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2006

Guyana

Country Contacts

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Table 1: Country Program Strategic Overview

Will you be submitting changes to your country's 5-Year Strategy this year? If so, please briefly describe the changes you will be submitting.

☐ Yes ☑ No

Description:

Table 2: Prevention, Care, and Treatment Targets

2.1 Targets for Reporting Period Ending September 30, 2006

	National 2-7-10	USG Direct Target End FY2006	USG Indirect Target End FY2006	USG Total target End FY2006
Prevention				
	Target 2010: 14,352			
Total number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		10,000	0	10,000
Number of pregnant women provided with a complete course of antiretroviral prophylaxis for PMTCT		170	0	170
Care				
	Target 2008: 9,000	1,645	0	1,645
Number of individuals provided with facility-based, community-based and/or home-based HIV-related palliative care (excluding those HIV-infected individuals who received clinical prophylaxis and/or treatment for tuberculosis) during the reporting peri		620	0	620
Number of OVC served by an OVC program during the reporting period		800	0	800
Number of individuals who received counseling and testing for HIV and received their test results during the reporting period		10,200	0	10,200
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease during the reporting period		225	0	225
Treatment				
	Target 2008: 1,800	1,200	0	1,200
Number of individuals receiving antiretroviral therapy at the end of the reporting period		1,200	0	1,200

2.2 Targets for Reporting Period Ending September 30, 2007

	National 2-7-10	USG Direct Target End FY2007	USG Indirect Target End FY2007	USG Total target End FY2007
Prevention				
	Target 2010: 14,352			
Total number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		12,000		12,000
Number of pregnant women provided with a complete course of antiretroviral prophylaxis for PMTCT		300		300
Care				
	Target 2008: 9,000	2,000		2,000
Number of individuals provided with facility-based, community-based and/or home-based HIV-related palliative care (excluding those HIV-infected individuals who received clinical prophylaxis and/or treatment for tuberculosis) during the reporting peri		750		750
Number of OVC served by an OVC program during the reporting period		1,000		1,000
Number of individuals who received counseling and testing for HIV and received their test results during the reporting period		12,000		12,000
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease during the reporting period		250		250
Treatment				
	Target 2008: 1,800	1,500		1,500
Number of individuals receiving antiretroviral therapy at the end of the reporting period		1,500		1,500

Table 3.1: Funding Mechanisms and Source

Mechanism Name: AIDSRelief

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 2765
Planned Funding($):
Agency: HHS/Health Resources Services Administration
Funding Source: GAC (GHAI account)
Prime Partner: Catholic Relief Services
New Partner: Yes

Mechanism Name: Department of Defense

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3717
Planned Funding($):
Agency: Department of Defense
Funding Source: GAC (GHAI account)
Prime Partner: Center for Disaster and Humanitarian Assistance Medicine
New Partner: No

B5

Mechanism Name: Comforce

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 2745
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: Comforce
New Partner: No

Mechanism Name: Crowne Agents

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 2756
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: Crown Agents
New Partner: No

Mechanism Name: GHARP

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 2737
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Family Health International
New Partner: No
Early Funding Request: Yes
Early Funding Request Amount:
Early Funding Request Narrative: is needed to ensure the continuous supply of adult and pediatric anti-retroviral drugs. GHARP procurements will procure medications for adult 1st and 2nd line antiretroviral (ARV) therapy (1st line procurements dependent on supply of drugs procured through GFATM being sufficient), drugs for opportunistic and sexually transmitted infections, and pediatric ARV 1st and 2nd line therapies to assure continued availability of medications and avoid stock-outs.

Sub-Partner: Cicatelli Associates Inc.
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: Palliative Care: Basic health care and support
OVC

Sub-Partner: Howard Delafield International
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: PMTCT
Abstinence/Be Faithful
Other Prevention
Counseling and Testing
Other/policy analysis and system strengthening

Sub-Partner: Caribbean Conference of Churches
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Abstinence/Be Faithful

Sub-Partner: Management Sciences for Health
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: Treatment: ARV Drugs
Other/policy analysis and system strengthening

Sub-Partner: Comforting Hearts
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: Abstinence/Be Faithful
Other Prevention
OVC
Counseling and Testing

Sub-Partner: Artistes in Direct Support
Planned Funding:
Funding is TO BE DETERMINED: Yes

New Partner: No

Associated Program Areas: Abstinence/Be Faithful
Other Prevention

Sub-Partner: The Network of Guyanese Living with HIV/AIDS
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: Other Prevention
Palliative Care: Basic health care and support
Other/policy analysis and system strengthening

Sub-Partner: The Guyana Responsible Parenthood Association
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: Abstinence/Be Faithful
Other Prevention
Palliative Care: Basic health care and support
Counseling and Testing

Sub-Partner: Hope Foundation
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: Abstinence/Be Faithful
Other Prevention
Palliative Care: Basic health care and support
OVC
Counseling and Testing

Sub-Partner: Lifeline Counseling Services
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: Abstinence/Be Faithful
Other Prevention
Palliative Care: Basic health care and support
OVC
Counseling and Testing

Sub-Partner: Linden Care Foundation
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: Abstinence/Be Faithful
Other Prevention
Palliative Care: Basic health care and support
OVC
Counseling and Testing

Sub-Partner: Volunteer Youth Corps
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: Abstinence/Be Faithful
Other Prevention
OVC

Sub-Partner: Youth Challenge Guyana
Planned Funding:
Funding is TO BE DETERMINED: Yes

New Partner: No

Associated Program Areas: Abstinence/Be Faithful
Other Prevention
Counseling and Testing

Sub-Partner: Central Islamic Organization of Guyana
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: Abstinence/Be Faithful
Counseling and Testing

Sub-Partner: Roadside Baptist Church
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: Abstinence/Be Faithful
OVC

Sub-Partner: Hope For All
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: Abstinence/Be Faithful
Other Prevention

Sub-Partner: Ministry of Health, Guyana
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Sub-Partner: Ribbons of Life
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: Abstinence/Be Faithful
Other Prevention
Counseling and Testing

Sub-Partner: Help & Shelter
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: Other Prevention
Palliative Care: Basic health care and support

Sub-Partner: Hindu Dharmic Sabha
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: Abstinence/Be Faithful

Sub-Partner: Reslocare
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: Abstinence/Be Faithful

Sub-Partner: Love and Faith Outreach
Planned Funding:
Funding is TO BE DETERMINED: Yes

New Partner: Yes

Associated Program Areas: Abstinence/Be Faithful

Sub-Partner: Mibicuri Youth Development Group
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: Abstinence/Be Faithful

Sub-Partner: St Francis Home Care Program
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: Abstinence/Be Faithful
OVC
Counseling and Testing

Sub-Partner: Swing Star Youth Group
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: Abstinence/Be Faithful
Other Prevention
Palliative Care: Basic health care and support

Mechanism Name: Rapid Expansion

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 2739
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Family Health International
New Partner: No

B5

Mechanism Name: FXB

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 2743
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: Francois Xavier Bagnoud Center
New Partner: No

Sub-Partner: University of Washington
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Strategic Information

Mechanism Name: Safe Medical Injections

Mechanism Type: Headquarters procured, centrally funded (Central)
Mechanism ID: 2804
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: N/A
Prime Partner: Initiatives, Inc.
New Partner: No

Sub-Partner: John Snow, Inc.
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: Injection Safety

Sub-Partner: PATH US
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: Injection Safety

Sub-Partner: Academy for Educational Development
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: Injection Safety

Mechanism Name: Department of Labor

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 2762
Planned Funding($):
Agency: Department of Labor
Funding Source: GAC (GHAI account)
Prime Partner: International Labor Organization
New Partner: Yes

Mechanism Name: Measure DHS

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3313
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: Macro International
New Partner: No

Mechanism Name: Accounting Institution

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 2763
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Maurice Solomon Accounting
New Partner: No

Mechanism Name: CDC to MOH Guyana

Mechanism Type: Headquarters procured, centrally funded (Central)
Mechanism ID: 3839
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: Ministry of Health, Guyana
New Partner: No

Mechanism Name: Ministry of Health, Guyana

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 2755
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: Ministry of Health, Guyana
New Partner: No

Mechanism Name: ORISE Fellowship

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3542
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: Oak Ridge Institute of Science and Education
New Partner: No

Mechanism Name: Pan American Health Organization

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 2738
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Pan American Health Organization
New Partner: Yes

Mechanism Name: American Red Cross

Mechanism Type: Headquarters procured, centrally funded (Central)
Mechanism ID: 3171
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: N/A
Prime Partner: The Guyana Red Cross Society
New Partner: No

Mechanism Name: Supply Chain Management System

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 4025
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: The Partnership for Supply Chain Management
New Partner: Yes

Mechanism Name: UNICEF

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 2741
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: United Nations Children's Fund
New Partner: Yes

Mechanism Name: Population Fellows Program

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 2605
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: University of Michigan School of Public Health
New Partner: No

Mechanism Name: USAID Program Management

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 2606
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: US Agency for International Development
New Partner: No

Mechanism Name: CDC Program Management

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3828
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Base (GAP account)
Prime Partner: US Centers for Disease Control and Prevention
New Partner: No

Mechanism Name: CDC Program Support

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 2744
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: US Centers for Disease Control and Prevention
New Partner: No

Mechanism Name: Consultant/Management

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 2997
Planned Funding($):
Agency: Department of State
Funding Source: GAC (GHAI account)
Prime Partner: US Department of State
New Partner: No

Mechanism Name: Peace Corps

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 2764
Planned Funding($):
Agency: Peace Corps
Funding Source: GAC (GHAI account)
Prime Partner: US Peace Corps
New Partner: No

Table 3.3.01: Program Planning Overview

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01

Total Planned Funding for Program Area: [redacted]

Program Area Context:

The GoG has articulated the plan to have PMTCT offered in 65 of a possible 118 national ANC sites by December 2005 (USG contributing to 42 of these sites) and universal access for PMTCT by 2007. Currently, the PMTCT Labor & Delivery services are provided by 5 USG supported PMTCT sites and annually serve 80% of all deliveries. To contribute to these goals, the USG, in collaboration with the MOH, regional and district health authorities, health facility staff, PLWHA and other community stakeholders, will facilitate expansion of PMTCT and follow-up services, and referral to ART services offering a minimum package of services.

The PMTCT program is an example of partnership and cooperation in the country. The facilities are based within the MOH, rapid-testing kits, laboratory supplies, and technical guidance and strong links to care and treatment are provided by CDC/GAP, and USAID/GHARP support the training, materials development, and personnel placement. Currently, in compliance with Ministry of Health policy, rapid testing is used on-site for VCT and at L&D sites. For the non-L&D PMTCT sites, HIV/Elisa testing is integrated into the routine ANC blood screening process. NVP treatment is the current regime for both child and mother, but great consideration is being given to CD4 screening for HAART eligibility and for adding AZT at the 3rd trimester. Revisions to the National PMTCT Strategy are currently being spearheaded by UNICEF, in a fully collaborative process with USG PEPFAR technical staff, which will guide the development of standard operating procedures. Input from the Guyana Core Team as well as additional reviews from the technical working groups will be requested to strengthen the strategy. This plan will emphasize a provider-initiated/opt-out strategy that will ensure as many clinics as possible have the capacity to offer counseling and rapid-testing as part of their routine services for access by partners and family of PMTCT clients, and the general community as well as to remodel the counseling delivery to increase its efficiency and integration into routine health care delivery.

The initial months of FY06 will be dedicated to strengthening the quality of services and information management at these sites, including an analysis of ANC and birth registries to better determine PMTCT uptake and set more accurate program targets. CDC/GAP, MOH, and GHARP will continue to collaborate together on the quality assurance program for management of PMTCT sites and will focus on strategic information, commodities management, and skills testing/training. FY06 will also bring an intensive focus on eliminating the large number of non-tested deliveries occurring at L&D sites. Of 2,030 women of unknown status who delivered at Georgetown Public Hospital Corp (GPHC) only 374 (18%) were offered testing. Since 99% of women accepted testing when offered, and the prevalence among those tested was 4.9%, consistency in offering testing will be crucial for program success. MOH guidance states that testing at L&D will continue offering formal pre- and post-test counseling. However, the program will endeavor to increase coverage for VCT and subsequent treatment before and immediately after delivery. MOH is currently tracking the women delivering at GPHC and taking into consideration any large ANCs currently without services to determine where the 5 USG supported PMTCT expansion sites will be strategically placed. Lastly, in accordance with the newest WHO guidelines, women testing positive for HIV will have blood drawn for CD4 testing at the subsequent ANC visit concurrent with their post-test counseling session. A total of 42 sites offering PMTCT services will be linked to the 5 L&D sites, and treatment- eligible women (CD4 < 350) will be directly referred to the nearest PMTCT clinics or regional clinic offering ARV treatment.

Program Area Target:

Number of service outlets providing the minimum package of PMTCT services according to national or international standards	45
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	170
Number of health workers trained in the provision of PMTCT services according to national or international standards	150
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	*10,000*

Table 3.3.01: Activities by Funding Mechanism

Mechanism: GHARP
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 3156
Planned Funds:
Activity Narrative: GHARP will support the GoG's ongoing HIV prevention, care and treatment program by helping to establish the necessary health infrastructure systems and improving provider skills so they can safely and effectively provide PMTCT with appropriate links to follow-up services. Expansion will focus on five L&D and ANC sites with the most deliveries and attendees and will target service delivery sites that are "ready-to-go" such that with additional input they can deliver services. Forty-seven USG support sites out of 118 possible ANC sites (National Goal is currently being developed in PMTCT strategy development process as well as the National M&E Framework development) will aim to reach a target population of 10,000 ANC attendees which accounts for approximately 66% of all annual births. Additional coverage will be provided by GFATM supported PMTCT sites. The entire program operates in accordance with, and in support of, the WHO-based National PMTCT guidelines. Sites will emphasize extension of services to partners and family (including children and infants) of ANC attendees to access testing and counseling at PMTCT sites in order to boost prevention efforts and to identify those who need treatment. The program will continue to build on referral mechanisms that ensure seamless linkages between GHARP, GoG and other U.S. Government (USG)-funded prevention, treatment, OVC, and palliative care services.

FY06 will also bring an strong focus on eliminating the large number of non-tested deliveries occurring at L&D sites as was mentioned in the context. MOH guidance states that testing at L&D will remain VCT, with the formal pre- and post-test counseling. Within this mandate, the program will work diligently to increase coverage for VCT and subsequent treatment before and also immediately after delivery. In accordance with the newest WHO guidelines, women testing positive for HIV will have blood drawn at their subsequent ANC visit that will be taken, for CD4 testing off-site. A CD4 count less than 350 will result in a direct referral for treatment at the nearest PMTCT site that offers ART delivery or one of the regional ART sites. This change in the treatment guidelines will increase the number of persons on treatment and ensure better follow-up and family case management will also increase the number of pediatric cases receiving treatment.

GHARP will continue to strengthen human resource capacity by building capacity of PMTCT support groups (including support packages for providers established in materials produced by CDC), 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. Site support will include continued training, provision of counseling support materials, operations manuals, infrastructure support as needed and quality assurance and monitoring/evaluation system support. A great deal of collaborative work has resulted in as many as 12 ANC forms being streamlined into one paper-based, triplicate copy, ANC form that includes all necessary PMTCT information which is processed through statistical unit of the MOH. Further strengthening of this system will continue as well, keeping in mind such models as the CDC-developed PMTCT-MS.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Human Resources	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Community Mobilization/Participation	10 - 50
Training	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance and Supportive Supervision	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national or international standards	45	☐
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	170	☐
Number of health workers trained in the provision of PMTCT services according to national or international standards	150	☐
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	10,000	☐

Target Populations:

Adults

Community leaders

Infants

Pregnant women

Public health care workers

Key Legislative Issues

Gender

Addressing male norms and behaviors

Coverage Areas:

National

Table 3.3.01: Activities by Funding Mechanism

Mechanism: FXB
Prime Partner: Francois Xavier Bagnoud Center
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 5013
Planned Funds:
Activity Narrative: FXB will support PMTCT activities through the annual review and revision of guidelines, quality assurance program for rapid test, extension of postpartum care to HIV positive women at PMTCT sites, and referral and follow up of women that meet criteria for ARV therapy. HIV care and services will supplement GHARP/MOH activity at Dorothy Bailey, Camberville, Kitty, BV and David Rose clinics.

Emphasis Areas	% Of Effort
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national or international standards		☑
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting		☑
Number of health workers trained in the provision of PMTCT services according to national or international standards		☑
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		☑

Target Populations:

International counterpart organizations
National AIDS control program staff (Parent: Host country government workers)
Public health care workers
Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.02: Program Planning Overview

Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02

Total Planned Funding for Program Area:

Program Area Context:

USG's AB activities directly support Guyana's National Strategic Plan for HIV/AIDS, since the Plan emphasizes the adoption of risk elimination practices by youth. Several key prevention programs focusing on youth and young adults were implemented in FY04& 05. Support was provided to 9 indigenous NGOs/FBOs to reach youth with "AB" messages. The local accounting firm, Maurice Solomon & Company was contracted to provide financial and management oversight to these organizations. These activities were complemented by a national mass media campaign "Me to You: Reach One – Save One", implemented by the Ministry of Health that reached 86,000 youths. Another initiative, support for the Adolescent Health and Wellness Unit, resulted in the establishment of a network of 36 School Health Clubs that promoted abstinence and be faithful and responsible sexual health. Interventions by Peace Corps volunteers and the Guyana Red Cross reached youths in the hinterland communities.

The results of the PEPFAR-funded AIS which were completed in FY05 show that 74% of females and 64% males between the ages of 15 and 19 never had a sexual encounter, but among the 20-24 year olds there is a sharp decline to 48% and 21% reporting the same behavior respectively. The findings imply that USG interventions should continue to encourage this population to remain abstinent, but to assist youth in a safe transition when appropriate to a faithful relationship. Conversely, 29% of youth aged 15-19 are sexually active. Additionally, among the 27% of sexually active women surveyed in age cohort 15-24, there is a reported 20% difference between urban and rural women, with a higher rate of sexual encounter reported in the last 12 months among urban women. Data also reveal that 16% of male youths aged 15-19 had 2+ partners in the last 12 months. In Guyana, the prevalence of multiple partners is a reality. In fact, having a variety of sexual partners is frequently said to be 'natural' for men. The teaching that men are sexual beings begins in adolescence. Thus the expectations of men that they have multiple partners and acquire as much experience, as early as possible in adolescence encourage them to engage in risky sexual behavior. Hence it is imperative to target this population with "B" (fidelity and partner reduction) messages.

Based on these findings the Guyana program in FY 06 will continue to support the MOH, FBOs, and NGOs to encourage primary and secondary abstinence, as well as delay of sexual debut, in schools, youth clubs, religious groups, and other organizations. While it is critical to educate women and young girls about safer sex practices, reproductive health, gender roles and the benefits of abstaining until marriage, it is equally critical to educate adult men and young boys so that the behaviors which fuel HIV transmission and other social and health challenges may be disrupted. "Be faithful" messages will complement abstinence messaging in groups of sexually active adults, encouraging mutual fidelity. Interventions will also discourage cross-generational sex and multiple partners among adult males, since studies have shown that cross-generational sex contributes to considerably higher rates of infection among girls and young women than among same-aged male peers.

Given that myths, stigma and discrimination still exist and can hamper prevention, treatment and care efforts, communication approaches linked to reinforcement activities in order to educate, encourage safe behavior, and reduce stigma are highly warranted. Therefore, we will support the Ministry of Health "Me to You" program in collaboration with donor partners and stakeholders, and the MARCH (Modeling and Reinforcement to Combat HIV/AIDS) strategy that promote the development of a non-discriminatory environment in addition to increasing community involvement in A and B program activities.

Program Area Target:

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	172,000
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)	73,000
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	921

Table 3.3.02: Activities by Funding Mechanism

Mechanism: Population Fellows Program
Prime Partner: University of Michigan School of Public Health
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 2892
Planned Funds:
Activity Narrative: The Population Fellow will serve as the counterpart to the Adolescent Young Adult 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 through AB programs, skills-building in youth advocacy movement against stigma and discrimination as well as for youth health prioritization. The MOH Adolescent Young Adult Health and Wellness unit will also work with parents/guardians, teachers, health care workers and communities to help improve their ability to communicate their values and expectations regarding adolescent behavior. These school health clubs are closely attached to the "Me to You" abstinence and faithfulness, along with C&T promotion initiated by the Minister of Health through this department. The department's role also includes the support for youth-friendly clinic services at a series of pilot sites. In FY06 it is projected that the unit will establish an additional 15 health clubs and 27 youth-friendly clinics. The unit and its programs are supported by a collaboration of donor partners: UNICEF, UNFPA, MOH central funding, and USAID through the civil society small grants project. One integral partnership is the school-based Health and Family Life Education (HFLE) program funded by UNICEF. In FY06 the support will focus on improving teacher training to ensure high-quality implementation of the program.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	6,000	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)	2,000	☐
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	60	☐

Target Populations:

Community-based organizations

Nurses (Parent: Public health care workers)

Orphans and vulnerable children

Teachers (Parent: Host country government workers)

Volunteers

Children and youth (non-OVC)

Out-of-school youth (Parent: Most at risk populations)

Key Legislative Issues

Volunteers

Stigma and discrimination

Coverage Areas:

National

Table 3.3.02: Activities by Funding Mechanism

Mechanism: GHARP
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 3157
Planned Funds:
Activity Narrative: GHARP will technically support 20 NGOs/CBOs, including 5 FBOs 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 programs in the ten Regions of Guyana. In FY04, two hundred and seven thousand three hundred and twenty youths were reached with "AB" messages.

GHARP will continue to strengthen their education and communication programs through the infusion of their sub-partner the Caribbean Council of Churches for materials development, production of an abstinence and faithfulness peer education manual that is a subset of the Guyana "Body Works" tool, the conduct of workshops on stigma and discrimination with religious and lay leaders, sermon development workshop with FBOs, capacity building of Faith Leaders to incorporate information on VCT during marital & pre-marital counseling. The premarital counseling support will aid in transitioning the couple to sexual activity with responsible behavior, emphasizing fidelity. The FBOs will also be assisted in developing targeted messages for their members, while religious leaders will be encouraged to deliver "AB" messages to their congregations. The primary objective is to avert HIV/AIDS infections and transmission by encouraging behavior that will reduce risk of infection. Given that the only certain way to avoid HIV infection is to abstain from sexual intercourse, the program's messages and interventions will encourage such preventive measures as delayed sexual debut until marriage and secondary abstinence for those who are sexually active. All of these messages will be supported by the media interventions with specially tailored messages appropriately targeted to specific populations.

Initiatives will engage youths and stimulate community discussions, promote positive social values, removal of misconceptions about sex and sexuality, and community mobilization approaches to youth empowerment. Messages on abstinence are presently included in counseling and mentoring sessions as well as in peer education outreaches. There are also community interventions which are designed for persons to be aware of risky behaviors and in so doing eliminate or reduce those said behaviors. Young persons are especially being given messages about self-worth, dignity and the necessary skills for practicing abstinence. They are also informed of the risk associated with early sexual activity, sex outside of marriage, multiple partnerships and cross generational sex. Creative media briefs, with specifications and target audience information, will be developed by local advertising firm partners and linked to the commencement of each wave of interpersonal and IEC activity.

GHARP will also continue to promote the importance of mutual faithfulness in sexual relationships as a means of reducing the transmission of HIV infection among individuals through the NGO/FBOs community interventions. Special efforts will be made to target sexually active young boys 15-19 with partner reduction and secondary abstinence messages given the number of partners reported among this group. Additionally, some gaps have been identified in the level of knowledge of many sectors of the population, hence discussions within these groups have commenced in order to strengthen our program in FY06. USAID/GHARP also continues to promote social values and social responsibility together with individual, familial responsibility by providing among other things, information in a comprehensive manner and the benefits of partner reduction.

The fact that most women are infected with HIV via contact with a male sexual partner, the Guyana program will increasingly reach men and young boys with messages of faithfulness and partner reduction. Communities will also be assisted in

adopting social norms which support and reinforce fidelity and reduced number of partners. Specifically, through our partnership with the religious organizations, male constituents will be communicated directly to discourage cross-generational sex, and to support and normalize fidelity, partner reduction and other behavior change. Our program will also encourage Guyanese leadership to promote partner reduction and faithfulness, and denounce violence against women and girls, and design, implement, and evaluate a culturally relevant intervention that prepares community leaders to guide community dialogue on sexual coercion, violence against women and girls, partner reduction and faithfulness. Men will also be targeted at the workplaces and other sites where men congregate through our HIV/AIDS workplace programs. Our community outreach activities with the NGOs will serve to support and reinforce the uptake of key prevention behaviors among youth.

To achieve our program objectives our efforts will be focused on creating an enabling environment for positive behavior change. These activities include promotion of the benefits of partner reduction, increased family time, pre-and post marital counseling, and the promotion of individual familial and societal responsibilities. Our FBO partners will be integral partners in promoting this prevention strategy as well as in counseling their members to access pre-marital counseling and testing.

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	10 - 50
Information, Education and Communication	10 - 50
Training	10 - 50
Local Organization Capacity Development	10 - 50
Workplace Programs	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	5,000	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)	4,000	☐
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	100	☐

Target Populations:

Community leaders
Community-based organizations
Faith-based organizations
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Volunteers
Primary school students (Parent: Children and youth (non-OVC))
Secondary school students (Parent: Children and youth (non-OVC))
University students (Parent: Children and youth (non-OVC))
Men (including men of reproductive age) (Parent: Adults)
Women (including women of reproductive age) (Parent: Adults)
Religious leaders

Key Legislative Issues

Gender

Addressing male norms and behaviors

Volunteers

Coverage Areas

Demerara-Mahaica (4)

East Berbice-Corentyne (6)

Essequibo Islands-West Demerara (3)

Mahaica-Berbice (5)

Upper Demerara-Berbice (10)

Table 3.3.02: Activities by Funding Mechanism

Mechanism:	Accounting Institution
Prime Partner:	Maurice Solomon Accounting
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHAI account)
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	3207
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 behaviors in youth. NGOs and FBOs will be funded through the Accounting Institution and will receive capacity building through the firm in administration and financial management. A grant will also be available to Peace Corps volunteers for community activities that promote "AB" prevention messages. 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 counterparts who oversees the financial operations of the organizations 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 15 NGO/FBOs would be included in those under GHARP and in FY06 will be tracked by GHARP monitoring framework and compiled in that database. This two-pronged approach to institutional capacity building, developing technical capacity to implement HIV/AIDS AB programs together with management systems strengthening in targeted CBO/FBO/NGOs, will increase the potential of these organizations to be directly-funded by PEPFAR in future.

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)		☑
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful		☑

Target Populations:

Community-based organizations

Faith-based organizations

Non-governmental organizations/private voluntary organizations

Coverage Areas:

National

Table 3.3.02: Activities by Funding Mechanism

Mechanism: CDC Program Support
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 3684
Planned Funds:
Activity Narrative: Recent AIDS Indicators Surveys (AIS) and Behavior Surveillance Surveys (BSS) data suggest the need for youth-targeted behavior change strategies, starting as early as primary school, to reduce stigma and discrimination and encourage abstinence and faithfulness (e.g., average age at sexual initiation between 15-16, with AIS data suggesting some primary school girls are sexually active).

Strategies must do more than provide information since theory and research suggest that behavioral interventions to prevent HIV/AIDS can be most effective when they are personalized and affectively compelling, when they provide models of positive behaviors, and when they are linked to social and cultural narratives. Effective strategies must also take into account the opportunities and obstacles present in the local environment. The MARCH (Modeling and Reinforcement to Combat HIV/AIDS) strategy combines entertainment as a vehicle for education (long-running serialized dramas on radio that portray role models evolving toward the adoption of positive behaviors) and interpersonal reinforcement at the community level (support from friends, family members, teachers and others can help people initiate behavior changes). MARCH will target in-school students, out-of-school youth, and parents, men and women.

Data from other MARCH projects suggest that the strategy helps people overcome barriers to change. For example a mid-term assessment (survey in 7 most populous districts) in Botswana showed that people who listened to the drama weekly (compared to others) were 1.6 times more likely to know abstinence and monogamy prevent HIV and 2 times less likely to report non-stigmatizing attitudes (e.g., not being afraid to be near a PLWHA).

Interest in MARCH was expressed at various levels in Guyana during a feasibility assessment in early 2005, which included meetings with the Minister of Health and his staff, NGOs, and all USG agencies and partners. In response to the need for prevention strategies and this interest, CDC will partner with the Government of Guyana, NGOs and FBOs to implement MARCH. Although the project will initially be led by CDC, Peace Corps, USAID, NGOs, and the Ministry of Education, will be partners in this project.

The locally written serial drama which will be produced to be appealing to youth, parents, men and women will form the backdrop for the community level engagement and reinforcement activities that will build on existing activities to increase interpersonal communication around safer behaviors and help establish social norms. For example, the activities will build on life skills education in schools, after school clubs, outreach, faith-based meetings (to reach men, women and parents) and community-wide events.

GHARP's network of NGOs, FBOs, CBOs and Peace Corps volunteers will be supported with training and MARCH specific materials to reach out to men and women and youth in their communities. Activities will focus on sexually abstinent adolescents in recognition that they have not received the same amount of attention as their sexually active peers. Activities will concentrate on increasing understanding of why some adolescents choose not to have sex in keeping with the trend toward identifying protective rather than risk factors that contribute to resiliency.

Additionally activities will also focus on the power dynamics between men and women. Issues will include self-esteem, choice, coercion and violence. Emphasis will be placed on exposing the complexities of intergenerational sex since research now

confirms that exploitative and intergenerational sex between older men, (Sugar Daddies) who are more likely to be infected with HIV than their younger counterparts, contributes to the spread of HIV. Fidelity activities will be aimed at both married and single men to encourage them to consider why they have multiple partners and who their partners are. Anti-stigma and reinforcement messages will be integral into these activities. Activities will begin with a street theater caravan to build interest in the drama and interpersonal reinforcement activities and continue with group, school, and community activities across the country.

This request covers the first year start up costs for the serial drama production and reinforcement activities. This budget is in line with cost of current MARCH programs in Botswana and Zimbabwe. CDC GAP Guyana will partner with GHARP to collect formative data to adapt MARCH to Guyana and develop and pilot test reinforcement materials. In addition to analyses of BSS, qualitative data will identify what youth and adults find appealing in dramas and will help more fully understand barriers to behavior change. Baseline evaluation data will also be collected.

Based on experiences in other countries, it is expected that 345,000 persons (60% of the population) in Guyana will ever listen to the drama and 179,000 will follow it weekly. It is expected that 66,000 youth will participate in group or school activities and 140,000 youth and adults will participate in community-wide activities to create a more supportive environment (e.g., adults who support youth in safer behaviors, safer social norms).

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	10 - 50
Human Resources	10 - 50
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	140,000	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)		☑
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	66,000	☐

Target Populations:

Adults

Community-based organizations

Faith-based organizations

Non-governmental organizations/private voluntary organizations

Children and youth (non-OVC)

Implementing organizations (not listed above)

Key Legislative Issues

Addressing male norms and behaviors

Volunteers

Stigma and discrimination

Coverage Areas:

National

Table 3.3.02: Activities by Funding Mechanism

Mechanism: Peace Corps
Prime Partner: US Peace Corps
USG Agency: Peace Corps
Funding Source: GAC (GHAI account)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 3799
Planned Funds:
Activity Narrative: In FY06 Peace Corps Guyana (PC/Guyana) will develop a program that builds capacity in the area of abstinence and be faithful messages to the youth of Guyana. To do so, Peace Corps Volunteers (PCVs) will promote greater HIV/AIDS prevention education and awareness among community members including:
-Building capacity in communities by providing alternative activities and skills for in and out of school youth in communities where PCVs work. These activities include drama, street theatre, life skills, and income generation;
-Improving gender relations in communities among women, men and youth in an effort to reduce the spread of HIV/AIDS;
-Promoting HIV/AIDS awareness and modeling positive behaviors for the promotion of abstinence as an integral partner in the AB MARCH initiative;
-Raising awareness in the communities in which PCVs work by addressing life skills and other HIV/AIDS programs that target boys and girls clubs, and scouts as they relate to AB messages.

A component of this area includes the addition of Crisis Corps Volunteers to the PC/Guyana program in June of 2006 for a period of six months. Peace Corps will establish a program in Guyana that focuses on enhancing capacity for CBOs, NGOs, and FBOs in their respective communities. PC/Guyana will recruit 3 Crisis Corps Volunteers (CCVs) with health-related training and experience. These CCVs will be assigned to NGOs and governmental organizations to support them in the development and establishment of an effective data base network.
Illustrative activities of CCVs include:
(a) Establishment of a database for HIV/AIDS and OVCs information
(b) Education and training programs for PLWAs and OVCs.

Workshop and conferences will be held, plus additional training on HIV/AIDS will be provided to PCVs so they can be better equipped and more efficient in implementing the HIV/AIDS activities in the communities where they serve.

Additionally, through a Volunteer Activity Support & Training (VAST) program, PCVs will work with their communities to identify and facilitate the implementation of community activities directly related to HIV/AIDS prevention and care activities. Gender and youth will provide an important main focus in this program. It is envisioned that boys and girls groups will receive special attention in order to increase youth involvement in prevention and care programs, enhancing life skills to reduce high risk behaviors.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	5,000	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)	1,000	☐
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	700	☐

Target Populations:

Adults

Community leaders

Community-based organizations

Faith-based organizations

Nurses (Parent: Public health care workers)

Most at risk populations

Street youth (Parent: Most at risk populations)

Non-governmental organizations/private voluntary organizations

Orphans and vulnerable children

People living with HIV/AIDS

Pregnant women

Teachers (Parent: Host country government workers)

USG in-country staff

Volunteers

Children and youth (non-OVC)

Girls (Parent: Children and youth (non-OVC))

Boys (Parent: Children and youth (non-OVC))

Primary school students (Parent: Children and youth (non-OVC))

Secondary school students (Parent: Children and youth (non-OVC))

Men (including men of reproductive age) (Parent: Adults)

Women (including women of reproductive age) (Parent: Adults)

Caregivers (of OVC and PLWHAs)

Out-of-school youth (Parent: Most at risk populations)

Religious leaders

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Public health care workers

Other health care workers (Parent: Public health care workers)

Private health care workers

Other health care workders (Parent: Private health care workers)

Implementing organizations (not listed above)

Key Legislative Issues

Stigma and discrimination

Gender

Coverage Areas

Barima-Waini (1)

Cuyuni-Mazaruni (7)

Demerara-Mahaica (4)

East Berbice-Corentyne (6)

Essequibo Islands-West Demerara (3)

Mahaica-Berbice (5)

Pomeroon-Supenaam (2)

Upper Demerara-Berbice (10)

Upper Takutu-Upper Essequibo (9)

Table 3.3.02: Activities by Funding Mechanism

Mechanism: American Red Cross
Prime Partner: The Guyana Red Cross Society
USG Agency: U.S. Agency for International Development
Funding Source: N/A
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 4009
Planned Funds:
Activity Narrative: The Together We Can (TWC) program will expand geographically into Regions 1 and 9 in FY 06. In FY 04, fourteen thousand three youths (14,300) youths were reached with "AB" messages. In FY 06 and 07, it is expected that an additional 15,000 youths will be reached. As the program further expands, over the next two years the GRC will work with peer educators to develop cultural and linguistic options and/or guidelines for how to better reach the Amerindian populations in those areas. To support project activities in these regions the GRC also plans to convert mass media materials (posters, brochures, etc) to local dialects to make the project more community friendly.
Through direct TWC peer education sessions this project will reach approximately 1,500 youth in both FY06 and FY07. For each workshop the project will continue to try and maintain a balanced 50% male - 50% female breakdown for gender, and a breakdown of age cohorts of 20% youth 10-14, 40% 15-19, and 40% 20-24.

In year one 17% of youth reached through TWC workshops came from non-traditional sources, such as training police at the police academy, or through religious groups, and 83% came from more traditional sources such as a school based programs. Efforts will be made to increase the number of youth reached through non-traditional sources to 25%. This will be done through detailed community mapping aimed at identifying potential partners to channel and connect to these youth. In addition, the project will strive to reach approximately 11,124 youth (7,988 from region 4, and 1,568 from regions 1 and 9) with key project messages and information through youth multiplier take-home assignments. The GRC will also aim to reach approximately 2,376 youth through community mobilization events where varying edutainment methodologies such as popular music, dance, and shows are used to deliver key HIV messages and information about the project to youth and the general community at large. Edutainment activities that the project will use for the community mobilization events may include puppet shows, concerts, movie shows, and awareness booths.

Efforts will be made to include new partners from the private sector such as the Rupununi Chamber of Commerce and Industry, new NGO partners such as the Open Doors Center, and the Bina Hill Institute, and possibly religious groups and associations that are active with youth in their community. Special attention will be placed in further enhancing the participation of Amerindian groups in regions 1 and 9, as well as exploring opportunities with Muslim and Hindu youth in region 4. The project will also endeavor to formalize its coordination and collaboration with the US Peace Corps and work with and even incorporate Peace Corps volunteers into the program at the community level.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	15,000	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)		☑
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	31	☐

Target Populations:

Community leaders

Community-based organizations

Faith-based organizations

Non-governmental organizations/private voluntary organizations

Children and youth (non-OVC)

Religious leaders

Key Legislative Issues

Volunteers

Stigma and discrimination

Coverage Areas

Barima-Waini (1)

Demerara-Mahaica (4)

Upper Takutu-Upper Essequibo (9)

Table 3.3.02: Activities by Funding Mechanism

Mechanism: Comforce
Prime Partner: Comforce
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 4915
Planned Funds:
Activity Narrative: CDC will fund a serial drama managing editor to support the MARCH project in the development of the radio serial drama; review and edit scripts; coordinate MARCH staff; and serve as the primary liaison with local advertising agencies.

Emphasis Areas	% Of Effort
Human Resources	51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)		☑
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful		☑

Target Populations:

Adults

Community-based organizations

Faith-based organizations

Non-governmental organizations/private voluntary organizations

Children and youth (non-OVC)

Primary school students (Parent: Children and youth (non-OVC))

Secondary school students (Parent: Children and youth (non-OVC))

University students (Parent: Children and youth (non-OVC))

Men (including men of reproductive age) (Parent: Adults)

Women (including women of reproductive age) (Parent: Adults)

Key Legislative Issues

Addressing male norms and behaviors

Reducing violence and coercion

Stigma and discrimination

Coverage Areas:

National

Table 3.3.02: Activities by Funding Mechanism

Mechanism: ORISE Fellowship
Prime Partner: Oak Ridge Institute of Science and Education
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 4916
Planned Funds:
Activity Narrative: CDC will support an ORISE Fellow, who will serve as the coordinator of the CDC-funded MARCH project. This Fellow will provide oversight of the MARCH program; technical review of scripts and MARCH materials; development policies and procedures for the serial drama; coordinate and supervise MARCH staff; and perform other program activities as required.

Emphasis Areas	% Of Effort
Human Resources	51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)		☑
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful		☑

Target Populations:

Adults
Community-based organizations
Faith-based organizations
Non-governmental organizations/private voluntary organizations
Children and youth (non-OVC)
Primary school students (Parent: Children and youth (non-OVC))
Secondary school students (Parent: Children and youth (non-OVC))
University students (Parent: Children and youth (non-OVC))
Men (including men of reproductive age) (Parent: Adults)
Women (including women of reproductive age) (Parent: Adults)

Coverage Areas:

National

Table 3.3.02: Activities by Funding Mechanism

Mechanism: Department of Defense
Prime Partner: Center for Disaster and Humanitarian Assistance Medicine
USG Agency: Department of Defense
Funding Source: GAC (GHAI account)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 5413
Planned Funds:
Activity Narrative: CDHAM will enhance HIV/AIDS prevention in the Guyanese Defense Force through continuing to train and support medical personnel and peer educators to provide AB messages. In this year, activities will be extended beyond Georgetown to outlying military posts where train-the-trainer programs will also be initiated. Personnel in leadership positions will be trained and encouraged to provide prevention education to their subordinates. Peer education will be supplemented through the distribution of HIV/AIDS prevention literature. Peer educators will be supported in developing targeted prevention messages and venues. Peer education trainers will be supported in recruiting and training new peer educators. A HIV/AIDS awareness day will be organized, coinciding with a national HIV/AIDS prevention activity. Databases of peer educators and trainers will be created and maintained. Activity reporting mechanisms will be implemented.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50
Workplace Programs	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	1,000	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)		☑
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	30	☐

Target Populations:

Military personnel (Parent: Most at risk populations)

Volunteers

Men (including men of reproductive age) (Parent: Adults)

Women (including women of reproductive age) (Parent: Adults)

Key Legislative Issues

Gender

Addressing male norms and behaviors

Volunteers

Stigma and discrimination

Coverage Areas:

National

Table 3.3.03: Program Planning Overview

Program Area: Medical Transmission/Blood Safety
Budget Code: HMBL
Program Area Code: 03

Total Planned Funding for Program Area: [redacted]

Program Area Context:

An important aspect of the President's Emergency Plan for AIDS Relief is to provide assistance to ensure a safe and adequate blood supply. 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. The MOH reports that 100 percent of the blood supply is tested for HIV, Hepatitis B and C, syphilis and malaria. As of July 2005 there have been several limited assessments but no 'strategic plan' or 'comprehensive vision' for the provision of safe blood and transfusion services in Guyana.
A joint assessment by the CDC and MOH/NBTS in December of 2003 showed that 14% percent of the population had no regional blood transfusion facility, the majority of this population lives more than 6 hours by local transport away from the next nearest regional facility or facility where transfusion service is available. Initial assessment data combined with impressions by NBTS staff estimate that approximately half of the needed blood transfusion requests in the capital, Georgetown, go unfilled because of the lack of available donor blood products. National supply is only a fraction of what WHO would predicted for a country located in lowland tropical areas, where life threatening anemia related to malaria, malnutrition and chronic enteric parasitemia, is common. WHO estimates that the numer of units to provide an adequate annual supply should equal 2% of the population, or in the case of Guyana this would be 15,000 unit/yr. In 2004 only 4,000 units were collected.
In 2004 two track I contracts (cooperative agreements) were awarded by the CDC to support blood safety in Guyana, one to the MOH and the other to American Association of Blood Banks (AABB). The Ministry of Health (National Blood Transfusion Service) award was for five years with an annual funding level of approximately [redacted] The role of the MOH/NBTS is understood as 'doing the work of building and managing the system.' AABB was given a five year award of [redacted] that was to cover service in four PEPFAR countries, including Guyana. AABB's role is understood to be: 'to provide expert guidance and technical assistance to the MOH/NBTS. The role of the CDC GAP country office is understood to be 'to coordinate grant activity and consultants, to ensure utilization of available resources, and to provide feedback to OGAC on program design and need for reorientation.' B5
Required COPR reporting indicators include; 1) the number of service outlets carrying out blood safety activities, and 2) the number of individuals trained in blood safety.
We would recommend additional country level indicators, these to include: 1) Demonstrable improvement in adequacy of blood supply (quantity and access), 2) Demonstrable improvement in quality of blood supply (increase in voluntary donors as a proportion of all donors), 3) Transfusion services agency (NBTS) adopts sustainable structure and program; 4) Standardization/Regulation of transfusion (i.e. by passage of blood safety legislation); 5) Adequacy of grantee program progress (percent of obligated funds dispensed in year of award.
Recommended 2006 country level targets would include:

1) Adequacy of Blood Supply
a. 15% increase in total yearly donations per year of EP
b. Comprehensive assessment of the cost/benefit of extending services to populations outside of current catchments
2) Quality of Blood
a. 15% increase in total yearly voluntary donations per year of EP
3) Sustainability of Program
a. Completion of assessment and recommendations by macro health economist
b. Less than 20% staff turnover/yr
4) Standardization/Regulation
a. Passage of blood safety legislation
b. Number of times legislation is brought to Parliament/yr
5) Program progress
a. More than 60% of available funds dispensed in year of award

Program Area Target:

Number of service outlets/programs carrying out blood safety activities	3
Number of individuals trained in blood safety	125

Table 3.3.03: Activities by Funding Mechanism

Mechanism: CDC to MOH Guyana
Prime Partner: Ministry of Health, Guyana
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Medical Transmission/Blood Safety
Budget Code: HMBL
Program Area Code: 03
Activity ID: 3185
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 tranfusion centers to deliver services, increasing voluntary blood donation, and increasing knowledge and the level of documentation regarding quality assurance in blood services.

Targets

Target	Target Value	Not Applicable
Number of service outlets/programs carrying out blood safety activities	3	☐
Number of individuals trained in blood safety	50	☐

Target Populations:

Doctors (Parent: Public health care workers)
Nurses (Parent: Public health care workers)
Host country government workers
Public health care workers
Laboratory workers (Parent: Public health care workers)
Other health care workers (Parent: Public health care workers)
Private health care workers
Doctors (Parent: Private health care workers)
Laboratory workers (Parent: Private health care workers)
Nurses (Parent: Private health care workers)
Other health care workders (Parent: Private health care workers)

Coverage Areas:

National

Table 3.3.03: Activities by Funding Mechanism

Mechanism: CDC Program Support
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Medical Transmission/Blood Safety
Budget Code: HMBL
Program Area Code: 03
Activity ID: 3699
Planned Funds:
Activity Narrative: American Association of Blood Banks
In providing technical assistance and expert guidance to the GOG MOH/NBTS AABB has planned the following activities for continuation or initiation from October 2005 to September 2006. These can be divided into two general categories, those that involve 'support' and those where AABB has taken on a primary responsibility.

Support activities include:
1) Provide amendments to current pending blood safety legislation (as needed)
2) Recommend suitable management structures for central and regional transfusion centers
3) Assist with the development of a standard donor questionnaire

Primary Activities Include
1) Draft revisions for Standard Operating Procedures (SOPs)
2) Conduct a KAP survey on cultural beliefs regarding blood donation
3) Draft a 'Quality Policy Manual' in keeping with the Caribbean Regional Standards for Blood Banking
4) Coordinate the workshop for development of a strategic plan for blood safety together with Blood Safety Strategic Planning Consultant identified and funded by CDC GAP Guyana.
5) Provide in country training for the following:
Implementation of SOPs (2 in country training sessions)
Donor Services (2 in country training sessions)
Appropriate use of blood and blood products (2 in country training sessions)

Emphasis Areas	% Of Effort
Infrastructure	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets/programs carrying out blood safety activities		☑
Number of individuals trained in blood safety	75	☐

Target Populations:

National AIDS control program staff (Parent: Host country government workers)

Policy makers (Parent: Host country government workers)

Volunteers

Host country government workers

Public health care workers

Private health care workers

Other health care workders (Parent: Private health care workers)

Coverage Areas:

National

Table 3.3.04: Program Planning Overview

Program Area: Medical Transmission/Injection Safety
Budget Code: HMIN
Program Area Code: 04

Total Planned Funding for Program Area:

Program Area Context:

The Guyana Safe Injection Program (GSIP) began in 2004 as an 11-month demonstration project to assess injection practices and prevent transmission of HIV and other blood borne diseases through accidental exposures to medical sharps. Based on data from the AIS, health care workers have frequent potential exposures. As 90% of those surveyed reported receiving 1 medical injection per year, health care workers have frequent potential exposures. The annual number of documented needle-stick injuries per injection provider is 38, and only 25 percent of facilities keep records of such injuries. Only 43% of injection providers have access to PEP drugs onsite. Finally, risks to waste handlers underscore the need for waste disposal site development with sustainable, appropriate technology.

Given these findings, GSIP has been extended for an additional four years. The project's main goal is to prevent the transmission of HIV and other blood borne diseases through accidental sharps injuries. The target populations are health care staff that prescribe, provide or dispose of injection equipment and clients from the general population. The three main components address commodity management, waste disposal and behavior change and advocacy; strategies were informed by the results of a quantitative and qualitative national assessment.

The National Injection Safety Group (NISG) was created by the Minister of Health to collaborate on national policy and guide project activities. The body has been collaborating well to date on national policy. Under phase two, the policy proposals will be reviewed and approved by the Minister then disseminated to facilities in the public and private sectors. Input from all stakeholders will guide strategies to improve adherence to policies and standards.

In cooperation with the MMU, the project imported a one-year supply of standard disposable and retractable (anti-reuse, anti-needle-stick) injection equipment plus safety boxes and needle removers to test their acceptance and effectiveness in the thirteen demonstration sites. Initial results show satisfaction with needle removers as a safety and waste reduction strategy. The retractables show promise in highly infectious wards and services for prevention of NSI. Under phase two, the project will develop a plan to import annual supplies as appropriate for the identified target sites.

Staff in pilot facilities participated in project training to improve forecasting, ordering, storing and distributing of needles, syringes and safety boxes for curative care. For phase two, the training will be strengthened by lessons learned under the demonstration project. All logistics staff will be trained as well as ward staff who order internally from the facility stores. The project will continue to work with the MMU or other entities defined by MOH/USAID to improve the national logistical system to address importation and local supply procurement and distribution.

The pilot facilities have created waste management plans in cooperation with Neighborhood Democratic Councils (NDCs) and municipalities to guide waste from the point of origin to final disposal. Technical assistance was provided by the project, PAHO and the Georgetown Municipality. In phase two, a concerted plan to address final disposal will be developed in collaboration with MOH, IDB, PAHO and the NISG.

GSIP has developed, pre-tested, and is finalizing behavior change communication materials and activities to encourage staff compliance with safe injection practices as well as the client's right to choose oral preparations when equally effective. Extensive training programs in related protocols and SI practices, along with interpersonal communication curriculum development will be evaluated and rolled out in phase two to reach additional providers in both the public and private sector. The potential for TOT to create in-country training capacity for safe injection will be evaluated.

Program Area Target:

Number of individuals trained in injection safety	475

Table 3.3.04: Activities by Funding Mechanism

Mechanism:	Safe Medical Injections
Prime Partner:	Initiatives, Inc.
USG Agency:	U.S. Agency for International Development
Funding Source:	N/A
Program Area:	*Medical Transmission/Injection Safety*
Budget Code:	HMIN
Program Area Code:	04
Activity ID:	3312
Planned Funds:	
Activity Narrative:	GSIP will focus on the following deliverables for FY06: 1.) Strategy & Workplan for the extension periof the this award 2.) Procurement & distribution planning in collaboraiton with IDB and WB program initiatives 3.) *New Site Management Orientation* 4.) MOH workshop for policy approval 5.) Standards approved by Bureau of Standards 6.) Continued training 7.) Collaborate with MOH on facility based QI teams 8.) Logistics training/strengthening initiated to address bundling 9.) IEC materials developed to advocate for decreased demand for injections 10.) Collaborate with professional training schools to integrate SI modules into curricula 11.) Collaborate with NISG/MOH on plan for reaching private providers 12.) Initiate recognition system 13.) Support system strengthening to ensure increased reporting of needlestick injuries 14.) Support system strengthening for ready access to PEP for health care staff with particular focus on injection providers.

Emphasis Areas	**% Of Effort**
Commodity Procurement	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Infrastructure	10 - 50
Local Organization Capacity Development	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of individuals trained in injection safety	450	☐

Target Populations:

National AIDS control program staff (Parent: Host country government workers)

Policy makers (Parent: Host country government workers)

Public health care workers

Private health care workers

Coverage Areas

Cuyuni-Mazaruni (7)

Demerara-Mahaica (4)

Table 3.3.04: Activities by Funding Mechanism

Mechanism:	Department of Defense
Prime Partner:	Center for Disaster and Humanitarian Assistance Medicine
USG Agency:	Department of Defense
Funding Source:	GAC (GHAI account)
Program Area:	Medical Transmission/Injection Safety
Budget Code:	HMIN
Program Area Code:	04
Activity ID:	5311
Planned Funds:	
Activity Narrative:	CDHAM will continue to assist implementation of universal precautions in GDF outpatient settings. Refresher training will be held for all laboratory and health personnel in safe blood drawing and sample handling techniques. The logistics system to provide materials to facilitate safe handling and disposal of blood products will be maintained.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Logistics	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals trained in injection safety	25	☐

Target Populations:

Military personnel (Parent: Most at risk populations)

Public health care workers

Coverage Areas:

National

Table 3.3.05: Program Planning Overview

Program Area: Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05

Total Planned Funding for Program Area:

Program Area Context:

BSS and targeted prevalence surveys completed by USG/Guyana in 2005 identified key Most-At-Risk Populations (MARPS): sex workers, men who have sex with men, PLWHA, and "mobile" persons such as miners, loggers, sugar cane workers, transport industry workers, and migrants crossing the Brazil border. We take a public health approach to prevention, relying on both risk elimination and risk reduction, and our interventions with MARPS will follow the "ABC" model, with the emphasis on "BC." Partner reduction and mutual faithfulness are promoted through behavior change communications and interpersonal activities reinforcing safer sexual behaviors, and persons at elevated risk build skills in correct and consistent use of condoms. In our program communications we confirm that the only certain way to eliminate risk of HIV/STI infection is to abstain from sex. Reaching the MARP populations will be a challenge, due to social and geographical barriers. Therefore, strong partnerships with individuals and organizations able to effectively reach and work with the MARP "communities" will be essential. Leaders in both the CSW and MSM communities were identified during the BSS; we will invite their input/participation to strengthen our prevention efforts, and we will include as program implementers persons who are also MARPs. Strong referral mechanisms to other EP program area services and interventions are essential, for example, referrals between USG/Guyana's ABY and OVC program areas will enable young persons engaging in risky behaviors to obtain needed HIV/STI counseling and testing and other HIV prevention services. Linkages to HIV/STI counseling and testing, including mobile VCT, are a critical component of the MARPS work, as are partnerships with clinical care and treatment providers. All EP health care worker trainings will reduce stigma and discrimination towards MARPs. Sex workers, their clients, and their spouses/partners are a significant MARP population in Guyana. Although CSWs reported in our BSS a high rate of condom use with last partner, 27% tested positive for syphilis and HIV. We will perform outreach in high risk venues and within the sex worker community to disseminate prevention education and non-clinical services, including behavior change interventions, VCT and condoms. This will be complemented by referrals to "friendly" sites providing clinical STI/OI treatment, care, and ART as needed. Although MSM surveyed in our 05 BSS reported a relatively high level of condom use at last sex with regular partner (68%) and high levels of condom use with sex workers, 21% of the MSM tested were HIV+, with many of those surveyed reporting high-risk behaviors such as significant alcohol and drug use, high rate of partner change, and sex with sex workers. Interestingly, 84% of these men reported having had sex with a female in the past. In Guyana, MSM are a largely hidden population, especially challenging to reach due to stigma and limited data. To reach MSM, we will use an approach similar to that for CSWs, combining targeted outreach and referrals to "friendly" clinical care and treatment services. Miners, another at-risk group identified in the BSS, were found to have 6% HIV prevalence. Anecdotal evidence shows that the high-risk behaviors of miners include a large number of contacts with CSWs and poor health care behaviors. High prevalence rates among both miners and MSM, and the fact that MSM also report sex with women, points to the importance of prevention efforts with these populations, as well as with the "mobile" populations mentioned above, to reduce risk of HIV/STI infection spreading to the general population. An important component of our prevention program is services for PLWHA and their partners and families. Reinforcing "prevention for positives" and for sero-discordant couples helps PLWHA prevent secondary infection and further transmission of HIV.

Program Area Target:

Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	2,000
Number of individuals trained to promote HIV/AIDS prevention prevention through other behavior change beyond abstinence and/or being faithful	115
Number of targeted condom service outlets	505

Table 3.3.05: Activities by Funding Mechanism

Mechanism: GHARP
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 3158
Planned Funds:
Activity Narrative: GHARP will use information from the BSS completed in 2005 to inform program design and implementation, and will focus on customizing specific packages of services to meet each target MARP population's needs for individualized prevention services. Sex workers will become partners with outreach workers doing risk reduction support. This target population will be reached with services promoting the desired behavior change, including increased access to counseling and testing through MARP-friendly mobile VCT and STI testing, a decrease in alcohol and drug intake through education and psychosocial support networks, consistent and correct condom use with clients. This will include offering "condom" purses and promotion of condom sales at high-risk sites, and reinforcement of skills in consistent and correct condom use with clients and with regular partners. In 2006 GHARP will expand to increased numbers of MARPS the targeted prevention education that is adapted to fit the risk reduction needs of specific MARP target groups, increase access for STI treatment by offering MARP-friendly mobile syndromic management, increase access for HIV/OI treatment by sensitizing clinical providers to issues of stigma and discrimination and offering flexible clinic hours. Vulnerability reduction and partner reduction activities for sex workers will include offering skills-building opportunities to increase alternative income generation or employment options. Men having sex with men will be encouraged to adopt safer sexual behaviors such as condom use with clients and regular partners, a reduction in the number of partners, and to increase their health seeking behaviors for STI/OI and HIV care and treatment. The health providers at counseling, testing, and STI/OI sites will be sensitized and educated about stigma and discrimination with the aim of establishing a friendlier setting for high risk persons to access the services. The coordination with FXB and CIDA-supported STI, TB and ARTcenters will be integral so that those sites also integrate a similar "MARP friendly" non-stigmatizing approach. The NGOs who are currently working with most at-risk populations will be providing HIV/AIDS/STI prevention education, risk reduction counseling, and referrals for care and treatment to a recommended network of services. The program will also work with MARP and PLWHA support groups and drop-in centers that offer a supportive environment to reinforce behaviors that reduce risk ofHIV infection transmission. Miners will be provided a similar set of support services, customized to meet their own individual needs and risk factors. This population will be encouraged to adopt safer sexual behaviors and to increase positive health seeking behaviors. One very promising opportunity to promote the uptake of HIV/STI services by miners and loggers is by offering malaria testing--given the high level of concern among this demographic, it is a possible way of encouraging these mobile, high risk men to access condoms and clinical services, including HIV/STI counseling and testing. Mobile services for VCT and STI syndromic management will be used wherever high risk populations are present and access to services is limited. Health care providers in centrally located villages will be sensitised and educated about stigma and discrimination with the aim of presenting a friendlier setting for high risk persons to access the services. NGOs who are currently working in these areas will be providing targeted prevention and risk reduction education persons at high risk, as well as counseling, testing, and appropriate referrals for care and treatment. GHARP will support the development of prevention programs for positives and sero-discordant couples. These programs will assist local PLWHA groups through twinning to increase the capacity of such groups to provide post-test counseling for positives, and to conduct support groups for positive pregnant women, counseling for discordant couples, implementation of focused communication campaigns, and support for MARP access to key health services. Individualized prevention programs will be developed to reach those high risk behaviors identified among the in and out-of-school youths, GuySuco workers, and uniformed services. The desired behavior changes that will be promoted areall aimed at eliminating or reducing risk of transmitting or becoming HIV infected, and

include: reduction in alcohol and drug use; consistent and correct condom use where appropriate; promotion of secondary abstinence, mutual monogamy and/or partner reduction, increased health seeking behaviors and referrals, increased correct knowledge of HIV transmission, and a decrease in the levels of stigmatizing beliefs held by the groups. The degree of GHARP technical and financial support will vary, based on necessary targeting, but will include a package of services customized to the specific prevention needs and risk factors of the various MARP groups, and might include: multimedia and interpersonal communication reinforcing behavior change, support groups, drop in centers, counseling and testing, and peer-led education linked to and provided by the network of public, workplace, private, and NGO/FBO service providers. Vulnerability of out of school youth to HIV/STI infection will be reduced as targeted high risk youth benefit from support that will be provided to link them to private sector enterprises for employment. A special emphasis will also be placed on creating the male friendly spaces where men will feel free to be able to access HIV/AIDS/STI prevention services at times convenient to them and to speak with male counselors in many instances. Their manner of dress will not be an issue and these centers will seek to promote an environment that is friendlier toward men and families. A similar process will take place to develop MARP friendly services where the staff is expected to be friendlier and to exhibit a certain degree of tolerance for the wearing apparel and mannerisms of the MARPS. GHARP will be responsible for condom procurement and delivery under PEPFAR. Their condom marketing campaign will not only generate demand for branded condoms and increase access by high risk persons to non-traditional condom sales outlets in mining and hinterland areas, but will promote correct, consistent use of condoms in most-at-risk populations. These populations will also receive prevention education messages promoting being faithful and partner reduction as an important means of reducing one's risk of HIV/AIDS/STI infection. GHARP will build capacity of NGOs to provide targeted prevention education to specific MARP populations, and services to the most vulnerable populations that reinforce and support risk reduction through behavior change. The project aims to strengthen local NGO managerial and technical capacity to provide prevention programs and services through outreach and facilitating direct referral for clinical services to vulnerable populations in Georgetown. GHARP will facilitate and technically support the joint development of HIV/STI prevention outreach interventions in border communities in Region 9 in collaboration with the Brazilian Health authorities, based on the findings of targeted evaluations that will be conducted by CDC/GAP in FY06.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	1,000	☐
Number of individuals trained to promote HIV/AIDS prevention prevention through other behavior change beyond abstinence and/or being faithful	90	☐
Number of targeted condom service outlets	500	☐

Target Populations:

Adults

Brothel owners

Commercial sex workers (Parent: Most at risk populations)

Most at risk populations

Discordant couples (Parent: Most at risk populations)

Men who have sex with men (Parent: Most at risk populations)

Street youth (Parent: Most at risk populations)

HIV/AIDS-affected families

Mobile populations (Parent: Most at risk populations)

Truck drivers (Parent: Mobile populations)

Non-governmental organizations/private voluntary organizations

People living with HIV/AIDS

Coverage Areas

Cuyuni-Mazaruni (7)

Demerara-Mahaica (4)

East Berbice-Corentyne (6)

Mahaica-Berbice (5)

Upper Demerara-Berbice (10)

Upper Takutu-Upper Essequibo (9)

Potaro-Siparuni (8)

Table 3.3.05: Activities by Funding Mechanism

Mechanism:	Accounting Institution
Prime Partner:	Maurice Solomon Accounting
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHAI account)
Program Area:	Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	3205
Planned Funds:	
Activity Narrative:	Maurice Solomon will be responsible for funding disbursement and strengthening of NGO financial systems and grants management for 4 NGOs working to reach the MARP in Guyana's highest HIV/AIDS-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 by the NGOs with behavior change and risk reduction interventions and links to needed STI and HIV counseling and testing services. The influx of Brazilian miners in Guyana is the country's most significant mobile population; the ever-increasing growth in this population is associated with the spread of HIV/AIDS/STIS. Therefore, one of the NGOs will partner with Brazilian health authorities in a cross-border initiative to implement a joint Guyanese-Brazilian program that will include HIV/STI prevention education including information on assessing, reducing and eliminating one's risk of infection through behavior change, and increased access of high risk populations to affordable condoms. The 4 NGOs will also provide a safe environment for PLWHA support groups to meet in order to receive counselling and "prevention for positives" education, as well as to obtain HIV/AIDS services or obtain direct assistance for care and treatment referrals. The prevention targets for these four NGO/FBOs will be included with those reported under GHARP, and in FY05 will be tracked by GHARP's monitoring framework and compiled in that database.

Emphasis Areas	***% Of Effort***
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Local Organization Capacity Development	51 - 100
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	300	☐
Number of individuals trained to promote HIV/AIDS prevention prevention through other behavior change beyond abstinence and/or being faithful	9	☐

Target Populations:

Brothel owners

Commercial sex workers (Parent: Most at risk populations)

Most at risk populations

Men who have sex with men (Parent: Most at risk populations)

Mobile populations (Parent: Most at risk populations)

Truck drivers (Parent: Mobile populations)

People living with HIV/AIDS

Key Legislative Issues

Addressing male norms and behaviors

Coverage Areas:

National

Table 3.3.05: Activities by Funding Mechanism

Mechanism: Peace Corps
Prime Partner: *US Peace Corps*
USG Agency: Peace Corps
Funding Source: GAC (GHAI account)
Program Area: Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 5018
Planned Funds:
Activity Narrative: Peace Corps Guyana (PC/Guyana) HIV/AIDS program has also been responding to data in Guyana indicating girls between 15-19 years have a higher incidence of HIV/AIDS than boys. Girls as young as ten years old are being drawn into sexual relationships with older boys and visa versa, young boys are forced to have sexual intercourse with older women, putting both groups at risk for contracting HIV/AIDS.

Men too are subject to social and cultural pressures that increase their susceptibility to infection and their likelihood of spreading it. Multiple partners and sexual infidelity are condoned for men in Guyanese society. Certain occupations tend to encourage risk-taking behaviors, especially those that involve men spending long periods away from their families. This in turn increases the risk of infection from their partners when they return home.

Peace Corps Volunteers in Guyana work in all of the regions (except 8) at the grass roots level, reaching vulnerable groups and identifying critical problems that result in the spread of HIV and AIDS.

In 2006, PC/Guyana will:
- Promote greater HIV/AIDS Prevention Education and Awareness among community members;
- Build capacity for NGOs, CBOs and FBOs;
- Build capacity by providing alternative activities and skills for in and out of school youth in the communities where PCVs work. These activities include drama, street theatres, life skills, income generation skills;
- Improve gender relations in communities among women, men and youth in an *effort to reduce the spread of HIV/AIDS;*
- Collaborate with and support partner agencies efforts in the fight against HIV/AIDS.

In this context, PC/Guyana will implement the following HIV/AIDS prevention activities where Volunteers work in Guyana:

(a) creation and distribution of HIV/AIDS literature in schools, health centers, hospitals, NGOs, CBOs, FBOs, clubs, exhibitions, fairs, and arts and entertainment events
(b) HIV/AIDS awareness and modeling positive behaviors for the promotion of abstinence
(c) Introduction of street theater and dramas in schools, impromptu speeches, debates, essay competitions and other arts and entertainment to increase in and out *of school youth involvement. Alternative activities will prevent the spread of* HIV/AIDS in the communities where PCVs work
(d) Prevention activities at health centers and NGOs will increase awareness of PMTCT
(e) Education and awareness of PMTCT for prenatal mothers and working with men's groups to increase awareness
(f) Targeting sports personnel so they can engage their spouses in the area of prevention and PMTCT, and reproduction of PMTCT material to be distributed to these agencies. Engaging sports personnel, particularly men are critical to reach and get more men involved in HIV/AIDS prevention activities.

Workshop and conferences will be held, plus additional training on HIV/AIDS will be provided to PCVs so they can be better equipped and more efficient in implementing *the HIV/AIDS activities in the communities where they serve.*

Additionally, through a Volunteer Activity Support & Training (VAST) program, PCVs

will work with their communities to identify and facilitate the implementation of community activities directly related to HIV/AIDS prevention and care activities. Gender and youth will provide an important main focus in this program. It is envisioned that boys and girls groups will receive special attention in order to increase youth involvement in prevention and care programs, enhancing life skills to reduce high risk behaviors.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Training	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	100	☐
Number of individuals trained to promote HIV/AIDS prevention prevention through other behavior change beyond abstinence and/or being faithful	50	☐
Number of targeted condom service outlets		☑

Target Populations:

Adults

Community leaders

Community-based organizations

Faith-based organizations

Nurses (Parent: Public health care workers)

Most at risk populations

Street youth (Parent: Most at risk populations)

HIV/AIDS-affected families

Non-governmental organizations/private voluntary organizations

People living with HIV/AIDS

Teachers (Parent: Host country government workers)

USG in-country staff

Volunteers

Children and youth (non-OVC)

Girls (Parent: Children and youth (non-OVC))

Boys (Parent: Children and youth (non-OVC))

Primary school students (Parent: Children and youth (non-OVC))

Women (including women of reproductive age) (Parent: Adults)

HIV positive pregnant women (Parent: People living with HIV/AIDS)

HIV positive children (6 - 14 years)

Caregivers (of OVC and PLWHAs)

Out-of-school youth (Parent: Most at risk populations)

Religious leaders

Host country government workers

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Public health care workers

Other health care workers (Parent: Public health care workers)

Private health care workers

Other health care workders (Parent: Private health care workers)

Implementing organizations (not listed above)

Key Legislative Issues

Gender

Stigma and discrimination

Coverage Areas

Barima-Waini (1)

Cuyuni-Mazaruni (7)

Demerara-Mahaica (4)

East Berbice-Corentyne (6)

Essequibo Islands-West Demerara (3)

Mahaica-Berbice (5)

Pomeroon-Supenaam (2)

Upper Demerara-Berbice (10)

Upper Takutu-Upper Essequibo (9)

Table 3.3.05: Activities by Funding Mechanism

Mechanism: Department of Defense
Prime Partner: Center for Disaster and Humanitarian Assistance Medicine
USG Agency: Department of Defense
Funding Source: GAC (GHAI account)
Program Area: Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 5310
Planned Funds:
Activity Narrative: CDHAM will enhance HIV/AIDS prevention in the Guyanese Defense Force through continuing to train and support GDF medical personnel in teaching ABC messages to all GDF personnel seeking healthcare. Efforts will continue with GDF leadership to increase the acceptability of condom social marketing within the GDF and they will be trained and encouraged to provide HIV/AIDS prevention education to their subordinates. Messages will include partner reduction, consistent and correct condom use, and correct knowledge of HIV transmission. Sensitivity to issues surrounding stigma and discrimination will be emphasized. Population-targeted education materials will be produced or obtained. Condom accessibility will be ensured. Activity reporting mechanisms will be implemented.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Logistics	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	1,000	☐
Number of individuals trained to promote HIV/AIDS prevention prevention through other behavior change beyond abstinence and/or being faithful	25	☐
Number of targeted condom service outlets	5	☐

Target Populations:

Military personnel (Parent: Most at risk populations)
People living with HIV/AIDS
Volunteers
Men (including men of reproductive age) (Parent: Adults)
Women (including women of reproductive age) (Parent: Adults)
Public health care workers

Key Legislative Issues

Gender

Addressing male norms and behaviors

Volunteers

Stigma and discrimination

Coverage Areas:

National

Table 3.3.05: Activities by Funding Mechanism

Mechanism: Population Fellows Program
Prime Partner: University of Michigan School of Public Health
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 6379
Planned Funds:
Activity Narrative: This program will include other prevention activities in FY06, including services offered by "Youth Friendly Health Services" for STI diagnosis and management, family planning, condoms (following ABC guidance), and peer support. This is an initiative co-sponsored by UNFPA and UNICEF as well.

Table 3.3.05: Activities by Funding Mechanism

Mechanism: ORISE Fellowship
Prime Partner: Oak Ridge Institute of Science and Education
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 6380
Planned Funds:
Activity Narrative: The ORISE Fellow is a critical, technical position for the sound management and oversight, and technical direction for the MARCH initiative. This initiative will be utilized to further both the efforts of the A&B prevention category, but also the Other Prevention. The ORISE position also relates to other prevention in its key function as the point of contact for the Ambassador's Fund program which is primarily a prevention grant program and has other prevention components. The ORISE Fellow will focus on ensuring effective use of the funds and that the programs developed adhere to and support the prevention strategies with particular focus on high risk populations.

Table 3.3.05: Activities by Funding Mechanism

Mechanism: CDC Program Support
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 6384
Planned Funds:
Activity Narrative: MARCH (Modeling and Reinforcement to Combat HIV/AIDS) Strategy: Recent AIDS Indicators Surveys (AIS) and Behavior Surveillance Surveys (BSS) data suggest the need for youth-targeted behavior change strategies, starting as early as primary school, to reduce stigma and discrimination and encourage abstinence and faithfulness (e.g., average age at sexual initiation between 15-16, with AIS data suggesting some primary school girls are sexually active).

Strategies must do more than provide information since theory and research suggest that behavioral interventions to prevent HIV/AIDS can be most effective when they are personalized and affectively compelling, when they provide models of positive behaviors, and when they are linked to social and cultural narratives. Effective strategies must also take into account the opportunities and obstacles present in the local environment. The MARCH (Modeling and Reinforcement to Combat HIV/AIDS) strategy combines entertainment as a vehicle for education (long-running serialized dramas on radio that portray role models evolving toward the adoption of positive behaviors) and interpersonal reinforcement at the community level (support from friends, family members, teachers and others can help people initiate behavior changes). MARCH will target in-school students, out-of-school youth, and parents, men and women.

Data from other MARCH projects suggest that the strategy helps people overcome barriers to change. For example a mid-term assessment (survey in 7 most populous districts) in Botswana showed that people who listened to the drama weekly (compared to others) were 1.6 times more likely to know abstinence and monogamy prevent HIV and 2 times less likely to report non-stigmatizing attitudes (e.g., not being afraid to be near a PLWHA).

Interest in MARCH was expressed at various levels in Guyana during a feasibility assessment in early 2005, which included meetings with the Minister of Health and his staff, NGOs, and all USG agencies and partners. In response to the need for prevention strategies and this interest, CDC will partner with the Government of Guyana, NGOs and FBOs to implement MARCH. Although the project will initially be led by CDC, Peace Corps, USAID, NGOs, and the Ministry of Education, will be partners in this project.

The locally written serial drama which will be produced to be appealing to youth, parents, men and women will form the backdrop for the community level engagement and reinforcement activities that will build on existing activities to increase interpersonal communication around safer behaviors and help establish social norms. For example, the activities will build on life skills education in schools, after school clubs, outreach, faith-based meetings (to reach men, women and parents) and community-wide events.

GHARP's network of NGOs, FBOs, CBOs and Peace Corps volunteers will be supported with training and MARCH specific materials to reach out to men and women and youth in their communities. Activities will focus on sexually abstinent adolescents in recognition that they have not received the same amount of attention as their sexually active peers. Activities will concentrate on increasing understanding of why some adolescents choose not to have sex in keeping with the trend toward identifying protective rather than risk factors that contribute to resiliency.

Additionally activities will also focus on the power dynamics between men and women. Issues will include self-esteem, choice, coercion and violence. Emphasis will

be placed on exposing the complexities of intergenerational sex since research now confirms that exploitative and intergenerational sex between older men, (Sugar Daddies) who are more likely to be infected with HIV than their younger counterparts, contributes to the spread of HIV. Fidelity activities will be aimed at both married and single men to encourage them to consider why they have multiple partners and who their partners are. Anti-stigma and reinforcement messages will be integral into these activities. Activities will begin with a street theater caravan to build interest in the drama and interpersonal reinforcement activities and continue with group, school, and community activities across the country.

CDC GAP Guyana will partner with GHARP to collect formative data to adapt MARCH to Guyana and develop and pilot test reinforcement materials. In addition to analyses of BSS, qualitative data will identify what youth and adults find appealing in dramas and will help more fully understand barriers to behavior change. Baseline evaluation data will also be collected.

Based on experiences in other countries, it is expected that 345,000 persons (60% of the population) in Guyana will ever listen to the drama and 179,000 will follow it weekly. It is expected that 66,000 youth will participate in group or school activities and 140,000 youth and adults will participate in community-wide activities to create a more supportive environment (e.g., adults who support youth in safer behaviors, safer social norms).

While the MARCH program will have 60% focus on A and B, there will be a technical advantage to being able to address other prevention issues in the initiative and hence the program cannot be fully funded under AB, so with funds allocated to other prevention, the initiative will be able to address other prevention programs.

Table 3.3.06: Program Planning Overview

Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06

Total Planned Funding for Program Area:

Program Area Context:

This program area responds to the treatment and support chapter of Guyana's National Strategic Plan for HIV/AIDS 2002-2006 which states that its purpose is to "improve the quality and length of life of persons infected and affected by HIV/AIDS in a supportive environment so they could achieve their maximum potential." The goals under the USG contribution to the National Strategy will be to provide the four categories of essential palliative care services that should be available to all people infected or affected by HIV/AIDS. Support will be given for training providers as well as actual service delivery through NGO and MOH partners. Clinical care services that include asymptomatic, symptomatic, and end of life bereavement services (following WHO analgesic ladder) will be provided through the health sector with linkages to community support organizations. These clinical sites located in each regional facility (Regions 2,3,6,10) and the central treatment center of excellence (Region 4), sites will use referral handbooks to directly link patient to a point of contact where they and their family can receive support in the other three palliative care aspects. The referral will also work in reverse when community outreach identifies a client in need of clinical services the nearest provider will be referred and when needed, accompaniment will also be provided to ensure a link is made.

Outside of the facility-based clinical care service delivery, the GOG and in-country partners have determined that home-based care will be a primary focus. Currently, there are eight PEPFAR-supported HBC programs in place, with 127 trained providers caring for over 500 patients. Definitions of home based care and palliative care are those outlined by WHO, and reflected in the PEPFAR strategy. Psychological care services that address the non-physical suffering of the individual and their family include support groups linked to the health center as well as those led by FBO and NGO partners, development and implementation of age-specific psychological care in collaboration with the social workers union, and family care and support delivered by NGOs/FBOs. Family centered approaches also enable the program to identify and link OVC to those specialized services available to them, enable the children to receive immunizations, and offer nutritional and hygiene counseling for the family unit. Spiritual care service strengthening supports FBOs to deal with basic issues related to HIV/AIDS through sensitization, training, materials development, and continued technical assistance for their work. Social care services are primarily delivered by the NGO/FBO sector and focus on a spectrum of support that includes but is not limited to adherence support, nutritional and hygiene counseling, reproductive health counseling, referrals to clinic care providers, increased awareness, community mobilization, and prevention programs. Nutritional support is limited to leveraging other resources within the donor community and providing technical mentoring to establish and promote local government and community activism joining efforts to create village gardens and poultry rearing.

Existing PLWHA groups interested in providing such care are integral to the effort, not only because of their experience of living with HIV/AIDS and/or working with PLHA, but also for the opportunity to build on the confidence of the community in existing groups. This relationship enables these HBC providers to naturally to expand their work into areas of care and support in communities. Complementing these efforts are international technical assistance partnering with the UN Family, implementing initiatives to further strengthen referral systems for legal services, increase access to government grants and small business loans, workforce skills-building, and to continue to support the development of an enabling environment free of stigma and discrimination.

Program Area Target:

Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	14
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	620
Number of individuals trained to provide HIV-related palliative care (including TB/HIV)	

Table 3.3.06: Activities by Funding Mechanism

Mechanism: GHARP
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 3159
Planned Funds:
Activity Narrative: Based on the strategy for palliative care/HBC outlined in the context section, GHARP will support a broad platform of capacity building and system strengthening to increase the delivery of services to those in need. To date, GHARP has supported 8 HBC/Palliative Care programs. During the first six months of implementation support for the direct delivery of services was delayed for two reasons. First, a flood caused a great deal of delay, and second, the capacity of the providers at the community level had been previously overestimated and as such a great deal of effort was needed for skills-building before care could commence in the community. The annual report will report on the direct care provided in the second half of the year.

Currently, there are draft curricula, draft of standard operating procedures, and a set of guidelines that were developed in collaboration with CSIH and the MOH. Once finalized through a stakeholder process, these will be finalized and adopted by partners and GOG alike. The package of care includes all four aspects of essential palliative care services. The clinical aspects of care are provided at the clinic level within the community and the other three aspects are provided through a network of FBO/NGO partners that are trained and supervised by GHARP. In some cases, FBO/NGO partners have been determined to possess the necessary capacity to provide clinical care outside of the facility setting and are supported in delivering such services. GHARP focuses on building the capacity of local service providers in an effort to facilitate the transfer of skills and to improved and expand the range of services offered. All activities are being developed and implemented in close collaboration with the MOH; with a network continually being strengthened to link counseling and testing, ART, and OI/STI treatment sites to those HBC providers. To support the improvement of the referral network, GHARP together with appropriate stakeholders, will be developing a handbook of referral services, points of contact, and point of service information. Where treatment services are not available or easily accessible, GHARP has been able to and will continue to mobilize private sector support for physician and pharmacist site visits/clinics on a monthly basis. At sites where none of the aforementioned services are possible, the patient is referred to the nearest site for clinical assessment, STI/OI screening, prophylaxis and treatment, child immunization, nutrition hygiene counseling and reproductive health services. Activities will include:

1.) Provide management assistance and conduct monitoring of NGO progress through regular field visits;
2.) Conduct annual assessment of NGO progress;
3.) Conduct workshops on HBC and palliative care with public sector and NGO/FBOs. This will include capacity development, identification and referral of families for services (OVC, immunization, family planning, etc), support-group implementation and strengthening, confidentiality, multidisciplinary team work as outreach worker in PMTCT, VCT, OVC, and resource and skills mobilization. This will be implemented as a series of TOT in succession to PLWHA organizations, support groups and probation and family welfare and include training in HBC for supervisors and volunteers;
4.) Sponsor 2 GOG/NGO representatives to attend HBC training program for two weeks in Ethiopia;
5.) Establish/strengthen and train "buddy" programs for accompaniment to clinical services and adherence counseling;
6.) Training and TA Multidisciplinary team/adherence/community treatment education in a clinical setting (New York Link) for GOG and NGO/FBO personnel;
7.) Initiate and implement post test clubs for individuals who know their HIV status (+ or -);
8.) Provide on going TA to PLWHA organizations;
9.) Provide HBC accreditation for Volunteers;

10.) Monitor implementation and provide TA to volunteer and HBC provider support group;
11.) Work with NGOs to develop content and process for stress management and volunteer retention;
12.) Have prize Ceremony for HBC volunteer of the year from each NGO based on a devised criteria for assessment of volunteers and for the selection of the volunteer of the year;
13.) Revise HBC guidelines and curriculum;
14.) Increase access for PLHA to micro enterprise programs through private sector collaboration and USAID's Economic Growth Strategic Objective;
15.) Document the private sector successes being built right now including professional video coverage of private sector events. Develop a small advocacy documentary whereby we document the successes of one or several companies (that could be eventually shared with other companies to help bring them on board). Sponsor an award's night where best practices are shared and private company honored.

Emphasis Areas	***% Of Effort***
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Training	10 - 50
Local Organization Capacity Development	51 - 100
Community Mobilization/Participation	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	10	☐
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	500	☐

Target Populations:

Adults
Community leaders
Community-based organizations
Faith-based organizations
HIV/AIDS-affected families
People living with HIV/AIDS

Key Legislative Issues

Reducing violence and coercion

Increasing women's access to income and productive resources

Increasing women's legal rights

Stigma and discrimination

Twinning

Coverage Areas

Demerara-Mahaica (4)

East Berbice-Corentyne (6)

Essequibo Islands-West Demerara (3)

Mahaica-Berbice (5)

Upper Demerara-Berbice (10)

Table 3.3.06: Activities by Funding Mechanism

Mechanism: Accounting Institution
Prime Partner: Maurice Solomon Accounting
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 3206
Planned Funds:
Activity Narrative: Ten key NGO/FBO partners (assisted by GHARP to develop a palliative care program) will implement thier programs in order to reach PLWHA in their communities with home-based care, pshycho-social support, and facilitate networks with needed GOG services in the health, labor, and legal areas. The program will support home-based and palliative care based on the guidance and reliant on the technical assistance and capacity building provided by the GHARP project. 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 ten NGO/FBOs would be included in those under GHARP and in FY05 will be tracked by GHARP monitoring framework and compiled in that database. MSC will be resposible for the continued capacity and system strengthening of the identified NOG/FBO partners in the key areas of administration and financial management, systems, and transparency through on-site technical assistance and training.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Training	10 - 50
Community Mobilization/Participation	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	0	☐
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	0	☐

Target Populations:

Community-based organizations

Faith-based organizations

Non-governmental organizations/private voluntary organizations

Coverage Areas

Cuyuni-Mazaruni (7)

Demerara-Mahaica (4)

East Berbice-Corentyne (6)

Upper Demerara-Berbice (10)

Table 3.3.06: Activities by Funding Mechanism

Mechanism: Peace Corps
Prime Partner: US Peace Corps
USG Agency: Peace Corps
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 3209
Planned Funds:
Activity Narrative: In FY06 Peace Corps Guyana (PC/Guyana) will develop a program that builds capacity in the area of care, support and outreach through PCVs and their counterparts, education and health practitioners, CBOs, NGO, and FBOs in their respective communities. The PC/Guyana program has as its objectives:
- To provide care and support to care givers of persons infected with and/or affected by HIV/AIDS.
- To improve gender relations in communities among women, men and youth in an effort to reduce the stigma of HIV/AIDS.
- To collaborate with and support partner agencies efforts in the fight against HIV/AIDS.

In this context, the PCVs in PC/Guyana will implement the following activities in all the regions where Volunteers work in Guyana:
a) Support and capacity building of NGOs, CBOs, FBOs and government agencies;
b) Support to PLWHA and OVC through a HIV/AIDS hotline to respond to their questions as well as as direct them to referral services in their communities;
c) Support to increase voluntary counseling and testing of family members;
d) Training to caregivers so they can work with persons infected with and/or affected by HIV/AIDS;
e) Training in home based care in conjunction with local FBOs, CBOs, NGOs and partners;
f) Training in child care and nutritional counseling;
g) Strengthening current referral networks to facilitate social welfare systems from governmental and other agencies;
h) Training family care givers to cope with their problems, and educating families in home based care. Activities will include:
- Training of caregivers
- Referrals training
- Linking local NGOs with International NGOs that provide care and support to PLWHA and OVCs
- Mentoring and coaching big brothers/big sister programs
- Community programs to enhance life skills and other alternative activities to reduce likelihood of contracting HIV.

Workshop and conferences will be held, plus additional training on HIV/AIDS will be provided to PCVs so that they can be better equiped and more efficient in implementing the HIV/AIDS activities in the community where they serve.

Emphasis Areas	% Of Effort
Training	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Community Mobilization/Participation	10 - 50
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)		☑
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)		☑

Target Populations:

Adults
Community leaders
Community-based organizations
Faith-based organizations
Nurses (Parent: Public health care workers)
Most at risk populations
Street youth (Parent: Most at risk populations)
HIV/AIDS-affected families
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
People living with HIV/AIDS
Teachers (Parent: Host country government workers)
USG in-country staff
Volunteers
Children and youth (non-OVC)
Girls (Parent: Children and youth (non-OVC))
Boys (Parent: Children and youth (non-OVC))
Primary school students (Parent: Children and youth (non-OVC))
Secondary school students (Parent: Children and youth (non-OVC))
University students (Parent: Children and youth (non-OVC))
Men (including men of reproductive age) (Parent: Adults)
Women (including women of reproductive age) (Parent: Adults)
Caregivers (of OVC and PLWHAs)
Out-of-school youth (Parent: Most at risk populations)
Religious leaders
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)
Public health care workers
Private health care workers
Nurses (Parent: Private health care workers)
Other health care workders (Parent: Private health care workers)
Implementing organizations (not listed above)

Key Legislative Issues

Gender

Stigma and discrimination

Coverage Areas

Cuyuni-Mazaruni (7)

Demerara-Mahaica (4)

East Berbice-Corentyne (6)

Essequibo Islands-West Demerara (3)

Mahaica-Berbice (5)

Pomeroon-Supenaam (2)

Upper Demerara-Berbice (10)

Barima-Waini (1)

Upper Takutu-Upper Essequibo (9)

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	Department of Defense
Prime Partner:	Center for Disaster and Humanitarian Assistance Medicine
USG Agency:	Department of Defense
Funding Source:	GAC (GHAI account)
Program Area:	Palliative Care: Basic health care and support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	5309
Planned Funds:	
Activity Narrative:	Clinic-based basic health care and support will be provided to HIV-infected members of the GDF. Access for HIV-infected personnel to the diagnosis and treatment of opportunistic and sexually transmitted diseases will be ensured. Laboratory and pharmacy support will be continued. One health care provider will be sent to the Military HIV/AIDS Training Course (funded in the Other/Policy Analysis and System Strengthening program area) where training will be provided in the diagnosis and management of HIV complications (neurologic, oral, skin, pulmonary, opportunistic, ophthalmic, and emergencies) and on mental health and ethical issues in HIV patients. Support will be provided for this individual to train other GDF healthcare personnel to provide health care and support for HIV-infected personnel. Trained GDF public health personnel will provide nutritional education and other instruction on living with HIV to HIV-infected personnel. A referral network into the civilian health care system will be established to provide health care and support beyond the support available in the GDF. Activity tracking and reporting mechanisms will be continued.

Emphasis Areas	**% Of Effort**
Commodity Procurement	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	4	☐
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	120	☐

Target Populations:

HIV/AIDS-affected families

Military personnel (Parent: Most at risk populations)

People living with HIV/AIDS

Public health care workers

Coverage Areas:

National

Table 3.3.07: Program Planning Overview

Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07

Total Planned Funding for Program Area:

Program Area Context:

The Guyana National TB Control Program provides care and treatment for all TB cases in the country, this done through 6 chest clinics operating in the more populous regions of the country. The Georgetown chest clinic serves as the central referral center and operates extension programs in two prisons.

Guyana has been reported to have the 4th highest incidence of TB in the Americas, with 130 cases/100,000 or 900 new cases of TB per year. Only Haiti, Bolivia and Peru have reported higher rates. Cases detected have increased over the last two decades from a baseline of 124 in 1980 to a peak of 631 in 2003. The MOH states that among detected smear positive cases treated under the DOTS strategy, cure and completion rates are high at 85%. Some of the increase in TB has been attributed to improved case identification and reporting. It is estimated that roughly 25-30% of all newly-diagnosed cases are coinfected with HIV.

CDC Atlanta, in collaboration with the Canadian Society for International Health (CSIH), has been actively engaged in the support of the MOH initiative to improve TB and TB/HIV care. CSIH activities have focused on improvement in TB laboratory capacity and diagnosis and clinical care. In addition they are assisting the MOH with revision of the 5 year strategic plan for TB.

In 2004 and 2005 there have been two CDC Atlanta TB consultant visits which have focused on developing strategies for the improvement in comprehensive HIV/TB diagnosis and care. In addition a CDC supported TB/HIV coordinator worked with the MOH from January to May of 2005. The most recent consultant visit was conducted in conjunction with CSIH and a preliminary joint assessment report with recommendations was produced. Highlights of findings include: 1) DOTS is working well in at least some regions; 2) Many TB deaths probably go undetected; 3) Patients with TB appear to get tested for HIV most of the time; 4) ARV treatment for patients with HIV/TB occurs in the capital, coverage in other areas is unknown; 5) TB/HIV planning and monitoring needs improvement; 6) Laboratory support varies in quality; 7) HMIS system contains unused data that would be useful for program management; 8) Current levels of funding provided by PEPFAR and CSIH should be sufficient for program implementation; 9) Health staff turnover and out migration has been a major deterrent to program stability and effectiveness.

Recommendations are numerous and focus on improvements in surveillance, program management, and completion of a strategic plan. In addition the report supports the plan to set this responsibility under FXB; who will work to support the MOH in implementation of recommendations. FXB has plans to hire an international and local counterpart physician to focus on this initiative. CDC Atlanta TB program specialists would make three visits during 2006 to follow up on findings and implementation of recommendations. TB laboratory support is covered under Laboratory Infrastructure.

CRS will continue to provide care for coinfected patients with close coordination with the MOH TB clinic. As their caseload is relatively small, expense for TB/HIV coordination and care activities will be covered under their HIV care and treatment proposal/request.

This proposal is in line with the current MOH plan for TB and does not overlap with GF and WB funded activities.

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 Target:

Number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting	4
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed) according to national or international standards	25
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	225
Number of HIV-infected clients given TB preventive therapy	300

Table 3.3.07: Activities by Funding Mechanism

Mechanism: FXB
Prime Partner: Francois Xavier Bagnoud Center
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 3167
Planned Funds:
Activity Narrative: The Guyana HIV Care and Treatment Network (GYHCTN), a project of FXB Guyana initiated in 2005, is supported by the UMDNJ Schools of Medicine (including adult and pediatric HIV clinical services), Nursing, Public Health and the National Tuberculosis Center (NTBC). NTBC of the UMDNJ is one of three model TB Prevention and Control Centers in the United States that has gained acclaim for its expertise in HIV-TB co-management, multi-drug resistant TB, DOTS and Isoniazid Preventive Therapy (IPT). The NTBC has committed to provide expert consultation to the GYHCTN to build capacity to diagnose, treat and manage co-infected patients and train in-country clinicians on co-management of TB-HIV. In collaboration with the GY-MOH and the NTBC, FXB Guyana will expand the care, treatment and outreach program to increase the numbers of HIV-TB co-infected persons diagnosed and receiving care, with a target of 200 persons in care by the end of the fiscal year.

Key Activities/Strategies to address TB/HIV co-infection for FY06 are described below:

Twinning with the UMDNJ National TB Center
The NTBC will:
- Mentor, provide preceptorships, and clinic-based training for HIV-TB managers and care providers
- Provide fellowships for Guyanese care providers at the national TB center
- Develop IEC educational resources to support clinical care of the co-infected patient

Site Refurbishment and Procurement of Equipment to support HIV-TB co-management
- Complete the Chest clinic refurbishment and extension for HIV-TB co-infection management.
- Procure basic equipment for expanded Chest Clinic at GPHC

Strengthen the Linkage between the Center of excellence at the GUM Clinic and the Chest Clinic and other Treatment Sites
- Provide on-going support and training for multi-disciplinary care teams.
- Support regular coordination meetings and referral linkages among the two clinics.
- Continue to support and facilitate the HIV-TB clinician group (HCG) monthly peer review meeting.
- Develop SOPs for patient management of TB-HIV
- Incorporate DOTs workers in HIV treatment program.
- Introduce and implement modified DOT-HAART with DOT-TB treatment
- Revise and disseminate clinical protocols for management of HIV-TB co-infection.

Improve and Expand the Diagnosis of HIV in TB Patients
- Designate multidisciplinary team to provide counseling, care, support and treatment and referral to TB-HIV co-infected patients
- Implement universal HIV counseling and rapid testing for all TB patients through the placement of counselors/testers at the Chest Clinic
- Expand the TB-HIV program to include comprehensive follow-up care, defaulter tracing and linkages to community and social service organizations.
- Implement Isoniazid Preventive Therapy (IPT) protocol.

Improve TB Case Detection in all HIV Infected Persons
- Introduce Universal TB screening for all HIV infected person at all treatment sites
- Procure chest x-ray machine to support universal TB screening

Develop and Disseminate HIV-TB Co-infection Information, Educational and communication (IEC) Materials
- In collaboration with the MOH, Chest Clinic and NTBC, develop lecture slides, clinician cards, and information brochures to train clinicians and educate PLWHAs.

Establish a CQI process for HIV-TB Co-infection Management
- Identify a CQI specialist to help develop a CQI program for HIV-TB
- Pilot the CQI program at the Chest Clinic
- Assess quality of care for patients and improve patient satisfaction levels.

Contribute to Policy Development, Advocacy and Coordination with MOH, USG, CSIH and other bilateral and multilateral partners
FXB's expansion of care and treatment services includes focusing on TB-HIV co-infection as the most common opportunistic infection for PLWHAs in Guyana. Currently, there is no other partner organization involved with TB-HIV diagnosis, care and treatment. FXB's efforts will complement those of the Global Fund and World Bank programs and contribute to a comprehensive HIV response in Guyana. Efforts to minimize duplication include:
- Review and update the Guyana guidelines for the co-management of TB-HIV in adults and children.
- Contribute to policy formulation and guidelines / protocol development in relation to HIV care and treatment.
- Continue to collaborate with the MOH, USG partners, the UN partners and other bilateral and multilateral organization in HIV care and treatment efforts.

Emphasis Areas	% Of Effort
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Policy and Guidelines	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting	4	☐
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed) according to national or international standards	25	☐
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	215	☐
Number of HIV-infected clients given TB preventive therapy	280	☐

Target Populations:

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

National AIDS control program staff (Parent: Host country government workers)

People living with HIV/AIDS

Policy makers (Parent: Host country government workers)

Caregivers (of OVC and PLWHAs)

Host country government workers

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Public health care workers

Other health care workers (Parent: Public health care workers)

Private health care workers

Doctors (Parent: Private health care workers)

Nurses (Parent: Private health care workers)

Other health care workders (Parent: Private health care workers)

Coverage Areas:

National

Table 3.3.07: Activities by Funding Mechanism

Mechanism:	Comforce
Prime Partner:	Comforce
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	Palliative Care: TB/HIV
Budget Code:	HVTB
Program Area Code:	07
Activity ID:	3178
Planned Funds:	
Activity Narrative:	CDC will hire a local staff 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.

Emphasis Areas	**% Of Effort**
Human Resources	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting		☑
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed) according to national or international standards		☑
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease		☑
Number of HIV-infected clients given TB preventive therapy		☑

Target Populations:

National AIDS control program staff (Parent: Host country government workers)

Public health care workers

Private health care workers

Coverage Areas:

National

Table 3.3.07: Activities by Funding Mechanism

Mechanism:	Ministry of Health, Guyana
Prime Partner:	Ministry of Health, Guyana
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	Palliative Care: TB/HIV
Budget Code:	HVTB
Program Area Code:	07
Activity ID:	3201
Planned Funds:	
Activity Narrative:	Through a cooperative agreement the CDC will continue to provide core support to the MOH for TB and TB/HIV program activities. This will provide salary support for 5 contract national clinical and laboratory staff and cover a portion of the cost of medications. After this initial scale up phase it is expected the MOH will identify salary support for these positions within their sytem, this through future WB and GFATM support.

Emphasis Areas	% Of Effort
Human Resources	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50
Commodity Procurement	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing clinical prophylaxis and/or *treatment for tuberculosis (TB) for HIV-infected individuals* (diagnosed or presumed) in a palliative care setting		☑
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed) according to national or international standards		☑
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease		☑
Number of HIV-infected clients given TB preventive therapy		☑

Target Populations:

Public health care workers

Laboratory workers (Parent: Public health care workers)

Coverage Areas:

National

Table 3.3.07: Activities by Funding Mechanism

Mechanism:	CDC Program Support
Prime Partner:	US Centers for Disease Control and Prevention
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	Palliative Care: TB/HIV
Budget Code:	HVTB
Program Area Code:	07
Activity ID:	5029
Planned Funds:	
Activity Narrative:	Travel and perdiem for TB consultancy support from CDC Atlanta to continue existing oversight and ongoing revision of MOH strategies and plans. Three consultancy visits are expected in 2006.

Emphasis Areas	% Of Effort
Human Resources	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance and Supportive Supervision	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting		☑
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed) according to national or international standards		☑
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease		☑
Number of HIV-infected clients given TB preventive therapy		☑

Target Populations:

National AIDS control program staff (Parent: Host country government workers)

Public health care workers

Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.07: *Activities by Funding Mechanism*

Mechanism: Department of Defense
Prime Partner: Center for Disaster and Humanitarian Assistance Medicine
USG Agency: Department of Defense
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: TB/HIV
Budget Code: *HVTB*
Program Area Code: 07
Activity ID: 5308
Planned Funds:
Activity Narrative: CDHAM will continue to provide technical assistance to GDF medical personnel to enable diagnosis and treatment of TB in HIV-infected individuals within the GDF. Training, educational resources, and SOPs for TB-HIV management will be provided. HIV testing and counseling for all TB patients and TB screening of all HIV infected personnel will be implemented. Training, local organization capacity development and strategic information activities will be done in conjunction with activities in the HBHC program area. *Equipment and laboratory supplies to maintain this program area will* be purchased as part of the HLAB program area.

Emphasis Areas	% Of Effort
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Policy and Guidelines	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting		☑
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed) according to national or international standards		☑
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	10	☐
Number of HIV-infected clients given TB preventive therapy	20	☐

Target Populations:

Doctors (Parent: Public health care workers)
Nurses (Parent: Public health care workers)
HIV/AIDS-affected families
Military personnel (Parent: Most at risk populations)
People living with HIV/AIDS
Public health care workers
Other health care workers (Parent: Public health care workers)

Coverage Areas:

National

Table 3.3.08: Program Planning Overview

Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08

Total Planned Funding for Program Area:

Program Area Context:

As defined in Guyana's National Policy, a comprehensive response to orphans and other vulnerable children includes the following priority areas: socio-economic security, protection, care and support, education, health and nutrition, psycho-social support, legal support, conflict resolution, and education. The policy equally emphasizes the importance of building community capacity to meet these obligations. In line with this policy and that of PEPFAR guidance, all support will seek to ensure that the basic needs of orphans and other vulnerable children, for economic and food security, education, nutrition, health, and emotional well-being are met, despite the impact of HIV/AIDS. The strategies, guided by PEPFAR and the GOG, fit within the context of the five stages of the adopted global strategy which includes recommendations that focus on "strengthening the protection and care for OVC within their families and communities; strengthening the economic coping capacities of families and communities; enhancing the capacity of families and communities to respond to the psychosocial needs of orphans, vulnerable children and their caregivers; ensuring the full involvement of young people as part of the solution; and strengthening schools and ensure access to education".

In support of the UNGASS mandate which has identified UNICEF as the lead organization for monitoring OVC activities, UNICEF will be a strong partner in improving the policy and legislation, establishing mechanisms for monitoring and information exchange, and ensuring access to essential services. This will bridge neatly with community support programs already supported by UNICEF as well as the GHARP activities that will include the establishment (and or strengthening) of community based committees for OVC and focus concurrently on building skills among community "facilitators" from NGO, CBO and FBOs. Personnel from within the various relevant government ministries and departments will also be an integral part of this process. The work plan identifies partners at both the local, national and international levels.

There is greater awareness in Guyana at a Government and civil society level of the need to ensure greater protection for orphans and vulnerable children. There is also a a recognition of how HIV/AIDS contributes towards vulnerability and stigmatization of children. In Guyana, there are relatively low percentages of OVC institutionalized and the opportunity exists to integrate these children back into a home environment, while limiting as much as possible the institutionalization of children through sound legislative policy and enforcement. UNICEF is well placed to provide technical assistance and support for the development and implementation of a multi-sectoral approach to OVCs. This includes work in policy, capacity building of service providers as well as strengthening the monitoring and evaluation sytems. Support for the family units that will be integrating OVC into their homes will also be a key priority to ensure a safe and supportive environment for the children. The Ministries of Labour, Human Services and Social Security and Education will be strengthened to coordinate and support preventative and care 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. A wide range of NGO and FBO partners will also be supported to continue their organizational capacity to deliver services, network with partners, ensure continuity of care, and responsibly report the support given to each OVC. UNICEF will support the roll-out of the life skills component of Health and Family Life Education Programme.

Program Area Target:

Number of OVC served by OVC programs	800
Number of providers/caretakers trained in caring for OVC	140

Table 3.3.08: Activities by Funding Mechanism

Mechanism: GHARP
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 3160
Planned Funds:
Activity Narrative: GHARP will technically support the development of programs implemented by NGOs/FBOs, Ministry of Social Welfare and Education, and the Ministry of Labor, Human Services and Social Security that build on existing services. Key areas such as increasing 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 for OVC will be coordinated. GHARP will also continue to join the effors of MHLSSS and other partners, in the development of the national OVC strategy and action plan. Through training and twinning, GHARP and UNICEF will support the MHLSSS in their exploration of alternative forms of family care (i.e., non institutional care). GHARP will also partner with local expert organizations to build capacity among government and community partners to support children in the focus areas specified in the National OVC policy.

GHARP will mobilize community leaders and organizations to form (and/or strengthen existing) committees to support vulnerable families. These committees can play several important roles including identification of: vulnerable children & families. GHARP will support these committees to involve community members (i.e., CBOS, FBOS, rotary) that can in turn identify and develop local resources. For example, similar committees in other countries have developed community owned day care centers, vegetable gardens, and apprenticeships to support vulnerable children and their families. Committees also play a key role in facilitating referrals to services (and between service provides). They are also the most appropriate group to ascertain gaps in community resources. Through training and mentoring in assessment, strategic action planning and resource development, GHARP will build the capacity of the committees to sustain efforts beyond the life of the project.

Children living with HIV/AIDS have a right to the same care and support offered to adults including access to psycho-social services such as support groups, testing and counseling, prevention and treatment of opportunistic infection, nutrition, and ART. The vast majority of positive children die prior to receiving services because their symptoms go unrecognized. Identification of positive children through services more likely to be offered to parents who are positive (or suspected positive) such as home based care, PMTCT, and VCT are therefore crucial. Additionally IMCI (integrated management of childhood illness) protocols must be adapted to identify children when they are brought to MCH services.

Children who have lost their parent or primary care giver, or who are living with a primary care giver who is debilitated by HIV/AIDS, frequently require assistance to ensure their well being in the absence of a fully functioning parent. Depending on the parent's status, a coordinating agency and/or guardian is often needed to assist a parent, or step into the parental role, to ensure that the child is sheltered, protected, educated, clothed, fed, and loved. Teachers who regularly interact with children should be tapped to help identify those that may be vulnerable. Adult HIV/AIDS services also present an excellent opportunity to reach children who are not positive but still in great need of supportive services.

Illustrative Activities:

1.) Assist with consensus workshop to develop guidelines on OVC "package"
2.) Develop low-literacy materials on nutrition and care for positive children
3.) Train HBC volunteers to identify and refer children for services
4.)In coordination with community mobilization process, conduct participatory community assessments of OVC needs & resources (including services mapping),

establish (or strengthen existing) OVC committees;
5.) Provide on-going support to community committees on OVC specific issues;
6.) Mobilize development of public-private partnerships, community gardens, meals, day care, help for elder carers, mentorships, etc.;
7.)Provide micro finance to communities (via NGOs) to support OVC leveraging USAID Economic Growth Program;
8.) Assist in development of home based care training for children in collaboration with CIDA sponsored project;
10.) Explore collaboration with Ministry of Agriculture (and NGOs active in agriculture) to support low-resource farming opportunities for OVC/PLHA families;
11.) Support 4 GOG/NGO/FBO participatns to attend OVC internship in Washington and psychosocial support training held for two-weeks in Zimbabwe;
12.) In collaboration with MHLSSS and Help and Shelter, provide technical and programmatic support to the training and monitoring of community "child advocates";
13.) Assist development/adaptation of standard manual for child advocate training;
14.) Develop succession training manual with Guyana Association of Women' Lawyers;
15.) TOT in succession to PLHA organizations,NGO/FBO, support groups and probation & welfare officers;
16.) Technical shadowing with OVC care providers, NGO/FBOs, and welfare officers;
17.) Develop memory approaches manual;
18.) Adapt child counseling (grief, living with HIV) manuals for Guyana setting and provide TOT in child counseling & memory approaches;
19.) Develop and disseminate directory & referrals to link vulnerable youth to available job skills training projects;
20.) Support IPED through subagreement or MOU to provide business counseling to NGOs interested in/or running job skills & income generation projects;
21.) Liaise with business sector to identify internships for older OVC;
22.) Orient NGO/CBO working with OVC on how to access welfare grants; and
23.) Explore annual donation day of school uniforms to vulnerable youth w/business sector.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Training	10 - 50
Local Organization Capacity Development	51 - 100
Needs Assessment	10 - 50
Policy and Guidelines	10 - 50

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	750	☐
Number of providers/caretakers trained in caring for OVC	90	☐

Target Populations:

Community-based organizations

Faith-based organizations

International counterpart organizations

Non-governmental organizations/private voluntary organizations

Orphans and vulnerable children

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

Caregivers (of OVC and PLWHAs)

Host country government workers

Key Legislative Issues

Stigma and discrimination

Wrap Arounds

Food

Microfinance/Microcredit

Education

Coverage Areas

Demerara-Mahaica (4)

East Berbice-Corentyne (6)

Mahaica-Berbice (5)

Upper Demerara-Berbice (10)

Table 3.3.08: Activities by Funding Mechanism

Mechanism: Accounting Institution
Prime Partner: Maurice Solomon Accounting
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 3204
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. MSC will be responsible for institutional capacity building for the identified NGO/FBO partners in terms of administrative systems and financial management, accounting, and transparency through on-site technical assistance and training.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Local Organization Capacity Development	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs		☑
Number of providers/caretakers trained in caring for OVC		☑

Target Populations:

Community-based organizations

Faith-based organizations

Non-governmental organizations/private voluntary organizations

Coverage Areas

Demerara-Mahaica (4)

East Berbice-Corentyne (6)

Essequibo Islands-West Demerara (3)

Upper Demerara-Berbice (10)

Table 3.3.08: Activities by Funding Mechanism

Mechanism:	UNICEF
Prime Partner:	United Nations Children's Fund
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHAI account)
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	3212
Planned Funds:	

Activity Narrative:

UNICEF's support with PEPFAR funds will focus on the policy and legislation level as well as the institutional level, which will contribute to accelerating UNICEF's continued support to community-based interventions for OVC as well as other interventions pertaining to child protection. The key objectives will be to support the Government in the development of a national policy and the enforcement of a National Plan of Action for OVC and to strengthen the institutional capacity to prevent and respond to the needs of OVC in the best interest of the child and their families

While the principal target for support are children who find themselves in a vulnerable situation or without the care and love of at least one of their parents, the UNICEF component in this project will focus on policy development and capacity building of service providers. The primary counterparts will be Government Ministries of Labour, Human Services & Social Security (MoLHSSS), Health, Education, Ministry of Home Affairs, Ministry of Culture Youth and Sport and secondly the health sector and education sector professionals as well as policy makers and opinion leaders who influence the realization of services for orphans and vulnerable children.

UNICEF was mandated to be the lead Agency in the development of a national policy on OVC and the subsequent National Plan of Action. In this regard it has been providing technical support to the MoLHSSS and MoH and works in close collaboration with other partners, including GHARP.

UNICEF will continue to provide technical assistance for and facilitate the development and enforcement of a comprehensive National Plan of Action (including prevention, care and support services) as well as a further policy development related to OVC (incl. foster care). In addition to being deprived of the love and care of one or both parents, OVC often have to endure stigmatization and discrimination. UNICEF will therefore contribute to the building of increased awareness among policy makers and opinion leaders. Activities will include the provision of technical assistance for the development and the enforcement of a National Plan of Action for OVC, development of a policy on foster care, including establishment of minimum standards for orphanages supervised by MoLHSSS, advocating for a minimum welfare package to ensure that OVC have access to education, and supporting sensitization campaigns among national and regional policy makers and opinion leaders.

The response to needs OVC requires a multi-sectoral approach. UNICEF is therefore supporting the institutional strengthening of multiple line Ministries, including the MoLHSSS, MoH and MoE. Activities will also include strengthening the institutional capacity of the MoLHSSS through the establishment of an OVC Unit, enhancing the monitoring and evaluation system for OVC, including the expansion of the Child Protection Monitoring System, strengthening an institutionalized referral system and informal mediation mechanisms at the Regional level, developing of a user-friendly version of the Children's Bill, supporting the roll out of the life skills component of the Health and Family Life Education (HFLE) program in selected primary schools in Region 4, and building the capacity of health sector and education sector professionals to respond to the needs of OVC.

Monitoring and evaluating the impact of the national response is crucial for quality results and future direction. Lack of quality and timely data is a serious constraint. UNICEF will support the enhancement of a national M&E system for OVC, which includes the development of a comprehensive Child Protection Monitoring System.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	51 - 100
Policy and Guidelines	10 - 50

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs		☑
Number of providers/caretakers trained in caring for OVC		☑

Target Populations:

Orphans and vulnerable children

Policy makers (Parent: Host country government workers)

Host country government workers

Key Legislative Issues

Stigma and discrimination

Coverage Areas:

National

Table 3.3.08: Activities by Funding Mechanism

Mechanism: AIDSRelief
Prime Partner: Catholic Relief Services
USG Agency: HHS/Health Resources Services Administration
Funding Source: GAC (GHAI account)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 3219
Planned Funds:
Activity Narrative: NOTE: Funds are not requsted as this will be incorporated into our treatment and palliative care activities funding request.

In FY06 AIDSRelief will continue to promote its model of family-centered HIV care by ensuring that at least 15% of its palliative care and treatment targets are children. AIDSRelief will also continue to train the pediatrician at St. Joseph Mercy Hospital (SJMH) in pediatric HIV care and will build the capacity of an additional pediatrician to provide ART and non-ART care to children as the pediatric caseload continues to increase. In addition, the SJMH pediatrician has volunteered her time to travel to Bartica on a montly basis to treat the HIV+ children identified at that POS. AIDSRelief will also continue to procure pediatric ARVs for its patients, and will facilitate access to pediatric formulations of medicines for common opportunistic infections (e..g. fluconazole oral solution for oral/esophageal candidiasis). Lastly, AIDSRelief will strengthen linkages with services funded with CRS private funds targeted at children affected by HIV/AIDS at its POS (i.e. nutritional support, educational supplies), as well as with organizations that provide care to children in the community (e.g. UNICEF, Red Cross).

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Linkages with Other Sectors and Initiatives	51 - 100

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs		☑
Number of providers/caretakers trained in caring for OVC		☑

Target Populations:

Orphans and vulnerable children

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Cuyuni-Mazaruni (7)

Demerara-Mahaica (4)

Essequibo Islands-West Demerara (3)

Upper Demerara-Berbice (10)

Table 3.3.08: Activities by Funding Mechanism

Mechanism: Peace Corps
Prime Partner: US Peace Corps
USG Agency: Peace Corps
Funding Source: GAC (GHAI account)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 4010
Planned Funds:
Activity Narrative: Peace Corps Guyana (PC/Guyana) through deployment and support of Peace Corps Volunteers (PCVs) has been reaching vulnerable groups that many programs do not reach and identifying critical problems that affect community members resulting in the spread of HIV and AIDS. PCVs have been active in creating programs to address the needs of orphans and vulnerable children in the communities where they work.

In FY06 PC/Guyana will establish a program to enhance capacity in the area of care and support for OVCs through PCVs and their counterparts, health practitioners, CBOs, NGOs, and FBOs in their respective communities. The PC/Guyana program will aim:
- To build capacity for HIV/AIDS for NGOs, especially peer educators and training of trainers;
- To provide training in care and support to OVCs and their care givers;
- To build capacity by providing alternative activities and skills for in and out of school youth in communities where PCVs work;
- To collaborate with and support partner agencies efforts in the fight against HIV/AIDS

In this context for OVCs, PC/Guyana will implement the following activities in all the regions where Volunteers work in Guyana:
a) Creation and distribution of HIV/AIDS literature;
b) Modeling positive behaviors and life skills training;
c) Introduction of street theatre and dramas in debates, essay competitions and other arts and entertainment to increase OVC involvement in alternative activities to prevent HIV/AIDS;
d) Support NGOs, CBOs, FBOs and government agencies to create systems to improve HIV/AIDS data on PLWHA and OVC;
e) Provision of support to OVCs through a HIV/AIDS hotline to respond to their questions as well as to direct them to referral services in their communities;
f) Care and support to OVC infected and affected by HIV/AIDS;
g) Reproduction and distribution of OVC manuals to PCVs working in this area;
h) Care givers of OVC will be trained to enhance home based care (HBC);
i) OVC will receive skills training in various areas to increase job opportunities or become self sufficient

Workshop and conferences will be held, plus additional training on HIV/AIDS will be provided to PCVs so that they can be better equiped and more efficient in implementing the HIV/AIDS activities in the community where they serve.

Additionally, through a Volunteer Activity Support & Training (VAST) program, PCVs will work with their communities to identify and facilitate the implementation of community activities directly related to HIV/AIDS prevention and care activities. Gender and youth will provide an important main focus in this program. It is envisioned that boys and girls groups will receive special attention in order to increase youth involvement in prevention and care programs, enhancing life skills to reduce high risk behaviors

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Training	10 - 50
Community Mobilization/Participation	10 - 50

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	50	☐
Number of providers/caretakers trained in caring for OVC	50	☐

Target Populations:

Adults
Community leaders
Community-based organizations
Faith-based organizations
Nurses (Parent: Public health care workers)
Most at risk populations
Street youth (Parent: Most at risk populations)
HIV/AIDS-affected families
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Pregnant women
Teachers (Parent: Host country government workers)
USG in-country staff
Volunteers
Children and youth (non-OVC)
Girls (Parent: Children and youth (non-OVC))
Boys (Parent: Children and youth (non-OVC))
Primary school students (Parent: Children and youth (non-OVC))
Secondary school students (Parent: Children and youth (non-OVC))
Caregivers (of OVC and PLWHAs)
Out-of-school youth (Parent: Most at risk populations)
Religious leaders
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)
Public health care workers
Other health care workers (Parent: Public health care workers)
Private health care workers
Other health care workders (Parent: Private health care workers)
Implementing organizations (not listed above)

Key Legislative Issues

Stigma and discrimination

Gender

Coverage Areas

Barima-Waini (1)

Cuyuni-Mazaruni (7)

Demerara-Mahaica (4)

East Berbice-Corentyne (6)

Essequibo Islands-West Demerara (3)

Mahaica-Berbice (5)

Pomeroon-Supenaam (2)

Upper Demerara-Berbice (10)

Upper Takutu-Upper Essequibo (9)

Table 3.3.09: Program Planning Overview

Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09

Total Planned Funding for Program Area:

Program Area Context:

Because results of the PEPFAR-funded and recently completed AIS indicate that only 11.6% of women and 11% of men report having been tested in the last 12 months, our FY 06 activities will focus on mobilizing people to access counseling and testing (C&T) to boost prevention efforts and identify those who need treatment. In addition, data from the recently completed series of BSSes, also funded by PEPFAR, will allow us to target geographic areas and groups with elevated prevalence or risk behavior.

Currently, our program includes three mobile C&T teams, four public-sector C&T sites within Georgetown, and 13 additional NGO/FBO VCT sites, all of which are supported by a community mobilization strategy that utilizes both interpersonal and multi-media interventions. By June of 2005 the annual number of persons accessing counseling and testing rose to nearly 4,600--with 580 tests being provided in June alone. Given that many of these sites only became fully operational in March, the scale-up has been significant. This significant increase in persons tested is due in part to the recent 35 workplace programs supported by both GHARP and the ILO, which we will continue to support in FY06.

It is estimated that there are over 4,000 persons living with HIV that are ARV-eligible. In Fy05, the GHARP program referred 78 persons to treatment, but in order to reach the PEPFAR/Guyana treatment goal for FY06 (1,200 patients), approximately 500 ARV-eligible persons will need to be identified. Hence, our activities in FY06 will focus largely on increasing use and access to prevention services that include: expanding geographical coverage of VCT, increasing clients seen in some of the existing underutilized VCT services, promoting male access, and broadening the range of services provided at VCT sites. Quality assurance programs to track rapid testing proficiency, training needs, and commodities management will be the joint responsibility of USAID, CDC/GAP and MOH with the CDC/GAP QA/QI manager as the lead. CDC/GAP will continue to procure test kits and related supplies while USAID will support the NGO/FBO sector for service delivery and community mobilization, as well as training, information management, personnel, and management and support for the rapid testing teams.

Given the low prevalence of HIV in the general population, USG Guyana has opted for a strategic and targeted expansion of C&T in order to identify a larger proportion of ARV-eligible patients. The strategy consists of increasing C&T coverage with a particular focus on most at risk populations (MARPS). Community organizations that are strategically placed in hinterland areas with the largest mining and timber industry sites will operate mobile C&T and link those persons in need of care to the regional health care facility for follow-up. In addition, leaders among the CSW and MSM community were identified through the BSS process, and their input and/or participation will be utilized to ensure effective service delivery to these MARPS. Staff members at sites providing STI and HIV testing will be trained and monitored to ensure that these high-risk populations are able to access services in a supportive and respective environment.

Finally, our FY06 strategy includes the integration of C&T into the formal health sector, which will be critical for the sustainability of the program and for the most efficient infection identification. To that end, and with the encouragement and support of the USG, the MOH is planning to pilot provider-initiated counseling and testing protocols in key sectors, such as inpatient wards, PMTCT, and TB clinics. It is also envisioned that in FY07, the existing mobile teams will become integrated into the NGO/FBO partner portfolios with oversight and technical assistance from GHARP during the transition, thus helping to strengthen local capacity and ownership.

Program Area Target:

Number of service outlets providing counseling and testing according to national or international standards	24
Number of individuals who received counseling and testing for HIV and received their test results	10,200
Number of individuals trained in counseling and testing according to national or international standards	50

Table 3.3.09: Activities by Funding Mechanism

Mechanism: GHARP
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 3161
Planned Funds:
Activity Narrative: GHARP will increase the number of ARV referrals (78 thus far in FY05), and in order to do so will work diligently to increase the access to and uptake of C&T services with an increased focus on mobilizing high-risk populations. An extensive level of effort will be dedicated to mobilizing the population to seek testing through public, private, NOG/FBO, and PMTCT providers, in support of the MOH "Know Your Status" program. Counselors will continue to be trained in the use of guidelines and provide ongoing follow-up training in addition to basic counseling skills. C&T sites will be developed and/or upgraded and staff in any site offering the service will be trained on delivering services to MARP populations in a supportive and respective environment that meets their needs. Leaders in the various CSW and MSM communities were identified during the BSS process and this link will be strengthened in FY06 in order to ensure access to service and increase uptake.

Community organizations working in remote, hinterland areas where the largest proportion of mining and timber industries operate, will continue to provide mobile counseling and testing and will receive technical support through focus-group discussions and outreach led by GHARP, in order for the organization's service delivery to match the needs of the high risk group so that service uptake is increased.

Additional faith-based C&T services will be supported, as requested from the Central Islamic Organization, and a total of five mobile units will focus on reaching the current demand from workplace, NGO/FBO, government, public, and high-risk/non-traditional sites. Program expansion strategies will continue to be developed in full support of the National HIV/AIDS Strategy, conducted through a coordinated response with MOH, GFATM, and WB programs, and based on risk behavior and prevalence information gleened from FY05 targeted evaluations.

The goal is to integrate the C&T into all current health facilities once the basic package of support services exist. Currently, strong referral links are being devleped at PMTCT sites for family centered counseling and testing at out-patient clinics using the same staff, but using rapid testing technology. Integration of provider-initiated C&T at sites delivering diagnosis and treatment for TB, STIs and HIV will occur and be done in complete coordination with CDC/FXB as they continue to provide the majority of site-support for these clinics. C&T services will also be integrated into the outpatient and medical clinics of selected facilities and to in-patient services to capture clients already seeking health services.

Review and revision of guidelines for pre- and post-test counseling (in collaboration with CDC) will take place if needed to ensure accordance with international guidance. Abstinence and faithfulness education will continue to be integrated into C&T service provision as is protocol when discussing risk reduction practices during counseling sessions. GHARP, in partnership with the MOH and CDC/GAP, will also dedicate a significant level of effort for the assurance of service quality, efficient and appropriate data collection form development, oversight, and accurate reporting among all partners.

Prevention programs for the high risk groups identified and reached through counseling and testing will be provided following ABC guidance and be an integral part of the package of services delivered. Prevention messages and programs will also be delivered during the community mobilization efforts.

Emphasis Areas	% Of Effort
Training	10 - 50
Human Resources	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Community Mobilization/Participation	10 - 50
Infrastructure	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Workplace Programs	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards	20	☐
Number of individuals who received counseling and testing for HIV and received their test results	9,800	☐
Number of individuals trained in counseling and testing according to national or international standards	50	☐

Target Populations:

Adults

Business community/private sector

Brothel owners

Commercial sex workers (Parent: Most at risk populations)

Community leaders

Community-based organizations

Factory workers (Parent: Business community/private sector)

Faith-based organizations

Most at risk populations

Discordant couples (Parent: Most at risk populations)

Men who have sex with men (Parent: Most at risk populations)

Street youth (Parent: Most at risk populations)

Military personnel (Parent: Most at risk populations)

Mobile populations (Parent: Most at risk populations)

Truck drivers (Parent: Mobile populations)

Non-governmental organizations/private voluntary organizations

Prisoners (Parent: Most at risk populations)

Seafarers/port and dock workers (Parent: Most at risk populations)

University students (Parent: Children and youth (non-OVC))

Migrants/migrant workers (Parent: Mobile populations)

Out-of-school youth (Parent: Most at risk populations)

Partners/clients of CSW (Parent: Most at risk populations)

Religious leaders

Key Legislative Issues

Stigma and discrimination

Addressing male norms and behaviors

Coverage Areas:

National

Table 3.3.09: Activities by Funding Mechanism

Mechanism: Rapid Expansion
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 3163
Planned Funds:
Activity Narrative: This activity is for program implementation of rapid expansion funds granted by OGAC in FY05. This will partially continue into FY06.

Expected results (ER):
ER1: Increased access to and use of innovative treatment and prevention services
Activity 1.1: Ensure MARP access to testing, followed by care, treatment, and support.
The development of a provider initiated outreach program targeting the recruitment of MARP for C&T, treatment and other support will be facilitated through the strengthening and sensitization of the Government of Guyana facilities and NGO facilities as well as sensitization of health care professionals and members of partner organizations. Additional entry points for the above services will be established in collaboration with NGO and FBO partners. To increase utilization, uptake and access to services, the program will build on current initiatives, such as the Guyana Youth HIV/STI project and the existing NGO projects provided for in the FY05 COP. Twenty-four (24) members of the MARP will be trained to function as peer educators, counselors with skills that also include couples and pediatric C&T, and outreach workers. In addition, a core group of eight (8) outreach workers (from NGOs/CBOs) will actively work with the MARP and refer them to appropriate sites where friendly services can be accessed. The activities of the recruiters and peer educators will be coordinated through the already established treatment sites. Eight (8) additional social workers will be recruited for the systematic tracing of the partners and contacts of MARPS who may be exposed to STI/HIV.

Activity 1.2: Make services more MARP friendly. The MARP accesses C&T, care, treatment and support services at sites which cater for the general public but which do not take into account their special needs. In recognition of this fact, we propose to have these sites improved to be MARP friendly. Through the mechanism of this supplemental funding, we propose to complement current initiatives with the implementation of provider initiated recruitment of MARP for C&T and the establishment of MARP friendly clinical and ancillary services. The National TB Center will be supported and the technical assistance will follow current processes being developed at the CDC Prevention Branch for the integration of rapid testing and counseling in TB clinics. Four (4) additional one stop sites (one NGO site in Region # 4, and each at government facilities in regions 6, 8 & 10) will provide a comprehensive menu of services, including one-on-one C&T, couples counseling, psychosocial support, STI management, OI care, social services referral and follow-up by trained staff that has been trained to appropriately manage this population This work will be done in both urban centers and the very difficult-to-reach hinterland and border communities.

Activity 1.3: Facilitate referral to treatment and social support services. Current interventions are limited to the improvement of HIV related knowledge and awareness among MARP. The supplemental work will enable the program to build the referral network between the four "one-stop-shops" and the nearest treatment programs. The natural referral center for those identified as HIV+ at the TB clinic is the Central Medical Center which is located on the same grounds as the clinic. There is also a need to scale up these programs to empower the disadvantaged members of the MARP to adopt low risk behaviors. Research has proven that the provision of realistic ancillary services lead to increased access to and retention in medical care. Through the supplemental funding additional staff will be recruited to strengthen the referral network and facilitate their uptake and retention into the social support systems such as housing, skills training, and mental health services.

ER2: Enhancing care treatment and support services for HIV positive pregnant women and their newborn babies.

Activity2.1: Promote community based follow up of children born to HIV positive women. Actively trace children (born to HIV positive women) who are not enrolled at any of the comprehensive treatment sites. CDC and FXB are currently supporting the development of services to provide early diagnosis and the initiation of appropriate care, treatment and support for these children through PCR testing. This supplemental funding will support the development of counseling and testing guidelines around testing of infants and children, the outreach to and mobilization of parents to access pediatric C&T, and the strengthening of facilities to provide such services. Through this supplemental funding community-based follow up services will be introduced as an integral part of the treatment and care services for these children. Counselors hired under activity 1.1 will support the community based follow-up services in this activity.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards		☑
Number of individuals who received counseling and testing for HIV and received their test results	1,872	☐
Number of individuals trained in counseling and testing according to national or international standards		☑

Target Populations:

Nurses (Parent: Public health care workers)

Most at risk populations

Other health care workers (Parent: Public health care workers)

Coverage Areas

Barima-Waini (1)

Demerara-Mahaica (4)

Potaro-Siparuni (8)

Upper Demerara-Berbice (10)

Upper Takutu-Upper Essequibo (9)

Table 3.3.09: Activities by Funding Mechanism

Mechanism: *Comforce*
Prime Partner: Comforce
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 3175
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 mechanims 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).

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Logistics	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50
Local Organization Capacity Development	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards		☑
Number of individuals who received counseling and testing for HIV and received their test results		☑
Number of individuals trained in counseling and testing according to national or international standards		☑

Target Populations:

Community-based organizations
Faith-based organizations
Non-governmental organizations/private voluntary organizations
Host country government workers
Public health care workers

Coverage Areas:

National

Table 3.3.09: Activities by Funding Mechanism

Mechanism: Crowne Agents
Prime Partner: Crown Agents
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 3189
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.

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards		☑
Number of individuals who received counseling and testing for HIV and received their test results		☑
Number of individuals trained in counseling and testing according to national or international standards		☑

Target Populations:

Adults
Community-based organizations
Faith-based organizations
Family planning clients
Non-governmental organizations/private voluntary organizations
Pregnant women
Children and youth (non-OVC)
Girls (Parent: Children and youth (non-OVC))
Boys (Parent: Children and youth (non-OVC))
Primary school students (Parent: Children and youth (non-OVC))
Secondary school students (Parent: Children and youth (non-OVC))
University students (Parent: Children and youth (non-OVC))
Men (including men of reproductive age) (Parent: Adults)
Women (including women of reproductive age) (Parent: Adults)

Coverage Areas:

National

Table 3.3.09: Activities by Funding Mechanism

Mechanism: Accounting Institution
Prime Partner: Maurice Solomon Accounting
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 3311
Planned Funds:
Activity Narrative: A regional distribution of 20 NGO/FBO partners contracted by MSC for the delivery of prevention, testing, and care will be identified and supported to initiate interpersonal and community-level dialogue, information, and support to mobilize communities to access C&T services, including C&T through PMTCT ANC clinics. This activity will also be included in the education and training sessions conducted by the NGO/FBO partners and through community outreach. Currently three NGOs and two FBOs deliver counseling and testing. In FY06, two additional indigenous partners will be targeted to expand C&T services in key communities. Partners reach hinterland and high-risk populations with C&T services in addition to their walk-in service delivery that will also be responsible for including appropriate AB education into their risk reduction counseling and for referring HIV+ persons to quality health care centers offering care and treatment services.

Program planning, monitoring/evaluation, reporting, and oversight will be provided through GHARP. The target numbers and the tracking of progress will be facilitated by GHARP who will in turn build the organization's institutional capacity to implement a sound M&E strategy. MSC will continue to provide administrative and financial technical assistance relating to these activities and their associated budgets to ensure that the indigenous organizations continue to progress towards direct funding once they have the technical and organizational capacity.

There will be an increased focus in FY2006 to transfer the service delivery aspect of VCT from GHARP to the NGO/FBO community (GHARP will offer the training, QA, and techincal assistances and oversight to ensure targets are met and that appropriate communities are targeted).

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Local Organization Capacity Development	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards		☑
Number of individuals who received counseling and testing for HIV and received their test results		☑
Number of individuals trained in counseling and testing according to national or international standards		☑

Target Populations:

Adults

Business community/private sector

Brothel owners

Community leaders

Community-based organizations

Faith-based organizations

Most at risk populations

Non-governmental organizations/private voluntary organizations

Volunteers

University students (Parent: Children and youth (non-OVC))

Religious leaders

Key Legislative Issues

Addressing male norms and behaviors

Volunteers

Stigma and discrimination

Coverage Areas

Cuyuni-Mazaruni (7)

East Berbice-Corentyne (6)

Pomeroon-Supenaam (2)

Potaro-Siparuni (8)

Upper Demerara-Berbice (10)

Table 3.3.09: Activities by Funding Mechanism

Mechanism: Department of Defense
Prime Partner: Center for Disaster and Humanitarian Assistance Medicine
USG Agency: Department of Defense
Funding Source: GAC (GHAI account)
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 5287
Planned Funds:
Activity Narrative: Counseling and testing (C&T) by trained counselors will be available at all four GDF locations. Supporting the MOH "Know Your Status" program, personnel in leadership and peer educators will encourage GDF personnel to be tested for HIV. Counseling will be performed in accordance with international guidelines and will include targeted ABC messages. Reduction of stigma and discrimination will be emphasized, including implementation of mechanisms to maintain the anonymity of those tested and the confidentiality of their test results. Linkages into the civilian health sector for referral of HIV positive individuals will be maintained (ARV therapy anticipated as a viable GDF activity beginning in FY07). If GDF pursues development of an internal capability to do counseling and testing, plans will be made to integrate C&T into current health facilities or build permanent testing facilities. Data collection and activity reporting mechanisms will be implemented and maintained.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Logistics	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards	4	☐
Number of individuals who received counseling and testing for HIV and received their test results	400	☐
Number of individuals trained in counseling and testing according to national or international standards		☑

Target Populations:

Adults

Military personnel (Parent: Most at risk populations)

Men (including men of reproductive age) (Parent: Adults)

Women (including women of reproductive age) (Parent: Adults)

Public health care workers

Private health care workers

Key Legislative Issues

Addressing male norms and behaviors

Stigma and discrimination

Coverage Areas:

National

Table 3.3.10: Program Planning Overview

Program Area: HIV/AIDS Treatment/ARV Drugs
Budget Code: HTXD
Program Area Code: 10

Total Planned Funding for Program Area:

Percent of Total Funding Planned for Drug Procurement: 12

Amount of Funding Planned for Pediatric AIDS:

Program Area Context:

Procurement of pharmaceuticals by GHARP developed dynamically as the needs of the PEPFAR program solidified. The experience of the MOH, FXB, and other Guyana HIV treatment programs was gathered to provide the background on expected clinical presentations and volumes of patients expected. Interactions and clarifications with GOG and PEPFAR partners established the commodity needs. The program initiated procurement of pharmaceuticals to treat approximately nine hundred patients with complaints of sexually transmitted illnesses (STIs) and HIV associated opportunistic infections (OIs). In addition, a procurement of ARVs for approximately sixty (60) pediatric patients was made; with adult first-line ARVs being provided, free of charge by the GOG. The internal processes between the GHARP partners on quantification, vendor selection, preparing required USAID funding approval requests, submitting and obtaining the funding requests, preparation of purchase orders, following up with vendors, and receipt of products occurred in the context of the partnership.

As with any new activity, the learning curve of how best to coordinate activities was not clearly understood before initiated, but has been greatly strengthened in the last six months. Initially, tracking precise clinical information, the complexity of interactions between partners, the external relationships and interactions with procurement agents and manufacturers, and the steps needed to completely satisfy the USAID procurement approval process required substantial levels of effort and time.

From the experiences of the first round of procurement activities, roles have been discussed and potential adjustments discussed to enhance the process and allow the next round of procurement to proceed with greater facilitation between the interacting internal and external organizations. A procurement oversight committee meets each quarter to discuss the spectrum of issues ranging from importation, registration, storage and point-of-service management and disbursement. The committee is chaired by the Chief Medical Officer, and has key technical members such as the Chief Pharmacist, the Director of the Materials Management Unit, the Director of the Food and Drug Authority, clinical providers, and facility pharmacists in addition to GFATM, WB, and other USG partners. To date the committee has drafted standard operating procedures for the Food & Drug Department registration process and is embarking on the SOPs for consumption reporting.

To support the next years' procurement, processes have been identified to obtain and track the clinical information from the GHARP facilities. Information obtained will provide greater accuracy in quantification of the needs for the next procurement. The records will support the morbidity method to calculate items needed as well as support the clinical activities.

The pharmaceutical items received are also being tracked as part of an inventory system. Items are maintained in the inventory system as they are received and records are updated as items are issued to facilities. The issuance of items or consumption correlated to number of patients treated will be used to prepare a forecast of needs based on actual usage. This inventory system is to be maintained at each supported facility. Initially storage and management will operate from a GOG/USG satellite site of the MMU, but increased levels of effort will support GOG materials management, National Food & Drug Authority, and the National Pharmacy units in preparation for eventual integration of the increased responsibility of handling HIV/AIDS commodities.

Table 3.3.10: Activities by Funding Mechanism

Mechanism:	Supply Chain Management System
Prime Partner:	The Partnership for Supply Chain Management
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHAI account)
Program Area:	HIV/AIDS Treatment/ARV Drugs
Budget Code:	HTXD
Program Area Code:	10
Activity ID:	3153
Planned Funds:	

Activity Narrative: Components of a commodities management system include: product selection, procurement, quality assurance, freight forwarding, warehousing, distribution, and a management information system to monitor these activities. Challenges include stock-outs, lack of buffer stock protection, delayed delivery and distribution, insufficient projections of need, lack of quality information, insufficient trained personnel, and lack of accountability.

GHARP procurements will procure medications for adult 1st and 2nd line antiretroviral (ARV) therapy (1st line procurements dependent on supply of drugs procured through GFATM being sufficient), drugs for opportunistic and sexually transmitted infections, and pediatric ARV 1st and 2nd line therapies to assure continued availability of medications and avoid stock-outs. Annual procurement levels are based on joint forecasting done by CDC/FXB, MOH, and GHARP along with consumption report monitoring. The procurement will provide for the forecasted treatment needs of 80 adult second line patients, 140 pediatric cases with both first and second line therapy, over 1,550 STI/OI episodes, and have the capacity to respond to take on procurement for an additional 600 cases that come into treatment in excess of the 900 catered for with GFATm support.

The process of procurement follows in the drug management cycle after identification and selection of the specific pharmaceuticals needed to support the care and treatment of patients at clinics and treatment centers. GHARP coordinates the provision of pharmaceuticals and commodity management services with the HIV care and treatment activities supported by the MOH, GFATM, World Bank and CDC/FXB. Both the care and treatment committee, and the newer procurement committee are essential for cooperation, and CDC/FXB is integral in harmonizing the needs in accordance with the Guyana adopted standard treatment guidelines.

Items identified by the selection process are quantified and an estimate prepared for each individual pharmaceutical needed. This estimate will include clinical data on clinical presentations consumption information from facilities, buffer stock requirements, and estimates of potential waste. Consumption data collection is required as part of the information system at each GHARP site provided with pharmaceuticals and facilities will be accountable for the accuracy of their information. Sites receiving pharmaceuticals will continue to be trained in the information and reporting system to assure data accuracy and completeness.

Current USAID requirements for procurement of pharmaceuticals, classified as restricted commodities, include stringent standards to meet safety, quality, and efficacy which are problematic to meet with locally produced pharmaceuticals. A blanket waiver for specific ARV medications and other anticipated changes for procurement of pharmaceuticals require maintaining current information on the pertinent procedures. Waivers and requests for procurement authorization are required to be prepared and must contain sufficient information to justify obtaining USAID procurement authorization.

Additional generic ARVs newly recognized by the FDA as tentatively approved are to be available for procurement and use by utilizing the methodology of the blanket waiver. GHARP will make all efforts to procure the cheapest available drugs that meet US government quality standards.

Recently U.S. FDA tentatively approved ARVs from Ranbaxy and Aurobindo highlight the need to maintain current international vendor contacts. Proactive negotiations are required to obtain appropriate information to show consistency with USAID

requirements and later to obtain price and shipping information. Contacts are maintained with international manufacturers and their agents (Abbott, Aspen, Aurobindo, Axios, Barr, Boeringer Ingelheim; BristolMyersSquibb, Cipla, GlaxoSmithKlein, Gilead, Merck, Hofmann LaRoche; Ranbaxy), international procurement agents (IDA, Crown Agents, Mission Pharma, UNICEF), and other wholesalers and U.S. exporters (MAP International, Nubenco, Henry Schein, Cardinal, McKesson)

MSH is in the lead role in selecting the procurement methods with guidance and consent of FHI . With items and vendors identified, each product's source, origin, price, and quality documentation is obtained from the vendor as required to substantiate the preparation of waivers and purchase authorization requests. Waivers/requests for procurement authorization then drafted by MSH will be reviewed and submitted by FHI to USAID for approval. With waiver or purchase approval from USAID, FHI will submit purchase orders to the selected vendor(s). Vendor follow-up on shipping schedules and delivery then occurs through GHARP. Many lessons have been learned to date, and the team is building in efficiencies in order to streamline the process for subsequent procurement rounds.

Manufacturer and supplier delivery will be to the new satellite warehouse. Establishment of this new warehouse is just beginning. Activities to obtain a functional warehouse for HIV/AIDS pharmaceuticals and supplies include: site selection and preparation, site contracting, hiring and training staff, procedures development, information systems development and distribution activity coordination. Initial warehouse operations will begin as soon as a site is contracted, staff are hired and trained, and as items are received. USG and GFATM medications and supplies will be distributed through the new satellite warehouse. GHARP will continue to work with the MMU and the new satellite warehouse to track products usage rates at GHARP supported HIV treatment and care facilities. The systems and procedures at the satellite warehouse will be integrated with the MMU and technical assistance, infrastructure support, and capacity building will continue to support the primary MMU site. Establishing a satellite warehouse under the auspices of the MMU to hold and distribute USG and GFATM provided pharmaceuticals and medical supplies will assist in the development of the MMU by relieving the currently overburdened MMU operations and facilities while piloting an operational model based on best international practices and standards.

Target Populations:

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Pharmacists (Parent: Public health care workers)

Coverage Areas:

National

Table 3.3.10: Activities by Funding Mechanism

Mechanism: CDC Program Support
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Drugs
Budget Code: HTXD
Program Area Code: 10
Activity ID: 3181
Planned Funds:
Activity Narrative: FY05 carry-over funds that were reprogrammed by CDC will continue to be used to maintained separate stores for program pharmaceuticals, equipment and supplies. This became an emergency situation as the MOH storage facility, without advanced warning, has run out of physical space given the huge influx of supplies in the last 12 months. In light of the floods witnessed last year, the importance of a safe and sound structure has been more recognized. Given the value of the supplies and pharmaceuticals being recieved in-country through WB, GFATM, and PEPFAR, a strong system of both storage, tracking, and distribution are critical.

The carry-over funds will cover 9 months of operating costs and the continued support for this site will be from the FY06 budget through GHARP. As the program has grown so has the need for temporary storage. The model is a site managed jointly by PEPFAR and the MOH with the oversight and day to day responsibility provided by USAID, and MOH oversight from the primary Material Management Unit Director. The international technical assistance and local staffing will be provided by GHARP.

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Infrastructure	51 - 100
Logistics	10 - 50

Target Populations:

USG in-country staff

Host country government workers

Coverage Areas

Demerara-Mahaica (4)

Table 3.3.11: Program Planning Overview

Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11

Total Planned Funding for Program Area:

Amount of Funding Planned for Pediatric AIDS:

Program Area Context:

The provision of quality HIV clinical care and access to free ART is at the core of the PEPFAR program. The GOG MOH initiated care and treatment in 2002 at a single site in Georgetown. By the end of September 2005 free care and ART will be available at 6 sites, five public (MOH) and one private nonprofit (Saint Joseph Mercy Hospital). In addition, six additional MOH PMTCT sites have been selected to provide a 'family' care approach to the provision of HIV counseling, testing and care, one site will be providing ART. At the initiation of the PEPFAR program in October of 2004 there were approximately 230 patients on ART. As of August 2005 this has increased to almost 800 and by September 2006 we expect 1,200 to be on treatment. The PEPFAR target for 2008 is 2,000. For FY06, a total of 140 pediatric patients between ages 1-14 will be provided treatment.

With its large case load, its proximity to the Georgetown Public Hospital Corporation (GPHC) and the National Public Health Reference Lab (NPHRL), the Genital Urinary Medicine (GUM) Clinic will remain at the center of the care and treatment initiative. Led by the MOH with the support of FXB, the GUM clinic will serve as the teaching/training center for clinicians, pharmacists, nurses, and counselors. In addition it will serve as the referral center for other clinics providing HIV care when there is need for consultation regarding hospitalization, resistance to first line medications, co-infection with TB, management of opportunistic infections, medication side effects, and social and/or other issues.

The AIDS Relief Consortium will continue to provide technical and financial support to St. Joseph Mercy Hospital for expansion of free adult and pediatric HIV care and treatment services. In addition they will provide support to the MOH hospital in Bartica to enable it to become an additional care and treatment site.

FXB will continue to serve as the primary MOH partner in the expansion of adult and pediatric HIV care and treatment services, the development of care and treatment guidelines and protocols and the design and implementation of adherence monitoring. By September of 2006, in conjunction with the MOH, they will be active at 5 hospitals and 6 PMTCT sites. This will include the provision of staff, equipment, and facility refurbishment. In addition they will coordinate the training and placement of 10 UMV volunteer physicians and the training of physicians and midlevel providers through the Guyana National Training and Coordination Center supported by CHART/ITECH. In addition they will institute programs for Continuous Quality Improvement (CQI) and client outreach. The expansion of FXB from technical to programmatic support in 2005 and direct care was delayed until funds were made available with the third congressional notification in August of 2005. Despite the delay, the Guyana care and treatment targets were met well before the end of the program year.

Agency activity for TB and Laboratory support are covered in their respective sections.

Planning for PEPFAR supported care and treatment activities take into account GF and WB support directly to the MOH.

Program Area Target:

Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	10
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)	400
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)	1,200
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)	1,200
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	120

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	Rapid Expansion
Prime Partner:	Family Health International
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHAI account)
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	3162
Planned Funds:	
Activity Narrative:	This is program implementation for funded by Rapid Expansion Funds and the programs will continue into part of FY06.

Expected results (ER):
ER1: Increased access to and use of innovative treatment and prevention services
Activity 1.1: Provide adult second line ARVs. Supplemental funding will support procurement of second line ARVs for 95 adults. Infrastructure, clinical management, laboratory services, and patient monitoring are financially supported with FY05 COP funding and implemented by Francis Xavier Bagnound (FXB) under the guidance of CDC. Family Health International along with Management Sciences for Health, are currently responsible for STI, OI, ARV drug procurement and strengthening of pharmaceutical management, and hence, are best positioned to manage the procurement.

Activity 1.2: Ensure MARP access to care, treatment, and support. It is of critical importance to increase the support needed to ensure that treatment, care and support reach the most at risk population (MARP) of Guyana. The prevalence of HIV among female CSWs is as high as 47% while that among MSM has been estimated at 40%. Prevalence is nearly 30% among those clients seeking TB services. For Miners, another member of the MARP, a prevalence of 7% has been found. In addition, seventy-five percent of reported AIDS cases occur among persons between the ages of 19-35 years. Despite the fact that the MARP has been disproportionately affected, interventions so far have been limited to BCC activities and limited C&T due to the substantial amount of financial and human resources needed to reach these reverend areas and to target the mobile populations with the comprehensive services necessary to adequately address their health needs.

Activity 1.3: Make services more MARP friendly. The MARP accesses C&T, care, treatment and support services at sites which cater for the general public but which do not take into account their special needs. In recognition of this fact, we propose to have these sites improved to be MARP friendly. Through the mechanism of this supplemental funding, we propose to complement current initiatives with the implementation of provider initiated recruitment of MARP for C&T and the establishment of MARP friendly clinical and ancillary services. Four (4) additional one stop sites (one NGO site in Region # 4, and each at government facilities in regions 6, 8 & 10) will provide a comprehensive menu of services, including one-on-one C&T, psychosocial support, STI management, OI care, social services referral and follow-up by trained staff that has been trained to appropriately manage this population This work will be done in both urban centers and the very difficult-to-reach hinterland and border communities.

Activity 1.4: Facilitate referral to social support services. Current interventions are limited to the improvement of HIV related knowledge and awareness among MARP. The supplemental work will enable the program to build the referral network between the four "one-stop-shops" and the nearest treatment programs. The natural referral center for those identified as HIV+ at the TB clinic is the Central Medical Center which is located on the same grounds as the clinic. There is also a need to scale up these programs to empower the disadvantaged members of the MARP to adopt low risk behaviors. Research has proven that the provision of realistic ancillary services lead to increased access to and retention in medical care. Through the supplemental funding additional staff will be recruited to strengthen the referral network and facilitate their uptake and retention into the social support systems such as housing, skills training, and mental health services.

ER2: Enhancing care treatment and support services for HIV positive pregnant women and their newborn babies.
ER 2.1: Enhanced peri-natal care, treatment and support services, for HIV positive women
Seroprevalence among antenatal women is as high as 12% in some areas of Guyana, and lends itself to a huge potential for vertical transmission. Through PEPFAR, Family Health International was funded to continue expansion and increase coverage of PMTCT services by incorporating additional sites into the existing network of sites. To date, the number of functional PMTCT sites has successfully expanded from 8 pilot sites to 37 new PMTCT sites within a one-year period. Coverage was further boosted with the initiation of counseling and testing services in the labor and delivery wards of Guyana's five major hospitals where over 80% of all births occur. Even though the proportion of women who are being reached through the PMTCT program has increased significantly through the above projects, a number of gaps have been identified but cannot be addressed with existing funding. Currently, a significant proportion of HIV positive women still do not receive NVP during labor. Reasons identified for this include, women presenting too late in labor, not disclosing their status at time of delivery and women delivering at hospitals that are not a part of the PMTCT program.

Activity 2.1: Provide follow up of HIV positive women: HIV positive women receive no other intervention after post-test counseling to deal with the associated psychosocial issues. Through this supplemental funding, twelve (12) additional counselors will be employed to provide ongoing counseling and support for HIV positive women both at service sites and at their homes. These women will be assisted in identifying and creating an appropriate support team of friends and relatives with the expectation that the support team will increase both clinic attendance and the likelihood of timely presentation to the delivery room thus ensuring the administration of nevirapine and utilization of appropriate techniques for reducing exposure of the infant to HIV.

ER 3: Comprehensive care and treatment program for babies born to HIV positive women
Activity 3.1: Procure medications and supplies for the treatment of an additional 82 babies
Existing funding allows for the purchase of ARVs for only 20 children thus leaving many without access to much needed ARV treatment and OI prophylaxis. Through the supplemental funds, first-line ARVs and OI medications will be purchased for the management of an additional 82 children, representing a four-fold increase in the number currently being reached. In addition, assuming a failure rate of approximately 10%, second-line ARVs will be purchased to treat ten (10) children.

Activity 3.2: Enhanced communication between primary and tertiary care settings
The supplemental funding will be used to design and implement an effective referral and feedback system between the antenatal clinics and the maternity wards at the relevant hospitals. The absence of an efficient referral and feedback system has led to the loss to follow up of HIV positive women and their babies after delivery. Moreover, the absence of such a system makes it difficult to track which of the infected women and/or their babies received appropriate medical interventions at delivery.

Emphasis Areas	**% Of Effort**
Commodity Procurement	51 - 100
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)	160	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)		☑
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)		☑

Target Populations:

Community-based organizations

Faith-based organizations

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Pharmacists (Parent: Public health care workers)

Non-governmental organizations/private voluntary organizations

People living with HIV/AIDS

HIV positive children (6 - 14 years)

Coverage Areas:

National

Table 3.3.11: Activities by Funding Mechanism

Mechanism: FXB

Prime Partner: Francois Xavier Bagnoud Center

USG Agency: *HHS/Centers for Disease Control & Prevention*

Funding Source: GAC (GHAI account)

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Activity ID: 3166

Planned Funds:

Activity Narrative: *Obligate funds to the cooperative agreement in order recruit, orient, and supervise* additional care professionals who will fall under direct supervision of a US NGO technical agency as well as the National Care and Treatment Committee headed by the Chief Medical Officer. Each team will have a physician recruited through the United Nations Volunteer Program (UNV) to work in concert with a MOH appointed physician counterpart at each care site. The total human resource support will be for: ARV treatment sites ath 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.

Emphasis Areas	% Of Effort
Human Resources	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)		☑
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)		☑

Target Populations:

People living with HIV/AIDS

Coverage Areas

Demerara-Mahaica (4)

East Berbice-Corentyne (6)

Essequibo Islands-West Demerara (3)

Upper Demerara-Berbice (10)

Table 3.3.11: Activities by Funding Mechanism

Mechanism: FXB
Prime Partner: Francois Xavier Bagnoud Center
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 3170
Planned Funds:
Activity Narrative: The François-Xavier Bagnoud (FXB) Center of the University of Medicine and Dentistry of New Jersey, as the implementing partner of the CDC in Guyana (FXB Guyana), will continue to support the US government PEPFAR goals in Guyana. The care and treatment goal is to work in collaboration with other US government partners and the Guyana Ministry of Health (GYMOH) to rapidly scale up comprehensive HIV care and treatment using the Network Model proposed by OGAC to treat 1800 patients by 2008. The Guyana HIV Care and Treatment Network (GYHCTN), a project of FXB Guyana initiated in 2004 and expanded in 2005, proposes to build on FY05 activities by strengthening and enhancing HIV care, treatment and support for PLWHAs in Guyana and increasing local capacity to develop, implement, evaluate and sustain HIV efforts in country. Currently, with an in-country multi-disciplinary staff of program mangers, physicians (including United Nations Volunteers physicians), nurses, community health workers and counselor/testers, FXB Guyana will help to rapidly expand the numbers of people living with HIV/AIDS in care and the quality of care offered to Guyanese. GYHCTN is partnering with the UMDNJ Schools of Medicine, Nursing and Public Health including adult and pediatric HIV clinical services and TB. Faculty from these institutions continue to commit their time and professional expertise to the program by working closely with the FXB Guyana Chief of Party to determine "best practices" in HIV care and treatment for Guyana. Half-way though the fiscal year, FXB Guyana has met and exceeded the FY 2005 program target of 630 PLWHAs. As of June 2005, 634 adults and children were being managed and cared for at the five ART sites supported by FXB Guyana. In FY 06 FXB Guyana will build on achievements of FY 05 and will focus on enhancing four core areas: 1) HIV care, treatment and support (GYHCTN); 2) HIV laboratory support; 3)HIV multidisciplinary training including clinic-based training, twinning. and mentorship; 4) HIV/TB co infection management and support. The GYHCTN proposes to expand the programmatic and clinical roles by providing direct clinical care and support to 80% of all patients on ARVs in Guyana. Proposed activities to enhance this role include continued infrastructural development at the GUM clinic, support to the six ART sites currently providing care and supporting expansion of clinical services at five new ART sites. Such efforts will involve deploying HIV physician specialists, enhancing laboratory capacity to support expanded ART delivery and providing on-going technical support and training to clinicians and other program and support staff. In 2005, FXB subcontracted with the International Training and Education Center on HIV (I-TECH) to operationalise the GYNTCC. In FY 2006, FXB Guyana will continue to work with ITECH to expand on the training and resources available to health care workers in Guyana. Key activities/strategies for the GYNTCC are described below:
GYNTCC Advisory Board: • Recruit and convene key stakeholders from government, NGOs and PLWHA organizations to determine the goals, objectives, purpose and scope of work • Convene monthly meetings of Advisory Board for the first six months and once every 2 months thereafter; National Training Plan on HIV/AIDS: • Conduct needs assessments with clinicians and staff at sites offering HIV/AIDS prevention and treatment services • Draft national training plan and submit to partners for input and feedback. • Finalize and disseminate a fully endorsed national training plan; State-of-the-Art Training on HIV/AIDS Care, Treatment and Support: • Conduct 15 trainings (didactic, skills-building, preceptorships and technical consultation with clinic staff) • Train 75 unduplicated health care workers from multiple disciplines on HIV/AIDS related care, treatment and support • Build database of local and regional trainers/faculty • Design national training database to track and report training activities • Develop standardized evaluation tools to track all training episodes • Identify and disseminate up-to-date curricula on HIV/AIDS topics to support training activities • Country-Specific Curricula on HIV/AIDS Topics; GYNTCC Resource Library: • Maintain an Caribbean-wide inventory of curricula,

educational materials, and presentations on various HIV/AIDS related topics • Maintain inventory on adult learning and teaching tools for faculty trainers
Key care and treatment activities/strategies for FY06 are described below:
HIV Care and Antiretroviral Therapy: • Take the lead in implementing a strategy to ensure the provision ART to 1200 people (the country target for FY 2006) attending the GUM, New Amsterdam, Suddie, Linden, West Demerera and Campberville clinics. Possible future expansion sites include Dorothy Bailey Health Center and Mahdia Hospital. The number of children on ART will also be increased to at least 5-10% of the total patients on ART • Train and deploy multidisciplinary teams using as a nucleus the 10 UNV physicians at ART sites, TB (Chest) Clinic at GPHC and In-patient services at GPHC • Continue developing the GUM clinic into a national center of excellence through infrastructure enhancement, programme support, on-going staff training and deployment of a multidisciplinary team led by an HIV care and treatment physician specialists and two UNV physicians • Expand ART coverage to two high prevalence PMTCT sites; implement a strategy to ensure these sites also provide referrals to the full continuum of psychosocial, health and clinical services • Expand targeted HIV rapid testing services in medical in-patients wards to increase the number of persons tested for HIV and initiated into the treatment program • Strengthen the weak in-patient infectious disease service at the GPHC for HIV and TB infected persons; Adherence Support and Outreach Services: • Strengthen the ARV drug adherence system using the five pillars of the Guyana ARV drug adherence strategy • Enhance ARV drug adherence to >85% for patients at all sites through establishment and evaluation of operational adherence programs and systems at all sites, including support groups and home based care to persons on treatment • Establish linkages to social service organizations and NGOs providing social and support services to PLWHA • Develop and disseminate a pocket-size resource guide directory of all NGOs providing services for PLWHAs; Community Outreach, Mobilization and Social Marketing of HIV Treatment Program: • Accelerate community mobilization and social marking of HIV care and treatment program using the community outreach workers to sensitize communities about the availability of free treatment for HIV infected persons in Guyana • Strengthen support groups and home visits to PLWHAs • Advocate on behalf of PLWHAs; Continuous Quality Improvement: • Pilot a CQI programme at the GUM Clinic to ensure quality HIV care • Establish protocols and standards for CQI and develop standard operating procedures for the CQI process • Train designated staff to lead and monitor the CQI project; Health Information Management Systems • Develop and coordinate a comprehensive Health Information Management System to support improved patient management and monitoring and program management and monitoring • Synchronize all MOH approved clinical and counseling forms at ART sites to centralize data collection and reporting; Policy Coordination, Advocacy and Protocol/ Guidelines Development: • Continue to review, and update the Guyana HIV guidelines for management of HIV infection in adults and children with all partners • Contribute to HIV care and treatment policy formulation and guidelines / protocol development

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Infrastructure	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Logistics	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	8	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)	320	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)	1,200	☐
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)	1,200	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)		☑

Target Populations:

Adults

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Pharmacists (Parent: Public health care workers)

People living with HIV/AIDS

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Coverage Areas

Demerara-Mahaica (4)

East Berbice-Corentyne (6)

Essequibo Islands-West Demerara (3)

Upper Demerara-Berbice (10)

Table 3.3.11: Activities by Funding Mechanism

Mechanism: Comforce
Prime Partner: Comforce
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 3177
Planned Funds:
Activity Narrative: A hospital physician with experience in the treatment of HIV will be placed at the Georgetown Public Hospital and GUM clinic. Support will be provided by CDC office, FXB and the Ministry of Health.

Emphasis Areas	% Of Effort
Human Resources	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)		☑
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)		☑

Target Populations:

Adults

Children and youth (non-OVC)

Coverage Areas

Demerara-Mahaica (4)

Table 3.3.11: Activities by Funding Mechanism

Mechanism: CDC Program Support
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 3179
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.

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)		☑
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)		☑

Target Populations:

People living with HIV/AIDS

Coverage Areas

Demerara-Mahaica (4)

East Berbice-Corentyne (6)

Essequibo Islands-West Demerara (3)

Pomeroon-Supenaam (2)

Upper Demerara-Berbice (10)

Table 3.3.11: Activities by Funding Mechanism

Mechanism: AIDSRelief
Prime Partner: Catholic Relief Services
USG Agency: HHS/Health Resources Services Administration
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 3191
Planned Funds:
Activity Narrative: Introduction of Organization: AIDSRelief is a consortium that brings together the capacities of three faith-based, non-governmental organizations with experience in international development; a leading research institution in the care and treatment of HIV; and a consulting firm with expertise in monitoring and evaluation. AIDSRelief is committed to working in close collaboration with the government of Guyana and the in-country US government (USG) team to help strengthen existing networks of HIV care and treatment in both urban and rural settings.

History of Activity in Guyana: With support from the PEPFAR initiative, AIDSRelief has supported an integrated, comprehensive anti-retroviral program at St. Joseph Mercy Hospital since August 2004, where the number of HIV+ patients on ART has tripled to 71 patients with an additional 172 receiving non-ART care (July 2005). Strengths of the AIDSRelief program include a comprehensive adherence model; regular, interactive technical assistance from HIV treatment specialists (IHV); family-centered HIV care as evidenced by the 24 HIV+ children receiving care at Mercy Hospital; procurement of adult 2nd line and pediatric ARVs; enhancement of laboratory skills and equipment; and strong links to community-based support services. AIDSRelief works in collaboration with USG partners and the MOH in all aspects of planning and implementation, and based on guidance from the MOH is in the process of expanding its support to provide HIV treatment services to the population served by Bartica Public Hospital in Region 7.

Workplan/Activities: FY2006 will be a critical year for AIDSRelief as it intends to expand HIV treatment services to 400 patients on ART and to an additional 600 for basic care by September 2006. To this end, AIDSRelief will increase technical assistance to clinical and support staff at our POS through intensified technical assistance and by placing a permanent physician in-country. AIDSRelief will further increase the quality of and access to its comprehensive, family-centered ART services by facilitating the integration of treatment services to other critical HIV programs (e.g. VCT, PMTCT) at our POS and in the community and by exploring linkages with alternative treatment sites (e.g. Davis Memorial Hospital, health outposts, Mazaruni Prisons). AIDSRelief will train staff in the diagnosis and treatment of TB to better manage TB-HIV co-infection and will expand TB treatment services to Bartica. AIDSRelief also will ensure that high quality 1st and 2nd line regimens are available for both adults and children. In addition, AIDSRelief will continue to expand its community outreach activities in order to support adherence to first line regimens and to ensure a continuity of care. Furthermore, AIDSRelief will expand its VCT program by integrating these services into mobile health clinics and in- and out-patient services at Bartica Public Hospital. AIDSRelief will enhance laboratory equipment and capacity at both POS. Finally, AIDSRelief will also continue to strengthen its monitoring & evaluation support in order to measure program performance and to improve quality of care through evidence-based programmatic decisions.

Avoiding Duplication with Other Funding Sources (i.e. GF/WB): AIDSRelief will ensure that its program does not duplicate existing interventions by continuing to collaborate with other stakeholders. Also, AIDSRelief benefits from a strategic niche of supporting the only faith-based, private treatment site in Guyana, and has coordinated its selection as Bartica Public Hospital as a public treatment site with other relevant agencies (e.g. USG, FXB, MOH, GF/WB).

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	2	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)	80	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)	240	☐
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)	240	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	20	☐

Target Populations:

Community-based organizations

Faith-based organizations

HIV/AIDS-affected families

People living with HIV/AIDS

HIV positive pregnant women (Parent: People living with HIV/AIDS)

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

Public health care workers

Private health care workers

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Cuyuni-Mazaruni (7)

Demerara-Mahaica (4)

Table 3.3.11: Activities by Funding Mechanism

Mechanism: CDC Program Support
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 4914
Planned Funds:
Activity Narrative: CDC will fund a Medical Epidemiologist to support the delivery and provision of quality HIV clinical care and ARV Services; coordinate the expansion of additional PMTCT sites to provide a family care approach to the provision of HIV counseling, testing and care and the provision of ART; and provide technical assistance to the MOH, hospitals, clinics and professionals serving adult and pediatric HIV care and treatment services. The Officer will be responsible for contributing to PEPFAR planning and reporting requirements and for coordinating and managing CDC-funded strategic activities a, as required. He/she may also be involved in the coordination and oversight of data analysis and dissemination.

Emphasis Areas	% Of Effort
Human Resources	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)		☑
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)		☑

Target Populations:

Doctors (Parent: Public health care workers)
International counterpart organizations
National AIDS control program staff (Parent: Host country government workers)
Other health care workers (Parent: Public health care workers)
Doctors (Parent: Private health care workers)
Other health care workders (Parent: Private health care workers)
Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.11: Activities by Funding Mechanism

Mechanism: CDC Program Support
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 5030
Planned Funds:
Activity Narrative: Provide travel and per diem for CDC care and treatment specialists to provide oversight of in country programs and contribute to planning process.

Emphasis Areas	% Of Effort
Local Organization Capacity Development	10 - 50
Quality Assurance and Supportive Supervision	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)		☑
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)		☑

Target Populations:

Doctors (Parent: Public health care workers)
Nurses (Parent: Public health care workers)
Pharmacists (Parent: Public health care workers)
National AIDS control program staff (Parent: Host country government workers)
USG in-country staff
Doctors (Parent: Private health care workers)
Nurses (Parent: Private health care workers)
Pharmacists (Parent: Private health care workers)
Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.12: Program Planning Overview

Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12

Total Planned Funding for Program Area:

Program Area Context:

Prior to USG involvement, Guyana had limited capacity to conduct HIV surveillance, diagnose HIV infection, monitor patients on ART, and diagnose OIs and STIs. Since then a national algorithm for diagnosing HIV using rapid HIV tests has been implemented, CD4 testing essential for staging disease has become available centrally, and a national HIV reference laboratory--critical for quality assurance, training, and reference testing—has been designed. These are good starts but more is needed to meet the current and expanding needs of the Emergency Plan. For example, more HIV testing must be done in order to identify those who are infected, CD4 testing must be more readily available in difficult to reach areas, the capacity and quality of routine chemistry and hematology testing must improve, and quality assurance procedures must be enhanced at central, regional, and district levels. FY 06 plans will build on laboratory activities carried out in FY 05 and rely on technical assistance from MOH, FXB, CDC experts, and the American Society for Clinical Pathology (ASCP). With regard to the Reference Laboratory, the design process will be completed by November 2005 and renovation at the Georgetown Public Hospital Corporation (GPHC) site targeted to begin January 2006. Funds previously obligated [redacted] will be supplemented to meet the additional requirements stemming from additional design specifications and foundation requirements based on results from soil tests. This amounts to an estimated additional [redacted] for building costs plus [redacted] for equipment. The strategic vision for the Reference Laboratory has been drafted by MOH, CAREC, and laboratory experts from FXB, CDC, and Guyana. In advance of having a Reference Laboratory, training and quality assurance activities have been carried out with collaboration among MOH, the National Blood Transfusion Service, FXB, and CDC. Standard operating procedures (SOPs) for HIV testing and referral services (including a comprehensive quality assurance plan) have already been developed and plans for OIs are in progress. GPHC central laboratory staff members have been cross-trained on CD4 testing, preventive maintenance for laboratory equipment, and will continue to receive on-going support from FXB. Chemistry and hematology analyzers and two CD4 count machines were installed and provided with necessary reagents and service. CDC will support a network of six laboratories in regional public hospitals where ARV therapy will be provided. The support will address facilities improvement, equipment, and staff competencies. ASCP will provide much needed training and follow up technical assistance in chemistry and hematology. Efforts will continue to support the MOH in developing standards for HIV-related testing and basic laboratory services; the standards will also be applied to private laboratories which carry out a significant number of laboratory testing in Guyana. Catholic Relief Services (CRS) currently provides support to Mercy Hospital, the only non-Government facility providing comprehensive HIV/AIDS services and medical care in Guyana. Over the next two years CRS/Mercy Hospital will provide ARV care to roughly 20% of those on therapy. In order to ensure in country capacity, sustainability and healthy policy debate, we believe it is important to support a second non-government provider of laboratory services. This proposal is in line with the current MOH national strategic plan for laboratory support for HIV care and treatment and takes in account plans and activities set forth by other donor agencies, this includes the Global Fund, the World Bank and the Canadian Society for International Health.

Program Area Target:

Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	7
Number of individuals trained in the provision of lab-related activities	45
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	6,000

Table 3.3.12: Activities by Funding Mechanism

Mechanism: Ministry of Health, Guyana
Prime Partner: Ministry of Health, Guyana
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 3186
Planned Funds:
Activity Narrative: Under the CDC cooperative agreement with the MOH, activities will include completion of NPHRL infrastructure renovation, overhead costs for running the facility, and maintenance and salary for five key national contract staff. Renovation is expected to begin in January 2006. Because of concerns expressed by the CDC COP in February of 2005, the process for lab design and development was reviewed and revised. A situation report was produced by the CDC on this issue in March 2005 (available upon request). The delay in construction was due in part to a changing vision of lab function and to the selection by the MOH of an architect that did not have the capability to carry out the required engineering and produce detailed architectural drawings. To expedite the process, in April 2005 the CDC insisted on the development of a Lab Narrative Document and MOU between the MOH and CDC. The MOU was completed and signed in April. Also at the request of the CDC, the Minister of Health appointed a formal committee to work through issues related to lab design and development. The committee meets on a weekly basis and is chaired by either the CDC COP; the MOH Permanent Secretary or the Minister of Health. Formal minutes are kept and good progress has been made. Development of the narrative vision is close to in country signoff and will be circulated to external partners (CAREC, CDC Atlanta, etc.) in September 2005. A US based Architectural firm (GRA) continues to work to oversee the process in country to ensure adherence to development, design and building standards. Of note funds allocated to the MOH for renovation of the NPHRL are held in an account with CDC in Atlanta, and draw down occurs only as renovation progresses. At the moment no funds have been drawn down or dispersed for this renovation. It is important for all to recognize that the vision and design work for a multi purpose complex public structure commonly takes longer than the actual construction itself. Cost estimates noted in this document are based on square foot cost for similar structures in Guyana. CDC/MOH reorientation in March of this year has put the project now under careful oversight with a realistic timeline for completion of design, construction; and it has identified a process whereby a precise cost estimate will be available by Nov 2005. A breakdown of estimated costs within this activity follows: Renovation [redacted] from Tct 1 Blood Safety, [redacted] from Lab) Equipment [redacted] Contract lab staffing (lab techs) 5 [redacted] Maintenance, Utilities [redacted] Total [redacted]

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Infrastructure	51 - 100
Linkages with Other Sectors and Initiatives	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests		☑
Number of individuals trained in the provision of lab-related activities	5	☐
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring		☑

Target Populations:

Host country government workers

Coverage Areas

Demerara-Mahaica (4)

Table 3.3.12: Activities by Funding Mechanism

Mechanism: Crowne Agents
Prime Partner: Crown Agents
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 3188
Planned Funds:
Activity Narrative: Procurement of equipment, reagents, and supplies needed for the NPHRL (current activity taking place in GPHC central medical lab and blood bank) and any supported regional sites. This does not include rapid tests and supplies used in PMTCT and VCT programs.

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100

Targets

Target	Target Value	Not Applicable
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests		☑
Number of individuals trained in the provision of lab-related activities		☑

Target Populations:

Laboratory workers (Parent: Public health care workers)

Laboratory workers (Parent: Private health care workers)

Coverage Areas:

National

Table 3.3.12: Activities by Funding Mechanism

Mechanism: FXB
Prime Partner: Francois Xavier Bagnoud Center
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 3190
Planned Funds:
Activity Narrative: FXB will organize refresher courses and training on new techniques in the areas of CD4, OI, and equipment operation for all technologists working at the NPHRL and regional facilities. Viral load training will be conducted for technologists at the NPHRL. In addition, they will develop a CQI plan/pgm for the lab and NBTS, and support training for the roll out of rapid testing in the Public and Private Sector. Senior national staff may be required to receive training at CDC in Atlanta, UMDNJ in New Jersey, or CAREC in Trinidad. Additional small scale renovation and facility upgrade will be necessary at regional facilities, this will be done through FXB. The NPHRL Director, paid under the CDC/FXB agreement, will be responsible for oversight and strengthening the skills and capacity of lab personnel.

Emphasis Areas	% Of Effort
Human Resources	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	6	☐
Number of individuals trained in the provision of lab-related activities	30	☐
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	6,000	☐

Target Populations:

USG in-country staff
Host country government workers
Public health care workers
Laboratory workers (Parent: Public health care workers)

Coverage Areas:

National

Table 3.3.12: Activities by Funding Mechanism

Mechanism:	AIDSRelief
Prime Partner:	Catholic Relief Services
USG Agency:	HHS/Health Resources Services Administration
Funding Source:	GAC (GHAI account)
Program Area:	Laboratory Infrastructure
Budget Code:	HLAB
Program Area Code:	12
Activity ID:	3192
Planned Funds:	
Activity Narrative:	Support of HIV related laboratory services including equipment, reagents, staffing, and training at CRS supported Mercy Hospital and CRS supported Bartica (MOH) Hospital.

Emphasis Areas	**% Of Effort**
Commodity Procurement	10 - 50
Information, Education and Communication	10 - 50
Infrastructure	10 - 50
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	1	☐
Number of individuals trained in the provision of lab-related activities	5	☐
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring		☑

Target Populations:

Private health care workers

Laboratory workers (Parent: Private health care workers)

Coverage Areas

Demerara-Mahaica (4)

Upper Demerara-Berbice (10)

Table 3.3.12: Activities by Funding Mechanism

Mechanism: CDC Program Support
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 4911
Planned Funds:
Activity Narrative: ASCP (the world's largest laboratory professional society providing training and education) will collaborate with MOH and FXB to support chemistry and hematology laboratory training and quality assurance. Laboratory workers need substantial training in use of new tests, use of automated procedures, and all aspects of work required of a functional laboratory (inventory management, quality assurance and quality control, documents and records management, information management, trouble shooting and problem resolution, safety, laboratory management, and customer service). ASCP will collaborate with partners in Guyana to develop its courses for training Guyanese pathologists, laboratory personnel, and non laboratory personnel. ASCP will apply its expertise and resources to educational design and evaluation; training course development; competency assessment development; technical assistance with training delivery; and development of the training capacity of the National Public Health Laboratory. Benchmarks for 2006 are to assure that training and education has been provided so that 6 regional laboratories and the central laboratory are providing reliable chemistry, and hematology testing services for those placed on anti-retroviral drug therapy. In 2006 the initial training audience will be those laboratory specialists who supervise and provide training. ASCP will also focus on developing more laboratory task specific training materials (e.g., troubleshooting and quality control for chemistry and hematology) and incorporate educational design elements that are tailored for Guyana.

Emphasis Areas	% Of Effort
Information, Education and Communication	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests		☑
Number of individuals trained in the provision of lab-related activities	30	☐
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring		☑

Target Populations:

Public health care workers

Laboratory workers (Parent: Public health care workers)

Coverage Areas:

National

Table 3.3.12: Activities by Funding Mechanism

Mechanism: Department of Defense
Prime Partner: Center for Disaster and Humanitarian Assistance Medicine
USG Agency: Department of Defense
Funding Source: GAC (GHAI account)
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 5307
Planned Funds:
Activity Narrative: Laboratory equipment and supplies will be procured to implement rapid HIV testing, STD testing of HIV-infected individuals, and diagnosis of TB in HIV-infected individuals. A mechanism will be established for reporting test results to the appropriate medical provider while protecting patient confidentiality. DoD laboratory personnel will perform staff assistance visits to the GDF laboratory to assess needs and provide training of personnel. Logistics mechanisms to sustain laboratory capabilities will be maintained and enhanced. The projected number of individuals with HIV/AIDS in the GDF does not justify the expense of implementing CD4 tests and/or lymphocyte tests.

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests		☑
Number of individuals trained in the provision of lab-related activities	5	☐
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring		☑

Target Populations:

Military personnel (Parent: Most at risk populations)

Coverage Areas:

National

Table 3.3.13: Program Planning Overview

Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13

Total Planned Funding for Program Area:

Program Area Context:

USG will continue to work in close partnership with the Government of Guyana to ensure that the coordination of strategic information (SI) in Guyana's HIV/AIDS sector is carefully and transparently monitored and assessed on a routine basis, and in full collaboration with all stakeholders. Prior to USG involvement, monitoring the magnitude and dynamic of the epidemic has relied mainly on HIV/AIDS case-reporting and surveillance at ANC sites. Adult prevalence is estimated to be about 2.5 percent, and consistent with trends in other Caribbean countries, the epidemic is generalized. With USG support, a more comprehensive approach to SI has been implemented at both strategic and operational levels, guided by a revised 5-year strategy that includes surveillance, HMIS, targeted evaluations, and M&E capacity building. Several SI initiatives have been supported with USG funds, including a Service Provision Assessment (SPA) and a special qualitative study focusing on PMTCT program compliance. Guyana has completed two comprehensive, population-based surveys (a series of eight BSSs and the AIS), which have been analyzed and are under review at the MOH with a target completion date in late 2005. The first round of USG-supported ANC surveillance in PMTCT-supported sites was also completed in late 2004 and a report with recommendations for system strengthening will be provided to the MOH in late 2005. Lastly, a HMIS assessment report was completed in 2004 with a draft plan to move forward by program area. In 2006, USG will build and expand upon existing SI activities, with an emphasis on creating sustainable capacity for SI. These activities will complement and support the strategic goals of the new national M&E plan and national strategic plan for HIV/AIDS (2006-10), which are expected to be completed in early 2006. The USG will continue to serve as an active member and supporter (through technical and financial assistance) of the M&E Research Group and the Expanded Theme Group on HIV/AIDS (the donor coordination forum) as they coordinate the rollout and implementation of the new national M&E strategy. USG will support this effort through the provision of M&E staff and training. M&E training will be provided with a focus on collecting and utilizing data for program improvement and management. Trainings will also target objectives in harmonizing basic M&E approaches and data quality assurance. There is a lack of reliable seroprevalence data, and so technical assistance will be provided to repeat the ANC surveillance, with additional resources dedicated to other cost-effective methods of strengthening our understanding of the distribution and determinate of HIV/AIDS in Guyana. Also at the national level, USG will support two additional surveillance activities in 2006. First, in order to gain a better understanding of the incidence of deaths due to HIV/AIDS among 18-59 year-olds, mortality surveillance has been identified as an important area for system strengthening. A situation analysis will be requested with recommendations for strengthening this system around HIV/AIDS mortality. Second, population-based data collected through the AIS and BSS will be integrated with surveillance data into a single epi-report, which will be disseminated to all key stakeholders to assist in decision-making. Program monitoring will be strengthened through training and guidance in data utilization for program improvements, and support of activities linking program and country-level data. USG will also support the following four key targeted evaluations in 2006: a) an economic assessment of the long-term sustainability of anti-retroviral care and treatment; b) strengthening of AIDS mortality surveillance; c) feasibility of measuring AIDS incidence; and d) an assessment of survival, adherence, and access to ART. Lastly, a series of NGO/FGO programmatic, capacity, and baseline assessments will be completed so as to monitor NGO strengthening over time.

Program Area Target:

Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	180
Number of local organizations provided with technical assistance for strategic information activities	21

Table 3.3.13: Activities by Funding Mechanism

Mechanism: CDC Program Support
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 2907
Planned Funds:
Activity Narrative: Measure Evaluation will continue to support the National Monitoring & Evaluation Resource Group (MERG) by providing on-sight technical assistance for the finalization of the National M&E Strategic Plan as well as the adopted list of core Ministry of Health HIV/AIDS, TB, and Malaria program indicators. Measure Evaluation will participate in and support finalization and dissemination of the National M&E Strategic Plan.

Measure Evaluation will support the MOH and the MERG to develop a feedback system and guidance for implementing partners on data utilization – to support provider level use of program monitoring data for program planning and improvement. Training sessions will be held for each region's M&E field officer being placed through a GHARP/MOH collaboration, along with the Regional Health Officers, data clerks, Bureau of Statistics officers, MOH technical directors, and the MOH information unit. This transfer of skills to the host country will greatly strengthen the country's ability to track program progress and results over time.

Measure Evaluation will support three lead technical counterparts within the Ministry of Health and the Bureau of Statistics to fulfill training and/or certificate courses in program monitoring, design and implementation of targeted evaluation, and scientific reports writing and dissemination.

Emphasis Areas	% Of Effort
Strategic Information (M&E, IT, Reporting)	51 - 100
Training	10 - 50
Policy and Guidelines	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	35	☐

Target Populations:

Doctors (Parent: Public health care workers)
International counterpart organizations
National AIDS control program staff (Parent: Host country government workers)
Policy makers (Parent: Host country government workers)
Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)
Other health care workers (Parent: Public health care workers)
Nurses (Parent: Private health care workers)

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism:	GHARP
Prime Partner:	Family Health International
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHAI account)
Program Area:	Strategic Information
Budget Code:	HVSI
Program Area Code:	13
Activity ID:	3154
Planned Funds:	

Activity Narrative:

GHARP will continue to provide support for building capacity within the central Ministry of Health, the National AIDS Program, Line Ministry HIV/AIDS Programs, Regional Health Administrations, NGOs and other agencies/Ministries working on HIV/AIDS related programs in the areas of monitoring and evaluation, research, and the use of data for policy and decision making.

One key objective is to strengthen the capacity of national and regional governmental organizations in M&E. Technical assistance will be given to support those key M&E officers at the central and field offices, hired by the MOH through CDC/GAP funding. Staff capacity strengthening will include training and mentoring, definition and collection of appropriate data, and support for the development and maintenance of routine health information systems. Data collection forms will continue to be revised by program area, integrated into the National system, and compiled data will be housed and managed in the MOH. Technical assistance will be given to strengthen this process and increase it efficiency. At the national level, GHARP will provide support for the development, training on, and dissemination of the national HIV/AIDS M&E plan.

The same level of support is needed within the NGO/FBO sector, and as such,GHARP will assist partners in developing M&E work plans to accompany annual work plans and longer-term strategies. Frequent, routine field visits and on-sight technical guidance will be dedicated to all NGO/FBO partners. This will also assist in the data quality assurance work needed under the GHARP program. GHARP will assist NGO/FBO partners to develop programmatic databases for monitoring processes and outputs. Lastly, GHARP will collaborate with UNICEF on development of the OVC child protection database, and support training and technical assistance for M&E frameworks to be developed by Line Ministries recieving HIV/AIDS fundign through the World Bank and GFATM grants.

Data to be collected include operational research of the PMTCT program to evaluate progress over timeand track the referral of ervices to patient follow-up. Targeted evaluations will include conducting the AIDS Programme Index Survey, an assessment on stigma among policymakers, religious leaders, business sector, and media in order to guide the development of advocacy and National anti-stigma and discrimination campaigns in accordance with the national BCC strategy, and a formative assessment to gauge male attitudes, behaviors, knowledge, etc. around VCT, PMTCT, HIV in order to increase male participation in health seeking behavior and preventative practices.

Emphasis Areas	% Of Effort
Strategic Information (M&E, IT, Reporting)	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Local Organization Capacity Development	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	65	☐
Number of local organizations provided with technical assistance for strategic information activities	20	☐

Target Populations:

Business community/private sector

Community leaders

Community-based organizations

Faith-based organizations

International counterpart organizations

National AIDS control program staff (Parent: Host country government workers)

Non-governmental organizations/private voluntary organizations

Program managers

USG in-country staff

Host country government workers

Key Legislative Issues

Gender

Addressing male norms and behaviors

Stigma and discrimination

Coverage Areas

Cuyuni-Mazaruni (7)

Demerara-Mahaica (4)

East Berbice-Corentyne (6)

Essequibo Islands-West Demerara (3)

Mahaica-Berbice (5)

Pomeroon-Supenaam (2)

Potaro-Siparuni (8)

Upper Demerara-Berbice (10)

Table 3.3.13: Activities by Funding Mechanism

Mechanism: FXB
Prime Partner: Francois Xavier Bagnoud Center
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 3169
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.

Targets

Target	Target Value	Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	5	☐

Target Populations:

National AIDS control program staff (Parent: Host country government workers)

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: CDC Program Support
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 3171
Planned Funds:
Activity Narrative: CDC will support four targeted evaluations aimed at producing rapid results to strengthen and improve service delivery and inform overall program development for the Emergency Plan. Each targeted evaluation will address a particular research or evaluation question and will be conducted in four to six months time. Targeted evaluations include the following: 1) a health economist will be recruited to evaluate public sector financial constraints in relation to long-term sustainability for HIV/AIDS care and treatment. The economist would be asked to provide a long-term sustainability plan to address potential gaps in the delivery of HIV/AIDS care and treatment; 2) to strengthen the ability to collect the mortality indicator for the Emergency Plan, a short-term consultant will be recruited to examine mortality surveillance and vital registration and provide recommendations for implementing a validated verbal autopsy instrument to strengthen the reliability of all-cause and cause-specific mortality; 3) over the past 10 years, new methods have been developed to reliably detect recent HIV infections (incident infections) in resource limited settings. A detailed protocol of these methods is now offered by the CDC-GAP surveillance team. A consultant will be recruited to examine the opportunities and issues surrounding integration of this protocol into routine HIV sentinel surveillance activities in order to analyze trends in HIV incidence estimates in ANC surveillance and in select high risk populations: 4) in order to evaluate the implementation and impact of ART programs, a consultant will be recruited to examine the HIV treatment programs in terms of survival, adherence, access to ART and the incidence of morbidity and hospitalization. This would result in the creation of a longitudinal database of individuals on ART. Information from this evaluation will be used to inform clinical practice and ART program implementation

Emphasis Areas	% Of Effort
Health Management Information Systems (HMIS)	10 - 50
HIV Surveillance Systems	10 - 50
Targeted evaluation	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)		☑
Number of local organizations provided with technical assistance for strategic information activities		☑

Target Populations:

National AIDS control program staff (Parent: Host country government workers)

Non-governmental organizations/private voluntary organizations

Policy makers (Parent: Host country government workers)

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism:	Measure DHS
Prime Partner:	Macro International
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	Strategic Information
Budget Code:	HVSI
Program Area Code:	13
Activity ID:	3176
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 Officer will also 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.

Emphasis Areas	**% Of Effort**
Proposed staff for SI	51 - 100

Targets

Target	**Target Value**	**Not Applicable**
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)		☑
Number of local organizations provided with technical assistance for strategic information activities		☑

Target Populations:

USG in-country staff

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: Measure DHS
Prime Partner: Macro International
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 3182
Planned Funds:
Activity Narrative: CDC will support a study among PLHA in order to better understand societal pressures and stigma faced while living with HIV/AIDS and the reasons for dropping out of ART, and 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 service. This study will examine the human resource development needs and support the development of an operational plan for implementing appropriate care in the Guyanese context (including a training component). Costs include design, data collection, analysis, report writing, and printing.

Emphasis Areas	% Of Effort
Targeted evaluation	51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)		☑
Number of local organizations provided with technical assistance for strategic information activities		☑

Target Populations:

Most at risk populations
HIV/AIDS-affected families
People living with HIV/AIDS
Program managers
Public health care workers
Private health care workers

Key Legislative Issues

Gender

Addressing male norms and behaviors

Stigma and discrimination

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: Ministry of Health, Guyana
Prime Partner: Ministry of Health, Guyana
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 3187
Planned Funds:
Activity Narrative: Through Atlanta and country-based technical assistance and financial assistance through a cooperative agreement, CDC will work to improve the MOH capacity for internal SI and M&E. A portion of the funds from the 2005 cooperative agreement was obligated to provide contract staff, equipment, travel, supplies and contractual services. This will be continued in FY06, and will increase slightly.

Emphasis Areas	% Of Effort
Information Technology (IT) and Communications Infrastructure	10 - 50
Monitoring, evaluation, or reporting (or program level data collection)	10 - 50
Proposed staff for SI	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)		☑
Number of local organizations provided with technical assistance for strategic information activities	1	☐

Target Populations:

National AIDS control program staff (Parent: Host country government workers)

Policy makers (Parent: Host country government workers)

Host country government workers

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Key Legislative Issues

Twinning

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: CDC Program Support
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 4913
Planned Funds:
Activity Narrative: CDC will support two positions to provide oversight over data management. An information technology (IT) specialist will be recruited to provide technical oversight and maintainence of all hardware and software solutions for CDC GAP Guyana's office. A data entry clerk will also be supported to provide assistance in the collection and maintainence of all electronic records and data files.

Targets

Target	Target Value	Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)		☑
Number of local organizations provided with technical assistance for strategic information activities		☑

Table 3.3.13: Activities by Funding Mechanism

Mechanism: CDC Program Support
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 5025
Planned Funds:
Activity Narrative: In close collaboration with the MOH, incountry partners and AABB, CDC will identify and contract with an expert in the development of blood transfusion services in under developed countries. The consultant will build upon initial assessments conducted by CDC and AABB. They would address the issues of adequacy of blood supply and coverage of services, program sustainability and best management structure given the country specific context. The initial period of consultancy would require four months with the need of several follow up visits of two to three weeks duration. The product of the consultancy would be a formal 'strategic plan' for blood safety that is presented to in country parters. This would serve as the guide for activity for the remaining years of PEPFAR support. AABB will continue in their role to provide technical advice and expert guidance for the 'mechanics' of transfusion centers.

Emphasis Areas	% Of Effort
Other SI Activities	51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)		☑
Number of local organizations provided with technical assistance for strategic information activities	1	☐

Target Populations:

National AIDS control program staff (Parent: Host country government workers)

Laboratory workers (Parent: Public health care workers)

Laboratory workers (Parent: Private health care workers)

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: Department of Defense
Prime Partner: Center for Disaster and Humanitarian Assistance Medicine
USG Agency: Department of Defense
Funding Source: GAC (GHAI account)
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 5306
Planned Funds:
Activity Narrative: CDHAM will continue to provide support for building capacity within the GDF in the areas of surveillance, monitoring and evaluation (M&E) and analysis and use of strategic information. Improvements will be made to the GDF health information management system, enabling it to provide both clinical and strategic decision-enabling information in a timely manner. Data collection forms and systems will be compatible with the national system. The M&E program for HIV/AIDS prevention/treatment activities within the GDF will be used as a model for other military-to-military HIV/AIDS prevention activities in the region (no PEPFAR dollars spent in export of this guidance). The train-the-trainer program in strategic information will be continued with the goal of having fully capable trainers by the end of the FY, validated by DoD subject matter experts observing a GDF training course. IT hardware will be maintained.

Emphasis Areas	% Of Effort
Health Management Information Systems (HMIS)	10 - 50
HIV Surveillance Systems	10 - 50
Information Technology (IT) and Communications *Infrastructure*	10 - 50
Monitoring, evaluation, or reporting (or program level data collection)	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	15	☐
Number of local organizations provided with technical assistance for strategic information activities	1	☐

Target Populations:

Military personnel (Parent: Most at risk populations)

Program managers

Public health care workers

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: Peace Corps
Prime Partner: US Peace Corps
USG Agency: Peace Corps
Funding Source: GAC (GHAI account)
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 5689
Planned Funds:
Activity Narrative: Peace Corps will continue their process of adapting the reporting format that volunteers utilize to report PEFAR funded and supported activities. In addition, the office will host, in collaboration with technical assistance from Peace Corps Washington, a training workshop for all volunteers will be facilitated to ensure the quality and reliability of program implementation output and process indicators.

Emphasis Areas	% Of Effort
Monitoring, evaluation, or reporting (or program level data collection)	10 - 50
Other SI Activities	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	60	☐
Number of local organizations provided with technical assistance for strategic information activities		☑

Target Populations:

USG in-country staff

Volunteers

Key Legislative Issues

Volunteers

Coverage Areas:

National

Table 3.3.14: Program Planning Overview

Program Area: Other/policy analysis and system strengthening
Budget Code: OHPS
Program Area Code: 14

Total Planned Funding for Program Area:

Program Area Context:

The initiatives in policy and system strengthening will build on program currently being implemented as well as to increase the support given in these cross-cutting issues that will be the foundation upon which a sustainable response to HIV/AIDS will rely. In FY06 there is an ever-increasing priority to focus on policy and system strengthening across the workplace, private, public, and NGO/FBO sector in order to increase these sector's capacity in leadership, administration, financial management and transparency; as well as technical strength.

The Emergency Plan will not directly support devolution of health sector services but will compliment this GOG/IDB program by strengthening the Regional Health Authorities to respond strategically to HIV/AIDS. The overarching objective is to strengthen the human resource system and create conditions that foster retention, effective performance, and supportive supervision. The goal will be to develop and implement an on-site performance improvement and facilitative supervision system that is designed to improve specific performance outcomes, implement local solutions, strengthen relationships between supervisors and clinic managers, improve the consistency of supervisory visits and motivate clinic staff as essential partners in the monitoring and feedback mechanism. Focus will also be given to increasing the in-country capacity of an identified indigenous institute that will be empowered to take on an incrementally deeper responsibility currently held by international organizations, of providing institutional capacity building assistance that will continue to be needed in Guyana in the future.

In relation to both policy and setting a stage for a strong National response, is the need to focus on reduction of stigma and discrimination. Currently, as reported in the AIS, only 20% of men and women expressed acceptance on all four measures stigma. Hence, a strong stigma and discrimination campaign as well as a sound policy environment are needed. Wherever possible, the program will build on USAID's additional mandate in Guyana for increased democracy and governance, as well as gain support from our UN Family partners that are both invested in sound legislation as well as mitigation of the HIV/AIDS epidemic.

Several key policies exist that are of a broader influence, but directly affect the performance of PEPFAR in Guyana. We believe that several larger policy issues involving health legislation, human resources, and IMF/WB/IDB health sector reform initiatives must be addressed if our efforts are to produce sustainable programs. Some of these issues are under review; others will need more background investigation, in country discussion, and review by OGAC. Several underlying policy issues include age of consent, regulation and governance of the blood safety program, regulation and governance of the National Public Health Reference Lab, and legislation that will address funding needed to ensure future sustainability of the increased HIV/AIDS services being established.

External influences also play a critical role in determining the future sustainability of the program. This includes the IMF caps on civil service for key health professionals. As part of the process for fiscal restructuring, the GOG agreed to caps on civil service (number, salary). In many countries these caps have been rescinded to facilitate staffing in critical sectors (health and education). To date the MOH holds to the position that it can not increase salaries or staffing in the MOH because of IMF caps. To meet current shortages, the MOH uses Cuban and Chinese physicians provided by their respective governments as a part of bilateral programs.

Finally, a large proportion of HIV related health care in Guyana occurs in the private sector. We need to find ways to encourage the private sector to adhere to good practice and to comply with public health reporting requirements.

Program Area Target:

Number of local organizations provided with technical assistance for HIV-related policy development	40
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	21
Number of individuals trained in HIV-related policy development	136
Number of individuals trained in HIV-related institutional capacity building	31
Number of individuals trained in HIV-related stigma and discrimination reduction	76
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	210

Table 3.3.14: Activities by Funding Mechanism

Mechanism: GHARP
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Other/policy analysis and system strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 3155
Planned Funds:
Activity Narrative: GHARP will continue to implement the Human Capacity Development Framework as well with its key component of leadership development. Regions 6 and 10 were the pilot regions in FY05 and work will continue here and expand to region 4 and 5. To date there are now eight regions with devolved action planning processes. This program will focus on the Regional Health Authority Board of Directors, Regional Health Team, CEO of the Regional Hospital, Heads of Health Centers, Nursing School Management Team, RACS, and HIV/AIDS NGOs in the region. The process strengthens the management and leadership capacity of all service providers to identify challenges and develop solutions through more active problem solving, resource mobilization, and teamwork. The process has four, interactive stages referred to as scanning, focusing, aligning/mobilizing, and inspiring. At each stage GHARP will walk the teams through the process, implement the training, give on-site assistance, and follow the teams after the process is finalized to ensure that the teams can and will replicate the process for other HIV/AIDS issues and apply these skills to other health concerns independently. Increasing multi-sector coordination and planning will also continue with support for the World Bank project that mainstrems HIV/AIDS targeted programs in 8 line ministries as well as strengthening the implementation of developed programs in 2 of the ministries. Given the immense technical asssistance dedicated by GHARP, five of the eight line ministries have HIV/AIDS strategies and work plans, funds have been disbursed from WB, and they are in early stages of implementation.

Lastly, NGO system strengthening will take on increased focus in order to attain critical benchmarks in program cycles (proposal development, implementation, quality assurance, reporting) as well as to facilitate a rapid-scale up of management systems for new NGO/FBO partners funded under GFATM, WB and PEPFAR. The goal will be to continue enhancement of the sustainable HIV/AIDS programs by diminishing their reliance, over time on external technical assistance by buidling partnership with a local capacity building institution to provide on-going assistance needs at the field-level.

System strengthening is the most critical need for the effective management and future sustainability of a comprehensive HIV/AIDS strategy. In light of this, cost shifts will occur whereby this focus area will require significant increases of support in order to develop the strong foundation that is needed. In order for this to occur the following activities are proposed under five key areas as follows:

Increase Advocacy for HIV/AIDS Leadership:
1.) BCC/S&D Advocacy Advisory Group to continue meeting to advise on: formative assessment, development of guidelines, advocacy, and mass media campaigns
2.) Interpersonal and community-based S&D activities
3.) Annual award for Media, Journalists, Broadcasters to be continued
4.) 3 NGOs/GHARP to monitor and report on print and broadcast media coverage (To date the annual target has been met of high-level public statements regarding stigma and discrimination)
5.) Train journalists in reporting HIV/AIDS issues with special emphasis on Stigma and Discrimination

Increase capacity for Multi-sectoral planning
1.) Assist line ministries to revise M&E plans
2.) Provide regular assistance to focal points on monitoring ministry activities
3.) Conduct ongoing regular training sessions for focal persons and ministry committees as available
4.) Technical Assistance to HSDU/GFATM for ensuring HIV/AIDS program sustainability and to support program management through staffing, oversight, and

technical assistance

Government, Policy, and Work Place Initiatives
1.) Workplace Assessment (see SI section)
2.) Standardize workplace intervention activities.
3.) Support and enhance the multi-sectoral response to Workplace HIV/AIDS programs.
Provide technical assistance to workplaces in the development of HIV policies and programmes
4.) Collaborate and support with IDCE, TUC, CAGI to conduct the training for Human Resource Personnel

Expand and Support HR Development To Plan For and Address Health Issues
1.) Participate in working group on QA/STI/OI/ARV
2.) Develop international ANAC chapter in Guyana

Emphasis Areas	**% Of Effort**
Training	10 - 50
Workplace Programs	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	51 - 100
Community Mobilization/Participation	10 - 50
Policy and Guidelines	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of local organizations provided with technical assistance for HIV-related policy development	20	☐
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	20	☐
Number of individuals trained in HIV-related policy development	10	☐
Number of individuals trained in HIV-related institutional capacity building	10	☐
Number of individuals trained in HIV-related stigma and discrimination reduction	60	☐
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	70	☐

Target Populations:

Business community/private sector
Community leaders
Faith-based organizations
International counterpart organizations
National AIDS control program staff (Parent: Host country government workers)
Non-governmental organizations/private voluntary organizations
Policy makers (Parent: Host country government workers)
Program managers
Host country government workers

Key Legislative Issues

Stigma and discrimination

Democracy & Government

Coverage Areas

Demerara-Mahaica (4)

East Berbice-Corentyne (6)

Upper Demerara-Berbice (10)

Essequibo Islands-West Demerara (3)

Table 3.3.14: Activities by Funding Mechanism

Mechanism: Pan American Health Organization
Prime Partner: Pan American Health Organization
USG Agency: U.S. Agency for International Development
Funding Source: *GAC (GHAI account)*
Program Area: Other/policy analysis and system strengthening
Budget Code: OHPS
Program Area Code: *14*
Activity ID: 3164
Planned Funds:
Activity Narrative: The Caribbean Health Research Council (CHRC) conducted an assessment of the Guyana's National HIV/AIDS Program last year in 2004. One of the weaknesses pointed out in the report was that full implementation of the National HIV/AIDS program was affected by insufficient human, technical and financial resources as well as inadequate emphasis on coordination and management of the program by the National AIDS Program Secretariat (NAPS). Currently, the Ministry of Health is strengthening NAPS to take the lead in implementing all health-related aspects of the National HIV/AIDS Strategic Plan, including the implementation of the GFATM project.

Technical staff recruited for the Global Fund project will be transferred to NAPS while the civil society, line ministry, financial and overal HIV/AIDS program coordination and monitoring and evaluation responsibilities will remain within the HSDU which will continue to be the secretariat of the Presidential Commission. The technical team at NAPS, however, was initially hired to work solely on the GFATM project. On the other hand, given the situation of skilled people migrating outside of the country, the persons hired into these different positions were not necessarily fully qualified for the job. Support will be given to pay for part-time technical advisors, short-term technical assistance trips for mentoring, and supplies, IT, and equipment needed for the NAPS to re-establish a functioning office.

The objective of this support will be to strengthen the design, implementation, management and monitoring capacity of the National AIDS Program Secretariat (NAPS) for the coordinated implementation of the One Guyana National HIV/AIDS Strategy, the One Monitoring & Evaluation Strategy, and efficient management of the One Coordination Unit.

The aim of this proposal is to strengthen the capacity of NAPS' human resources in order to implement, manage and monitor the HIV/AIDS activities identified in the National Strategic Plan with emphasis on the GFATM Project.

In order to achieve the expected results, this project will focus on four major areas. These are as follows:

Programme management
System Strengthening (Community Mobilization and BCC)
Voluntary Counseling & Testing (VCT/PMTCT)
Trt & Palliative Care (HBC)

From each of these areas a number of components will be drawn in order to effectively achieve the aim of this project which include human resources development at NAPS/MOH level, workshops, short training courses, as well as on-site mentoring and program monitoring. Human Resource development will focus on retention of existing staff (e.g MOH Senior staff devoting extra time to this project) and hiring of new ones as deemed necessary (e.g Program Manager and support staff) for NAPS. Technical assistance will be provided to the Director of the NAPS to develop the structural and operational organization of NAPS, and subsequent assistance will be given to guide the process of implementation at periodic sessions. Workshops are aimed at operationalizing the National HIV/AIDS Strategic Plan and keeping the GFATM on schedule and will be accompanied by short training courses in elementary components and subjects related to the above-mentioned areas. The content of the workshops will be determined according to the needs in different areas. Short-term courses, both in-country and outside the country will be identified to address the training needs of different technical staff in the 4 areas of focus of this proposal.

Continued mentoring on the job; and monitoring of the implementation in the initial stages of the process will provide on-going technical support to all implementing stakeholders and guarantee a coordinated and more effective implementation. Mentoring will be done with technical assistance from local, regional and international experts. There will also be continued support for capacity strengthening through dissemination/ sharing of materials in relevant areas.

Finally, the CCM will also receive up to three short-term technical assistance trips to support planning and reporting phases in the first year of funding as well as support mid-term TA to act as counterparts/shadows with direct responsibility to work hand-in-hand with young professionals within the MOH to implement program work plans while increasing technical capacity. Priority will be given to program areas that are identified as weak by the CCM and the Global Fund. This support will be provided by PAHO and will be complimented by additional support offered by GHARP and USG participation and support for a solid functioning CCM.

Emphasis Areas	**% Of Effort**
Development of Network/Linkages/Referral Systems	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	51 - 100
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of local organizations provided with technical assistance for HIV-related policy development		☑
Number of local organizations provided with technical assistance for HIV-related institutional capacity building		☑
Number of individuals trained in HIV-related policy development		☑
Number of individuals trained in HIV-related institutional capacity building	20	☐
Number of individuals trained in HIV-related stigma and discrimination reduction	15	☐
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	15	☐

Target Populations:

International counterpart organizations

National AIDS control program staff (Parent: Host country government workers)

Host country government workers

Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism:	Department of Labor
Prime Partner:	International Labor Organization
USG Agency:	Department of Labor
Funding Source:	GAC (GHAI account)
Program Area:	Other/policy analysis and system strengthening
Budget Code:	OHPS
Program Area Code:	14
Activity ID:	3203
Planned Funds:	
Activity Narrative:	The efforts of the ILO will most importantly, build upon the achievements of the USDOL/ILO Workplace Education Project in Guyana that over the past two years has focused on overcoming HIV/AIDS employment-related discrimination and reducing risk behaviors among more than 10, 000 workers from nineteen target enterprises. The thrust of this proposal is to further open up world of work possibilities and mobilize workplace infrastructures to support the Guyana PEPFAR Program. In concrete terms, the aim is to increase the reach of the program by taking on an additional sector and three to five enterprises within that sector. *It will utilize the existing and well-functioning infrastructure of the USDOL/ILO Project* and the ongoing collaborative arrangements with the Ministry of Labour, Human Services and Social Security and the employers' and workers' organizations and the network of nongovernmental organizations to increase the number of target enterprises as well as reaching workers in the informal economy. Action will be pursued at the national, community and enterprise levels. It will include support to national policy development and enforcement initiatives, review of existing legislation prevention program as part of a behavior change communication program including the establishment of referral system to VCT, treatment and care and support for workers and their family members. The principal guide and framework for action by the ILO is the Code of Practice on HIV/AIDS and the World of Work, which has been developed by a group of experts from governments, workers' and employers' organizations. It has received support from national leaders, businesses and unions across the globe. The Code contains key principles for policy development, and practical guidelines for programming, implementation and monitoring at the enterprise, community and national levels, in the critical areas of prevention, non-discrimination and care and support. The USDOL/ILO program pursues a common strategic framework in each country focusing on the reducing the level of employment-related discrimination against persons living with HIV/AIDS, and reducing HIV/AIDS risk behaviors among the targeted workers. Action at enterprise level is the principal goal of the ongoing *project beginning with the introduction of appropriate policy. Workplace* interventions are built around the core concept of Behavior Change Communication (BCC) for which a toolkit has been developed in collaboration with Family Health International (FHI). The BCC program includes information on prevention and referral services for voluntary and confidential testing, access to drugs and care and support. The ILO has a long lasting experience working with vulnerable children through its International Programme for the Elimination of Child Labour (IPEC). As a co-sponsor of UNAIDS since 2001 and as an active member of the Inter-Agency Task Team (IATT) on Education and HIV/AIDS, the ILO has contributed to a number of global policy and research initiatives including to a paper entitled 'The role of Education in the protection, care and support of orphans and vulnerable children living in a world with HIV and AIDS'. As such, ILO will work to strengthen the referral systems of orphans and vulnerable children identified through their work to support services.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Policy and Guidelines	51 - 100
Workplace Programs	51 - 100

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development	19	☐
Number of local organizations provided with technical assistance for HIV-related institutional capacity building		☑
Number of individuals trained in HIV-related policy development	125	☐
Number of individuals trained in HIV-related institutional capacity building		☑
Number of individuals trained in HIV-related stigma and discrimination reduction	125	☐
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	125	☐

Target Populations:

Adults
Business community/private sector
Factory workers (Parent: Business community/private sector)
Mobile populations (Parent: Most at risk populations)
Orphans and vulnerable children
People living with HIV/AIDS
Policy makers (Parent: Host country government workers)
Men (including men of reproductive age) (Parent: Adults)
Migrants/migrant workers (Parent: Mobile populations)
Out-of-school youth (Parent: Most at risk populations)
Host country government workers

Key Legislative Issues

Addressing male norms and behaviors

Coverage Areas

Demerara-Mahaica (4)

Upper Demerara-Berbice (10)

Table 3.3.14: Activities by Funding Mechanism

Mechanism: Accounting Institution
Prime Partner: Maurice Solomon Accounting
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Other/policy analysis and system strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 4841
Planned Funds:
Activity Narrative: A major component of the strategic approach in the battle against HIV/AIDS is to increase funding to civil society organizations. All of the major donors advocate this approach and it is widely used throughout the world. However, there are several obstacles that are consistently encountered as the strategy is rolled out.

The first is that there is simply an insufficient number of NGOs with experience in implementing HIV/AIDS programs. This creates a vacuum that is filled either by the formation of new NGOs or shifting mandates of established NGOs that had not previously worked in this arena. In either case there is a deficiency in expertise and frequently problems of authenticity, commitment and motivation as many NGOs attempt to access this funding. The second major issue is the limited capacity of established NGOs to effectively utilize the increased funding. The primary challenges here relate to the limited technical capacity, managerial abilities, and number and level of personnel to effectively scale up services according to this increased level of funding.

In order to increase coverage of HIV/AIDS programs in underserved areas, NGO granting programs frequently include a geographic criterion in their selection process. This increases the likelihood of funding NGOs with limited capacity and creates both a challenge and an opportunity. The challenge is to rapidly build the capacity of a weak or previously non-existent organization to have measurable impact in an accelerated fashion. This challenge is exacerbated by the fact that these NGOs frequently function in hard to reach areas that increase the effort and cost required to build their capacity. Communication and transportation problems translate into increased costs and staff time as it takes longer for them to reach training venues and for project staff to conduct monitoring and supervisory visits to their implementation sites. However, the opportunity presented is also significant: to create and nurture new organizations to reach hard to access populations with life saving interventions.

Experience in Guyana is increasingly showing that meaningful progress in the development of NGO capacity is a labor intensive endeavor. There seems to be a direct correlation between the level of maturity of an NGO and the effectiveness of workshops and conventional trainings to affect organizational change. A certain experiential base is needed before the materials presented at trainings can be meaningfully introduced into the practical world of daily implementation – less mature NGOs simply require more intensive direct support. Some issues with a formal training based model of capacity building include:

- Frequently the practical daily problems facing these NGOs are not directly addressed in the training materials or the NGOs are unable to effectively utilize the information provided for pragmatic ends.
- The wide disparities of experience and abilities between NGOs renders the understanding and absorption of intensive training sessions somewhat problematic.
- Frequently, a very small and sometimes inappropriately selected group of personnel attend numerous trainings and receive training in multiple program and technical areas, thus concentrating expertise in a very small number of individuals
- The large number of trainings siphons off many of the lead personnel for extended periods of time. The opportunity cost of doing this is lost time in the field, inappropriate people trained, overdependence on a few individuals

In many areas trainings are indispensable, but they must be followed up with field visits and other communications to reinforce the concepts imparted and help with identification and resolution of problems on the ground as they arise. There is a need to truly engage, on the ground, in a collaborative problem solving process in the

field. The advantages of doing this include: individualized response catering directly to the specific needs of each NGO, mutual respect developed as real problems are faced head on with the solutions being a mutual outcome with NGO ownership, concepts imparted in formal training sessions can be reinforced as they are applied to real situations on the ground, team building can be reinforced through the process, specific issues that can nourish and guide future training can be identified/clarified.

As the number of NGOs grows, it becomes increasingly necessary to identify a local and sustainable cost effective solution to institutional capacity building. This requires the transfer the capacity building mandate to a local entity who can work with the NGOs in the field and maintain regular contact to monitor progress. This agency would also help fill some of the gaps in institutional memory resulting from the high turnover of key staff in the local NGOs.

Another advantage of reinforcing this agency, preferably an NGO itself, is that it has the potential to provide career opportunities to the highest level of NGO talent who frequently leave the country or move on to international agencies in quest of higher salaries and greater challenges. The NGO community will benefit enormously from the retention of some of these individuals; their experience and local knowledge will be invaluable and the resources invested in their personal development will not be lost to the country. Their institutional memory will also remain in country to the benefit of their original NGO employers. And the individuals concerned will gain further experience, training and knowledge through direct contact with committed individuals and organizations from both inside and outside Guyana.

The support for this indigenous NGO will continue to be a collaborative partnership with other interested donor agencies, and more specifically the Building Community Capacity Project funded by CIDA that has worked to build the foundation for this new entity over several years. Technical assistance from GHARP will be directed to this new organization, the financial management and systems building assistance and oversight will come from Maurice Solomon, and the technical reporting and target monitoring will be the responsibility of GHARP and represented in their target setting.

Table 3.3.14: Activities by Funding Mechanism

Mechanism: Department of Defense
Prime Partner: Center for Disaster and Humanitarian Assistance Medicine
USG Agency: Department of Defense
Funding Source: GAC (GHAI account)
Program Area: *Other/policy analysis and system strengthening*
Budget Code: OHPS
Program Area Code: 14
Activity ID: 5432
Planned Funds:
Activity Narrative: One GDF health care provider and the in-country DoD program coordinator (FSN) will be sent t oMilitary International HIV Training Course in San Diego, California where comprehensive training will provide a conceptual background and practical experience in HIV management with antiretroviral therapy, management of common opportunistic infections, policies and operational aspects of clinical and military management of HIV infected personnel and their families. HIV diagnostics and the laboratory diagnosis of parasitic disease and opporunistic infections will be taught. Vital concepts and methods of epidemiology and biostatistics needed to address the critical public health issues including surveillance, bias, confounding and study design, using and evaluating medical literature, and use of vital statistics in research will be reviewed. Training and experience in database development, maintenance, and data entry will be provided. Key elements of health communication messages and social marketing efforts to promote HIV prevention, VCT and relavent software, and library and medical internet searching skills will be enhanced. Support will be provided for this individual to train other GDF military and healthcare personnel to provide healthcare and support for HIV infected personnel.

Emphasis Areas	***% Of Effort***
Human Resources	10 - 50
Quality Assurance and Supportive Supervision	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of local organizations provided with technical assistance for HIV-related policy development	1	☐
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	1	☐
Number of individuals trained in HIV-related policy development	1	☐
Number of individuals trained in HIV-related institutional capacity building	1	☐
Number of individuals trained in HIV-related stigma and discrimination reduction	1	☐
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		☑

Target Populations:

Military personnel (Parent: Most at risk populations)

USG in-country staff

Doctors (Parent: Private health care workers)

Coverage Areas:

National

Table 3.3.15: Program Planning Overview

Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15

Total Planned Funding for Program Area:

Program Area Context:

The PEPFAR Guyana team has country offices for DOS, USAID, DHHS/CDC Global AIDS Program, and Peace Corps. The DOS Military Liaison Officer and the Political Officer act as the local points of contact for the Department of Defense and Department of Labor programs accordingly. Each agency within this initiative operates from a different technical expertise and administrative system, but is committed to coordinating their efforts. Under the leadership of the US Ambassador, and the USG team meets on a bi-weekly basis to reveiw progress, in addition they meet on a monthly basis meets with the key officials from the Ministry of Health. Alll USG technical staff meet with key technical and institutional contractors on a monthly basis to coordinate efforts.

The USAID Mission is led by the Mission Director and includes program porfolios in Health, Democracy and Governance, and Economic Growth, where expanded teams collaborate across development sectors to increase cross-fertilization. USAID operates out of the US Embassy and relies on the USAID Regional Contracting and Controller Officers from Santa Domingo. The health portfolio works from the five-year strategic objective (2004-2008) and signs annual strategic objective agreements with the Government of Guyana. The programmatic portfolio also follows guidance approved in the Mission Performance Plan as well as tracks program implementation and impact through the Mission Management Plan. A cognizant technical officer is assigned to each contract, and a technical lead is also assigned for all program support directed to Guyana through headquarters or through field support mechanisms.

The CDC/GAP Guyana office will be responsible for programmatic oversight of a PEPFAR portfolio of approximately [redacted] in annual expenditures. Many of CDC/GAP's activity will be conducted through direct support of the MOH through cooperative agreements. The CDC/GAP office will also serve as the lead coordinator for HIV Care and Treatment, Blood Safety, Laboratory, and TB/HIV as well as significantly contributing to strategic information, HIV prevention and PMTCT activities, and policy development. In the course of 2006, it is likely that the office will support more than 12 consultant teams on more than 20 visits. In order to meet expanding responsibilities and provide diligent and effective supervision we have rquested and have recieved approval for additional international and national staff.

After returning to Guyana in 1995, Peace Corps has played an active role in providing volunteers for Education and Health sector. Every Peace Corps volunteer in Guyana has been trained in combating HIV/AIDS. Peace Corps has a distinctive advantage since most volunteers are in small villages and can provide one-on-one service. Currently, 67 Peace Corps volunteers are involved in ABC program, PCMTCT, OVC, and palliative care. In order to support these volunteers, it will be imperative for Peace Corps to have a core of four positions focussed on facilitiating efficient program implementation and oversight.

The Department of Defense does not have an in-country presence, but the Military Liaison Officer at the US Embassy serves as a point of contact for the DOD technical liaison for PEPFAR located in Florida at SouthCom. DOD therefore, works directly through the Guyana Defense Force (GDF) which 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.

Table 3.3.15: Activities by Funding Mechanism

Mechanism:	USAID Program Management
Prime Partner:	US Agency for International Development
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHAI account)
Program Area:	Management and Staffing
Budget Code:	HVMS
Program Area Code:	15
Activity ID:	2861
Planned Funds:	
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 Technial Officer, and Strategic Objective Team Leader, Program Advisor with key responsibility and oversite on NGO coordination and development, Michigan Fellow to advise on ABY and healthy youth servcies 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).

Table 3.3.15: Activities by Funding Mechanism

Mechanism: Peace Corps
Prime Partner: US Peace Corps
USG Agency: Peace Corps
Funding Source: GAC (GHAI account)
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 3211
Planned Funds:
Activity Narrative: To ensure proper management of PC/Guyana's PEPFAR activities, the Post would like to continue the personal services contract for the full-time PEPFAR Manager for 12 months, hire a PEPFAR part time Driver, and full-time PEPFAR Program Assistant as a personal services contractor for 12 months to support Volunteer activities in all PEPFAR program areas. Other staffing management expenses include: maintenance and fuel for Peace Corps vehicles that will be used to support PEPFAR programming, and overseas travel to attend PEPFAR meetings and conferences. Note that VAST financial accounting and management will be conducted by an outside accounting firm (as it is being done now) and 10% of the total amount of VAST grants is budgeted under Management & Staffing for an accounting firm's management fee.

Included under Staffing and Management expenses is for overhead to cover general and administrative support costs of ancillary activities, such as ICASS, accounting, payment processing, procurement, and planning and reporting. Since the Peace Corps does not fully participate in ICASS, the Peace Corps must provide its own financial services.

Table 3.3.15: Activities by Funding Mechanism

Mechanism: CDC Program Management
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Base (GAP account)
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 3216
Planned Funds:
Activity Narrative: The CDC GAP office in Guyana will have as core staff a US FTE Director, a US FTE Deputy Director of Administration and seven FSN. FSN staff will include a financial officer, an office manager, a secretary, a receptionist, two drivers and a housekeeper. Funds from program management for FY 06 will include overhead (office rent, security and utilities; office supplies including computers, printers, papers and communication costs; ICASS payment to the US Embassy; housing for the director including rent, security and utilities; in addition it will be used to support some program activities, consultants, and special activities such as the Ambassador's Fund for HIV/AIDS (expected contribution is

Table 3.3.15: Activities by Funding Mechanism

Mechanism:	Consultant/Management
Prime Partner:	US Department of State
USG Agency:	Department of State
Funding Source:	GAC (GHAI account)
Program Area:	Management and Staffing
Budget Code:	HVMS
Program Area Code:	15
Activity ID:	3685
Planned Funds:	
Activity Narrative:	A position will be created for the office of the Ambassador with responsibilities for assisting with public diplomacy related to PEPFAR which includes, but is not limited to writer/editor for success stories and better communicating to Guyana and to United States Citizens the programs implemented and progress witnessed through the initiative, assisting in coordination of official visits, writing Op-Ed pieces and remarks for official events, collaborating 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 local and international travel, office infrastructure, and material supplies. Lastly, the funds will be used to support PEPFAR related travel required by the Ambassador.

Table 3.3.15: Activities by Funding Mechanism

Mechanism:	Department of Defense
Prime Partner:	Center for Disaster and Humanitarian Assistance Medicine
USG Agency:	Department of Defense
Funding Source:	GAC (GHAI account)
Program Area:	Management and Staffing
Budget Code:	HVMS
Program Area Code:	15
Activity ID:	5435
Planned Funds:	
Activity Narrative:	Utilized by CDHAM; the Office of the Command Surgeon, United States Southern Command; and the DoD HIV/AIDS Prevention Program to provide quality assurance and supportive supervision for in-country activities funded by the FY06 COP. One full-time CDHAM employee will devote 40% of his/her time to this project. These funds will also support costs incurred for travel, office infrastructure and materials supplies.

Table 3.3.15: Activities by Funding Mechanism

Mechanism:	Department of Defense
Prime Partner:	Center for Disaster and Humanitarian Assistance Medicine
USG Agency:	Department of Defense
Funding Source:	GAC (GHAI account)
Program Area:	Management and Staffing
Budget Code:	HVMS
Program Area Code:	15
Activity ID:	5438
Planned Funds:	
Activity Narrative:	Continue support for the FSN to provide in-country management assistance to the GDF for PEPFAR initiatives. This individual will be responsible for providing support and training to the program management team within the GDF. These funds will also support costs incurred for travel, office infrastructure and material supplies.

Table 5: Planned Data Collection

Is an AIDS Indicator Survey(AIS) planned for fiscal year 2006?	☐ Yes	☑ No
If yes, Will HIV testing be included?	☐ Yes	☐ No
When will preliminary data be available?		
Is an Demographic and Health Survey(DHS) planned for fiscal year 2006?	☐ Yes	☑ No
If yes, Will HIV testing be included?	☐ Yes	☐ No
When will preliminary data be available?		
Is a Health Facility Survey planned for fiscal year 2006?	☐ Yes	☑ No
When will preliminary data be available?		
Is an Anc Surveillance Study planned for fiscal year 2006?	☑ Yes	☐ No
if yes, approximately how many service delivery sites will it cover?	12	
When will preliminary data be available?	10/1/2006	
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 2006?	☐ Yes	☑ No

Other significant data collection activities

Name:
Multiple Indicator Cluster Survey (UNICEF)

Brief description of the data collection activity:
(Note: Co-Funded through USAID Washington (Non-PEPFAR) and UNICEF/Guyana)
n
nThe Multiple Indicator Cluster Survey (MICS) is a household survey programme developed by UNICEF to assist countries in filling data gaps for monitoring the situation of children and women. It is capable of producing statistically sound, internationally comparable estimates of these indicators.The MICS was originally developed in response to the World Summit for Children to measure progress towards an internationally agreed set of mid-decade goals. The first round of MICS was conducted around 1995 in more than 60 countries. A second round of surveys was conducted in 2000 (around 65 surveys), and resulted in an increasing wealth of data to monitor the situation of children and women. For the first time it was possible to monitor trends in many indicators and set baselines for other indicators. The current round of MICS is focused on providing a monitoring tool for the World Fit for Children, the Millennium Development Goals (MDGs), as well as for other major international commitments, such as the UNGASS on HIV/AIDS and the Abuja targets for malaria. Roughly 20 of the 48 MDG indicators can be collected in the next round of MICS, offering the largest single source of data for MDG monitoring.
n

Preliminary data available:
December 31, 2006