



DR JEAN GUY HONORÉ, OB-GYN,
CPH, CRH, Certifié en Colposcopie
Clinique- Hôpital Le Messie,

Stand up against HIV-AIDS Prevention Project

For the period 2012- 2016

Salvation Army's Bethel clinic

Fond-des Nègres, Haiti

Project co-funded by

Salvation Army and Digni in Norway

Page | 1

Mid-Term Evaluation

Independent Consultants:

Dr. Jean Guy HONORÉ, MD, CPH, CRH

91, Rue Oswald Durand, Port-au-Prince, Haïti

emails: jghono@yahoo.fr; jeanguyhono@gmail.com

Dr. Jean Gabriel BALAN, MD

Dr Edouard BÉLONY, MD

Mrs. Carole LUXAMA, Community Nurse

February 2015

91 Rue Oswald Durand, P-A-P, Haïti

Phone: 3725-8816/ 4279-4164

Email: jghono@yahoo.fr



Table of contents

Acronyms p. 3

Executive Summary p. 3

A. Background p. 4

1. Introduction p. 4

2. Context p. 5

B. Project Description, Objectives, Beneficiaries and Stakeholders p. 5

C. Project implementation p. 6

D. Methodology p. 8

E. Results p. 8

F. Lessons learnt p. 13

G. Recommendations p. 14

Conclusion p.15



DR JEAN GUY HONORÉ, OB-GYN,
CPH, CRH, Certifié en Colposcopie
Clinique- Hôpital Le Messie,

Acronyms

AIDS: Acquired Immunodeficiency Syndrome

CHW: Community Health Workers

EMMUS: Enquête Mortalité, Morbidité et Utilisation des Services

FDN: Fonds-des-Nègres

GHESKIO: Groupe Haitiens d'Études du Sarcome de Kaposi et des Infections Opportunistes

HIV: Human Immunodeficiency Virus

IHE: Institut Haitien de l'Enfance

LGBT: Lesbian, Gay, Bisexual, and Transgender

MSPP: Ministère de la Santé Publique et de la population

PLWHA: People Living with HIV/AIDS

STD: Sexually Transmitted Diseases

SABC: Salvation Army's Bethel Clinic

SUAHAP: Stand Up Against HIV-AIDS Project

UNAIDS: (Joint) United Nations Programme on HIV/AIDS

Executive Summary

The strategy of linking patients care and treatment with community activities including education of population and mobilizing community leaders to take ownership of an HIV screening program is a good strategy. This integration is very important as the success of one component depends on the success of the other one.

The Salvation Army's Bethel Clinic (SABC) of Fonds-des-Nègres (FDN) is a major health facility attended not only by patients living in the Nippes department but also from many other

91 Rue Oswald Durand, P-A-P, Haïti
Phone: 3725-8816/ 4279-4164
Email: jghono@yahoo.fr



DR JEAN GUY HONORÉ, OB-GYN,
CPH, CRH, Certifié en Colposcopie
Clinique- Hôpital Le Messie,

departments of the country. Because of the good results demonstrated by this organization with previous projects, the Salvation Army and Digni in Norway decided to fund the prevention component of the Stand Up Against HIV-Aids (SUAHA) project for a five-year period (2012-2016).

Page | 4

Mid-term evaluation is an important activity for any project. It helps appreciating a project achievements related to its strategies and objectives. To carry out the mid-term evaluation of the prevention component of the SUAHA, a group of consultants has been mandated by the managers of the SABC of Fonds-de-Nègres.

The methodology used by the team includes techniques and approaches used for investigation in social sciences such as observation, in-depth interviews with managers, providers, beneficiaries, review of documents and focus groups.

The results of this mid-term evaluation show that at the SABC of FDN, the integration of the prevention and care components of the project in each care unit has been done smoothly. They also show that the prevention component of the project is well established in the community and has reached more than 95% of its objectives. In fact, most of the activities programmed to reduce the spread of HIV/AIDS and stigmatization against HIV/AIDS patients as well as to strengthen the institutional capacity of SA Bethel clinic have been done with the communities participation. And, according to the last national DHS, called EMMUS, the HIV prevalence in the Nippes Department has decreased from 3.2% in EMMUS IV (Caymittes et al., 2007) to 2.0% in EMMUS V (Caymittes et al., 2013). The project is moving forward in the process of ownership and sustainability of the response to the HIV epidemic within communities. Thus it becomes evident that funding for prevention activities at the SABC of FDN is more than necessary and must continue.

A. Background

1. Introduction

The HIV infection is a major public health issue in the Caribbean region, and Haiti is the most affected country. According to the UNAIDS Report 2012, the HIV prevalence in the Caribbean region is higher than in all other regions outside Sub-Saharan Africa; and Haiti is one of the Caribbean country with a high HIV prevalence. Indeed, although some progress has been done to decrease the HIV prevalence in Haiti from 5.5% in 2001 to 2.2% in 2009 (UNAIDS/IHE/MSPP/GHESKIO), this prevalence is still too high.

91 Rue Oswald Durand, P-A-P, Haïti
Phone: 3725-8816/ 4279-4164
Email: jghono@yahoo.fr



DR JEAN GUY HONORÉ, OB-GYN,
CPH, CRH, Certifié en Colposcopie
Clinique- Hôpital Le Messie,

Many factors can explain the high HIV prevalence in Haiti and one of them is lack of awareness of the population about HIV and its most common modes of transmission. Thus, any strategy to fight against HIV/AIDS must incorporate a prevention component. Having understood this fact, the HIV program managers at the SABC of Fonds-des-Nègres have put a particular emphasis on this aspect of the project.

Page | 5

2. Context

Fond-des Nègres is a town located in the Nippes department of Haiti. In past decades, the HIV prevalence in this department was one of the highest in the country. But, according to EMMUS V, this prevalence has decreased and it is now 2,0, slightly inferior to the national level. Not far from Fond-des-Nègres is Miragôane, a port city with very important commercial trade with Miami. And because of the port, many people from all over the country come to Miragôane for business purpose.

The SABC of FDN provides many medical services at a low cost. The result is that many patients from different parts of the country go there for care and services.

After the January 12th, 2010 earthquake, many people left the West department to settle in the Nippes department, with some of them in Fond-des-Nègres.

Considering all these facts and the good results from the previous project, the Salvation Army and Digni in Norway decided to fund the prevention component of the Stand Up Against HIV-Aids (SUAHA) project for a five-year period (2012- 2016) with the objective to reinforce prevention activities in order to ensure continuity of the success gained in the fight against HIV/AIDS in the Nippes department.

B. Project Description, Objectives, Beneficiaries and Stakeholders

Stand Up Against Aids (SUAA) is a project co-funded by the Salvation Army and Digni in Norway. It started in 2012 and has been implemented in Fond-des-Nègres and surrounding areas by Bethel Clinic team.

The goal of “Stand up against AIDS” project is to reduce further spread of HIV and to reduce the social effects of the disease in the communities.

Its main objectives are:

- Inform and educate people on HIV/AIDS prevention
- Improve the quality of life of people living with AIDS

91 Rue Oswald Durand, P-A-P, Haïti
Phone: 3725-8816/ 4279-4164
Email: jghono@yahoo.fr



DR JEAN GUY HONORÉ, OB-GYN,
CPH, CRH, Certifié en Colposcopie
Clinique- Hôpital Le Messie,

- Foster communities peer support in order to initiate and develop self-efficacy and elaborate their own strategy to fight against the epidemic
- Relieve the negative impact of HIV/AIDS on affected people

The beneficiaries are the people of FDN and its suburbs, a population of 250,000 people. But the facility statistics show that patients come from all over the country. Page | 6

Staff at the Salvation Army's Bethel Clinic of Fond-des-Nègres manages the project. They supervise Community Health Workers (CHW) who go to the communities for different prevention activities.

C. Project implementation

The project has an implementation plan that is very simple and easy to be understood by the staff. It has clear strategies and activities that are elaborated to help reach the objectives

A dual strategy, Institutional and community, has been used for the project implementation

Institutional strategy

For many years, the SABC staff has been involved in activities related to the prevention and management of HIV/ AIDS. So the project has received their full support. And, at the beginning of the implementation, the project coordinator only organized two meetings of motivation and guidance of the staff on the specific priorities of the project.

On a daily basis, health education/ awareness sessions are organized for patients in the waiting room by the clinic staff (mostly the nurses and/or the auxiliaries) who often use TV / video as a medium. During each session, a topic is presented and people, especially pregnant women are encouraged to get free HIV testing. And, at the end of each session, Pamphlets are distributed.

Bethel Nurses and Pharmacist have received recommendations to support poor hospitalized patients who cannot afford hospital expenses including the cost of laboratory tests and drugs.

Community strategy

At the beginning of the project, a one-week training was offered to the Community Health Workers on project activities; and on a monthly basis, they receive a one-day refresher training. Bethel CHW are trained on different tools that they use for their work: Pamphlets, Posters, brochures, condoms use guidance, book register for data collection and activity calendar. The targets for the year are shared and discussed with the CHW at the beginning of each year; and, during the monthly meeting, the results are shared and discussed.

At the beginning of every month, each CHW submits to the coordinator an activity plan with many items including the date, time, village, target group and topic. Three times a week, each

91 Rue Oswald Durand, P-A-P, Haïti
Phone: 3725-8816/ 4279-4164
Email: jghono@yahoo.fr



DR JEAN GUY HONORÉ, OB-GYN,
CPH, CRH, Certifié en Colposcopie
Clinique- Hôpital Le Messie,

CHW realizes activities in the fields. The project supervisors use these plans with the calendars included to supervise the activities in the field.

A monthly meeting is organized with the implementing groups (Bethel staff and CHW) to discuss the project activities, difficulties encountered and their possible solutions, as well as achieved results related to the project objectives.

Page | 7

At the beginning of the project, 30 midwives received a 3-day initial training; and, on a monthly basis, they get a one day of refresh training . During this monthly meeting, they bring to the project manager their report based on the number of pregnant women delivered in the community and referred to Bethel Clinic for follow-up or the number of new born in the community referred to the clinic.

The project coordinator has also organized 20 meetings with community leaders and 220 of them have been trained on certain notions related to HIV prevention and care.

With the activities of staff at SABC and the CHW, the project has been implemented within the clinic and in 16 villages of the Nippes Department.

After two years of the project implementation, a mid-term evaluation appears more than normal to assess the project impact related to its objectives. This will provide an interesting opportunity to appreciate the effects of the project and bring ideas about the eventual needed correction in the process of implementation.

Specifically, the evaluation aims to achieve the following specific objectives clearly exposed in the terms of reference

- Evaluate the results achieved by the project and their contribution to the achievement of national response to HIV/AIDS
- Assess the relevance of the objectives and strategic approaches of the project;
- Analyze the factors (constraints, opportunities, threats) that have influenced the implementation of project activities and particularly the achievement of results;
- Assess the process of monitoring
- Evaluate the efficiency in the management of resources;
- Analyze the process of sustainability of project results including their ownership by beneficiaries.

The Stand Up Against Aids (SUAA) project has two (2) integrated components: the care and treatment component and the prevention component, mostly implemented within the community. The second one has been Co-funded by The Salvation Army and Digni in Norway and is the one that has been evaluated.

91 Rue Oswald Durand, P-A-P, Haïti
Phone: 3725-8816/ 4279-4164
Email: jghono@yahoo.fr



D. Methodology

To conduct this mid-term evaluation, the team used different tools and strategies. Data were collected using different techniques like direct observation, in-depth interviews, review of documents and focus groups. The evaluation covered only the prevention component of the project at the SABC of Fonds-des-Nègres.

The consultants reviewed the project national Strategic plan, the five-year plan and annual plans, as well as previous reports.

To carry out the direct observation and in-depth interview methods, some field visits were realized. Interviews were done with the project coordinator, Bethel staff, the CHW, and some beneficiaries of the project. A village was visited where a focus group was organized with the community leaders. Other focus group meetings were also held: one with a group of women and the other one with a group of 25 people living with HIV/AIDS who were very willing to share with the team their experience with the project and explain how it has helped improving the quality of their lives. During these field visits, some brainstorming meetings were also held with the stakeholders.

These field visits were very helpful as they enabled the consultants fully understand the real nature of the project. They helped them to better appreciate the work of the facilitators in the communities where they have built people capacity and mobilized them to achieve ownership of the project by the community.

Ideas and data collected during these reviews, interviews, and meetings (focus groups, brainstorming) were analyzed.

E. Results

The SUAHAP project is well established within the Bethel clinic and in the community. It has reached its goal and more than 95% of its specific objectives. And as a consequence, the HIV prevalence in the Nippes department which was 3.2% in EMMUS IV (Caymittes et al., 2007) has decreased to 2.0% in EMMUS V (Caymittes et al., 2013).

1. Indicators

Table 1 shows that during the first two years of its implementation, the project has exceeded its annual targets for many indicators; although some activities have shown better results than others.



1.a- VCT

The VCT component of the project reaches more than 100% among all categories (pregnant women, adults, etc.). This result is due to the strategy used by the project manager/ coordinator with the participation of Bethel staff and CHW. Indeed, all patients seen in the clinic as well as their companions have been encouraged to get tested through the educative sessions that have been done in the clinic. People in the communities have been also encouraged to get tested during mobile clinics. Trained community leaders have encouraged and referred to the clinic people from their respective communities to get tested.

1.b- PMTCT

The project doesn't reach the target of 30 infected pregnant women each year as expected, although the number of pregnant women tested for HIV has reached more than 100% each year. The reason might be the decreased of the HIV incidence and prevalence in the general population as well as among pregnant women in the areas where the prevention activities are well implemented. In remote areas, where there is no prevention activity and where the project implementers use mobile testing, the incidence is higher. The number 12 for the first year and 24 for the second year are the total number of pregnant women diagnosed positive for HIV. All of these HIV positive pregnant women (100%) have been enrolled in the PMTCT program. This is very important when we know that the country emphasizes B+ option now and that the percentage of HIV positive pregnant women enrolled in PMTCT in the country is 87% (MESI, 2014). The PMTCT program is a success at the Bethel clinic where the national objective of elimination of Mother To Child Transmission (vertical transmission) of HIV has been achieved. Indeed, the vertical transmission of HIV is currently 0% at the Bethel clinic.

1.c- Trained community leaders

A number of 220 community leaders have been trained by the project coordinator with the support of Bethel staff and CHW. These leaders are involved in the activities and show interest and understanding of the project; they assure the continuum in the community. They encourage people including pregnant women to get tested in order to know their status and receive appropriate care, and refer them to the Bethel clinic. They are used as treatment supervisors for patients on antiretroviral treatment.

1.d- Trained Midwives

The project has tripled the number of traditional midwives trained during the first year and doubled it during the second year. Indeed, while the target of trained midwives per year is 10, the project has trained 30 during the first year and 20 during the second year.



DR JEAN GUY HONORÉ, OB-GYN,
CPH, CRH, Certifié en Colposcopie
Clinique- Hôpital Le Messie,

Forty (40) Traditional Midwives work hand in hand with Bethel Clinic staff and refer for follow-up women who deliver in their communities. \

1.e- Needy hospitalized patients

Due to limited resources, only needy hospitalized patients get support for essential medicines. The percentage of hospitalized patients in difficult situations and who received punctual support from the project was 76% during the first year of implementation and 82% in the second year.

Page | 10

1.f- Youth clubs supported

The project has far exceeded its target regarding the number of youth clubs supported during the first year. Indeed, while the target was 10 youth clubs supported per year, 19 clubs (190%) have received support from the project during this first year. And 100% of this target has been reached during the second year.

Table 1: Project achievements during the past 2 years

Project achievements	Expected results/year	Year 1 2012	Year 2 2013
Number of people to be educated on HIV/AIDS and other topics	50 000	53 316	54 824
Number of people to be voluntarily tested	6 200	6 688	8 495
Number of pregnant women tested	1 300	1 399	1 856
Number of adults to be trained in the proper use of condoms	1 000	1 115	1 000
Number of community leaders trained	100	120	107
Number of needy hospitalised patients having received punctual support	100	76	82
Number of pregnant women enrolled in PMTCT	30	12	24
Number of midwives trained	10	30	20
Number of youth clubs supported	10	19	10



All these results have been reached in the facility and the communities with the support of motivated and well trained staff, CHW and community leaders.

During this mid-term evaluation, especially during the field visits, the team assessed the brochures on HIV-AIDS that the project has used to educate the community and found them very easy to use; they are so well prepared and edited that even people with little education in villages can understand the prevention messages. However, there is no educational guide that can be used by trained community leaders for the replication of the trainings in the subgroups of their respective communities. The project managers should develop such a document. By the way, the prevention activities are mostly focused on HIV than on other sexually transmitted infections (STI). It is important to focus health education on all other health issues such as other STI that may have an impact on the HIV epidemic. This aspect of the prevention component of the project should be addressed by the managers.

The site presents an impressive level of maturity; some animators work in prevention for more than 20 years. And during our meetings with them, they seemed very cordial, enthusiastic, and dedicated to the project; they really understand and have mastered their roles of Community health workers.

2. Project concept

The project is well designed. However it needs to be revised to add some modifications. Firstly the name of the implemented organization as well as the project title should be at the top of the document. In addition some statements are not in their right place and should be moved from one section to another. For instance a project activity/ strategy " Education will approach the gender equity issue and facilitators will guide the community leaders toward the ownership of the initiative to fight against AIDS" was placed in the 3.4 section "**Identification and delimitation of the problems the project will focus on**" while it should be placed in the strategy/ activity section.

3. Project Monitoring Plan

A monitoring plan has been developed and shared with the Bethel staff and the CHW. This monitoring plan is very simple and easy to follow. The main components of this monitoring plan are:

- Monthly detailed activity plan: at the beginning of every month, each CHW prepares an activity plan and submits it to the field coordinator.
- Data collection in the field



DR JEAN GUY HONORÉ, OB-GYN,
CPH, CRH, Certifié en Colposcopie
Clinique- Hôpital Le Messie,

- Supervision and report
- Collection of reports and Discussion of the findings
during the staff meeting (last Thursday of every month)
- Monthly report prepared by the field coordinator and submitted to the project office

Page | 12

After each activity, at the clinic or in the field, data are collected by the clinic staff and/ or the CHW who submit them to the project office. And during the monthly meeting, the collected data are discussed. All collected data are analyzed and shared with donors and the representatives of the Ministry of Health in the Nippes district.

4. Gender equity

To reflect the SA policy regarding gender equity, the project coordinator makes a careful selection of the CHW, so almost half of the selected CHW are women, 6 out of 13. Seventy percent of youth clubs members are girls and more than 72% (29 out of 40) of the midwives are women. Ninety percent (90%) of women groups members are women, while only 20% of community leaders groups members are women. The project manager should work on ways to increase women rate among this last group, the community leaders.

5. Project Administration

Besides the results related to the indicators, the evaluation team also looks at the administrative aspect of the project and find it adequate,. All staff has a contract with a job description. Project materials are well registered in appropriate books. Expenditures are documented and registered.

6. Project sustainability and community ownership

The community really appreciates the project of prevention and is involved in its implementation; community leaders are sensitized and seek local initiatives that can help in the fight against not only HIV/AIDS, but all the sexually transmitted diseases in their villages.

The HIV/AIDS patients are very supportive of the project; they are trained on the disease and receive psychological supports that help them cope with the problem of stigma. They show a great level of satisfaction for the services and support received at the facility.

The Salvation Army officers with the charitable groups within their respective churches echo the HIV prevention messages in their speeches and welcome people living with HIV/AIDS (PLWHA) in their activities. Thus PLWHA find a very friendly network that supports their social emancipation.

91 Rue Oswald Durand, P-A-P, Haïti
Phone: 3725-8816/ 4279-4164
Email: jghono@yahoo.fr



The team also met with some groups of women who showed good knowledge of their rights as well as their willingness to defend their dignity.

F. Lessons learnt

As clearly exposed in the project proposal, the goal of the project is to prevent the further spread of the HIV infection in rural sections of FDN, and the project managers have sought to do so through a dual strategy, institutional and community. And for the community strategy, they have used a three-way model that has worked:

- The facilitators/ CHW disseminate directly the prevention messages in the villages by taking advantage of all kind of meetings. They also train community leaders who will be with them during the community activities and will continue the work when the project will phase out.
- The facilitators/ CHW reinforce the capacity of community groups and motivate them about the future of their community. They sensitize them to take actions and to think about ways to approach different dilemmas that challenge their community; and HIV AIDS is naturally one of them. They help them understand that they have to find local and original initiatives to protect themselves. Women groups are particularly motivated to defend their rights and dignity.
- Evangelical and social groups of the Salvation Army churches are involved in the project. They integrate activities such as education for the prevention of HIV and visits to HIV/AIDS patients in their routine activities.

The facilitators have impressive knowledge and original ways to present the prevention messages to the population. But there is not enough emphasis on other STDs such as Chlamydia, Hepatitis B, Papillomavirus infections, etc.

Training of women and men on how to properly use condoms is a good part of the prevention component of the project. Nonetheless, as it is the case for many programs in poor countries, availability of condoms to cover the needs of the targeted population remains a real challenge.

Peer educator model is timidly implementing within the project through the mobilization of youth groups that promote abstinence. It would be more effective if this strategy could also be



implemented within populations with higher risk of HIV transmission such as sex workers, LGBT ect.

G. Recommendations

To better achieve the main goal of the project, managers should develop an educational guide that can be used by trained community leaders for the replication of the trainings in the subgroups of their respective communities.

By the way, it is not enough to be informed about HIV/AIDS; it is also necessary to have the means to avoid it. So condom distribution should have a preponderant place in project activities.

HIV/AIDS is linked to other health issues affecting young people, such as sexually transmitted infections, unplanned pregnancies, alcohol and narcotics abuse as well as gender-based violence. Therefore, it becomes increasingly necessary to focus more on education for all other health issues that may have an impact on the HIV epidemic.

Campaigns of solidarity and/or non-discrimination must regularly continue to foster a climate that discourages discrimination.

Given the very high prevalence of HIV among sex workers, particular attention should be paid to this at-risk group.

Conclusion

Mid-term evaluation is an important activity for any project. It helps appreciate a project achievements related to its strategies and objectives. Its recommendations should be used to guide the response to the findings.

Indeed, this mid-term evaluation shows that the Stand Up Against Aids (SUAA) project in the Salvation Army's Bethel Clinic of Fonds-des-Nègres is relevant and very efficient as it has contributed a lot to reduce the spread of HIV/AIDS among rural populations of the great southern region of Haiti.

Poverty and extreme poverty are much higher in rural than urban areas. For instance, extreme poverty is nearly three times higher in rural than urban area. The vast majority of the country's poor people (74%) live in rural areas where agriculture is the main activity and basic services are almost inexistent. Thus it becomes evident that funding for prevention activities for this population is more than necessary and must continue. The prevention campaign is still necessary and will be further pursued; and if possible should be intensified and extended to other villages of the great southern region of Haiti.
