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**President Bush's Emergency Plan
for AIDS Relief (PEPFAR)
Country Operational Plan (COP)
For GUYANA**

Plan Period: FY04 - FY06

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Table 1. Overview of HIV/AIDS in Country

1.1 Country Profile	
a. Population (millions): 0.74	e. Per Capita Expenditure on Health (US\$): 1.39% of GOG GDP
b. Area (sq mi): 215,000 square kilometers (83,000 square miles)	f. Life Expectancy (years): 63.5 years
c. Per Capita GDP (US\$): \$773 (2000)	g. Infant Mortality (per 1,000 births): 25.5 (1997 MOH) 54.0 (1997 MICS)
d. Adult Literacy Rate (%): 98.5% (2000 Human Development Report)	h. Under 5 Mortality (per 1,000 births): NA
Source(s) data: Guyana Health Sector Analyses - Pan American Health Organization and Guyana Ministry of Health	
Year(s) data: 2000	
1.2 HIV/AIDS Statistics	
a. HIV prevalence in pregnant women: 3.7% (PMTCT Pilot 2003 - 8 sites)	
b. Estimated number of HIV-infected people: 18,000 (UN Estimate)	
c. Estimated number of individuals on anti-retroviral therapy: 200 (MOH 2003)	
d. Estimated number of AIDS orphans: 4,000 (UN Estimate)	

1.3 Characteristics of the HIV/AIDS Epidemic

- a. Populations at comparative high risk: STD patients (HIV rates among male and female STI patients 25% and 18%, respectively); sex workers (HIV 44% in 1997 limited study, N=228), miners (NA), MSM (NA), and youth (the largest number of cases occur among persons within the 20 - 49 yrs, AIDS is currently the leading cause of death in 25 - 44 y.o., and female cases outnumber male cases in persons under 25 years).
- b. Risk factors related to comparative high risk: multiple partners, unprotected sex, and risky sexual behaviors. The majority of HIV-infected people in Guyana are young, economically active adults, in the 20-34 age-group, accounting for 75 percent of the overall total of reported HIV infections. Transmission, based on reported cases, is primarily heterosexual (80 percent); 18 percent of cases are via men who have sex with men, and only two reported cases are as a result of injecting drug use. Note: given level of stigma surrounding homosexuality in Guyana, it is highly likely that these figures are underreported.
- c. HIV/AIDS prevalence by gender: 1.3/1 (M:F) (2002)
- d. HIV/AIDS prevalence by age groups (0-14 yrs; 15-24 yrs; 25-49 yrs): Information on the number of HIV/AIDS patients is available by age group, but not prevalence information. (Census is to be released this calendar year)
- e. HIV/AIDS prevalence by urban versus rural: Information not available for prevalence (See above)
- f. ANC surveillance trends (specify years compared): 1993 - 3.7%, 1995 - 7.1%, 1997 - 4.5%, 2002 - 3.8%
- g. BSS surveys trends (specify years compared): Not available
- h. DHS surveys trends (specify years compared) Not available
- i. HIV/AIDS epidemic projections: No modelling done. Reports of AIDS cases have been received from all regions of the country with Region #4 (includes the capital Georgetown), having the highest incidence rate of 754.9/100,000 population. Additional regions of intense USG focus by incidence: Three: 196.3/100,000; Six: 144.9/100,000; Seven: 163.5/100,000; and Ten: 588.3/100,000. (1987-2001 Status Report on HIV/AIDS in Guyana; Author Navindra Persaud).
- j. STI statistics: Syphilis in ANC population 1996 - 6% (ANC syphilis rates in most CAREC countries are 1-2%)
- k. TB statistics: In the 1980s and 90s, TB affected elderly and Amerindian populations. However, in the past 6 years it has increasingly affected young Afro and Asian-Guyanese men. Worrisome, is the increase in pediatric TB cases. Although no nationwide data is available, 269 new cases were registered in 1998 at the Chest Clinic in Georgetown. Of these 34 were extra-pulmonary cases and 5.2% were pediatric cases. At this facility, in the last five years, TB incidence has increased by 10 -20% annually. Thirty-three percent of TB patients are HIV positive and 12% percent of TB cases are living with AIDS. (Global Fund Proposal)

Table 2. National HIV/AIDS Response

<p>2.1 National HIV/AIDS Coordinating Body</p>	<p>Type of organization (government, NGO, FBO, OVC), purpose of each national coordinating body, and description of membership</p>
<p>National AIDS Commission</p>	<p>Meets quarterly, members include representatives from NGO community and private sector. Needs strengthening and redefining of role. USG is invited to observe.</p>
<p>Expanded Theme Group on HIV</p>	<p>Formerly the UN Theme Group on AIDS, it has expanded to include all donors including USG, and is co-chaired by the Minister of Health with a purpose of coordinating donor support. Technical committees of this group have been proposed but have yet to meet.</p>
<p>Guyana HIV/AIDS/STI Youth Project</p>	<p>A steering committee of nine NGO's providing coordination to the USAID funded peer education project that meets monthly (for past 3 years) and collaborates regularly on joint projects. Several NGO representatives participate in other forums representing all nine NGO's and USAID participates in the meetings.</p>
<p>GFATM Country Coordination Mechanism</p>	<p>Coordinated GFATM application process. Yet to meet to begin GFATM implementation. Chaired by Minister of Health and Co-chaired by Guyana Responsible Parenthood Association. USG participates in the CCM.</p>
<p>2.2 Time Period Covered in National HIV Strategic Plan(s) or document(s)</p>	<p>Title of National HIV Strategic Plan(s) or document(s) that outline priorities and objectives</p>
<p>GOG HIV/AIDS National Strategy</p>	<p>2002-2006</p>
<p>PMTCT Implementation Plan</p>	<p>2003-2004</p>
<p>2.3 Major Donor/Partner Organizations</p>	<p>Primary activities supported that are related to PEPFAR goals</p>
<p>CIDA</p>	<p>Communicable disease control, pilot health management information systems in 3 regions</p>
<p>World Bank</p>	<p>Loan to GOG - yet to be decided on areas of focus - MOH developing</p>
<p>UN Agencies (PAHO/UNICEF/UNDP/UNFPA)</p>	<p>Technical assistance in a variety of areas and coordinated Expanded Theme Group. UNICEF also supporting a care and support program for OVC. UNFPA prevention program targeting youth. PAHO healthy schools program.</p>
<p>Global Fund</p>	<p>Recently approved in round 3 - includes prevention, care, support and treatment</p>
<p>Government of Japan</p>	<p>Grass roots grants program - approximately 2-3 small grants per year</p>
<p>Estimated 2004 Budget</p>	<p>1 million</p>
<p></p>	<p>1-2 million</p>
<p></p>	<p>1 million</p>
<p></p>	<p>5 million</p>
<p></p>	<p>limited</p>

Table 3. President's Emergency Plan In-Country Coordination and Targets for 2004-2008

3. President's Emergency Plan In-Country Coordination

Within USG: Biweekly HIV/AIDS Coordination Committee meeting chaired by Ambassador Bullen—includes all USG agencies.

The USG team shares a joint vision for the united effort in PEPFAR. To this end, they have built a strong alliance for the implementation of PMTCT programs in Guyana and several key prevention programs focusing on at-risk populations. Given each agency's comparative technical advantage, CDC has taken on the majority of work in strengthening care and treatment sites and laboratory facilities. USAID primarily has taken the lead in prevention through behavior change communication and stigma reduction, abstinence and faithfulness for youth programs, and institutional capacity building of the public health sector as well as community, faith-based, and non-governmental organizations. USAID and CDC together support the integration of palliative care services into the complete package of care and support that the country extends to its nationals. USAID invests additional support for care services for orphans and vulnerable children and voluntary counseling and testing. Department of Defense is primarily focusing on prevention programs with the Guyana Defense Force and other uniformed services. Department of Labor in conjunction with the International Labor Organization is collaborating with the Ministry of Labor to implement the HIV/AIDS Workplace Education Project. Peace Corps Guyana directs its attention to supporting volunteers to assist community-based organizations in HIV/AIDS prevention outreach and to take leadership roles in facilitating school-based Life Skills Education.

Between USG and other international partners:

- Global Fund: Participate on CCM and provide technical assistance to MOH to improve coordination
- World Bank-MAP: Meet with counterparts on regular basis
- Other (specify): Expanded Theme Group on HIV meets quarterly to provide technical assistance and improve donor coordination

Between USG and host government: USG/Guyana meets monthly with GOG co-chaired by Ambassador and MOH.

Between USG and other in-country organizations (specify): USG meets regularly with NGO community both in the formal NGO Youth Project steering committee and through informal meetings with additional organizations.

3.2 President's Emergency Plan Targets for 2004 - 2008

Target Area	2004	2005	2006	2007	2008	2009	2010
Total # Infections averted	3000	5000	8000	12,000	15,000	15,000	15,000
# Infections averted: PMTCT	18	40	60	90	140	180	225
# Infections averted: Other (not PMTCT)	2982	4960	7940	11,910	14,860	14,820	14,775
Total # receiving Care and Support	120	575	2250	4500	7000		
# OVC receiving Care and Support	20	75	250	500	1000		
# receiving Palliative Care	100	500	2000	4000	6000		
# receiving ART	50	250	750	1500	2,000		

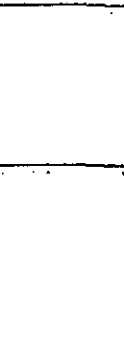
Table 4. Implementing Partners, FY 04 Objectives, Activities, Budget

4.1 Current status of program in country	Prevention of Mother-to-Child Transmission (PMTCT)
<p>4.1.1 How new activities will contribute to PEPFAR targets linkages to other activities</p>	<p>The National AIDS Program (NAPS) and Maternal Child Health (MCH) Department of the Ministry of Health launched the PMTCT program in Guyana in November 2001. Data from the PMTCT program revealed that by the end of the January 2003, 4,669 women were offered PMTCT services through ANC clinics. This figure represents 25% of the total estimated number of annual deliveries. Of the 4,669 women who were offered PMTCT services, 3,197 (68%) accepted to be tested for HIV. Of the women who were tested, 124 (3.8 %) tested positive.</p>
<p>4.1.2 How new activities will contribute to PEPFAR targets linkages to other activities</p>	<p>Although PMTCT has only recently been added (June 2003) to the portfolio, a considerable amount of work has been undertaken in the initial design stage. Current expansion of services is making PMTCT services more widely available. One major accomplishment is the completion of Guyana's Joint (Ministry of Health, USAID/Guyana, and HHS/CDC) PMTCT Implementation Plan. This plan expands services in a coordinated and collaborative effort with the mobilization of partners to assist in implementation. Funding through the United States President's International Mother and Child HIV Prevention Initiative was directed to: (a) expand voluntary counseling and testing services to serve as an entry point into PMTCT; (b) expand care and support activities so as to prevent mother-to-child transmission; and (c) strengthen overall Maternal and Child Health (MCH) services. The PMTCT Initiative has expanded PMTCT service provision from eight sites to twelve, with a goal of 32. Due to Guyana's high rate of antenatal care (ANC) attendance (85%), the PMTCT intervention will reach many of Guyana's expectant mothers through the 32 ANC/MCH clinic sites.</p> <p>Funding from PEPFAR will enable the program to further expand treatment, care and support activities. For maximum impact, the enhanced Ministry of Health services will be integrated with services for voluntary counseling and testing, and the prevention of mother-to-child transmission. Additionally NGOs, CBOs, FBOs, will be strengthened to provide peer counselors who promote behavior change, appropriate health seeking behavior, and HIV/AIDS stigma reduction. In addition, the PMTCT program will expand counseling and testing to five labor and delivery sites. The overall goal is to expand care, treatment and PMTCT services to women presenting for labor and delivery at five hospitals in Guyana. These activities will reach additional women of unknown HIV status; increase ARV treatment uptake for HIV-positive mothers (previously tested and not tested); and reduce the transmission of HIV from mother to child by providing ARV prophylaxis and infant feeding counseling.</p> <p>As the HIV/AIDS prevalence rate among pregnant women presenting for ANC is 4%, and the epidemic in Guyana is relatively young, the assumption is that many of these infected mothers will not have been infected long enough to be at the stage of disease when they would be ARV eligible. Thus, PMTCT services alone will not generate a large number of people to place on ARVs. However, a number of infant infections can be averted and PMTCT services are an entry point to others in the family and community.</p>

4) Existing activities initiated prior to FY 04						
Partner	FY04 Objectives	Activities for each objective	Agency	Budget Amount (\$)	Budget Source (Base, PMTCT, S/GAD)	Track (1-5, 2)
<p>Institutional contract to manage grants and provide TA is being competed and is expected to be awarded in June 2004</p> <p>In support of MOH.</p> <p>New Partner? Yes/<u>No</u> FBO? Yes / <u>No</u></p>	<p>Provide PMTCT services to 8,000 women at 20 MCH/ANC sites.</p> <p>Strengthen human resource capacity</p> <p>Improve facilities and service delivery</p> <p>Improve health seeking behavior</p> <p>Improve patient care</p>	<ul style="list-style-type: none"> Conduct a needs/readiness assessment of all (5) L&D/ (32) ANCs in all regions (2.6.1)¹ Train 50 health care providers/managers of MCH/antenatal services in quality primary MCH care and principles of integration of PMTCT service delivery Update PMTCT management protocol and train the 50 care providers previously trained, in the use of the protocols (2.6.4, 2.6.5) Train 25 counselors to provide quality pre- and post-test counseling Upgrade and refurbish 10 of the 32 ANC sites. Design and conduct community preparedness and social mobilization activities 	USAID	<input type="text"/>	<p>PMTCT</p> <p>Continue activities funded with FY03 PMTCT funds.</p>	Track 2

¹ Note: Throughout the document, all numbered sections are in reference to Guyana's National Strategic Plan for HIV/AIDS 2002-2006 goals and objectives.

<p>New Partner? Yes/<u>No</u> FBO? Yes / <u>No</u></p>	<p>MOH</p>	<ul style="list-style-type: none"> Develop and conduct promotional campaign to encourage testing during pregnancy (2.6.6) Produce educational materials for pregnant mothers 	<p>HHS/ CDC</p>	<p><input type="checkbox"/></p>	<p>PMTCT</p>	<p>Track 2</p>
<p>New Partner? Yes/<u>No</u> FBO? Yes / <u>No</u></p>	<p>MOH</p>	<ul style="list-style-type: none"> MOH to Hire and train PMTCT regional coordinators (5) and management/surveillance staff (5) Provide technical assistance and procure equipment to establish internet access and network MOH workstations Initiate periodic post training support and supervision to verify and strengthen skills of trained staff Establish office of national PMTCT coordinator Hire and train 5 PMTCT coordinators Procure equipment and supplies to support management of PMTCT and surveillance activities 	<p>Increase the MOH capacity to effectively manage PMTCT activities in 20 sites.</p> <p>Strengthen the capacity of MOH PMTCT & surveillance staff</p> <p>Improve internet, computer, and communication systems of the MOH</p>			

<p>FXB</p>	<p>Improve the capacity of the MOH staff to deliver effective PMTCT services through curriculum development and training.</p>	<ul style="list-style-type: none"> Finalize PMTCT and VCT curriculum and training plan. FXB provides TOT to the MOH, FHI staff conduct on-going training sessions. Produce PMTCT and VCT training materials Provide training for 15 VCT healthcare workers and MOH/FHI trainers who will conduct on-going training sessions. Provide TOT of healthcare workers at 5 selected PMTCT sites. Provide on-going technical assistance to 6 PMTCT coordinators) Conduct immediate and six month post-training evaluation Develop in-service PMTCT curriculum for labor and delivery (L & D) sites to be implemented by FHI. Conduct trainings at 5 L&D sites in universal precautions Conduct training of trainers for MOH trainers on new curriculum 	<p>HHS/ CDC</p>		<p>Base PMTCT</p>	<p>Base Track 2</p>
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New Partner? Yes/No
FBO? Yes / No

<p>CDC Procurement Contractor</p> <p>In support of MOH</p> <p>New Partner? Yes / <u>No</u> FBO? Yes/No</p>	<p>Increase capacity to provide VCT services at PMTCT sites by assuring that testing supplies are available</p>	<ul style="list-style-type: none"> Procure HIV test kits & supplies for 32 PMTCT sites and five labor and delivery sites. 	<p>HHS/ CDC</p>	<p>[]</p>	<p>PMTCT</p>	<p>Track 2</p>
NEW ACTIVITIES						
<p>Institutional contract to manage grants and provide TA is being competed and is expected to be awarded in June 2004</p> <p>New partner? Yes / <u>No</u> FBO? Yes / <u>No</u></p>	<p>FY04 Objective</p> <p>Promote access to quality care, treatment and support services, including ART, for the follow-up care and support of the mother, child and her family.</p>	<p>Activities for each objective</p> <ul style="list-style-type: none"> Expand coverage from 8 to 20 facilities that provide competent comprehensive PMTCT care and support Provide training on counseling and testing, including couples counseling to 25 persons. Establish referral networks for those who are HIV + seeking care and support from main care facility in Georgetown. 	<p>Agency</p> <p>USAID</p>	<p>Budget</p> <p>[] PMTCT Track 2</p>		

<p>Institutional contract to provide TA is being competed and is expected to be awarded in June 2004</p> <p>New partner? <u>Yes</u> / No FBO? <u>Yes</u> / No</p>	<p>Improve acceptance of and demand for PMTCT services</p> <p>Support (10) NGO and CBO partners and (3) FBO partners.</p>	<p>USAID</p> <p>Develop a communication strategy to: (1) create a demand for PMTCT services; (2) mobilize the community for support and dialogue on the underlying issues of prevention, stigma and discrimination; and (3) provide appropriate referral</p>	<p>[] PMTCT Track 2</p>
<p>FHI</p> <p>New Partner? <u>Yes</u>/<u>No</u> FBO? <u>Yes</u>/<u>No</u></p>	<p>Expand PMTCT services to five Labor and Delivery (L&D) facilities</p>	<p>USAID</p> <ul style="list-style-type: none"> • Train clinical 25 L&D ward staff using FXB materials on: protocols and procedures; protective measures; post-exposure prophylaxis; safe obstetric practices; ARV prophylaxis issues; and post-birth counseling, including infant feeding counseling. • Upgrade facility infrastructure at 5 L&D sites. • Hire and/or train 5 PMTCT healthcare service providers. • Adapt materials to facilitate client-provider interaction, specific for L&D setting 	<p>[] PMTCT Track 1.5</p>
<p>Total partners: 16</p>		<p>New partners: 3</p>	<p>Total budget: []</p>

Abstinence and Faithfulness Programs						
Table 4.2	Current status of program in country	The Guyanese National Strategic Plan for HIV/AIDS emphasizes the adoption of risk-reduction practices by youth and persons in the workplace. The Ministry of Health further endorses the promotion of delayed sexual debut and healthy, monogamous relationships, citing the role that positive family structures and values can play in preventing HIV/AIDS. USAID efforts to date in Guyana have strengthened NGO capacity to focus on youth with "AB" messages (i.e., A for abstinence and delayed sexual debut, and B for fidelity and partner reduction).				
4.2.1	How new activities will contribute to PEPFAR targets linkages to other activities	Increasing organizational capacity of community based organizations to implement prevention activities and increasing the number of people trained to deliver prevention messages on abstinence and fidelity will encourage the adoption of safer behaviors and directly contribute to the prevention of 15,000 new infections. The key participation of youth and peer education will be strengthened and increased support will be given to further strengthen capacity of partner community based organizations to effectively deliver AB prevention messages and services to Guyanese adolescents and youth.				
4.2.3	Existing activities initiated prior to FY 04					
Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount (\$)	Budget Source (Base, PMTCT, S/GAC)	Track (1, 1.5, 2)

<p>Institutional contract to manage grants and provide TA is being competed and is expected to be awarded in June 2004</p> <p>Support given to: Volunteer Youth Corps Artistes in Direct Support Youth Challenge Guyana Hope Foundation (FBO) Linden Care Foundation Guyana Responsible Parenthood Association Lifeline Counselling Services Network of Guyanese Living with HIV Comforting Hearts</p> <p>To be determined: One Additional NGO</p> <p>New Partner? <input type="checkbox"/> / No FBO? Yes/No</p>	<p>Increase organizational capacity of 10 community based organizations to effectively implement prevention activities for youth</p>	<ul style="list-style-type: none"> • Improve technical capacity of NGO implementing partners in HIV/AIDS prevention programming , strategic planning, program monitoring and reporting, and financial management • Train and supervise 150 peer-educators in working with youth to promote abstinence and reduce risky behaviors, providing on-going support for peer-educator growth. • Support peer education outreach to 15,000 youth in 9 regions. 	<p>USAID</p>	<p>Base '04</p>
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4.2.4 Proposed new activities in FY 04			
Partners	FY04 Objective	Activities for each objective	Agency
<p>Institutional contract to manage grants and provide TA is being competed and is expected to be awarded in June 2004</p> <p>Support to 3 FBOs</p> <p>New partner? Yes/No FBO? Yes / No</p>	<p>Increase technical and organizational capacity of 3 new FBOs to promote abstinence and faithfulness. (To include Muslim, Hindu, and Christian participation)</p> <p>HIV/AIDS included in the curricula of training programs for out-of-school youth, aged 15-25 (3.5.3)</p>	<ul style="list-style-type: none"> Conduct meeting with religious organizations to discuss approach to abstinence campaign (3.1.2) Conduct series of meetings with different denominations to develop campaign and assist in designing materials for campaign (3.1.3) Provide TA to FBO partners in designing an AB implementation strategy and provide training to improve staff capacity to implement AB programs Support FBO partners to train 75 new peer-educators in specialized IEC and counseling skills to promote abstinence and faithfulness in the faith-based organization setting. 	<p>USAID</p> <p>Budget: <input type="text"/> Track 2</p>

<p>Institutional contract to manage grants and provide TA is being competed and is expected to be awarded in June 2004</p> <p>New Partner? Yes/No FBO? Yes / No</p>	<p>Ministry of Health, Education, and Culture, Youth and Sports and above-listed NGOs/FBOs improve capacity to effectively implement quality "Abstinence" and "Be Faithful" educational interventions.</p>	<ul style="list-style-type: none"> • Train 2 selected staff in each organization/institution to use and track ABY outcome indicators • Build capacity to better implement ABY interventions using peer-educators (i.e. training, supervision, and counseling sessions, focused/united effort in behavior change communication) • Provide TA on effective ABY advocacy and NGO coordination 	<p>USAID</p>	<p><input type="checkbox"/> Track 2</p>
<p>Institutional contract to manage grants and provide TA is being competed and is expected to be awarded in June 2004</p> <p>In support of:</p> <p><input type="checkbox"/></p> <p>FBO? Yes / No New partner: <u>Yes</u>/No</p>	<p>Ministry of Education and Ministry of Culture, Youth and Sports have in place abstinence and fidelity programs targeting in-school youth.</p> <p>HFLE program effectively implemented in secondary schools (3.5.1)</p> <p>Ministry of Culture, Youth and Sports to have in place a policy addressing HIV/AIDS education in youth activities (3.5.2)</p>	<ul style="list-style-type: none"> • Adapt existing content and training manuals/implementation guides for age-appropriate school-based and sports-based abstinence and fidelity interventions targeting in-school youth, supplementing/in conjunction with HFLE programs. • Facilitate training of 25 teachers in the delivery of the Human and Family Life Education (HFLE) curriculum and in the use of the HIV/AIDS peer education manual (including materials development) (3.5.1) • Hold discussion with the policy makers of the Ministries of Education and Culture, Youth and Sports, and provide guidance in the development of the HIV/AIDS education policy (3.5.2) 	<p>USAID</p>	<p><input type="checkbox"/> Track 2</p>

<p><input type="checkbox"/></p> <p>FBO? Yes / <u>No</u> New partner: <u>Yes</u></p>	<p>Build the capacity of prevention trainers in one underserved region.</p>	<ul style="list-style-type: none"> • Train 25 youth in one remote region (Nine) in prevention education and negotiation skills-building. • Train 15 peer educators in the use of the peer education manual (3.5.3) in one remote region (Nine). 	<p>USAID</p>	<p>NA Track 1</p>
<p>PSI</p> <p>In support of MOH</p> <p>FBO? Yes/<u>No</u> New partner: Yes/<u>No</u></p>	<p>100,000 young people will be reached by mass media and peer-education campaign focusing on abstinence and personal responsibility.</p>	<ul style="list-style-type: none"> • Develop a mass media campaign promoting a balanced ABC message. • Complement campaign by training 50 peer-educators in prevention outreach targeted to the specific needs of at-risk youth. 	<p>USAID</p>	<p><input type="checkbox"/> TRACK 1.5</p>
<p>Total partners: 19</p>	<p>New partners: 7</p>	<p>FBOs: 4</p>	<p>Total budget: <input type="checkbox"/></p>	

Table 4.3 Blood Safety	
<p>4.3.1 Current status of program in country</p>	<p>There are 9 sites in Guyana (public and private) that currently perform blood collection and storage services in the country and 10 that perform blood transfusions. One hundred percent of the blood supply is currently tested for HIV, Hepatitis B and C, syphilis and malaria.</p> <p>HIV prevalence among blood donors in Georgetown and New Amsterdam in 1997 was 3.2%. This has declined to less than 1% in 2002 (MOH reports).</p> <p>There is a National Blood Transfusion Service within the Ministry of Health of Guyana that oversees blood collection, storage and transfusions in public institutions and offers and provides assistance regarding blood transfusion services to both public and private institutions working in each region. Currently there is no legislation that regulates blood collection and transfusion services in public or private institutions.</p> <p>At the National Blood Transfusion Service (NBTS) in Georgetown, a training module on universal precautions required for safe blood collection and storage is only being offered to donor nurses who are employed at either national or regional centers. NBTS (or more rarely, CAREC) conducts ongoing training of its laboratory technicians for laboratory screening of HIV, hepatitis, and syphilis. Due to limited resources and funding, there are no other courses offered in country to medical doctors, nurses, counselors, technicians, administrative personnel to update their knowledge on blood safety medicine, public health program management, laboratory testing, counseling, promotion of blood donor recruitment and selection, information technology, database management, recordkeeping and effective communication. Blood transfusion services personnel rarely have an opportunity to attend courses and seminars related to blood safety outside of the country due to funding constraints and availability of personnel to attend.</p> <p>An important aspect of the President's Emergency Plan for AIDS Relief is to provide assistance to ensure a safe and adequate blood supply. PEPFAR activities will serve to strengthen blood transfusion services in Guyana through provision of technical assistance in blood safety to the National Transfusion Service and the development of human and testing capacity, and promotion of volunteer donations.</p>
<p>4.3.2 How new activities will contribute to PEPFAR targets linkages to other activities</p>	

4.3.3 Existing activities initiated prior to FY 04						
Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount (\$)	Budget Source (Base, PMTGT, S/GAC)	Track (1, 1.5, 2)
None						
4.3.4 Proposed new activities in FY04						
Partner	FY04 Objective	Activities for each objective	Agency	Budget		
MOH	To ensure a safe and adequate blood supply in 2 sites in Guyana	<ul style="list-style-type: none"> Improve infrastructure of counseling and testing facilities Campaign to encourage volunteer donation Strengthen capacity of National Blood Transfusion Center in Georgetown to provide quality control and assurance 	HHS/ CDC	NA Track 1		
	New partner? Yes / <u>No</u> FBO? Yes / <u>No</u>					
TBD	Provide TA to MOH in Blood Safety	<ul style="list-style-type: none"> Provide technical assistance to the National Blood transfusion center in testing methodologies, recruitment campaigns, and HIV counseling 	HHS/ CDC	NA Track 1		
	New partner? Yes / No FBO? Yes / No					
Total partners:	2	New partners:	1	FBOs:	0	Total budget:
						NA

Table 4.4 Safe Injections and Prevention of Other Medical Transmission of HIV									
Limited training in safe injections and universal precautions (see Table 4.3).									
Reduce occupational exposure to HIV. Efforts will contribute to the PEPFAR goals by averting HIV infections in health care settings. It will ensure that healthcare workers are educated about and protected from potentially infectious material, and that those that seek healthcare are not exposed to infection through the use of non-sterile and/or infected instruments.									
4.3 Existing activities initiated prior to FY04									
Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount (\$)	Budget Source (Base, PMTCT, S/GAC)	Track (1-5-2)			
None									
4.4 Proposed new activities in FY04									
Partner	FY04 Objective	Activities for each objective	Agency	Budget					
MOH To be determined - track one task order New partner? Yes / No FBO? Yes / No	Develop and implement safe injections and universal precautions program	<ul style="list-style-type: none"> Trainings in Universal Precautions Guarantee a supply of gloves, safe syringes and needles Trainings on and supply of safe disposal of needles and medical waste Assure availability of post-exposure prophylaxis 	USAID/W	Track 1					
Total partners	1	New partners		Total budget	NA				

Other Prevention Initiatives (e.g. provision of condoms, control of STIs, high-risk groups)

The majority of HIV-infected people in Guyana are young, economically active adults in the 20 - 34 year old age group, accounting for 75% of the total reported HIV infections. Transmission, based on reported cases, is primarily heterosexual (80%); a reported 18% are via men who have sex with men (it is believed to be underreported), and only two cases have been attributed to intravenous drug use.

The Guyanese Strategic Plan for HIV/AIDS and several related studies have indicated the need for a condom social marketing intervention to help slow the transmission of HIV. Currently, about 3 million condoms a year are available for distribution in Guyana, 1.7 million of which are sold by the private sector in mostly urban and peri-urban areas. The remainder is distributed without charge through the public sector and by NGOs. A need exists for a targeted condom social marketing program that puts condoms in the hands of people who engage in high-risk sexual behaviors. In combination with an aggressive mass media communication campaign and peer counseling, a condom social marketing campaign increases self-risk perception and addresses misinformation among the most-at-risk populations and the general population about HIV/AIDS and sexually transmitted infections. This requires NGOs to identify and convince at-risk populations to change their risky sexual behaviors. Mass media social marketing of healthy sexual behaviors and social marketing sales agents establishing condom outlets in non-traditional sites frequented by the most vulnerable populations provide an environment conducive to risk reduction.

Interpersonal communication and empowerment approaches to behavior change are also a major program component, and have been found in other countries to be among the most effective approaches in reducing risky sexual behaviors in the most vulnerable populations.

There is limited amount of information about HIV, STI, and related risk behaviors in Guyana. However, there is increasing concern regarding the spread of infection from vulnerable populations with risky behaviors to bridging populations. In conjunction with the NAP and CAREC, the NGO Red Thread in 2000 initiated formative research to identify sub-populations with high risk behaviors in the capital, Georgetown. In this survey, 46% of sex workers were found to be HIV positive. Sex work of any sort is illegal in Guyana and male- male sex is very highly stigmatized. There are two NGOs working with high-risk groups (CSWs) in Georgetown, one of which has limited clinical care capacity. Clients of sex workers include miners and workers in the sugar industry. In one limited study of miners a seroprevalence rate of 6.5% was detected. It has been recognized that the sexual networks of miners includes not only CSWs but also women from the surrounding communities. There are no HIV/AIDS prevention groups working with these at-risk groups.

USC prevention efforts in the workplace are currently being made through workplace and private/public partnerships with Guyanese companies, with the US Department of Labor providing technical assistance and support to the International Labor Organization (ILO). Recently they launched a \$300,000 initiative in Guyana for HIV/AIDS in the workplace prevention programs.

Table 4.5
4.5.1 Current status of program in country

<p>4.35.2 How new activities will contribute to PEPFAR targets; linkages to other activities</p>	<p>Efforts will contribute to the PEPFAR goals by averting HIV infections in the most at risk populations. Efforts will strengthen capacity of NGOs to reach the most vulnerable groups such as sex workers and their clients and men who have sex with men. In addition, USG efforts through DOL and DOD will reach occupations at high risk of HIV/AIDS infection such as miners, sugar industry workers, and transport workers. Also, STI sites that reach those most at risk populations will be strengthened to provide prevention services, VCT and STI care to decrease the risk of acquisition and transmission of HIV. Targeting condom social marketing activities toward most vulnerable populations will also be accomplished to avert HIV infections. Efforts will also be made through the DOD to reach the Guyanese military, another at risk population.</p> <p>Identification of HIV infected persons through voluntary counseling and testing will provide opportunities for these persons to seek care and support services. It is expected that many of these HIV infected persons will have been infected for a longer period of time, and thus will be more likely to be in a condition to benefit from ARV therapy.</p>						
<p>4.35.3 Existing activities initiated prior to FY 04</p>	<p>Partner</p>	<p>FY04 Objective</p>	<p>Activities for each objective</p>	<p>Agency</p>	<p>Budget Amount (\$)</p>	<p>Budget Source (Base, PMTCT, S/GAG)</p>	<p>Track (1,1:5, 2)</p>

<p>PSI</p> <p>New Partner? Yes/<u>No</u> FBO? Yes / <u>No</u></p>	<p>Increase self-risk perception and reduce misinformation among the most-at-risk populations and the general population about HIV/AIDS and sexually transmitted infections</p> <p>Increase risk reduction practices for people who engage in high-risk sexual behaviors</p>	<ul style="list-style-type: none"> • Target condom social marketing program to reduce high-risk behaviors among most at risk groups, including mass media and peer-education. • Conduct targeted social marketing program promoting condom use (3.2.8) including community-based distribution • Ensure supplies of brand condoms are widely available/affordable in localities frequented by the most-at-risk populations, including "non-traditional" condom outlets • Design campaign aimed at promoting increased condom use through reduced stigma and discrimination (3.4.7) 	<p>USAID</p>	<p>[]</p>	<p>S/GAC</p>	<p>Track 1.5</p>
<p>457 Proposed new activities in FY 04</p>						
<p>Partner</p>	<p>FY04 Objective</p>	<p>Activities for each objective</p>	<p>Agency</p>	<p>Budget</p>		

<p>Institutional contract to manage grants and provide TA is being competed and is expected to be awarded in June 2004</p> <p>New partner? Yes / No</p> <p>FBO? Yes / No</p>	<p>Lay the groundwork for policy development among the Ministries of Health, Education, and Youth Culture and Sports, for access to condoms</p> <p>Increase capacity of 10 NGOs to provide targeted prevention messages and services to most vulnerable populations</p>	<ul style="list-style-type: none"> • Provide technical assistance to NGO's to improve effectiveness and focus of HIV prevention messages targeted to most vulnerable populations • Provide necessary training and skills-building to NGOs in effective prevention messages and reaching vulnerable populations. 	<p>USAID</p> <p><input type="text"/> Track 2</p>
<p>MOH</p> <p>New partner? Yes / No</p> <p>FBO? Yes / No</p>	<p>Strengthen one national STI site to provide HIV/AIDS prevention, treatment, counseling and testing services for most vulnerable groups</p>	<ul style="list-style-type: none"> • Strengthen STI guidelines and integrate HIV prevention, counseling and testing into STI service provision. • Technically support one national, government STI site to implement integrated HIV guidelines and counseling • Provide STI/VCT services to most vulnerable populations 	<p>HHS/CDC</p> <p><input type="text"/> Track 2</p>

<p>Institutional contract to provide TA is being competed and is expected to be awarded in June 2004</p> <p>To support GRPA and one additional NGO TBD</p> <p>New partner? <u>Yes</u> / No FBO? <u>Yes</u> / No</p>	<p>Strengthen local NGO capacity to provide prevention through both outreach and clinical services to vulnerable populations in Georgetown</p>	<ul style="list-style-type: none"> • Provide STI/VCT services to vulnerable populations • Provide prevention messages through outreach activities • Design messages and materials providing information on types of services and where available, and strategy for the dissemination of information (3.4.8) 	<p>USAID</p>	<p>[Redacted] Track 2</p>
<p>GOG Ministry of Defense (MOD)</p> <p>New partner? <u>Yes</u> / No FBO? <u>Yes</u> / No</p>	<p>Strengthen HIV/AIDS prevention and testing services in Uniformed Services</p>	<ul style="list-style-type: none"> • Continue HIV screening of Guyana Defense Force (GDF) recruit population • Establish a data base of the epidemiology of HIV/AIDS within the GDF recruit population • Develop policies and establish programs within the GDF to address HIV/AIDS awareness and prevention • Military-to-military subject matter expert exchanges to assist in program development • Strengthen counseling and testing services at one central location. • Distribute condoms in partnership with USG marketing/distribution efforts in-country 	<p>USDOD</p>	<p>[Redacted] Track 2</p>
<p>Total partners: 5</p>	<p>New partners: 2</p>	<p>FBOs: 0</p>	<p>Total budget: [Redacted]</p>	<p>[Redacted]</p>

Voluntary Counseling and Testing

6.1 Current status of program in country

The HIV epidemic in Guyana is at an "early generalized" stage, with the highest concentrations of infections in specific risk groups. Targeted voluntary counseling and testing in TB and STD clinics will provide the most impact in terms of prevention and referral for treatment and care. Additionally, voluntary counseling and testing services could be coordinated with PMTCT sites to provide male-friendly VCT services for partners of women participating in the PMTCT program, as well as addressing the needs of couples. Counseling and testing services within ANC clinics are perceived by the community as women-oriented. Men are often not comfortable seeking counseling and testing at a facility that provides family planning, antenatal services, and midwifery services. Therefore, another way to reach men is through outreach and non static services.

Most at-risk populations require services and information specially segmented to meet their needs. In March 2003, USG conducted a voluntary counseling and testing countryside situation analysis that provided information on quality and quantity of current services. Because the analysis did not include target populations, it does not provide sufficient information for a targeted voluntary counseling and testing program. The situation analysis highlighted four major areas: management, infrastructure, counselors, and HIV testing. Coordination, supervision, and monitoring do not exist on a national scale for voluntary counseling and testing in Guyana. The National AIDS Programme Secretariat provides technical and programmatic leadership, but it does not have a voluntary counseling and testing specialist on staff. CAREC provides intermittent supervision to counselors at public sites. Regional focal persons are needed to coordinate supportive supervision and monitoring of all voluntary counseling and testing services.

The number of voluntary counseling and testing sites is elusive in both the USG situation analysis as well as in information solicited from the Ministry of Health and the National AIDS Programme Secretariat. Ten administrative regions in Guyana have Ministry of Health or NGO voluntary counseling and testing services. While the private sector undertakes the majority of testing, the extent of private sector counseling is unknown. The USG situation analysis found that the quality of counseling is commendable at public hospitals in Regions 5 and 6, and at NGO sites in Regions 3 and 10. Paid and unpaid counselors provide services above and beyond their required duties. Confidentiality is high, and one-to-one counseling is always provided. Voluntary counseling and testing is limited because HIV testing is available only in Georgetown. Results can take weeks to return to rural sites. Rapid testing has been recommended. Protocols and infrastructure for rapid testing are in the design process.

Targeted voluntary counseling and testing for groups that have a higher prevalence of HIV infection can serve as an entry point into care, support, and treatment. All voluntary counseling and testing sites should provide or make referrals to these services. VCT Plus sites will thus provide antiretroviral therapy for people with AIDS and other care and support services, as needed, on or near the VCT Plus site.

A strong focus on VCT is essential to scaling up palliative care and treatment activities. VCT also plays an important role in prevention of additional HIV/AIDS infections, as the very act of seeking one's sero-status is a step towards changing one's behavior in favor of less risky behaviors. Moreover, VCT is a key component of "prevention for positives," enabling persons who are HIV+ to prevent infecting their sexual partners through counseling and testing of the partner's sero-status. Therefore, in addition to the counseling and testing that is available through ANC and L&D services counseling and testing sites will be identified and supported in the areas most affected by HIV in Guyana. A mass media campaign promoting VCT services will create demand for the services provided.

4.6.2 How new activities will contribute to PEPFAR targets/ linkages to other activities

4.6.3 Existing activities initiated prior to FY 04		FY 04 Objective		Activities for each objective		Agency	Budget Amount (\$)	Budget Source (Base, PMTCT, S/CAG)	Track (1, 1.5, 2)
Partner									
None									
4.6.4 Proposed new activities in FY 04		FY 04 Objective		Activities for each objective		Agency	Budget		
Partner									

<p>Institutional contract to manage grants and provide TA is being competed and is expected to be awarded in June 2004</p> <p>Support given to: Guyana Responsible Parenting Association (GRPA) and [redacted] (FBO)</p> <p>New partner? <u>Yes</u> / No FBO? <u>Yes</u> / No</p>	<p>Provide counseling and testing services to 6,000 individuals including increased capacity to reach vulnerable populations.</p>	<p>USAID</p>	<p>[redacted] Track 2</p>
<ul style="list-style-type: none"> • Conduct assessment of available and potential VCT sites (2.5.1) • Develop one mobile VCT unit • Hire 2 or 3 management and key operational staff • Train 5 personnel in the use of HIV rapid testing (2.5.3) • Review and revise guidelines for pre and post test counseling (2.5.4) • Train 5 counselors in the use of guidelines and provide ongoing follow-up training (2.5.5) in addition to basic counseling skills. • Expand access to counseling and testing services, including outreach and non-clinical approaches to reach hard-to-reach most at risk populations, linking HIV+ persons to the closest care and support services as needed. • Implement appropriate use of information systems to track clients with the capacity to later include partner tracing. 			

<p>FXB</p> <p>New partner? <u>Yes</u> / No FBO? <u>Yes</u> / No</p>	<p>Establishment of quality rapid testing services</p>	<p>HHS/CDC</p> <p>Track 2 PMTCT</p>
<p>PSI</p> <p>New partner? <u>Yes</u> / No FBO? <u>Yes</u> / No</p>	<p>MOH and NGOs are using quality assurance mechanisms to improve HIV testing and counseling</p>	<p>USAID</p> <p>Track 1.5 Base '04</p>
<p>Total partners: 3</p>		<p>Total budget: []</p>
<p>FBOs: 0</p>		<p>1</p>
<p>New partners: 0</p>		<p>1</p>

Table 4.7: HIV Clinical Care and Support, Prevention and Treatment of TB and Other OIs (non-ART)

<p>4.7.1 Current status of program in country</p>	<p>Supportive treatment for persons living with HIV/AIDS is available on a limited scale. The National AIDS Program Secretariat developed a comprehensive treatment program with the aim of providing quality care and support to PLWHA. This program is consistent with the National Strategic Plan (NSP) 2002 - 2006 for HIV/AIDS. The program consists of providing psychological, adherence, risk reduction and nutrition counseling; treatment of OIs and treatment with ARVs. The GUM clinic in Georgetown provides O.I prophylaxis and TB treatment to HIV infected persons in Georgetown. Two sites outside of Georgetown are to be developed this year (location to be determined).</p>				
<p>4.7.2 How new activities will contribute to PEPFAR targets (linkages to other activities)</p>	<p>The activities will support the comprehensive care to PLWHA throughout Guyana and expand care to three additional regions with the eventual goal of providing supporting care to 170 persons in year 1. Efforts will strengthen the system through pre-service training and through the hiring of a contract physician. Efforts will target the STI/TB clinics not only to improve care for the HIV/AIDS patients, but also for prevention/VCT activity in order to increase impact through multi-tasking. Sites will be identified through information resulting from facility surveys and assessments of patient population/location.</p>				
<p>4.7.3 Existing activities initiated prior to FY 04</p>	<p>Identified through information resulting from facility surveys and assessments of patient population/location.</p>				
<p>Partner</p>	<p>Agency</p>	<p>Budget Amount (\$)</p>	<p>Budget Source (Base PMTCT, S/GAG)</p>	<p>Track (1, 1.5, 2)</p>	<p>None</p>

4.7.4 Proposed new activities in FY04			
Partner	FY04 Objective	Activities for each objective	Agency
MOH Schools of medicine and nursing TA provided by FXB New Partner? Yes/No FBO? Yes / No	Adapt and implement for Guyana, pre service HIV curriculum for medical, nursing and allied health students. In-service training for existing health professionals.	<ul style="list-style-type: none"> Assess the educational needs at the University of Guyana and other educational programs for HIV/AIDS clinical care and treatment training curricula and other training aids/protocols Support the Medical and Nursing Schools to implement PMTCT and HIV/AIDS care and treatment curricula 	HHS/CDC Budget: <input type="text" value="TRACK 1.3"/>
MOH TA provided by FXB New partner? Yes / No FBO? Yes / No	Strengthen one referral site for laboratory diagnoses and treatment of advanced OIs and TB for 170 HIV positive people Increased laboratory capacity to diagnose indicator diseases	<ul style="list-style-type: none"> Assess capacity for OI Diagnoses and treatment at one site and develop capacity building plan responsive to findings. Conduct refresher courses for 15 laboratory staff in VDRL, HIV testing and TB, GC cultures (1.4.3) 	HHS/CDC Budget: <input type="text" value="TRACK 2"/>
Total partners: 1		FBOs: 0	Total budget: <input type="text"/>

Table 4.8 Palliative Care																
4.8.1 Current status of program in country	There are currently no organized palliative care efforts in-country. Home-based care services are currently being offered on an ad-hoc basis through NGOs, CBOs, and FBOs. Forty HIV+ people received care and support from NGOs in 2003. Approximately 200 people received clinical care and ART at the Georgetown Hospital in Georgetown during 2003. Access to treatment for advanced HIV infection is currently unidentified. HIV+ patients may receive end of life care in hospital settings but are not identified as HIV-positive.															
4.8.2 How new activities will contribute to PEPFAR targets linkages to other activities	As this is a new area of emphasis in Guyana, much of the first year work will focus on analysis and initial start-ups to begin to develop capacity for future larger numbers of HIV+ persons requiring care and support. New efforts will also focus on strengthening the referring of clinical care of HIV/AIDS patients to home based care services and to other psychosocial support services. As NGO Home Based Care (HBC) capacity is non-existent/minimal in Guyana, NGO capacity will be developed to provide community and home based care and support with an initial first year goal of reaching 100 individuals in 2004. Efforts will begin to address a need for a residential facility for palliative care and support services for people traveling distances to initiate ARV therapy. Initial support will be given to one NGO service provider and several key community-based NGOs.															
4.8.3 Existing activities initiated prior to FY 04																
Partner	<table border="1"> <thead> <tr> <th>Activities for each objective</th> <th>Agency</th> <th>Budget Amount (\$)</th> <th>Budget Source (Base, PMTCT, SIGAC)</th> <th>Track (1, 1.5, 2)</th> </tr> </thead> <tbody> <tr> <td>FY04 Objective</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>None</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Activities for each objective	Agency	Budget Amount (\$)	Budget Source (Base, PMTCT, SIGAC)	Track (1, 1.5, 2)	FY04 Objective					None				
Activities for each objective	Agency	Budget Amount (\$)	Budget Source (Base, PMTCT, SIGAC)	Track (1, 1.5, 2)												
FY04 Objective																
None																

4.8.4 Proposed new activities in FY 04	Activities for each objective			Agency	Budget	
Partner	FY04 Objective	Activities for each objective			Agency	Budget
Institutional contract to manage grants and provide TA is being competed and is expected to be awarded in June 2004 In support of: <input type="checkbox"/> Linden Care Foundation, One private care hospital, and One additional NGO TBD New partner? <u>Yes</u> / No FBO? <u>Yes</u> / No	Provide 100 people living with HIV with palliative care and support services. Referral systems between home-based care providers and clinical sites are in place and functioning.	<ul style="list-style-type: none"> • Carry out analysis to project the number and geographic distribution of persons likely to require support, the type of support, and availability of support (2.4.1) • Conduct workshop with service providers to develop a plan of action for the establishment of support services and mechanism for accessing services (2.4.2) • Develop materials for patient, self-care education and information about availability of services (2.4.4) • Hire and train 3 community health care workers in delivery of clinic-based palliative care/ home based care. • Provide essentials necessary for PLWHA to meet their needs. 			USAID	<input type="checkbox"/> Track 2

<p>Institutional contract to manage grants and provide TA is being competed and is expected to be awarded in June 2004</p> <p>New partner? Yes / No FBO? Yes / No</p>	<p>Selected FBOs/NGOs have developed home based care projects in two regions with effective linkages to ARV care and treatment sites.</p> <p>15 persons have been trained and are providing quality home based care services</p>	<p>Conduct series of meetings with selected FBOs and NGOs to determine interest in participating in home care support to PLWHA (2.4.5)</p> <ul style="list-style-type: none"> Review all available self-care manuals and adapt to suit the local situation (2.3.2) Develop standardized training program for PLWHA and their families in the use of the self-care manuals (2.3.3) Train 15 community health workers, family members (or others) to provide quality home based care services; including psychosocial, adherence and risk reduction counseling (2.4.7) Conduct initial training and refreshers in self care (2.3.4) 	<p>USAID</p> <p>Track 2</p>
<p>To be determined</p> <p>New partner? Yes / No FBO? Yes / No</p>	<p>Feasibility of implementing palliative care in a residential setting in Georgetown has been determined.</p>	<p>Assess capacity and need for residential care services</p> <ul style="list-style-type: none"> Assess human resource development needs Develop operational plan for implementing residential care (including training component) 	<p>HHS/HRSA</p> <p>Track 2</p>
<p>Total partners: 4</p>	<p>New partners: 2</p>	<p>FBOs: 0</p>	<p>Total budget:</p>

Table 4.9	Support for Orphans and Vulnerable Children					
4.9.1 Current status of program in country	The Linden Care Foundation, GRPA, Help and Shelter, Comforting Heart, and the Hope Foundation are a few NGO's who have begun providing basic support services to OVC and their families in four regions of Guyana. Support for OVC is a relatively new initiative in Guyana with rudimentary skills, training, and financial support.					
4.9.2 How new activities will contribute to PEPFAR targets, linkages to other activities	Support NGOs and FBOs to serve OVC and identify an NGO in Georgetown to provide community based care to 20 OVC and their families. Support outreach activities while concurrently assessing capacity and needs.					
4.9.3 Existing activities initiated prior to FY 04						
Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount (\$)	Budget Source (Base, PMTCT, S/GAG)	Track (1,1,5,2)
None						

Partner	FY04 Objective	Activities for each objective	Agency	Budget
<p>4.9.4 Proposed new activities in FY04</p> <p>Institutional contract to manage grants and provide TA is being competed and is expected to be awarded in June 2004</p> <p>To support: Linden Care Foundation, [redacted] Lifeline Counseling, Hope Foundation, One additional CBO, and One additional FBO to be determined</p> <p>New partner? <u>Yes</u> / No FBO? <u>Yes</u> / No</p>	<p>Provide 20 OVC with services in two urban centers and strengthen capacity of 6 NGO's to provide additional services</p> <p>Enhance and expand temporary residential support services for OVC</p>	<ul style="list-style-type: none"> • Support existing services which include provision of school fees/uniforms, basic foods and vitamins, basic clothing, hygiene supplies, medical fees • Provide support to residential facilities that care for OVCs • Train 25 government and NGO, social support providers • Train 20 NGO participants in monitoring and supporting antiretroviral therapy adherence by seropositive children • Identify temporary housing for OVC 	<p>USAID</p>	<p>[redacted] TRACK 2</p>

<p>Institutional contract to provide TA is being competed and is expected to be awarded in June 2004</p> <p>In support of: <input type="text"/></p> <p>New partner? <u>Yes</u> / No FBO? <u>Yes</u> / No</p>	<p>Strengthen Ministry of Social Welfare and Education to provide support services to OVC</p>	<p>• Outreach to out-of-school youth</p> <p>• Support existing services which include: provision of school fees/uniforms, basic foods and vitamins, basic clothing, hygiene supplies, fees incurred for attending medical services.</p> <p>• Enhance referral networks</p>	<p>USAID</p> <p><input type="text"/> Track 2</p>
<p>Institutional contract to manage grants and provide TA is being competed and is expected to be awarded in June 2004</p> <p>New partner? <u>Yes</u> / No FBO? <u>Yes</u> / No</p>	<p>Government and NGO's have increased capacity to effectively provide quality Care and Support services to OVCs</p>	<p>• Assessment of training and capacity needs, planning jointly with UNICEF and other international donors as appropriate under PEPFAR</p> <p>• Technical assistance to begin process of GOG/CARICOM developing national OVC policy and guidelines.</p> <p>• Develop referral networks between government, NGO social services and care and support services.</p> <p>• Enhance national capacity (public and NGO/FBO sectors) to track and support individual OVC cases over time to ensure ongoing provision of quality services</p>	<p>USAID</p> <p><input type="text"/> Track 2</p>
<p>Total partners: 7</p>		<p>Total budget: <input type="text"/></p>	
<p>Total partners: 3</p>		<p>FBOs: 2</p>	

Anti-Retroviral Therapy (non-PMTCT plus)

4.10.1 Current status of program in country

Treatment for persons living with HIV/AIDS was available on a limited scale in the private health sector using imported ARVs. The elevated cost of these drugs made access to ARVs to the majority of patients limited and public health facilities were unable to provide therapy for PLWHAs. The situation changed in December 2001, when the Guyanese-based pharmaceutical company New GPC began producing generic antiretrovirals at a very competitive price (packaging Romboxy-produced drugs from India). With the availability of locally produced ARVs, the MOH now provides ARV treatment to PLWHA at no cost. As a consequence, the National AIDS Program Secretariat developed a comprehensive treatment program with the aim of providing quality care and support to PLWHA. This program is consistent with the National Strategic Plan (NSP) 2002 - 2006 for HIV/AIDS. The program consists of providing psychological, adherence, risk reduction and nutrition counseling; treatment of OIs and treatment with ARVs.

In the absence of CD4 and viral load testing capacity, clinical criteria were established for initiation of ARV therapy. An ARV treatment regimen was designed using the locally produced ARVs and physicians assigned to the GUM clinic in Georgetown were trained in ARV drug use and follow up of patients.

Treatment of patients with ARVs began at the GUM clinic in April 2002. To date, approximately 200 patients have been enrolled in the treatment program. Preliminary reports suggest that the drugs have led to a reduction in clinical manifestations, an improvement in the quality of life of patients and that they are well tolerated. In light of the limited access to these ARVs and the need to reach patients in other regions, the MOH of health is interested in expanding the treatment program to other health facilities in Guyana. The MOH hopes to expand ARV treatment to the following sites: Suddie Regional Hospital in region 2, West Demerara Region Hospital in Region 3, New Amsterdam Hospital in region 6, Upper Demerara Regional Hospital in region 10, and the NGO - GRPA whose target audience consists of urban youth, mini bus drivers and conductors in addition to their family planning clients in the capital city.

<p>4.10.2 How new activities will contribute to PEPFAR targets linkages to other activities</p>	<p>PEPFAR activities, both Track 1 and Track 2 partners, will contribute to the goals by placing more persons on ARV therapy and thus reducing OI incidence in HIV-infected persons and preventing AIDS-related deaths. Initial efforts will procure pediatric and second line branded ARV pharmaceuticals as there is a critical need for these items. At the same time, efforts will strengthen the overall system of procurement, storage, and distribution of pharmaceuticals. Government and NGO sites will be strengthened so more individuals can be placed on ARV therapy including targeting a site linked to caring for most at risk individuals who may not be comfortable visiting regular public/private facilities.</p>					<p>4.10.3 Existing activities initiated prior to FY04</p>
<p>Partner</p>	<p>FY04 Objective</p>	<p>Activities for each objective</p>	<p>Agency</p>	<p>Budget Amount (\$)</p>	<p>Budget Source (Base, PMTCT, S/GAG)</p>	<p>Track (1, 1.5, 2)</p>
		None				
<p>4.10.4 Proposed new activities in FY 04</p>	<p>Partner</p>					<p>Agency</p>
<p>Partner</p>	<p>FY04 Objective</p>	<p>Activities for each objective</p>	<p>Agency</p>	<p>Budget</p>	<p>Budget</p>	<p>Budget</p>
<p>Institutional contract is being competed and is expected to be awarded in June 2004 New partner? Yes / No FBO? Yes / No</p>	<p>Provide ARVs for both HIV infected children and adults</p>	<ul style="list-style-type: none"> Procure pediatric ARVs and second-line adult. 	<p>USAID</p>	<p>Track 2</p>		

<p><input type="checkbox"/> local hospital</p> <p>New partner? <u>Yes</u> / No FBO? <u>Yes</u> / No</p>	<p>Strengthen ARV services at a non-Georgetown site. (To be determined after assessment)</p>	<ul style="list-style-type: none"> Assess potential treatment sites to determine their suitability as a treatment center either as a special center or as part of integrated services (2.2.1) Identify site Assess development needs Train staff Improve infrastructure Provide treatment for 50 persons. 	<p>HHS/HRSA</p>	<p>Track 1</p>
<p>MOH and One NGO Site</p> <p>New partner? <u>Yes</u> / <u>No</u> FBO? <u>Yes</u> / <u>No</u></p>	<p>Strengthen 1 government and one NGO site's capacity to provide ARV Services and</p>	<ul style="list-style-type: none"> Identify site Carry out an assessment of the effectiveness efficacy of the current treatment with ARVs (2.2.7) at one site Conduct training on the use of the protocols (2.2.5) Improve infrastructure Provide ART to 25 additional people in Georgetown 	<p>HHS/CDC</p>	<p><input type="checkbox"/> Track 2</p>

<p>Institutional contract to provide TA is being competed and is expected to be awarded in June 2004</p> <p>New partner? Yes / No FBO? Yes / No</p>	<p>Systems in place for procurement, forecasting, storage and timely distribution of ARVs</p>	<ul style="list-style-type: none"> Assess procurement, storage and distribution needs Assess personnel training needs in ART logistics management Develop and implement plan for procurement, storage and distribution Develop a mechanism for ensuring a constant supply of ARVs (4.1.7) Procure necessary infrastructure and information technology to strengthen supply chain to all existing and new care and treatment sites. Train responsible personnel as indicated by needs assessment 	<p>USAID</p>	<p>TRACK 2</p>
<p>Total partners: 3</p>	<p>New partners: 1</p>	<p>FBOs: 1</p>	<p>Total budget:</p>	<p></p>

4.1.1 Current status of program in country	PMTCT-Plus (access to care and treatment by women and families through PMTCT)					
<p>The National AIDS Program (NAPS) and Maternal Child Health (MCH) Department of the Ministry of Health launched the PMTCT program in Guyana in November 2001. Data from the PMTCT program revealed that by the end of the January 2003, 4,669 women had access to PMTCT services. This figure represents 25% of the total estimated number of deliveries annually. Of the 4,669 women who had access to PMTCT services, 3,197 (68%) accepted to be tested for HIV. Of the women who accepted to be tested, 124 (3.8 %) tested positive.</p>	<p>Twenty sites are planned to receive support under this initiative with the goal of 32 PMTCT sites being supported in 2004. USG support of these sites has laid the foundation upon which PMTCT+ will be based in three selected sites.</p>					
<p>4.1.2 How new activities will contribute to PEPFAR targets linkages to other activities</p>	<p>The MOH is establishing three of the 32 PMTCT sites as PMTCT plus sites. USG efforts will support strengthening the referral systems from the PMTCT sites to one central treatment site. A physician will be located on-site to provide clinical training and technical assistance with the development of care and treatment protocols. Referral to laboratory services will be facilitated and USG support of commodities logistics will assist these sites.</p>					
<p>4.1.3 Existing activities initiated prior to FY 04</p>						
Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount (\$)	Budget Source (Base, PMTCT, S/GAG)	Track (1-5)
None						2

4.1.4 Proposed new activities in FY 04			
Partner	FY04 Objective	Activities for each objective	Agency
FXB MOU to be determined with two implementing hospitals	Improve access to care and treatment of HIV infected women and their families who are identified through PMTCT programs	<ul style="list-style-type: none"> Physician based at Georgetown Hospital to support ART Provision of ART to an additional 25 people and support services to an additional 50 persons Strengthen referrals between PMTCT and treatment sites Strengthen referral system to provide adult/ pediatric HIV care and treatment Develop and disseminate national guidelines for management of HIV for adult and pediatrics, including follow-up Establish referral system between 20 PMTCT sites and social support services Develop training plan for healthcare providers and family-centered HIV care and treatment Train 5 healthcare workers in family-centered HIV care/treatment Provide on-going technical assistance to 5 healthcare providers Conduct immediate and six-month post-training evaluation 	HHS/CDC Budget: <input type="checkbox"/> PMTCT Track 2
New partner? Yes/No FBO? Yes/No			
Total partners: 1	New partners: 0	FBOs: 0	Total budget: <input type="checkbox"/>

Table 4.12 Strategic Information, Surveillance, Monitoring, Program Evaluation

GOC has a national strategy in place that includes surveillance, monitoring and evaluation. CDC and USAID have worked with the GOG to improve and implement the data collection components of the national strategic plan. The GOG, in conjunction with the USG, has designed a second generation surveillance system. The only component of the second generation surveillance system that has been implemented is the BSS+ which is to be completed by September of 2004.

The only additional strategic information collected in 2004 was the multi-donor coverage study. The study highlighted a need for target population estimates.

In FY04, USG partners in Guyana plan to support the Miners survey, an ANC survey, and improvements to the HMIS. GAC headquarters and USAID/G will provide budgetary support for AIS in Guyana. CDC will implement the Miners survey and the ANC survey this year. USAID/G will support a National HMIS assessment and the facility survey in 2004. USAID/Guyana will provide follow-up to the assessment by supporting technical assistance to the GOG on design and planning.

Mapping exercises are essential to managing and expanding services. Mapping of sites, people served, and target populations will be completed. A database for PEPFAR program reports and routine management will be designed in 2004.

PLEASE NOTE: A facility survey will be needed in Guyana to better understand the resources in place and to deliver the baselines for the core indicator set. The Team would like to make the case that Guyana should be given special considerations for the baseline data deadline for indicators requiring a facility survey. Please consider three points: 1) The huge disparity between Guyana and all other President's AIDS Initiative focus countries in the area of strategic information i.e. the country has more to collect than the other 13 countries in a short period of time. 2) The relatively small population size, and the nature of the HIV epidemic i.e. There a very few people that need clinical care and the care will be provided in no more than five hospitals in the country. 3) The relatively good quality of facility based information, that is collected routinely (program reports) is minimal. Therefore providing quality information for 2004 is a high priority, but will likely require more time than would necessary in other countries.

Multiple methods for estimating the size and location of each of the populations mentioned in 4.12.1 will be used to provide national level information. The methods are TBD by the implementing partner which also include several key BSS that are planned to reach completion in 2004.

4.12.1

Current status of program in country

4.12.2 How new activities will contribute to PEPFAR targets linkages to other activities

4.1.2.3 Existing activities initiated prior to FY 04						
Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount (\$)	Budget Source (Base, PMTCT, S/GAG)	Track (1,1.5,2)
None						
4.1.2.4 Proposed new activities in FY 04						
Partner	FY04 Objective	Activities for each objective	Agency	Budget		
MOH	Improve surveillance in general population and most vulnerable groups	<ul style="list-style-type: none"> Conduct ANC Surveillance Conduct Gold Miners Survey 	HHS/ CDC		Track 2	
Measure/DHS	Assess the capacity of X number local clinical facilities to provide ARV and supportive care	<ul style="list-style-type: none"> National Facility Survey that includes inventory, structural, human resource assessments, health worker interviews, and review of linkages to other service providers. Measure the capacity of health facilities or stand-alone service sites to provide preventative services as well as to meet care and support needs of PLWHA and their families. 	USAID		Track 2	
New partner? <u>Yes</u> / No FB07 Yes / <u>No</u>						
New partner? <u>Yes</u> / No FB07 Yes / <u>No</u>						

<p>Measure/DHS National Bureau of Stats/MOH New partner? <u>Yes</u> / No FBO? <u>Yes</u> / <u>No</u></p>	<p>Provide HIV behavioral data for general population, including men and women and rural and urban populations</p>	<ul style="list-style-type: none"> • Conduct AIS • Collect, analyze and disseminate HIV prevalence and behavioral data for the general population. • Response driven survey in populations at risk 	<p>USAID</p>	<p>Central Budget Additional Track 2</p>
<p>Measure New partner? <u>Yes</u> / No FBO? <u>Yes</u> / <u>No</u></p>	<p>Strengthen HMIS capacity at MOH so as to improve clinical care and reporting</p>	<ul style="list-style-type: none"> • Conduct National HMIS Assessment • Design National HMIS blueprint to manage care and treatment programs for HIV/AIDS, including reporting formats and schedules for various agencies (4.1.4) as well as data flow and use of appropriate information technology/systems • Develop outline of training and skills-building necessary to implement HMIS blueprint. 	<p>USAID</p>	<p>Base 04</p>
<p>Total partners 2</p>	<p>New partners 1</p>	<p>FBOs 0</p>	<p>Total budget</p>	

Table 4.13
Cross-Cutting Activities

4.13.1 Current
status of program
in country

USC HIV Coordinating committee meets bi-weekly, and it functions effectively with the MOH to coordinate in-country activities and program planning. CCM of the GFATM and the Expanded Theme group meet regularly but require technical assistance to better coordinate donor, public, and private sector partners and their efforts. A new position and coordinating mechanism is being created in the Office of the President of Guyana to better coordinate all HIV/AIDS activities in-country. This new office will facilitate the GOC taking a positive lead in coordinating all HIV efforts.

In a country with a small population (700,000 people) like Guyana, ongoing, large scale 'brain drain' of health care workers to the USA, Canada and Europe has a more pronounced impact on the health care system than in more populated countries. Under Guyana's Structural Adjustment Program (SAP) agreement with the IMF/World Bank, which is a precondition for loans and for debt reduction under the HIPC (Highly Indebted Poor Countries) Initiative, Guyana agreed to depress public sector wages and salaries, while simultaneously increasing investment in the private sector. Despite structural measures under the SAP in subsequent years (the 1990's) to include a revision of the civil service remuneration structure to help retain qualified key personnel, wages and salaries are still significantly lower in the public sector than in the private sector, and this has contributed to the loss of skilled personnel out of the Ministry of Health to more lucrative positions in the Guyanese private sector or abroad (PEPFAR Team Observation). Planning for human resource development under these conditions is integral to meeting the demands placed on the health sector to achieve its HIV/AIDS and broader health care strategy goals.

<p>4.1.3.2 How new activities will contribute to PEPFAR targets linkages to other activities</p>	<p>Activities will contribute to PEPFAR goals by strengthening national committees and policies for HIV/AIDS and will begin to address the need for human capacity development. Assistance to be provided to the GFATM will include CCM strengthening and improving capacity to monitor and report activities.</p> <p>Currently all health and education Peace Corps Volunteers support public and non-governmental HIV/AIDS efforts through in-school and peer education, community outreach, and NGO activities. Peace Corps volunteers in their third year will be seconded to NGOs and ministries to assist institutionalization of HIV/AIDS activities into current programs.</p>					<p>4.1.3.3 Existing activities initiated prior to FY 04</p>
<p>Partner</p>	<p>FY04 Objective</p>	<p>Activities for each objective</p>	<p>Agency</p>	<p>Budget Amount (\$)</p>	<p>Budget Source (Base, PMTCT, S/GAG)</p>	<p>Track (1, 1.5, 2)</p>
<p>HHS/MOH</p>	<p>Build local capacity to deliver quality services, especially in the MOH</p>	<ul style="list-style-type: none"> • Provide technical assistance to MOH staff in PMTCT, VCT, STI, ART and OI care and treatment (To be provided by HHS central offices and task order contracts) • Support trainings, study tours, workshops and planning meeting for the MOH and NGOs. 	<p>CDC/HHS</p>	<p><input type="text"/></p>	<p>S/GAC</p>	<p>Track 2</p>
<p>New Partner? Yes/<u>No</u> FBO? Yes/<u>No</u></p>						

4.3.4 Proposed new activities in FY 04				
Partner	FY04 Objective	Activities for each objective	Agency	Budget
Institutional contract to provide TA is being competed and is expected to be awarded in June 2004 New partner? <u>Yes</u> / No FBO? Yes / No	Strengthen national stakeholder capacity for coordination and management.	<ul style="list-style-type: none"> • Theme group and CCM strengthened through USG technical guidance and coordination support • Provide technical assistance to the GFATM CCM in coordination of the Global Fund by supporting information and technical skills necessary to implement and report on Global Fund programs. • Develop Donor coordination strategies 	USAID	<input type="text"/> Base '04
Institutional contract to provide TA is being competed and is expected to be awarded in June 2004 New partner? <u>Yes</u> / No FBO? Yes / No	Human resource capacity development needs assessment is basis for planning HR interventions	<ul style="list-style-type: none"> • Complete human resource needs assessment and planning for an intervention program • Develop plan to address human resource needs • Confer stakeholders meeting 	USAID	<input type="text"/> Base '04
<input type="text"/> New partner? <u>Yes</u> / No FBO? Yes / No	Strengthen Human resource capacity to institutionalize HIV/AIDS prevention activities and referral networks for care and support services	<ul style="list-style-type: none"> • Three Third year Peace Corps Volunteers recruited and strategically located to assist NGOs and the MOH in service delivery. 	HHS/CDC	<input type="text"/> Track 2

<p><input type="checkbox"/></p> <p>Track 2</p>	<p>HHS/HRSA</p>	<ul style="list-style-type: none"> Support existing consumer advocacy groups in peer counseling and community advocacy; working with one NGO (G+) Supplement existing cooperative agreement with HRSA 	<p>Strengthen NGO capacity to increase public awareness and reduce stigma and discrimination</p>	<p><input type="checkbox"/></p> <p>New partner? Yes / <u>No</u> FBO? Yes / <u>No</u></p>	<p><input type="checkbox"/></p> <p>Base '04</p>	<p>USAID</p>	<ul style="list-style-type: none"> Guyanese CBOs/FBOs/NGOs awarded small grants by the U.S. Ambassador in collaboration with the Department of State to provide HIV/AIDS prevention and support services to underserved and vulnerable groups through community outreach and mobilization. Seed money for small grants projects for the Ministries and NGOs (3 sites) where third year Peace Corps Volunteers are assigned serve the function of institutionalizing HIV/AIDS programming, integrating HIV/AIDS into community outreach, and strengthening referral networks 	<p>Community support increased for HIV/AIDS activities for youth, for education, and for outreach to vulnerable populations</p>	<p>Institutional contract to manage grants and provide TA is being competed and is expected to be awarded in June 2004</p> <p>New partner? Yes/<u>No</u> FBO? Yes/<u>No</u></p>	<p><input type="checkbox"/></p>	<p>Total budget</p>	<p>FBOs: 0</p>	<p>New partners: 1</p>	<p>Total partners: 4</p>
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Table 4.14 Laboratory Support		Partner	FY 04 Objective	Activities for each objective	Agency	Budget Amount (\$)	Budget Source (Base, PMTC, S/GAC)	Track (1, 5, 2)
<p>4.14.1 Current status of program in country</p>	<p>At present, there is limited capacity to monitor HIV/AIDS, related OIs and STIs. (GFATM Proposal.) Most HIV testing takes place at the National Infectious Disease Laboratory (NIDL) attached to the national blood bank. No laboratories exist with the capacity to monitor CD4 counts, viral loads, or viral resistance. NIDL performs hematological and biochemical tests, but their capacity to meet increasing demands is unlikely with current staffing and infrastructure.</p> <p>Capacity to diagnose common OIs is extremely limited—there is currently no TB culture or sensitivity testing in public sector (GFATM Proposal)</p> <p>There is a need to plan for increasing the capacity and capability of laboratories to handle the volume of work that is expected to be generated with the increased demand for diagnosis and monitoring. This includes infrastructure, equipment, testing supplies and human resources (<i>Guyana's National Strategic Plan for HIV/AIDS 2002-2006</i>, p. 9)</p>							
<p>4.14.2 How new activities will contribute to PEPFAR targets. Linkages to other activities</p>	<p>Activities will serve to build HIV laboratory capacity within Guyana's public health care system. This will lead to improved methods of identification of: HIV infected individuals, the status of the HIV infection, the need for ARV therapy, the progression of disease on ARVs, and the appropriate diagnosis and treatment of opportunistic infections.</p> <p>Laboratory services directly contribute to the PEPFAR goals of providing care and treatment of people living with HIV/AIDS.</p>							
<p>4.14.3 Existing activities initiated prior to FY 04</p>								
<p>None</p>								

4.14.4 Proposed new activities in FY 04			
Partner	FY04 Objective	Activities for each objective	Agency Budget
FXB Through MOU with MOH New partner? Yes / <u>No</u> FBO? Yes / <u>No</u>	Establish a National Reference Lab in Georgetown	<ul style="list-style-type: none"> • Procure necessary equipment and commodities for basic lab infrastructure. (21.2) • Establish computerized data collection and management system • Train 10 government laboratory technicians on appropriate technology and protocols • Provide continual training and supervision for quality assurance 	HHS/CDC Track 1.5

<p>MOH</p> <p>Through FXB</p> <p>New partner? Yes / <u>No</u> FBO? Yes / <u>No</u></p>	<p>Improve quality of ART by establishing immediate and long-term CD4 testing capability.</p> <p>Protocols are developed for HIV testing and laboratory treatment reference services.</p> <p>All private laboratories use standardized format for reporting</p>	<ul style="list-style-type: none"> • Develop National and site level protocols for HIV testing • Supply all the equipment needed for serology, hematology, and CD4 testing. • Complete 200 quality-assured CD4 tests • Cross-train 10 essential staff at National level on CD4 count techniques,(2.1.3), equipment maintenance (2.1.4), and provide on-going support • Cross-train 20 regional staff in site-level laboratory protocols/ performing routine tests used in monitoring progress of HIV infection and AIDS treatment (2.1.5) • Conduct immediate and six month post-training evaluation • Design and conduct three short-term fellowships for MOH laboratory and healthcare staff at FXB • Develop reporting formats and sensitize private and public laboratory technicians to standardized reporting forms, and train accordingly (1.1.2/1.1.3/1.3.3) 	<p>HHS/CDC</p>	<p>Track 2</p>
<p>2</p>	<p>0</p>	<p>0</p>	<p>Total budget</p>	<p></p>

Table 5.1 U.S. Agency Management and Staffing - U.S. Agency for International Development (USAID)

5.1 U.S. Agency Management Items and Activities							Budget
USPSC - existing							
Michigan Fellow - existing							
FSN Program Assistant -existing							
Driver -existing							
Total							
5.2 U.S. Agency Management and Program Staff, Existing and New, By Category							
	Number of Existing U.S. direct-hire	Number of New U.S. direct-hire for PEPFAR	Number of Existing FSN	Number of New FSN for PEPFAR	Number of Existing International PSC	Number of New International PSC for PEPFAR	Total Number of Staff
Number of Program Staff	0	0	1	0	2	0	3
Number of Management Staff	0	0	1	0	0	0	1
Total Number of Staff	0	0	2	0	2	0	4

Table 5.2 U.S. Agency Management and Staffing - Department of Health and Human Services (HHS)

5.2 U.S. Agency Management Items and Activities		Budget					
Existing CDC operational expenses - Including existing personnel							
New staff:							
Lab director - to coordinate and monitor quality performance of all USG supported laboratory activities, coordinate laboratory technical assistance with MOH, training, strengthen regional laboratory capacity.							
Monitoring and Evaluation Specialist - Act as the technical lead in assisting USG team to meet PEPFAR reporting requirements. Strengthen M&E capacity within the MOH and the National AIDS Program to meet national and international reporting requirements and to better inform program development.							
Management Assistant: This position will work with Department of State to meet increased financial and procurement demands under PEPFAR. Department of State is currently understaffed to meet such needs.							
Total							
5.2 U.S. Agency Management and Program Staff Existing and New, by Category							
Number of Program Staff	Number of Existing U.S. direct-hire	Number of New U.S. direct-hire for PEPFAR	Number of Existing FSN	Number of New FSN for PEPFAR	Number of Existing International PSC	Number of New International PSC for PEPFAR	Total Number of Staff
	2	0	1	0	0	2 M/E Lab Mgr	5
Number of Management Staff	0	0	7	1	0	0	8
Total Number of Staff	2	0	8	1	0	2	13

Table 6. Budget for the President's Emergency Plan for AIDS Relief

Program Area	USAID		HHS		DOD*		Other		TOTAL
	Base Budget FY04	PMTCT Budget FY04	Base Budget FY04	PMTCT Budget FY04	Base Budget FY04	S/GAC Request FY04	S/GAC Request FY04	S/GAC Request FY04	
PMTCT									
Abstinence/Faithfulness									
Blood Safety									
Safe Medical Injections									
Other Prevention									
VCT									
HIV clinical care (non-ART)									
Palliative Care									
OVC									
ART (non-PMTCT Plus)									
PMTCT Plus									
Strategic Information									
Cross Cutting Activities									
Laboratory Support									
Management & Staffing									
TOTAL									

