Annual Program Report: Caris Foundation/ BEST program 2016-2017

Cooperative Agreement: 521-A-14-00001

Overview of the project

"BEST shall support children affected and infected by HIV/AIDS in Haiti to grow into healthy, educated young adults, free from violence and the ill-effects of HIV" Mission statement.

Orphans and vulnerable children, OVC, include "Children who have lost a parent to HIV/AIDS, who are otherwise directly affected by the disease, or who live in areas of high HIV prevalence and may be vulnerable to the disease or its socioeconomic effects." This definition is broad and includes newborns to adolescents, boys and girls, HIV+ children and those free from the disease but vulnerable to its after-effects.

The BEST project encompasses all aspects associated with HIV infected/affected children and pregnant women as well as engaging the community in health education and activities. From ensuring healthcare needs are met to providing education for the OVC population, this project strives to ensure that families are more financially stable and healthy. BEST comprises of three main objectives:

1. Expand early identification of HIV infected children

2. Improve healthcare for HIV infected and HIV affected OVC

3. Increase the capacity of families and communities to care for OVC

BEST is achieving these objectives through the model developed over the last four years. The model has supported rapid scale up rapid scale-up of a modified version of the current Caris Foundation model. Community activities led by community health agents are increasing in order to reach out to and support the OVC population and their families. Support groups are ensuring pregnant women and their children receive a high level of care and remain adherent to hospital visits and ARVs.

The BEST project has almost completed its fourth year. The program has continued to expand in terms of geographic coverage and its scope of activities. BEST has developed its in-house microfinance capacity on a national scale; its capacity in agriculture; increased its role in health education and developed services for Key Populations such as adolescent prisoners and Sex Workers. Access to PCR testing overs the majority of the population nationally. The program has almost 4000 HIV positive pregnant women/ HIV positive women with young children in psycho-social support groups and over 1000 HIV positive adolescents in groups. Year Three of the project will see the extension of financial empowerment programs.

The BEST network of youth education programs, specifically targeting HIV prevention and stigma reduction has continued to grow. This year BEST has greatly increased the number of schools who use the Caris health messaging curriculum and are close to finalizing plans to enter the National School Curriculum.

Technical Approach

EID

The Caris Foundation is responsible, with the EID partners, for the support and running of the Haiti National EID service. The number of sites offering PCR has stabilized as coverage of the population has been reached.

PMTCT_EID Indicator

Throughout the expansion of the National Early Infant Diagnosis (EID) of HIV program, BEST/Caris' objectives are to:

- Ensure contact with all newly enrolled HIV positive pregnant women in collaboration with local hospitals and health centers
- Track of HIV positive pregnant women
- Ensure that every infant born to an HIV-positive mother is tested through EID component of the National HIV Testing Program in all BEST sites

Of the 3140 HIV positive pregnant women who presented nationally in FY16 there were 3069 infants tested within 12 months of age, representing 97%. The denominator for this value, number of women presenting in PMTCT in FY17, was calculated by in-person recording from the PMTCT registers at the sites.

EID- Descriptive Statistics FY 2017

Number of infants who had a virologic HIV test within 12 months of birth	**Infants who received a virologic test within 2 months of birth**	**Infants with a positive virologic test result within 12 months of birth**	**Number of new women enrolled in PMTCT programs** (estimated through MESI and site register count)	**Percentage of infants born to HIV-positive women who had a virologic HIV test done within 12 months of birth**
FY17 3069 (FY16 2817 FY15 3133 FY14 3195)	**FY17 2051** (FY16 1808, 64% FY15 1747, 56% FY14 1935, 61%)	**FY17 169** (FY16 162, 5.7% FY15 150, 4.7% FY14 177, 5.5%)	**FY17 3140** (FY16 3047 FY15 3194 FY14 3554)	**FY17 98%** (FY16 98% FY15 98% FY14: 90%)

EID APR metrics

Expected Results	**Achieved Results in FY17**
The number of sites providing EID support increases	From 79 to 119 sites in FY14. From 119 to 129 sites in FY15. From 129 to 139 in FY16 149 trained sites in FY17.
80% of infants born to enrolled HIV positive women received an HIV test within 12 months of birth.	FY 17 97% FY16 92%, FY15 98%, FY14 90%
100% of collected samples delivered at laboratories within a 4 week period.	FY 17 100% (same as FY14, FY15, and FY16)
100% of sites have personnel trained in collecting and storage of DBS samples.	100% (same as FY14, FY15, and FY16)
100% of sites receive all PCR test results within a 6 week period from the time samples are taken.	FY17 96%, FY16 82%, FY15 95%, FY14: 90%
25% increase in the number of infants and children tested by DBS DNA PCR from yearly baseline.	Even though we expanded there was not an increase in number of specimens

OVERALL FY17 APR Metrics

Expected Results	Achieved Results
80% of qualifying children with HIV infection receive antiretroviral therapy (ART).	98% of EID positive children who are still alive received ARVs
100% of pediatric HIV sites have a system for referring clients for other critical services such as, nutrition, health, immunization, and household strengthening, etc.	100% of pediatric HIV sites have a system for referring clients for other critical services such as, nutrition, health, immunization.
% of OVC have received bi-annual Vitamin A and de-worming	> 4000 families received de-worming and vitamin A
% of OVC screened for malnutrition	100% HIV-positive pediatric cases screened for malnutrition
% of OVC malnourished	20% OVC malnourished (FY16 12%; FY15 35%, FY14: 45%) Change due to the use of MUAC in FY16 – higher threshold for diagnosis.
% of OVC and families regularly access safe water	>5000 families received safe water products in FY17 (through psycho-social clubs, and MUSO and Kitchen Garden groups)

Psychosocial Support Activities

Kids Clubs

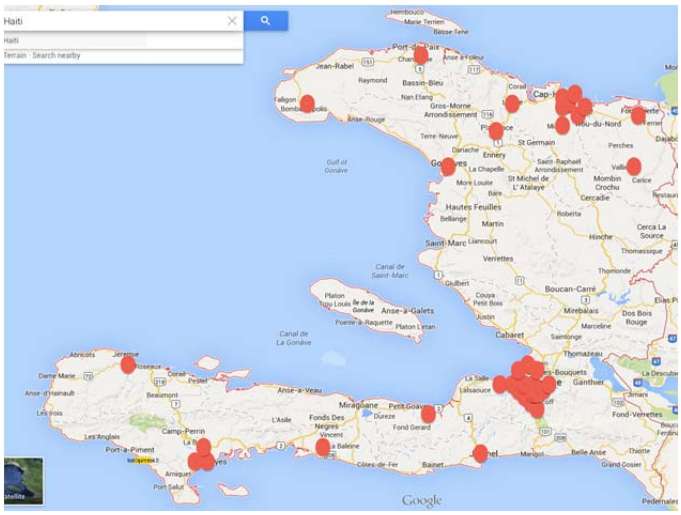
Working with OVCs at the sites, the Caris teams realized that many older children living with HIV did not have access to the intense monitoring and surveillance of the EID children. The mortality of untreated HIV positive children is extremely high and as most of the children from 2-15 years old were infected vertically, it means they are 'ultra survivors.' Caris Coordinators started 'Kids Clubs' for positive children aged 9-17 years old in four provincial referral hospitals in 2011. Since early 2014, BEST/Caris has significantly increased the number of clubs formed, and in FY17 has 47 Kids Clubs, up from 44 in FY15, in 9 out of the 10 departments. Coordinators also run 9 clubs tailored for 130+ youth ages 18 and over. All eligible children who follow up at all sites within a few hours travel from the club location have been offered enrollment. Children are entered into the Caris follow up system and the children are supported through extra difficulties of living with HIV amongst their peers.

In FY17, over 1082 adolescents participated in the Kids Clubs and 18+ Clubs following the monthly curriculum developed by Caris. The aim was to improve OVC survival by increasing adherence and to educate the children on their disease and management of HIV. A further fundamental aim was to assist with the disclosure process, so that each child would know their status (in an appropriate manner of comprehension) and understand their potential for development and happiness. This involved us working closely with the psychologists and parents to develop individual strategies.

The clubs have been a great success with improved adherence for its members. Caris pays the transport fees for the clubs and provides materials for activities and a meal for each child. The hospitals donate their space for the clubs and help identify potential new members.

Teen/Kids Psychosocial Support Clubs- Descriptive Statistics FY16

Ages	Clubs	Participants	Departments
9-17	47	951	9
18+	9	131	4



Map of BEST/Caris Kids and Teen Psychosocial Support Clubs in Haiti

Mothers Clubs

At BEST sites, HIV-positive pregnant women and those who have young children under 5 years of age are invited to Mothers Clubs. These clubs are run by BEST/Caris Coordinators and meet monthly. The activities are very similar to the older adolescents' curriculum and focus on creating a safe space for discussion and learning on HIV, health, breastfeeding, family planning, caring for infants, child

development, and human rights.

BEST/Caris Coordinators visit and communicate with the health facilities frequently, and obtain lists of newly-identified HIV-positive pregnant women. Then BEST/Caris Agents visit all these women and record, with permission, the precise geographic location and details of the family as well as information on the housing and economic characteristics. The women's delivery dates are recorded or calculated, and birth plans are formed with the mothers. The Agents use the home visit to reinforce the important aspects of PMTCT, including ARV adherence and early infant testing.

Young children, such as those identified through the EID program benefit from early childhood development activities through multiple BEST avenues. This educational component seeks to support communities in taking care of OVCs through caregiver training. Where health agents visit families, they teach mothers on the importance of breastfeeding, good health practices, and the importance of supporting cognitive development. Training is based on the Essential OVC Package and existing Caris resources. The Mothers Clubs at the sites cover much of the same training, in order to reinforce these vital messages. Similar subjects are covered in the Kids Clubs, as many adolescents are involved in the care of younger siblings.

FY17 saw another large increase in the number of HIV positive women actively participating in the BEST Mothers Clubs. Currently 4092 women are enrolled in 168 clubs, compared with 3491 women in 115 clubs in FY16. Additionally, FY17 saw expansion into the last remaining department, Centre, with the addition of a Mothers Club at the *Centre de Santé de Thomonde*, in partnership with *Zanmi Lasante* (PIH).

Mothers Clubs (PMTCT Support Clubs) - FY17

Clubs	Participants	Departments
162 (FY16 115, FY15 84, FY14 46)	4092 (FY16 3491, FY15 2082, FY14 1639)	10 (FY16: 9)

Schooling

Formal schooling and literacy increases the capacity for financial independence and has been shown to increase the age of first pregnancy in girls. Numeracy and literacy are essential skills for working life and for running a business as a means for self-sufficiency. Reducing the barriers to essential educational services is a key factor in the BEST project. The Coordinators at BEST/Caris have identified schools

based on the mapping of beneficiaries' locations and were able to negotiate places for eligible OVC.

The BEST health agents have start supporting the family with the same care package as for all positive children. School aged children are eligible for enrollment into education. The school costs are covered by BEST, approximately $200 USD per child per year. In the majority of cases this covers school fees, uniform and books. BEST is able to visit the schools in the areas where OVC live.

The BEST health agents have actively tracked the children through home visits and facilitate the enrollment of the children into school. Fees have been paid to the schools individually or in block grants to schools if there are large numbers of OVC enrolled. Children will be supported for the duration of the project in order to provide maximum time for education. Where possible the L'initiative de L'Institut du Bien-Etre Social et de Recherches (IBESR) and the Ministry of Education's "free education program" can be accessed to provide schooling for OVCs. In our experience this year the number of free school places is negligible.

All OVC that were eligible and for which BEST paid uniform, books, or school fees last school year were automatically considered for the next school year. Grades were collected for all children and 90% of the surveyed children progressed in school to the next grade.

# Children sent to School	# HIV positive children sent to school	# HIV negative children sent to school (siblings)	Male	Female	# Beneficiaries Surveyed
6121	**1340**	**4781**	**2967**	**3129**	**6686**

OVC_ SERV indicator

The BEST program served 85,890 individuals, with full disaggregation, in FY 2017; this exceeded our target of 50,000 by 170%. In FY 2016, BEST served 52,000, active beneficiaries and in FY15 25,271. The table below shows the beneficiaries by category.

This success was principally due to the continued scale-up of microfinance and health education activities. All aspects of the program grew in FY17.

PEPFAR recognizes that individuals, families, and communities are being affected by HIV in ways that may hinder the medical outcomes of HIV-positive persons as well

as the emotional and physical development of children orphaned or made vulnerable by HIV/AIDS. A variety of services are supported through PEPFAR to mitigate these effects in order to improve health and well-being outcomes of adults and children including the developmental growth of children and the quality of life of adults and children living with and affected by HIV/AIDS.

OVC_SERV breakdown by beneficiaries /activities supported by BEST FY17

Category	Activity Area	Number of Beneficiaries
# HIV positive children Followed up by BEST (includes all Kids club members and positive children sent to school)	Patient follow-up	5056
# HIV positive women in Mothers Club	Psycho-social	3649
# schooling beneficiaries (non-positive OVC)	Schooling program	4781
# MUSO participants and household beneficiaries	Economic strengthening	54110
Kitchen Garden participants and household beneficiaries	Economic strengthening	6750
# Community Club beneficiaries	Health messaging	5531
# CSW groups	Health messaging	165
PIH Schools teachers	Health messaging	139
Health Through Walls	Health messaging	129
Operation Blessing teachers	Health messaging	49
Digicel teachers	Health messaging	163
Jeremie housing/poules pondeuses (beneficiaries+ HH)	Relief support	3319
Nutrition Program beneficiaries and household members	Nutrition	2838
OVC caregivers of Kids clubs kids	Health promotion	912

* HIV-positive children with who BEST follows-up with were not double counted as schooling beneficiaries in the OVC breakdown

Community Clubs

BEST has only slightly increased the number of beneficiaries in community clubs activity in FY17 to 5331. In FY18 BEST will increase the number of these clubs through the support of large-scale networks of faith-based community clubs. The experiences with the community clubs were the basis of the education team's move into schools.

This year BEST has trained over 300 teachers in 60 schools around the country to introduce health messaging. Over 1000 children have already started the program in schools run by PIH, PRODEV and Digicel. By 2018 this number should surpass 6000. Feedback from the teachers and pupils has been very positive. Preliminary results of the evaluations of the curriculum suggest a positive impact on HIV knowledge and stigma.

OVC_NUT Indicator

Nutrition is a critical factor in reducing infant mortality and builds a strong foundation for a child's health, growth and development. In aiming to improve healthcare and psychosocial status for infected and affected Orphan and Vulnerable Children, BEST/Caris' tracks all HIV-exposed infants, and all HIV-positive pediatric cases (0-18 years of age) in order to identify and address issues earlier, such as moderate malnutrition, especially in HIV-positive cases under 5 years of age.

The weight of all HIV-exposed infants is recorded at their 1st PCR visit, and thereafter by Caris agents while being tracked. Malnourished infants, over the age of 6 months, are started on an RUTF ©*Plumpy Nut* regime, until they reach a normal weight for minimum of 6 weeks.

In 2016, BEST/Caris started to systematically assess the nutritional status in all OVC, using a Mid-Upper Arm Circumference (MUAC) measurement, in all children from 6 months to 5 years of age. This has increased the threshold for diagnosis of malnutrition (moderate and severe), as compared to the utilization of weight/ height measurement. The MUAC was adopted as it is the recommended unit by the 2016 Haiti Malnutrition guidelines.

Malnutrition in HIV positive infants - FY 2017

Number of HIV positive children (6-60months) whose weight was surveyed	Number of malnourished * HIV positive children (6-60months) whose weight was recorded
772	**159**

(FY 16 1083, FY15 815)	(FY 16 131, FY15 281)

* Moderately and severely malnourished infants were included

OVC_MONEY

This indicator represents the number of beneficiaries that were able to access money to meet important family needs. BEST included the number of adult OVC caregivers that have at least one HIV-positive OVC in their household. These adults include women in PMTCT/young mothers clubs as well as the OVC caregivers of the HIV-positive OVC in kids/teen clubs or for whom we pay school fees.

Results of MUSO Program FY 2017

Groups	Participants	Household members of Participants	HIV-Positive Participants	HIV positive OVC caregivers offered MUSO	Total Savings
545	12,786 (negative)	42,674 (93% of members reported)	1,362 (11% of total)	3150	8,115,772 HTG ($126,808.94 at $1=64 HTG)

BEST has over 540 MUSO Plus groups formed in all 10 departments. Caris is scaling up in the USAID's priority districts. Of almost 13,000 members, 11% are living with HIV and caregivers to OVC. Just under half of all OVC caregivers accepted to be part of a MUSO group after they were informed of the approach. The groups are considered "Plus" as they receive the added benefit of health education, in addition to standard financial and entrepreneurial information, and the opportunity to generate more income to meet important family needs. The groups have been very successful in generating income.

The scale-up has been rapid and smooth due to the Caris training program for staff. Caris MUSO Agents led 352 of these groups and sub-awardee CRS was responsible for 193 of the groups in FY17. After the end of the sub-award, not all of the groups were able to transition to Caris facilitation, however in FY18 we aim to reach 500 Caris-led groups.

Kitchen Gardens

As another economic-strengthening activity for OVC caregivers, BEST has developed a Kitchen Garden activity. Home gardens provide a sense of household security; physically, economically and nutritionally. Women can stay at home with their children or sick family members more often if they do not have to leave the house and travel to buy food. Their reduced trips to the market means they spend less money on transportation and on produce. If the women are able to grow a surplus they can even sell to their community, thereby further supporting themselves and the local economy. Finally, growing fresh organic foodstuffs not only encourages the consumption of more nutritionally-rich plants and vegetables, but empowers women with a sense of accomplishment in being able to feed their families with something they grew themselves.

To date, BEST has trained over 1500 individuals, of which 1300 have established Kitchen Gardens. Of these, 20% are PLHIV, sensitized and recruited in PMTCT clubs in Artibonite, Nord-Ouest, Nord, and Nord-Est departments.
All Kitchen Garden beneficiaries are receiving health messaging, and water purifying products.

The first quarter of FY18 will see the expansion of this program to the Sud department, and potential expansion to Grande Anse department.

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