HIV negative; 66 women including pregnant women who tested positive for HIV received Family Planning counseling and condoms only; and 897 Family Planning commodities other than condoms were distributed. During the evaluation, the project staff and a representative of DSGA recommended that the project add three indicators: 1) Number of pregnant women who tested HIV negative received family planning counseling only and 2) Number of condoms distributed to only women who tested for HIV, and 26459 condoms were distributed.

Objective 5 - At least 6,000 women and men will be tested for HIV.

HIV Test for women and men					
February, 2012 - January 2013					
Objective	Outcome Indicator	Target	Actual	%	Goal
At least 6, 000 women and men will be tested for HIV in Grand'Anse	Number of women and men tested for HIV	6,000	6748	112	6,000
Activity	Output Indicator	Target	Actual	%	Goal
Conduct HIV tests for women and men	Number of HIV tests conducted		6748		
	Number of women tested positive for HIV (excluding pregnant woman)		49		
	Number of Men tested for HIV		696		
	Number of women (excluding Pregnant women) tested for HIV		1212		
	Number of men tested positive for HIV		37		
	Number of BCC sessions on HIV conducted at the Health Facility		1514		

All pregnant women who attended an ANC visit at all facilities were tested for HIV and Syphilis. Men, including spouses of pregnant women and those who came for other health services, were also encouraged to be tested. At the community level, during the entertainment event and outreach (mobile VCT), HIV testing was performed for both women and men. All HIV testing was recorded and reported at their respective health facility, and all HIV positive individuals were asked to come to the health facility for a confirmation test. All confirmed HIV positive tests were referred to the referral hospital for further services. Pregnant women were accompanied by the Peer Educators to the referral hospital and followed for adherence. The project conducted 6748 HIV tests; 49 women, excluding pregnant women, tested HIV positive; 37 men tested HIV positive; and 1080 BCC education sessions were conducted. For his objective, we also added two additional indicators: 1) Number of Men tested for HIV and 2) Number of women (excluding pregnant women) tested for HIV.

Objective 6 - At least 1,700 pregnant women will be tested for HIV.

HIV Test for pregnant women					
February, 2012 - January 2013					
Objective	Outcome Indicator	Target	Actual	%	Goal
At least 1,700 pregnant women will be tested for HIV in Grand'Anse Department	Number of pregnant women tested for HIV	1700	2203	150	1,700
Activity	Output Indicator	Target	Actual	%	Goal
Conduct HIV BCC education at Health Facilities for pregnant women	Number of pregnant women attended BCC at the health facilities		1210		
Conduct HIV tests for pregnant women	Number of pregnant tested for HIV		2203		
	Number of pregnant women tested positive for HIV		19		

All pregnant women were tested and all positive pregnant women were referred to and accompanied by the Peer Educators to the referral hospital to enroll into a PMTCT program. At the community level, all pregnant women who desired to deliver in the community were tested. All HIV negative pregnant women received their second HIV test before the ninth month of pregnancy. 2203 pregnant were tested for HIV; 1210 pregnant women attended HIV BCC education sessions at the health facilities; and 19 pregnant women tested HIV positive.

Objective 7 - 100% of HIV positive pregnant women identified through the project will be provided counseling and support to receive PMTCT

Positive pregnant women enroll in PMTCT					
February, 2012 - January 2013					
Objective	Outcome Indicator	Target	Actual	%	Goal
100% of HIV positive pregnant women through the project will receive ARV and/or be enrolled into PMTCT in Grand'Anse Department	Percentage of HIV positive pregnant women enrolled in PMTCT (receiving ARV)	19	19	100	100%
Activity	Output Indicator	Target	Actual	%	Goal
Refer all HIV positive pregnant women into PMTCT	Number of HIV positive pregnant women who enrolled into PMTCT		19		

	Number of meetings conducted with Case Managers at Referral Clinics (Team Leaders)	19
Conduct counseling on proper infant feeding and weaning	Number of enrolled pregnant women who received counseling in infant feeding and weaning	19

According to the MSPP protocol, all pregnant women regardless of the level of their CDC4 count should be given ARVs. All pregnant women tested HIV positive whether at the facility or community level were automatically referred and enrolled into PMTCT at the referral hospital. They also received counseling in proper infant feeding and weaning. Ten pregnant women who tested HIV positive were enrolled into PMTCT, but one (1) of the enrolled women moved out of the community. The remaining 9 enrolled women received counseling in infant feeding and weaning. Team Leaders and Case Managers at the referral Hospital met 10 times to discussed issues and progress of those pregnant women.

Objective 8 -100% of suspected victims of sexual violence will be offered assistance and referrals to proper services.

Sexual Violence Victims		February,2009 – January 2013			
Objective	Outcome Indicator	Target	Actual	%	Goal
100% of suspected victims of sexual violence will receive assistance and referrals to proper services in Grand 'Anse Department	Percentage of suspected sexual victims violence who received assistance through referrals to proper services	1	1	100	NA
Activity	Output Indicator				
Sign MOU with agency who give proper assistance to suspected victim violence	Number of MOUs Signed with organizations that provide services to victim of sexual violence patients		3		
Distribute prophylaxis to suspected victims sexual violence patients	Number of suspected sexual victim violence patients who received prophylaxis		1		
Refer all suspected victim of sexual violence patients	Number of suspected sexual victim violence patients who were referred for assistance for proper services		1		

Curamericas established MOUs with 3 referral hospitals in the Department of Grand'Anse to provide psycho-support and prophylaxis to victims of sexual violence in our catchment areas. The Project identified an 11 year old girl who was sexually victimized. She was accompanied by one of the Peer Educators to Anse d'Hainualt hospital for immediate treatment (prophylaxis), and then referred to Dame Marie hospital for further support.

III. PROJECT SUCCESSES AND BEST PRACTICES

- During the three years of implementation and NCE, the project achieved the following:

- o Recruitment, training, and deployment of dedicated project staff;
- o Recruitment and deployment of 180 community selected of Peer Educators and 24 Team Leaders;
- o Establishment of 36 VCT sites in underserved communities, including tent cities;
- o Execution of the first 12 of 12 planned large BCC Edutainment events;
- o Education of 88,910 women and men aged of 15-49 on how to correctly identify ways of preventing HIV transmission;
- o Establishment of an excellent working relationship with the MSPP, the coordinators of CDC in Haiti, and local and international NGOs;
- o Education of 14,779 girls and boys on prevention of HIV through abstinence;
- o Testing of 6,941 pregnant women for HIV; and
- o 3,833 Women tested for HIV through the project received family planning services.
- Involving local and national government in the decision making process of the project implementation;
- Partnership with community and local government to develop the implementation strategy;
- Coordinating activities with other international and national organization to maximize efforts;
- Working with community selected peer educator to conduct BCC at the community level;
- Using the existing health facility and supply chain of the MoH to strengthen the project supply chain;
- Establishing of community based VCT and link to nearest health facility for support.
- Align project strategy to the country national strategic response.

VI. CHALLENGES AND LESSON LEARNED DURING THE ENTIRE PROJECT PERIOD

- The major challenge was the selection of local implementing partners. This has impaired the continuity of the project through the entire period of the project implementation.
- Delayed start of the project was a challenge as well. Curamericas Global and MARCH, the first implementing partner, designed a project conforming to the requirements of a USAID PEPFAR-NPI RFA. But at the time of the NPI-PEPFAR Launch, the project was transferred to CDC, who required major revisions in the project and restricted many planned activities. The process of carefully revising the project and obtaining approval of the revisions from CDC delayed the beneficiary enrollment process. However, this time was used productively to recruit, orient, and train project staff and prepare training and BCC materials.
- Under the initial goal and objective of the project, the project was supposed to enroll women into insurance scheme. Enrollments were slowed by the inclusion of a health evaluation by a physician at the CityMed clinics and the Les Cayes AJFH center for each woman or youth before she was considered fully enrolled. This strategy was reassessed at the end of PY1. Enrollment was concentrated on older, sexually active women, leading to a “selection bias” in which 55% of enrolled women were diagnosed with an STI. This had two repercussions: 1) the initial health evaluations and associated STI diagnosis, treatment, and follow-up were time-consuming; and 2) Enrollment surged when STI drugs were available, temporarily stressing the ability of staff to keep up with demand.
- Youth 10-14 were on summer recess and therefore have been very difficult to access through the efficient channels MARCH had established with 4H clubs, youth clubs, and the schools. Consequently, a concerted effort to recruit this population was postponed to September when the

youth returned to school and began participating in their extracurricular and after-school activities.

- Beneficiaries, as well as their male partners, were demanding comprehensive health services as part of the Managed Care, not just HIV prevention and treatment. GFATM matching funds were used to treat these men. MARCH CityMed clinics provided comprehensive care (for hypertension, ulcers, migraines, flu, respiratory infections, for example) but not for free (as with the HIV managed care services). Men, and beneficiaries who could not pay for these non-project services, were referred to free services at local public health facilities.
- Referrals to other providers were made of enrolled women for services not provided by the project (e.g., ARV for non-pregnant women), but the follow-up/counter-referral system worked well; this issue must be resolved with the receiving providers.
- Sixty eight percent of partners of women who tested positive for Syphilis did not seek out testing and treatment for three main reasons: 1) some women were concerned that informing their partners may have bad repercussions in their relationship; 2) some women partners did not want to come for testing and treatment; and 3) other women's partners live in other Departments such as Port-Au-Prince. In addition, some positive women who were under treatment did not come for their 2nd or 3rd shot (Antibiotic).
- When there have been stock-outs of HIV tests, MARCH Site Coordinators borrowed tests from other organizations (PSI, National Hospital) and later re-placed the borrowed tests when the supply is restored. This ensured that two high priority populations – pregnant women and women who have been sexually assaulted – were never been denied quality and timely VCT. Promotion of HIV testing at the community level occurred through education but there were not enough HIV testing kits to respond the flow of men and women at health facility to be tested.
- Some middle schools wanted Curamericas to carry the abstinence- centered education activity in their schools, but did not want to sign the MOU providing permissions, especially regarding informing the students' parents. Curamericas Haiti did not work with those schools.
- All pregnant women who tested positive during outreach (VCT) in community took a long time (one or two weeks) to be enrolled into PMTCT. Some of the HIV positive pregnant women requested money from the project to buy food before taking their ARV medication.

VI. CURAMERICA GLOBAL ORGANIZATIONAL CAPACITY ASSESSMENT

In the first year, Three (3) consultants from JSI and Initiatives led all Curamericas Global personnel through the 3-day process of the OCA in June. Curamericas Global staff was actively engaged in the OCA process, and both its organizational strengths and development needs were identified. In general, staff realized that 1) the administrative, financial, human resources, and operational manuals, procedures, and policies need updating, streamlining, and more methodical implementation; 2) program management and project performance monitoring systems still require further improvement and more systematic implementation; and 3) the organization would benefit from considerable TA from TA-NPI and other consultants, particularly for Board development, strategic planning, organizational structure, personnel management (particularly staff retention), and sub-granting/contractor management.

The MARCH OCA occurred in Pétion-Ville August 17-19, after the conclusion of this semi-annual reporting period; its results were captured in the annual report.

The NPI team led the Year 2 Organizational Capacity Assessment (OCA) process January 12-14, 2011 at the offices of Curamericas. Curamericas staff attended as needed for all three days and two board members attended for the governance section. The Year 2 OCA process was discussed in a plenary meeting before the Curamericas team was divided into groups to address each part of the OCA tool. Assessments of HRM, Organizational Management, Finance and Administration, Governance, Program Management and Project Performance Management were completed. The NPI team prepared the scoring and rationale worksheets for presentation at the end of day two. Curamericas reviewed the input, which included their assessment, recommendations for actions, and scores and provided feedback to the OCA team facilitators to assist action planning. The NPI team facilitated the action planning process, allowing Curamericas staff to actively participate and produce a comprehensive action plan to help address the issues raised in the assessment.

Findings: in composite, Curamericas scored 3.0/4.0 on the Year 2 OCA. This is an increase of 0.6 since the Year 1 OCA. The score on areas related to compliance with USG regulations was 2.8; the score without rankings on USG categories was 2.9. Curamericas greatly improved organizational capacity in areas of HRM, from 2.0 to 3.6; Program Management, from 2.2 to 3.5; and Governance, from 2.6 to 3.2

Although they did not participate in the OCA sessions, during days two and three, two representatives from Haiti were in attendance: Dr. Junie Hyacinthe, the Executive Director of King's Organization, and Dr. Rose Francois, the person Curamericas identified to be the project liaison between Curamericas and the new partner. The program staff, Drs. Hyacinthe and Francois and TA NPI staff discussed the NPI project and Kings Organization's services and capacity. On day three, after the action planning, TA NPI facilitators outlined financial, administrative, HR, and technical reporting requirements of TA NPI projects that King Organization, as a sub-partner, would have to follow. After an introduction of NPI to Kings Organization, two presentations from the launch were briefly reviewed: *Making USG Regulations Easy* and *Cost Principles* to provide an overview of rules surrounding USG funding and to highlight specific regulations: allowable costs, drug-free workplace policy, air travel, audit requirements, timesheet/job description requirements, reporting and procurement.