CSEVIH
Observatoire Communautaire
sur des services VIH

State of the Clinics

Community Observatory Report on Haiti's Community-Led Monitoring Project

November 2022

Table of contents

Abbreviations

ARV	Antiretroviral
CHARESS	Haitian Center for Health System Strengthening
CLM	Community Led Monitoring
CD	Community distribution
DTG	Dolutegravir
MSM	Men who have sex with men
STI	Sexually transmitted infection
LNSP	National Laboratory for Public Health
MSPP	Ministry of Public Health and Population
OCSEVIH	Community Observatory of HIV Services (OCSEVIH)
KP	Key populations
PEPFAR	President's Emergency Plan for AIDS Relief
PNLS	National HIV-AIDS program
PLHIV	People living with HIV
ART	Antiretroviral therapy
HIV	Human immunodeficiency virus
U=U	Undetectable = untransmittable

Drafting of report

This State of the Clinics report was written using data collected as part of Haiti's community-led monitoring (CLM) project to improve the quality of healthcare services for people living with HIV (PLHIV), tuberculosis, and other health needs. This project benefits people living with HIV, members of key populations, communities affected by HIV, and stakeholders involved in the decision-making process.

The project is led by Community Observatory of HIV Services (OCSEVIH), an initiative created in 2020 to protect the rights of people living with HIV, and is implemented in partnership with Housing Works, the Organization for Development and the Fight Against Poverty, the Haitian Federation of the Associations of People Living with HIV (AFHIAVIH), Action Citoyenne pour l'Égalité Sociale en Haïti (ACESH), Refuge des Femmes d'Haïti, Centre de Débats, de Recherches et de Formations (CEDREF), Kouraj, Solidarité Féministe pour une Nouvelle Émergence (SOFENOE), Organisation Arc-en-Ciel d'Haïti (ORAH), Konesans Fanmi Alliance pour la Survie et le Développement de l'Enfant (ASDE KF), Association des Œuvres Privées de Santé (AOPS), Association des Personnes Infectées et Affectées par le VIH/SIDA (APIA-V/S) et la Fédération Haïtienne des Associations de PVVIH (FEDHAP).

CLM is a five-step cyclical process of collecting healthcare service-related data at health facilities, analyzing this data, producing reports at the facility level, conducting solution-generating visits to facilities, and advocating to improve the quality of care at the national level. Through this program, civil society and communities are empowered to design survey questions, collect data, develop solutions to propose to health authorities, and lead evidence-based advocacy to duty bearers like the Haitian government and donors, including PEPFAR and the Global Fund.

In the second year of implementing the CLM project, the team expanded its monitoring and advocacy work to new facilities to monitor the services provided in Haiti. From December 2021 to January 2022, community monitors (CMs) visited twenty-four health facilities in the regions of North, West, and Artibonite, thus reaching ten total districts. From March 14, 2022 to June 30, 2022, the 41 clinics visited during year one of the project were revisited. Data were collected using survey tools administered to patients, health facility managers, and program nurses at health facilities. Additionally, an observation form was used to allow community monitors to report data on the clinic themselves. The data collected by the CLM project is available online at data.observatoirevih-haiti.org

List of sites monitored in 2022

Data collection period	Region	District	Facility
October to December 2021	West	Arcahaie	SADA - Matheux
		Croix-des Bouquets	Hôpital communautaire de Référence de bon repos
		Port-au-Prince	CEGYPEF
			Centre Hospitalier Arcachon 32
			Centre de Santé Croix-des-Missions
			CEPOZ Centre Espoir
			CPFO-Centre de Promotion des Femmes Ouvrières
			Klinik Eritaj
			Hôpital de Carrefour
			Hôpital de Fermathe
			Hôpital Saint-Damien nos petits frères et soeurs
			Oeuvres de Bienfaisance de Carrefour et de Gressier
	North	Borgne	Alliance Santé de Borgne
			Centre de Santé de Port Margot
		Cap-Haitien	Centre Lakay du Cap-Haitien
		Grande Rivière du Nord	Hôpital Grande-Rivière du Nord
		Plaisance	Hôpital Espérance de Pilate
		St Raphael	Hôpital Bienfaisance de Pignon
	Artibonite	Gonaïves	CDS Espérance de Terre Blanche
			Centre de Santé de Raboteau
			Hopital de reference de l'estere(HCRE)
			Hôpital Toussaint Louverture
		Marmelade	Centre de Santé Saint-Michel de l'Attalaye
		Saint Marc	Centre de Santé Pierre Payen
January to March 2022	Artibonite	Dessalines	Centre Médical Charles Colimon
			Dispensaire Sainte-Claire d'Assise
			Hôpital Claire Heureuse de Marchand Dessalines
		Gonaïves	Centre de Santé K-Soleil
			Centre Lakay des Gonaïves
			Hôpital La Providence de Gonaïves
			HTW Clinique mobile des Gonaïves
			SEROVIE-Clinique H. Bastien
		Gros Morne	Hôpital Alma-Mater
		Saint-Marc	Centre Lakay de Saint-Marc
			Hôpital Dumarsais Estimé
			SSPE de Saint-Marc
	North	Acul du Nord	Clinique Médico-Chirurgical de Dugué
			Hôpital Sacré-Coeur de Milot
		Cap-Haïtien	Centre de Santé la Fossette
			Clinique Médicale Bethesda de Vaudreuil
			Hôpital Fort Saint-Michel
			Hôpital Universitaire Justinien
			HTW Clinique mobile du Cap-Haïtien
			SEROVIE-Clinique J. Benjamin
		Limbé	Hôpital Saint-Jean de Limbé
		Saint-Raphaël	CBP Saint-Raphaël

List of sites monitored in 2022

Data collection period	Region	District	Facility
January to March 2022	West	Arcahaie	POZ-Montrouis
		Croix-Des-Bouquets	Hôpital Foyer Saint-Camille
		Léogâne	Hôpital Notre-Dame de Petit-Goâve
			Sanatorium de Sigueneau
		Port-au-Prince	Centre de Santé Petite Place Cazeau
			Centre Hospitalier Eliazar Germain
			Centre Jeunes Plaine du Cul-de-Sac
			Centre Lakay de Delmas 19
			Centre Lakay de Pétion-Ville
			Clinique Communautaire de Delmas 75
			Hôpital Bernard Mevs
			Hôpital de l'Université d'Etat d'Haïti
			Hôpital Universitaire la Paix
			ICC Grace Children's Hospital
			Institut de Dermatologie et des Maladies Infectieuses
			Institut des Maladies Infectieuses et Santé de la Reproduction
			Klinik Solidarité
			Les Centres Gheskio
			SEROvie-Clinique J.C Menard

Context of the CLM in Haiti

CLM implementation in Haiti began in 2019 and is being led by representatives of the Haitian Civil Society Forum with support from Housing Works, UNAIDS, the O'Neill Institute at Georgetown University, and Health GAP. The CLM program is supported by PEPFAR funding and operates in line with PEPFAR's guidance that all funded countries must "develop, support, and fund a community-led monitoring platform."

CLM project implementation in Haiti is a highly collaborative process designed to meet the needs of patients and improve the working conditions of healthcare providers. The following key stakeholders are involved at various points in the CLM process:

- Patients with and without HIV
- Key populations
- Healthcare providers
- Patient associations
- Advocacy non-governmental organizations (NGOs)
- Activist associations
- Community leaders and decision-makers at all levels
- The Ministry of Public Health and Population (MSPP) and the National HIV-AIDS Control Program (PNLS).

Activities conducted in 2022

Now in its second year of implementation, the CLM team has expanded the scope and maturity of the program. Notably, the team began collecting data from nurses to add their perspectives on gaps in service delivery and opportunities for improvement.

Additionally, the program expanded its monitoring and advocacy scope to include activities in 24 new facilities. In doing so, the CLM program expanded into three new districts to increase the representativeness of the data and contribute to improving the quality of health services in a more significant part of the country. Community monitors held data collection and feedback meetings at each of these 24 facilities.

In addition, community monitors have revisited the forty-one sites monitored in 2021 to begin collecting data on trends in the quality of services provided at each site and to reconnect with site managers who have made commitments in 2021. The project team met with PEPFAR implementing partners and network managers for each of the 41 sites to present the findings of the data collection and analysis phases of the program and advocate for the solutions developed by civil society. These solutions were developed by civil society participants, in collaboration with the technical team of Housing Works, during workshops at each of the 41 facilities.

These survey data were supplemented by qualitative data collected in North, West, and Artibonite regions from June 21 to August 31, 2022. This data was used to identify additional insights into health service delivery and to understand the experiences of people who left their HIV point of care. The program team conducted six focus groups with ten people per group and forty-five individual interviews. In 2022, Haiti launched an electronic qualitative data collection system, one of the first countries to do so.

The findings of the CLM were shared with the PEPFAR country office, UNAIDS, and the PNLS. These presentations were used to inform PEPFAR partners of critical findings and to advocate for corrective action by PEPFAR and its implementing partners.

The program has also improved data quality and transparency in 2022. The Observatory (OCSEVIH) has now launched a publicly accessible website, which includes a dashboard for all CLM data in Haiti. The page can be found at observatoirevih-haiti.org. This new website was supplemented by developing a new logo to improve the brand vibrancy and profile of the Observatory.

The Observatory led various advocacy activities to promote an improved quality of care for PLHIV and key populations. They contributed to the production and submission of a People's COP for the COP22 planning cycle, which was developed through a collaborative workshop with leaders of the Civil Society Forum, during which innovative solutions and strategies were discussed and proposed. The final People's COP included data from the CLM program and requests from civil society and Haitian communities and was a key advocacy document when engaging with PEPFAR.

The Observatory publicly disseminated the findings of the CLM program in an article published in the Bulletin of PNLS (#23 UCMIT/PNLS December 2021). A press article and a report were also published in January 2021[1]. A scientific poster on the Observatory's CLM work was presented at the International AIDS Conference in Montreal in July 2022.

Finally, the CLM program continues its efforts to build the capacity of the program team through training and refresher sessions for both the field teams and for the eleven leaders of the organizations of the Civil Society Forum. This training enabled the team to conduct CLM processes, including surveys and data collection efforts, and facilitate advocacy sessions. Several stakeholders' sectors conducted a series of information sessions on the CLM process and achievements to raise awareness of and engagement with CLM.

1. https://rhjs.ht/2022/01/25/the-major-perspectives-of-the-observatory-of-the-civil-society-forum-for-year-2022

Data in this report

This report on the state of clinical services describes critical findings from sixty-five site visits conducted between December 2021 and June 2022, organized around six topics: clinic staffing and waiting times, ART cascade, infrastructure clinic, drug stock-outs and shortages, treatment support for PLHIV and key populations, and stigma/discrimination and privacy. In each section, the main results of the data collection are presented, as well as the solutions proposed by civil society.

1. Staffing and waiting times

1a. Staffing

66%
of facility managers say their facility does not have enough staff

21%
of patients say that facilities do not always have enough staff

39%
of understaffed facility managers report not having the necessary funds to hire and pay new employees

Recommendations

1. Facility managers should develop internal clinic regulations regarding respect for work schedules and professional responsibility and require staff to sign these regulations.
2. Facility managers should develop flexible staff rotations and work schedules to reduce waiting times and motivate healthcare personnel.
3. All vacancies should be filled, and facilities should ensure enough staff is hired (focusing on social workers, community nurses, physicians, lab technicians, and field agents).
4. Ensure that the physicians or other caregivers providing HIV services are available at least three times a week to reduce the crowding of patients in the space and ensure everyone is seen.
5. PEPFAR must consider funding requests from network managers to staff institutions with the capacity and sufficient staff to manage services better and reduce waiting times.

Human resource issues can undermine the quality of healthcare services. Having sufficient physicians, nurses, peer educators, community health workers, pharmacists, and other allied health professionals at the facility level is essential to improving service outcomes for PLHIV in Haiti. Staffing shortages can lead to long waiting times for patients, contribute to long work hours and pressure on existing staff, and lead to burnout.

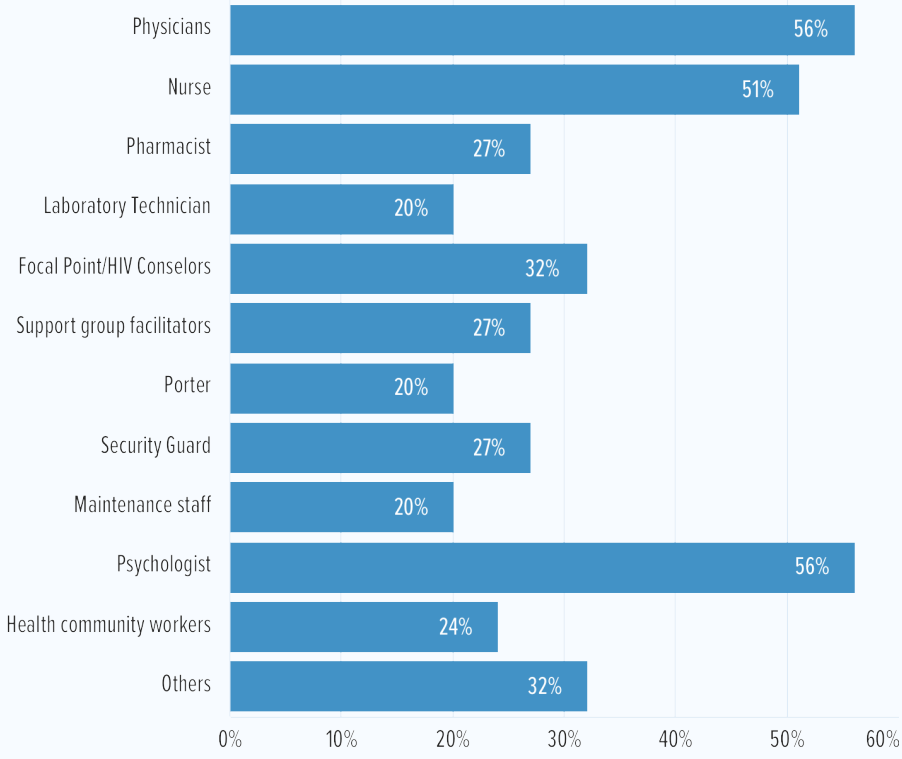
Data collected by community monitors demonstrates that human resource shortages are a significant problem in Haiti. According to a survey with 62 facility managers, 66% of clinics do not have enough clinical and non-clinical staff. This value ranged from 53% in the West to 75% in Artibonite and 81% in the North. This worsened last year when 57% of facility managers said they did not have enough staff.

Things are getting better!

At Clinique Médicale Bethesda de Vaudreuil, the clinic hired two new social workers after the team advocated for reducing waiting times.

Facility managers commonly report that the most understaffed cadres are psychologists, physicians, and professional nurses.

Which positions are understaffed?



Facility managers interviewed: 41
Source: Facility manager survey

Based on surveys with 2,214 patients, 79% report there is always enough staff to meet the patient's needs, while the remaining 21% report that there is sometimes enough staff, never enough staff, or are unsure.

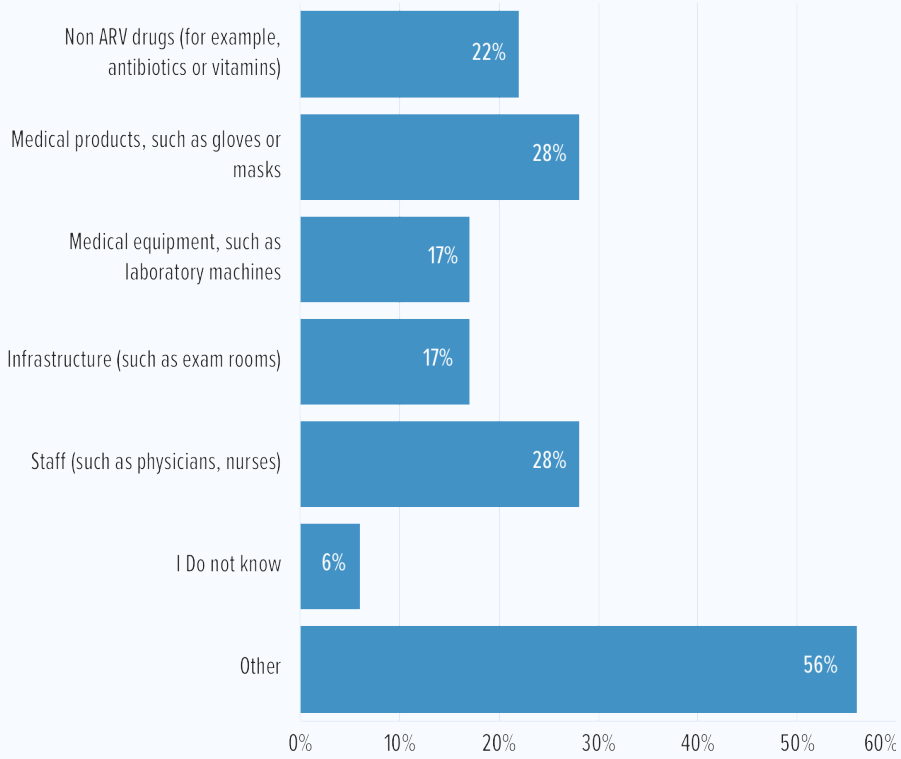
Facilities with the most patients reporting that there is not always enough staff

Region	District	Facility	Com-pleted surveys	Is there enough staff to meet patient needs when you come to the health facility?				
				Always	Some-times	Never	Do not know	Score
Artibonite	Marmelade	Centre de Santé de Saint-Michel de l'Attalaye	36	1	35	0	0	**1.03**
Artibonite	Gonaives	Centre de sante de Raboteau	38	4	30	0	4	**1.12**
West	Port-au-Prince	Clinique Communautaire de Delmas 75	32	13	10	6	3	**1.24**
Artibonite	Gonaives	Hopital de reference de l'Estere	36	13	20	0	3	**1.39**
West	Port-au-Prince	Hopital Bernard Mevs	45	19	11	5	10	**1.40**
West	Port-au-Prince	CEGYPEF	23	11	10	1	1	**1.45**
West	Port-au-Prince	Institut des Maladies Infectieuses et Sante de la Reproduction	54	30	18	1	5	**1.59**
West	Port-au-Prince	Centre de santé de Petite Place Cazeau	21	10	6	0	5	**1.63**
West	Port-au-Prince	Hopital Saint-Damien Nos Petits Freres et Soeurs	27	17	9	0	1	**1.65**

The most common reason for being understaffed was a lack of funding to pay salaries for new employees, reported by 39% of facility managers in understaffed clinics. Another common reason was that the government had not created and/or approved the creation of new positions (in 19% of understaffed clinics).

According to the nurses surveyed, 82% reported feeling their pay was not fair or appropriate. A CBP Saint-Raphaël nurse said she had not signed a formal employment contract.

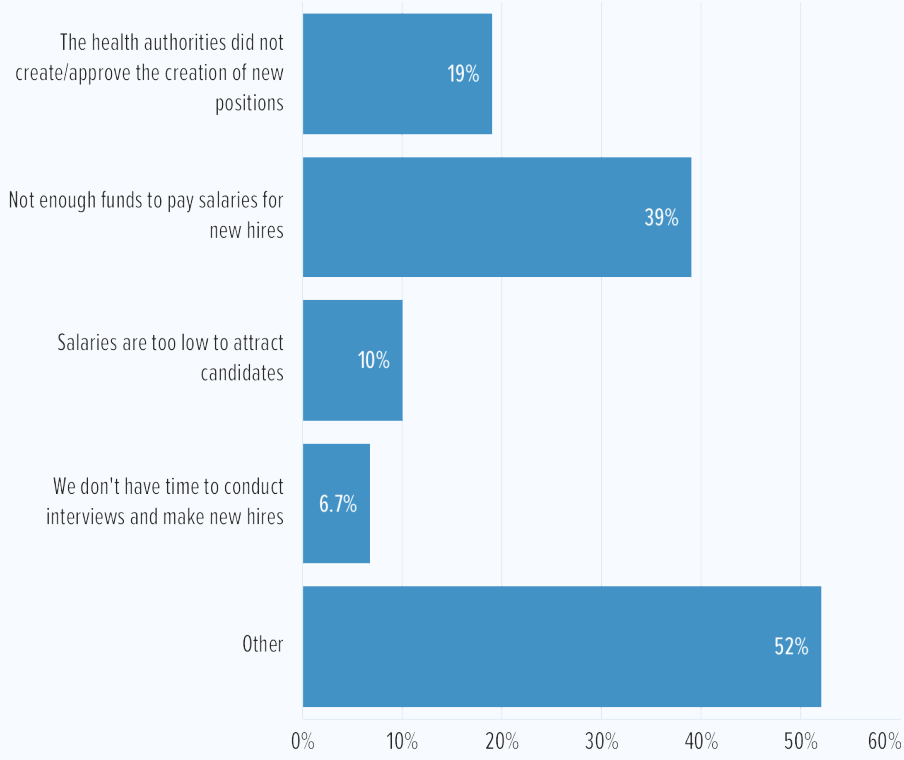
What materials are not available?



Facility managers interviewed: 18
Source: Facility manager survey

Another 26% of nurses surveyed reported that they did not have the necessary equipment to provide a service. The most frequently reported missing materials were staff (not enough physicians or nurses, reported by 28% of staff), medical products such as gloves and masks (reported by 28% of staff), and non-ARV drugs (22%).

Why is the facility understaffed? (Please select all that apply)



Facility managers interviewed: 18
Source: Facility manager survey

Facility managers must take action to reduce patient waiting times. This can be accomplished by developing, and requiring all staff to sign, internal clinic regulations regarding respect for work schedules and professional responsibility. Second, facility managers should manage staff rotations to ensure healthcare workers are available during all hours of operation. All staff vacancies should be filled, and facilities should hire enough qualified staff, with a focus on hiring social workers, community nurses, physicians, lab technicians, and field agents. Finally, clinics should ensure that physicians or other healthcare staff providing HIV services are available in the facility at least three times a week to reduce the crowding of patients in the space and to ensure that everyone is consulted.

"

Everyone does not welcome us. Some [clinic staff] that I know, who have seen your file say, 'You are homosexual,' They ask you, 'Why did you make that choice? I told them: "That's not why I came; I came for the consultation. [...] I just went for an appointment. Just give me the medicine; I did not come here to be preached. This is unruly behavior; I do not like them.

But when others come [to the clinic], and they get this miserable treatment, some of them do not return. They are asked questions that make them uncomfortable, [because] some of them do not believe 100% that they are gay. This means that if [someone] is sick and I was the peer educator who helped them to enroll in treatment, they will be more comfortable talking to me and explaining more things because he does not recognize me. So he can share more information with me. But if [a physician opens] a medical record and sees that [the patient is a] KP, you will tell them a couple of things. That is why these people do not want to come back, because they see you coming into their lives, and you are not their peer."

– A participant in an individual interview in Artibonite

1b. Waiting times

40%

of patients arrive at the clinic always or sometimes before the facility's opening

40

patients, on average, were in line to receive clinical services

71%

of surveyed patients report that more facility hours would make it easier for patients to access services

Recommendations

1. Ensure the availability of services during all opening hours of the clinic.
2. Facility managers should supervise clinic staff daily to ensure that they provide services to patients and are not engaged in other personal duties or activities while patients wait to be seen.
3. All facility managers must request budgets to hire more clinical staff to fill vacancies, and, as a result, and reduce waiting times.
4. Develop or improve the appointment scheduling system for patients.
5. Facility managers should motivate staff to be punctual and to start their working days on time.
6. Plan healthcare workers' schedules to ensure sufficient staff is always available.
7. Analyze the care delivery circuit for PLHIV patients to identify strategies to reduce waiting times.
8. Motivate staff (especially those located near the clinic) to start their consultations earlier in the day.
9. Increase the number of patients who receive their medicines from field agents at home or in the community.
10. Set up special clinics for students or people who have a job. These clinics should have flexible hours so patients can come at a time that suits them, such as weekends or holidays.
11. The facility must hire enough security guards to ensure the safety of facility staff and patients.
12. Standardize the services and benefits provided in all clinics across the country to reduce the use of services in different patient sites.

Improving retention in care depends on reducing patients' time in health facilities. Spending long waiting times at clinics to refill ARV prescriptions, especially for those with other obligations like work and school, can contribute to patients living with HIV dropping out of care.

Community monitors conducted sixty-five site observation visits in 2022 and reported the number of patients queuing during medical visits. Based on these observations, which were normally conducted around 10:00 AM, an average of forty patients were seen at each facility waiting for services. Only fourteen clinics had five or fewer patients in line for consultation, while eleven had more than one hundred patients in line. The most extended lines were in the districts of Acul-du-Nord (with an average of 185 patients waiting), Limbé (110), Saint-Raphaël (100), and Plaisance (100).

> *Normally, the challenge I face is spending much time in the queue. I also had a problem with someone because of the lack of confidentiality. A friend was at the same facility as me, and word got out that my friend was walking with people with AIDS."*
>
> **– A participant in a personal interview in the North**

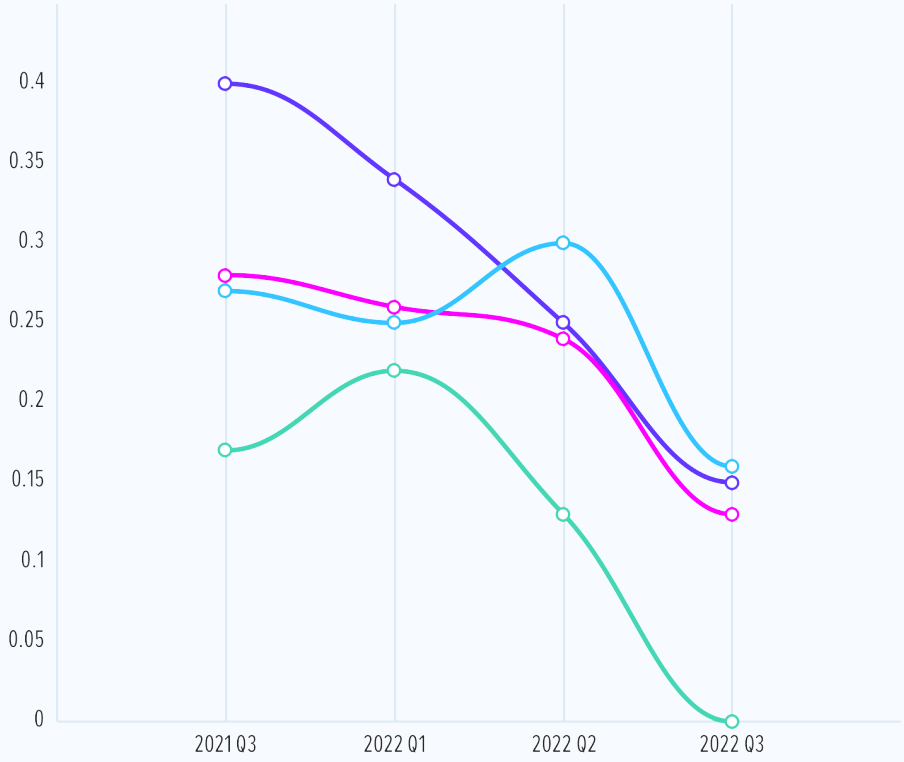
Facilities with the most patients waiting for consultation

Region	District	Facility	Surveys completed	Number of patients waiting in line to be seen
North	Acul-du-Nord	Hôpital Sacre-Coeur de Milot	1	350
Artibonite	Dessalines	Centre Medical Charles Colimon	1	200
North	Cap-Haitien	Hôpital Universitaire Justinien	1	150
Artibonite	Saint-Marc	Hôpital Dumarsais Estime	1	150
North	Cap-Haitien	Hospital Fort Saint-Michel	1	130
Artibonite	Saint-Marc	SSPE de Saint-Marc	1	125
North	Cap-Haitien	Centre de Sante la Fossette	1	120
North	Limbe	Hôpital Saint-Jean de Limbe	1	110
North	Saint-Raphael	Hôpital Bienfaisance de Pignon	1	100
North	Plaisance	Hôpital Esperance de Pilate	1	100
Artibonite	Gonaives	Centre de Sante K-Soleil	1	100

Around 24% of patients surveyed report that these lines are long, a slight improvement from last year (when 27% thought lines were long). There is considerable variation across districts, with 78%t of Marmelade patients in the Artibonite region reporting lines that are long, 44% in Léogâne, and 35% in Plaisance.

Do you consider that the queue in health facilities is long?

Average
Artibonite
North
West



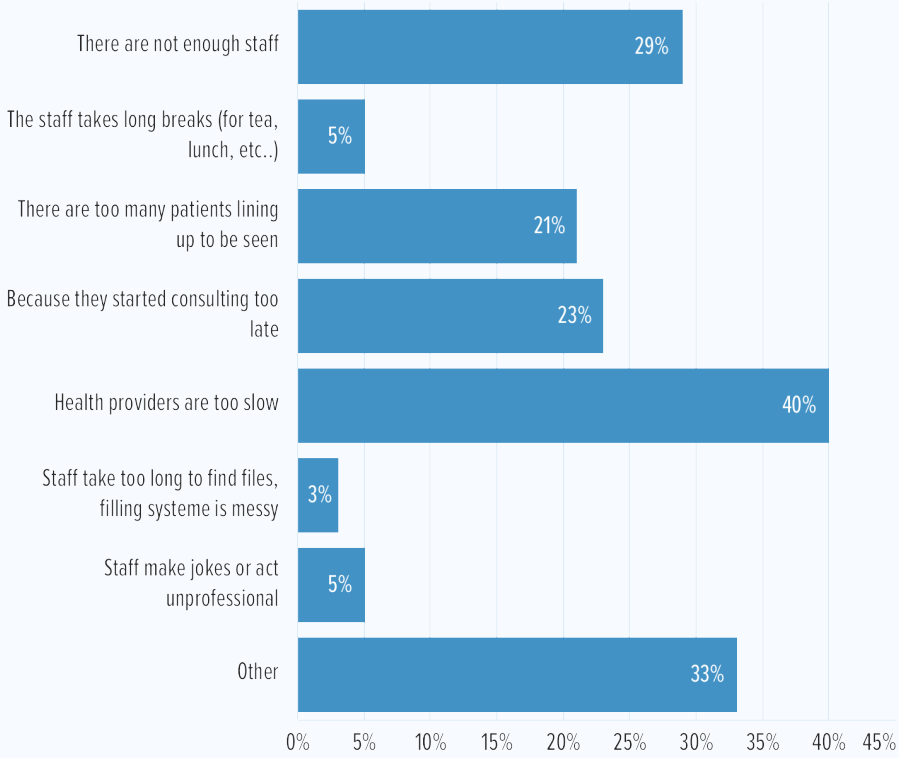
Source: Facility manager survey

Facilities where the most patients report long queues

Region	District	Facility	Completed surveys	Do you consider that the queue in health facilities is long?			
				Yes	No	Do not know	Score
Artibonite	Marmelade	Centre de Sante Saint-Michel de l'Attalaye	36	28	8	0	**78%**
West	Port-au-Prince	Hôpital Saint-Damien Nos Petits Freres et Soeurs	27	20	6	1	**77%**
West	Port-au-Prince	Institut des Maladies Infectueuses et Sante de la Reproduction	55	35	20	0	**64%**
Artibonite	Gonaives	Centre de Sante de Raboteau	38	18	19	1	**49%**
West	Port-au-Prince	Centre de Sante Petite Place Cazeau	21	9	10	2	**47%**
West	Port-au-Prince	CEPOZ Centre Espoir	19	9	10	0	**47%**
Artibonite	Dessalines	Centre Medical Charles Colimon	75	34	38	3	**47%**
West	Leogane	Hôpital Notre-Dame de Petit-Goave	31	14	17	0	**45%**
West	Port-au-Prince	Hôpital Bernard Mevs	45	19	26	0	**42%**
Artibonite	Saint-Marc	SSPE de Saint-Marc	51	21	30	0	**41%**
West	Port-au-Prince	Centre de Sante Croix-des-Missions	22	9	13	0	**41%**

According to reports from five hundred thirty patients, lines are long because employees are too slow (as reported by 40% of patients who think lines are long), understaffing (29%), clinicians starting their consultation days late (23%), and because there are too many patients queuing up to be seen (21%).

Why do you think the queues at this facility are long? (Please select all that apply)

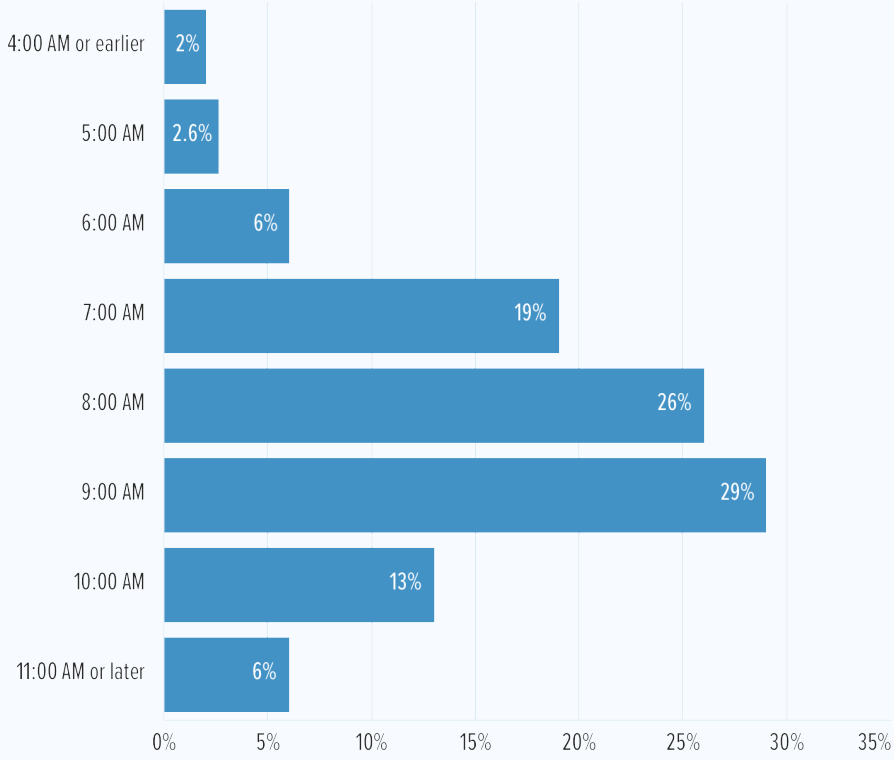


Patients interviewed: 530
Source: Patient survey

For patients who work, study, or have family obligations, the limited opening hours of facilities can make receiving necessary care difficult. According to facility managers, 21% of facilities are open 24 hours daily. Only one non-24-hour facility (Grande-Rivière du Nord Hospital) was available at 6 a.m., while most of them (61%) began their services at 8 a.m.

While facility managers report that only 7% of non-24-hour facilities are open before 8:00 AM, 40% of patients surveyed said that they always or sometimes arrive at the facility before opening, which demonstrates that the 8:00 AM is not sufficient to meet patients' needs

What time do you normally arrive at the facility?



Patients interviewed: 2206
Source: Patient survey

Facilities where the most patients report that facilities are not sufficiently open

Region	District	Facilities	Completed surveys	Do you think this facility's opening hours are sufficient to meet the needs of the patients?				
				Always	Sometimes	Never	Do not know	Score
Artibonite	Gonaives	Centre de Sante de Raboteau	38	1	27	0	10	**1.04**
Artibonite	Marmelade	Centre de Sante Saint-Michel de l'Attalaye	36	3	31	1	1	**1.06**
West	Port-au-Prince	Hopital Beranrd Mevs	45	16	12	13	4	**1.07**
West	Port-au-Prince	Institut des Maladies Infectueuses et Sante de la Reproduction	55	21	22	10	2	**1.21**
Artibonite	Gonaives	Hopital de reference de l"Estere	35	7	21	0	7	**1.25**
West	Port-au-Prince	CEGYPEF	23	8	7	3	5	**1.28**
Wst	Port-au-Prince	Centre de Sante Petite Place Cazeau	21	9	9	2	1	**1.35**
West	Port-au-Prince	Centre Lakay Delmas 19	15	6	7	1	1	**1.36**
Artibonite	Gonaives	Centre de Sante K-Soleil	61	23	24	3	11	**1.40**
West	Port-au-Prince	Clinique Communautaire de Delmas 75	31	16	10	4	1	**1.40**

Finally, patient safety is essential when patients wait in clinics to be seen, especially early in the morning before clinics are open. While 82% of patients report feeling "safe" or "very safe" while waiting for the clinic to open, 18% feel unsafe, unsafe, or neither safe nor unsafe. The percentage of patients who feel "very safe" while waiting for the clinic to open has dropped dramatically, from 45% in 2021 to 10% in 2022.

Facilities ranked by patients as the most dangerous

Region	District	Facility	Completed surveys	On a scale of 1 to 5, how safe do you feel while waiting for the clinic to open? 1 is Very Dangerous, and 5 is Very Safe						
				1 V. Dan.	2 Dan.	3 Neutral	4 Safe	5 V. Safe	Do not know	Score
Artibonite	Gonaives	Centre de Sante de Raboteau	38	1	31	3	2	0	1	**2.10**
West	Port-au-Prince	Hopital de l'Universite d'Etat d'Haiti	30	2	11	2	15	0	0	**3.00**
Artibonite	Marmelade	Centre de Sante Saint Michel de l'Attalaye	36	2	9	10	14	1	0	**3.08**
West	Port-au-Prince	Hopital Saint-Damien Nos Petits Freres et soeurs	27	1	11	1	9	4	1	**3.15**
Artibonite	Gonaives	Hopital de reference de l'Estere	36	0	4	21	10	0	1	**3.17**
West	Port-au-Prince	Centre de Sante Croix-des- Bouquets	22	0	3	8	11	0	0	**3.36**
West	Port-au-Prince	Les Centres GHESKIO	51	1	10	9	31	0	0	**3.37**
West	Port-au-Prince	Centre Hospitalier Eliazar Germain	23	0	3	6	14	0	0	**3.48**
West	Port-au-Prince	Centre de Sante Petite Place Cazeau	21	0	2	7	11	1	0	**3.52**
West	Croix-des-Bouquets	Hopital Communitaire de Reference de Bon Repos	25	0	5	3	15	2	0	**3.56**

> *Patients arriving at the facility at 8 o'clock usually leave at 3 or 4 o'clock. There are physicians, patients, and the chief physician, and many people often come to see him. He can drop files and will settle other things, drug files; he will settle them. Patients must sit and wait for him to do all that. If he has other things to do, you should wait for him to finish what he is doing, and then he will take care of you. You can waste a lot of your time, for example, when patients come to pick up medicine, because the physician sees them first. If the physician does something, he will continue to work until he finishes his own business, then he will come and examines you."*
>
> **– A participant in an individual interview in Artibonite**

To reduce waiting times, clinics first need to hire sufficient clinical staff so patients can be seen during opening hours without long waiting times. Clinics should improve the efficiency of patient visits by developing, or improving, an appointment scheduling system for patients and by motivating staff to be punctual. Facility managers should hire sufficient security guards to ensure security for patients waiting at the clinic for early morning check-ups.

Waiting times for PLHIV should be shortened by reviewing the clinic's PLHIV patient care circuit to find ways to reduce the waiting time and increase the number of patients who receive their drugs from field agents, at home, or in the community. Clinics should further harmonize the services and benefits provided at all clinics across the country to reduce the need for patient care at various locations.

Finally, to improve patient retention, clinics should develop unique and flexible clinic hours for students, patients with a job, and other patients with commitments that prevent them from attending the clinic during normal hours. These should include hours later in the day and on weekends and holidays.

2. ART treatment cascade

2a. PrEP

52%
of facility managers report that their facilities do not offer PrEP

75%
of patients have never heard of PrEP

80%
of clinics that offer PrEP offer it to MSM

Recommendations

1. All eligible patients should be offered PrEP, following Haiti's Ministry of Public Health and Population guidelines[2].
2. The National AIDS Control Program (PNLS) and the Haitian Center for Health System Strengthening (CHARESS) should deploy the PrEP service in all clinics, including ensuring adequate supplies and strengthening the supply chain; (Have national PrEP coverage).
3. Train all medical staff on PrEP eligibility and treatment guidelines.
4. Ensure the distribution of PrEP at the community level, collaborating with clinics to establish protocol for refills.
5. Patients on ARVs should be offered training sessions on PrEP so they may educate people around them who may be exposed to HIV about PrEP.
6. Organize a national education campaign on PrEP, which is a preventive aspect in the fight against the spread of HIV.

Pre-exposure prophylaxis (PrEP) is one of the most essential and effective HIV prevention strategies. PrEP is a critical intervention for key populations (KPs) and adolescents, girls, and women (AGYW), as a prevention tool under the patient's full control that does not require a partner's cooperation.

According to data collected from facility managers, only 48% of facilities offer PrEP. This has worsened since last year, when 55% of monitored clinics offered PrEP. The proportion of facilities offering PrEP varies by region: while 67% of facilities in the West offer PrEP, only 38% in the North and 25% in Artibonite do so. Only seven districts have facilities that provide PrEP to patients.

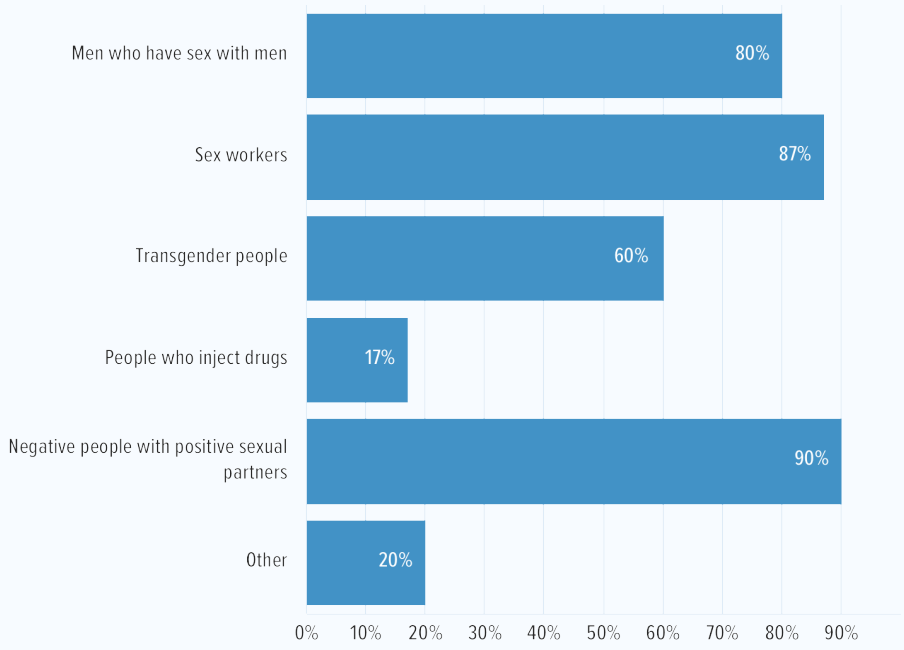
2. Ministry of Public Health and Population. National program for the fight against STIs/HIV/AIDS. National guidelines for the provision of pre-exposure prophylaxis (PrEP) in Haiti. April 2018.

Districts with no facility offering PrEP

Region	District	Facilities assessed	Completed surveys	Is PrEP offered at this facility?		
				Yes	No	Score
West	Leogane	2	2	0	2	**0%**
North	Saint-Raphael	2	2	0	2	**0%**
North	Plaisance	1	1	0	1	**0%**
North	Limbe	1	1	0	1	**0%**
North	Grande-Riviere du Nord	1	1	0	1	**0%**
North	Borgne	2	2	0	2	**0%**
Artibonite	Marmelade	1	1	0	1	**0%**
Artibonite	Gros-Morne	1	1	0	1	**0%**
Artibonite	Dessalines	2	2	0	2	**0%**

In facilities that offer PrEP, not all patients have access to it. PrEP is often provided to HIV-negative people with HIV-positive sex partners (in 90% of facilities that offer PrEP) and sex workers (87%). It is less common to give PrEP to men who have sex with men (80%), transgender people (60%), and people who inject drugs (17%). Only 25% of PLHIV surveyed had heard of PrEP.

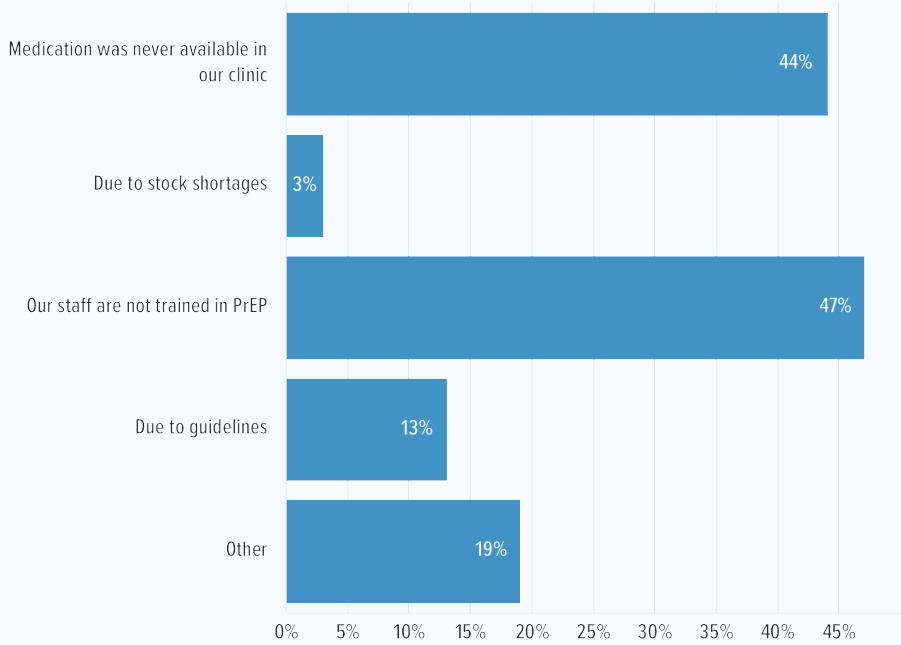
To which patients is PrEP offered? (Please select all that apply)



Facility managers interviewed: 30
Source: Facility manager survey

The most common reason given by facility managers for not offering PrEP was that the staff had not yet been trained (47%). The next most common reason was that PrEP was never available in the clinic (44%).

Why don't you offer PrEP at this facility? (Please select all that apply)



Facility managers interviewed: 32
Source: Facility manager survey

All clinics must offer PrEP to all patients, per Haiti's Ministry of Public Health and Population guidelines. To assist facilities in complying with these guidelines, the National AIDS Control Program (PNLS) and the Haitian Center for Health System Strengthening (CHARESS) must coordinate and take steps to roll out the PrEP service to all clinics, including ensuring adequate supplies and strengthening the supply chain.

Even in facilities where PrEP is available, many fail to promote PrEP use to patients. Of 1,837 patients questioned, 75% had never heard of PrEP. This points to severe gaps in patient education and demonstrates the need to ensure that all patients receive evidence-based prevention services.

Facilities in which less than 5% of patients had heard of PrEP

Region	District	Facility	Completed surveys	Have you ever heard of PrEP medication?		
				Yes	No	Score
West	Leogane	Sanatorium de Siguenau	9	0	9	**0%**
North	Plaisance	Hopital Esperance de Pilate	26	0	26	**0%**
North	Limbe	Hopital Saint-Jean de Limbe	61	0	61	**0%**
North	Borgne	Centre de Sante de Port-Margot	16	0	16	**0%**
Artibonite	Saint-Marc	Centre Lakay de Saint-Marc	15	0	15	**0%**
Artibonite	Gonaives	HTW Clinique mobile des Gonaives	15	0	15	**0%**
North	Saint-Raphael	CBP Saint-Raphael	17	0	17	**0%**
Artibonite	Saint-Marc	SSPE de Saint-Marc	45	1	44	**2%**
Artibonite	Gonaives	Hopital LaProvidence de Gonaives	42	1	41	**2%**
Artibonite	Gonaives	Centre de Sante K-Soleil	41	1	40	**2%**
North	Acul du Nord	Clinique Medico-Chirurgical de Dugue	37	1	36	**3%**
Artibonite	Saint-Marc	Hopital Dumarsais Estime	47	2	45	**4%**

Facility managers should ensure that all medical staff is trained in PrEP eligibility and treatment guidelines. Clinics that do not offer PrEP in clinical settings, such as religious institutions, should ensure that PrEP is available at the community level or through mobile clinics.

2b. Diagnosis and initiation of treatment

6

health facilities do not always initiate ARV treatment upon diagnosis

16%

of health facilities schedule initial follow-up appointments for between one and three months of diagnosis

Recommendations

1. Offer dolutegravir-containing regimens to all patients in line with the 2019 PEPFAR guidelines on optimizing ARVs.
2. Work to ensure that all patients who have not yet transitioned to dolutegravir can receive it as soon as possible so that U=U can be a reality in Haiti.
3. Although ARV's are initially provided for three months from treatment initiation, clinical appointments should be more frequent to monitor the patient's behavior and reactions to the medicine. Clinical follow-ups should be conducted within 15 to 30 days of the initiation of treatment.

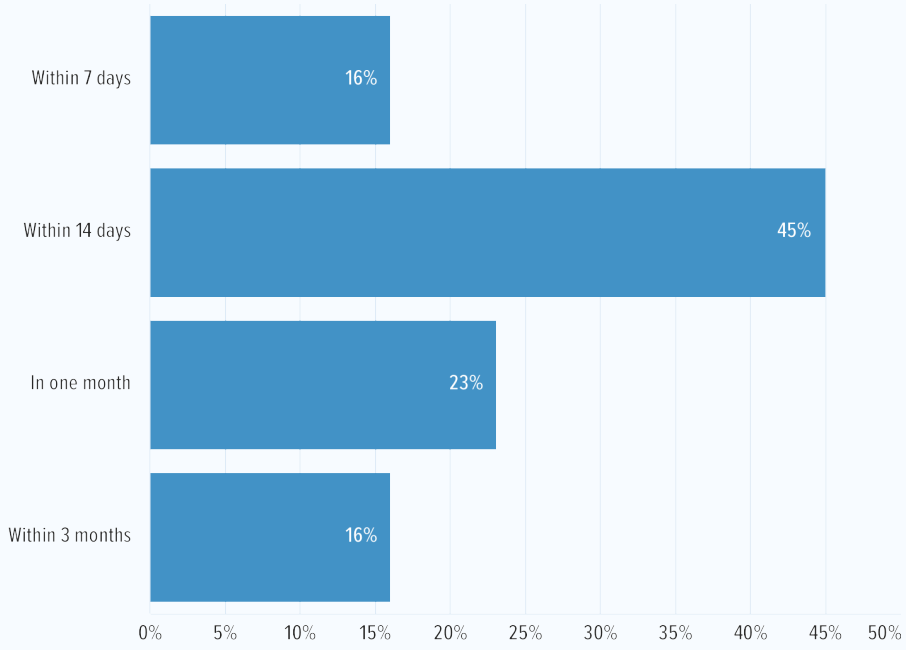
The UNAIDS 95-95-95 targets are to, by 2025, have 95% of people with HIV aware of their status, initiate 95% of those people on treatment, and have suppressed viral loads for 95% of those on treatment. Achieving the second and third goals requires timely treatment initiation and care retention for all newly diagnosed patients.

Facilities where patients are not placed on ART on the day of diagnosis

Region	District	Facility	Completed surveys	If a patient tests positive for HIV, does he start treatment on the same day?					
				Always (unless contraindicated)	Most of the time	Occasionally	Rarely	Never	Score
North	Cap-Haitien	Centre de Sante La Fossette	1	0	0	1	-	-	**2.00**
West	Croix-des-Bouquets	Hopital Communautaire de Reference de Bon Repos	1	0	1	0	-	-	**3.00**
Artibonite	Gonaives	Centre de Sante de Raboteau	1	0	1	0	-	-	**3.00**
North	Cap-Haitien	HTW Clinique Mobile du Cap-Haitien	1	0	1	0	-	-	**3.00**
West	Port-au-Prince	Hopital de Fermathe	1	0	1	0	-	-	**3.00**
North	Limbe	Hopital Saint-Jean de Limbe	1	0	1	0	-	-	**3.00**

According to facility managers, 90% of facilities always initiate patients on ART on the day of diagnosis, unless contraindicated. For those diagnosed, the first follow-up visit is scheduled within one week in 16% of facilities, within two weeks in 45%, and within one month in 23% of facilities. In 16% of facilities, the first follow-up visit is scheduled within three months of diagnosis.

If a patient tests positive for HIV, when will their next follow-up visit be scheduled?



Facility managers interviewed: 62
Source: Facility manager survey

2c. Access to medicines

20%
of patients traveled more than 2 hours to get to the clinic

51%
of those who chose to go to a more distant clinic did so for fear that someone would recognize them

53%
of patients who stopped receiving home-delivered medicines did so out of fear that people would see and know their HIV status

13%
of clinics charge PLHIV money to test and treat STIs

15%
of clinics offer food or meals to PLHIV when they visit the clinic

Recommendations

1. Give patients the option of picking up their medicine on-site or through community distribution (DAC).
2. Subsidize antibiotics, drugs for opportunistic infections, and others so that they are free for PLHIV and ensure that patients have access to these drugs if they are already available in the health facility.
3. Hire more field agents to support community distribution programs.
4. Provide patients with three or more months of ARVs.
5. Provide an integrated package of health services to ensure that ART side effects are monitored and treated.
6. Have a budget that supports the reimbursement of transport costs for all PLHIV.
7. Ensure services are available during clinic hours. If there are any issues, patients should be informed promptly.
8. Organize training sessions to support respect for patient and professional development for DAC field agents.

Geographic accessibility is an important indicator measured by community monitors. Of the patients surveyed, 64% reported traveling long distances to the clinic for services, with 20% traveling more than two hours to get to the clinic. This has worsened slightly from a year ago, when 59% of respondents said they had traveled a long distance to the clinic. This ranged from 72% of patients in the West, 58% in Artibonite, and 57% in the North.

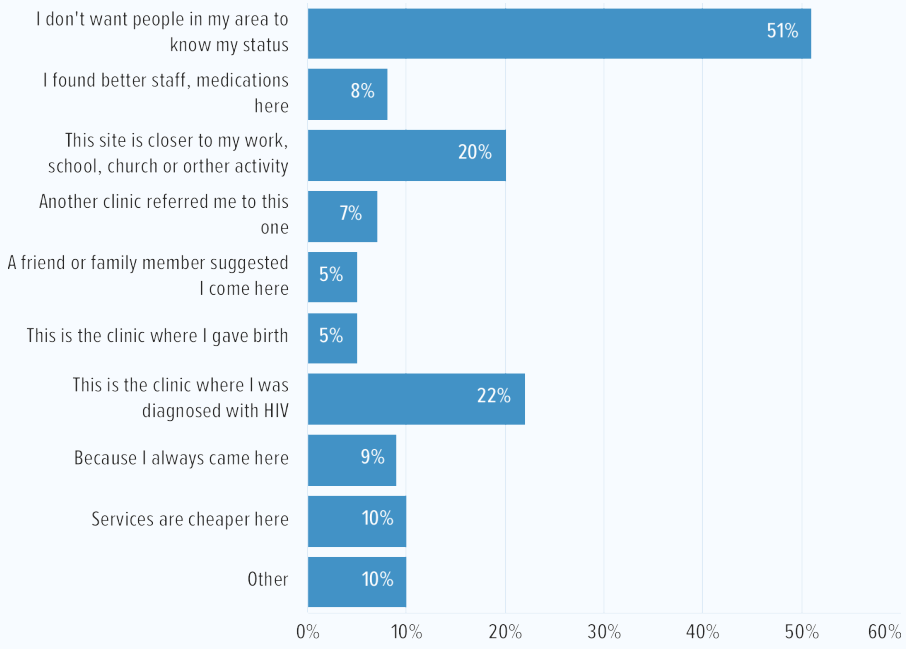
Several districts have a high percentage of patients traveling from afar for services. 82% of respondents reported traveling from afar in Limbé, followed by 80% in Léogâne, 77% in Acul-du-Nord, and 73% in Port-au-Prince. This could suggest that the facilities are placed in hard-to-reach localities or that patients chose to travel a long distance to reach the facility they were surveyed at. This could be either because they offer better care than clinics closer to the patients' homes or because of fear of seeing their HIV status revealed to the general population due to frequent privacy violations at facilities across the country

Facilities where the most patients come from afar

Region	District	Facility	Completed surveys	Did you come a long way to come here?		
				Yes	No	Score
West	Port-au-Prince	Centre Lakay de Delmas 19	15	15	0	**100%**
West	Port-au-Prince	Hôpital Saint-Damien Nos Petits Freres et Soeurs	27	26	1	**96%**
West	Port-au-Prince	Hopital Bernard Mevs	45	40	5	**89%**
West	Port-au-Prince	Clinique Communautaire de Delmas 75	32	28	4	**88%**
West	Port-au-Prince	CPFO-Centre de Promotion des Femmes Ouvrieres	31	27	4	**87%**
West	Port-au-Prince	CEGYPEF	23	20	3	**87%**
Artibonite	Gonaives	CDS Esperance de Terre Blanche	15	13	2	**87%**
West	Leogane	Hôpital Notre Dame de Petit Goave	31	26	5	**84%**
North	Acul-du- Nord	Hôpital Sacre-Coeur de Milot	29	24	5	**83%**
North	Limbe	Hôpital Saint-Jean de Limbé	65	53	12	**82%**
West	Port-au-Prince	Hôpital Universitaire LaPaix	70	57	13	**81%**
West	Port-au-Prince	Centre de Santé Petite Place Cazeau	21	17	4	**81%**
West	Port-au-Prince	Hôpital de l'Université d'Etat d'Haiti	30	24	6	**80%**

Many patients travel long distances to seek care, however, 47% of patients questioned said there are clinics closer to them than the ones they visit. Most patients who choose to go to clinics further away do so to avoid having their status detected by people from their area of origin (51%).

Why not choose to go to the clinic closest to you?



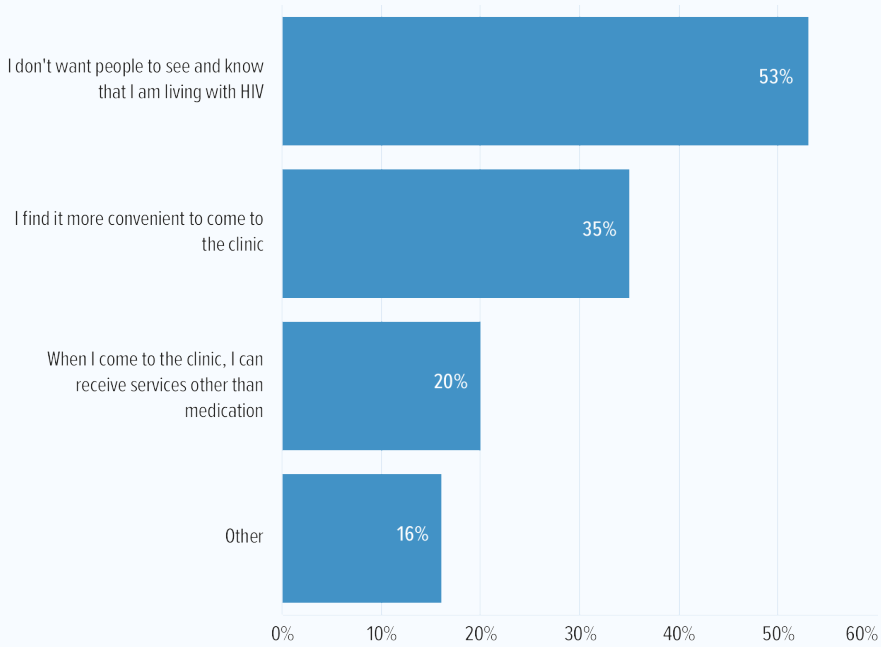
Patients interviewed: 1042
Source: Patient survey

Many clinics attract patients from afar because they provide better services. The facilities which received the most of these responses are the Espérance de Pilate Hospital, the Institute of Infectious Diseases and Reproductive Health, and the Saint-Jean de Limbé Hospital.

> *I would rather go and get medicine from the hospital than from the hands of an agent. An agent disrespected me. I was on public transport, and suddenly he called me–it was like he was on speakerphone! –I heard [my name and said, "Yes?" He said, "Didn't you need the pill?" I pretended not to understand, so he would stop talking to me. He is trying to identify himself, "Yeah, the medicine, you know, the AIDS medicine." I went to the clinic to complain, and the physician told me it was because he had no training. I told myself that God had given me two feet, and thanks to God, I could walk: I did not need an agent to bring me medicine. They say they will refer me to another agent. I told them I did not need an agent; I was my own agent."*
>
> **– Patient testimonies from a focus group in the West**

Medication home delivery is an important service that can reduce the time and money patients spend traveling to the clinic. According to surveys of one thousand eight hundred thirty-seven patients, only 62% were aware of the existence of such services. Among patients who have used delivery services in the past, the most common reason for stopping the service was fear that people would see and realize their HIV status (reported by 53% of those who stopped these services). This indicates that privacy and confidentiality are key concerns with delivery services and that, for these services to benefit patients, they must be improved upon.

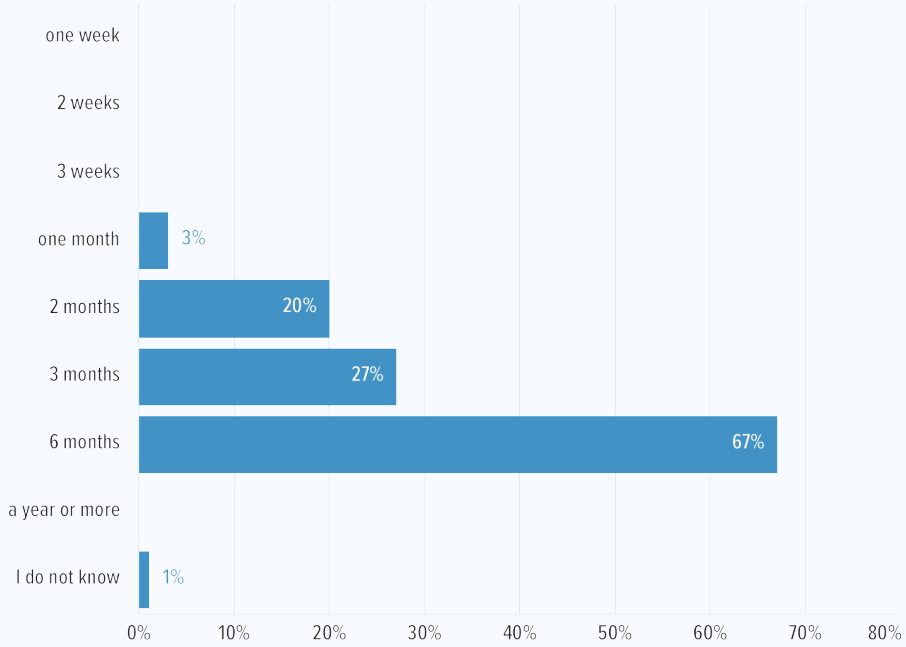
Why don't you currently receive home-delivered medicines? (Please select all that apply)



Patients interviewed: 816
Source: Patient survey

Short refills of ARVs can also contribute significantly to treatment dropout, as patients must repeatedly schedule long and inconvenient clinic visits to receive their drugs. According to patients surveyed, ARV refills are most often provided for six months (as reported by 67% of patients) or three months (27%). Only 5% of patients received refills for two months or less in 2022, an improvement of 4% from 2021.

During your last ARV refill, how long did you receive anti-HIV medications?



Patients interviewed: 1837
Source: Patient survey

Most facility managers report offering three-month refills for stable patients (40% of facilities) or refills for longer than three months (in 45% of facilities). The duration of ARV refills is based on national guidelines in 81% of facilities. There are five clinics that decide on the length of refills according to the availability of ARVs in the clinic: SADA - Matheux, Charity Works of Carrefour and Gressier, HTW Mobile Clinic of Cap Haitien, Community Clinic of Delmas 75, and Center Lakay of Cap-Haitien.

Things are getting better!

At Saint-Jean de Limbé Hospital, following advocacy by the CLM team, staff are now documenting whether women on HIV treatment have been screened for cervical cancer.

To improve access to medicines, all patients should have the opportunity to collect their medication through community distribution programs closer to home, and enough community agents should be hired to support these programs. Patients who are stable on treatment should receive medication refills of at least three months to reduce the time spent in clinics. Finally, PLHIV should benefit from a holistic package of services, including the monitoring and treatment of ART side effects and subsidized anti-HIV drugs, antibiotics, HIV tests, and drugs to prevent opportunistic infections.

2d. Acceptability of the services provided

18%
of patients report that healthcare providers blame patients for missing a clinic visit

23%
of patients would not feel comfortable asking for a different medication than the one they are taking

38%
of patients who requested a transfer to another clinic were denied

3
facilities have discontinued patients who report refusing medication because they feel uncomfortable in the clinic

Recommendations

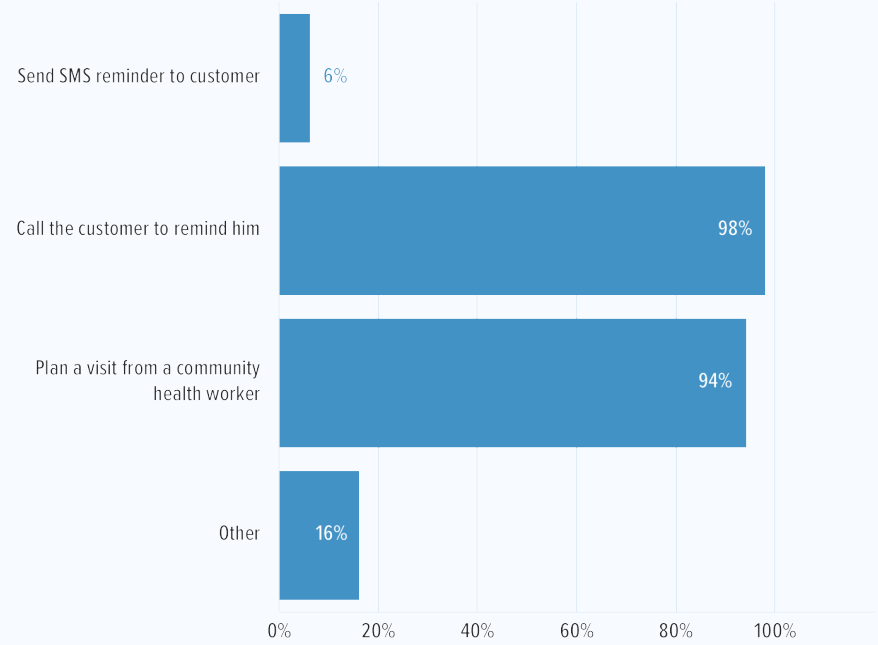
1. Facilities should train staff in professional ethics, prevention of patient rights violations, interpersonal communication, patient retention, and customer service.
2. Advocate to implementing partners and donors (such as PEPFAR, Global Fund, and HEALTH Network) for necessary training for clinic care staff.
3. Improve staff's working environment by providing equipment, career plans, air conditioners, etc.
4. Motivate staff through better salary management to ensure that staff does not provide inferior quality care due to poor salary or poor career plan management.
5. When training staff on relevant topics, Observatory members should be invited to participate to ensure that training has been carried out and for the Observatory to share advice on improving services.

Improving the quality of health care requires not only improving access to services themselves, but also providing services in ways that are acceptable to patients, non-stigmatizing, and accommodating. To measure this, community monitors assessed the protocol used by facilities when a patient missed a medical appointment. According to managers, after a missed visit, patients are called on the phone to remind them to reschedule the visit (described by 98% of facilities managers) or a community health worker will visit the patient at home (94%). Four facilities reported sending customers SMS reminders of their appointments.

There are not enough staff to provide services. What I don't like is that they don't have any special training for them. Because when we look at the general hospital emergency room, when going there as a PLHIV, they do not take care of us. As soon as they know you are a PLHIV, they make you sit for 3 or 4 hours without taking care of you. [Once] I arrived injured in the emergency room, and there was a physician who came to see me without gloves.] [... Even though I am undetectable, I still have to protect him. Now I tell the physician that I am PLHIV [...], and he has left and has not come back to see me. There were gloves; it is not that there were no gloves; he left and did not come back. As for confidentiality, it does not exist."

– A participant in an individual interview in the West region

Can you describe the protocol when a person misses a clinic visit to pick up ARVs? (Please select all that apply)

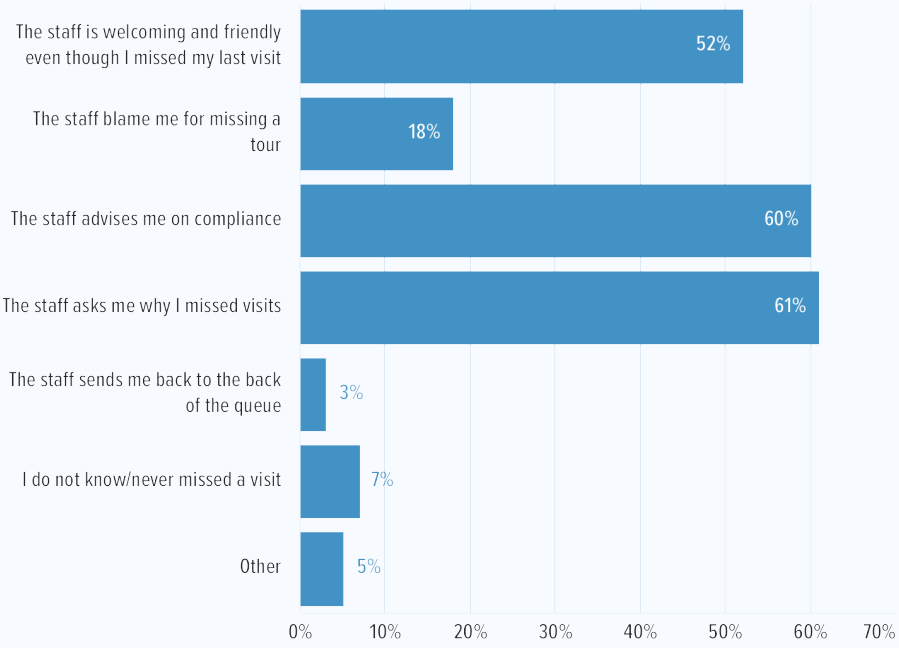


Facility managers interviewed: 62
Source: Facility manager survey

When returning to the clinic after a missed visit, most patients report that staff often ask them why they missed their visit (61%) and provide advice on adherence (60%). The staff is often welcoming and friendly even though the patient missed a visit (52%).

However, in thirty-seven facilities, patients reported that staff blamed the patient for missing a visit, and patients were sent to the back of the line in four facilities.

If you miss a facility visit to pick up ARVs, which of the following happens the next time you go to pick them up? (Please select all that apply)



Patients interviewed: 557
Source: Patient survey

Facilities where patients are blamed more often or sent to the back of the queue for forgetting to pick up ARVs

Region	District	Facility	Completed surveys	If you miss a facility visit to pick up the ARVs, you come back the next time to pick them up; which of the following happens? (Please select all that apply)							
				The Staff is welcoming and friendly, even though I missed my last visit	The staff blame me for missing a visit	The staff advises me on compliance	The staff asked me why I missed visits	The staff sends me back to the end of the queue	I do not know/never missed a visit	Other	Score
West	Port-au-Prince	Hôpital Saint-Damien Nos Petits Frères et Sœurs	12	4	7	9	5	1	1	2	**1.31**
Artibonite	Gros-Morne	Hopital Alma-Mater	6	5	3	2	1	0	0	0	**1.27**
Artibonite	Gonaives	CDS Esperance de Terre Blanche	6	4	4	3	5	0	0	0	**1.25**
West	Port-au-Prince	Clinique Communautaire de Delmas 75	16	4	4	2	6	0	3	1	**1.25**
North	Borgne	Alliance Sante de Borgne	7	2	2	1	3	0	2	0	**1.25**
Artibonite	Marmelade	CDS de Saint-Michel de l'Attalaye	4	2	2	4	0	0	0	0	**1.25**
West	Port-au-Prince	Hopital de Fermathe	9	2	3	6	5	1	0	1	**1.24**
Artibonite	Gonaives	Hopital Toussaint Louverture	6	4	4	5	5	0	0	0	**1.22**
West	Croix-des-Bouquets	Hopital Communautaire de reference de Bon Repos	4	1	2	3	3	0	1	0	**1.22**
Artibonite	Dessalines	Hopital Claire Heureuse de Marchand	5	3	2	4	0	0	0	0	**1.22**
Artibonite	Dessalines	Centre Medical Charles Colimon	10	8	4	5	5	1	0	0	**1.22**

The manner in which PLHIV, especially PLHIV members of key populations, are treated when they miss an appointment can significantly impact their decision to continue attending a clinic or seek future treatment.

18% of the patients interviewed by community monitors said they refused to take their HIV medication. The most frequently reported reason for refusing medication was forgetting to take it (in 40% of cases), a lack of food to consume with their medication (in 39% of cases), and the fear of side effects (18%).

> *"When you tell someone you are a lesbian, they look down on you. They have prejudices. They want to preach the gospel to you, but it is all stigma and discrimination. When someone has identified as [a lesbian], and you come to offer the gospel, it is just another way of stigmatizing and discriminating."*
>
> **– A participant in an individual interview**

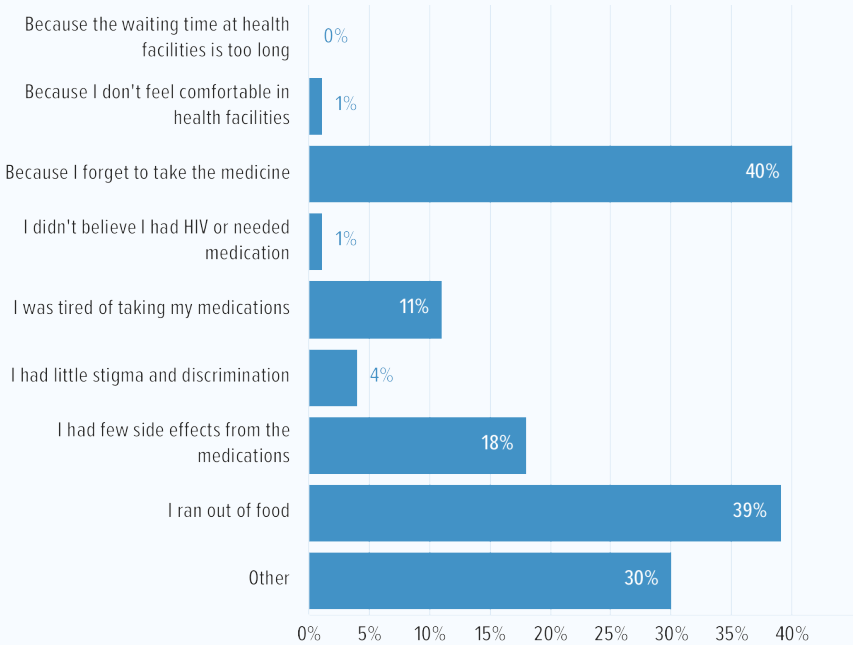
"You cannot take medicine without food. One must eat before drinking the medicine. There are drugs which, if you drink without food, can sometimes make you dizzy - if you don't take care of your body carefully, you can pass out."

"I have HIV, and I also have tuberculosis. When I wake up, I cannot take my medicine if I cannot find food during the day. I cannot lie; I hadn't taken medicine last night because I had no food, and I slept without food; I even told my husband that he could not drink the medicine because it could make us dizzy."

"I always have a food problem where I don't know how to take medicine. I remember I took medicine without food and suffered for three days. I could not lift my head, had dizziness and had no control over anything. What happened is that now, if I have not eaten, I do not take medicine."

– Testimonies of PLHIV in a Focus group

What were the reasons for stopping omit your ARVs (Please select all that apply)



Patients interviewed: 332
Source: Patient survey

Although patients' responses regarding facility-related reasons for refusing HIV medication may describe a different facility than where the patient was interviewed, the table below shows facilities where most patients reported refusing medication because of long lines or feeling uncomfortable at the clinic.

Facilities with the highest number of respondents reporting patients refusing medication due to fear of stigma and discrimination

Region	District	Facility	Completed surveys	What were the reasons for stopping taking your ARVs? (Please select all that apply)							
				Because the waiting time at establishments is too long	Because I don't feel comfortable in institutions	Because I forget to take the medicine	I didn't believe I had HIV or needed the meds	I was tired of taking my medication	I was afraid of stigma and discrimination	I was scared of the side effects of the drugs	I lacked food
Artibonite	Marmelade	CDS Saint Michel de l'Attalaye	3	0	0	2	1	3	3	1	0
West	Port-au-Prince	Institut des Maladies Ingfectueuses et Sante de la Reproduction	20	0	0	7	0	0	2	1	6
West	Arcahaie	POZ-Montrouis	5	0	0	3	0	0	1	1	1
West	Port-au-Prince	Klinik Solidarite	3	0	0	2	0	0	1	0	1
West	Port-au-Prince	Klinik Eritaj	3	0	0	2	0	1	1	1	1
West	Port-au-Prince	Hopital Bernard Mevs	20	1	0	11	0	1	1	3	12
West	Croix-des-Bouquets	Hopital Communautaire de reference de Bon Repos	4	0	0	2	0	0	1	0	1
Artibonite	Gonaives	SDS de Raboteau	2	0	0	2	0	2	1	2	1
West	Port-au-Prince	Centre Jeunes Plaine Cul-de-Sac	2	0	0	1	0	0	1	0	0

Ensuring that people with HIV receive safe, appropriate, and high-quality health care requires accommodating and non-judgmental attitudes from clinic staff. People living with HIV are patients with a chronic condition who are likely to miss or forget their appointments or forget to take their medications for any number of reasons. It is essential to support patients when they return to care to ensure they receive the care they need for their condition. This is particularly important for key populations, which are vulnerable to stigma and discrimination.

Facilities with the lowest score on staff attitude

Region	District	Facility	Completed surveys	Is the facility staff welcoming and friendly?			
				Yes	No	Do not know	Score
West	Port-au-Prince	Hopital Bernard Mevs	45	29	16	0	**64%**
Artibonite	Marmelade	CDS Saint Michel de l'Attalaye	34	27	7	0	**75%**
West	Port-au-Prince	Les Centres GHESKIO	50	40	10	0	**78%**
West	Port-au-Prince	CDS Petite Place Cazeau	21	17	4	0	**81%**
West	Port-au-Prince	CEGYPEF	23	19	4	0	**83%**
West	Port-au-Prince	Institut de Dermatologie et des Maladies Infectueuses	50	42	8	0	**84%**

To improve the acceptability of health services for PLHIV, facility managers should provide regular and mandatory training to staff on professional ethics, prevention of patient rights violations, interpersonal communication, patient retention, and customer service. Where appropriate, care networks and donors such as PEPFAR, Global Fund, and the HEALTH network should support these efforts by providing training.

The quality of care provided to PLHIV also depends on the support care providers receive in their work. Facility managers should improve the working environment for clinic staff, including providing all materials needed to perform their job, office equipment, and air conditioning. The team should also be motivated by higher salaries and supervisors' proper management of the career plan.

3. Treatment support

3a. Viral load tests and therapeutic knowledge

34%
of clinics take more than a month to return patients' viral load test results

22%
of patients do not know their viral load

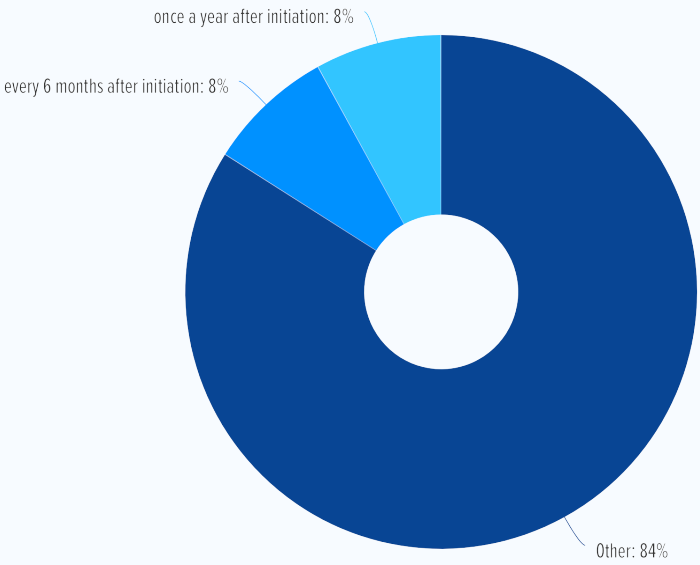
13%
of patients do not understand that U=U

Recommendations

1. National Public Health Laboratory (LNSP) must deliver viral load test results within three weeks.
2. All patients should be informed about anti-HIV treatment (including ARVs and PrEP), adherence, and viral load.
3. Patients should receive specific U=U and viral load training sessions to explain transmission and the need for continued treatment adherence.
4. Clinics should be trained in using materials produced by Panos (panosnetwork.org) (videos, brochures, posters, and flyers) for patient education sessions.
5. Patients should be shown short educational videos while in the clinic. If necessary, the clinics must be equipped with televisions and electricity to broadcast on the spot.
6. All patients should have at least one viral load test per year.
7. Provide viral load testing at the community level through outreach workers.
8. Clinics should remind patients of their appointments to ensure that they do not miss their visit to the clinic for their viral load test.
9. Use undetectable patients to motivate and educate those who are not yet undetectable.
10. Refrain from providing too many benefits to patients who are not yet undetectable, as this may encourage them to remain in that state. Instead, motivate and encourage those who remain consistently undetectable so that others may follow them.

Viral load tests allow patients and clinicians to determine when treatment is working and measure the last of the three UNAIDS 95-95-95 targets. According to facility managers, viral load testing is offered every six months after starting ART in 8% of facilities, once a year after starting treatment in 8% of facilities, and on another schedule in 84% of facilities.

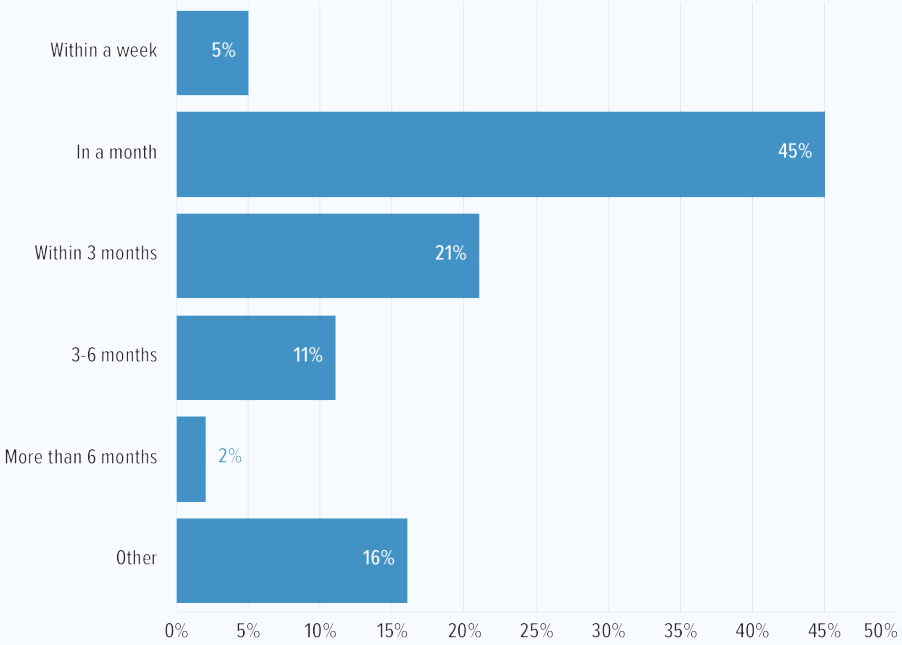
For patients starting treatment, how often, if at all, do you provide viral load testing?



Facility managers interviewed: 62
Source: Facility manager survey

In 50% of facilities, viral load test results are ready within one month of testing. In 5% of the facilities, the results are available within a week, and in 34% of the establishments, the results are not available for over a month. Viral load tests have been delayed, in part, due to the COVID-19 outbreak, which has reduced HIV testing capacity.

What is the average time it takes to get viral load results for patients?



Facility managers interviewed: 62
Source: Facility manager survey

At CPFO-Centre de Promotion des Femmes Ouvrieres in Port-au-Prince, viral load test results take more than six months to be returned to patients, the results are returned within three months at Center Lakay in Pétion-Ville, Centre de Santé Petite Place Cazeau, Clinique Bethesda Medical Centre of Vaudreuil, CBP Saint-Raphael, Hospital Universitaire of Justinien, Hospital Saint-Michel and HTW Clinique Mobile of Cap Haitien.

However, despite 90% of patients reporting having had a viral load test in the past year, only 78% of patients report knowing their viral load. This percentage varies by Department. In Artibonite, 60% of people know their viral load, while in the West and North, 84% and 85%, respectively, are aware. By district, only 40% of patients in Marmelade, 53% in Saint-Marc, 55% in Borgne, and 59% in Gonaives are aware of their viral load.

Facilities with the fewest patients having had a viral load test in the last year

Region	District	Facility	Com-pleted surveys	Have you had a viral load test in the past year? (This is a blood test to see how many HIV viruses are circulating in your blood)			
				Yes	No	Do not know	Score
North	Borgne	CDS de Port-Margot	16	8	6	2	**57%**
Artibonite	Gonaives	SEROVie Clinique H. Bastion	14	8	3	3	**73%**
Artibonite	Gonaives	Hôpital Toussaint Louverture	15	11	4	0	**73%**
West	Port-au-Prince	Klinik Eritaj	15	11	3	1	**79%**
Artibonite	Gonaives	CDS de Raboteau	16	11	3	2	**79%**
Artibonite	Gonaives	Hopital de référence de l'Estère	18	15	3	0	**83%**
West	Port-au-Prince	Les Centres GHESKIO	50	41	7	2	**85%**

Patient surveys report two measures of treatment knowledge. First, 87% of patients interviewed agree with the statement, "An undetectable viral load means a person cannot transmit the disease." Similarly, 90% of patients agree with the statement, "An undetectable viral load means treatment is working."

Treatment knowledge has successfully improved since 2021. Last year, only 71% of respondents knew that an undetectable viral load means that a treatment is working. In 2022, this increased to 90%. Similarly, the percentage of patients who understood U=U increased from 71% to 87%.

Patients must be informed about their HIV treatment, the importance of adhering to it, and the significance of their viral load. This should include specific U=U orientation sessions to explain transmission and educate patients on the importance of continued treatment adherence. These training sessions should be complemented by educational materials (such as videos, brochures, posters, and leaflets) produced by Panos and clinics.

Finally, all patients should have a viral load test at least once a year. To support this, the National Public Health Laboratory (LNSP) must submit viral load test results quickly so patients can receive their results. Viral load testing should be available at all clinics at the community level and clinics should proactively remind patients of their appointments to ensure they do not miss them.

3b. Psychosocial support

40%
of patients do not know of any support groups in the clinics

14%
of patients have never been offered HIV counseling, psychosocial support, or mental health services

50%
of clinics offer patients food or fees when they come to the facility

20%
of patients cannot access psychosocial services when they feel depressed

Recommendations

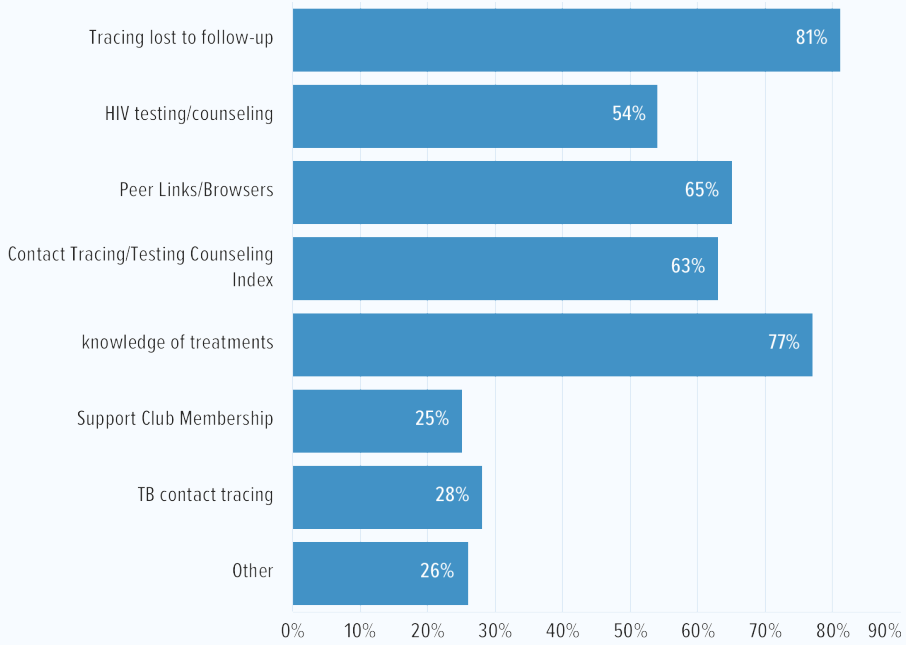
1. Facilities should establish a communication plan to promote support groups and membership clubs to inform all PLHIV.
2. Facility managers, nurses, social workers, and psychologists should ensure that patients understand the benefits of support groups and a schedule when meeting.
3. All patients should be invited to participate in support groups, including patients with an undetectable viral load; when only patients who are not yet undetectable are invited to participate in support groups, this discourages people with undetectable viral loads who would like to participate in these activities. It could, additionally, push patients to become detectable to attend a support group.
4. Improve communication at the site level so that all patients are informed of available community and psychosocial activities.
5. All patients should be able to access psychosocial support services, including mental health services and HIV counseling.
6. Subsidize psychosocial services to be accessible or affordable for all patients.
7. Ensure that a social worker and a psychologist are always available and professionally trained.
8. vProvide socio-economic support to PLHIV, including professional training and reimbursement for transport costs to reach the clinic.

Long-term adherence to HIV treatment requires providing psychosocial support to patients. This encompasses a range of activities, including support groups, mental health services, counseling, and access to other resources, such as food.

Support groups for PLHIV can improve access to treatment and treatment literacy by providing a space for discussion about treatment and community adherence support. According to facility managers, 92% of facilities have a support group in the clinic. The most common roles played by these groups are tracing patients lost to follow-up (in 81% of groups), improving treatment literacy (in 77% of groups), and providing linkages and peer navigators (in 65%). Only 25% of support groups serve as adherence clubs.

There are no support groups at CBP Saint-Raphael, the Institute of Infectious Diseases and Reproductive Health, HTW Clinique Mobilec of Gonaïves, HTW Clinique Mobile of Cap Haitien and Clinique Medico-chirurgical of Dugue.

What roles do support groups play in the health facilities?

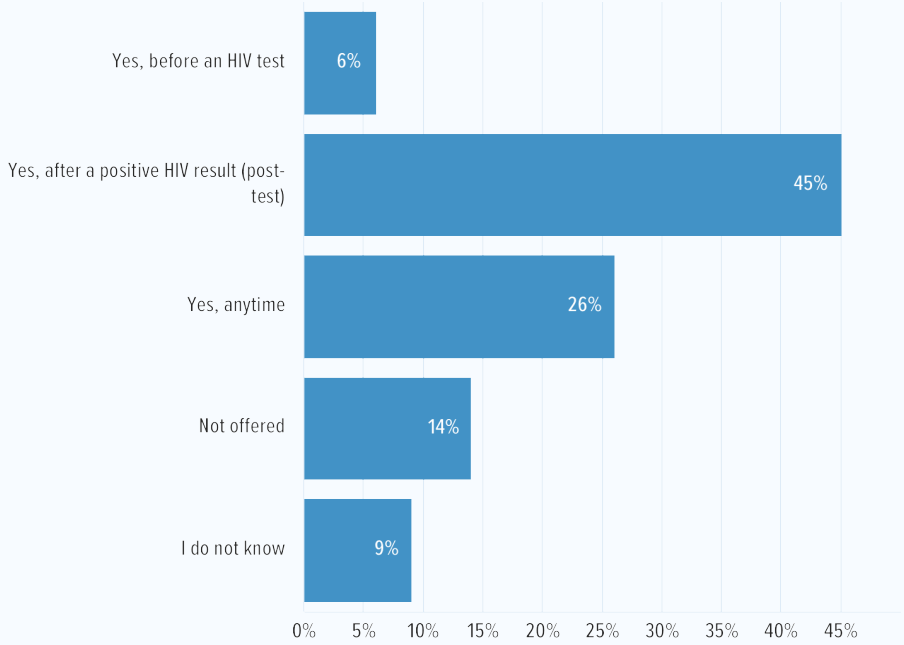


Facility managers interviewed: 57
Source: Facility manager survey

However, despite the number of institutional support groups, patient awareness of them was low – only 60% of patients know of facility-based support groups. Low awareness suggests a need for clinics to promote support groups for PLHIV. Additionally, only a small proportion of patients (one person) collect their ARVs in support groups. Most patients receive their drugs in health facilities (96%) or through community delivery (3%).

According to community monitoring data, patients report that HIV counseling, psychosocial support, or other mental health care services are always available in 26% of facilities. In 45% of facilities, mental health services are offered only after an HIV-positive test result, and 6% of facilities provide counseling before a test. Finally, 14% of patients report that HIV counseling and mental health support are not provided at all. Access to psychosocial support has decreased substantially – in 2021, 38% of respondents said they had access to psychosocial support when needed, while in 2022, this percentage had fallen to 26%.

Were you offered HIV counselling, psychosocial support or other mental health care services at this facility?



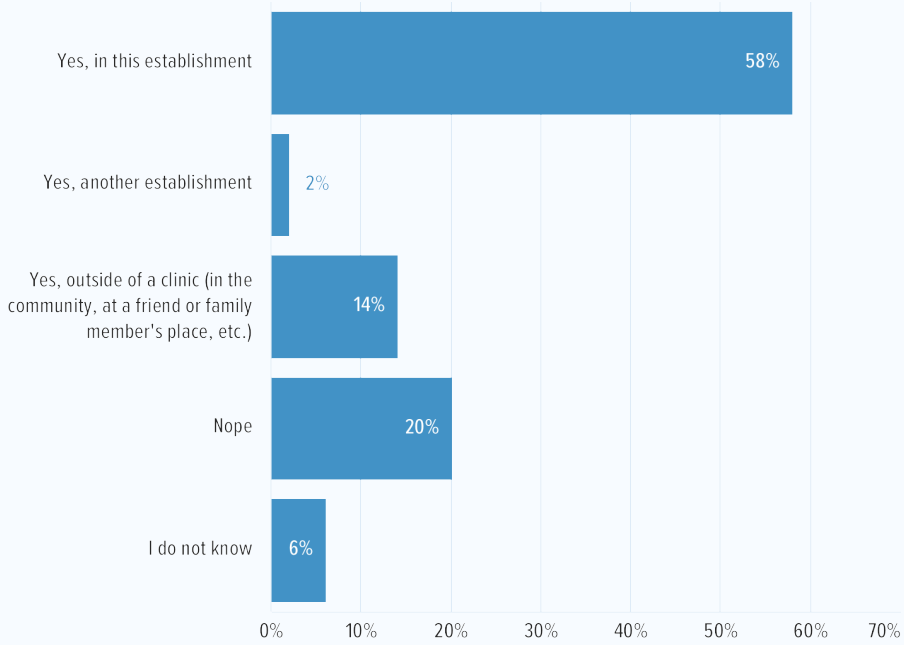
Patients interviewed: 1837
Source: Patient survey

Facilities where psychosocial support is the least accessible and available

Region	District	Facility	Completed surveys	Were you offered HIV counseling, psychosocial support, or other mental health care services at this facility?					
				Yes, before an HIV test	Yes, after a positive HIV result (post-test)	Yes, anytime	Not offered	Do not know	Score
West	Arcahaie	POZ-Montrouis	15	0	3	2	7	3	**0.58**
Artibonite	Saint-Marc	SSPE de Saint-Marc	45	2	5	9	23	6	**0.64**
Artibonite	Gonaives	HTW Clinique mobile des Gonaïves	15	3	3	1	5	3	**0.67**
Artibonite	Gonaives	CDS K Soleil	41	0	14	7	19	1	**0.70**
West	Port-au-Prince	Les Centres GHESKIO	50	1	22	5	15	7	**0.77**
West	Port-au-Prince	Hôpital Bernard Mevs	45	1	17	6	14	7	**0.79**
Artibonite	Gonaives	Hopital La Providences des Gonaives	42	0	15	6	13	8	**0.79**
North	Borgne	CDS de Port-Margot	16	7	4	1	4	0	**0.81**
Artibonite	Gonaives	Hopital Toussaint Louverture	15	0	8	2	4	1	**0.86**
West	Port-au-Prince	Institut des Maladies Infectieuses et Sante de la Reproduction	52	4	10	10	15	13	**0.87**

According to surveys of 1,826 patients, 43% are always or sometimes depressed, sad or suicidal about their HIV status. Of these patients, only fifty-eight report being able to access support at the clinic when they are depressed. 20% do not know how to access any assistance.

When you feel depressed, can you access psychosocial services? (Please select all that apply)



Patients interviewed: 787
Source: Patient survey

Finally, 50% of patients report that PLHIV receive food or money when they visit health facilities.

Facility managers should immediately establish communication plans to promote support groups and psychosocial services, such as mental health services and HIV counseling, to their patients. All PLHIV, including patients with an undetectable viral load, should be informed by nurses, social workers, and psychologists of the benefits of support groups and the timing of group meetings. A well-trained social worker and psychologist should be available at the clinic during opening hours. Finally, PLHIV must benefit from socio-economic support throughout their treatment, including professional training and the reimbursement of transport costs to get to the clinic.

4. Outages and Shortages

40%

of clinics had lubricant stock-outs in the past two months

5%

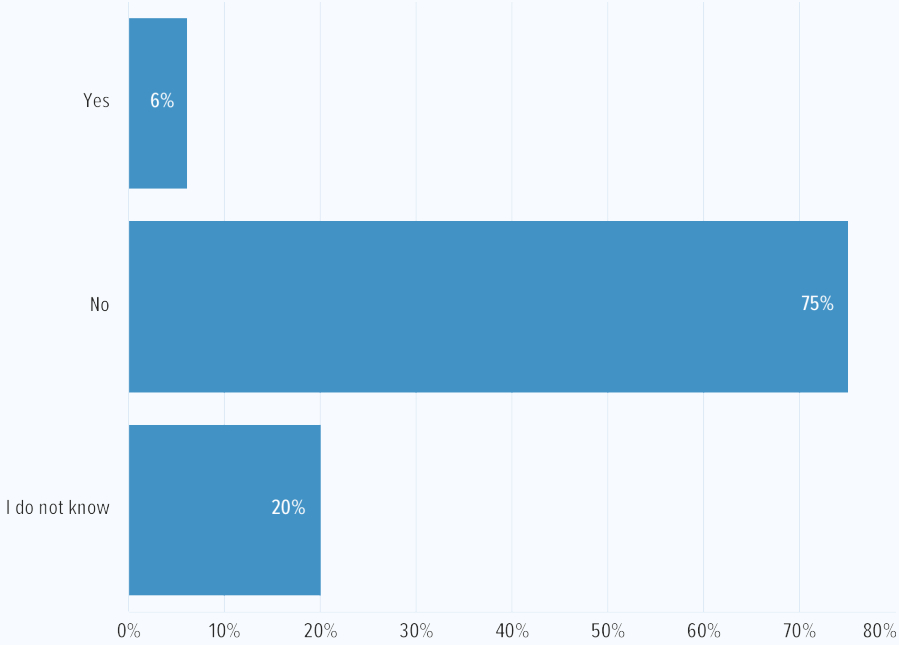
of clinics have sent patients home without medication due to stock-outs in the past two months

Recommendations

1. Complete drug usage reports on time and submit them for regular site supply monitoring.
2. Maintain a safety stock at the site level.
3. In case of shortage, distribute a reduced quantity of drugs to patients to manage shortage problems and ensure that all patients can have drugs.
4. Ensure that ARVs are available in all clinics, including vitamins, iron, and drugs to treat opportunistic infections.
5. As dolutegravir (DTG) regimens experience fewer stock-outs, transition patients to second-line ART with DTG.
6. Make sure to provide PLHIV and KP drugs to treat opportunistic infections because without these drugs, the U=U will be weakened, and reaching 95-95-95 by 2030 will not be a reality.

Stock-outs and shortages of medicines, such as ARVs, lubricants, anti-TB drugs, antibiotics, and contraceptives, disrupt access to services and can impact treatment adherence for PLHIV. The Haiti CLM project monitors stockouts through surveys of patients and facility managers.

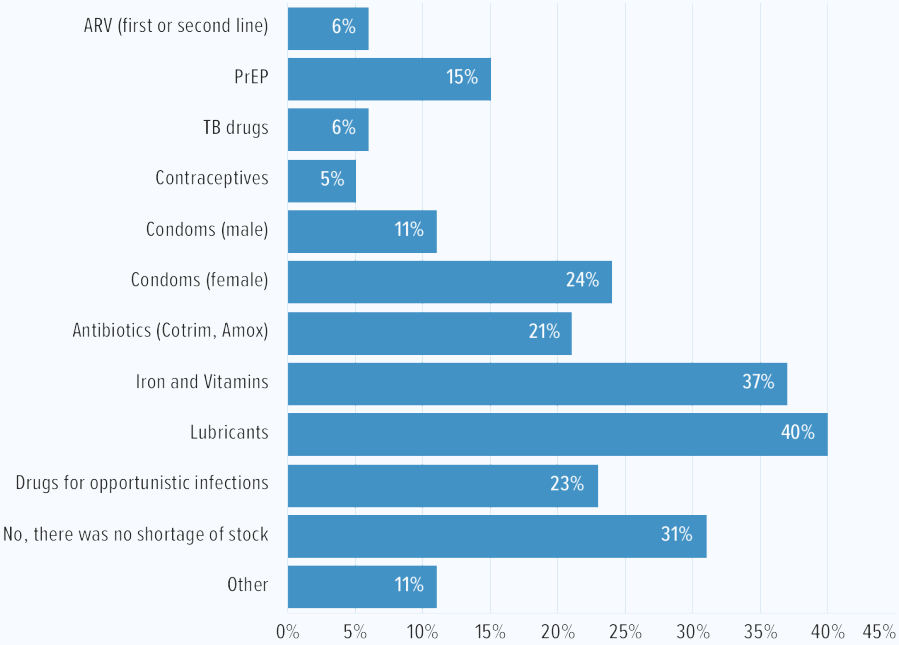
In the past two months, have you or someone you know left the facility without needed medications because of a shortage or stockout?



Patients interviewed: 2216
Source: Patient survey

According to the latter, 40% of establishments experienced stock-outs or shortages of lubricants in the last two months; 37% experienced shortages of iron and vitamins, and 24% had shortages of female/internal condoms.

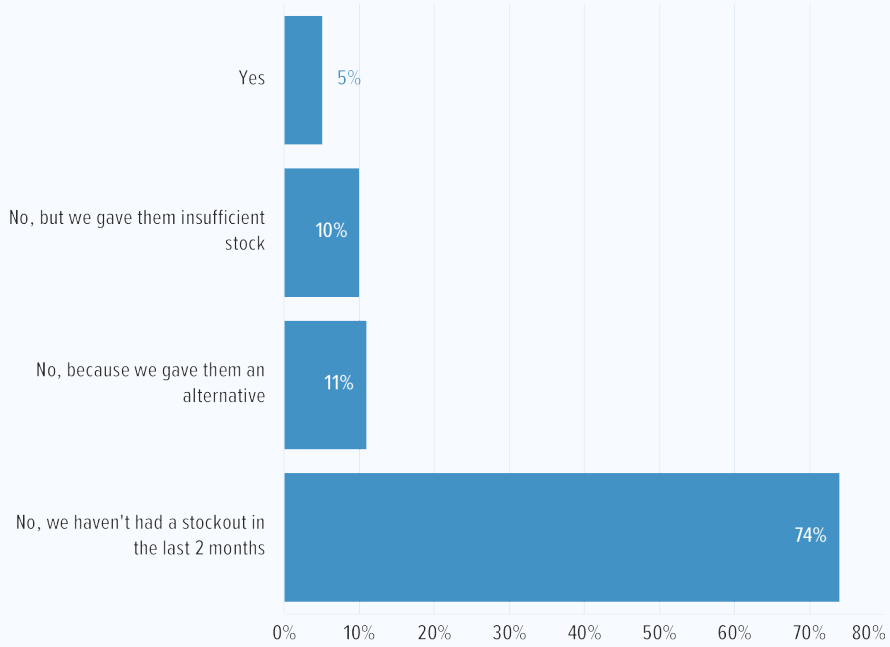
In the past 2 months, have there been any stockouts or shortages of any of the following?



Facility managers interviewed: 62
Source: Facility manager survey

Due to stock-outs or shortages, 5% of facilities had to send patients home without needed drugs (in the last two months). 10% of facilities responded to stockouts by providing insufficient stock, and 11% gave an alternative. SEROvie-Clinique H. Bastien, Hospital Saint-Damien Nos petits frères et soeurs and CDS Espérance of Terre Blanche are the clinics which have sent patients home without medication in the past two months.

In the past few months, has a patient left your facility without the medications they needed due to stockout or shortage?

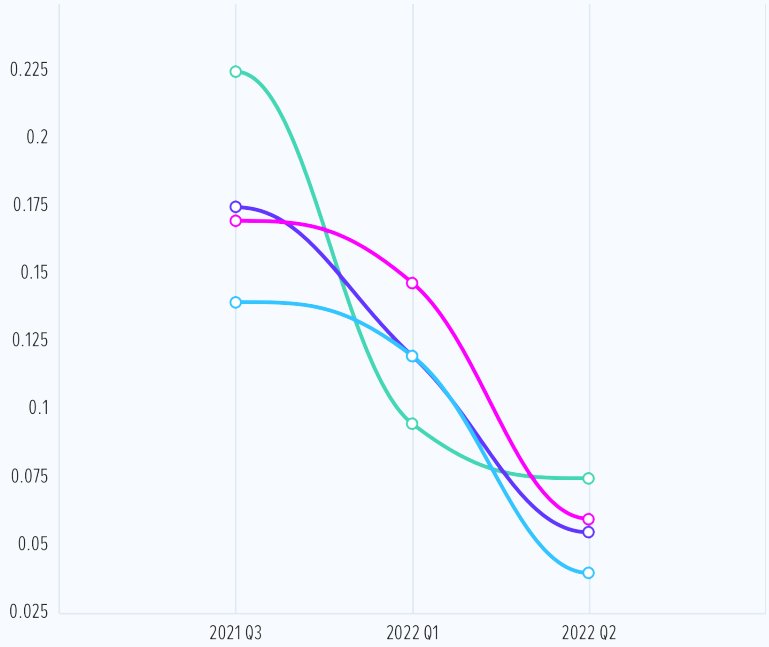


Facility managers interviewed: 62
Source: Facility manager survey

6% of patients interviewed by community monitors said that they or someone they knew had to leave a facility without drugs (due to stockout or shortage) in the last two months. This has decreased from 2021, when 14% responded affirmatively to this question. By region, this ranged from 6% in the West, 8% in Artibonite, to 8% in the North. The products most frequently reported as out of stock or in short supply are antibiotics (12%) and anti-HIV drugs (8%).

In the last two months, have you or someone you know gone completely to the facility without the medicines you need due to a shortage or out of stock?

Average
Artibonite
North
West



Source: Facility manager survey

The districts with the highest proportion of patients declaring that they know one or more patients leaving the clinic without medication are Gros-Morne (19%), Borgne (17%), and Grande-Rivière-du-Nord (14%).

Facilities with the highest proportion of patients reporting stockouts

Region	District	Facilities assessed	Completed surveys	In the past two months, have you or someone you know left the facility without the needed drugs because of a shortage or out-of-stock?			
				Yes	No	Do not know	Score
Artibonite	Gros-Morne	1	55	8	34	13	**19**
North	Borgne	2	66	7	35	24	**17**
North	Grande Riviere du Nord	1	41	4	24	13	**14**
North	Cap-Haitien	7	279	19	173	87	**10**
Artibonite	Gonaives	9	285	20	185	80	**10**
Artibonite	Marmelade	1	36	1	12	23	**8**

To reduce stock-outs and shortages, facility managers and staff should compile usage reports and submit them for regular monitoring within the site supply network while maintaining a safe stock. Clinics should prioritize stocks of ARVs in addition to other essential drugs, such as opportunistic drugs and vitamins. Finally, to ensure that patients are never sent home without drugs, clinics should provide reduced quantities of ARVs when supplies are limited and proactively switch patients from second-line regimens to preferred DTG regimens, since DTG experiences fewer stock-outs.

5. Key populations, stigma, and discrimination

5a. KP Friendly services

14%

of PLHIV, MSM, and SWs avoided clinics for fear of mistreatment

61%

of clinics do not offer KP-specific health services

Recommendations

1. Facilities should train their staff (including supervisors) on key populations, gender and sex, stigma, and discrimination.
2. Clinics should provide non-discriminatory, KP-friendly services for MSM, sex workers, and transgender patients.
3. All clinics should provide condoms and lubricants at the facility or through community distribution programs.

Ending HIV as a public health threat depends on caring for and treating key populations (KPs). Stigma and discrimination are significant barriers to KPs' access to health services, highlighting the importance of appropriate staff training and awareness to provide KP-friendly services.

> *"They don't treat people very well. For example, there was a physician who was there. When someone who is a key population came, they would tell people to wait. As soon as we had finished declassifying the files, they said, "Ah, that's why we call you patients since you have to be patient. You must wait. You homosexuals, that is how it is; you never want to wait."*
>
> *But the first physician who was there [...] said: "These people are the people we are always looking for [to bring back into care]. Do not let them sit down as soon as they arrive because these people are overly sensitive. They have things to do; they do not know how to sit down; when they come, you must serve them, do not let them sit down!"*
>
> **– a participant in an individual interview in Artibonite**

> ***These people do not know key populations; they do not know KPs. They say, "You have time. If you do not have time, find another clinic to go to." It is not normal. And you see the PC medical records: they put them in a different place."***
>
> **– a participant in an individual interview in Artibonite**

To understand these barriers, community monitors specifically collected data on the experiences of KPs in health centers. These data show that 14% of MSM and sex workers living with HIV have avoided visiting a health facility or seeking health services for fear of being mistreated by facility staff due to high-risk behaviors.

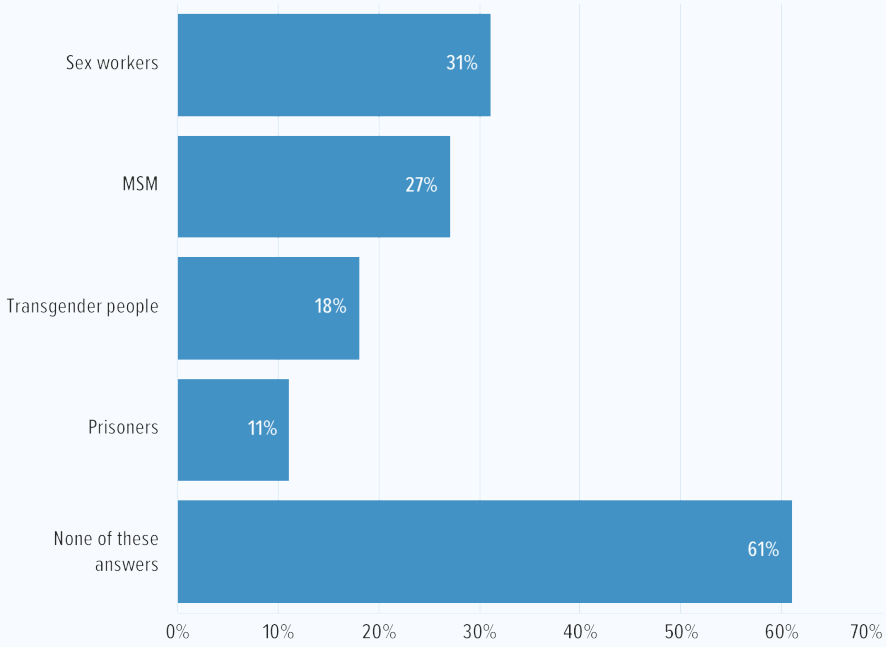
The highest proportion of KPs avoiding health facilities for fear of abuse is in the West, where 20% of KPs avoided going to clinics for this reason. The districts with the most reports of KPs declaring that they have avoided clinics are Limbé (33%) and Port-au-Prince (22%).

Reports of KPs avoiding health facilities/services

Region	District	Facilities assessed	Completed surveys	Have you ever avoided going to a health facility/ seeking service for fear of being discriminated against or stigmatized by health facility staff because of your high-risk behaviors?		
				Yes	No	Do not know
North	Limbe	1	3	1	2	**33%**
West	Port-au-Prince	23	156	34	122	**22%**
West	Croix-des-Bouquets	2	12	2	10	**17%**
Artibonite	Dessalines	3	20	1	10	**5%**
Artibonite	Gonaives	6	44	2	42	**4%**

To best manage the cases of PLHIV members of KPs and support them in adhering to treatment, clinics must offer services adapted to them. According to facility managers, only 31% of clinics provide services specifically for sex workers, with 27% providing them for MSM, and only 18% providing them for transgender people.

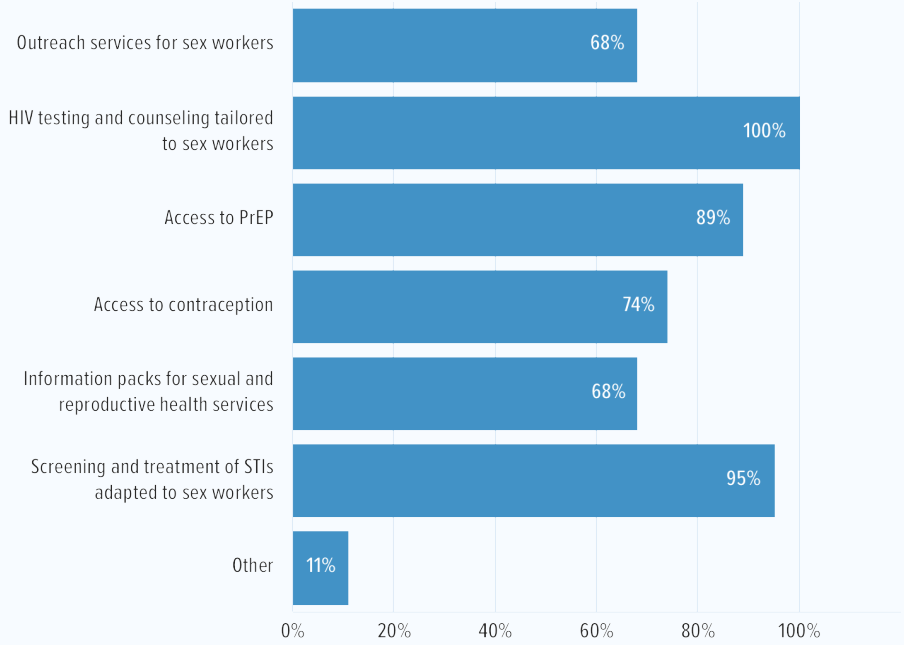
Does your facility have specific services for any of the following populations? (Please select all that apply)



Facility managers interviewed: 62
Source: Facility manager survey

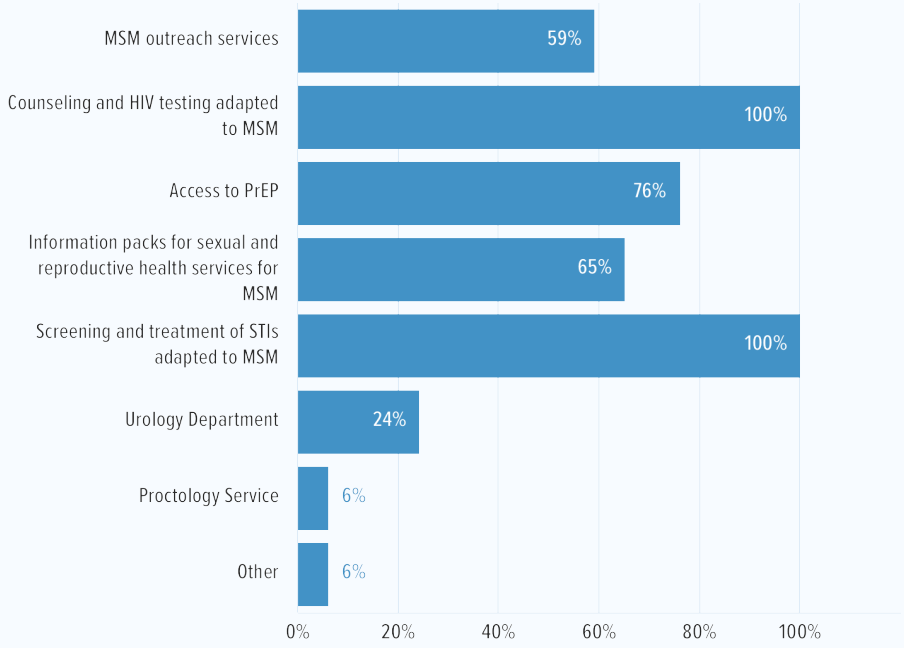
Most often, the services explicitly offered to the population are HIV counseling and testing, sensitization, information packages on sexual and reproductive health, STI testing and treatment, and PrEP. None of the facilities surveyed offer hormone treatment to transgender people.

What services do you offer specifically to sex workers?



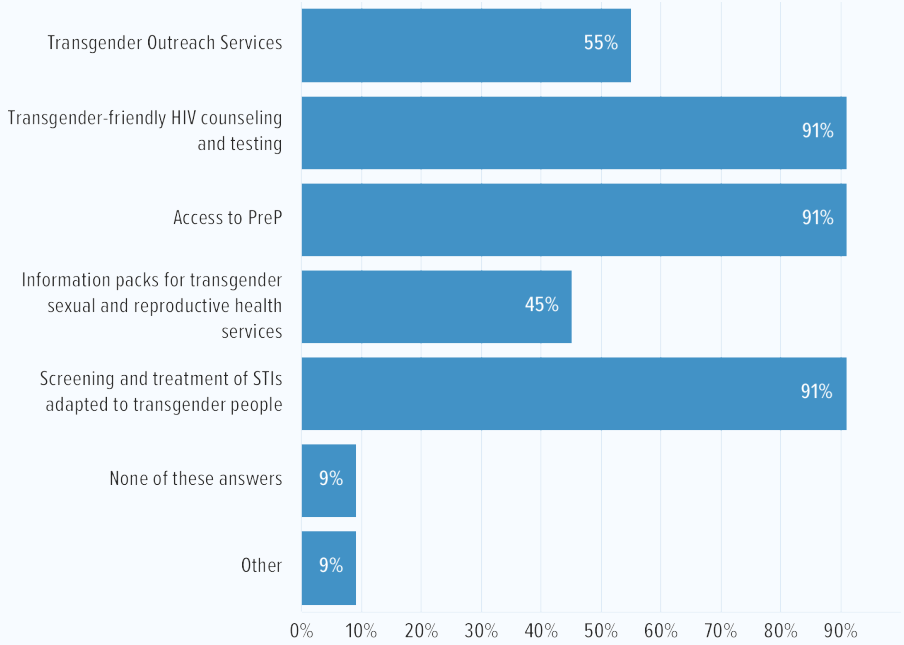
Facility managers interviewed: 19
Source: Facility manager survey

What services do you have specifically for MSM?



Facility managers interviewed: 17
Source: Facility manager survey

What services do you have specifically for transgender people?



Staff of the health facilities interviewed: 11
Source: Facility manager survey

More health facilities offer services specifically for men (71%) and young people (68%). For men, these services are, most often, access to condoms. For young people, the most common services are HIV counseling and testing.

Improving the quality of services for key populations is essential. Facilities should proactively provide regular and comprehensive training to staff (including supervisors) on the needs of key populations, gender and sex, and stigma and discrimination. All clinics must provide services appropriate for key populations, including MSM, sex workers, and transgender patients. Finally, all clinics should make condoms and lubricants available to their patients at the facility or through community outreach programs.

5b. Stigma and discrimination

3%

of PLHIV have been mistreated or discriminated against because of their HIV status

6

of HIV sites do not train staff on HIV-related stigma and discrimination related to key populations

Recommendations

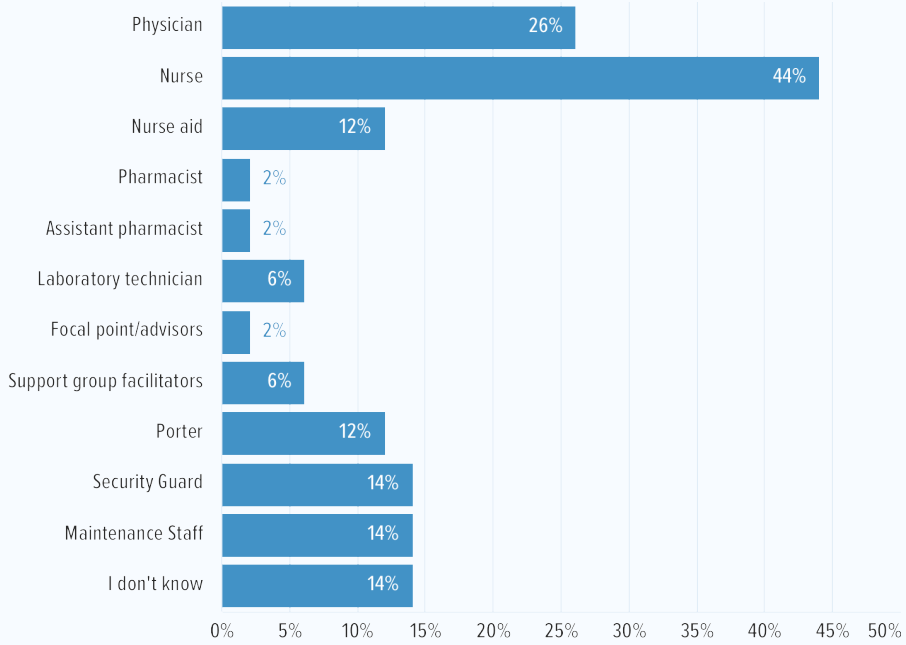
1. Services for PLHIV and the general population should be fully integrated.
2. Facility managers must review and develop their strategy for providing integrated services to avoid stigma and privacy violations.
3. Train all staff on patient care, standards of care and best practices, discrimination, and stigma.
4. Set up a structure to collect the complaints of discriminated and stigmatized patients.
5. Conduct refresher sessions for providers during staff meetings on specific topics such as case management of PC patients and confidentiality of HIV status.
6. Offer services at flexible opening hours so patients can visit the clinic with greater confidentiality to reduce stigma.
7. Staff who stigmatize PLHIV and KPs should be reprimanded and fired if the behavior persists.

Another barrier to accessing care is a stigma towards PLHIV and KPs and discrimination. These negative attitudes and beliefs are a significant reason patients refuse to attend clinics and contribute to poor health outcomes.

According to data collected by community monitoring agents, 3% of patients questioned said they had been badly treated or discriminated against at the health center because of their HIV status. These reports of abuse and discrimination are most common in the West (where 4% of patients reported discrimination), followed by Artibonite (2%), with only 1% of those in the North reporting discrimination.

Discrimination and abuse came most often from nurses (reported by 44% of those who have known - or know someone - who has been badly treated or discriminated against) and physicians (26%).

Who in the clinic, or outside, makes you feel badly treated or discriminated? (Please select all that apply)



Patients interviewed: 50
Source: Patient survey

Facilities with the most reports of abuse or discrimination

Region	District	Facility	Completed surveys	Have you been mistreated or discriminated against at this facility because of your HIV status?		
				Yes	No	Score
West	Port-au-Prince	Clinique Communautaire de Delmas 75	30	4	28	**13%**
West	Port-u-Prince	Hôpital Bernard Mevs	45	6	39	**13%**
West	Port-au-Prince	Institut de Dermatologie et des Maladies Infectieuses	50	5	45	**10%**
West	Croix-des-Bouquets	Hôpital Communautaire de Reference de Bon Repos	24	2	22	**8%**
West	Port-au-Prince	Les Centres GHESKIO	50	4	46	**8%**
Artibonite	Gonaives	Hôpital La Providence de Gonaïves	42	3	39	**7%**
Artibonite	Gonaives	HTW Clinique mobile des Gonaïves	15	1	14	**7%**
Artibonite	Gonaives	Hôpital de Reference de l'Estere	18	1	17	**6%**

One way to reduce stigma is to train healthcare workers. 90% of facility managers report that clinical staff is trained on HIV, stigma, and discrimination related to HIV and key populations. However, in 36% of clinics that train their staff, the training took place more than a year ago. The six facilities where clinical staff is not trained on HIV, stigma, and discrimination related to key populations are shown in the table below.

Facilities where clinical staff are not trained in HIV and key population-related stigma and discrimination

Region	District	Facility	Completed surveys	Staff trained on stigma and discrimination related to HIV and key populations?		
				Yes	No	Score
Artibonite	Gonaives	Centre Lakay des Gonaives	1	0	1	**0%**
North	Saint-Raphael	CBP Saint-Raphael	1	0	1	**0%**
West	Croix-des-Bouquets	Hôpital Communautaire de Reference de Bon Repos	1	0	1	**0%**
West	Port-u-Prince	Hôpital Universitaire LaPaix	1	0	1	**0%**
West	Port-au-Prince	Centre Hospitalier Eliazar Germain	1	0	1	**0%**
North	Plaisance	Hôpital Esperance de Pilate	1	0	1	**0%**

Each clinic should take immediate steps to integrate services for PLHIV and the general population. Providing health services with separate queues and waiting areas contributes significantly to stigmatization and violating patients' privacy rights. Facility managers should develop a strategy and plan to provide health services in similar spaces at public sites. Clinics should also offer more flexible hours of operation so patients can visit clinics with greater privacy.

"They hardly advocate for people from these key populations; it is not something they like. Sometimes even among themselves, they consult you and say, you know that God does not want that; why don't you convert? Take Jesus; you know God does not need you. They are in a rush with you; they do not like how you are."

– a participant in an individual interview in Artibonite

Districts where the highest proportion of clinics were trained on stigma and discrimination more than a year ago

Region	District	Facilities assessed	Completed surveys	When was the last training for clinical staff on HIV, HIV-related stigma and discrimination, and key populations?					
				In the last month	In the past 1 to 3 months	In the previous 4 to 6 months	In the last 7 to 12 months	More than a year ago	Score
Artibonite	Dessalines	2	2	0	0	0	0	2	**1.00**
West	Croix-des-Bouquets	1	1	0	0	0	0	1	**1.00**
North	Limbe	4	1	0	0	0	0	1	**1.00**
Artibonite	Saint-Marc	3	3	0	0	0	2	1	**1.67**
West	Port-au-Prince	22	22	0	3	2	9	8	**2.00**
North	Cap-Haitien	7	7	0	1	1	2	3	**2.00**
Artibonite	Gros-Morne	1	1	0	0	0	1	0	**2.00**
West	Leogane	2	2	0	1	0	0	1	**2.00**

Additionally, clinics need to reduce stigma through prevention and treatment services. First, all staff should regularly be trained on patient care, healthcare standards, best practices, discrimination, and stigma. This should include self-training and refresher sessions at staff meetings to focus on specific topics, such as KP patient management and HIV status confidentiality. To respond to grievances, clinics should also set up a structure to collect complaints from patients who have experienced discrimination, such as an anonymous comment box where patients can submit complaints. Staff who stigmatize PLHIV and KPs should be reprimanded and fired if the behavior persists.

5c. Privacy and Confidentiality

45%
of health facilities separate PLHIV and/or key populations from other patients

22%
of patients receive colored cards identifying them as being HIV-positive or part of a key population

31
patients have seen a nurse or physician reveal their HIV status at the screening time

Recommendations

1. Reorganize service rooms so that the counselor's office in all clinics is private.
2. Treat only one patient per room, especially for HIV testing and counseling.
3. Integrate health services so that all patients receive them in the same place (consultation box, pharmacy, laboratory, and others) to reduce stigma and discrimination.
4. Ensure that patients have the right to choose where they want to collect their medications.
5. Any clinic staff (nurses, social workers, and other staff) violating patient privacy or displaying stigmatizing behavior should be immediately reprimanded and retrained.
6. Anonymous suggestion boxes should be installed in all clinics to allow patients to report privacy violations.
7. Implementing partners (IP) must include a space reorganization line in their budgets so that patients can receive confidential consultations in a dedicated space.

Healthcare providers must strive to ensure that patients' personal health information is confidential. This requires seeing patients in private rooms, taking caution to not disclose confidential information in public areas like waiting rooms, and not separating PLHIV from other patients (thus revealing their status).

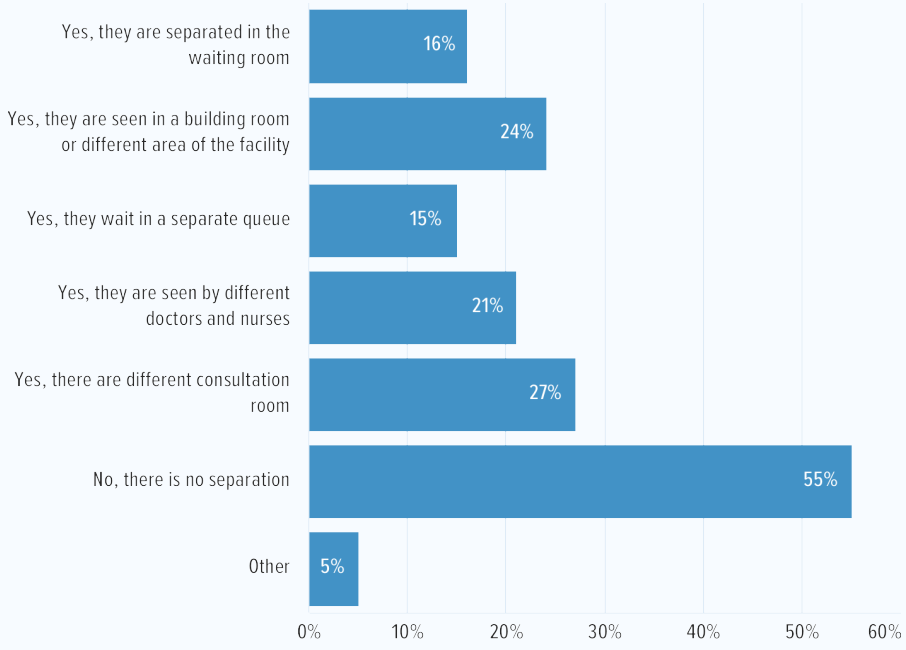
> *"If they respected us as key populations, they would offer us the same services as everyone else. Our records would be stored in the same place as other people's; they would not look at us that way. Because they always say that we are "the people of Sodom" and ruining the country. The last physician there used to say, "I don't want to see gay records." He used to refer us to another physician for care."*
>
> **– a participant in an individual interview in Artibonite**

According to observers, 45% of facilities separate PLHIV and/or key populations from other patients. In comparison, 22% of patients report receiving colored cards in waiting rooms that identify them as PLHIV or KP. Identifying patients' health status, whether done purposefully or accidentally, to others is a violation of patients' privacy and can lead to patients abandoning care for fear of stigma and discrimination.

Things are getting better!

At Centre Hospitalier Eliazar Germain, the clinic used the pediatric room to counsel patients on HIV testing, even when other patients were present and could see and hear. After the CLM team advocated for change, staff moved the counseling to a private room to ensure patient confidentiality.

Do you separate PLHIV or KP members (MSM, SWs, transgender people, drug users) from other patients? (Please select all that apply)



Facility managers interviewed: 62
Source: Facility manager survey

Facilities with the most patient separation reported

Region	District	Facility	Completed surveys	Do you separate PLHIV or key populations (MSM, sex workers, transgender, or drug users) from other patients? (Please select all that apply)							
				Yes, they are separated in the waiting room	Yes, they are seen in a building wing or a different facility area	Yes, they wait in a separate queue	Yes, they are seen by different physicians and nurses	Yes, there are different consultation boxes	No, there is no separation	Other	Score
West	Port-au-Prince	CDS Croix-des-Bouquets	1	1	1	1	1	1	0	0	**5.00**
Artibonite	Saint-Marc	Hôpital Dumarsais Estime	1	1	1	1	1	1	0	0	**5.00**
Artibonite	Gonaives	CS K-Soleil	1	1	1	1	1	1	0	0	**5.00**
Artibonite	Marmelade	CDS Saint-Michel de l'Attalaye	1	1	1	1	1	1	0	0	**5.00**
Artibonite	Gonaives	HCRE	1	1	1	1	1	1	0	0	**5.00**
West	Port-au-Prince	Hôpital Saint-Damien	1	1	1	1	1	1	0	0	**5.00**
Artibonite	Gros-Morne	Hôpital Alma-Mater	1	1	0	1	1	1	0	0	**5.00**

When we asked PLHIV if they thought the clinic they visited offered privacy about their status and treatment, some said they felt safe and had privacy. Still, many of them did not believe so – reasons for this include being recognized by people they know at the clinic and the physical signage or layout of the clinic that identified them as PLHIV.

During a group discussion, two PLHIVs shared their story about the lack of privacy of several people and services at the Petit Goâve hospital or a situation related to confidentiality in offering treatment to PLHIVs.

Responding to privacy concerns is a top priority for the program. Clinics should ensure that only one patient is treated in each room, especially for sensitive discussions such as HIV testing and counseling. Sometimes, this will require rearranging rooms so that the counselor's office in all clinics is private. Additionally, clinics should integrate facilities so that all patients receive health services (consultation, pharmacy, laboratory, and others) in one place to reduce stigma and discrimination. Any staff (nurses, social workers, and other staff) violating patient privacy or displaying stigmatizing behavior should be immediately reprimanded and retrained.

Anonymous suggestion boxes should be installed in all clinics to allow patients to report privacy breaches.

Patients should always have the right to choose where to pick up their medicines, whether in the facility or the community.

6. Infrastructure

42%

of clinics that participated in the survey are in poor or fair condition

15%

of clinics do not have enough space for patients

Recommendations

1. Train and update the knowledge of maintenance staff and hospital support staff on the cleanliness of the facility, with an emphasis on the waiting room, the laboratory room, and other vital areas. Provide maintenance personnel with the equipment they need to perform their work.
2. Repair or replace all broken furniture, walls, roofs, and chairs.
3. Facility managers should assess their clinics to identify missing medical and office equipment.
4. Provide workspace for community health workers. In clinics without sufficient space, advocate for the expansion of the clinic.
5. Install toilets for patients and ensure they are regularly inspected and cleaned to remain in good condition.
6. The Ministry of Health must repair clinics damaged in the 2010 and 2021 earthquakes and invest in strengthening buildings to be more resistant to future earthquakes.

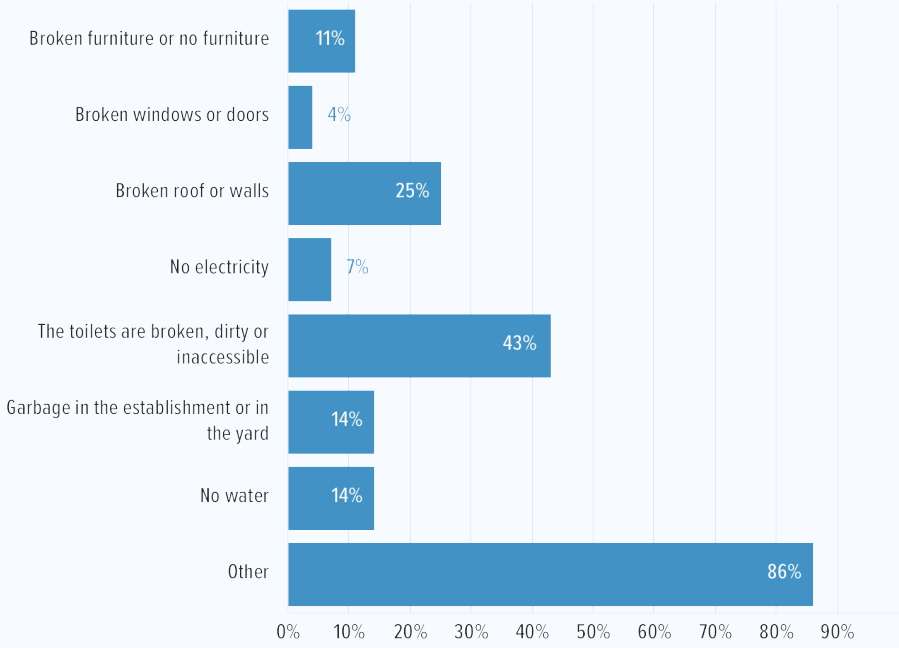
Based on the observations of community monitors, 3% of clinics followed are in poor condition and 39% are in fair condition. The greatest proportion of clinics in poor or fair condition are in Artibonite, where 72% of clinics followed were rated as poor or fair, followed by the West and the North, where 61% and 35% of clinics, respectively, were rated as poor or fair.

Among facilities classified as being in poor or fair condition, the most frequently reported problem was broken or out-of-service toilets (in 12 establishments). Other reports include broken roof or walls (in 7 establishments), waste in the establishment (4 facilities) and no water (4 facilities).

Things get better!

In April 2021, community monitors found that metal beams supported the roof of St. Jean de Limbé Hospital. After the team's intervention, the roof was repaired in April 2022.

What's in bad shape? Please select all that apply



Observations completed: 62
Source: Observation Form

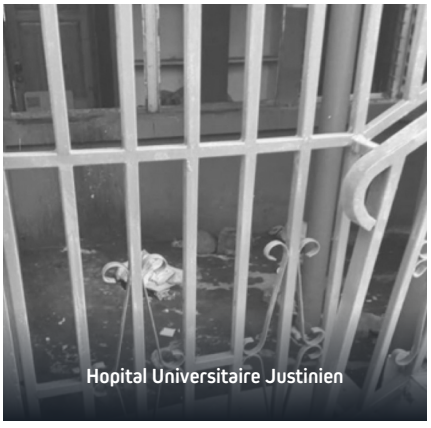
According to the patients surveyed, most clinics are either exceptionally clean (16%) or clean (63%). The dirtiest establishments are the Saint-Michel de l'Attalaye Health Center, the Hospital of the State University of Haiti, and the Estere Reference Hospital (HCRE).

Dirtiest facilities, as ranked by patients

Region	District	Facility	Completed surveys	On a scale of 1 to 5, how clean is this facility? If 1 is VERY DIRTY and 5 is VERY CLEAN						
				1 Very dirty	2 Dirty	3 Neutral	4 Clean	5 Very clean	6 Do not know	Score
Artibonite	Marmelade	CDS Saint Michel de l'Attalaye	36	24	8	4	0	0	0	**1.44%**
West	Port-au-Prince	Hopital de l'Universite d'Etat d'haiti	30	7	6	5	10	2	0	**2.80%**
Artibonite	Gonaives	Hopital de Reference de l'Estere	36	0	3	20	13	0	0	**3.28%**
West	Port-au-Prince	Centre Hospitalier Eliazar Germain	23	0	4	8	10	1	0	**3.35%**
North	Cap-Haitien	Hopital UNiversitaire Justinien	59	0	3	27	28	0	1	**3.43%**
North	Cap-Haitien	CDS La Fossette	61	0	3	27	31	0	0	**3.46%**
West	Port-au-Prince	Hopital Bernard Mevs	45	0	3	18	23	1	0	**3.49%**
West	Port-au-Prince	Centre Lakay de Delamas 19	15	0	0	7	8	0	0	**3.53%**
North	Cap-Haitien	Centre Lakay du Cap-Haitien	21	0	0	9	11	0	1	**3.55%**
North	Cap-Haitien	Hopital Saint-Michel	60	1	0	22	37	0	0	**3.58**
Artibonite	Gonaives	CS K-Soleil	61	2	4	10	44	0	1	**3.60%**
West	Port-au-Prince	Clinique Communautaire de Delams 75	32	0	0	13	18	1	0	**3.63%**
North	Limbe	Hopital Saint-Jean Limbe	65	0	1	21	42	0	1	**3.64%**

According to observers, 83% of establishments have enough space for everyone in the waiting room. Facilities without sufficient space are listed in the table below.


Centre de Santé de Raboteau


Hopital Universitaire Justinien


Centre Lakay de Petion-Ville

Facilities without enough space

Region	District	Facility	Completed surveys	Is there enough space in the waiting room for everyone?			
				Yes	No	Do not know	Score
Artibonite	Gonaives	HTW Clinique mobile des Gonaïves	1	0	1	0	**0%**
Artibonite	Gonaives	Centre de Sante K-Soleil	1	0	1	0	**0%**
Artibonite	Saint-Marc	Hôpital Dumarsais Estime	1	0	1	0	**0%**
Artibonite	Gonaïves	Hôpital de Reference de l'Estère	1	0	1	0	**0%**
West	Port-au-Prince	Hôpital Bernard Mevs	1	0	1	0	**0%**
Artibonite	Marmelade	CDS Saint-Michel de l'Attalaye	1	0	1	0	**0%**
North	Acul-du-Nord	Hôpital Sacre-Cœur de Milot	1	0	1	0	**0%**
West	Leogane	Sanatorium de Siguennau	1	0	1	0	**0%**
West	Arcahaie	SADA-Matheux	1	0	1	0	**0%**
Artibonite	Dessalinnes	Centre Medical Charles Colimon	1	0	1	0	**0%**

Finally, according to facility managers, patient files are stored in an electronic system in 98% of facilities and in physical files on closed shelves in 71%. 98% of facility managers consider the method they use to store patient health information to be secure and reliable. The one facility where the records storage system was not considered secure is Clinique Médicale Bethesda of Vaudreuil.


Centre Junes Plaine du Cul-de-Sac


Centre Hospitalier Eliazar Germain

Patients have the right to be seen in a safe, clean clinic with a solid infrastructure. Clinics observed with broken walls, roofs, and furniture should take immediate action to solicit and provide repairs. Toilets should be available for patients in every clinic, and clinics should ensure that cleaning staff regularly visits them to keep them tidy and well-stocked. This will require clinics to hire and maintain enough cleaning staff to keep the clinic clean. Maintenance personnel must have all the necessary equipment and materials to conduct their work and receive appropriate training.

Things are getting better!

In June 2021, community monitors pleaded for the exterior of the Petit Goâve hospital to be cleaned and repaired. By May 2022, the hospital's body had been completely repainted, and all rubbish had been cleaned up.


Centre de Sante Saint-Michel de l'Attavé.


Hôpital Saint-Jean de Limbe


Centre de Sante de Port Margot


Hôpital Grande-Rivière du Nord

Having enough patient space is essential for safety, privacy, and quality of care. Facility managers should assess their clinic to determine if there is enough space and to identify missing offices and medical equipment. If the building does not have enough space to provide patient care, facility managers should advocate for the clinic's expansion. Finally, the Ministry of Health must repair the clinics damaged during the earthquakes of 2010 and 2021 and invest in the reinforcement of the buildings so that they are more resistant to future earthquakes.

Thanks

This report would not have been possible without the tireless energy of the Housing Works technical team, advocates, and community monitors who collected the data, analyzed the results, proposed solutions, and advocated for change. We thank all patients, facility managers, and nurses for giving us their time and sharing their experiences and comments. Without cooperation and partnership with healthcare institutions, we could not have achieved as many improvements as we have. We thank the Haiti Civil Society Forum and the Community Consultative Group for their partnership and leadership. We are grateful for the continued engagement of PNLS, PEPFAR, and PEPFAR implementing partners. We acknowledge the support of our supporters and partners, such as Housing Works, UNAIDS, and the O'Neill Institute. We especially thank PLHIV and key populations in Haiti for their leadership, support, and trust in this work.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OAS
More rights
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FORUM
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