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Condensed COP Report

Guyana

2005

Country Operational Plan (COP)

Country Name: Guyana  
Fiscal Year 2005

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Table 1: Country Program Strategic Overview

**1.1 National Response**

There is a critical lack of reliable data to accurately describe the HIV/AIDS epidemic in Guyana. The true extent of the problem is unknown; AIDS case reporting is incomplete, with an estimated 60 percent of cases not reported, and seroprevalence data are outdated. The private sector contributes significantly to the underreporting. Because the Indo-Guyanese community is more likely to consult private practitioners, this contributes to an erroneous belief that HIV/AIDS is an Afro-Guyanese problem.

The epidemic is generalized, with a relatively low prevalence, and by the end of 2001, 3,068 cases had been reported. Females account for 39 percent of all HIV/AIDS cases, and in the 15–19 age group significantly more females than males have HIV/AIDS. The largest number of HIV/AIDS cases is reported in the 20–39 age group, peaking in the 25–29 age group. Because of stigma and discrimination, few Guyanese are willing to be tested for HIV. Region 4, which includes the capital, Georgetown, has 74 percent of reported HIV/AIDS cases and an incidence rate of 755 per 100,000 people. One of the consequences is that the mean age of survival between diagnosis and death is 4.5 months.

The Ministry of Health reported limited data for 2002, indicating HIV prevalence rates of zero to 8.0 percent among pregnant women in Regions 4 and 6; 15.1 percent among men, and 12.0 percent among women seeking treatment for a sexually transmitted infection at the Genito-Urinary Medicine (GUM) Clinic in Georgetown. In 2001, seroprevalence among blood donors was reported to be 1.0 percent.

Little seroprevalence data are available for the most-at-risk populations in Guyana. A 1997 study of female commercial sex workers in Georgetown found a 45.0 percent HIV seroprevalence; a 2000 study found a rate of 31.0 percent. However, the two sets of data came from two different ad hoc studies with different sampling frames. A 1998 study of miners living in Guyana's interior and away from their families found a seroprevalence of 6.3 percent. Data do not exist for male and transvestite sex workers, or for men who have sex with men. HIV prevalence in patients with tuberculosis (TB) was 30 percent–41 percent in 2000–2001. Injecting drug use is not believed to be a significant problem in Guyana.

1.1.1 National HIV/AIDS Action Framework

Between 1998 and 2000, the Government of Guyana was the main source of financial support for HIV/AIDS programs. Since then, external funding has surpassed domestic sources funding by approximately 50 percent. USG Agencies have a close working relationship with the MOH and continues to be the largest source of financial and technical assistance to the national program. The current national response includes:

- Strengthening of the surveillance system to produce information that will inform the design of interventions for HIV/AIDS reduction and planning care for those affected.
- A plan to increase access to voluntary counseling and testing (VCT);
- A pilot program at ante-natal care sites to integrate services to prevent mother-to-child transmission of HIV;
- AIDS awareness and education training at worksites;
- To reduce the risk and vulnerability to infection with HIV through targeted public education efforts focused on health care providers, youth, employers, employees, entertainers, commercial sex workers and men who have sex with men ; and
- Provision of free antiretroviral therapy for HIV-positive patients with two OIs, through the GUM clinic.

Though the MOH has tried to stay abreast of current interventions in HIV/AIDS prevention and treatment, its programs are hampered by shortages of human and financial resources, poor infrastructure, and prevailing attitudes about HIV/AIDS. Recently, the GOG has made efforts to increase the involvement of other sectors in the fight against HIV/AIDS, but to date this involvement has been quite limited. However, the Ministry of Education, and the Ministry of Culture, Youth and Sport now have sectoral workplans in support of the National Strategic Plan.

1.1.2 National HIV/AIDS Coordinating Authority

The Presidential AIDS Commission was initiated at the behest of President Bharrat Jagdeo in June 2004. It is chaired by the president and includes nine Sector Ministers, representatives from funding agencies and project staff from the Health Sector Development Unit. The Commission's role is to support and supervise the implementation of the National Strategic Plan for HIV/AIDS 2002 – 2006. The Commission will provide strong visibility and accountability for the country's response and will operate through a Technical Support Unit, and provide funding for NGOs registered to work in HIV/AIDS and support and coordinate inter-ministerial involvement.

During various GOG and donor meetings, the issues of monitoring, performance indicators, information systems and evaluation have been raised extensively. The Government is concerned that all parties involved with the country's development consider this matter seriously and stress the importance of communication and solid collaboration in light of the increasing number of partners.

There is a need to create a central agency or inter-sectoral group that has a handle on HIV/AIDS information in-country, with the appropriate links to the Presidential AIDS Commission (PAC), Ministry of Health, the World Bank, the GFATM Country Coordination Mechanism, USG as well as the donor coordination forum currently used, the Expanded Theme Group on HIV/AIDS. A M&E Director, supported by PEPFAR funds, will work in partnership with the MOH and USG; together they will be responsible for coordinating the assistance/input given to all sectors and ministries of the GOG for managing data flow and use.

A structured approach to strategic information (including surveillance, HMIS and monitoring and evaluation) is therefore an urgent need at both strategic and operational levels. A HIV/AIDS Monitoring and Evaluation Advisory Group will be formed through a consultative group process, facilitated by the Expanded Theme Group on HIV/AIDS. Its purpose is to advise on the development and implementation of appropriate institutions, processes and capacities which will ensure the adequate monitoring and assessment of Guyana's national response to HIV/AIDS. Its first task will be the coordination of the development of a National HIV/AIDS Monitoring and Evaluation Strategy for the Government of Guyana.

Network Model

The Network Model proposed by the Office of the Global AIDS Coordinator (OGAC) will be the conceptual framework used to develop the Guyana system of HIV/AIDS treatment and care. This will involve active public-private partnerships and will build upon the current central health facility based model to establish a sustainable network model. In this approach, HIV/AIDS treatment and care will be integrated within the existing healthcare delivery system in Guyana. However, the capacity of this system will be increased to assure that services are available from the central facility at GPHC to rural facilities. Community health workers, community volunteers, NGOs, CBOs, FBOs and associations of PLWHA will be used to provide support, adherence and counselling systems to patients. Technical support will be provided from the central health facility (GUM) to treatment facilities at all levels of the network. In turn, these facilities will support patients and refer those needing higher levels of care. There will also be an emphasis on a family oriented, integrated, comprehensive, patient-centered approach to care and treatment.

Characteristics of the proposed network model for HIV care and treatment in Guyana will include:

- Strengthening the linkages between central health facilities (GUM clinic) and district hospitals, local health clinics and private and faith-based NGO's.
- Clinical and community based social support staff work together to care for the HIV infected patient.
- State-of the art clinical care settings where treatment is provided at designated "specialty" sites.
- Use of community health care workers to assist with follow-up and to support care and adherence.
- Inclusion of NGO's as partners to clinicians to provide support services to PLWHA's.
- Inclusion of international and private support to build network capacity and lend support and resources to HIV/AIDS initiatives.

Human Capacity Development

The Guyanese Diaspora has resulted in a "brain drain" of educated professionals. These emigrants span a broad spectrum, from entrepreneurs and financial experts to health care workers and teachers. Of note, the US Consulate reports that Guyana has the 10th highest rate of emigration rate in the world, and the MOH reports that 90% of medical school graduates leave the country following graduation. This loss of human capital undermines the GOG's capacity to provide quality health, education, and social services; impedes government administration and management; and fosters dependence on donors. The private sector also suffers from these human resource constraints, because the limited availability of qualified personnel requires difficult choices between increasing personnel costs (e.g., expatriate staff), decreasing profits, or lowering standards. Today, there are an estimated 700,000 Guyanese living abroad, roughly 30 percent living in New York alone. Declining fertility rates also contribute to a dwindling population. The use of non-health personnel and retired health personnel in positions such as VCT and PMTCT counseling and community outreach is one potential solution to the human capacity shortage; another is use of lower-level health care staff to provide services (e.g., medexes rather than physicians). Both these solutions require extensive investments in training, supervision, monitoring, and evaluation to assure that quality is maintained.

USG Partners

The American Embassy in Guyana is working hard to assist Guyana to cope with and reduce the effects of HIV/AIDS infection in the country. This effort is being led by Ambassador Bullen through an Embassy-wide HIV/AIDS Coordination Committee that meets biweekly consisting of US Peace Corps, Department of Defense, the Centers for Disease Control and Prevention (CDC) and U.S. Agency for International Development (USAID).

All agencies are working together to implement an integrated comprehensive HIV/AIDS response. The initial area of collaboration was the implementation of President Bush's Prevention of Mother to Child Transmission (PMTCT) Initiative. CDC and USAID have worked closely with the Ministry of Health to conduct a rapid PMTCT assessment, develop a PMTCT expansion plan, roll out services to 14 new sites, conduct ANC facility surveys, and are now working together to increase human and facility resource capacity. Other areas of joint implementation will include voluntary counseling and testing (VCT), surveillance, and risk reduction.

## 1.4.1

Public-Private Partnerships

The Ministry of Labor, Human Services and Social Security in collaboration with the International Labor Organization launched the USDOL-funded HIV/AIDS workplace education program in February 2004. The goals of the program are to develop policies and programs for prevention of HIV/AIDS in the workplace, implement HIV/AIDS education programs and develop a sustainable national plan for the prevention of HIV/AIDS in the world of work. To date approximately 23 entities have pledged their support for the project and have begun formulating programs, among them is the Guyana Post Office Corporation, the Guyana Telephone and Telegraph Company, Guyana Power and Light, Guyana Sugar Corporation, Guyana Trades Union Congress, Demerara Distillers Limited and the National Bank of Industry and Commerce Ltd.

## 1.4.2

Local Partner Capacity for Health Care Delivery

Like many developing countries, Guyana suffers from a shortage of health care professionals. In order to fill the gap of health care professionals GHARP, GOG, and USG partnered to carefully plan a recruitment process to attract providers for PMTCT who were not currently employed with the Ministry of Health. A total of 495 applications were received, of that amount approximately half were health care providers who had retired at age 55 but were still active and were previously trained in PMTCT service delivery. Some of the applicants were recent social work graduates with little work experience, but with the ability to effectively execute the necessary job functions; others were NGO volunteers with PMTCT experience. 89 applicants will be hired of that amount 61 have already started working. Due to the success of this application process, GHARP, GOG and USG would like to use this best practice in other health care areas.



Women presently constitute only 38 percent of AIDS cases, however, women comprise the fastest growing rate of new infections among women 15-25 (1.9 females: 1.0 males). Unfortunately, little is known about the gender dynamic of HIV/AIDS transmission here. It is important that both sexes are targeted to stop the spread of HIV/AIDS. Although, access to education and health care is equal, the health care system is structured more toward women with respect to antenatal and pediatric care.

In Guyana, gender issues are subsumed within the broader context of social, economic, and political dysfunctions and problems. The relations between men and women in terms of roles, access to resources and power are circumscribed by the conditions of crime and violence, political instability, governance issues and divisiveness. Of note is that although both men and women are affected by these conditions, in general, women carry a disproportionate burden relative to men, in economic and social terms.

Gender roles and relations powerfully influence the course and impact of the HIV/AIDS epidemic. Gender-related factors shape the extent to which men, women, boys and girls are vulnerable to HIV infection and the ways in which AIDS affects them. Reversing the spread of HIV therefore demands that women's rights are realized and that women are empowered in all spheres of life.

The negative impact of the disease on the lives of women and young girls cannot be disputed. Their socially defined roles as care-givers, wives, mothers and grandmothers mean they bear the greatest part of the AIDS-care burden. They also bear the brunt of the epidemic in other ways too, since they are most likely to lose jobs, income and schooling.

Given the growing 'feminization' of AIDS in Guyana, there is a special need to address the specific factors that contribute to women's vulnerability and risk. These include ensuring that adolescent girls have access to information, services and treatment, that violence against women are not tolerated, and that prevention options are expanded.

Men and young boys are also vulnerable. In a Gender Assessment report for USAID/Guyana, August 2003, a NGO working to prevent transmission reported that based on their experience, the principal gender issue in dealing with HIV/AIDS is the case of young men, devoid of employment opportunities or achievement and with low self-esteem, who consider themselves to be invincible but also are reluctant to seek information and advice. The recent BSS reported that of the 702 male, out-of-school youths surveyed, 47.8% felt that their chances of being infected were low or non-existent. At the same time, the risk for young women contracting the disease is increased by their limited capacity to negotiate sexual activity because of differences in power between men and women.

Institutionally, attention to women's rights and to gender issues has been bolstered by a nascent women's movement linked to regional Caribbean organizations and international conventions and UN conferences. Donor support, particularly from the Canadian International Development Agency (CIDA) Gender Equity Program, has been an important stimulus for improving the legal foundation for gender equality and building programs to deal with gender issues.

Very few Guyanese are being tested for HIV/AIDS due to stigma. To reduce stigma, an anti-stigma and discrimination campaign was officially launched on September 12, 2003 by Ambassador Bullen and Minister of Health Dr. Leslie Ramsammy. The Words Have Power campaign is a three-month mass media campaign intended to promote changes in the attitudes, knowledge, language and incidences of stigma and discrimination toward people living with HIV and AIDS in the mini-bus environment. In addition to this campaign, USAID's NGO based strategy, the Guyana HIV/AIDS Youth Project working with nine NGO's, focuses on improved awareness, knowledge, and applied prevention activities targeting youth ages 8 to 25 using age-appropriate information and education materials. One of the goals of this project is to help reduce the stigma faced by those affected by the virus and their families. This youth project works with youth groups, and with youth not reached in a formal setting. The project has built strong ties to religious, ethnic, and cultural organizations as well.

Both the Global Fund and the Canadian International Development Agency have programs related to stigma as well.

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Table 2: HIV/AIDS PREVENTION, CARE AND TREATMENT TARGETS

	<u>National</u> <u>2-7-10</u>	<u>USG Direct Support</u> <u>Target End FY05</u>	<u>USG Indirect Support</u> <u>Target End FY05</u>	<u>Total USG Support</u> <u>Target End FY05</u>
<b>Prevention</b>				
Number of pregnant women receiving a complete course of antiretroviral prophylaxis in a PMTCT setting		300	0	300
Number of pregnant women who received PMTCT services in FY05		10,200	0	10,200
<b>Care</b>				
Target 2008: 5,000				
Number of HIV-infected individuals (diagnosed or presumed) receiving palliative care/basic health care and support at the end of FY05		2,500	0	2,500
Number of HIV-infected individuals (diagnosed or presumed) who received TB care and treatment in an HIV palliative care setting in FY05		100	25	125
Number of individuals who received counseling and testing in FY05		16,200	0	16,200
Number of OVCs being served by an OVC program at the end of FY05		600	0	600
<b>Treatment</b>				
Target 2008: 1,800				
Number of individuals with advanced HIV infection receiving antiretroviral therapy at the designated PMTCT+ site at the end of FY05		75	0	75
Number of individuals with HIV infection receiving antiretroviral therapy at the end of FY05		730	0	730

Table 3.1: COUNTRY PLAN - FUNDING MECHANISMS AND SOURCE

## Prime Partner: None Selected

Mech ID: 1,558  
 Mech Type: Unallocated  
 Mech Name: Unallocated  
 Planned Funding Amount:   
 Agency:  
 Funding Source:  
 Local:

Mech ID: 1,597  
 Mech Type: Unallocated  
 Mech Name: Unallocated  
 Planned Funding Amount:   
 Agency:  
 Funding Source:  
 Local:

## Prime Partner: American Red Cross

Mech ID: 8  
 Mech Type: Headquarters procured, centrally funded (Central)  
 Mech Name: American Red Cross  
 Planned Funding Amount:   
 Agency: USAID  
 Funding Source: GAC (GHA account)  
 Prime Partner ID: 170  
 Prime Partner Type: NGO  
 Local: No  
 New Partner: No

Sub-Partner Name: The Guyana Red Cross Society  
 Sub Partner Type: NGO  
 Planned Funding Amount:  Funding To Be Determined  
 Local: Yes  
 New Partner: No

## Prime Partner: Catholic Relief Services

Mech ID: 9  
 Mech Type: Headquarters procured, centrally funded (Central)  
 Mech Name: CRS  
 Planned Funding Amount:   
 Agency: HHS  
 Funding Source: N/A  
 Prime Partner ID: 7  
 Prime Partner Type: FBO  
 Local: No  
 New Partner: No

Sub-Partner Name: Catholic Medical Mission Board  
 Sub Partner Type: FBO  
 Planned Funding Amount:  Funding To Be Determined  
 Local: No  
 New Partner: Yes

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Prime Partner:

Catholic Relief Services

Sub-Partner Name: Institute of Human Virology at the University of Maryland
Sub Partner Type: University
Planned Funding Amount: [ ] Funding To Be Determined
Local: No
New Partner: Yes

Sub-Partner Name: Interchurch Medical Assistance
Sub Partner Type: FBO
Planned Funding Amount: [ ] Funding To Be Determined
Local: No
New Partner: Yes

Sub-Partner Name: Ministry of Health, Guyana
Sub Partner Type: Host Country Government Agency
Planned Funding Amount: [ ] Funding To Be Determined
Local: Yes
New Partner: No

Sub-Partner Name: St. Joseph's Mercy Hospital
Sub Partner Type: FBO
Planned Funding Amount: [ ] Funding To Be Determined
Local: Yes
New Partner: No

Sub-Partner Name: The Futures Group International
Sub Partner Type: TBD
Planned Funding Amount: [ ] Funding To Be Determined
Local: No
New Partner: Yes

Prime Partner:

Center for Disaster and Humanitarian Assistance Medicine

Mech ID: 13
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: DoD1
Planned Funding Amount: [ ]
Agency: Department of Defense
Funding Source: GAC (GHA) account
Prime Partner ID: 630
Prime Partner Type: University
Local: No
New Partner: Yes

Mech ID: 702
Mech Type: Locally procured, country funded (Local)
Mech Name: DoD2
Planned Funding Amount: [ ]
Agency: Department of Defense
Funding Source: GAC (GHA) account
Prime Partner ID: 630
Prime Partner Type: University
Local: No
New Partner: Yes

Mech ID: 1,586
Mech Type: Headquarters procured, country funded (HQ)

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**Prime Partner:** Center for Disaster and Humanitarian Assistance Medicine  
**Mech Name:** D  
**Planned Funding Amount:**   
**Agency:** Department of Defense  
**Funding Source:** Deferred (GHAJ)  
**Prime Partner ID:** 630  
**Prime Partner Type:** University  
**Local:** No  
**New Partner:** No

**Prime Partner:** Comforce  
**Mech ID:** 1,433  
**Mech Type:** Headquarters procured, country funded (HQ)  
**Mech Name:** Comforce  
**Planned Funding Amount:**   
**Agency:** HHS  
**Funding Source:** GAC (GHAJ account)  
**Prime Partner ID:** 2,050  
**Prime Partner Type:** Private Contractor  
**Local:** No  
**New Partner:** Yes

**Prime Partner:** Crown Agents  
**Mech ID:** 157  
**Mech Type:** Headquarters procured, country funded (HQ)  
**Mech Name:** Crown Agents  
**Planned Funding Amount:**   
**Agency:** HHS  
**Funding Source:** GAC (GHAJ account)  
**Prime Partner ID:** 422  
**Prime Partner Type:** Private Contractor  
**Local:** No  
**New Partner:** No

**Prime Partner:** Family Health International  
**Mech ID:** 4  
**Mech Type:** Locally procured, country funded (Local)  
**Mech Name:** GHARP  
**Planned Funding Amount:**   
**Agency:** USAID  
**Funding Source:** GAC (GHAJ account)  
**Prime Partner ID:** 180  
**Prime Partner Type:** NGO  
**Local:** No  
**New Partner:** No

**Sub-Partner Name:** Artistes in Direct Support  
**Sub Partner Type:** NGO  
**Planned Funding Amount:**  Funding To Be Determined  
**Local:** Yes  
**New Partner:** No

**Sub-Partner Name:** Caribbean Conference of Churches  
**Sub Partner Type:** FBO  
**Planned Funding Amount:**  Funding To Be Determined  
**Local:** Yes  
**New Partner:** Yes

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Prime Partner:

Family Health International

Sub-Partner Name: Central Islamic Organization of Guyana  
Sub Partner Type: FBO  
Planned Funding Amount:  Funding To Be Determined  
Local: Yes  
New Partner: Yes

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Sub-Partner Name: Cicalilli Associates inc.  
Sub Partner Type: NGO  
Planned Funding Amount:  Funding To Be Determined  
Local: No  
New Partner: Yes

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Sub-Partner Name: Comforting Hearts  
Sub Partner Type: NGO  
Planned Funding Amount:  Funding To Be Determined  
Local: Yes  
New Partner: No

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Sub-Partner Name: Help & Shelter  
Sub Partner Type: NGO  
Planned Funding Amount:  Funding To Be Determined  
Local: Yes  
New Partner: Yes

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Sub-Partner Name: Hope For All  
Sub Partner Type: NGO  
Planned Funding Amount:  Funding To Be Determined  
Local: Yes  
New Partner: Yes

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Sub-Partner Name: Hope Foundation  
Sub Partner Type: FBO  
Planned Funding Amount:  Funding To Be Determined  
Local: Yes  
New Partner: No

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Sub-Partner Name: Howard Delafield International  
Sub Partner Type: NGO  
Planned Funding Amount:  Funding To Be Determined  
Local: No  
New Partner: Yes

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Sub-Partner Name: Lifeline Counseling Services  
Sub Partner Type: NGO  
Planned Funding Amount:  Funding To Be Determined  
Local: Yes  
New Partner: No

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Prime Partner:

Family Health International

Sub-Partner Name: Linden Care Foundation  
Sub Partner Type: NGO  
Planned Funding Amount:  Funding To Be Determined  
Local: Yes  
New Partner: No

Sub-Partner Name: Management Sciences for Health  
Sub Partner Type: NGO  
Planned Funding Amount:  Funding To Be Determined  
Local: No  
New Partner: Yes

Sub-Partner Name: Maurice Solomon Accounting  
Sub Partner Type: Private Contractor  
Planned Funding Amount:  Funding To Be Determined  
Local: Yes  
New Partner: No

Sub-Partner Name: Ministry of Culture, Youth and Sport  
Sub Partner Type: Host Country Government Agency  
Planned Funding Amount:  Funding To Be Determined  
Local: Yes  
New Partner: No

Sub-Partner Name: Ministry of Education, Guyana  
Sub Partner Type: Host Country Government Agency  
Planned Funding Amount:  Funding To Be Determined  
Local: Yes  
New Partner: No

Sub-Partner Name: Ministry of Health, Guyana  
Sub Partner Type: Host Country Government Agency  
Planned Funding Amount:  Funding To Be Determined  
Local: Yes  
New Partner: No

Sub-Partner Name: Ministry of Labor, Human Services and Social Security  
Sub Partner Type: Host Country Government Agency  
Planned Funding Amount:  Funding To Be Determined  
Local: Yes  
New Partner: No

Sub-Partner Name: Ribbons of Life  
Sub Partner Type: NGO  
Planned Funding Amount:  Funding To Be Determined  
Local: Yes  
New Partner: Yes



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<b>Prime Partner:</b>	<b>Family Health International</b>
Sub-Partner Name:	Roadside Baptist Church
Sub Partner Type:	FBO
Planned Funding Amount:	<input checked="" type="checkbox"/> Funding To Be Determined
Local:	Yes
New Partner:	Yes

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Sub-Partner Name:	The Guyana Responsible Parenthood Association
Sub Partner Type:	NGO
Planned Funding Amount:	<input checked="" type="checkbox"/> Funding To Be Determined
Local:	Yes
New Partner:	No

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Sub-Partner Name:	The Network of Guyanese Living with HIV/AIDS
Sub Partner Type:	NGO
Planned Funding Amount:	<input checked="" type="checkbox"/> Funding To Be Determined
Local:	Yes
New Partner:	No

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Sub-Partner Name:	US Peace Corps
Sub Partner Type:	Own Agency
Planned Funding Amount:	<input checked="" type="checkbox"/> Funding To Be Determined
Local:	No
New Partner:	No

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Sub-Partner Name:	Volunteer Youth Corps
Sub Partner Type:	NGO
Planned Funding Amount:	<input checked="" type="checkbox"/> Funding To Be Determined
Local:	Yes
New Partner:	No

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Sub-Partner Name:	Youth Challenge Guyana
Sub Partner Type:	NGO
Planned Funding Amount:	<input checked="" type="checkbox"/> Funding To Be Determined
Local:	Yes
New Partner:	No

<b>Prime Partner:</b>	<b>Francois Xavier Bagnoud Center</b>
Mech ID:	7
Mech Type:	Locally procured, country funded (Local)
Mech Name:	FXB
Planned Funding Amount:	<input type="text"/>
Agency:	HHS
Funding Source:	GAC (GHAJ account)
Prime Partner ID:	57B
Prime Partner Type:	University
Local:	No
New Partner:	No

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Sub-Partner Name:	International Training and Education Center on HIV
Sub Partner Type:	University
Planned Funding Amount:	<input type="text"/>
Local:	No
New Partner:	Yes

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**Prime Partner:** Initiatives Inc.  
**Mech ID:** 10  
**Mech Type:** Headquarters procured, centrally funded (Central)  
**Mech Name:** Initiatives Inc.  
**Planned Funding Amount:**   
**Agency:** HHS  
**Funding Source:** N/A  
**Prime Partner ID:** 581  
**Prime Partner Type:** NGO  
**Local:** No  
**New Partner:** Yes

**Prime Partner:** Macro International  
**Mech ID:** 1,422  
**Mech Type:** Headquarters procured, country funded (HQ)  
**Mech Name:** Measure DHS  
**Planned Funding Amount:**   
**Agency:** USAID  
**Funding Source:** GAC (GHAI account)  
**Prime Partner ID:** 429  
**Prime Partner Type:** NGO  
**Local:** No  
**New Partner:** No

**Prime Partner:** Maurice Solomon Accounting  
**Mech ID:** 1,594  
**Mech Type:** Locally procured, country funded (Local)  
**Mech Name:** Accounting Institution  
**Planned Funding Amount:**   
**Agency:** USAID  
**Funding Source:** GAC (GHAI account)  
**Prime Partner ID:** 2,051  
**Prime Partner Type:** Private Contractor  
**Local:** Yes  
**New Partner:** No

**Prime Partner:** Ministry of Health, Guyana  
**Mech ID:** 12  
**Mech Type:** Headquarters procured, centrally funded (Central)  
**Mech Name:** Blood Safety  
**Planned Funding Amount:**   
**Agency:** HHS  
**Funding Source:** N/A  
**Prime Partner ID:** 580  
**Prime Partner Type:** Host Country Government Agency  
**Local:** Yes  
**New Partner:** No

**Mech ID:** 112  
**Mech Type:** Locally procured, country funded (Local)  
**Mech Name:** Laboratory  
**Planned Funding Amount:**   
**Agency:** HHS  
**Funding Source:** GAC (GHAI account)  
**Prime Partner ID:** 580  
**Prime Partner Type:** Host Country Government Agency  
**Local:** Yes  
**New Partner:** No

**Prime Partner:** University of Michigan School of Public Health  
**Mech ID:** 101  
**Mech Type:** Headquarters procured, country funded (HQ)

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**Prime Partner:** University of Michigan School of Public Health  
**Mech Name:** Population Fellows Program  
**Planned Funding Amount:**   
**Agency:** USAID  
**Funding Source:** GAC (GHAI account)  
**Prime Partner ID:** 494  
**Prime Partner Type:** University  
**Local:** No  
**New Partner:** No

**Prime Partner:** University of North Carolina Carolina Population Center  
**Mech ID:** 6  
**Mech Type:** Headquarters procured, country funded (HQ)  
**Mech Name:** Measure/Evaluation  
**Planned Funding Amount:**   
**Agency:** USAID  
**Funding Source:** GAC (GHAI account)  
**Prime Partner ID:** 495  
**Prime Partner Type:** NGO  
**Local:** No  
**New Partner:** No

**Sub-Partner Name:** Macro International  
**Sub Partner Type:** NGO  
**Planned Funding Amount:**  Funding To Be Determined  
**Local:** No  
**New Partner:** No

**Prime Partner:** US Agency for International Development  
**Mech ID:** 134  
**Mech Type:** Locally procured, country funded (Local)  
**Mech Name:** USAID Program Management  
**Planned Funding Amount:**   
**Agency:** USAID  
**Funding Source:** Deferred (GHAI)  
**Prime Partner ID:** 527  
**Prime Partner Type:** Own Agency  
**Local:** No  
**New Partner:** No

**Prime Partner:** US Centers for Disease Control and Prevention  
**Mech ID:** 135  
**Mech Type:** Locally procured, country funded (Local)  
**Mech Name:** CDC Program Support  
**Planned Funding Amount:**   
**Agency:** HHS  
**Funding Source:** GAC (GHAI account)  
**Prime Partner ID:** 528  
**Prime Partner Type:** Own Agency  
**Local:** No  
**New Partner:** No

**Mech ID:** 1,559  
**Mech Type:** Locally procured, country funded (Local)  
**Mech Name:** Deferred CDC Program Management  
**Planned Funding Amount:**   
**Agency:** HHS  
**Funding Source:** Deferred (GHAI)  
**Prime Partner ID:** 528  
**Prime Partner Type:** Own Agency  
**Local:** No

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**Prime Partner:** US Centers for Disease Control and Prevention

**New Partner:** No

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**Mech ID:** 1,560  
**Mech Type:** Locally procured, country funded (Local)  
**Mech Name:** Base, CDC Program Management  
**Planned Funding Amount:**   
**Agency:** HHS  
**Funding Source:** Base (GAP account)  
**Prime Partner ID:** 528  
**Prime Partner Type:** Own Agency  
**Local:** No  
**New Partner:** No

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**Prime Partner:** US Department of State

**Mech ID:** 1,588  
**Mech Type:** Headquarters procured, country funded (HQ)  
**Mech Name:** Consultant/Management  
**Planned Funding Amount:**   
**Agency:** Department of State  
**Funding Source:** GAC (GHAI account)  
**Prime Partner ID:** 531  
**Prime Partner Type:** Other USG Agency  
**Local:** No  
**New Partner:** Yes

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**Prime Partner:** US Peace Corps

**Mech ID:** 102  
**Mech Type:** Headquarters procured, country funded (HQ)  
**Mech Name:** Peace Corps  
**Planned Funding Amount:**   
**Agency:** Peace Corps  
**Funding Source:** GAC (GHAI account)  
**Prime Partner ID:** 536  
**Prime Partner Type:** Own Agency  
**Local:** No  
**New Partner:** No

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Program Area:

Mechanism ID: 1,558

Mechanism Type: Unallocated

Planned Funds:

Program Area:

Budget Code:

Program Area Code:

**Table 3.3.1: PROGRAM PLANNING OVERVIEW**

Result 1: Expand access to quality PMTCT services at ANC/MCH clinics and labor and delivery sites

Result 2: Increase awareness and demand for PMTCT services

Result 3: Strengthen the capacity of Ministry of Health PMTCT and surveillance staff

Total Funding for Program Area (\$):

**Current Program Context:**

Since the addition of PMTCT to the HIV/AIDS portfolio in June 2003, a considerable amount of work has been undertaken by the Country Team allowing PMTCT services to become more widely available. To date, the PMTCT Initiative has expanded PMTCT service provision from eight sites to 24, out of the targeted 42. Four thousand six hundred and eighty five (4,685) women have been counseled and offered testing. Of that amount, three thousand eight hundred and nine (3,809) accepted testing, with one hundred (100) testing positive. In addition, there have been seventy seven (77) HIV positive deliveries, with forty nine (49) women and seventy two (72) babies receiving nevirapine. (Oct 2003 - July 2004). One hundred and sixty five (165) health care providers were trained in the delivery of PMTCT services. (Aug 2004). An additional sixty five persons comprising counselors, social workers, counselors/testers, laboratory aides and clerks were trained in all aspects of PMTCT, to support health care professionals at the PMTCT sites. Ten (10) sites are currently being upgraded to improve the delivery of quality services at the various health centers and hospitals. Expansion and upgrades to PMTCT services to increase access and provide full ARV therapy to women and their newborns has begun. Currently, support to the Ministry of Health is and will continue to strengthen its capacity to deliver effective PMTCT services through the training of staff, provision of equipment and supplies to support management of PMTCT and surveillance activities. Eight NGOs, including three faith-based organizations, are promoting behavior change, appropriate health seeking behavior, and HIV/AIDS stigma reduction by improving acceptance of and demand for PMTCT services. Advertisements for media and print have been developed and will be aired shortly. Needs assessment has been completed at five labor and delivery sites. Infrastructural work at two hospitals has been completed and furnishings provided to one facility. Training of counselor/testers and laboratory aides to support labor and delivery sites has commenced.

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: (MTCT)

Program Area Code: 01

Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: GHARP / Family Health International

Planned Funds:

**Activity Narrative:**

GHARP will continue to expand from 32, to support 42 PMTCT sites by placing 85 personnel within the ANC clinics, offering continued training, provide counseling support materials, giving infrastructure support as needed, providing supplies and manuals and quality assurance and proper monitoring and evaluation system support and training; all in accordance with the National PMTCT guidelines (WHO supported).

GHARP will strengthen human resource capacity by building capacity of PMTCT support groups, strengthening MOH capacity to manage PMTCT, train labor and delivery ward staff using CDC/FXB-developed materials on protocols and procedures, post-exposure prophylaxis, safe obstetric practices, ARV prophylaxis issues and post-birth counseling, including infant feeding counseling.

The program will strengthen referral systems from PMTCT sites to government and NGO treatment sites. It will also strengthen the existing five hospitals in PMTCT service delivery, continue expansion of PMTCT services to 5 labor and delivery facilities, and hire and train 100 staff.

EP partner, CDC has supported the MOH to procure BMS for use in replacement feeding programs. The MOH will be internally supporting this procurement after the initial assistance period from CDC. PMTCT counseling includes education and guidance on feeding options and BMS is offered to all clients.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	10%
<input checked="" type="checkbox"/> Community Mobilization/Participation	10%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	10%
<input checked="" type="checkbox"/> Human Resources	25%
<input checked="" type="checkbox"/> Information, Education and Communication	5%
<input checked="" type="checkbox"/> Infrastructure	10%
<input checked="" type="checkbox"/> Logistics	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Training	10%

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**Targets:**

		<input type="checkbox"/> Not Applicable
Number of health workers newly trained or retrained in the provision of PMTCT services	100	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	300	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with PMTCT services, including counseling and testing	10,000	<input type="checkbox"/> Not Applicable
Number of service outlets providing the minimum package of PMTCT services	42	<input type="checkbox"/> Not Applicable

**Target Populations:**

- Adults
  - Men
  - Women
- Community leader
- Community members
- Community-based organizations
- Faith-based organizations
- Government workers
- Health Care Workers
  - Community health workers
  - Doctors
  - Medical/health service providers
  - Nurses
  - Pharmacists
  - Private health care providers
  - Midwives
  - Discordant couples
- HIV+ pregnant women
- Infants
- Ministry of Health staff
- Nongovernmental organizations/private voluntary organizations
- Pregnant women
- Religious/traditional leaders
- University
- Trainers
- Women of reproductive age

**Key Legislative Issues:**

- Gender
  - Addressing male norms and behaviors



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## Coverage Area:

State Province: Demerara-Mahaica (4)  
State Province: East Berbice-Corentyne (6)  
State Province: Essequibo Islands-West  
Demerara (3)  
State Province: Pomeroon-Supenaam (2)  
State Province: Potaro-Siparuni (6)  
State Province: Upper Demerara-Berbice  
(10)

ISO Code: GY-DE  
ISO Code: GY-EB  
ISO Code: GY-ES  
ISO Code: GY-PM  
ISO Code: GY-PT  
ISO Code: GY-UD

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Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: (MTCT)

Program Area Code: 01

**Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM**

Mechanism/Prime Partner: CDC Program Support / US Centers for Disease Control and Prevention

Planned Funds:

Activity Narrative: Purchase of rapid test kits and supplies for Elisa confirmation testing for all 42 PMTCT sites which includes the 5 labor and delivery wards.

Activity Category

% of Funds

Targets:

Activity Category	% of Funds	
		<input type="checkbox"/> Not Applicable
Number of health workers newly trained or retrained in the provision of PMTCT services	0	<input checked="" type="checkbox"/> Not Applicable
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	0	<input checked="" type="checkbox"/> Not Applicable
Number of pregnant women provided with PMTCT services, including counseling and testing	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets providing the minimum package of PMTCT services	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

**UNCLASSIFIED**

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: (MTCT)

Program Area Code: 01

**Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM**

Mechanism/Prime Partner: Measure DHS / Macro International

Planned Funds:

**Activity Narrative:** A qualitative assessment, initiated with FY04 funds will be finalized using FY05 support. This piece of strategic information will be used to analyze women's behavior around accessing PMTCT and those reasons why they drop out, refuse testing, don't adhere to post-delivery support etc. The results will be used to programmatically design a more effective PMTCT program and to give insight into structuring the PMTCT+ support. This study will also outline the gender issues, stigma and discrimination, and any other prohibitive factors involved in women's use of services and should pursue possible strategies to rectify these situations by encouraging women to suggest possibilities.

**Activity Category** **% of Funds**  
 Strategic Information (M&E, IT, Reporting) 100%

**Targets:**

		<input type="checkbox"/> Not Applicable
Number of health workers newly trained or retrained in the provision of PMTCT services	0	<input checked="" type="checkbox"/> Not Applicable
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	0	<input checked="" type="checkbox"/> Not Applicable
Number of pregnant women provided with PMTCT services, including counseling and testing	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets providing the minimum package of PMTCT services	0	<input checked="" type="checkbox"/> Not Applicable

**Target Populations:**

- HIV+ pregnant women
- Pregnant women

**Key Legislative Issues:**

- Gender
- Stigma and discrimination

**Coverage Area:**

State Province: Demerara-Mahaica (4)	ISO Code: GY-DE
State Province: Essequibo Islands-West Demerara (3)	ISO Code: GY-ES
State Province: Mahaica-Berbice (5)	ISO Code: GY-MA
State Province: Pomeroon-Supenaam (2)	ISO Code: GY-PM
State Province: Upper Demerara-Berbice (10)	ISO Code: GY-UD

Program Area:

Budget Code:

Program Area Code:

**Table 3.3.2: PROGRAM PLANNING OVERVIEW**

Result 1:	Improve HIV preventive behaviors (A/B) among youth
Result 2:	Reduce HIV/AIDS stigma and discrimination
Result 3:	Strengthen A/B prevention messages in faith-based, community networks and two Government Ministries
Result 4:	An A/B prevention program will exist in the Guyanese Defense Force with trained educators and peer educators. All new recruits in the Guyanese Defense Force will receive A/B prevention messages during initial training.

Total Funding for Program Area (\$): **Current Program Context:**

USAID efforts to date in Guyana have strengthened NGO capacity to focus on both in-school and out-of-school youth with "AB" messages (i.e., A for abstinence and delayed sexual debut, and B for fidelity and partner reduction). Support to 9 community based organizations, including one faith-based organization, to increase their organizational capacity has allowed for a more effective implementation of prevention activities for youths spanning 10 regions. In addition, a mass media campaign outreach to 100,000 young people focusing on abstinence and personal responsibility has begun. The campaign is working with local NGOs, school health clubs, and community leaders. The Ministry of Culture, Youth and Sport has adopted as a priority representation of issues related to HIV/AIDS and youth at the national and regional level. The Ministry is providing leadership in planning and implementing HIV/AIDS awareness activities among youth and sport communities. Support to the Ministry of Education and the Ministry of Culture, Youth and Sports has resulted in HIV/AIDS education inclusion in youth outreach programs in all regions. HIV/AIDS is included in the curriculum at the Youth Entrepreneur Skills Training program; the residential Kuru Kuru Training Center and non-residential Sophia Training Center. These programs reach approximately 250 youth annually. HIV/AIDS prevention education is included in the President's Youth Award Republic of Guyana program. Over 2,000 youth have been exposed to this program to date, and 800 are currently participating in 2004. The Guyanese Defense Force (GDF) lacks an organizational structure or written policy to deal with HIV/AIDS. It is in the process of developing an HIV/AIDS policy and is working incrementally to develop an HIV/AIDS prevention program. GDF leadership is favorably disposed towards providing AB messages to GDF members. As part of the US Department of Defense (DOD) international efforts to fight HIV/AIDS, the DOD supports interventions that aid in the reduction of HIV/AIDS incidence and improve broader HIV/AIDS care and prevention among military and civilian populations. This has been accomplished through implementation of large scale, comprehensive programs in prevention, assistance in the development of HIV policy for foreign militaries, construction of much needed infrastructure, establishment of locally sustainable HIV surveillance and research capabilities, development of human resource capacity through training and technical assistance and has been recently expanded to support the development of care and treatment efforts. Under PEPFAR Track 2.0, an assessment of HIV/AIDS prevention needs within the Guyanese Defense Force (GDF) was initiated and equipment was purchased to strengthen basic laboratory capability within the GDF. DOD programs will be based on the network model, leveraging existing human capacity and infrastructure when available and ensuring the provision of a continuum of care through linkages of programs and services. This will be accomplished by coordinating and establishing linkages with other USG agencies or centers of excellence to best achieve a comprehensive approach to HIV/AIDS care and prevention.

Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: GHARP / Family Health International

Planned Funds:

**Activity Narrative:**

GHARP will technically support 15 NGOs, FBOs and CBOs to effectively implement Abstinence and Faithfulness prevention activities for youth and adults alike. Partner organizations will receive technical and organizational capacity support to promote abstinence and faithfulness through the delivery of A/B prevention messages. Peer education and community-based activities will be key activities.

GHARP will build capacity of various Ministries (e.g., Ministry of Health, Ministry of Education, Ministry of Culture, Youth and Sports) to implement quality AB educational programs, targeting in-school youth, and will work with GOG to establish a policy addressing HIV/AIDS education in youth activities. The MOH Adolescent and Young Adult Health and Wellness Unit (CAYAHWU) will be strengthened to promote participation of parents, teachers, health care workers and communities in promotion of healthy lifestyles, and ensure that children, adolescents, and young adults take a lead role in determining youth health policies and initiatives. This program will use regional coordinators to facilitate interventions through school-health clubs that will complement the school-based Health and Family Life Education program once it is introduced into the school-based curriculum, and also work with the Ministry of Health in the development and promotion of youth-friendly health services. The initiative will begin work in five regions.

Continue the mass-media communication campaign with targeted messages for abstinence and faithfulness directed at different sectors of the community: men, women, youth, those in relationships etc. A key component of this strategy will include the "Me to You—Reach One Save One."—learning from program evaluation from the initial year, and more clearly targeting the A and B messages. Special emphasis will also be targeting adult males with the "B" message. NGOs/FBOs will focus on the males in the community to encourage responsible behavior and build leaders to communicate the message of positive behavior to male peers.

Work with FBOs will include training peer educators in specialized IEC and counseling skills, supporting clergy and religious leaders to provide education, counseling and referrals to services for their congregations, and support for training peer educators in womens' groups, mens' groups and youth groups within churches and mosques.

Teaching abstinence in schools will create the backbone of efforts of integrating HIV/AIDS education and reproductive health into the school-based Health and Family Life Education (HFLE) series, that will be further developed through the Ministry of Education, with technical guidance from GHARP.

**Activity Category**

- Community Mobilization/Participation
- Human Resources
- Information, Education and Communication

**% of Funds**

- 35%
- 5%
- 25%

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- Local Organization Capacity Development 20%
- Training 15%

**Targets:**

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	80,000	<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	80,000	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	18	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	18	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	10,000	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	10,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	300	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	300	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	20	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	20	<input type="checkbox"/> Not Applicable

**Target Populations:**

- Adults
  - Men
  - Women
- Community leader
- Government workers
- Street youth
- Media
- Nongovernmental organizations/private voluntary organizations
- Religious/traditional leaders
- Students
- Teachers
- Volunteers
- Youth

**Key Legislative Issues:**

- Gender
  - Addressing male norms and behaviors
- Stigma and discrimination

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Coverage Area:

State Province: Demerara-Mahaica (4)  
State Province: East Berbice-Corentyne (6)  
State Province: Essequibo Islands-West  
Demerara (3)  
State Province: Mahaica-Berbice (5)  
State Province: Upper Demerara-Berbice  
(10)

ISO Code: GY-DE  
ISO Code: GY-EB  
ISO Code: GY-ES  
ISO Code: GY-MA  
ISO Code: GY-UD

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Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

**Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM**

Mechanism/Prime Partner: American Red Cross / American Red Cross

Planned Funds:

Activity Narrative:

Guyana Red Cross Society (GRCS) has been operating as an independent Red Cross National Society since 1967. It supports community-based activities throughout the country. The GRCS project, Together We Can (TWC), has developed technical materials that incorporate a variety of abstinence and be faithful messages for peer educators. The project concentrates on scaling up skills-based HIV education, especially for younger youth and girls, and stimulating discourse on safe norms and behaviors.

Over the next five years, the project aims to reach 66,000 youth in and out of school (with 13,502 reached in the first 18 months) through direct peer education and mass mobilization approaches that address three objectives: delaying first intercourse, increasing secondary abstinence and increasing safer sexual behavior.

Activity Category

% of Funds

Targets:

Activity Category	% of Funds	
		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	15,000	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	12,576	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	325	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable



**Target Populations:**

- Community members
- Community-based organizations
- Faith-based organizations
- Street youth
- Implementing organization project staff
- Ministry of Health staff
- Nongovernmental organizations/private voluntary organizations
- Students
  - Primary school
  - Secondary school
  - University
- Trainers
- Youth
  - Girls
  - Boys

**Key Legislative Issues:**

**Coverage Area:**

- |   |                 |
|---|-----------------|
| State Province: Demerara-Mahaica (4)                | ISO Code: GY-DE |
| State Province: East Berbice-Corentyne (6)          | ISO Code: GY-EB |
| State Province: Essequibo Islands-West Demerara (3) | ISO Code: GY-ES |
| State Province: Pomeroon-Supenaam (2)               | ISO Code: GY-PM |
| State Province: Potaro-Siparuni (8)                 | ISO Code: GY-PT |
| State Province: Upper Demerara-Berbice (10)         | ISO Code: GY-UD |

UNCLASSIFIED

Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: DoD2 / Center for Disaster and Humanitarian Assistance Medicine  
Planned Funds:

Activity Narrative:

The Center for Disaster and Humanitarian Assistance Medicine (CDHAM) will initiate a train-the-trainer program directed towards both GDF medical personnel and GDF troops to provide AB messages within the GDF. Volunteers will be sought within the GDF to become peer educators. The primary target for AB messages will be new recruits and GDF members deploying to outlying posts. The training program will be accomplished through establishment message delivery policies, the adaptation and reproduction of curriculum and training materials, and four visits by a DoD training team to the GDF to conduct train-the-trainer training with increasing responsibility placed on the trained GDF members. It is anticipated that by the fourth visit that the DoD training team will observe and validate a fully functional training staff.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Information, Education and Communication	20%
<input checked="" type="checkbox"/> Local Organization Capacity Development	36%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	8%
<input checked="" type="checkbox"/> Training	36%

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## Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	1	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	1,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	20	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

## Target Populations:

- Adults
  - Men
  - Women
- Military
- Trainers
- Volunteers

## Key Legislative Issues:

- Volunteers

Coverage Area: National

State Province:

ISO Code:

UNCLASSIFIED

Program Area: Abstinence and Be Faithful Programs  
 Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Accounting Institution / Maurice Solomon Accounting  
 Planned Funds:

**Activity Narrative:**

A core of 15 NGOs will be supported through this program to increase their capacity to develop clear, targeted A and B messages and peer education to youth. Support will also be given to the Ministry of Health, Adolescent Health and Wellness unit to strengthen the program's regional and national approach to building school health clubs that focus on encouraging positive behaviours in youth. NGOs and FBOs will be funded through the Accounting Institution and will received capacity building through the firm in administration and financial management. The firm has been building the skills of nine indigenous organizations for nearly five years, and will use the same intensive approach with the new organizations. Maurice Solomon provides two direct counterpart who oversees the financial operations of the organization and makes quarterly site visits (often monthly) to each organization, paying special attention to the individual support needs of each organization.

The NGOs, FBOs, Peace Corps Volunteers, and MOH partners will implement the communication and education programs that are technically developed with them through the assistance of the GHARP project. The targets for these five NGO/FBOs would be included in those under GHARP and in FY05 will be tracked by GHARP monitoring framework and compiled in that database.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	90%
<input checked="" type="checkbox"/> Local Organization Capacity Development	5%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	5%

**Targets:**

Not Applicable

**Target Populations:**

- Men
- Women
- Community-based organizations
- Religious/traditional leaders
- Students
- Teachers
- Youth

**Key Legislative Issues:**

Coverage Area: National

State Province:

ISO Code:

Program Area:

Budget Code:

Program Area Code:

**Table 3.3.3: PROGRAM PLANNING OVERVIEW**

Result 1: Increase capacity of the National Blood Transfusion Service (NBTS) to deliver quality services

Result 2: Improve the capacity of public blood transfusion centers to manage and deliver quality services

Result 3: Strengthen standard blood safety precautions

Total Funding for Program Area

**Current Program Context:**

Currently there are 9 sites in Guyana (public and private) that perform blood collection and storage services in the country, and 10 that perform blood transfusions. One hundred percent of the blood supply is tested for HIV, Hepatitis B and C, syphilis and malaria. An important aspect of the President's Emergency Plan for AIDS Relief is to provide assistance to ensure a safe and adequate blood supply. CDC has recently awarded the Ministry of Health a five year cooperative agreement for rapid strengthening of blood transfusion services in Guyana.

Program Area: Medical Transmission/Blood Safety

Budget Code: (HMBL)

Program Area Code: 03

Table 3.3.3: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Blood Safety / Ministry of Health, Guyana

Planned Funds:

Activity Narrative:

Under the MOH Track 1.0 award for Blood Safety, the MOH will increase existing lab capacity to provide quality HIV/AIDS prevention and care activities and to strengthen blood transfusion services. The national reference laboratory will be constructed to assure diagnostic capacity to monitor immunologic and virologic profiles related to utilization of antiviral HIV medications and facilitate the screening of potential blood donors for HIV and other infectious diseases. MOH funds will support an upgrade (renovation) facilities delivering HIV/AIDS care and treatment and will also support additional staff needed. Technical assistance will be provided to the National Blood Transfusion Center in testing methodologies, recruitment campaigns and HIV counseling.

In addition, it is expected that increases will be seen in the number of technologists/physicians trained in blood safety each year, the number/percent of districts/regions in the country that have access to blood transfusion services, the number of blood donors including volunteer donors, the number/percent of blood collection centers having a quality control assessment each year, the percent of blood units tested for transfusion transmitted diseases (maintain 100%), the number of blood units needed/number of blood units collected (decrease need, increase units collected to meet unmet need), the number of hospitals performing blood utilization review.

On the policy level, activities will include the establishment of a legal framework and national management of the National Blood Bank Program, strengthening the implementation of the Caribbean regional standards, appropriate use of blood and blood products at Georgetown Hospital and the implementation of Transfusion Committees.

Regarding blood services, objectives include improving capacity of public blood transfusion centers to deliver services, increasing voluntary blood donation, and increasing knowledge and the level of documentation regarding quality assurance in blood services.

Activity Category

% of Funds

Targets:

Activity Category	% of Funds	
		<input type="checkbox"/> Not Applicable
Number of individuals trained in blood safety	50	<input type="checkbox"/> Not Applicable
Number of service outlets/programs carrying out blood safety activities	3	<input type="checkbox"/> Not Applicable

Target Populations:

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area:

Budget Code:

Program Area Code:

**Table 3.3.4: PROGRAM PLANNING OVERVIEW**

- Result 1: Increase the implementation of Universal Safety Precautions in clinical settings
- Result 2: Increase the implementation of safe medical injections in
- Result 3: Strengthen health worker knowledge and practice of infection control procedures in

Total Funding for Program Area (\$): **Current Program Context:**

Recently Initiatives Inc. was awarded a Track 1 cooperative agreement for injection safety. Guyana has neither a written safe injection policy nor standards to ensure that injections are necessary, appropriately provided or disposed of safely. There has also been limited training in safe injections and universal precautions and limited discussion about the direct link between the number of injections given and exposure to avoidable risk including transmission of HIV/AIDS, and hepatitis B & C for providers and clients. USG efforts will seek to avert HIV infections in health care settings by ensuring the development and implementation of a safe injections and universal precautions program. To this end, support will be provided for: a pilot project to design, implement and test curricula for training in Universal Precautions, and safe disposal of needles and medical waste; provision of supply of gloves, safe syringes and needles; the tools for scaling up the activities to other areas and to assure the availability of post-exposure prophylaxis in all settings. The objective of the Initiatives, Inc. program is to develop and implement safe injections and Universal Precautions program, including the design and tools for client-oriented BCC strategy to reduce demand for unnecessary injections; training for health workers in injection safety and interpersonal communication; commodity management, training curricula and waste disposal recommendations, and replacement of injections with oral medication on essential drug list and the acceptance of a national safe injection plan. The Guyanese Defense Force (GDF) has rudimentary laboratory facilities and no blood banking program. Assistance is needed to develop infection control procedures to prevent medically transmitted diseases, including HIV/AIDS, in the outpatient setting.

Program Area: Medical Transmission/Injection Safety

Budget Code: (HMIN)

Program Area Code: 04

Table 3.3.4: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Initiatives Inc. / Initiatives Inc.

Planned Funds:

Activity Narrative:

The activities include the following: 1) assess current injection practices within the public (and private sector, if possible); from both a client and provider perspective; 2) draft a national plan that includes the safe and appropriate use of injections with recommendations for an initial project to improve injection safety in selected areas; and 3) design and field test a project to enhance injection safety in selected geographic area(s) including provider skills, improving procurement and management of safe injection equipment and supplies, increasing managers' awareness and skills, and advocacy to reduce demand for injections and knowledge about injection safety among the general public

Activity Category

% of Funds

Targets:

Activity Category	% of Funds	Not Applicable
Number of individuals trained in injection safety	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers
  - Doctors
  - Medical/health service providers
  - Nurses
  - Pharmacists
  - Private health care providers

Key Legislative Issues:

Coverage Area:

State Province: Demerara-Mahaica (4)	ISO Code: GY-DE
State Province: East Berbice-Corentyne (6)	ISO Code: GY-EB
State Province: Essequibo Islands-West Demerara (3)	ISO Code: GY-ES
State Province: Pomeroon-Supenaam (2)	ISO Code: GY-PM
State Province: Potaro-Siparuni (8)	ISO Code: GY-PT
State Province: Upper Demerara-Berbice (10)	ISO Code: GY-JD



Program Area: Medical Transmission/Injection Safety

Budget Code: (HMIN)

Program Area Code: 04

Table 3.3.4: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: DoD2 / Center for Disaster and Humanitarian Assistance Medicine

Planned Funds:

Activity Narrative: The Center for Disaster and Humanitarian Assistance Medicine will recruit and manage the activities of a local organization/activity that will assist in implementation of universal precautions in GDF outpatient settings. All laboratory and health personnel will be trained in safe blood drawing/sample handling techniques and will be periodically observed/reevaluated to ensure compliance. In addition, safe handling of samples/medical waste used/produced in association with newly acquired laboratory equipment will be an area of particular focus. An initial stock of materials (e.g., gloves, sharps containers, needle systems) will be provided to facilitate safe handling of blood products and contaminated medical items and a logistic system will be established to ensure continuity and sustainment.

Activity Category

- Commodity Procurement
- Training

% of Funds

- 50%
- 50%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in injection safety	20	<input type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers
  - Doctors
  - Medical/health service providers
  - Nurses
- Military

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area:

Budget Code:

Program Area Code:

**Table 3.3.5: PROGRAM PLANNING OVERVIEW**

Result 1:	Reduce HIV infection risk in vulnerable populations
Result 2:	Strengthen quality of STI services at selected sites
Result 3:	Increase access to HIV/AIDS products and prevention services for high risk populations
Result 4:	Increase awareness and knowledge about HIV/AIDS preventive practices
Result 5:	Increase availability of condoms

Percent of Total Funding Planned for Condom Procurements

14

Total Funding for Program Area (\$):

**Current Program Context:**

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, and only two cases have been attributed to intravenous drug use. 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. USG efforts are strengthening the capacity of NGOs to reach the most vulnerable groups such as sex workers and their clients and MSMs in delivering HIV prevention messages and in providing both outreach and clinical services. USG efforts through DOL and DOD will reach occupations at high risk of HIV/AIDS infections such as miners, sugar industry workers, and transport workers. In partnership with the Ministry of Defense, the DOD is working to strengthen HIV/AIDS prevention and testing services in the Uniformed Services. The Guyanese Defense Force leadership is willing to have condoms available for GDF members that want them. Condoms were procured for GDF members with FY04 funds. Support to the MOH has also strengthened one national STI site to provide HIV/AIDS prevention, treatment, counseling and testing for this population. In order to optimize HIV prevention for these MARPs, efforts are planned to increase counseling and testing and referrals to ARV care from STI clinics, STI care and treatment for HIV infected persons, and deliver messages of partner reduction to CSW and STI clinic populations. To reduce misinformation among MARPs and the general population about HIV/AIDS, a targeted condom social marketing campaign is underway including mass media and peer-education. The mass media marketing campaign is raising awareness of the new condom brand and creating demand among target audiences. Posters, printed point-of sale materials, T-shirts and promotional items bearing the brand and logo are providing additional publicity. Similarly, a targeted social marketing program has been promoting condom use, and community-based distribution. Work through local organizations, peer distributors and sales agents to expand the number of non-traditional sales points such as bars, clubs, kiosks, brothels and street vendors, has begun close to where the high risk groups are concentrated and thereby further increasing access to condoms.

Program Area: Other Prevention Activities

Budget Code: (HVOP)

Program Area Code: 05

**Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM**

**Mechanism/Prime Partner:** GHARP / Family Health International

**Planned Funds:**

**Activity Narrative:**

A campaign, aimed at reducing high-risk behaviors among the most at-risk populations, will employ mass media and peer education strategies, along with community-based distribution at traditional and non-traditional outlets. GHARP will make every effort to ensure that organizations are supported to work with the most at-risk populations, including MSM, prostitutes, youth (especially young girls), men and miners, to access prevention education and services.

GHARP aims to reduce the risk of STI and HIV transmission among sexually active men and women. The project will increase access to high quality, affordable STI services targeting MSM, prostitutes and other high-risk populations.

Technical support will be given to develop certain CSWs into a leader's network of peer educators, and to improve access to HIV and STI diagnostic and prevention services by using mobile VCT, access to condoms and education on correct use and negotiation skills, and strengthening of referral systems for STI services, PMTCT services, ART and other treatment, care and support services as needed.

Support the development of a network of available health care providers that are sensitive and supportive of MSM and CSW and their health care needs; especially as relates to HIV and STIs. This will include training key health care providers and promoting a supportive environment where MSM and CSW can access friendly STI diagnosis and treatment, counseling and testing for HIV, prevention education and access to condoms. Referrals to ART for those who test positive and are medically eligible and linkages to other HIV treatment, care and support services will be a key feature of these sites.

GHARP will be responsible for condom procurement and delivery under PEPFAR. Their condom marketing campaign will not only generate demand for branded condoms and access to non-traditional condom sales outlets in mining and hinterland areas, but will also increase acceptability of condoms in most-at-risk populations.

GHARP will build capacity of NGOs to provide targeted prevention education, and services to the most vulnerable populations. The project aims to strengthen local NGO capacity to provide prevention through outreach and facilitating direct referral for clinical services to vulnerable populations in Georgetown. GHARP will also facilitate and technically support the development of prevention outreach in border communities in Region 9 with the Brazilian Health authorities. GHARP will also assess the need and feasibility, and possible strategy for replicating a cross-border program in region 6 (with Suriname) and region 1 (with Venezuela).

GHARP will also support the development of prevention programs for positives and assist local, PLWHA groups and twinning programs to increase the capacity of such groups for providing post-test counseling for positives, support groups for positive pregnant women, counseling for discordant couples, implementing focused communication campaigns, and supporting the access to key health services.

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Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	20%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	10%
<input checked="" type="checkbox"/> Human Resources	10%
<input checked="" type="checkbox"/> Information, Education and Communication	20%
<input checked="" type="checkbox"/> Local Organization Capacity Development	20%
<input checked="" type="checkbox"/> Training	20%

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	4	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	250	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	50	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	1	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
  - Men
  - Women
- Commercial sex industry
  - Brothel owners
  - Clients of sex workers
  - Commercial sex workers
- Government workers
- High-risk population
  - Discordant couples
  - Men who have sex with men
  - Partners of sex workers
  - Street youth
- HIV/AIDS-affected families
- HIV+ pregnant women
- Media
- Police
- Miners
- Mobile populations
  - Truckers
- Nongovernmental organizations/private voluntary organizations
- People living with HIV/AIDS
- Students

Key Legislative Issues:

UNCLASSIFIED

Coverage Area:

State Province: Cuyuni-Mazaruni (7)	ISO Code: GY-CU
State Province: Demerara-Mahaica (4)	ISO Code: GY-DE
State Province: East Berbice-Corentyne (6)	ISO Code: GY-EB
State Province: Mahaica-Berbice (5)	ISO Code: GY-MA
State Province: Potaro-Siparuni (8)	ISO Code: GY-PT
State Province: Upper Demerara-Berbice (10)	ISO Code: GY-UD
State Province: Upper Takutu-Upper Essequibo (9)	ISO Code: GY-UT

Program Area: Other Prevention Activities

Budget Code: (HVOP)

Program Area Code: 05

**Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM**

Mechanism/Prime Partner: Peace Corps / US Peace Corps

Planned Funds:

**Activity Narrative:**

Peace Corps Guyana has as their goal, to enhance capacity, support and outreach for Peace Corps Volunteers, counterparts, educational and health practitioners and their respective communities. The output is a stronger and a more effective health program at the community level. In regards to HIV/AIDS, Peace Corps Guyana will conduct six regional in-service trainings for Peace Corps Volunteers, Counterparts, and other Ministry Officials from all Regions of Guyana except Region's eight. (no Volunteers are currently assigned to this region). The program will also support five, HIV/AIDS specific volunteers to be placed strategically in NGO and GOG sites.

In terms of peer education/peer counseling, volunteers will become equipped with skills to train youth peer educators in and out of school, set up of buddy support systems for peer educators, develop a mentoring support system, work with most-at-risk youth, work with the MOH Adolescent Health and Wellness program to set up health clubs, facilitate sessions for peer educators/peer counselors to offload and be provided with additional training and support eg. Retreats, and summer camps, facilitate exchange programmes to neighboring communities (sharing of best practice), facilitate a youth conference on topic of interest for youths in conjunction with the MOH Adolescent Health and Wellness program, conduct awareness and training program for the communities, and train the trainer sessions for sustainability.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	10%
<input checked="" type="checkbox"/> Human Resources	10%
<input checked="" type="checkbox"/> Training	80%

**Targets:**

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	8	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	200	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	100	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

# UNCLASSIFIED

## Target Populations:

- Community members
- Community health workers
- People living with HIV/AIDS
- Religious/traditional leaders
- Students
- Teachers
- Volunteers
- Youth

## Key Legislative Issues:

### Coverage Area:

State Province: Cuyuni-Mazaruni (7)	ISO Code: GY-CU
State Province: Demerara-Mahaica (4)	ISO Code: GY-DE
State Province: East Berbice-Corentyne (6)	ISO Code: GY-EB
State Province: Essequibo Islands-West Demerara (3)	ISO Code: GY-ES
State Province: Mahaica-Berbice (5)	ISO Code: GY-MA
State Province: Pomeroon-Supenaam (2)	ISO Code: GY-PM
State Province: Upper Demerara-Berbice (10)	ISO Code: GY-UD
State Province: Upper Takutu-Upper Essequibo (9)	ISO Code: GY-UT

Program Area: Other Prevention Activities

Budget Code: (HVOP)

Program Area Code: 05

Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: DoD / Center for Disaster and Humanitarian Assistance Medicine

Planned Funds:

**Activity Narrative:** Program activities will focus on provision of condoms to members of the GDF that are at an increased risk. Procurement, warehousing and distribution mechanisms will be established. Logistics training will be provided. CDHAM and DoD will work with GDF leadership to increase the acceptability of condom social marketing within the GDF. Training will be initiated that focuses on teaching ABC messages to HIV-infected members of the GDF, utilizing GDF medical personnel.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	34%
<input checked="" type="checkbox"/> Local Organization Capacity Development	33%
<input checked="" type="checkbox"/> Training	33%

**Targets:**

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	.1	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	250	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	10	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

**Target Populations:**

- Adults
  - Men
  - Women
- Health Care Workers
  - Doctors
  - Medical/health service providers
  - Nurses
- Military
- People living with HIV/AIDS
- Trainers
- Volunteers



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Key Legislative Issues:

- Gender
  - Increasing gender equity in HIV/AIDS programs
  - Addressing male norms and behaviors
- Volunteers
- Stigma and discrimination

Coverage Area: National

State Province:

ISO Code:

Program Area: Other Prevention Activities

Budget Code: (HVOP)

Program Area Code: 05-

**Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM**

Mechanism/Prime Partner: Accounting Institution / Maurice Solomon Accounting

Planned Funds:

**Activity Narrative:** Support will be given to 4 NGOs to reach the MARP in the highest affected regions. Regions with large mining, timber, and mobile populations, cross-border communities, as well as MSM and CSWs in urban centers will be reached with prevention education and links to needed STI and testing services. These NGOs will also provide a safe environment for support groups to meet in order to receive counseling and education as well as to obtain services or be have direct assistance for referrals.

A model for three high risk, rural areas will include partnering hinterland NGOs with MOH facilities and staff to deliver services for prevention, HIV/STI diagnosis, and STI treatment at the health centers located within the regional health sector network, and also direct delivery at mining camps.

The program will partner with Brazilian health authorities to initiate a joint program that will include HIV/STI prevention education, affordable condoms, information on assessing, reducing and eliminating one's risk of infection, and HIV/STI/TB diagnosis and treatment.

The targets for these five NGO/FBOs would be included in those under GHARP and in FY05 will be tracked by GHARP monitoring framework and compiled in that database.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	80%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	10%
<input checked="" type="checkbox"/> Training	10%

**Targets:**

		<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	3	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	300	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	9	<input type="checkbox"/> Not Applicable

**Target Populations:**

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Commercial sex industry   | <input checked="" type="checkbox"/> Partners of sex workers     |
| <input checked="" type="checkbox"/> Brothel owners            | <input checked="" type="checkbox"/> Miners                      |
| <input checked="" type="checkbox"/> Clients of sex workers    | <input checked="" type="checkbox"/> Mobile populations          |
| <input checked="" type="checkbox"/> Commercial sex workers    | <input checked="" type="checkbox"/> Truckers                    |
| <input checked="" type="checkbox"/> High-risk population      | <input checked="" type="checkbox"/> People living with HIV/AIDS |
| <input checked="" type="checkbox"/> Men who have sex with men |   |

UNCLASSIFIED

Key Legislative Issues:

Addressing male norms and behaviors

Coverage Area: National.

State Province:

ISO Code:

Program Area:

Budget Code:

Program Area Code:

**Table 3.3.9: PROGRAM PLANNING OVERVIEW**

- Result 1: Improve availability of and access to HIV testing and counseling services\n
- Result 2: Increase use of HIV testing and counseling services\n
- Result 3: Increase public information and understanding of HIV counseling and testing\n
- Result 4: Enhance quality of voluntary counseling and testing services\n
- Result 5: Guyanese Defense Force (GDF) members will have access to voluntary HIV testing and counseling services (from trained counselors) at all four GDF bases. 60 HIV-positive individuals will be identified and referred to a national center of excellence.

Total Funding for Program Area (\$): **Current Program Context:**

A strong focus on VCT is essential to scaling up palliative care and treatment activities, and 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. A countrywide VCT situation analysis conducted by USG in March 2003 highlighted the need for improvement in four major areas: management, infrastructure, counselors, and HIV testing. In addition to the counseling and testing that the USG is providing through ANC and L&D services, 5 counseling and testing sites including 1 mobile unit are operational and supported in the areas most affected by HIV in Guyana. They have provided services to 1500 individuals in two months. This increased capacity includes outreach and non-clinical approaches to reach hard-to-reach most at risk populations, linking HIV+ persons to the closest care and support services. Establishment of quality rapid testing services has been ensured through the development of rapid testing guidelines, protocols and quality control measures. Training has been provided to counselors, testers and laboratory technicians in quality-assured rapid testing, and technical assistance to the MOH has allowed for the implementation of routine QA for rapid testing. Quality assurance mechanisms are also being used by the MOH and NGOs to improve HIV testing and counseling. A mass media campaign promoting VCT services is underway and is encouraging testing with messages for both the general population and most-at-risk groups. MARPs will be provided with routine VCT in STI and TB clinics. Current community mobilization efforts include the use of mobile VCT units. An initial assessment is made of the site to determine the best time for the mobile unit, and then posters and flyers are passed around the community to gain interest. A major media campaign was conducted involving television, radio, billboard and print media as well as interpersonal communications activities to promote the social benefits of counseling and testing. VCT was provided to 4,000 clients in Guyana in the first year of operations. An improved and effective referral network for VCT clients served within the franchised VCT sites was also created. Currently, PSI is providing support to 5 stand-alone VCT sites. USG plans to strengthen 1 stand-alone VCT center that will serve as the flagship for the network. Four VCT service delivery approaches will be used: integrated, mobile, stand-alone and NGO sites. 4 mobile VCT sites, 8 public sites, 2 stand-alone sites and 5 NGO sites are planned. A team of VCT professionals will work on a mobile VCT outreach unit that will serve high risk groups or clients in outlying areas. The GDF has no routine schedule for HIV testing, but individuals are tested for HIV upon entry into the GDF and when donating blood. No VCT program exists and no formal mechanism exists to coordinate referral of HIV-positive individuals into the national network. The GDF is in the process of developing an HIV/AIDS policy and is working incrementally to develop an HIV/AIDS prevention program. Preliminary assessment suggests the GDF is resistant to the use of non-military personnel for counseling of their members.

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: GHARP / Family Health International

Planned Funds:

**Activity Narrative:**

GHARP will provide voluntary counseling and testing services to 6,000 people. They will increase the accessibility of VCT services to vulnerable populations. As part of their VCT portfolio of activities, expand and upgrade VCT sites in addition to the C&T available at the 42 PMTCT sites, to the community where VCT is already integrated into the health programs, establish faith-based VCT services, support additional mobile units, review and revise guidelines for pre- and post-test counseling (in collaboration with CDC) and ensure abstinence and faithfulness education be used to target appropriate groups, provide testing services at TB and STI clinics, and train counselors in the use of guidelines and provide ongoing follow-up training in addition to basic counseling skills.

VCT services will reach MARPS using a mix of public and mobile testing; reaching out to needy populations determined to be at high risk by BSS and surveillance information. The goal is to integrate the VCT once testing options are available and accessed at an integrated health care setting. Integration of VCT at sites delivering diagnosis and treatment for TB, STIs and HIV will occur by expanding the GUM clinic model to additional sites. VCT services will be integrated into the outpatient and medical clinics of selected facilities and to in-patient services to capture clients already seeking health services.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	10%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	10%
<input checked="" type="checkbox"/> Human Resources	30%
<input checked="" type="checkbox"/> Logistics	30%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Training	10%

**Targets:**

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	100	<input type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	6,000	<input type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	18	<input type="checkbox"/> Not Applicable

**Target Populations:**

- Adults
  - Men
  - Women
- Commercial sex industry
  - Clients of sex workers
  - Commercial sex workers
- Community leader
- Community members
- High-risk population
  - Men who have sex with men
  - Partners of sex workers
- Sex partners
- Women of reproductive age

**Key Legislative Issues:**

- Stigma and discrimination

Coverage Area: National

State Province:

ISO Code:

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: CRS / Catholic Relief Services

Planned Funds:

Activity Narrative:

CRS will introduce a culturally acceptable adherence plan to support PLWHA in the program by establishing a protocol and talking points to be reinforced by doctors, counselors, pharmacist, and lab personnel and by developing a procedure for setting up patient partners. They will also expand the program to include a mobile clinic and will designate special HIV testing days at different sites. CRS will create small support groups around individual counselors.

In addition, CRS will provide outpatient community care. They will develop an adherence program, add 2 FTE counselors, develop a tracking and follow-up system, develop links to other agencies with complimentary services for PLWHA, e.g. PSI, FHI, PMTCT programs, Lifeline. CRS will sign memoranda of understanding with appropriate agencies to ensure confidentiality.

Activity Category

% of Funds

Targets:

Activity Category	% of Funds	
		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:



Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: **Crowne Agents / Crown Agents**

Planned Funds:

Activity Narrative: CDC will also support the costs of rapid test kits and the supplies necessary for Elisa confirmation for all VCT in both public and private sites, including those that are programmatically supported by GHARP and other PEPFAR partners.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	60%
<input checked="" type="checkbox"/> Human Resources	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	20%
<input checked="" type="checkbox"/> Training	10%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

Key Legislative Issues:

Coverage Area: **National**

State Province:

ISO Code:

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: DoD2 / Center for Disaster and Humanitarian Assistance Medicine  
 Planned Funds:

**Activity Narrative:**

The Center for Disaster and Humanitarian Assistance Medicine (CDHAM) and a local hire with military experience will work with the GDF leadership to identify institutionally acceptable individuals to provide VCT to members of the GDF. If a local organization already providing VCT remains unacceptable to the GDF, a train the trainer program will be initiated to develop and sustain human capacity. Four visits by a DoD training team to the GDF to conduct train-the-trainer training with increasing responsibility placed on the trained GDF members. It is anticipated that by the fourth visit that the DoD training team will observe and validate a fully functional training staff. VCT will be available at four bases, using existing buildings on GDF or mobile vans of organizations that provide VCT. If the GDF pursues development of internal capacity, construction of VCT centers in the out years will be considered. Collaborative mechanisms will be established with the civilian health sector to refer individuals identified as HIV-positive for appropriate care and treatment. (ARV therapy not anticipated as a viable GDF activity).

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	22%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	2%
<input checked="" type="checkbox"/> Information, Education and Communication	11%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	2%
<input checked="" type="checkbox"/> Local Organization Capacity Development	24%
<input checked="" type="checkbox"/> Logistics	11%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	4%
<input checked="" type="checkbox"/> Training	24%

**Targets:**

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	20	<input type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	200	<input type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	4	<input type="checkbox"/> Not Applicable

**Target Populations:**

- Adults
  - Men
  - Women
- Health Care Workers
  - Community health workers
  - Doctors
  - Medical/health service providers
  - Nurses
- Military
- Pregnant women
- Trainers

**Key Legislative Issues:**

- Stigma and discrimination

**Coverage Area:** National

State Province:

ISO Code:

Program Area: Counseling and Testing  
 Budget Code: (HVCT)  
 Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Comforce / Comforce

Planned Funds:

Activity Narrative: CDC will hire a director/advisor to assist the MOH and NGOs using quality assurance mechanisms to improve HIV testing and counseling and commodity management. This will include the development of QA mechanisms for VCT standards; increasing Q/A personnel/HR for outreach supervision, referral networks, annual review and revision for testing; training and overseeing counselors in use of guidelines, rapid testing; and counselling skills (in collaboration with GHARP).

Activity Category % of Funds  
 Human Resources 100%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area:

Budget Code:

Program Area Code:

**Table 3.3.7: PROGRAM PLANNING OVERVIEW**

- Result 1: Strengthen capacity of health professionals to care for HIV infected TB patients
- Result 2: Strengthened delivery of integrated HIV and TB services
- Result 3: Improve diagnosis and treatment of TB among HIV+ individuals
- Result 4: Improve diagnosis of other OIs among HIV+ individuals

Total Funding for Program Area (\$): **Current Program Context:**

There has been an increase in TB incidence as a result of HIV. 33 percent of TB patients are co-infected with HIV. There is strong stigma associated with both TB and HIV. The TB clinic operates next to the GUM clinic at Georgetown Public Hospital. Routine referrals and communication between the 2 clinical services does exist. Nevertheless there is scope for improvement especially in the management of co-infections and it is anticipated that in the future all TB patients will be tested for HIV. FXB/ CDC is currently supporting the Ministry of Health to develop a national strategic plan for HIV and TB. A strategic planning meeting is scheduled for October 17 – 23, 2004.

USG-funded activities will strengthen Guyana's health care system through pre-service training for medical nursing and allied health students and in-service training for existing health professionals. In addition, one referral site for laboratory diagnosis of advanced opportunistic infections and TB for 350 HIV positive people. Also, increase laboratory capacity to diagnose OIs and TB. Laboratory personnel will be trained and lab equipment provided at the national referral laboratory to increase capacity for OI diagnosis. A senior laboratory scientist from FXB will provide expert input for the laboratory.

Current programs will continue to provide VCT at the TB/Chest Clinic at Georgetown Public Hospital. The related laboratory services will continue to be provided through USG support of the Central Medical Laboratory. Activities that support TB/HIV coinfection programs are described under the related program areas such as HDXD and HTXS, HVCT, and HLAB.

The Guyanese Defense Force (GDF) is a high-risk population for all STIs, including HIV. It is estimated that about 120 members of the GDF are living with HIV and that 30 individuals are co-infected with HIV and TB. GDF leadership is committed to increasing services for individuals within the GDF living with HIV/AIDS.

Program Area: Palliative Care: TB/HIV

Budget Code: (HVTB)

Program Area Code: 07

Table 3.3.7: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: CDC Program Support / US Centers for Disease Control and Prevention

Planned Funds:

Activity Narrative:

CDC, in close collaboration with the TB Clinic and our donor partner CIDA, will strengthen the link between the TB clinic and the treatment center of excellence in Georgetown. In addition to the clinician that FXB will be assigning to manage the patients, CDC will work on building the very limited infrastructure of the facility as well as to support the necessary human resource capacity to ensure that the DOTS program is being managed efficiently and support TB care for HIV-infected persons.

Activity Category

- Human Resources
- Infrastructure

% of Funds

50%  
50%

Targets:

		<input type="checkbox"/> Not Applicable
Number of HIV-infected individuals (diagnosed or presumed) who received clinical prophylaxis and/or treatment for TB	100	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)	2	<input type="checkbox"/> Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for TB for HIV-infected individuals (diagnosed or presumed)	1	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
  - Men
  - Women
- Health Care Workers
  - Community health workers
  - Ministry of Health staff
- People living with HIV/AIDS

Key Legislative Issues:

Coverage Area:

State Province: Demerara-Mahaica (4)

ISO Code: GY-DE

Program Area: Palliative Care: TB/HIV

Budget Code: (HVTB)

Program Area Code: 07

Table 3.3.7: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: DoD2 / Center for Disaster and Humanitarian Assistance Medicine

Planned Funds:

**Activity Narrative:** The Center for Disaster and Humanitarian Assistance Medicine (CDHAM) and a local hire will coordinate technical assistance to GDF medical personnel to enable diagnosis and treatment of TB in HIV-infected individuals within the GDF. Training, local organization, capacity development, strategic information, and materials development activities will be done in conjunction with the HBHC program area (3.3.6). Equipment, laboratory supplies and pharmaceuticals will be provided to build the capability to treat TB in up to 30 HIV-infected individuals.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	67%
<input checked="" type="checkbox"/> Logistics	33%

**Targets:**

		<input type="checkbox"/> Not Applicable
Number of HIV-infected individuals (diagnosed or presumed) who received clinical prophylaxis and/or treatment for TB	30	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)	10	<input type="checkbox"/> Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for TB for HIV-infected individuals (diagnosed or presumed)	4	<input type="checkbox"/> Not Applicable

**Target Populations:**

- Adults
  - Men
  - Women
- Health Care Workers
  - Doctors
  - Medical/health service providers
  - Nurses
  - Pharmacists
- Military

**Key Legislative Issues:**

Coverage Area: National

State Province: \_\_\_\_\_ ISO Code: \_\_\_\_\_

Program Area: Palliative Care: TB/HIV

Budget Code: (HVTB)

Program Area Code: 07

Table 3.3.7: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Comforce / Comforce

Planned Funds:

**Activity Narrative:** CDC will hire a TB/HIV Coordinator who will be in charge of coordinating the development of technical guidelines for co-management, development of training modules and conducting health worker training. S/he will assist in coordination of resources between the two programs, arranging links between treatment and testing sites, ensuring accurate record-keeping and improving collaboration between the two programs.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Human Resources	90%
<input checked="" type="checkbox"/> Training	10%

**Targets:**

Target	Value	Applicability
Number of HIV-infected individuals (diagnosed or presumed) who received clinical prophylaxis and/or treatment for TB	0	<input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for TB for HIV-infected individuals (diagnosed or presumed)	1	<input type="checkbox"/> Not Applicable

**Target Populations:**

**Key Legislative Issues:**

Coverage Area: National

State Province:

ISO Code:



Program Area:

Budget Code:

Program Area Code:

**Table 3.3.6: PROGRAM PLANNING OVERVIEW**

Result 1: Identify and strengthen community groups to provide home-based services to PLWHAs

Result 2: Increase access to treatment for OIs and STIs

Result 3: Improve the quality of basic health care clinical services for HIV+ patients

Result 4: Strengthen the capacity of health care providers in HIV/AIDS care in rural based facilities

Result 5: Strengthen organizational capacity to promote long-term sustainability of palliative care services.

Result 6: The Guyanese Defense Force (GDF) will provide nutritional education and services to HIV/AIDS-affected members of the GDF and their families.

Total Funding for Program Area (\$):

**Current Program Context:**

Prior to PEPFAR efforts, no organized palliative care efforts existed in-country. Home-based care services existed on an ad-hoc basis through NGOs, CBOs, and FBOs. In 2003, forty HIV+ people received care and support from NGOs, and approximately 200 received clinical care and ART at the Georgetown Hospital. Although HIV+ patients may receive end of life care in hospital settings, they are not identified as HIV+. As a new area of emphasis in Guyana, activities will focus on the analysis and initial start-ups associated with developing the capacity for larger numbers of HIV+ persons to receive care and support. These new efforts include a focus on strengthening the referring of clinical care of HIV/AIDS patients to home based care services and other psychosocial support services. Efforts have begun to address the need for a residential facility for palliative care and support services for people traveling distances to initiate ARV therapy; a feasibility study is currently underway. The Guyanese Defense Force (GDF) is a high-risk population for all STIs, including HIV. It is estimated that about 120 members of the GDF are living with HIV. GDF leadership is committed to increasing services for individuals within the GDF living with HIV/AIDS, including nutritional support and treatment of STIs and opportunistic infections.

Program Area: Palliative Care: Basic health care and support  
 Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: GHARP / Family Health International  
 Planned Funds:

**Activity Narrative:**

GHARP will provide technical assistance to NGOs supporting in developing and providing support for the basic care package for OVCs, pregnant women and PLWHAs, including those on ARVs. GHARP, together with CRS, will procure the necessary items for a standard palliative and home-based care package. GHARP, together with CRS, will build the capacity of faith-based organizations to provide supportive, spiritual counseling, end-of-life care, bereavement services and support in faith-based settings.

Support will be given to increase NGO/FBO capacity to provide home-based care (HBC) from a baseline of zero, to its initial first year goal of reaching 100 individuals through the development of HBC projects in two regions with effective linkages to ARV care and treatment. Community health workers will be trained to provide quality HBC services including psychosocial, adherence and risk reduction counseling. These services will be directly linked to the treatment sites and other points of service to ensure that PLWHA are not lost to follow-up. These new efforts will include a focus on strengthening the referral of clinical care patients to home based care services that can appropriately be provided in a non-clinical setting.

GHARP will provide support for the development of a comprehensive, community-based response to HIV/AIDS. To do this, the project will provide technical assistance from NY-LINK trained professionals to NGOs and FBOs in management and strategic planning—coordinated with the organizational capacity building the NGO network receives in other technical areas through the GHARP project; adapt client support information on ART and OI treatment, prevention and healthy living; use NY-LINK to establish buddy programs, peer support groups and community outreach; incorporate American volunteers into the home-based care and palliative care interventions (including individuals with mid-level clinical skills with prior training in home-based care) to meet the identified gaps in human resources.

GHARP, with its partner G+, will work to develop a PLWHA support network, and will twin with NAPWA wherever possible. Such a network would enable PLWHAs to come together to offer care and support for each other. In addition, this group may be able to assist in raising awareness and providing education to others on HIV/AIDS issues. Peace Corps Volunteers will be able to work to increase the outreach/coverage of these supportive programs and will also work with PLWHA to build income-generation projects in-line with the SPA grants available to PCVs in the field. GHARP and G+ will also link with care facilities that provide support and short-term residence for battered women and children in order to support PLWHA who become victim to violence.

At the policy level, GHARP will host a national consultation meeting on palliative care policy and program development. They will also host a national forum to disseminate best practices and lessons learned from home-based and palliative care interventions.

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Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	20%
<input checked="" type="checkbox"/> Community Mobilization/Participation	20%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	10%
<input checked="" type="checkbox"/> Information, Education and Communication	10%
<input checked="" type="checkbox"/> Local Organization Capacity Development	20%
<input checked="" type="checkbox"/> Policy and Guidelines	10%
<input checked="" type="checkbox"/> Training	10%

**Targets:**

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	2,617	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	100	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	9	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable

**Target Populations:**

- Adults
- Caregivers
- Community leader
- Community members
- Community-based organizations
- Faith-based organizations
- Health Care Workers
- HIV/AIDS-affected families
- HIV+ pregnant women
- People living with HIV/AIDS
- Religious/traditional leaders
- Trainers

**Key Legislative Issues:**

- Reducing violence and coercion
- Increasing women's access to income and productive resources
- Increasing women's legal protection
- Twinning
- Stigma and discrimination

**Coverage Area:**

State Province: Demerara-Mahaica (4)	ISO Code: GY-DE
State Province: East Berbice-Corentyne (6)	ISO Code: GY-EB
State Province: Esséquibo Islands-West Demerara (3)	ISO Code: GY-ES
State Province: Mahaica-Berbice (5)	ISO Code: GY-MA
State Province: Upper Demerara-Berbice (10)	ISO Code: GY-UD

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: CRS / Catholic Relief Services

Planned Funds:

Activity Narrative:

CRS, together with GHARP will procure items required for a standard palliative and home-based care package, will build capacity among faith-based groups to provide supportive, spiritual counseling, end-of-life care, bereavement services and support in faith-based settings. The two programs will provide support to increase NGO/FBO capacity to provide home-based care and to train community health workers, family members and others to in the provision of quality HBC services.

CRS, together with FXB, will develop curricula and conduct training for palliative care.

Activity Category

% of Funds

Targets:

Activity Category	% of Funds	
		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Peace Corps / US Peace Corps

Planned Funds:

**Activity Narrative:**

Volunteers will support Home Based care activities through appropriate case finding, training of care givers to work with persons affected with HIV and AIDS, providing home based care in conjunction with local NGO/FBO partners or the Regional AIDS Committees, child care counseling, nutritional counselling and training, strengthening current referral networks to facilitate social welfare assistance from governmental and other agencies, training families/caregivers to cope with their problems, educating families in the area of home based care, and by advocating for the reduction of stigma and discrimination within the community.

**Activity Category**

<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	% of Funds
<input checked="" type="checkbox"/> Human Resources	10%
<input checked="" type="checkbox"/> Training	80%

**Targets:**

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	100	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	100	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	8	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable

**Target Populations:**

- Community members
- Community health workers
- People living with HIV/AIDS

**Key Legislative Issues:**

**Coverage Area:**

State Province: Cuyuni-Mazaruni (7)	ISO Code: GY-CU
State Province: Demerara-Mahaica (4)	ISO Code: GY-DE
State Province: East Berbice-Corentyne (6)	ISO Code: GY-EB
State Province: Essequibo Islands-West Demerara (3)	ISO Code: GY-ES
State Province: Mahaica-Berbice (5)	ISO Code: GY-MA
State Province: Pomeroon-Supenaam (2)	ISO Code: GY-PM
State Province: Upper Demerara-Berbice (10)	ISO Code: GY-UD

# UNCLASSIFIED

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

## Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: DoD2 / Center for Disaster and Humanitarian Assistance Medicine

Planned Funds:

### Activity Narrative:

HIV-infected members of the GDF will have access to diagnosis and treatment of opportunistic and sexually-transmitted infections, through strengthened health care provider and organizational capacity. DoD personnel will also be used to provide training to GDF medical personnel to diagnose and treat STIs in, and provide basic health care and support to HIV-infected individuals. Technical assistance, equipment, laboratory supplies and pharmaceuticals will be provided to build the capability to treat STIs in up to 85 HIV-infected individuals. A curriculum and training materials for both activities will be adapted and reproduced, and up to four visits by DoD trainers will be made to conduct training, with increasing responsibility placed on the trained GDF members. It is anticipated that by the fourth visit that the DoD training team will observe and validate a fully functional staff.

The GDF will provide nutritional education and services to HIV/AIDS-affected members of the GDF and their families. The Center for Disaster and Humanitarian Assistance Medicine (CDHAM) will coordinate deployment of DoD personnel to provide technical assistance in establishing a nutritional educational program targeting HIV/AIDS affected members of the GDF and their families. GDF public health personnel will be trained to provide nutritional counseling.

Included in this activity is the training, local organization capacity development, strategic information, and materials development activities of the HBTV program area (3.3.7).

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	40%
<input checked="" type="checkbox"/> Human Resources	13%
<input checked="" type="checkbox"/> Information, Education and Communication	10%
<input checked="" type="checkbox"/> Local Organization Capacity Development	18%
<input checked="" type="checkbox"/> Logistics	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	4%

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Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	120	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	20	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	4	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Adults
  - Men
  - Women
- Caregivers
- Health Care Workers
  - Community health workers
  - Doctors
  - Medical/health service providers
  - Nurses
  - Pharmacists
- HIV/AIDS-affected families
- HIV+ pregnant women
- Military
- People living with HIV/AIDS
- Pregnant women
- Youth
  - Girls
  - Boys

Key Legislative Issues:

- Volunteers

Coverage Area: National

State Province:

ISO Code:

Program Area: Palliative Care: Basic health care and support  
 Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Measure DHS / Macro International  
 Planned Funds:

**Activity Narrative:** The MEASURE DHS project will conduct an initial assessment in order to better develop program needs for provision of essential services to PLWHAs. The objectives of the study would be to assess capacity and need for short-term residential care services for those who are victims of violence or who have to travel to receive treatment services; to assess human resource development needs and to develop an operational plan for implementing appropriate care in the Guyanese context. (including a training component).

This strategic information piece will be done in conjunction with the qualitative study analyzing treatment adherence among PLWHA.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	80%
<input checked="" type="checkbox"/> Training	20%

**Targets:**

Target	Value	Applicability
Number of individuals provided with general HIV-related palliative care	0	<input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable

**Target Populations:**

- HIV+ pregnant women
- People living with HIV/AIDS

**Key Legislative Issues:**

- Gender
- Stigma and discrimination

Coverage Area: National

State Province:

ISO Code:



**UNCLASSIFIED**

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

**Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM**

**Mechanism/Prime Partner:** Accounting Institution / Maurice Solomon Accounting

**Planned Funds:**

**Activity Narrative:**

Nine key NGO/FBO partners (assisted by GHARP to develop a palliative care program) will implement their programs in order to reach PLWHA in their communities with home-based care, psyycho-social support, and facilitate networks with needed GOG services in the health, labor, and legal areas. The program will support the comprehensive care from testing through end of life care, and include training for family members and friends in the nutritional, hygiene, and psycho-social needs of the PLWHA. There will be a strong network with the ART sites to ensure that each person adheres to treatment guidelines and is supported in reaching this goal.

The targets for these five NGO/FBOs would be included in those under GHARP and in FY05 will be tracked by GHARP monitoring framework and compiled in that database.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	20%
<input checked="" type="checkbox"/> Community Mobilization/Participation	50%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	20%
<input checked="" type="checkbox"/> Training	10%

**Targets:**

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	0	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	0	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	0	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	0	<input type="checkbox"/> Not Applicable

**Target Populations:**

- People living with HIV/AIDS

**Key Legislative Issues:**

**Coverage Area:**

State Province: Cuyuni-Mazaruni (7)	ISO Code: GY-CU
State Province: Demerara-Mahaica (4)	ISO Code: GY-DE
State Province: East Berbice-Corentyne (6)	ISO Code: GY-EB
State Province: Upper Demerara-Berbice (10)	ISO Code: GY-UD

Program Area:

Budget Code:

Program Area Code:

**Table 3.3.8: PROGRAM PLANNING OVERVIEW**

Result 1: Strengthen capacity of the Ministry of Labor, Human Services and Social Security and the Ministry of Education in support of OVC

Result 2: Improve access of OVC and their caretakers to secure livelihoods. \n

Result 3: Advance policy initiatives that support care for OVC \n

Total Funding for Program Area (\$):

**Current Program Context:**

Support for OVC is a relatively new initiative in Guyana with rudimentary skills, training, and financial support. Grants will be provided to 6 NGOs in two urban centers to provide services to OVC such as the provision of school fees/uniforms, basic foods and vitamins, basic clothing, hygiene supplies and medical fees. Training will be provided to 25 government and NGO social support providers, and 20 NGO participants in monitoring and supporting ARV therapy adherence by seropositive children. Support to the Ministries of Social Welfare and Education will strengthen support services to OVC, both in-school and out-of-school, and enhance referral networks. USG efforts in care and support services to OVC will lead to the development of referral networks between government, NGO social services and care and support services, and will enhance national capacity to track and support individual OVC cases over time to ensure ongoing provision of quality services. Comforting Hearts has sixteen trained HIV/AIDS counselors who would be given additional training to build their capacity to provide adult and paediatrics HIV/AIDS care (including management of opportunistic infections, nutritional counseling, palliative care, adherence and support counseling) and also pre- and post-test counseling.

Program Area: Orphans and Vulnerable Children

Budget Code: (HKID)

Program Area Code: 09

Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: GHARP / Family Health International

Planned Funds:

Activity Narrative:

GHARP will strengthen the capacity of 15 NGOs and CBOs as well as 3 Ministries (Ministry of Culture, Youth and Sports, Ministry of Social Welfare and Education, and the Ministry of Labor) to provide support services to AIDS orphans and vulnerable children.

In particular, GHARP will technically support the development of programs implemented by NOGs/FBOs, Ministry of Social Welfare and Education, and the Ministry of Labor, Human Services and Social Security that build on existing services including the provision of school fees/uniforms so as to increase these children's access to the same quality of education with special focus on ensuring that girl children have equal opportunities, links to basic food security programs (eg. leveraging donor program resources) and vitamins, basic clothing, hygiene supplies, medical fees; provide support to short-term and half-way residential facilities that care for OVCs; train 50 government and NGO social support providers; train 50 NGO participants in monitoring and supporting antiretroviral therapy adherence by seropositive children; identify temporary housing for OVC; establish a unit that facilitates/access and support for OVC.

GHARP will build capacity of GOG and NGOs to effectively provide care and support services to OVC. In order to increase capacity, GHARP will conduct an assessment of training capacity needs, planning jointly with UNICEF and other international donors as appropriate under PEPFAR; provide technical assistance to begin process of GOG/CARICOM/PAC developing national OVC policy and guidelines; develop referral networks between government, NGO social services and care and support services; enhance national capacity to track and support individual OVC cases over time to ensure ongoing provision of quality services; develop a basic care package and procure necessary items to include in basic care package that is customized to fit the community context and available resources.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	30%
<input checked="" type="checkbox"/> Community Mobilization/Participation	20%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	10%
<input checked="" type="checkbox"/> Information, Education and Communication	10%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	10%
<input checked="" type="checkbox"/> Local Organization Capacity Development	10%
<input checked="" type="checkbox"/> Training	10%

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**Targets:**

		<input type="checkbox"/> Not Applicable
Number of OVC programs	11	<input type="checkbox"/> Not Applicable
Number of OVC served by OVC programs	560	<input type="checkbox"/> Not Applicable
Number of providers/caretakers trained in caring for OVC	60	<input type="checkbox"/> Not Applicable

**Target Populations:**

Youth

**Key Legislative Issues:**

Gender

Stigma and discrimination

**Coverage Area:**

State Province: Demerara-Mahaica (4)

ISO Code: GY-DE

State Province: East Berbice-Corentyne (6)

ISO Code: GY-EB

State Province: Mahaica-Berbice (5)

ISO Code: GY-MA

State Province: Upper Demerara-Berbice

ISO Code: GY-UD

(10)

Program Area: Orphans and Vulnerable Children

Budget Code: (HKID)

Program Area Code: 09

Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Peace Corps / US Peace Corps

Planned Funds:

**Activity Narrative:** Volunteers will support programs directed toward Orphans and Vulnerable Children by identification, referral, and support. The information can then be used to link the children to services where they receive help (legal, health, nutrition, education etc), working with children and young people to build their capacity to meet their own needs, raising awareness and promote advocacy for OVCs, providing counselling and referral services, mentoring programs, supporting OVC in Homes. Peace Corps volunteers will be able to work with EP supported NGOs in the regions and benefit from their guidance and experience.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	10%
<input checked="" type="checkbox"/> Human Resources	10%
<input checked="" type="checkbox"/> Training	80%

**Targets:**

		<input type="checkbox"/> Not Applicable
Number of OVC programs	1	<input type="checkbox"/> Not Applicable
Number of OVC served by OVC programs	40	<input type="checkbox"/> Not Applicable
Number of providers/caretakers trained in caring for OVC	40	<input type="checkbox"/> Not Applicable

**Target Populations:**

- Community leader
- Community members
- Orphans and other vulnerable children
- Religious/traditional leaders

**Key Legislative Issues:**

- Stigma and discrimination

**Coverage Area:**

State Province: Cuyuni-Mazaruni (7)	ISO Code: GY-CU
State Province: Demerara-Mahaica (4)	ISO Code: GY-DE
State Province: East Berbice-Corentyne (6)	ISO Code: GY-EB
State Province: Essequibo Islands-West Demerara (3)	ISO Code: GY-ES
State Province: Mahaica-Berbice (5)	ISO Code: GY-MA
State Province: Pomeroon-Supenaam (2)	ISO Code: GY-PM
State Province: Upper Demerara-Berbice (10)	ISO Code: GY-UD
State Province: Upper Takutu-Upper Essequibo (9)	ISO Code: GY-UT

Program Area: Orphans and Vulnerable Children

Budget Code: (HKID)

Program Area Code: 09

Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Accounting Institution / Maurice Solomon Accounting

Planned Funds:

**Activity Narrative:**

Those 5-9 key NGO/FBO partners assessed by GHARP to have the comparative advantage and ability to provide the basic package of care for OVC will be supported to implement a comprehensive OVC program, and will receive technical guidance and support in developing the work plans and strategies to reach the OVC.

The targets for these five NGO/FBOs would be included in those under GHARP and in FY05 will be tracked by GHARP monitoring framework and compiled in that database.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	20%
<input checked="" type="checkbox"/> Community Mobilization/Participation	30%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	50%

**Targets:**

Not Applicable

**Target Populations:**

- Caregivers
- HIV/AIDS-affected families
- Orphans and other vulnerable children

**Key Legislative Issues:**

- Stigma and discrimination

**Coverage Area:**

State Province: Demerara-Mahaica (4)	ISO Code: GY-DE
State Province: East Berbice-Corentyne (6)	ISO Code: GY-EB
State Province: Essequibo Islands-West Demerara (3)	ISO Code: GY-ES
State Province: Upper Demerara-Berbice (10)	ISO Code: GY-UD

Program Area:

Budget Code:

Program Area Code:

**Table 3.3.10: PROGRAM PLANNING OVERVIEW**

Result 1:

Result 2: Strengthen pharmaceutical and commodities management to support expanded access to ARTs

Result 3: Strengthen national management support systems for HIV/AIDS-related pharmaceuticals and commodities

Estimated Percentage of Total Planned Funds that will Go Toward ARV Drugs for PMTCT+

10

Percent of Total Funding Planned for Drug Procurement

88

Total Funding for Program Area (\$): **Current Program Context:**

The Guyana ARV treatment program started in March 2002 with ARV drugs produced locally by New Guyana Pharmaceutical Company (New GPC Inc.) Currently, pediatric formulations, efavirenz and other second line drugs (protease inhibitors) are not being produced in country, but are available through a partnership between New GPC and CIPLA. A memorandum of understanding between the GOG and USG calls for USG to procure second-line ARV drugs, including didanosine, zidovudine, lopinavir/ritonavir, efavirenz, nevirapine and other ART; and pediatric formulations. The first-line, single-dose, triple therapy drugs are offered at lower price to the GOG and provided free of charge to all eligible HIV infected patients, being treated at six sites in the country (five GOG/MOH sites and one private hospital – St. Joseph Mercy Hospital). The drugs cost the MOH  per day and  per annum per patient. To date over 500 persons have received these drugs, 75-80% are treated at the GUM clinic. 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, except for three case of Stevens Johnsons Syndrome due to a nevirapine treatment. New GPC has initiated the process for fast-tracking the tentative approval by the FDA for the first-line triple therapy. USG funds cannot be used to purchase such funds until they are approved, but USG support can be given for the wrap-around services which include laboratory, training, human resources, guidelines development, and logistical management. If substantial progress is not made in reaching the tentative approval early in calendar year 05, the GOG has four weeks to change to finished-product, quality assured drugs with the USG support for continued wrap-around services, or the USG can at this time procure the FDA first-line drugs for the GOG. Progress has also been made in expanding treatment to four main hospitals outside of Georgetown, thus ensuring that people in other regions are reached. USG activities are supporting Government and NGO sites to allow more people to be placed on ARV therapy and reduce OI incidence in HIV infected persons and prevent AIDS related deaths. USG supports the Materials Management Unit (central medical stores) in building its capacity for its critical responsibility of HIV-related commodity forecasting, procurement, distribution and tracking. The MMU is responsible for storing and distributing commodities and supplies to the public health sector and faces the impending responsibility of meeting increased demands. Due to the expansion of PMTCT and treatment programs, there will be a need to ensure a steady supply of condoms to at-risk populations, a reliable and consistent flow of ARVs, OI and STI drugs, and uninterrupted availability of testing supplies. USG has funded an information system for commodities management for the MMU, including network hardware and system software. The system is installed and operational. Data entry of product, facility and suppliers is underway and a continual revision of the software is expected over the next 45 days (to be completed in December). The system is expected to go live in January 2006. Further support to the MMU and other GOG entities for pharmaceutical management and commodities logistics is planned for FY05.



Program Area: HIV/AIDS Treatment/ARV Drugs

Budget Code: (HTXD)

Program Area Code: 10

Table 3.3.10: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: GHARP / Family Health International

Planned Funds:

**Activity Narrative:**

In October 2004, a Memorandum of Understanding (MOU) was entered into by USG and GOG, outlining the plan for USG support to procure pediatric ARV formulations, second-line ARVs and branded drugs for OIs not currently available through the procurement procedures used by GOG. The MOU stipulates that USG funds will not be used to procure New GPC drugs that have not been approved, or tentatively approved, by the US Food and Drug Administration (HHS/FDA). Under the terms of the MOU, if USG is to purchase New GPC pharmaceuticals, the company should pursue an expedited review of its HIV/AIDS drugs by HHS/FDA by initiating necessary bioequivalence studies and submitting a complete dossier to HHS/FDA. If New GPC does not initiate this process by December 15, 2004, the GOG should, within 4 weeks, transfer all patients at sites supported by USG from the New GPC drugs formulated from active pharmaceutical ingredients to drugs that are finished products. (Note: Guyana is in a similar situation for use of GFATM funds for drug procurement.)

Until a O/GAC procurement mechanism is operational and a final determination on procurement of first-line ARV is determined GHARP will procure all drugs in accordance with the current MOU. Unallocated funds will be set aside to allocate to the procurement mechanism in the future. The program will also procure drugs for opportunistic infections and STIs. GHARP, together with CRS, will work towards expanding access to ART and the treatment of OIs and STIs.

GHARP will use the Rational Pharmaceutical Management Plus program model to strengthen pharmaceutical and supply chain logistics management for HIV/AIDS-related pharmaceuticals, commodities and supplies. An assessment will be conducted to understand the absorptive capacity and the immediate needs related to the introduction of ARVs and related commodities into program sites. The assessment will provide recommendations for a step-wise approach to strengthening supply chain management and rational use of ARVs.

Upon receiving recommendations, GHARP will support the Materials Management Unit to improve commodity supply chain management, assess and strengthen procurement, storage and distribution, assess personnel training needs in ART logistics management, develop a mechanism for ensuring a constant supply of ARVs, procure necessary infrastructure and information technology to lengthen the supply chain to include all new and existing care and treatment sites, train responsible personnel as indicated by assessment needs, increase capacity at all levels to forecast needs and track consumption of ARVs and other HIV-related health commodities, and increase capacity to monitor side effects of ARV therapy.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	88%
<input checked="" type="checkbox"/> Local Organization Capacity Development	12%

**Targets:**

Not Applicable

**Target Populations:**

- Health Care Workers*
  - Doctors*
  - Medical/health service providers*
  - Nurses*
  - Pharmacists*
  - Midwives*
- Ministry of Health staff*

**Key Legislative Issues:**

**Coverage Area:** National

State Province: -----

ISO Code: -----

Program Area: HIV/AIDS Treatment/ARV Drugs

Budget Code: (HTXD)

Program Area Code: 10

**Table 3.3.10: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM**

**Mechanism/Prime Partner:** CRS / Catholic Relief Services

**Planned Funds:**

**Activity Narrative:** CRS will procure pediatric formulations of ARVs as well as second-line branded ARVs for both HIV-infected children and adults.

**Activity Category** **% of Funds**

**Targets:**

Not Applicable

**Target Populations:**

**Key Legislative Issues:**

**Coverage Area:** National

**State Province:**

**ISO Code:**

Program Area:

Budget Code:

Program Area Code:

**Table 3.3.11: PROGRAM PLANNING OVERVIEW**

- Result 1: Improve adherence to ARV treatment programs \n
- Result 2: Strengthen human resource capacity to deliver ARV clinical care services \n
- Result 3: Expand access to ART among vulnerable populations
- Result 4: Expand PMTCT sites into PMTCT+ sites
- Result 5: Increase use of a complete course of ARV prophylaxis by HIV+ pregnant women

Estimated Percent of Total Planned Funds that will Go Toward ARV  
Services for PMTCT+

26

Total Funding for Program Area (\$):

**Current Program Context:**

There are currently 2 hospital-based and 3 PMTCT+ sites which are providing ARV services. The main public site is the Genito-Urinary Medicine (GUM) clinic, which will be further developed to become a central reference center in a network model. The other hospital site is the private St. Joseph's Mercy Care Hospital. \n\nOf the targeted 42 PMTCT sites, three have been selected as PMTCT plus sites. In the past year, USG support to these sites has focused on providing access to care and treatment of HIV infected women and their families. A follow-up system for women, infants, older siblings of mothers and male partners has been developed and implemented at these sites. Efforts will continue to strengthen the referral system between PMTCT, VCT, TB and STI sites and the GUM clinic. A consultant physician is currently on site at the GUM clinic to provide clinical training and technical assistance with the development of care and treatment protocols. Approximately 20 participants, including doctors, nurses and counselors, were trained in the HIV care model. Weekly mentorship is provided to doctors and nurses. Currently, with the widespread use of CD4 count testing and new guidelines, patients will be offered treatment based on immunologic status as well as symptoms. \n\nFuture plans for development of HIV care and treatment services include continued support to the GUM clinic and St. Joseph's Hospital as well as expansion to 2 additional, regional, hospital sites. Referral and follow up systems will be strengthened, building on a network model of care. Additionally, clinical training will be strengthened, adherence and patient support systems will be enhanced, laboratory services will be strengthened; and infrastructure improvements to clinical sites will be made. \n\n

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

**Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM**

Mechanism/Prime Partner: FXB / Francois Xavier Bagnoud Center

Planned Funds:

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## Activity Narrative:

FXB will work to expand access to ART and treatment of OIs. The Central Medical Center (CMC) is the epicenter of a series of expanding satellite sites. Prior to program expansion beyond the CMC (Region 4) to other regions, assessments will be undertaken at facilities slated for the next phase of scale-up. These assessments will determine the facilities' relative absorptive capacity and readiness to deliver high-quality ART and HIV-related services, train staff, monitor patients and mitigate treatment failure.

For FY05, the target for patients on ART treatment is 630 (10% will be children) in one Center of Excellence Site (GUM Clinic), central TB clinic, two regional sites, and 2 PMTCT+ sites. Pediatric cases will be supported in a family-based approach at the CMC as well as by Track 1.0 partners at private sites. FXB and the National Care and Treatment Committee will collaborate closely with PLWHA support groups and NGOs (together with GHARP) to provide the necessary support services and community outreach. FXB will provide the laboratory oversight for daily operations of a reference laboratory.

They will support a laboratory director to counterpart with MOH identified personnel, a laboratory quality assurance officer, and a med-tech. Basic infrastructure needed by the expansion treatment sites will also be included.

FXB will increase the capacity of Guyana public hospitals and primary care facilities to deliver effective and expanded HIV/AIDS treatment and care services. FXB will accomplish this goal by mobilizing the existing MOH regional system to develop a network model comprised of a central facility (GPHC), district level hospitals and facilities and local health centers supported by community based NGOs to provide quality state of the art HIV care and ARV treatment to PLWHA.

Strategies will include, but not be limited to 1) Working with GHARP to develop a regionalized network of care and treatment centers 2) Assuming responsibility for developing and training HIV treatment and care teams comprised of a physician, nurse, and community worker 3) Managing the physician personnel, including recruiting 6 experienced general medicine/infectious disease practitioners to provide the clinical care 3) Using the adult HIV expertise at University Hospital in Newark to support the care delivery through consultation, in country assignments, and continuous quality improvement (CQI) efforts and 4) Providing and supporting clinical training for personnel providing direct services (physicians, nurses, community workers) and laboratory technologists.

Dr. Chuka Anude will serve as the in-country FXB Program Director. FXBC has already hired one physician cover Region 4 through four health centers with a catchment area of six clinics. FXB will recruit, orient, and supervise two additional care teams. Each team will have a physician recruited through the United Nations Volunteer Program (UNV) to work in concert with the MOH appointed physicians. The total human resource support will be for: ARV treatment sites at the CMC, Linden, New Amsterdam. One physician assigned to HIV-TB Care in the GUM/Chest clinic, and One physician assigned as the Infectious Disease Specialist at GUM Clinic.

Additional FXB activities include:

- o Collaborate with GOG and other partners to add ART and HIV care data to HMIS
- o Create a health-facility-based referral/case management system
- o Collaborate with local NGOs and community groups to develop adherence models for patients on ART; strengthen patient follow up systems and tracking.
- o Provide necessary infrastructure improvements to clinical sites including for counseling services, patient flow areas, and exam rooms.
- o Develop a national QA workplan together with a QA program at each site
- o Collaborate with others to finalize national guidelines for management of HIV and ART
- o Prepare clinical guidelines and SOPS for HIV/ART clinical, pharmacy and lab practices at facilities

Training will be included for specialists and trainers in ART and OI care and

# UNCLASSIFIED

providers at community based health centers through the Caribbean HIV/AIDS Regional Training (CHART) initiative model that is based on input from ITECH (A US AETC). These efforts will be in coordination with FXB and the GOG and other PEPFAR partners to develop an overall coordination and planning unit within the MOH Department of Health, Science and Education where all trainings will be organized, scheduled, participant lists and certification tracked, training evaluation reports and resources and curriculum for such will be housed. This National Training Coordination Center will also work with CHART technical assistance to provide continuing education through use of multi-media.

### Activity Category

Activity Category	% of Funds
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	5%
<input checked="" type="checkbox"/> Human Resources	80%
<input checked="" type="checkbox"/> Infrastructure	10%
<input checked="" type="checkbox"/> Policy and Guidelines	5%

### Targets:

Target	Value	Applicable
Number of ART service outlets providing treatment	8	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	400	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	120	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	120	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	630	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	75	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	230	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	75	<input type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	1	<input type="checkbox"/> Not Applicable

### Target Populations:

- Adults
  - Men
  - Women
- Health Care Workers
  - Community health workers
  - Doctors
  - Medical/health service providers
  - Nurses
  - Pharmacists
  - Midwives
- HIV+ pregnant women
- People living with HIV/AIDS

**Key Legislative Issues:**

- Gender
- Increasing gender equity in HIV/AIDS programs

Coverage Area: National

State Province:

ISO Code:



**UNCLASSIFIED**

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

**Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM**

**Mechanism/Prime Partner:** CRS / Catholic Relief Services

**Planned Funds:**

**Activity Narrative:** 2 Points of Service within the community(ies) will be targeted with ART is(are) identified and leaders are sensitized to the ART program. Patient adherence staff are hired and trained on ART. A system is set-up for reinforcement of adherence at all levels of staff.

*Points of service collect baseline information from the community, as appropriate, for monitoring and evaluation (M&E) and to develop IEC and BCC materials.*

*Appropriate information, education and communication (IEC) and behavior change communication (BCC) materials are developed for patients, families, caregivers and the community on treatment preparation and adherence, care and support, and stigma reduction. The program meets with community-based groups who provide home-based care services and other identified community groups and sets up a system for monitoring patients through identified volunteers or family members.*

**Activity Category**

**% of Funds**

**Targets:**

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	3	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	50	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	100	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	100	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	50	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

**Target Populations:**

**Key Legislative Issues:**

**Coverage Area:** National

**State Province:**

**ISO Code:**

**UNCLASSIFIED**

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

**Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM**

Mechanism/Prime Partner: Comforce / Comforce

Planned Funds:

Activity Narrative: An infectious disease physician specialist will be placed at the GUM Clinic.

Activity Category % of Funds

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

Key Legislative Issues:

Coverage Area: National

State Province: \_\_\_\_\_ ISO Code: \_\_\_\_\_

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

**Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM**

Mechanism/Prime Partner: Deferred, CDC Program Management / US Centers for Disease Control and Prevention  
 Planned Funds:

**Activity Narrative:** *Deferred funds will be programmed to support the infrastructure development for the Ministry of Health as it expands its care and treatment program to integrate necessary services, space, equipment, and repairs in up to five sites. The USG program will support the improvement of these facilities to bring them up to the level (facility category) specified in Table 1 of the Five-year Strategy.*

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	25%
<input checked="" type="checkbox"/> Human Resources	25%
<input checked="" type="checkbox"/> Infrastructure	50%

**Targets:**

Not Applicable

**Target Populations:**

*People living with HIV/AIDS*

**Key Legislative Issues:**

**Coverage Area:**

State Province: Demerara-Mahaica (4)	ISO Code: GY-DE
State Province: East Berbice-Corentyne (6)	ISO Code: GY-EB
State Province: Essequibo Islands-West Demerara (3)	ISO Code: GY-ES
State Province: Pomeroon-Supenaam (2)	ISO Code: GY-PM
State Province: Upper Demerara-Berbice (10)	ISO Code: GY-UD

Program Area:

Budget Code:

Program Area Code:

**Table 3.3.13: PROGRAM PLANNING OVERVIEW**

- Result 1: Increase use of strategic information for surveillance of HIV/AIDS/STI
- 
- Result 2: Strengthen local and military health management information systems to increase availability of HIV/AIDS strategic information
- 
- Result 3: Increase the use of quality program data for policy development and program management
- Result 4: Improve national coordination for HIV/AIDS monitoring and evaluation
- Result 5: Improve human resource capacity for monitoring and evaluation
- Result 6: M & E guides the development and implementation of HIV/AIDS prevention and treatment programs.
-

Total Funding for Program Area (\$): **Current Program Context:**

It is absolutely critical that the coordination of strategic information in Guyana's HIV/AIDS sector is carefully and transparently monitored and assessed on a regular basis, and in full collaboration with all stakeholders. Strategic information includes any information gathered that will assist stakeholders to make decision about technical implementation approaches, funding levels and program management. It includes information gathered through surveillance, operations research, routine information systems, targeted studies and evaluations. Strategic information can be used to ensure that implementation is occurring as planned, and can also be used to ensure transparency, accountability, credibility and that value for money is achieved.

During various GOG and donor meetings, the issues of monitoring, performance indicators, information systems and evaluation have been raised extensively. The Government is concerned that all parties involved with the country's development consider this matter seriously and stress the importance of communication and solid collaboration in light of the increasing number of partners.

There is a need to create a central agency or inter-sectoral group that has a handle on HIV/AIDS information in-country, with the appropriate links to the Presidential AIDS Commission (PAC), Ministry of Health, the World Bank, the GFATM Country Coordination Mechanism, USC as well as the donor coordination forum currently used, the Expanded Theme Group on HIV/AIDS. A M&E Director, supported by PEPFAR funds, will work in partnership with the MOH and USG; together they will be responsible for coordinating the assistance/input given to all sectors and ministries of the GOG for managing data flow and use.

A structured approach to strategic information (including surveillance, HMIS and monitoring and evaluation) is therefore an urgent need at both strategic and operational levels. A HIV/AIDS Monitoring and Evaluation Advisory Group will be formed through a consultative group process, facilitated by the Expanded Theme Group on HIV/AIDS. Its purpose is to advise on the development and implementation of appropriate institutions, processes and capacities which will ensure the adequate monitoring and assessment of Guyana's national response to HIV/AIDS. Its first task will be the coordination of the development of a National HIV/AIDS Monitoring and Evaluation Strategy for the Government of Guyana.

Currently in FY04, a Service Provision assessment is being completed with a specialized, qualitative component focussing on successful and unsuccessful PMTCT program completion among pregnant women. A series of BSSs that focus on in and out-of-school youth, sugar estate workers, and the uniformed service. BSSs that include a sero-prevalence component are targeting ANC and most-at-risk populations (commercial sex-workers, men who hav sex with men, and the mining population). Also underway is the cooperative HMIS analysis. Lastly, a series of NGO/FBO programmatic, capacity, baseline assessments are being completed so as to monitor NGO strengthening over time.

The Guyanese Defense Force has been screening all new recruits for HIV/AIDS. However, this data has not been evaluated and there has been no study targeting the GDF to obtain HIV/AIDS prevalence or incidence data. Information on GDF programming will be taken into account when putting together an overall M&E plan for HIV/AIDS.

Program Area: Strategic Information

Budget Code: (HVS1)

Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: GHARP / Family Health International

Planned Funds:

**Activity Narrative:**

GHARP will continue to provide support for building capacity within the central Ministry of Health, the Presidential Panel on HIV/AIDS, Regional Health Administrations, NGOs and other agencies/Ministries working on HIV/AIDS related programs in the areas of monitoring and evaluation; surveillance, research and the use of data for policy and decision making. Activities to be conducted in relation to this will include the hiring and placement of appropriate staff within the different entities, the building of staff capacity through training and mentoring, definition and collection of appropriate data, and support for the development and maintenance of an HMIS. GHARP will also collect baseline and follow-up data for the monitoring and evaluation of intervention programs. At the national level, GHARP will also provide support for the development of the national HIV/AIDS M&E plan.

Data to be collected will include but are not limited to estimating the size and distribution of target populations, baseline data and follow-up data on modifiable HIV risk behaviors targeted in different interventions as well as specific data that may be required for tracking progress in other program areas such as prevention, care, treatment and support. GHARP staff will also collaborate with other partners in supporting the SPA, AIS, AIDS Program index, serosurveys in different populations and the OVC Program Effort Index. Both qualitative and quantitative data collection methods will be used.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Human Resources	30%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	50%
<input checked="" type="checkbox"/> Training	20%

**Targets:**

	<input type="checkbox"/> Not Applicable	
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	10	<input type="checkbox"/> Not Applicable

**Target Populations:**

- Country coordinating mechanisms
- Host country national counterparts
- Implementing organization project staff
- M&E specialist/staff
- Ministry of Health staff
- National AIDS control program staff
- USG in country staff

**Key Legislative Issues:**

UNCLASSIFIED

Coverage Area: National

State Province:

ISO Code:

UNCLASSIFIED

Program Area: Strategic Information

Budget Code: (HVS1)

Program Area Code: 12

**Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM**

Mechanism/Prime Partner: Measure/Evaluation / University of North Carolina Carolina Population Center

Planned Funds:

Activity Narrative: HMIS Assessment/Options Report & National Workshop:

Measure Evaluation will conduct an assessment to map the current flow of information required for HIV/AIDS programmatic decision-making, operational strategy development and results reporting to the Presidential AIDS Commission and donor agencies. An assessment protocol and questionnaire will be developed, based on O/GAC guidance developed on HMIS under PEPFAR. The report will provide recommendations for action, taking into account current GOG strategies and other donor inputs on HMIS. Information stakeholders will be interviewed to determine information needs. Findings and recommendations will be placed within the larger context of administrative decentralization of health budgets to the regions of Guyana.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Human Resources	30%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	50%
<input checked="" type="checkbox"/> Training	20%

**Targets:**

Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	0	<input checked="" type="checkbox"/> Not Applicable
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**Target Populations:**

- Adults
- HIV/AIDS-affected families
- HIV+ pregnant women
- M&E specialist/staff
- Media
- Ministry of Health staff
- People living with HIV/AIDS
- Youth

**Key Legislative Issues:**

Coverage Area: National

State Province:

ISO Code:



Program Area: Strategic Information

Budget Code: (HVSI)

Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: FXB / Francois Xavier Bagnoud Center

Planned Funds:

Activity Narrative: CDC/FXB will support the development of local capacity for collecting strategic information on HIV/AIDS, including surveillance analysis, development of IRB protocols, operations research and monitoring and evaluation. Support will also be provided to increase capacity for dissemination of HIV/AIDS strategic information. CDC may work to build capacity at the University of Guyana Department of Health Sciences for improving the availability of strategic information for HIV/AIDS.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	100%

Targets:

Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	5	<input type="checkbox"/> Not Applicable
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Target Populations:

- Ministry of Health staff
- National AIDS control program staff
- University

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Strategic Information

Budget Code: (HVS1)

Program Area Code: 12

**Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM**

Mechanism/Prime Partner: CDC Program Support / IIS Centers for Disease Control and Prevention

Planned Funds:

Activity Narrative: CDC will support the operationalization, implementation, and dissemination of the national HIV/AIDS surveillance manual.

CDC will support travel and administration costs for the National HIV/AIDS Monitoring and Evaluation Reference Group. Support will also be provided for the collection of PEPFAR and CDC/GAP indicators and the production of quarterly and annual reports.

CDC will support the development of a national Web-based electronic resource center for HIV/AIDS that will be accessible to MOH, donors and implementing partners. The ERC would house information on HIV/AIDS-related activities, progress, indicators (program and epidemiologic), documents, manuals, etc. Documents will be tagged for general public or agency-specific access.

CDC will support the MOH in monitoring, evaluating and reporting program indicators.

<b>Activity Category</b>	<b>% of Funds</b>
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	100%

**Targets:**

	<input type="checkbox"/> Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	5 <input type="checkbox"/> Not Applicable

**Target Populations:**

- Government workers
- Health Care Workers
- Host country national counterparts
- Implementing organization project staff
- Ministry of Health staff
- National AIDS control program staff
- Nongovernmental organizations/private voluntary organizations
- Program managers
- USG in country staff
- USG Headquarters staff

**Key Legislative issues:**

Coverage Area: National

State Province:

ISO Code:

Program Area: Strategic Information

Budget Code: (HVSI)

Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM.

Mechanism/Prime Partner: DoD2 / Center for Disaster and Humanitarian Assistance Medicine

Planned Funds:

**Activity Narrative:** The epidemiology of HIV/AIDS in the Guyanese Defense Force (GDF) will be established through increased surveillance and analysis of strategic information. The GDF will have an established health information management system that increases availability of HIV/AIDS strategic information.

The Center for Disaster and Humanitarian Assistance Medicine will collaborate with the GDF and USG country team to establish a strategic information and M&E program for HIV/AIDS prevention/treatment activities in the GDF that is compatible with the PEPFAR M&E system. Collaboration will also lead to the development of a health information management system to: 1) increase availability of HIV/AIDS strategic information, 2) develop and manage HIV/AIDS interventions, 3) develop policies and programs, and 4) assure confidentiality and appropriate referral. Existing data will be analyzed and additional surveys conducted to establish HIV/AIDS prevalence and incidence within the GDF. Human resource capacity and sustainability for M&E will be improved through identification of trainers and implementation of a train-the-trainer program. IT materials will be procured for implementation of PEPFAR initiatives within the GDF (e.g. computers, software, projector, screen, easels, flipcharts).

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	45%
<input checked="" type="checkbox"/> Strategic information (M&E, IT, Reporting)	55%

**Targets:**

		<input type="checkbox"/> Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	15	<input type="checkbox"/> Not Applicable

**Target Populations:**

- Health Care Workers
  - Doctors
  - Medical/health service providers
  - Nurses
- Military
- Policy makers
- Trainers
- USG in country staff
- USG Headquarters staff

**Key Legislative Issues:**

Coverage Area: National

State Province: \_\_\_\_\_ ISO Code: \_\_\_\_\_

Program Area: Strategic Information

Budget Code: (HVS1)

Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Measure DHS / Macro International

Planned Funds:

Activity Narrative:

PLHA adherence study -   
 Measure DHS will conduct a structured qualitative study among PLHA living in Guyana to understand societal pressures and stigma faced while living with HIV/AIDS and the reasons for dropping out of ART. Costs include design; data collection, analysis; report writing and printing.

AIDS Indicator Survey   
 Measure DHS is conducting the first half of the AIDS Indicator Survey with FY04 funds. The second half of the AIS will be funded with 05 dollars. The remaining budget needed for its completion is . Given the high cost of travel, and the increased need for capacity building in order to implement this study effectively, the additional funding will be allocated.

M&E Framework:   
 Support for the development of a national M&E framework through the PAC; including a stakeholders meeting and follow-up training and development of a MOH donor and partner collaboration and resource website.

Activity Category

- Human Resources
- Strategic Information (M&E, IT, Reporting)
- Training

% of Funds

- 20%
- 70%
- 10%

Targets:

Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)

30

Not Applicable

Not Applicable

Target Populations:

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Strategic Information

Budget Code: (HVSI)

Program Area Code: 12

**Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM**

Mechanism/Prime Partner: Comforce / Comforce

Planned Funds:

**Activity Narrative:** CDC will fund a M&E Officer to develop a framework and workplan for CDC monitoring and evaluation activities; coordinate the development of annual reports sent to CDC GAP Atlanta, including reporting on CDC indicators (that are distinct from PEPFAR); provide technical assistance, as requested, to CDC M&E and research activities. The M&E officer will also be seconded to the GOG PAC program management unit to (transferring skills to a local counterpart) to design an M&E system and to prepare an M&E manual. This M&E system should, as far as possible, reflect the National Strategic Plan. The M&E Director will be responsible for: i) helping the TSU to develop an overall M&E coordination framework, with manuals, systems, procedures, tools, a database, flowcharts for data and clearly specified institutional roles and responsibilities and an implementation plan and budget; and ii) strengthening TSU's monitoring systems, to ensure sound output and process monitoring.

Planned funds will include salary and benefits for M&E Director and administrative support required to conduct tasks.

CDC will hire a local M&E officer to monitor progress against CDC workplans. The Officer will be responsible for indicator and annual reporting to CDC/GAP, and for contributing to PEPFAR planning and reporting requirements. S/he may also be responsible for coordinating and managing CDC-funded strategic information activities, as required. S/he may also be involved in the coordination and oversight of data collection, analysis and dissemination.

<b>Activity Category</b>	<b>% of Funds</b>
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	100%

**Targets:**

	<input type="checkbox"/> Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	0 <input checked="" type="checkbox"/> Not Applicable

**Target Populations:**

**Key Legislative Issues:**

Coverage Area: National

State Province: ISO Code:

Program Area:

Budget Code:

Program Area Code:

**Table 3.3.14: PROGRAM PLANNING OVERVIEW**

- Result 1: Strengthen capacities of national multisectoral bodies to lead and coordinate the response to HIV/AIDS
- Result 2: Improve systems and policies to address stigma and discrimination
- Result 3: Adopt national human resource policies to ensure retention and deployment of health care workers

Total Funding for Program Area (\$): **Current Program Context:**

A new position and coordinating mechanism has recently been created in the Office of the President of Guyana to coordinate all HIV/AIDS activities in-country. This new office has facilitated the GOG in taking a positive lead in coordinating all HIV efforts. In Guyana continues to experience an ongoing "brain drain" of health care workers to the US, Canada and Europe. Wages and salaries remain significantly lower in the public sector than in the private sector and have contributed to the loss of skilled personnel out of the Ministry of Health to more lucrative positions in the higher-paying Guyanese private sector or abroad. USG efforts contribute to PEPFAR goals by strengthening national committees and policies for HIV/AIDS and address the need for human capacity development. Ongoing technical assistance continues to MOH staff in PMTCT, VCT, STI, ART and OI care and treatment, serving to build local capacity to deliver quality services. USG has contributed to the shadow review of a recent Global Fund proposal and provided input. USG efforts have supported existing NGOs/FBO in peer counseling and community advocacy to increase public awareness in hopes of reducing stigma and discrimination.

Program Area: Other/policy analysis and system strengthening

Budget Code: (OHPS)

Program Area Code: 14

**Table 3.3.14: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM**

Mechanism/Prime Partner: GHARP / Family Health International

Planned Funds:

**Activity Narrative:**

Strengthen national stakeholder capacity for coordination and management. 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. Human resource capacity development needs assessment in basis for planning HR interventions. Complete human resource needs assessment and planning for an intervention program. Develop plan to address human resource needs.

Increase multisectoral coordination and planning by conducting a comprehensive NGO assessment, conduct ECR planning meetings, MOH-level action plans developed, local-level action plans created, initiate a multisectoral planning process of drafting of R5 proposal, leadership program for a mix of managers at regional organizations 2 day leadership dialogue and program implementation, train local people at regional organizations, create partnerships with local organizations to help roll-out, participate in the establishment of multisectoral functions, training, M&E, grants and financial, HRM, operations planning.

Design workplace strategy and public and private sector programming - identify existing tools and gaps, train leaders and managers to design effective policies and programs for workers, conduct stigma prevention activities.

Shadow the pilot decentralization program in Region 6 to be able to build the connection between the Regional AIDS Committees and their role in the Regional Health Authority. Continue to support the strengthening of RACs in three regions. Support multi-sectoral advisor from MSH to be seconded to the PAC or MOH if best advantageous.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	20%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	20%
<input checked="" type="checkbox"/> Local Organization Capacity Development	20%
<input checked="" type="checkbox"/> Training	20%
<input checked="" type="checkbox"/> Workplace Programs	20%

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## Targets:

		<input type="checkbox"/> Not Applicable
Number of HIV service outlets/programs provided with technical assistance or implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	5	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	75	<input checked="" type="checkbox"/> Not Applicable

## Target Populations:

- Business community
- Community leader
- Country coordinating mechanisms
- Faith-based organizations
- Government workers
- Health Care Workers
- Private health care providers
- International counterpart organization
- Nongovernmental organizations/private voluntary organizations
- People living with HIV/AIDS
- Program managers
- Religious/traditional leaders
- Students
- Teachers
- Trainers
- Volunteers
- Youth

## Key Legislative Issues:

### Coverage Area:

State Province: Demerara-Mahaica (4)  
State Province: East Berbice-Corentyne (6)  
State Province: Upper Demerara-Berbice  
(10)

ISO Code: GY-DE  
ISO Code: GY-EB  
ISO Code: GY-UD



Program Area: Laboratory Infrastructure

Budget Code: (HLAB)

Program Area Code: 14

Table 3.3.12: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Laboratory / Ministry of Health, Guyana

Planned Funds:

Activity Narrative: Under the CDC cooperative agreement with Ministry of Health, activities will include the overhead costs for running the facility, completions to the infrastructure, maintenance as deemed necessary, and payment for one key personnel to be the counterpart of the Laboratory Director. The Laboratory Director, paid under the CDC/FXB agreement, will be responsible for strengthening the skills of lab personnel over the next two years in order to build local lab capacity.

Activity Category

% of Funds

Targets:

Not Applicable

Number of individuals trained in the provision of lab-related activities

0

Not Applicable

Number of laboratories with capacity to perform HIV tests and CD4 tests and/or lymphocyte tests

0

Not Applicable

Target Populations:

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Laboratory Infrastructure

Budget Code: (HLAB)

Program Area Code: 14

Table 3.3.12: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Crowne Agents / Crown Agents

Planned Funds:

Activity Narrative: Procurement of all equipment, reagents, and supplies needed for the central medical laboratory and any supported regional sites.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	100%

Targets:

Target	Value	Applicability
Number of individuals trained in the provision of lab-related activities	0	<input type="checkbox"/> Not Applicable
Number of laboratories with capacity to perform HIV tests and CD4 tests and/or lymphocyte tests	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

Key Legislative Issues:

Coverage Area: National

State Province: \_\_\_\_\_ ISO Code: \_\_\_\_\_

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Program Area: Laboratory Infrastructure

Budget Code: (HLAB)

Program Area Code: 14

Table 3.3.12: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: D / Center for Disaster and Humanitarian Assistance Medicine

Planned Funds: [ ]

Activity Narrative: DoD laboratory personnel will provide training to GDF laboratory personnel to strengthen and maintain skills and capabilities acquired with the addition of new laboratory equipment obtained under the FY04 COP. DoD will also provide technical assistance in developing logistics mechanisms to sustain basic laboratory capabilities. Additional laboratory commodities will be obtained using this logistics mechanism, testing the mechanism's capabilities as well as trained individuals' abilities.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	60%
<input checked="" type="checkbox"/> Local Organization Capacity Development	40%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in the provision of lab-related activities	5	<input type="checkbox"/> Not Applicable
Number of laboratories with capacity to perform HIV tests and CD4 tests and/or lymphocyte tests	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers
  - Medical/health service providers
  - Military

Key Legislative Issues:

Coverage Area: National

State Province: ISO Code:

Program Area:

Budget Code:

Program Area Code:

**Table 3.3.15: PROGRAM PLANNING OVERVIEW**

Result 1: Strengthen the ability of USG in country team to manage and administer HIV/AIDS program

Total Funding for Program Area (\$):

**Current Program Context:**

The PEPFAR Guyana is team has field staff of USAID (3), and DHHS/CDC (6), and a representative from both Peace Corps and the Department of Defence which are under the leadership of Ambassador Bullen and USAID Mission Director Mike Sarhan. The team meets on a bi-weekly basis to reveiw progress to date, on a monthly basis meets with the key officials from the Minitry of Health, and then, all USG technical staff meet with key, technical institutional contractors on a monthly basis to coordinate efforts. \n\nThe Guyanese Defense Force (GDF) lacks human capacity, an organizational structure or written policy to run HIV/AIDS programs. It is in the process of developing an HIV/AIDS policy and is working incrementally to develop an HIV/AIDS prevention program. The GDF has expressed a preference for having an individual with a military background coordinate its HIV/AIDS programs.

Program Area: Management and Staffing

Budget Code: (HVMS)

Program Area Code: 15

Table 3.3.15: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: DoD1 / Center for Disaster and Humanitarian Assistance Medicine

Planned Funds: [ ]

Activity Narrative:

90% – The Center for Disaster and Humanitarian Assistance Medicine (CDHAM) will develop capacity and work to transfer entire management of Guyanese Defense Force (GDF) HIV/AIDS activities to GDF leadership before the end of five years. This will be accomplished through:

- HIV/AIDS policy and program development
- Collaboration with other USG agencies, Government of Guyana agencies and NGOs to develop and/or adapt HIV/AIDS training, prevention, and treatment activities
- Development of human capacity through train-the-trainer activities to direct GDF HIV/AIDS programs and implement GDF HIV/AIDS prevention, care, counseling, laboratory, and strategic information activities
- Deployment of strategic information systems to include monitoring and evaluation compatible with other PEPFAR M&E initiatives
- Establishment of cooperative agreements with Guyanese health care organizations to provide specialized HIV/AIDS care
- Hiring a foreign service national to coordinate HIV/AIDS activities within the GDF

CDHAM's transportation, management, and overhead costs are included in this area. One full-time CDHAM employee will devote 40% of his/her time to this project.

8% – The Office of the Command Surgeon, United States Southern Command, will provide supportive supervision and perform quality assurance activities on all DoD HIV/AIDS activities.

2% – The DoD HIV/AIDS Prevention Program office provides technical assistance to DoD and United States Southern Command for implementation of HIV/AIDS programs.

<b>Activity Category</b>	<b>% of Funds</b>
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	100%

Targets:

Not Applicable

Target Populations:

- Military
- USG in country staff
- USG Headquarters staff

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

UNCLASSIFIED

Program Area: Management and Staffing

Budget Code: (HVMS)

Program Area Code: 15

Table 3.3.15: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner:

Population Fellows Program / University of Michigan School of Public Health

Planned Funds:

[Redacted]

Activity Narrative:

The Population Fellow will serve as the interim Director and counterpart for future director of the Adolescent Health and Wellness unit at the MOH. This unit is a new initiative that is coordinated by the Fellow and includes the development of a network of regional coordinators working with school health clubs to promote a wide spectrum of health and wellness programs with a specific focus on the prevention of HIV/AIDS as well as the skills-building in youth advocacy movement against stigma and discrimination as well as for youth health prioritization. These school health clubs are also closely attached to the "Me to You" abstinence, faithfulness, or correct condom use along with VCT promotion initiated by the Minister of Health through this department. The department's role also includes the support for youth-friendly clinic services.

Activity Category

% of Funds

Targets:

Not Applicable

Target Populations:

Key Legislative Issues:

Coverage Area:

National

State Province:

ISO Code:

Program Area: Management and Staffing

Budget Code: (HVMS)

Program Area Code: 15

Table 3.3.15: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Peace Corps / US Peace Corps

Planned Funds:

[Redacted]

Activity Narrative:

Peace Corps will be hiring two local, support staff to oversee volunteer activities, assist in coordinating the in-service training programs with technical HIV/AIDS trainers, and to undertake the responsibility for administration of funds and oversight of HIV/AIDS volunteers and all volunteers taking up program activities that promote prevention of HIV/AIDS and support for those infected and affected by the disease.

Activity Category

% of Funds

Targets:

Not Applicable

Target Populations:

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Management and Staffing

Budget Code: (HVMS)

Program Area Code: 15

Table 3.3.16: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: USAID Program Management / US Agency for International Development

Planned Funds: [Redacted]

Activity Narrative:

USAID will coordinate HIV/AIDS portfolio, improve ease and responsiveness to headquarter's reporting requirements, facilitate procurement, coordinate needed short-term technical assistance, oversee overall implementation of PEPFAR in Guyana, monitor program progress through site visits and periodic information assessments.

USAID program management for FY05 includes overhead (partial payment of total USAID office costs, supplies, furniture, printers/copiers, communication facilities); personnel (PHN officer (2)—one with responsibility for technical oversight on GFATM (50%) and for Strategic Information (50%) the other as Cognizant Technical Officer, and Strategic Objective Team Leader, Program Advisor with key responsibility and oversight on NGO coordination and development, Michigan Fellow to advise on ABY and healthy youth services at the MOH; time-share of one FTE with responsibilities for program and EXO support for all three USAID strategic objectives, and one driver); transportation (vehicle and maintenance, fuel, travel for meetings and trainings); program funds (miscellaneous expenses for SO cross-cutting issues at USAID, training funds for USAID staff, funds for Michigan Fellow to set up office at the MOH, and travel for project implementation).

Activity Category:

% of Funds

Targets:

Not Applicable

Target Populations:

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:



Program Area: Management and Staffing

Budget Code: (HVMS)

Program Area Code: 15

Table 3.3.15: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: DoD2 / Center for Disaster and Humanitarian Assistance Medicine

Planned Funds:

Activity Narrative: A local individual will be hired to provide in-country management assistance to the GDF for PEPFAR initiatives. A program management team will be established and trained in the GDF, with emphasis on train-the-trainer activities to build sustainability.

Activity Category:  Human Resources % of Funds: 100%

Targets:  Not Applicable

Target Populations:

- Military
 USG in country staff

Key Legislative Issues:

Coverage Area: National

State Province: ISO Code:

Program Area: Management and Staffing

Budget Code: (HVMS)

Program Area Code: 15

Table 3.3.15: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Base, CDC Program Management / US Centers for Disease Control and Prevention

Planned Funds:

Activity Narrative:

The CDC office in Guyana currently has a staff of 1 FTE (Deputy Director) with 5 local staff, finance manager, administrative assistant, two drivers and a housekeeper.

In FY05, the CDC office will also have a FTE Director and a FTE Surveillance Officer. The cost of program management is high in FY05 due to the relocation of two expatriate hires to post. This is expected to decline after this initial investment.

The Surveillance Officer will provide leadership and overall management of surveillance for CDC other PEPFAR program partners and will work to build local capacity for HIV/AIDS-related surveillance. The Officer serves under the leadership of the Director, CDC/GAP-Guyana, and will provide technical and epidemiological advice and consultation as a recognized expert in HIV/AIDS surveillance. The Officer will provide assistance on implementation, operational support, logistics, and analysis of surveillance activities for the Global AIDS Program field office with an emphasis on hands on implementation of HIV/AIDS surveillance initiatives with GAP partners. Additionally, the Fellow will assist in the coordination and implementation of focused capacity building programs for field staff and local partners as applicable.

Funds from program management for FY05 include overhead (utilities, ICASS payments to US Embassy, housing contracts, security (which is a substantial financial investment at post), office supplies, printers/computers and communication costs); personnel (country program director, medical director, accountant, drivers and housekeeping); transportation (vehicles and maintenance, travel costs for staff training which are very high given the country landscape); program funds (host trainings, implement studies); short-term technical assistance.

Activity Category

% of Funds

Targets:

Not Applicable

Target Populations:

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Management and Staffing

Budget Code: (HVMS)

Program Area Code: 15

Table 3.3.15: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Consultant/Management / US Department of State

Planned Funds:

Activity Narrative:

A position will be created for the office of the Ambassador with responsibility as the Interagency Public Diplomacy Officer for PEPFAR/Guyana. This will be a part-time position whose responsibility it will be to coordinate official visits with USG agencies and partners, write Op-Ed pieces and remarks for official events, collaborate with the O/GAC Public Affairs Department to capitalize on opportunities to showcase the progress to date and to bring attention to the program and its successes and hurdles. The funds will also support the costs incurred for travel and office infrastructure and materials.

Activity Category

- Human Resources
- Infrastructure
- Training

% of Funds

- 80%
- 15%
- 5%

Targets:

Not Applicable

Target Populations:

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

**Table 5: PLANNED DATA COLLECTION IN FY05**

Please answer each of the questions in this table in relation to data collection activities planned in your country in fiscal year 2005.

1. Is an AIDS Indicator Survey (AIS) planned for FY05?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, will HIV testing be included?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
When will preliminary data be available?	June 15, 2005	
2. Is a Demographic and Health Survey (DHS) planned for FY05?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If yes, will HIV testing be included?	Yes	No
When will preliminary data be available?		
3. Is a Health Facility Survey planned for FY05?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
When will preliminary data be available?		
4. Is an ANC Surveillance Study planned for FY05?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If yes, approximately how many service delivery sites will it cover?		
When will preliminary data be available?		
5. Other significant data collection activity:		
Name:		
Brief description of the data collection activity:		
Preliminary data available:		
.....		
6. Is an analysis or updating of information about the health care workforce or the workforce requirements corresponding to EP goals for your country planned for fiscal year 2005?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No