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Excluding To Be Determined Partners

2007

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, 2007

	National 2-7-10 (Focus Country Only)	USG Downstream (Direct) Target End FY2007	USG Upstream (Indirect) Target End FY2007	USG Total Target End FY2007
Prevention				
	End of Plan Goal: 14,352			
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting		170	0	170
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		12,000	0	12,000
Care				
	End of Plan Goal: 9,000	3,550	0	3,550
Total number of individuals provided with HIV-related palliative care (including TB/HIV)		2,550	0	2,550
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease (a subset of indicator 6.2)		250	0	250
Number of OVC served by OVC programs		1,000	0	1,000
Number of individuals who received counseling and testing for HIV and received their test results (including TB)		19,650	0	19,650
Treatment				
	End of Plan Goal: 1,800	1,500	0	1,500
Number of individuals receiving antiretroviral therapy at the end of the reporting period		1,500	0	1,500

2.2 Targets for Reporting Period Ending September 30, 2008

	National 2-7-10 (Focus Country Only)	USG Downstream (Direct) Target End FY2008	USG Upstream (Indirect) Target End FY2008	USG Total Target End FY2008
Prevention				
	End of Plan Goal: 14,352			
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting		180	0	180
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		12,500	0	12,500
Care				
	End of Plan Goal: 9,000	4,500	0	4,500
Total number of individuals provided with HIV-related palliative care (including TB/HIV)		3,300	0	3,300
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease (a subset of indicator 6.2)		270	0	270
Number of OVC served by OVC programs		1,200	0	1,200
Number of individuals who received counseling and testing for HIV and received their test results (including TB)		21,000	0	21,000
Treatment				
	End of Plan Goal: 1,800	1,800	0	1,800
Number of individuals receiving antiretroviral therapy at the end of the reporting period		1,800	0	1,800

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Blood Safety TA

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4794
Planned Funding($): $ 0.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Central (GHAI)
Prime Partner: American Association of Blood Banks
New Partner: No

Mechanism Name: Guyana Red Cross

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 5278
Planned Funding($): $ 74,231.00
Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Prime Partner: American Red Cross
New Partner: No

Mechanism Name: Track 1 AIDS Relief

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 5247
Planned Funding($): $ 156,360.00
Agency: HHS/Health Resources Services Administration
Funding Source: Central (GHAI)
Prime Partner: Catholic Relief Services
New Partner: No

Mechanism Name: AIDSRelief

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4450
Planned Funding($): $ 1,442,000.00
Agency: HHS/Health Resources Services Administration
Funding Source: GHAI
Prime Partner: Catholic Relief Services
New Partner: No
Early Funding Request: Yes
Early Funding Request Amount: $ 399,000.00
Early Funding Request Narrative: ($48,000) This early funding request will go toward an ongoing activity in the Counseling and Testing and Treatment: ARV Drugs program areas. This activity will continue to ensure that HIV counseling and testing services at the three treatment sites. Funds for this activity are provided through a Cooperative Agreement with CDC and the 12-month budget period is April through March each year. These agreements are funded in March of each year. ($261,000) This early funding request will go toward an ongoing activity in Treatment: ARV Drugs program area. This activity will continue to provide ARV treatment services at St. Joseph Mercy Hospital (SJMH) and further expand services both in the private and public sector. Funds for this activity are provided through a Cooperative Agreement with CDC and the 12-month budget period is April through March each year. These agreements are funded in March of each year. ($90,000) This early funding request will go toward an ongoing activity in the Palliative Care program area. This activity will continue to liaise with GHARP, MOH and local community-based organizations to provide a seamless interface between care in the health facility and in the home/community. Funds for this activity are provided through a Cooperative Agreement with CDC and the 12-month budget period is April through March each year. These agreements are funded in March of each year. Early funding is necessary to support staffing and program operations for AIDSRelief to ensure that there is no interruption of crucial services.

Early Funding Associated Activities:

Program Area:HVCT - Counseling and Testing
Planned Funds: $60,000.00
Activity Narrative: AIDSRelief will continue to ensure that HIV counseling and testing services at the three treatment s

Program Area:HTXS - ARV Services
Planned Funds: $870,000.00
Activity Narrative: AIDSRelief is a consortium of three faith-based, non-governmental organizations with experience in i

Program Area:HBHC - Basic Health Care and Support
Planned Funds: $300,000.00
Activity Narrative: AIDSRelief will continue to strengthen its comprehensive palliative care program in order to enhance

Program Area:HTXD - ARV Drugs
Planned Funds: $100,000.00
Activity Narrative: In FY07, AIDSRelief will begin to utilize the Partnership for Supply Chain Management (SCMS) for sup

Mechanism Name: Department of Defense

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4451
Planned Funding($): $ 300,000.00
Agency: Department of Defense
Funding Source: GHAI
Prime Partner: Center for Disaster and Humanitarian Assistance Medicine
New Partner: No

Mechanism Name: Comforce

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4611
Planned Funding($): $ 0.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Comforce
New Partner: No

Mechanism Name: Community Support and Development Services

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 6896
Planned Funding($): $ 0.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Community Support and Development Initiative
New Partner: Yes

Mechanism Name: GHARP

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4612
Planned Funding($): $ 4,670,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Family Health International
New Partner: No

Sub-Partner: Cicatelli Associates Inc.
Planned Funding: $ 1,050,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Howard Delafield International
Planned Funding: $ 1,170,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT
HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention
HBHC - Basic Health Care and Support
HVCT - Counseling and Testing
OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Love and Faith Outreach
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention
HBHC - Basic Health Care and Support
HKID - OVC

Sub-Partner: St Francis Home Care Program
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: HVOP - Condoms and Other Prevention
HVCT - Counseling and Testing

Sub-Partner: Swing Star Youth Group
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention
HBHC - Basic Health Care and Support

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

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Management Sciences for Health
Planned Funding: $ 450,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: OHPS - Other/Policy Analysis and Sys Strengthening

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

Associated Program Areas: HVOP - Condoms and Other Prevention
HBHC - Basic Health Care and Support
HKID - OVC
HVCT - Counseling and Testing

Sub-Partner: Artistes in Direct Support
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and 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: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention
HBHC - Basic Health Care and Support

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

Associated Program Areas: HVOP - Condoms and Other Prevention
HBHC - Basic Health Care and Support
HVCT - Counseling and Testing

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

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention
HBHC - Basic Health Care and Support
HKID - OVC
HVCT - Counseling and Testing

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

Associated Program Areas: HVOP - Condoms and Other Prevention
HBHC - Basic Health Care and Support
HKID - OVC
HVCT - Counseling and Testing

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

Associated Program Areas: HVAB - Abstinence/Be Faithful
HBHC - Basic Health Care and Support
HKID - OVC

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

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention
HBHC - Basic Health Care and Support
HKID - OVC

Sub-Partner: Youth Challenge Guyana
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: HVOP - Condoms and Other Prevention
HKID - OVC
HVCT - Counseling and Testing

Sub-Partner: Central Islamic Organization of Guyana

Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful

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

Associated Program Areas: HVAB - Abstinence/Be Faithful
HBHC - Basic Health Care and Support
HKID - OVC

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

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention
HBHC - Basic Health Care and Support
HKID - OVC
HVCT - Counseling and Testing

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

Associated Program Areas: HVAB - Abstinence/Be Faithful

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

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention

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

Associated Program Areas: HVOP - Condoms and Other Prevention

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

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention
HKID - OVC

Mechanism Name: FXB

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4885
Planned Funding($): $ 2,000,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Francois Xavier Bagnoud Center
New Partner: No
Early Funding Request: Yes
Early Funding Request Amount: $ 470,000.00
Early Funding Request Narrative: This early funding request will go toward an ongoing activity in Treatment program area. This activity will continue to support clinical staff to MOH treatment program through its physician Director of Care and Treatment Services, technical staff including laboratory technologists, nurses and counselor-testers, and as a coordinator for the United Nations Volunteer physicians (UNV). Funds for this activity are provided through a Cooperative Agreement with CDC and the 12-month budget period is April through March each year. These agreements are funded in March of each year. Early funding is necessary to support staffing and program operations for FXB to ensure that there is no interruption of crucial services.

Early Funding Associated Activities:

Program Area:HLAB - Laboratory Infrastructure
Planned Funds: $200,000.00
Activity Narrative: In 2007 FXB will continue to provide laboratory support to HIV care and treatment services in Guyana

Program Area:HTXS - ARV Services
Planned Funds: $650,000.00
Activity Narrative: FXB, through funding from CDC, will continue to support 10 United Nations Volunteer Physicians (UNV)

Program Area:HTXS - ARV Services
Planned Funds: $1,100,000.00
Activity Narrative: The François-Xavier Bagnoud (FXB) Center of the University of Medicine and Dentistry of New Jersey,

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8634
Planned Funding($): $ 50,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Prime Partner: Francois Xavier Bagnoud Center
New Partner: No

Mechanism Name: Safe Medical Injections

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4426
Planned Funding($): $ 692,929.00
Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
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: HMIN - Injection Safety

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

Associated Program Areas: HMIN - Injection Safety

Sub-Partner: Academy for Educational Development
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: HMIN - Injection Safety

Mechanism Name: Department of Labor

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4769
Planned Funding($): $ 350,000.00
Agency: Department of Labor
Funding Source: GHAI
Prime Partner: International Labor Organization
New Partner: No

Mechanism Name: UNAIDS

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 6184
Planned Funding($): $ 50,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Joint United Nations Programme on HIV/AIDS
New Partner: No

Mechanism Name: Measure DHS

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4674
Planned Funding($): $ 400,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Macro International
New Partner: No

Mechanism Name: Manila Consulting Inc.

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7262
Planned Funding($): $ 15,599.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Prime Partner: Manila Consulting, Inc.
New Partner: Yes

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8636
Planned Funding($): $ 658,300.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Manila Consulting, Inc.
New Partner: No
Program Area:HVAB - Abstinence/Be Faithful
Planned Funds: $424,400.00
Activity Narrative: The MARCH (Modeling and Reinforcement to Combat HIV/AIDS) Project has moved beyond the conceptual st

Mechanism Name: Accounting Institution

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4770
Planned Funding($): $ 2,763,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Maurice Solomon Accounting
New Partner: No

Mechanism Name: Track 1 Blood Safety NBTS

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 5275
Planned Funding($): $ 450,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Central (GHAI)
Prime Partner: Ministry of Health, Guyana
New Partner:

Mechanism Name: CDC Program Support

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4431
Planned Funding($): $ 0.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Ministry of Health, Guyana
New Partner: No
Early Funding Request: Yes
Early Funding Request Amount: $ 205,000.00
Early Funding Request Narrative: The early funding request will go toward ongoing program operations and staffing for program areas PMTCT and Strategic Information. Early funding is necessary to support program operations and staff for the CDC to ensure that there is no interruption of crucial services.

PMTCT- Early funding will be used to screen and prevent the transmission of HIV and provide adequate care and support.

Strategic Information- Early funding will be used to support MOH activities for internal SI and M&E.

Mechanism Name: Ministry of Health, Guyana

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4720
Planned Funding($): $ 910,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Ministry of Health, Guyana
New Partner: No
Early Funding Request: Yes
Early Funding Request Amount: $ 82,500.00
Early Funding Request Narrative: ($82,500) This early funding request will go toward an ongoing activity in Counseling and Testing program area. Funds for this activity are provided through a Cooperative Agreement with CDC and the 12-month budget period is April through March each year. These agreements are funded in March of each year. ($37,500) This early funding request will go toward an ongoing activity in Laboratory program area. Funds for this activity are provided through a Cooperative Agreement with CDC and the 12-month budget period is April through March each year. ($25,000) This early funding request will go toward an ongoing activity in Laboratory program area. Funds for this activity are provided through a Cooperative Agreement with CDC and the 12-month budget period is April through March each year. Early funding is necessary to support staffing and program operations for MOH to ensure that there is no interruption of crucial services.

Early Funding Associated Activities:

Program Area:MTCT - PMTCT
Planned Funds: $360,450.00
Activity Narrative: Under the CDC cooperative agreement with the MOH, support will be provided for the continued strengt

Program Area:HVSI - Strategic Information
Planned Funds: $152,000.00
Activity Narrative: Through Atlanta and country-based technical assistance and financial assistance through a cooperativ

Program Area:HLAB - Laboratory Infrastructure
Planned Funds: $105,540.00
Activity Narrative: Over the last two years, MOH has implemented HIV rapid testing on labor and delivery wards, PMTCT an

Program Area:HVTB - Palliative Care: TB/HIV
Planned Funds: $0.00
Activity Narrative: Through a cooperative agreement the CDC will continue to provide core support to the MOH for TB and

Program Area:HVCT - Counseling and Testing
Planned Funds: $139,960.00
Activity Narrative: In FY07, staff trained in HIV counseling and testing will transition from Family Health Internationa

Program Area:HTXS - ARV Services
Planned Funds: $139,530.00
Activity Narrative: CDC will provide ongoing support to infrastructure development activities for the Ministry of Health

Mechanism Name: Blood Safety New TA Provider

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 5248
Planned Funding($): $ 400,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Central (GHAI)
Prime Partner: Pan American Health Organization
New Partner: No

Mechanism Name: Pan American Health Organization

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4774
Planned Funding($): $ 850,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Pan American Health Organization
New Partner: No
Early Funding Request: Yes
Early Funding Request Amount: $ 250,000.00
Early Funding Request Narrative: Despite rapid scale up of treatment services, Guyana does not have a patient tracking system or a way to collect and analyze facility level data. The lack of a monitoring system hampers program evaluation and does not allow adjustments for quality control. A multi-agency group including MOH, implementing agencies, PAHO, and the USG is currently finalizing a modified WHO registry system that will be implemented in CY06. Early funding is requested for PAHO so the agency can utilize these funds to provide technical assistance and support for training, backfilling of registers, and interagency coordination to assist MOH in implementation of this component of a national monitoring system. Delays in availability of FY07 funds will leave gaps in this crucial programmatic need and encourage the development of ad hoc, unrelated monitoring tools that complicate eventual implementation of a true national system.

Early Funding Associated Activities:

Program Area:HVSI - Strategic Information
Planned Funds: $250,000.00
Activity Narrative: USG will fund technical assistance and ongoing support to the implementation of the modified WHO for

Mechanism Name: Track 1 Blood Safety SCMS

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 5277
Planned Funding($): $ 300,000.00
Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Prime Partner: Partnership for Supply Chain Management
New Partner:

Mechanism Name: Supply Chain Management System

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4772
Planned Funding($): $ 3,550,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Partnership for Supply Chain Management
New Partner: No

Mechanism Name: Global Health Fellow Program

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4617
Planned Funding($): $ 270,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Public Health Institute
New Partner: Yes

Mechanism Name: RPSO Florida

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4858
Planned Funding($): $ 4,100,000.00
Agency: Department of State / Western Hemisphere Affairs
Funding Source: GHAI
Prime Partner: Regional Procurement Support Offices/Ft. Lauderdale
New Partner: Yes
Early Funding Request: Yes
Early Funding Request Amount: $ 4,000,000.00
Early Funding Request Narrative: A PEPFAR-funded structure housing an HIV clinic and the National Public Health Reference Lab will be completed in FY07. The lack of this laboratory capacity has prevented advances in laboratory services for the HIV/AIDS treatment program. Further, the lab is an important symbol of the partnership between PEPFAR and the Government of Guyana.The construction will be managed by the Dept of State Regional Procurement Services Office, Ft. Lauderdale (RPSO). Because RPSO requires that it receives full funding amounts before issuing work orders, we request early funding of the total amount allocated for the contract.

Early Funding Associated Activities:

Program Area:HLAB - Laboratory Infrastructure
Planned Funds: $4,100,000.00
Activity Narrative: Establishing a public health reference laboratory remains a key element of the Guyana PEPFAR program

Mechanism Name: UNICEF

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4428
Planned Funding($): $ 430,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: United Nations Children's Fund
New Partner: No

Mechanism Name: Measure Evaluation

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4675
Planned Funding($): $ 125,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: University of North Carolina, Carolina Population Center
New Partner: No

Mechanism Name: ITECH

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4792
Planned Funding($): $ 294,458.00
Agency: HHS/Health Resources Services Administration
Funding Source: GHAI
Prime Partner: University of Washington
New Partner: No

Mechanism Name: USAID Program Management

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4795
Planned Funding($): $ 700,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: US Agency for International Development
New Partner: No

Mechanism Name: CDC Program Management

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4689
Planned Funding($): $ 934,401.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Prime Partner: US Centers for Disease Control and Prevention
New Partner: No

Mechanism Name: CDC Program Support

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4727
Planned Funding($): $ 1,338,242.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: US Centers for Disease Control and Prevention
New Partner: No
Early Funding Request: Yes
Early Funding Request Amount: $ 584,000.00
Early Funding Request Narrative: (40,000) The early funding will request will go toward ongoing program operations and staffing for Treatment:ARV services program area. The activity is working on providing CDC infrastructure development activities for the Ministry of Health (MOH) as it expands its care and treatment program. (25,000) The early funding request will go toward ongoing program operations and staffing for Other program area. This activity will provide financial support for repair of the Lilliendal MOH building that will house ITECH and the HSEC. (15,000) The early funding request will go toward ongoing program operations and staffing for the Strategic Information program area. This activity is working with the MOH to design and implement a study to examine the coverage and completeness of vital registration in Guyana. (304,000) The early funding request will go toward ongoing program operations and staffing for the following program areas: 1) Abstinence/Be Faithful, 2) Blood Safety, 3) Laboratory Infrastructure, and 4) Strategic Information. Early funding is necessary to support program operations and staff for the CDC to ensure that there is no interruption of crucial services.

Early Funding Associated Activities:

Program Area:HMBL - Blood Safety
Planned Funds: $50,000.00
Activity Narrative: The role of the CDC GAP country office is understood to be 'coordinating grant activity and consulta

Program Area:HVTB - Palliative Care: TB/HIV
Planned Funds: $50,000.00
Activity Narrative: The CDC Division of Tuberculosis Elimination (International Branch) in collaboration with the CDC Gu

Program Area:HVSI - Strategic Information
Planned Funds: $28,000.00
Activity Narrative: CDC will continue to work in close collaboration with the MOH and all Emergency Plan (EP) partners t

Program Area:HLAB - Laboratory Infrastructure
Planned Funds: $75,000.00
Activity Narrative: Over the last two years CDC provided HIV rapid test kits and consumables to all VCT and PMTCT sites,

Program Area:HLAB - Laboratory Infrastructure
Planned Funds: $0.00
Activity Narrative: This activity was funded in FY06 but due to delays, implementation will commence in October 2006. Th

Program Area:OHPS - Other/Policy Analysis and Sys Strengthening
Planned Funds: $5,542.00
Activity Narrative: CDC will provide financial support for repair of the Lilliendal MOH building that will house ITECH a

Program Area:HVSI - Strategic Information
Planned Funds: $20,000.00
Activity Narrative: CDC will work closely with the MOH to design and implement a study to examine the coverage and compl

Program Area:HVMS - Management and Staffing
Planned Funds: $240,200.00
Activity Narrative: Overseas Building Office (OBO), US Deptment of State The CDC Office will pay OBO charges per standar

Mechanism Name: Department of State

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4993
Planned Funding($): $ 50,000.00
Agency: Department of State / Western Hemisphere Affairs
Funding Source: GHAI
Prime Partner: US Department of State
New Partner: No

Mechanism Name: Peace Corps

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4430
Planned Funding($): $ 55,000.00
Agency: Peace Corps
Funding Source: GHAI
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: $ 996,450.00

Program Area Context:

Within the first three quarters of FY06, the PEPFAR program has provided PMTCT services to over 9,000 women (estimated coverage of 58%), identified 154 HIV-positive women, and has provided prophylaxis to 93 women. Currently, the PEPFAR program directly supports 45 PMTCT sites with staff, infrastructure support, and ongoing training. Within these 45 sites, PEPFAR directly supports five of the ten hospital-based labor and delivery wards (L&D). These five wards reach an estimated 60% of all deliveries in Guyana. In FY07, the program will continue to support 45 sites directly, and will increase indirect support (such as training, technical assistance, monitoring and evaluation, QA/QI) to an additional 30 sites. In addition, PEPFAR has already initiated program support for one private sector site and will look to engage other critical private-sector hospitals. This expansion will ensure that there is national access to PMTCT services.

The PMTCT program is an example of partnership and cooperation among US government partners and sub-partners and the government of Guyana. PMTCT sites are based within the Ministry of Health (MOH) facilities. CDC provides rapid-testing kits, laboratory supplies, personnel, technical guidance, quality assurance, and linkages to care and treatment. USAID/GHARP supports the training, development of materials, quality assurance, strategic information, and overall management of USG efforts in PMTCT in full collaboration with the MOH. Based on the revised MOH policy on HIV testing, opt-out rapid testing will now be used at labor and delivery sites. For the non-L&D PMTCT sites, ELISA HIV testing is integrated into the routine antenatal clinic (ANC) blood screening process. However, there is currently an MOH-driven effort to integrate opt-out rapid testing at labor and delivery sites. Nevirapine (NVP) treatment is currently being used for PMTCT, but National Guidelines now recommend highly-active antiretroviral treatment (HAART). The transition date from NVP to HAART will be determined by the current NVP stock and facility capacity. CDC and USAID/GHARP will work closely with the MOH to develop a plan for this transition.

PMTCT uptake has faced a number of challenges, many of which were highlighted in a USAID-funded qualitative study. Many mother-infant pairs have been lost to follow-up due to weaknesses in the referral system structure. Poor communication between health centers and L&D sites results in HIV-infected women and their families not accessing available services. The Maternal and Child Health Department of MOH has noted that several PMTCT clients return to the service within one year of the last pregnancy. In addition, many PLWHAs have indicated that perceived stigma and discrimination at service delivery sites impedes them from accessing services. Staff sensitization at labor and delivery wards and infant clinics will be essential to increasing women's level of comfort in accessing support services.

Strengthening the quality of services and information management at PMTCT sites will be a key focus of the Guyana PEPFAR team in FY07. This will include analyzing ANC and birth registries to better understand PMTCT uptake and set more accurate program targets. The PEPFAR team has had some difficulty in ascertaining the number of births that occur annually in Guyana, thus impacting what PMTCT targets would be appropriate. PMTCT targets will now be based on birth reports obtained from the Statistical Unit at the Ministry of Health. The Statistical Unit receives reports of births from all public and private hospitals, health centers, and the General Registrar's Office, which are then compared prior to issuing the annual birth report for Guyana. Despite this robust data collection system, underreporting continues to exist, as births registered late are not always sent on to the Statistical Unit. The number of reported births for each year of the period 2000 to 2004 is as follows: 19,107 births (2000); 18,864 births (2001); 17,376 births (2002); 17,209 births (2003); and 16,676 births (2004). Over the past four years, there has been an average annual decline in births of 3.3%. Assuming this trend continues, the number of births estimated for 2007 is 15,075. Therefore, the total FY07 target of 10,000 women reached with PMTCT services will succeed in reaching approximately 75% of pregnant women in Guyana.

The PEPFAR Guyana team supports MOH contract staff within the PMTCT program and its ancillary services, in accordance with PEPFAR guidance ("Support for Host Government Staffing," as issued in "News

to the Field"). PAHO's "2005 Guyana Rapid Assessment of Human Resources for Health" provides a partial health work force assessment and will be further analyzed within the system strengthening activities. In addition, PEPFAR partners will work with MOH to develop a human resources strategy that will include the formation of a human resources operations unit within the ministry. The MCH Department within MOH has begun initial planning for full integration of PMTCT into MCH services, which includes determining necessary staffing levels, staff repositioning, and scope of work for each staffing position. MOH is currently introducing staff incentive plans, but given the substantial out-migration of health professionals, hundreds of positions remain vacant. The Government of Guyana (GOG) has been unable to fill critical positions. In order to meet these needs in FY07, some USAID/GHARP contract staff will now be contracted by the MCH Department of the MOH through a CDC/GAP cooperative agreement. This cooperative agreement follows the PEPFAR guidance (e.g. "Providing funds to hire temporary workers on behalf of the MOH or other government body, to fill in critical gaps in anticipation of assignment of government employees.") MOH will begin to assess the costs incurred for increased staffing levels when the contractors are under MOH authority, allowing them to plan for direct budgetary support from the GOG. Long-term planning for filling staffing gaps will also be supported through the system strengthening activities within the FY07 COP.

PMTCT implementation and expansion has been hampered by an over-centralized system. Many health facility staff are reluctant to implement PMTCT services because they perceive it as an additional vertical program that is not within their job responsibilities. For this reason there is a need to strengthen the overall integration of PMTCT into MCH programming. The effective management of the joint MCH/PMTCT structure will be critical to the long-term success of this initiative. Through the safe motherhood program, the USG team, UNICEF, and the MOH fully support the integration of PMTCT into MCH services.

Program Area Target:

Number of service outlets providing the minimum package of PMTCT services according to national and international standards	45
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	170
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	12,000
Number of health workers trained in the provision of PMTCT services according to national and international standards	150

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: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 7466
Planned Funds: $ 300,000.00

Activity Narrative: The Guyana HIV/AIDS Reduction and Prevention Project (Prime: FHI) 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. FY07 will bring a strong focus on eliminating the large number of non-tested deliveries occurring at L&D sites as was mentioned in the context adhering to new MOH SOPs and policy decisions for PMTCT and for ensuring quality services.

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.

In FY07 FHI/GHARP will conduct TOT for hospital setting; train labor and delivery ward staff from 5 L & D sites 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 and the newer MOH policy on opt-out testing in L&D wards. Recruitment and training for counselor/testers to support the Labour and Delivery sites to adequately support the shift system at all Labour and Delivery sites. The assessment conducted by GAP/CDC as well as FHI operational research in FY06 showed that there was a shortage of counselor/testers at several L and D sites. This resulted in mothers having missed opportunities to be counseled and tested at L and D. Hence, all plans will continue to support the increased personnel at these sites (with all personnel rolling over to MOH contracts upon COP approval and award of funds in the first quarter of calendar year 2007).

The results of the qualitative PMTCT Drop-out Study found that the concept of discordant couples was not widely understood among women who received PMTCT services, and many couples held the belief that a woman's HIV status reflected her partner's status. In an effort to reinforce the concept of HIV discordance among couples and increase the number of male partners who are tested, there will be a focus in FY07 in emphasizing the concept of discordance both during training of counselor/testers as well as during the provision of PMTCT services.

In an effort to follow the GHARP exit strategy, FHI will develop guidelines for assessment of the PMTCT program (including human resource alignment) to help strengthen MOH capacity to manage PMTCT- in collaboration with MOH/MCH and MOH STATS Department along. Meetings will be held between MOH and GHARP and USG partners to determine the most appropriate way forward as it relates to the full management, QA/QI, monitoring, evaluation, and reporting of the program progress. FHI will technically support the process of integrating PMTCT into MCH services through the safe motherhood program – focusing on the 5 prongs of safe motherhood initiative that aims to reduce the illnesses and deaths among women of childbearing age. In-service training will already begin to integrate the five prongs of safe motherhood as a first stage of the process. During this transition period FHI will continue to conduct QA/QI follow up visits to clinical sites to observe implementation of new skills and will collaborate with CDC/GAP, MOH on quality assurance program for management of PMTCT sites, focusing on strategic information, commodities management, and skills testing/training. (A draft tool has already been developed). This will enable staff at every level of program operation to implement an effective QA/QI program to ensure maximum performance and quality of all our interventions.

Specific Supported Activities will include:

1.) Pilot a follow-up/ community outreach program. This will be achieved through the nurses based at the health centers and linkages to NGOs and Palliative service providers.
2.) Provide training support as requested by MCH.
3.) Enhance the linkages between VCT, PMTCT, OI, STI and referral to ART and other technical areas.
4.) Provide support for the revision and finalization of PMTCT and VCT guidelines, protocols, Standard Operating Procedures and training curriculum including VCT/ CT TOT curriculum.
5.) Provide support for establishing links with overarching capacity develop and M&E and quality assurance plans.
6.) Undertake a review of PMTCT target based on detailed review of Maternal and Child Health records.
7.) Support the MOH/MCH in development and implementation of regular comprehensive review of the program to identify and solve issues that affect implementation of the program.
8.) Include of 'high-yield' sites such as Woodlands Hospital as PMTCT sites.
9.) Enhance the uptake at primary care facilities through strategic blood collection at the health centers through the use of mobile counseling and testing teams and MCH phlebotomists.
10.) Collaborate with the MOH, staff for the identification of awards based on staff performances standards.
11.) Provide regional awards/appreciation for MOH staff working in PMTCT/VCT.
12.) Collaborate with the Private Sector (Partnership Program) to provide low interest loans, discount cards and insurance incentives to providers of care for nurses involved in PMTCT.

Continued Associated Activity Information

Activity ID:	3156
USG Agency:	U.S. Agency for International Development
Prime Partner:	Family Health International
Mechanism:	GHARP
Funding Source:	GHAI
Planned Funds:	$ 700,000.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	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 the minimum package of PMTCT services according to national and international standards	45	☐
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	12,000	☐
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	170	☐
Number of health workers trained in the provision of PMTCT services according to national and international standards	150	☐

Target Populations:

Adults
Community leaders
Infants
Pregnant women
HIV positive pregnant women
Religious leaders
Public health care workers
Private health care workers

Key Legislative Issues

Gender

Addressing male norms and behaviors

Coverage Areas:

National

Table 3.3.01: 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: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 7471
Planned Funds: $ 126,000.00
Activity Narrative: The PMTCT national program continues to scale up to include regions. This scale up, as well as the need to provide the best technical support to the national program, will require expertise from the CDC/Atlanta and the PEPFAR technical working group for labor and delivery issues, as well as other issues as identified by the MoH. The comprehensive assessment of the PMTCT program planned by this group for FY06 has been postponed but is expected to occur in FY07. Additionally, to address the increased demands in M&E as the program is scaled up, the CDC will provide support for data entry and training in statistics and support for the senior program officer at CDC to oversee the PMTCT activities and the MOH agreement.

Continued Associated Activity Information

Activity ID: 6507
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: US Centers for Disease Control and Prevention
Mechanism: CDC Program Support
Funding Source: GHAI
Planned Funds: $ 5,735.00

Emphasis Areas	% Of Effort
Strategic Information (M&E, IT, Reporting)	10 - 50

Targets

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

Coverage Areas:

National

Table 3.3.01: 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: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 7472
Planned Funds: $ 10,000.00
Activity Narrative: The PMTCT National Program is experiencing expansion during the same time that the MOH is working to establish a quality procurement system (with the technical assistance of SCMS). There are times when shortages of critical commodities do occur. In order to ensure that essential commodities are available as the MOH brings it procurement system in-line, CDC will provide, on an emergency basis, commodities for the PMTCT program. These include items such as gloves, BMS, and ensure that there is access to MOH-provided contraceptives for HIV+ mothers, etc.

Continued Associated Activity Information

Activity ID: 6623
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: US Centers for Disease Control and Prevention

Mechanism: CDC Program Support
Funding Source: GHAI
Planned Funds: $ 5,000.00

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100

Target Populations:

People living with HIV/AIDS
HIV positive pregnant women

Coverage Areas:

National

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: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 7474
Planned Funds: $ 100,000.00
Activity Narrative: Howard Delafield Inc.(HDI) is a sub-contractor under GHARP. The firm is responsible for critical communication activities within the PMTCT program. Their communication responsibilities range from print material; interpersonal education materials; messaging early uptake of PMTCT services to increase women's knowledge of how to protect themselves and their babies and improve outcomes; messaging couples counselling to address the concept of discordant couples, as well as to increase male participation and responsibility in the ANC process, and; production of clinic materials in collaboration with FHI, such as cue cards and educational brochures.

Specifically, HDI will air and reproduce the community mobilization materials (print, radio and TV) that have previously been produced for PMTCT; develop a reward/incentive scheme for care providers that leverages support from the private sector; targeted distribution of PMTCT brochures, posters and interpersonal education materials to private sector partners with high numbers of female employees; and as highlighted in the CDC PMTCT evaluation--HDI will coordinate with WB and GFATM to produce and disseminate an ANC waiting room info-mercial to further support the initiative.

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

Targets

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

Target Populations:

Adults
Community leaders
Infants
Pregnant women
HIV positive pregnant women
Religious leaders
Public health care workers
Private health care workers

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Coverage Areas:

National

Table 3.3.01: 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: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 7475
Planned Funds: $ 360,450.00
Activity Narrative: Under the CDC cooperative agreement with the MOH, support will be provided for the continued strengthening of the national PMTCT program to effectively screen and prevent the transmission of HIV and provide adequate care and support. The national program is supported by other donors including the World Bank and UNICEF. The PEPFAR activities complement the support by the other donors. Provision will be made within the Cooperative Agreement to provide rapid test kits, laboratory supplies, personnel, technical guidance, quality assurance and strong links to care and treatment. Support will include support for MOH central office for data collection and utilization, supervision activities of field implementation, educational materials and programs, contract nurses for providing services at health facilities (being transferred from GHARP to MOH, see context narrative), promotion of appropriate infant feeding methods at PMTCT sites including provision of breast milk substitute when appropriate, and related training and travel. GHARP will continue to provide the core PMTCT training for MOH staff including contracted staff.

Specific Supported Activities will include:

1.) Stratify the current health sites according to the level of care to be offered in relation to PMTCT.
2.) Integrate PMTCT into the routine ANC services, and enhance the linkages between PMTCT and care and treatment.
3.) The PEPFAR technical working group will carry out a comprehensive assessment of the program.
4.) CDC/GAP will continue to provide essential supplies required for routine ANC, HIV testing and other laboratory support for the strengthening of the PMTCT program and supplies of relevant ARVs to prevent MTCT.
5.) Provide support for the MCH unit and MoH surveillance unit for data collection and utilization (including data entry staff and computers), supervision of activities at the field level and quality assurance.
6.) Nurses will be contracted to provide and supervise services at health facilities, including ensuring that there is a high level of counselling provided
7.) Provide psychological support for PMTCT counselors
8.) Optimum use of appropriate infant feeding methods will be promoted and breast milk substitutes provided where indicated.
9.) This will be supported by related training.
10.) Converting Staff (Not all positions may be rehired as the positions within the MOH may be realigned, and right-sized to fit the into the integration plan with Safe Motherhood and the more targeted approach to assigning public health nurses rather than vertical program officers). Currently, the positions to be transferred include: 14 counselors, 30 counselor/testers, 7 clerks, 11 social workers, and 5 lab aides working in regions 2,3, 4,6, and 10. Realignment will also include the increased focus being placed on labor and delivery wards as well as the more comprehensive care facilities. Staff salaries have been estimated using the MOH FY06 cooperative agreement salary scale.

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

Targets

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

Target Populations:

People living with HIV/AIDS

HIV positive pregnant women

Coverage Areas:

National

Table 3.3.01: 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: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 10990
Planned Funds: $ 100,000.00
Activity Narrative: One of the objectives of the 2005 PMTCT Drop-out Study was to ascertain the reasons that many women present at the labor and delivery ward late and do not receive a full dose of nevirapine. The findings found that many women present at the hospital late in labor to avoid a long wait in the waiting room, due to shortage of space and beds on the labor and delivery ward. Additionally, women raised concerns about the less than optimal degree of confidentiality allowed by the design of the ward. During an informal assessment of Georgetown Public Hospital Corporation's (GPHC) labor and delivery ward, it was found that there was ample space in the building, but due to the design and structure, entire sections of the ward could not be effectively utilized. To address these space shortages and design that inhibits guarantee of confidentiality in labor and delivery wards at Georgetown Public Hospital (GPHC) and other regional hospitals as identified by the MoH Maternal and Child Health Unit, USAID will provide support for infrastructural improvements to Labor and Delivery units, including include floor renovation and infrastructure, beds, fixtures, lockers for staff, upgrades, and supplies.

Targets

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

Target Populations:

People living with HIV/AIDS
Pregnant women
HIV positive pregnant women

Coverage Areas

Demerara-Mahaica (4)

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: $ 1,936,860.00

Program Area Context:

The results of the PEPFAR-funded AIS which was completed in FY05 reveals 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. 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, and change male norms that support and encourage multiple partnering.

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. Hence, support was provided to 9 indigenous NGOs/FBOs to reach youth with "AB" messages. All AB programs has been 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 in its first year. 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 behaviors. Interventions by Peace Corps volunteers and the Guyana Red Cross reached youths in the hinterland communities. In addition, the Roman Catholic Youth Office (RCYO) of the Diocese of Georgetown, with support from CRS private funds and the US Ambassador's Fund, conducted a training-of-trainers course to initiate the Diocese's Guyana Abstinence Program aimed at providing Guyanese youth the knowledge, confidence and skills to promote abstinence before marriage and fidelity in marriage

Based on these findings the Guyana program in FY 07 will continue to support the MOH, FBOs, and NGOs to encourage primary and secondary abstinence, delay of sexual debut, as well as the promotion of dignity and self-worth, discussion and education about drug and alcohol use, and the development of skills for practicing abstinence 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, sexually active youth over the age of 14 seeking support, and mobile populations such as miners; encouraging mutual fidelity and partner reduction. 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 other partners, 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.

Howard Delafield International, a partner on the GHARP initiative will be responsible for development and production of all information education and communication materials to be used by the NGOs in their AB

outreach activities.

Program Area Target:

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	38,970
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	167,850
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	800

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: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 7863
Planned Funds: $ 45,000.00
Activity Narrative: This program area targets officer cadets, recruits and ranks deployed to outlying posts. 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. 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. Created databases of peer educators and trainers will be maintained. Activity reporting mechanisms will be implemented.

Continued Associated Activity Information

Activity ID: 5413
USG Agency: Department of Defense
Prime Partner: Center for Disaster and Humanitarian Assistance Medicine
Mechanism: Department of Defense
Funding Source: GHAI
Planned Funds: $ 35,000.00

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, Quality Improvement 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 (a subset of total reached with AB)		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful		☑
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	50	☐

Target Populations:

Adults

Military personnel

Volunteers

Men (including men of reproductive age)

Women (including women of reproductive age)

Key Legislative Issues

Gender

Addressing male norms and behaviors

Volunteers

Stigma and discrimination

Coverage Areas

Barima-Waini (1)

Cuyuni-Mazaruni (7)

Demerara-Mahaica (4)

East Berbice-Corentyne (6)

Essequibo Islands-West Demerara (3)

Upper Demerara-Berbice (10)

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: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 7864
Planned Funds: $ 0.00
Activity Narrative: na

Continued Associated Activity Information

Activity ID: 4915
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: US Centers for Disease Control and Prevention
Mechanism: CDC Program Support
Funding Source: GHAI
Planned Funds: $ 20,000.00

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 (a subset of total reached with AB)		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful		☑
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful		☑

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:	GHAI
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	7865
Planned Funds:	$ 350,000.00

Activity Narrative: GHARP through FHI and the Caribbean Conference of Churches (CCC) will continue to technically support 12 NGOs/CBOs, including 4 FBOs to effectively implement Abstinence and Faithfulness prevention programs for youth and adults alike in the ten Regions of Guyana.

In collaboration with its sub-partner the CCC, GHARP developed an abstinence and faithfulness manual which is a sub-set of the Guyana "Body Works" tool called "Faith Matters" that is inclusive of all major religions in Guyana (Christian, Hindu, and Islam). The NGOs/FBOs will continue to use this Peer Education manual to conduct workshops on delayed sexual debut until marriage, refusal skills, secondary abstinence, stigma and discrimination with religious and lay leaders, sermon development workshop with FBOs, and capacity building of Faith Leaders to incorporate information on "AB", VCT and fidelity during marital & pre-marital counseling. The pre-marital counseling support will aid in transitioning the couple to sexual activity with responsible behavior, emphasizing fidelity. The primary objective is to avert HIV/AIDS infections by encouraging behavior that will reduce the risk of infection.

To achieve our program objectives our efforts will be focused on creating an enabling environment for positive behavior change. These activities will 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. Training will also focus on cultural norms, gender issues, human sexuality and domestic violence. Our FBOs will be integral partners in promoting this prevention strategy as well as in counseling their members to access pre-marital counseling and testing.

There will also be targeted activities to encourage and support male involvement in FBO HIV/AIDS work. Through our partnership with the religious organizations such as the Central Islamic Organization and Hope Foundation, male constituents will be communicated directly to discourage cross-generational sex, and to support and normalize fidelity, partner reduction and other behavior change. Men will also be targeted at the workplaces and other sites where men congregate through our HIV/AIDS workplace programs to stress male sexual and familial responsibility.

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.

Community outreach activities with the NGOs will serve to support and reinforce the uptake of key prevention behaviors among youth. Several local partners like Volunteer Youth Corps will engage youths and stimulate community discussions, promote positive social values and social responsibility, 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, and are trained on alternatives such as healthy lifestyles and negotiation skills.

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 among some sections of the population, hence discussions within these groups have commenced in order to strengthen our program in FY07.

Continued Associated Activity Information

Activity ID: 3157
USG Agency: U.S. Agency for International Development
Prime Partner: Family Health International

Mechanism: GHARP
Funding Source: GHAI
Planned Funds: $ 450,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Information, Education and Communication	10 - 50
Local Organization Capacity Development	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 (a subset of total reached with AB)	4,000	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	5,000	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	100	☐

Target Populations:

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

Key Legislative Issues

Gender

Addressing male norms and behaviors

Volunteers

Reducing violence and coercion

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: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 7868
Planned Funds: $ 515,000.00
Activity Narrative: Maurice Solomon, Parmesar and Company was contracted to disburse and monitor small grants to a network of local organizations, while strengthening their financial and administrative management capacities. This Firm has developed a manual on Financial, Administrative and Accounting Guidelines and conducted training on its use, introduced an accounting data base and established a system for financial reporting while conducting monthly visits and on-site training with partner organizations. Training sessions/visits are geared to respond to the particular needs of each organization and the designated accounting staff.

The Accounting Firm will continue to sub-contract to eight NGOs and four FBOs to deliver A and B messages to youth and adults. The NGOs/FBOs currently work with in and out of school youth, youth groups in churches, as well as communities, focusing on awareness, knowledge and applied prevention activities. These activities include sensitization sessions with youth, adults and religious leaders; a peer education program using local materials and manuals; edutainment through the performing arts; IEC radio and television programs; and, the distribution of IEC materials. Messages are age- appropriate and are geared to encourage primary and secondary abstinence, the development of skills for practicing abstinence, 'be faithful' in sexually active adults, adolescents and older youth, and, the reduction of stigma and discrimination. The target audience is also informed about the risk associated with cross generational sex, thus encouraging behavior that will reduce the risk of infection. In FY 05, one hundred and fifty five thousand four hundred and seventy one persons were reached with A and B messages.

Support will also be provided to the Ministry of Health's Adolescent Health and Wellness Unit to strengthen the program's regional and national approach to creating school health clubs and youth friendly health services that address the physical, psychosocial and behavioral needs of youth, while encouraging positive behaviors. To date 78 health clubs and 10 youth friendly health services have been established. Grants will also be available to private-public partnerships for the promotion of "AB" prevention activities.

GHARP as the technical assistance, oversight and monitoring arm, provides assistance in programmatic and technical aspects of the project to NGOs within the USAID HIV/AIDS strategy and serves as a key agent in building sustainable program management and technical capacity of the NGOs. Hence, the targets for all the organizations involved in A and B activities would be included under GHARP and in FY 07 will be tracked by the GHARP monitoring system and compiled in one database. In keeping with OGAC's guidance, standardized data collection forms for each program area were developed by GHARP, to ensure the quality of data collected. The maintenance of data quality will be ensured through the training and retraining of NGO staff with M&E responsibility. Apart from the monthly review of data collected, GHARP conducts quarterly data quality assurance reviews to each NGO to monitor the utilization of the monitoring system and the accuracy of the data collected. Hence GHARP monitors progress against the total program area targets and those individually set by the NGOs, in their annual Monitoring and Evaluation plan.

The Accounting Firm will be responsible for the continued capacity and system strengthening of the identified NGO/FBO partners in the key areas of financial management, through on-site technical assistance and training.

Continued Associated Activity Information

Activity ID: 3207
USG Agency: U.S. Agency for International Development
Prime Partner: Maurice Solomon Accounting
Mechanism: Accounting Institution
Funding Source: GHAI
Planned Funds: $ 450,000.00

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful		☑
Number of individuals trained to promote HIV/AIDS prevention programs 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: Guyana Red Cross
Prime Partner: American Red Cross
USG Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 7869
Planned Funds: $ 74,231.00
Activity Narrative: Track One Funding for Red Cross will continue to support The Together We Can (TWC) program will expand geographically into Regions 1 and 9 in FY 06. In FY 07, it is expected that an additional 12,000 youths will be reached. As the program further expands, over the next year the Guyana Red Cross 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 Guyana Red Cross 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 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. The Guyana Red Cross will also aim to reach approximately 1,500 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.

Continued Associated Activity Information

Activity ID: 4009
USG Agency: U.S. Agency for International Development
Prime Partner: The Guyana Red Cross Society
Mechanism: American Red Cross
Funding Source: N/A
Planned Funds: $ 0.00

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 (a subset of total reached with AB)	4,800	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	12,000	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	90	☐

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:	Peace Corps
Prime Partner:	US Peace Corps
USG Agency:	Peace Corps
Funding Source:	GHAI
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	7870
Planned Funds:	$ 45,000.00

Activity Narrative: In an effort to address HIV/AIDS in Guyana, Peace Corps/Guyana (PC/GY) collaborates with other United States Government (USG) agencies to carry out the President's Emergency Plan for AIDS Relief (PEPFAR). Peace Corps' comparative advantage at the grassroots level is recognized by the partner agencies as adding value to their national programs focused on prevention and care.

Currently, nearly 50 Health and Education Volunteers serve in nine of Guyana's ten regions. Volunteers in PC/GY's health project work directly with health centers and communities to help them identify local and national resources, facilitate community health assessments, design and implement health education projects, and train health center staff and community leaders. The health project also addresses the country's high HIV/ AIDS rates and focuses its efforts on Guyanese youth. Volunteers work in a coordinated effort with NGOs to address this health risk. Education Volunteers work with youth organizations and the Ministry of Education to provide at-risk youth with educational, personal and life skills development opportunities. Through teacher-training activities, Volunteers also work with educators on non-traditional teaching methods and the life-skills training methodologies.

In Fiscal Year 2006 (FY06), PC/GY used PEPFAR funds to build on the HIV/AIDS awareness raising and life skills activities of its Education and Health projects and branch into newer areas such as care and support. Through peer education training, programs for orphans and vulnerable children, referrals, and small community-based projects, Volunteers reached over 9,700 individuals.

In FY07, PC/GY will work toward post and PEPFAR goals by continuing to enhance the work of Volunteers through training and small project assistance. As a new direction in FY07, PC/GY will develop assignments for Crisis Corps Volunteers (CCVs) to provide targeted, strategic technical assistance. PC/GY will also formally engage NGO and government partners to coordinate efforts.

In accordance with PEPFAR-issued ABC guidance, Volunteers will collaborate with counterparts and other partners to promote AB prevention among in- and out-of-school youth in their communities. Partners include NGOs, CBOs, FBOs, schools, the MOH Adolescent Health and Wellness Unit, CDC's MARCH project, and the USAID-funded Guyana HIV/AIDS Reduction and Prevention (GHARP) project, among others. Volunteers will be trained to implement strategies funded under this pillar that will include peer education training, behavior change communication, income generation, street theater, and improving gender relations. Additionally, Crisis Corps Volunteers will be assigned to work with teachers and other school staff to address girls' empowerment in the classroom and HIV integration into the curriculum.

Two Crisis Corps Volunteers assignments will be developed and filled. Position Descriptions for these assignments will focus on enhancing teachers' skills in addressing HIV and related issues in the classroom through an integrated curriculum that addresses HIV/AIDS prevention and gender issues. Two additional Crisis Corps assignments will be developed to conduct and coordinate MARCH project reinforcement activities

To reach the largest possible number of young people, PEPFAR funds will be used to strengthen Volunteers' and their counterparts' knowledge and skills in the area of AB prevention during Pre- and In-service Training events. PC/GY will begin by improving and enhancing pre-service training to prepare both Health and Education Volunteers in the area of AB prevention and life skills. Training experts from within PC/GY and the GHARP project will conduct training sessions for PCVs on community-level HIV prevention activities and the development of HIV health education tools. Project Development and Management and Monitoring and Reporting workshops for Volunteers and counterparts are also planned. To avoid duplication and to benefit from potential synergies, training activities will be conducted in collaboration and consultation with all local partners operating in the Volunteers' communities. PC/GY will develop training materials based on nationally accepted training curricula.

Volunteers will work with their counterparts to identify and facilitate the implementation of small community projects directly related to AB prevention. In- and out-of-school youth will be the primary beneficiaries of these activities in order to increase their involvement in

HIV/AIDS prevention and care programs and to enhance life skills to reduce high risk behaviors. Young people in Amerindian and mining communities are among the potential target groups for these funds.

ICE and other materials will be purchased for use by PCVs designated as Traveling Teachers and for general use in the Resource Library. PC/GY will continue to provide peer-to-peer support to Volunteers through a group of "Traveling Teachers" who can provide specific project assistance. These resource Volunteers will receive additional HIV/AIDS prevention training and be provided with a resource library to assist in the dissemination of information and best practices about AB prevention and offer technical assistance to Volunteers and their communities in the development of VAST proposals. Upon request from a Volunteer, the Traveling Teacher will be dispatched to provide the required assistance. PEPFAR funds will be made available to Volunteers to cover these PEPFAR-related in-country travel costs.

Continued Associated Activity Information

Activity ID:	3799
USG Agency:	Peace Corps
Prime Partner:	US Peace Corps
Mechanism:	Peace Corps
Funding Source:	GHAI
Planned Funds:	$ 75,000.00

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 (a subset of total reached with AB)	1,000	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	5,000	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	100	☐

Target Populations:

Adults
Community leaders
Community-based organizations
Faith-based organizations
Nurses
Most at risk populations
Street youth
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Pregnant women
Teachers
Volunteers
Children and youth (non-OVC)
Primary school students
Secondary school students
Men (including men of reproductive age)
Women (including women of reproductive age)
Out-of-school youth
Religious leaders
Host country government workers
Public health care workers

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:	N/A
Prime Partner:	Manila Consulting, Inc.
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	7872
Planned Funds:	$ 424,400.00

Activity Narrative: The MARCH (Modeling and Reinforcement to Combat HIV/AIDS) Project has moved beyond the conceptual stage to the recording of several episodes of the radio serial drama (RSD) and the development of the activities to reinforce the behaviors being modeled through the drama. Preparations are underway for the launch of the RSD in October 2006. The overwhelming response to the countrywide field test of the pilot episode suggests that Merundoi, the RSD, reflects reality of life in Guyana and that embedded information on HIV/AIDS can be effective. Encouraged by these results, the MARCH Team has developed its RSD with a regional appeal to allow possible expansion into the Caribbean. The HIV/AIDS subject matter will be introduced gradually about three months into the drama. The project targets men and women, in-school students, out-of-school youth, and parents.

The 15-minute RSD will be aired twice a week on the popular FM station and repeated on the Voice of Guyana, a channel with a wider reach. An omnibus edition will be aired every Sunday. Efforts will be directed at ensuring countrywide reach through the use of community relay stations and Public Listening Sites (PLS). These PLS will target persons who do not have access to radios or who might not receive radio signals. CDs will be made available to person(s) in the community such as shopkeepers who have CD players and sound systems. The field test provided evidence of people's willingness to engage in spontaneous discussions about the issues being addressed in the RSD. The RSD will also reach the Guyanese Diaspora through webcast of the FM station.

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 desired 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. MARCH 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).

Data from other MARCH projects suggest that the strategy helps people overcome barriers to change. For example a mid-term assessment 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).

The response to HIV/AIDS is increasingly conceptualized as a continuum between prevention and care, and the effects of stigma and discrimination can also be framed into this model. Formative research informed the selection of the behavioral objectives; abstinence/delayed initiation, parent and child communication, monogamy/fidelity, alcohol and drug use/drug reduction, access to care and treatment services/adherence, and reduction of stigma and discrimination.

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. The pertinent question will be: What have non-sexually active adolescents done right rather than what have their sexually active peers done wrong?

Additionally activities will 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. Fidelity information will target both married and single men to encourage them to consider why they have multiple partners and who their partners are.

The success of the MARCH strategy hinges on the development of community specific interpersonal reinforcement activities. Listening and Discussion Groups will comprise 10 to 15 persons who will be encouraged to listen to selected episodes from the RSD and

participate in a discussion around the behaviors and issues raised. Street Theatre/Drama will utilize actors/peer educators to dramatize social issue(s) that affect(s) particular communities and interact with community members to clarify issues around behavior change.

Selected content of the RSD will be infused into the Ministry of Education life skills based Health & Family Life Education (HFLE) curriculum that seeks to develop core skills - cognitive, social and coping. Infusion will fill an existing gap in the HFLE curriculum that serves only Grades 1 - 9. Emphasis will be placed on abstinence and delayed initiation in keeping with the Ministry of Education's policy regarding prevention. The capacity of the teachers will be built to structure a set of questions around a scene or episode in the RSD, to increase students' negotiation skills through role play and problem-based scenarios. This activity aims to revitalize the creative thinking of teachers and students by helping teachers to refine the outcome of the discussions into principles that will help students to apply learning to different situations.

A hotline will be established to field audience questions after the airing of each episode and a summary of the issues raised will be made available to the listening public via a monthly radio program facilitated by MARCH staff and members of the Project's Technical Advisory Committee. Those issues will be clarified for the benefit of the listening public. Health promoting school programs and health fairs will also form part of this activity, to reinforce the information modeled in the serial drama.

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 also anticipated that 3 million persons from the Caribbean will ever listen. 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).

This request covers the second-year costs for the serial drama production and reinforcement activities, monitoring and evaluation activities for the MARCH approach, and efforts to Caribbean-ize Merundoi. This budget is in line with cost of current MARCH programs in Botswana and Zimbabwe. CDC GAP Guyana will partner with GHARP's NGO consortium, Peace Corps and the Ministry of Education to develop and pilot test reinforcement materials and conduct community-based reinforcement activities. Additional formative research will determine what youth and adults find appealing in dramas and will provide information that will enable MARCH staff to more fully understand barriers to behavior change. Evaluation data will also be collected.

The MARCH Project currently receives technical and administrative support through the CDC office in Guyana. In FY07, technical oversight will remain with CDC, administrative processes will be rapidly transitioned to a local institution. This transition will allow greater flexibility for staffing and procurement for the unique needs of the MARCH program.

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

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	30,000	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	155,000	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	100	☐

Target Populations:

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

Key Legislative Issues

Gender

Addressing male norms and behaviors

Reducing violence and coercion

Coverage Areas:

National

Table 3.3.02: Activities by Funding Mechanism

Mechanism: Global Health Fellow Program
Prime Partner: Public Health Institute
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 7874
Planned Funds: $ 100,000.00
Activity Narrative: USAID will support a Global Health Fellow that is seconded to the Ministry of Health to support the adolescent health and wellness program which is now being integrated into the division of Maternal and Child Health. The Fellow will be focusing a great deal of her time on facilitating the expansion of youth-friendly health services and health club programs that emphasize AB education, counseling, and inter-personal communication sessions.

All program targets represent the output from the programs that the Fellow technically oversees and are funded directly by USAID/PEPFAR.

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 (a subset of total reached with AB)	3,500	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	4,500	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	60	☐

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: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 7875
Planned Funds: $ 300,000.00
Activity Narrative: Howard Delafield Inc. (HDI) is a partner company on the GHARP initiative. This privately, women-owned business has a successful history in public health marketing and communication development. Their responsibility within AB will be to support the current communication and educational material concepts by integrating them into community outreach media and inter-personal communications. HDI will work with partners/stakeholders to adopt materials into educational curriculum; and in the print media; covering all costs of design, development, pre-testing, production, reproduction and air/print dissemination.

HDI also has strengths in building on private sector partnerships, and as such will be continuing to work with beverage companies to address drinking and substance abuse as part of the abstinence program.

HDI will develop tailored messages on faithfulness for adoption by the National AIDS Program Secretariat (NAPS) and produce, faithfulness materials (billboards, print, TV, and radio) as well as cover the expenses of media coverage/airings. HDI will also produce tailored messages on faithfulness for different religious organizations for distribution at a community level.

HDI will be tracking thier own process indicators, but will not have direct targets as they contribute to increasing access to care and in mobilizing the community. The actual service delivery targets are set within the GHARP/FHI section as they have the overall responsibility to monitor and report on USAID/GHARP overall program implementation.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	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

Targets

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

Target Populations:

Adults
Business community/private sector
Community leaders
Community-based organizations
Faith-based organizations
Discordant couples
Mobile populations
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Children and youth (non-OVC)
Out-of-school youth
Religious leaders

Coverage Areas:

National

Table 3.3.02: Activities by Funding Mechanism

Mechanism:	AIDSRelief
Prime Partner:	Catholic Relief Services
USG Agency:	HHS/Health Resources Services Administration
Funding Source:	GHAI
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	7982
Planned Funds:	$ 20,000.00
Activity Narrative:	In FY2007, AIDS Relief and the Roman Catholic Youth Office (RCYO) of the Diocese of Georgetown will capitalize on the foundation laid in the previous year to expand the Guyana Abstinence Program by training 300 peer educators, who will promote value-based HIV prevention activities in each of the ten regions of Guyana. A youth club will also be established in each Region in order to coordinate future initiatives to promote value-based HIV prevention activities targeting local youth in the area. It is envisaged that 5,000 youths will be reached through the youth clubs.

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	5,000	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	300	☐

Target Populations:

Children and youth (non-OVC)
Out-of-school youth

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:	GHAI
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	15459
Planned Funds:	$ 35,110.00
Activity Narrative:	na

Table 3.3.02: Activities by Funding Mechanism

Mechanism:	Manila Consulting Inc.
Prime Partner:	Manila Consulting, Inc.
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAP
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	15819
Planned Funds:	$ 15,599.00
Activity Narrative:	First month of funding to support AB actvities in the Manila contract, executed on January 1, 2007. This was an emergency need and no other funding was available at the time. There was a need for the contractor to hire staff and ensure that the activities of MARCH continued and that deadlines for scriptwriting and episode production were adhered to.

Table 3.3.02: 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:	GHAI
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	19321
Planned Funds:	$ 12,520.00
Activity Narrative:	The Ministry of Health's Adolscent Health Unit will continue to work with the Ministry of Education to better educate, sensitize and empower young people on the prevention of HIV infections.

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: $ 1,200,000.00

Program Area Context:

Background
Blood collection and storage is currently performed at nine public and private sites in Guyana. An additional 10 sites perform blood transfusions. These sites are located in regions 2, 3, 4 (includes the capital, Georgetown), 6, and 10. (n.b.: Regions are administrative areas similar to provinces.) All of the blood collected by public sites is tested at the National Blood Transfusion Service (NBTS) laboratory in the capital or at regional laboratories. Screening for blood collected at private sites is not regulated and anecdotal reports suggest it is not always adequate. Of those units tested prior to transfusion, most are screened using only a single rapid test. Based on WHO estimates, Guyana requires approximately 15,000 units of blood per year. In 2005, voluntary, non-remunerated donors contributed approximately 30% of 4,351 units collected by the NBTS. The remaining units were collected from family/replacement or paid donors; blood supplies with a preponderance of non-paid, voluntary donors are associated with significantly lower rates of transfusion-transmitted infections (TTI). The prevalence of HIV in blood donors was 0.7% in 2005.

The national blood supply is managed by the NBTS, a sub-agency of the Ministry of Health (MOH). Legislation establishing standards and oversight has been drafted by the MOH and will be submitted to the Parliament in late 2006. In the absence of a legal foundation, a comprehensive vision for the NBTS was developed in 2006 in the form of a National Strategic Plan. This plan has been approved by the MOH and serves as the primary mission statement for the NBTS.

The NBTS has been supported by Track 1 Emergency Plan funds since 2004. A non-governmental technical assistance (TA) provider that specializes in blood safety has also been funded through Track 1 to provide expert advice and guidance to the NBTS during the period of rapid scale-up. The American Association of Blood Banks (AABB) has been the TA provider for Guyana since 2004; however, AABB will disengage from Guyana at the end of FY06. The decision to cease work in Guyana was based on AABB's desire to focus its international activities exclusively in Africa where it is a Track 1 blood safety grantee in five countries. The MOH will select a new Track 1 TA provider in early 2007 through a review of the orginal applications from the other 4 designated Track 1 blood safety TA providers. The new TA provider will be encouraged to establish an in-country presence to carry out its activities.

In past years the NBTS has received up to $1 million in Track 1 funds. The funding request for FY2007 ($400,000) reflects a need to allow the NBTS to spend down significant carry-over funds from FY05 and FY06 and the shifting of funds to SCMS for commodities management for NBTS laboratory activities.

Summary
Despite two and a half years of Track 1 funding and TA support, the NBTS remains a work in progress. At current collection and screening levels, the NBTS provides less than a third of the national need for blood and blood products. This shortfall is responsible for the frequent cancellation of surgeries in public hospitals, as well as increased mortality in acute care cases (e.g., complications in childbirth). A number of structural factors contribute to the problem, including:

1. A weak procurement and logistics system that contributes to periodic stock outs of key reagents and supplies.
2. A lack of human resource capacity at regional transfusion centers and blood banks to ensure quality blood screening.
3. Incomplete or unavailable standard operating procedures for staff engaged in blood collection, screening, storage and distribution.
4. A lack of coordinated training in the appropriate use of blood for physicians.
5. Insufficient programmatic activities to promote blood donation and recruit blood donors.
6. A lack of administrative capacity to ensure grant funds are spent efficiently and appropriately.
7. Weak data management systems contribute to high rates of wasted blood due to an absence of

adequate tracking mechanisms.

In addition to these structural problems, the blood service is also hampered by a significant systemic barrier, namely the presence of multiple hospital-based blood banks that are not linked to or coordinated by the central NBTS. Through the NBTS, the MOH has used Emergency Plan funds to develop the regulatory mechanisms (and legislation) to centralize operational responsibility for the national blood supply within the NBTS.

Objectives
In FY07, Emergency Plan funds will be used to address the structural and systemic barriers identified above. Primary objectives for FY07 include:

1. Reducing the incidence of stock-outs and other supply shortages. This will be accomplished by engaging the services of the Supply Chain Management Consortium (SCMC) to streamline procurements and facilitate logistics through the SCMC-supported warehouse in Georgetown.
2. Improving the level of technical competence among laboratory workers in the Georgetown lab as well as in the regional laboratories. The Track 1 TA provider will provide the necessary instructors, curricula and materials. CDC will support the NBTS to complete the baseline SOPs required to launch these training activities.
3. Reducing unnecessary orders for blood transfusion by increasing physicians' access to high-level training on the appropriate use of blood. This training will be provided by the Track 1 TA provider and CDC.
4. Strengthening the NTSC's ability to educate, recruit and retain voluntary, non-remunerated blood donors.
5. Ensuring adequate training and mentoring for the NTSC's new program administrator.
6. Supporting the NBTS to strengthen its data management system with appropriate technologies.

In addition to Emergency Plan funds, the NBTS and its USG partners will work to identify other sources of funding and technical support for blood safety. The World Health Organization's regional program for the Americas (PAHO), the World Bank, and the Global Fund are all active in Guyana and will be contacted about new partnerships and linkages to other program areas/funding sources.

In addition to the required PEPFAR indicators, country level indicators will include: 1) Improvement in adequacy of blood supply (quantity and access), 2) Increase in voluntary donors as a proportion of all donors (blood quality), 3) Passage of blood safety legislation to standardized transfusion services 5)Absorption rate (percent of allocated funds dispensed in year of award).

In Country Targets
Adequacy of Blood Supply
units collected: 8,000
Requests for blood satisfied: 90%

Quality of Blood
% of voluntary donors: 50%
% blood used for transfusion screened for TTI : 100%

Sustainability of Program
Passage of legislation establishing standards for transfusion services

Program progress
% of allocated funds allocated dispersed in year of award: 90%

Decrease in number of private blood banks: 7

Working system of cost-recovery for providing blood to private hospitals

Program Area Target:

Number of service outlets carrying out blood safety activities	10
Number of individuals trained in blood safety	60

Table 3.3.03: Activities by Funding Mechanism

Mechanism: Blood Safety New TA Provider
Prime Partner: Pan American Health Organization
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Central (GHAI)
Program Area: Medical Transmission/Blood Safety
Budget Code: HMBL
Program Area Code: 03
Activity ID: 8009
Planned Funds: $ 400,000.00
Activity Narrative: TBD ($500,000)

The MOH will select a new TA provider in January or February of 2007. (See Activity #7981). Candidates for this position will include the four other existing blood safety TA providers: Safe Blood for Africa; Social & Scientific Systems, Inc.; the World Health Organization (through a sub-contract with PAHO); and Sanquin Consulting. These candidates, who were selected in the orgininal competitive process for the Track 1 Blood Safety awards, will be presented to the Minister of Health who will select the new TA provider.

The new TA provider will begin work in Guyana on April 1, 2007. It is expected this partner will build on the training and systems strengthening work performed by AABB since 2004. The new TA provider will also be encouraged to base one member of its technical staff in Guyana to closely liaise with the NBTS and with the CDC blood safety team (in country and in Atlanta).

Activities will also include advocacy and technical assistance for national legislation regarding transfusion services, coordination with public and private sector healthcare workers regarding rational blood use policies, coordination with the Guyana Red Cross Society to enhance blood donation activities, assistance with the transition of NBTS to SCMS, and improving data collection and reporting systems at NBTS.

These activities will contribute to the Emergency Plan's 2-7-10 goals by reducing the incidence of HIV infections due to blood transfusions.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Human Resources	10 - 50
Information, Education and Communication	10 - 50
Infrastructure	10 - 50
Local Organization Capacity Development	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets carrying out blood safety activities	10	☐
Number of individuals trained in blood safety	30	☐

Target Populations:

Adults
Community-based organizations
Doctors
Nurses
Pregnant women
Volunteers
Men (including men of reproductive age)
Women (including women of reproductive age)
Host country government workers
Public health care workers
Laboratory workers
Other Health Care Worker
Private health care workers
Doctors
Laboratory workers
Nurses
Other Health Care Workers

Key Legislative Issues

Democracy & Government

Volunteers

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:	GHAI
Program Area:	Medical Transmission/Blood Safety
Budget Code:	HMBL
Program Area Code:	03
Activity ID:	8010
Planned Funds:	$ 50,000.00
Activity Narrative:	The role of the CDC GAP country office is understood to be 'coordinating grant activity and consultants, to ensure utilization of available resources, and to provide feedback to OGAC on program design and need for reorientation.' In addition the CDC Office will continue to work to help implement priorities established in the national strategic plan and to ensure accurate data reporting. In-house program staff will work closely with TA provider, CDC Atlanta, NBTS, and other partners to support donor recruitment, data reporting, implementation of SOPs for NBTS, and advocacy on policy issues such as blood safety regulatory legislation for transfusion services and structure of the national transfusion system. CDC will also assist in the transition to SCMS to improve procurement systems at NBTS. CDC will liaise with the PEPFAR public affairs officer to highlight donation activities and promote a positive public image for voluntary blood donation and support a social marketing initiative.

Continued Associated Activity Information

Activity ID: 3699
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: US Centers for Disease Control and Prevention
Mechanism: CDC Program Support
Funding Source: GHAI
Planned Funds: $ 0.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Human Resources	10 - 50
Information, Education and Communication	10 - 50
Infrastructure	10 - 50
Logistics	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50

Key Legislative Issues

Volunteers

Democracy & Government

Coverage Areas:

National

Table 3.3.03: Activities by Funding Mechanism

Mechanism:	Track 1 Blood Safety NBTS
Prime Partner:	Ministry of Health, Guyana
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	Central (GHAI)
Program Area:	Medical Transmission/Blood Safety
Budget Code:	HMBL
Program Area Code:	03
Activity ID:	8063
Planned Funds:	$ 450,000.00

Activity Narrative: Blood safety activities are closely integrated with the Injection Safety and Laboratory Infrastructure program areas. Blood Safety also has linkages to maternal health aspects of the PMTCT program area; social mobilization activities in the Condoms and Other Prevention program area; patient referral systems and confidentiality issues under Counseling and Testing; and data collection and management under Strategic Information.

The project's main objective is to provide a safe and adequate blood supply to people living in Guyana. All program activities are coordinated by the Ministry of Health's National Blood Transfusion Service (NBTS).

Target Populations: Healthy adults, principally youth, are targeted for recruitment as blood donors. Women and children with anemia due to malaria, complications of surgery or childbirth, will be the primary beneficiaries of a safe blood supply.

The Guyana National Blood Transfusion Service is engaged in a major expansion of its role as the primary producer and distributor of blood and blood products in Guyana. In FY07 this expansion is expected to be underpinned for the first time by legislation outlining the formal oversight responsibilities for the NBTS as an agency of the Ministry of Health.

As noted in the Program Area Context, the blood system in Guyana is currently fractured between the public and private sectors, with most of the country's blood supply collected from family/replacement or paid donors (70%) in hospital based blood centers. This structure is inefficient and difficult to regulate, especially in the area of laboratory screening. The use of paid or replacement donors, combined with a lack of standardized testing algorithms places recipients of blood transfusions in Guyana at a much greater risk of contracting transfusion transmissible infections (TTI), including HIV. Efforts to expand the system have also been hampered in recent years by systemic and administrative weaknesses in the MOH commodities procurement system. Bottlenecks in this system – through which the NBTS has been required to work – have led to stock-outs of test kits and reagents.

The NBTS will use Track 1 Emergency Plan funds to continue its work to centralize the collection and screening of blood in public sector blood centers and strengthen the Service's ability to manage its own programmatic needs (e.g., procurement). This work will focus on the following activities, in order of importance:

1. Strengthen the institutional infrastructure of the NBTS and begin implementing the administrative infrastructure of the new centralized blood collection, screening and distribution system outside of the capital. This activity will focus, initially, on ensuring the passage of blood safety legislation and, subsequently, on defining roles and responsibilities of MOH employs whose work will fall under the expanded purview of the NBTS. It will also include training for administrators in the capital and the regions.

2. Establishing a relationship with the Supply Chain Management System (SCMS) and USAID to procure a portion of the critical materials and consumables (e.g., test kits and reagents) used by the blood service. Working through SCMS will give the NBTS increased autonomy to manage its resources and avoid administrative delays associated with the Ministry of Health's procurement system.

3. Concurrent with the implementation of the legislative framework for the NBTS, the Service will develop and deploy Standard Operating Procedures (SOP) for all of the technical activities undertaken by NBTS staff (e.g., donor registration and notification; phlebotomy; laboratory screening algorithms). These SOP will be based on Caribbean regional standards and serve as the foundation for all training and technical assistance from CDC and the TA provider.

4. Strengthen physical infrastructure, where needed, with particular focus on completing the renovation of the NBTS headquarters and central laboratory in Georgetown.

5. Strengthen clinical oversight of the blood service at the Georgetown Public Hospital Center. This will be accomplished by the creation of a Transfusion Committee.

6. Begin reducing private hospitals' dependence on hospital-based blood banks. Strengthen the system to deliver blood units to private hospitals. This system will include robust communication mechanisms to ensure that hospitals can request blood in routine cases and that the blood supply can be effectively triaged in the case of a mass casualty emergency. Strengthening the mass casualty triage system is a priority for Guyana, which will be hosting the cricket World Cup in 2007.

7. Increase social mobilization activities to raise public awareness and recruit and retain voluntary, non-remunerated blood donors. This activity will include the development (in conjunction with the Ministry of Education) of an information, education and communication (IEC) campaign to address public concerns/fears about blood donation (key legislative issue: stigma and discrimination) and target low risk donor groups. This campaign will also include an incentive mechanism to reward repeat donors and attract first time donors. With assistance from the TA provider (AABB, through 3/31/06; see note on changing TA providers in the Program Area Context), the NBTS plans to conduct a Knowledge, Attitudes and Behaviors survey in the second half of FY06. In FY07, the NBTS will use these data to develop and/or adapt the donor mobilization campaigns described above.

8. Mobilize partner organizations, including the Guyana Red Cross, to assist in donor mobilization and the organization of blood drives (Twinning). Emphasis will be given to mobilizing the private sector to host blood drives at offices, factories and other company sites. These linkages will help the NBTS to do more with its limited staff.

9. The NBTS will work with the CDC Guyana office to design internal performance evaluations. These evaluations will address issues such as customer satisfaction (e.g., wait times for donors), the reasons for transfusions, how blood is routed and tracked from a blood bank to a ward, and the feasibility of implementing a cost-recovery system.

Continued Associated Activity Information

Activity ID:	3185
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Ministry of Health, Guyana
Mechanism:	CDC to MOH Guyana
Funding Source:	GHAI
Planned Funds:	$ 0.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Information, Education and Communication	10 - 50
Infrastructure	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets carrying out blood safety activities		☑
Number of individuals trained in blood safety	30	☐

Target Populations:

Adults
Doctors
Nurses
Policy makers
Host country government workers
Public health care workers
Laboratory workers
Other Health Care Worker

Key Legislative Issues

Volunteers

Democracy & Government

Coverage Areas:

National

Table 3.3.03: Activities by Funding Mechanism

Mechanism: Track 1 Blood Safety SCMS
Prime Partner: Partnership for Supply Chain Management
USG Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Program Area: Medical Transmission/Blood Safety
Budget Code: HMBL
Program Area Code: 03
Activity ID: 8065
Planned Funds: $ 300,000.00
Activity Narrative: The NBTS will begin to utilize the SCMS for reagents and core supplies for the NBTS. Stock outages and procurement delays are a recurring problem at NBTS. Due to lack of supplies, NBTS periodically cannot follow official testing algortihms and units must be wasted because specific confirmatory testing is not available. Stock outs also cause delays in routine testing and as a result blood requests are not filled while untested blood waits in the blood bank. SCMS already has an established relationship with the MOH which manages commodities for NBTS and we would anticipate that this transition can be efficiently accomplished. Improved commodities management will be crucial if NBTS is to scale up its activities to provide an adequate safe blood supply for Guyana.

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Infrastructure	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50

Target Populations:

Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)
Public health care workers
Laboratory workers
Other Health Care Worker

Key Legislative Issues

Other

Coverage Areas:

National

Table 3.3.03: Activities by Funding Mechanism

Mechanism: Blood Safety TA
Prime Partner: American Association of Blood Banks
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Central (GHAI)
Program Area: Medical Transmission/Blood Safety
Budget Code: HMBL
Program Area Code: 03
Activity ID: 8274
Planned Funds: $ 0.00
Activity Narrative: American Association of Blood Banks
As noted in the Program Area Context, Guyana will experience a change in its Track 1 blood safety TA provider in FY2007. The decision to change TA providers was not linked to programmatic problems with the American Association of Blood Banks (AABB) or AABB's relationship with the Ministry of Health (MOH) or the National Blood Transfusion Service (NBTS). The decision to change was largely driven by AABB's desire to focus its Emergency Plan-funded activities in Africa.
Under the terms of a disengagement plan agreed to by AABB and CDC, AABB will continue to provide training assistance to the NBTS in Guyana through the end of the cooperative agreement's performance period (March 31, 2007). This assistance will include the following training-related activities:

1. Provide input into revisions to Standard Operating Procedure (SOP) documents AABB has developed with the NBTS.
2. Conduct in-country training for the following: Implementation of SOPs; donor recruitment, registration and retention; and the appropriate use of blood and blood products.
In addition to these specific training activities, AABB may also conduct a Knowledge, Attitudes and Perceptions (KAP) survey on cultural beliefs regarding blood donation in Guyana (key legislative issue: stigma and discrimination). The protocol for this survey is currently under review by the CDC Institutional Review Board (IRB). AABB will not be held responsible for conducting this survey if IRB approval does not allow sufficient time to complete the project before the end of the performance period (March 31, 2007). In this case, the KAP survey will be conducted by the NBTS, with assistance from CDC, or by the new TA provider.

AABB will continue its work in the area of human resource development through training opportunities for the NBTS administrator at the AABB annual conference in October 2006. All other work in the area of systems strengthening will be absorbed by the CDC Guyana office with input and field assistance from the CDC blood safety team in Atlanta.

Continued Associated Activity Information

Activity ID:	3699
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	US Centers for Disease Control and Prevention
Mechanism:	CDC Program Support
Funding Source:	GHAI
Planned Funds:	$ 0.00

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

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: $ 702,929.00

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 GSIP baseline survey also found that 22% of providers (8/36) and 30% of waste handlers (12/39) stated they had experienced a NSI and documentation ledgers were found in only 15% (6/38) of sites. 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. During the implementation phase, the policy will be approved and disseminated by the Ministry 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; retractables show promise in highly infectious wards and services for prevention of NSI. During the implementation phase, GSIP will test other technologically advanced products to assist the MOH to make procurement decisions based on their proven safety and effectiveness as well as budget considerations.

Staff in pilot facilities participated in project training to improve forecasting, ordering, storing and distributing of needles, syringes and safety boxes for curative care. During phase two, logistics training will be extended to include ward staff who order internally from the facility stores. The project will continue to work with the MMU and the Annex to improve the national logistical system to address importation and local supply procurement and distribution.

Pilot facilities were assisted to create waste management plans in cooperation with Neighborhood Democratic Councils (NDCs) and municipalities to guide waste from the point of origin to final disposal. In phase two, a team of experts from international and national organizations led by GSIP are collaborating to develop healthcare waste standards, assist in regional and facility waste management planning, and identify appropriate final disposal options and resources for financial and technical collaboration.

GSIP has developed, pre-tested, and disseminated behavior change communication materials to encourage staff adherence to safe injection practices as well as the client's right to choose oral preparations when equally effective. In phase two, regional trainers have been trained to conduct training for public and private providers, waste handlers and supervisors in protocols and related injection safety practices as well as interpersonal communication. This should leave the country with internal training capacity for safe injection. Additional efforts are being made to integrate IS modules into para and professional training programs.

Program Area Target:

Number of individuals trained in medical injection safety	507

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:	Central (GHAI)
Program Area:	Medical Transmission/Injection Safety
Budget Code:	HMIN
Program Area Code:	04
Activity ID:	7468
Planned Funds:	$ 692,929.00

Activity Narrative: The goal of the Guyana Safer Injection Project (GSIP) is to prevent the transmission of HIV and other blood borne disease through accidental needle stick and sharps injuries, thus minimizing risk to the health care worker, waste handler, client and ultimately the community. Protection is increased by the safety of injection practices, the effectiveness of waste management practices, and prescriber use of and client demand for oral substitutes. The project is focused on implementing strategies that support risk minimization and facilitate the sustainability and institutionalization of injection safety practices and policies. Monitoring and evaluation will ensure constant review and analysis of data and revision of strategies to meet project objectives.
After reviewing the findings of its demonstration phase, GSIP initiated its expansion phase in September 2005 in regions six and ten and will incrementally expand to all regions. Strategies are based on the analysis of data from national and regional assessments. Nationally, efforts are focused on improving oversight for planning, implementing and monitoring injection safety policies and practices. The National Injection Safety Group (NISG) created by the MOH and headed by NAPS collaborates with GSIP on the formulation and implementation of a national plan and policy. The Injection Safety (IS) Policy has been approved and will be launched and disseminated to facilities in the public and private sectors this year.

GSIP is building regional commitment through Memorandums of Understanding which detail priority performance areas and targets for improvement. The signed documents define roles and responsibilities for all parties. This enabled a group of MOH staff to be supported as trainers of trainers (TOTs), providing a continual source of IS training for all facilities. It further led to strengthening supervisor skill in collecting and using monitoring data to measure adherence to IS standards and provide needed feedback. The MOH trainers will work with the GSIP to reach our year two training target of 200 providers and 160 waste handlers in IS and interpersonal communication. The regions and facilities also committed to providing pre/post-exposure protection through Hepatitis B and tetanus vaccinations and strategic placement of ARVs. Monthly review of progress against MOU targets deepens understanding and management commitment to change.

In project year two, GSIP is working to ensure the continual availability of appropriate technology by importing auto disable (AD) needles for testing in two large outpatient departments, needle removers for use in health centers and small hospitals and safety boxes for sharps disposal in all facility injection sites. Nationally, GSIP is working with MMU to improve the system for importation, forecasting and supply to avoid risky stock-outs; at the facility level, logistics staff are targeted for improving ordering and distribution of imported goods as well as locally purchased waste segregation and protective gear. To ensure future supply, GSIP will provide data to help the regions and facilities plan and budget for local safe injection supplies.

To improve the safety and effectiveness of waste management, the project led a technical subcommittee to develop draft national standards and is currently supporting the development of waste management plans through regional/facility committees, assisting compliance with segregation, handling and transport of medical waste, final disposal and the use of protective gear. Efforts are being made to identify safe final disposal options for medical waste and financial and technical resources to support construction and use.

Behaviour change communication materials and activities are being used to encourage staff compliance with safer practices, PEP procedures and the client's right to choose oral preparations. The BCC component will provide training to help staff use informational materials to change client and staff behaviour. Awareness raising campaigns for communities will be started to reduce demand for injections and advocate for improved waste disposal systems.
Additionally, prescribers are being made aware of the need for rational use of injections, emphasizing orals wherever medically appropriate and nurses are being helped to counsel patients to ask their doctors for oral substitutes.

Continued Associated Activity Information

Activity ID: 3312
USG Agency: U.S. Agency for International Development
Prime Partner: Initiatives, Inc.

Mechanism: Safe Medical Injections
Funding Source: N/A
Planned Funds: $ 0.00

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
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained in medical injection safety	475	☐

Target Populations:

Public health care workers
Private health care workers

Coverage Areas

Cuyuni-Mazaruni (7)

Demerara-Mahaica (4)

East Berbice-Corentyne (6)

Upper Demerara-Berbice (10)

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: GHAI
Program Area: Medical Transmission/Injection Safety
Budget Code: HMIN
Program Area Code: 04
Activity ID: 7515
Planned Funds: $ 10,000.00
Activity Narrative: CDHAM will continue to assist implementation of universal precautions in the Guyana Defense Force (GDF) outpatient settings. The GDF's health care ranks will know and practice infection control procedures, including safe medical injections, and how to safely handle blood products. 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.

Continued Associated Activity Information

Activity ID: 5311
USG Agency: Department of Defense
Prime Partner: Center for Disaster and Humanitarian Assistance Medicine
Mechanism: Department of Defense
Funding Source: GHAI
Planned Funds: $ 6,000.00

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 medical injection safety	32	☐

Target Populations:

Doctors
Nurses
Military personnel
Public health care workers
Other Health Care Worker

Coverage Areas

Cuyuni-Mazaruni (7)

Demerara-Mahaica (4)

East Berbice-Corentyne (6)

Upper Demerara-Berbice (10)

Table 3.3.05: Program Planning Overview

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

Total Planned Funding for Program Area: $ 1,622,490.00

Program Area Context:

The Behavioral Surveillance and targeted prevalence surveys completed by USG/Guyana in 2005 identified key Most-At-Risk Populations (MARP), as 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 Brazilian border. PEPFAR Guyana takes a public health approach to prevention that relies on both risk elimination and risk reduction. 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. Targeted condom promotion and distribution, and, skills in correct and consistent condom use are built for persons at elevated risk.

Reaching the MARP is a challenge, due to social and geographical barriers. Therefore, strong partnerships with individuals and organizations are being established to effectively reach and work with the MARP "communities". Leaders in both the CSW and MSM communities identified during the BSS are currently supporting USG efforts to strengthen our prevention efforts and are being included as program implementers. A program targeting female commercial sex workers (FCSW) is currently being implemented by six NGOs in Regions Four and Six. USG is working through outreach workers and peer educators (FCSW) to facilitate access to condoms as well as screening and treatment for STIs and HIV. Additionally one-on-one interaction through peers and outreach workers are being conducted. The strategy developed to reach this population includes training FCSW to target their clients with education and information and to expand this program to Region Three and the mining communities. Interventions that target MSM began in FY06 and have been difficult to expedite program expansion due to the discriminatory climate within the country. Regardless, a strategy that includes prevention education, substance abuse counseling, peer-to-peer counseling and education, and direct referrals to points-of-service exist and are being strengthened. Qualitative data will be collected and the MSM program will be expanded.

One of the NGOs is providing counselling and referring victims of rape, incest or other sexual abuse for health care and legal services (Help and Shelter), with focussed attention being paid to the prevention of transmission of HIV from such crimes. It should be noted that post-exposure prophylaxis (PEP) is currently available free of charge at the GUM Clinic to persons sustaining occupational injuries or sexual assault. There is a defined protocol for testing and PEP drugs as well as follow up and linkages to counseling and treatment services; FXB and MOH also coordinate with Guyana Safe Injection Project on prevention of occupational injuries and education on obtaining PEP. Service delivery is currently limited by significant underreporting of incidents of possible exposure. USG works with the MOH to improve social supports for sexual assault victims at clinical facilities and participates with a collaboration of NGOs, the Guyanese legal community and the Ministry of Social Services to help define ways to strengthen support for this vulnerable group. USG will expand support to the National AIDS Program's hotline by providing training to staff and ensuring familiarity with SOPs for exposures that would necessitate PEP.

The military is currently targeting officers and other ranks, including recruits being deployed to outlying posts with information, education, and communication materials, safe sex information and condoms. Efforts will soon be directed at the expansion of the program, the development of human capacity and infrastructure, as well as exploiting the potential to reach other disciplinary services (police, fire, and prison).

Strong referral mechanisms to other care and treatment 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 counselling and testing and other HIV prevention services. Sexually active youth will be reached through Life Skills and Peer Leader Education programs and Youth-Friendly Health Services.

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 will help PLWHA prevent secondary infection and further transmission of HIV. They are encouraged to use condoms consistently and correctly so as to protect the HIV negative partner from becoming infected. Likewise, prevention messages strongly support preventative behaviors such as partner reduction and fidelity. This program will also be implemented in the military.

The M.A.R.C.H. (Modeling and Reinforcement to Combat HIV/AIDS) behavior change communication strategy will direct 33 percent of its resources to promoting appropriate care services for MARPS as well as correct and consistent condom use, implementing interpersonal community reinforcement activities aimed at transient men and FCSW and reinforcing anti-stigma and discrimination information.

Howard Delafield International, a partner under the GHARP consortium will expand its partnership with the private sector in order to make condoms available to high risk persons at non-traditional retail outlets. The approach is one that focuses on ensuring access to condoms and promoting the correct and consistent use of condoms without branding a specific condom. HDI uses sales promoters in partnership with the private sector companies already distributing condoms to ensure a steady supply is maintained and that communities and vendors are sensitized with prevention and condom-use education. Finally, generic condoms are currently purchased through funds available to Guyana by GFATM and World Bank. The Partnership for Supply Chain Management, through their logistics and forecasting strengthening will therefore be strengthening this part of the sector as well.

Program Area Target:

Number of targeted condom service outlets	762
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	32,175
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	345

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: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 7862
Planned Funds: $ 25,000.00
Activity Narrative: CDHAM will continue to 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 ready access to condoms within the GDF and they will be trained and encouraged to provide HIV/AIDS prevention education to their subordinates. Currently, condoms are available through the Guyanese National AIDS Programme Secretariat for members of the Guyanese Defense Force, and health care providers will communicate safe sex messages. Messages will include partner reduction, consistent and correct condom use, and correct knowledge of HIV transmission. Special focus will be given to the role of men in adopting safer sex behaviours to protect both themselves and their partners/families, particularly in the areas of consistent condom use and partner reduction. Sensitivity to issues surrounding stigma and discrimination will be emphasized. Population-targeted education materials will be produced or obtained. Activity tracking and reporting mechanisms will be implemented.

Continued Associated Activity Information

Activity ID: 5310
USG Agency: Department of Defense
Prime Partner: Center for Disaster and Humanitarian Assistance Medicine
Mechanism: Department of Defense

Funding Source: GHAI
Planned Funds: $ 18,000.00

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 targeted condom service outlets	12	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful		☑
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	50	☐

Key Legislative Issues

Gender

Addressing male norms and behaviors

Volunteers

Stigma and discrimination

Coverage Areas

Barima-Waini (1)

Cuyuni-Mazaruni (7)

Demerara-Mahaica (4)

East Berbice-Corentyne (6)

Essequibo Islands-West Demerara (3)

Upper Demerara-Berbice (10)

Upper Takutu-Upper Essequibo (9)

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:	GHAI
Program Area:	Condoms and Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	7866
Planned Funds:	$ 400,000.00

Activity Narrative: GHARP will continue to 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 needs for individualized prevention services. Sex workers will partner 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 sites, a decrease in alcohol and drug intake through education and psychosocial support networks, and, consistent and correct condom use with clients.

Vulnerability reduction and partner reduction activities for sex workers will include offering skills-building opportunities to increase alternative income generation or employment options, in addition to condom negotiation skills and strategies for avoiding violence (avoiding alcohol and drugs). Specific NGO interventions are carried out by such groups as Artistes in Direct Support, Comforting Hearts, Lifeline, and SwingStar. GHARP has been able to develop cue cards that have been pre-tested among CSW and are used for group and individual peer education by the NGOs and CSW contacts who were trained as peer educators. These same NGOs, linked to their points of contact within the target population, deliver interactive sessions with a series of pre-tested tapes that have simple story-lines, just a few characters, and walk the CSWs through different scenarios that educate and reinforce strong prevention behaviors and practices. The same six NGOs have also self-selected themselves to target MSM. Only a few strong points of contact exist within this target population and as such, the training of MSM to work within their own network is critical until the community organizations are able to reach a wider population directly. Through peer education and supportive referal for clinical and preventative services, 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 six 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 of HIV 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 to offer malaria testing. Given the high level of concern among this population, this 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. NGOs who are currently working in these areas will be providing targeted prevention and risk reduction education to 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. Through twinning, these programs will assist local PLWHA groups to increase their capacity to provide post-test counseling for positives, and to conduct support groups for positive pregnant women (and provision of family planning counseling and support), counseling for discordant couples, testing for the families of HIV+ persons, and support for family access to key health services.

Individualized prevention programs that include sensitization, education, peer counselor training, and targeted materials development will be implemented to reach those high risk behaviors identified in the BSS among the in and out-of-school youths, GuySuco workers, and uniformed services. The desired behavior changes that will be promoted are all aimed at eliminating or reducing risk of transmitting or becoming HIV infected, reducing alcohol and drug use; consistent and correct condom use where appropriate; promotion of secondary abstinence; mutual monogamy and/or partner reduction (MSM primarily);

increasing health seeking behaviors and referrals; increasing correct knowledge of HIV transmission, and a decrease in the levels of stigmatizing beliefs held by the groups.

In an effort to expand its reach to MARP, GHARP will utilize a number of interventions. Activities will include 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, aimed at establishing a friendlier setting for high risk persons to access services. Special emphasis will also be placed on creating 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. Promotion and training for staff on the expectation of service delivery that emphasizes empathy will be implemented, which will foster thus exhibiting a certain degree of tolerance for apparel and mannerisms, and will create a safe environment for all clients and their families. One partner NGO, the Guyana Responsible Parenthood Association has been quite successful in building client-patient relationships with high risk groups and expects to continue to see an increasing number of regular clients. Also, staff from public and community based-HIV/AIDS programs in hinterland villages will be sensitized to the specific needs of their clients and the increased need for anonymity in such an isolated setting. The coordination with FXB and CIDA-supported STI, TB and ART centers will be integral so that those sites also integrate a similar "MARP friendly" non-stigmatizing approach.

Additionally, GHARP will continue to build the 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 for vulnerable populations through outreach, and facilitate direct referral to clinical services in Georgetown.

Continued Associated Activity Information

Activity ID:	3158
USG Agency:	U.S. Agency for International Development
Prime Partner:	Family Health International
Mechanism:	GHARP
Funding Source:	GHAI
Planned Funds:	$ 875,000.00

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	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

Targets

Target	Target Value	Not Applicable
Number of targeted condom service outlets	750	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	10,000	☐
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	90	☐

Target Populations:

Business community/private sector
Brothel owners
Community leaders
Community-based organizations
Factory workers
Faith-based organizations
Most at risk populations
Non-governmental organizations/private voluntary organizations
Men (including men of reproductive age)
Women (including women of reproductive age)
HIV positive pregnant women
Public health care workers
Private health care workers

Key Legislative Issues

Gender

Addressing male norms and behaviors

Reducing violence and coercion

Increasing women's access to income and productive resources

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: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 7867
Planned Funds: $ 625,000.00
Activity Narrative: The Accounting Firm will disburse funds, manage and strengthen the financial systems of 5 NGOs working with MARP in Guyana's highest HIV/AIDS affected regions. The NGOs are currently working with street-based and brothel based commercial sex workers in two of Guyana's Regions. Interventions include HIV/STI prevention education including information on assessing, reducing and eliminating one's risk of infection through behavior change. These are conducted through one-on-one interaction by outreach workers and peer education training. Outreach workers and peer educators (FCSW) also facilitate access to screening and treatment for HIV and other STI, assistance for care and treatment referrals, as well as access to affordable condoms. Through the intervention of Swing Star/FACT, a USAID-supported NGO, one of the peer educators (FCSW), has since quit the CSW profession and now assists the NGO with their outreach activities on a full-time basis.

In FY 07, the program will be expanded to other regions with a focus on the mining and cross border communities, mobile populations and MSM. CSWs will also be trained to target their clients.

The prevention targets for these NGOs will be included under GHARP and in FY 07 will be tracked by the GHARP monitoring framework and compiled in their database.

GHARP as the technical assistance, oversight and monitoring arm, provides assistance in programmatic and technical aspects of the project to NGOs within the USAID HIV/AIDS strategy and serves as a key agent in building sustainable program management and technical capacity of the NGOs. Hence, the targets for all the organizations involved in Other Prevention activities would be included under GHARP and in FY 07 will be tracked by the GHARP monitoring system and compiled in one database.

In keeping with OGAC's guidance, standardized data collection forms for each program area were developed by GHARP, to ensure the quality of data collected. The maintenance of data quality will be ensured through the training and retraining of NGO staff with M&E responsibility. Apart from the monthly review of data collected, GHARP conducts quarterly data quality assurance reviews to each NGO to monitor the utilization of the monitoring system and the accuracy of the data collected. Hence GHARP monitors progress against the total program area targets and those individually set by the NGOs, in their annual Monitoring and Evaluation plan.

The Accounting Firm will be responsible for the continued capacity and system strengthening of the identified NGO/FBO partners in the key areas of financial management, through on-site technical assistance and training.

Continued Associated Activity Information

Activity ID: 3205
USG Agency: U.S. Agency for International Development
Prime Partner: Maurice Solomon Accounting
Mechanism: Accounting Institution
Funding Source: GHAI
Planned Funds: $ 300,000.00

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

Target Populations:

Community-based organizations

Faith-based organizations

Non-governmental organizations/private voluntary organizations

Coverage Areas:

National

Table 3.3.05: Activities by Funding Mechanism

Mechanism: Peace Corps
Prime Partner: US Peace Corps
USG Agency: Peace Corps
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 7871
Planned Funds: $ 0.00

Activity Narrative: $45,000 of Pipeline Funds will be used.

In an effort to address HIV/AIDS in Guyana, Peace Corps/Guyana (PC/GY) collaborates with other United States Government (USG) agencies to carry out the President's Emergency Plan for AIDS Relief (PEPFAR). Peace Corps' comparative advantage at the grassroots level is recognized by the partner agencies as adding value to their national programs focused on prevention and care.

Currently, nearly 50 Health and Education Volunteers serve in nine of Guyana's ten regions.
Volunteers in PC/GY's health project work directly with health centers and communities to help them identify local and national resources, facilitate community health assessments, design and implement health education projects, and train health center staff and community leaders. The health project also addresses the country's high HIV/ AIDS rates and focuses its efforts on Guyanese youth. Volunteers work in a coordinated effort with NGOs to address this health risk. Education Volunteers work with youth organizations and the Ministry of Education to provide at-risk youth with educational, personal and life skills development opportunities. Through teacher-training activities, Volunteers also work with educators on non-traditional teaching methods and the life-skills training methodologies.

In Fiscal Year 2006 (FY06), PC/GY used PEPFAR funds to build on the HIV/AIDS awareness raising and life skills activities of its Education and Health projects and branch into newer areas such as care and support. Through peer education training, programs for orphans and vulnerable children, referrals, and small community-based projects, Volunteers reached over 9,700 individuals.

In FY07, PC/GY will work toward post and PEPFAR goals by continuing to enhance the work of Volunteers through training and small project assistance. As a new direction in FY07, PC/GY will develop assignments for Crisis Corps Volunteers (CCVs) to provide targeted, strategic technical assistance. PC/GY will also formally engage NGO and government partners to coordinate efforts.

In accordance with PEPFAR-issued ABC guidance, Volunteers will collaborate with counterparts and other partners to promote OP prevention among service providers in their communities. Partners include NGOs, CBOs, FBOs, schools, the MOH health facilities, including the Adolescent Health and Wellness Unit, CDC's MARCH project, and the USAID-funded Guyana HIV/AIDS Reduction and Prevention (GHARP) project, among others. Volunteers will be trained to implement strategies funded under this pillar that will include peer education training, behavior change communication, income generation, street theater, and improving gender relations. Additionally, Crisis Corps Volunteers will be assigned to work with health care providers and other community leaders.

Two Crisis Corps Volunteers assignments will be developed and filled. Position Descriptions for these assignments will focus on training of health clinic staff in behavior change counseling and in responding to gender-based violence. Two Crisis Corps assignments will also be developed to conduct and coordinate MARCH project reinforcement activities.

ICE and other materials will be purchased for use by PCVs designated as Traveling Teachers and for general use in the Resource Library. PC/GY will continue to provide peer-to-peer support to Volunteers through a group of "Traveling Teachers" who can provide specific project assistance. These resource Volunteers will receive additional HIV/AIDS prevention training and be provided with a resource library to assist in the dissemination of information and best practices for prevention and offer technical assistance to Volunteers and their communities in the development of VAST proposals. Upon request from a Volunteer, the Traveling Teacher will be dispatched to provide the required assistance. PEPFAR funds will be made available to Volunteers to cover these PEPFAR-related in-country travel costs.

Continued Associated Activity Information

Activity ID: 5018
USG Agency: Peace Corps
Prime Partner: US Peace Corps
Mechanism: Peace Corps
Funding Source: GHAI
Planned Funds: $ 44,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	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
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of targeted condom service outlets		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	2,500	☐
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	100	☐

Target Populations:

Adults

Key Legislative Issues

Stigma and discrimination

Reducing violence and coercion

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:	N/A
Prime Partner:	Manila Consulting, Inc.
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Condoms and Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	7876
Planned Funds:	$ 233,900.00

Activity Narrative: The MARCH (Modeling and Reinforcement to Combat HIV/AIDS) Project will target female commercial sex workers (FCSW) and their clients, men who have sex with men (MSM), miners. MARCH will specifically address consistent and correct condom use, access to services and reduction of stigma and discrimination through the radio serial drama (RSD), Merundoi. The 15-minute RSD will be aired twice weekly beginning October 2006 on the popular FM station and repeated on the Voice of Guyana, a channel with a wider reach. An omnibus edition will be aired every Sunday.
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. USG Guyana takes 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 MARPS populations is a challenge, due to social and geographical barriers. Therefore, strong partnerships with individuals and organizations are being established to effectively reach and work with the MARPS "communities". MARCH will collaborate with USAID/GHARP and its beneficiary NGOs and Peace Corps to conduct interpersonal community activities to reinforce the behaviors being modeled in the RSD and support MARPS in their efforts to change their risk behaviors. Leaders in both the CSW and MSM communities identified during the BSS are currently supporting USG efforts to strengthen our prevention efforts and are being included as program implementers. A program targeting female commercial sex workers (FCSW) is currently being implemented with support from GHARP supported NGOs in Regions Four and Six. USG is working through outreach workers and peer educator (FCSW) to facilitate access to screening and treatment for HIV and other STIs, and access to condoms. Additionally one-on-one interaction through peers and outreach workers are being conducted. Plans are inn train to expand this program to Region Three and the mining communities, and train FCSW to target their clients. An MSM intervention is currently being developed. Qualitative data will be collected and the MSM program will be expanded.

The military is currently targeting border bases, recruits, officer cadets and ranks being deployed to outlying posts with information, education and communication (IEC) materials, safe sex information and condoms. Efforts will soon be directed at program, human capacity and infrastructural development and exploiting the potential to reach other disciplinary services.

Strong referral mechanisms to other care and treatment 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 counselling and testing and other HIV prevention services. Sexually active youth will be reached through Life Skills and Peer Leader Education programs and School Health Clubs.

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 will help PLWHA prevent secondary infection and further transmission of HIV. This program will also be implemented in the military.

MARCH will also target selected MARPS groups with information on monogamy and faithfulness. MARCH will seek to reduce the stigma and discrimination around FCSW and MSM to encourage them to adopt safer sexual practices and access services, including VCT and STI. M.A.R.C.H. (Modeling and Reinforcement to Combat HIV/AIDS) behavior change communication strategy will direct 33 percent of its resources to promoting appropriate care services for MARPS and correct as well as condom efficacy, correct and consistent condom use, implementing interpersonal community reinforcement activities aimed FCSW and their clients, MSM, and miners and reinforcing anti-stigma and discrimination information. It is estimated that 21,000 individuals from the MARPS will be reached through MARCH interpersonal community activities.

Targets

Target	Target Value	Not Applicable
Number of targeted condom service outlets		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	21,000	☐
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	75	☐

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: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 7877
Planned Funds: $ 300,000.00
Activity Narrative: Howard Delafield Inc. (HDI) is a small, privately owned business that is sub-contracted within the GHARP consortium. HDI will continue to implement and monitor strategy to strengthen and expand partnerships with private sector organizations with a special focus on MARP such as miners, loggers, transport workers (shipping, river transport services, mini buses), including contractors of the primary organizations. HDI is also responsible for continuing to develop strategic distribution outlets for targeted distribution of condoms, expanding the role of sales-promoters to include collection of informal data on the "pulse" of the community in relation to the success of GHARP communication programs. Their condom marketing campaign will not only generate demand for branded and un-branded condoms alike, but will increase access by high risk persons to non-traditional condom sales outlets in mining and hinterland areas, and 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, with a focus on promoting responsible male behavior.

In addition, they will continue to cover all costs for design, field test, produce, reproduce, air, print, and dissemination of communication material for bars/brothels/mobile populations and materials focused on other prevention. HDI will build on the private sector's initiatives to conduct/implement joint trade promotions with private sector condom distributors. Finally, HDI will produce, distribute 'value kits' (condoms, lubricants, cologne etc) for female sex workers.

FHI will maintain the responsibility for the overall cohesion of the GHARP project as the prime and will continue to report financially and programmatically for the program.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	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
Training	10 - 50

Targets

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

Target Populations:

Adults
Community-based organizations
Faith-based organizations
Most at risk populations
Non-governmental organizations/private voluntary organizations

Key Legislative Issues

Addressing male norms and behaviors

Stigma and discrimination

Coverage Areas:

National

Table 3.3.05: Activities by Funding Mechanism

Mechanism: Global Health Fellow Program
Prime Partner: Public Health Institute
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 7878
Planned Funds: $ 20,000.00
Activity Narrative: USAID will support a Global Health Fellow that is seconded to the Ministry of Health to support the adolescent health and wellness program which is now being integrated into the division of Maternal and Child Health. The Fellow will be focusing a great deal of her time on facilitating the expansion of youth-friendly health services that offer HIV prevention services, general health education, counseling, and support for young adults over the age of 14.

Targets

Target	Target Value	Not Applicable
Number of targeted condom service outlets		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	2,250	☐
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	30	☐

Table 3.3.05: Activities by Funding Mechanism

Mechanism: Comforce
Prime Partner: Comforce
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 7879
Planned Funds: $ 0.00
Activity Narrative: na

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:	GHAI
Program Area:	Condoms and Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	15460
Planned Funds:	$ 18,590.00
Activity Narrative:	na

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: $ 2,140,000.00

Program Area Context:

Although National Guidelines for palliative care exist, this program area responds to the treatment and support section 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 will be available to all people infected or affected by HIV/AIDS: 1.) Clinical Care; 2.) Psychological Care; 3.) Social Services; and 4.) Spiritual Care. There are an estimated 11,000 HIV+ individuals in Guyana, and currently 500 clients are receiving the full, home-based and palliative care package through eight PEPFAR-supported programs and over 2,100 ART non-eligible, HIV+ persons are receiving one (clinical care) or more of palliative care services. Definitions of home based care (HBC) and palliative care are those outlined by WHO, and reflected in the PEPFAR strategy. In addition, 127 providers of home-based care have now been trained. These community-based providers work along with the MOH Regional Palliative Care Coordinators, supported by GFATM, that are based within hospitals that offer ARV treatment. The referal service is being strengthened so that patients identified as positive through clinic-based counseling and testing and/or treatment sites will be directly accompanied to the Palliative Care Coordinator's office where they will enroll in the program. NGOs will be contacted in order to ensure their is a continuum of care. Finally, NGOs that offer community-based VCT also offer palliative care services and as such referalls can be done internally.

Support will continue to be given for training of providers with subsequent mentoring throughout service delivery by NGO and MOH outreach staff. Training, referrals,and monitoring are a collaborative effort between the National AIDS Program Secretariat, PEPFAR and the GFATM who support placement of palliative care officers in the regions. 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), 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.

Currently, no official policies or treatment guidelines exist for treatment of pain relief. Opiods are currently only provided at the Georgetown Public Hospital Corporation because of the the bueracracy and high costs that exists for the importation of these drugs. GHARP and FXB will be working together with the MOH and the National AIDS Program Secretariat to revise and adopt new treatment guidelines. SCMS and the MOH will also work from the supply chain management and logistical angle to facilitate the introduction and proper oversight of introducing these drugs into the system.

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. Families United, a young NGO, grew out of the PMTCT program when HIV+ mothers united in order to support one another through their delivery and after. The support group then continued to grow when the participation of families started to increase significantly. Family centered approaches enable the program to identify and link OVC to those specialized services available to them, enable the children to receive immunizations, provide home-based voluntary counseling and testing for family members, 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, safe-water programs, micro-credit loan opportunities, and employment training and work place internships such as the partnership with Liana Cane. Nutritional support will leverage 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 like G+, a local NGO supported by PEPFAR, that are 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 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, increasing access to government grants and small business loans, workforce skills-building, and continuing support for the development of an enabling environment free of stigma and discrimination.

Program Area Target:

Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	21
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	2,305
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	75

Table 3.3.06: Activities by Funding Mechanism

Mechanism: AIDSRelief
Prime Partner: Catholic Relief Services
USG Agency: HHS/Health Resources Services Administration
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 8111
Planned Funds: $ 300,000.00
Activity Narrative: AIDSRelief will continue to strengthen its comprehensive palliative care program in order to enhance the well-being of their clients. AIDSRelief provides a basic package of care which follows OGAC guidance and includes: 1) Clinical Care (routine clinical monitoring and assessments of non-ART patients including follow-up to assist in determining the optimal time to initiate ART, including laboratory and clinical evaluations; prevention and treatment of OIs; support for adherence to ART; nutritional counseling; promotion of good personal and household hygiene); 2) Psychological Care (counseling, home visits, peer support); 3); Social Services (home-based care and CRS-privately funded assistance programs); and 4) Spiritual Care. AIDSRelief will build the capacity of clinical staff at its three existing local partner treatment facilities (LPTF) through focused technical assistance (e.g. clinical preceptorships, tutorials, didactics and clinical updates) in order to conduct routine clinical and laboratory monitoring, including assistance in determining the optimal time to initiate ART, and to effectively prevent and treat opportunistic infections (OIs). AIDSRelief will also support comprehensive adherence models to provide treatment preparation and continuous psychosocial support for its clients through individual counseling and support groups. In addition to being integrated within its treatment program, AIDSRelief palliative care will be linked with other clinical programs such as VCT, OVC and prevention activities as well as with complementary social support programs available at LPTFs (e.g. nutritional support funded by CRS-private funds) and in the community (e.g. legal support, housing). AIDSRelief will continue to liaise with GHARP, MOH and local community-based organizations to provide a seamless interface between care in the health facility and in the home/community.

In addition to further strengthen the palliative care program at its existing LPTFs, AIDSRelief will capitalize on its strong linkages with public & private treatment sites, the MOH and the faith-based community to oversee the introduction of step-down and hospice care service for HIV+ patients. As quality and access to hospital care for AIDS patients improves, the inpatient population will increase and hospital wards will quickly exceed their already limited capacity. AIDSRelief will introduce transitional and hospice care to HIV+ patients through a step-down unit run by the St. Vincent de Paul Society of the Catholic Diocese of Georgetown. This group has been providing charitable services to the poor and marginalized in Guyana since 1858, and they currently support similar step-down facilities in Trinidad & Tobago. While St Vincent de Paul Society will help administer the center, the Georgetown Public Hospital Corporation (GPHC) has agreed to staff this new clinical program. AIDSRelief will ensure that this facility is closely linked with both hospital-based and community-based providers. A particular emphasis will be placed on the training of caregivers to ensure a timely and smooth transition of the client into the home. Technical experts in the field of palliative care from the Institute for Human Virology (IHV) will also work with clinical providers to build their capacity to care for these patients. Those involved with planning patient care need to ensure that patients discharged from these facilities receive supervised care and support until they are able to transition to their homes/places of origin. This approach to patient care will ensure increased adherence to treatment rates. Hospice services are also needed to allow those with late-stage disease to end life in comfort and dignity. In September-November 2006, AIDSRelief will develop an integrated step-down service delivery model addressing such factors as inclusion criteria, technical staffing, administrative management, sustainability, stigma, and reintegration of patients into the home, in coordination with beneficiaries and other stakeholders including AIDSRelief treatment sites, MOH Palliative Care Coordinators supported with GFATM funds, technical partners (e.g. FXB, GHARP), and the NGO/FBO partners already delivery palliative care in the communities.

Continued Associated Activity Information

Activity ID: 6508
USG Agency: HHS/Health Resources Services Administration
Prime Partner: Catholic Relief Services
Mechanism: AIDSRelief
Funding Source: GHAI
Planned Funds: $ 150,000.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Health Care Financing	10 - 50
Human Resources	10 - 50
Infrastructure	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	4	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	1,805	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	5	☐

Target Populations:

Adults
HIV/AIDS-affected families
People living with HIV/AIDS

Coverage Areas:

National

Table 3.3.06: 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: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 8115
Planned Funds: $ 65,000.00
Activity Narrative: CDC will coordinate with CDC Atlanta to provide technical assistance for implementation of a safe water initiative as part of the package of services for basic palliative care. CDC headquarters staff with expertise in household level safe water interventions will visit Guyana in December 2006 to perform an assessment funded by Rotary International on implementation of the CDC/WHO Safe Water System (SWS) for Guyana on a national level. This system combines household-level chlorination, safe storage vessels, and a program of behavior change communication (BCC) regarding water and hygiene practices. The products are sold in country using a social marketing model. The Rotary-funded assessment will include water testing, identification of a local producer for the safe water vessels, disinfectant solution and bottles, and identification of a partner for social marketing of the SWS in the Guyanese context. Rotary International has funded start up and maintenance of SWS in multiple countries throughout the world. The production and BCC are sustained by continued funds from Rotary combined with cost-recovery through social marketing of the SWS in the general population.

While in Guyana the consultant will develop a plan for adding the SWS to the palliative care services package provided by the PEPFAR program. The SWS team will work with USG Guyana and its partners to develop a distribution plan for SWS that is appropriate for PLWHA in Guyana. The estimated cost to provide services is $12 per household per year. The requested funding of $65,000 includes SWS for 5000 households affected by HIV/AIDS plus start up costs and consultant travel for program monitoring. CDC Atlanta will continue to coordinate with CDC Guyana for establishment and implementation of the service program. All efforts will be closely coordinated with MOH, NAPS and USAID/GHARP.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50

Targets

Target	Target Value	Not Applicable
Safe water system implementation plan	1	☐
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)		☑
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)		☑
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)		☑

Target Populations:

Community-based organizations
HIV/AIDS-affected families
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
HIV positive pregnant women
Caregivers (of OVC and PLWHAs)
Other MOH staff (excluding NACP staff and health care workers described below)
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Wrap Arounds

Other

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)

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: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 8200
Planned Funds: $ 100,000.00
Activity Narrative: Family Health International, as the prime partner for GHARP, provides technical support, monitoring and data quality assurance, and program oversight implementation for the NGOs funded through the Maurice Solomon & Parmesar mechanism. The package of care that NGOs/FBOs provide includes all four aspects of essential palliative care services and follows PEPFAR guidance. 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. Currently, there are eleven NGOs that are supported to provide services, and in FY07, USAID/GHARP will release a request for proposal to add two additional civil society organizations. 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 improve and expand the range of services offered. All activities are being developed and implemented in close collaboration with the MOH; with the network continually being strengthened to provide home based counseling and testing or a direct referral to facility-based VCT, ART, and OI/STI treatment provision. 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. The reverse of these referrals is witnessed when treatment sites call their palliative care coordinator within the facility, supported by GFATM and the National AIDS Program, to register the client for palliative care services. This coordinator then works with the client as well as available community-based HBC providers to ensure that the client is not lost to follow-up.

FHI/GHARP will specifically focus on providing assistance as follows:
1.) Provide technical and management assistance and conduct monitoring of NGO progress through regular field visits;
2.) Conduct quarterly mentoring site visits and conduct an annual assessment of NGO progress;
3.) Monitor, evaluate, and report of the implementation of palliative care programs.

Continued Associated Activity Information

Activity ID: 3159
USG Agency: U.S. Agency for International Development
Prime Partner: Family Health International
Mechanism: GHARP
Funding Source: GHAI
Planned Funds: $ 450,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	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	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	13	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	500	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	50	☐

Target Populations:

Community-based organizations
Faith-based organizations
HIV/AIDS-affected families
Non-governmental organizations/private voluntary organizations
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:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	8202
Planned Funds:	$ 685,000.00

Activity Narrative: Maurice Solomon, Parmesar and Company is an indigenous financial institution, which was contracted to disburse and monitor small grants to a network of local organizations, while strengthening their financial and administrative management capacities. This Firm has developed a manual on Financial, Administrative and Accounting Guidelines and conducted training on its use, introduced an accounting data base and established a system for financial reporting while conducting monthly visits and on-site training with partner organizations. Training sessions/visits are geared to respond to the particular needs of each organization and the designated accounting staff.

In FY 07, thirteen (13) key NGO/FBO partners will receive financial support from Maurice Solomon, Parmesar & Co. to continue to reach PLWHA and their families in their communities. To date, palliative care services have been provided to 500 PLWHA and their families in seven regions, with over 60 community health care providers/volunteers and nurse supervisors trained in community home-based care (HBC). Under this program, one of our USAID-supported NGOs, Hope for All in Region 2, was given an office within the public hospital where a volunteer is on call to receive referrals of PLWHA from the doctors. This method, of an NGO working on site along side the formal health care team has strengthened the referral system and has greatly reduced the delay in a client's access to Home Based Care Services and support. Once a referral is received the client is registered into the program and arrangements are made to do home visits, or, if the client is sick to do home care. In the home, an assessment of the needs of both the client and family is conducted by the nurse supervisor attached to Hope for All. Based on that assessment, a plan of care is drafted by the nurse supervisor, and is communicated to the volunteer(s) assigned to the case.

It is envisaged that the HBC program will expand to the remaining three (3) regions of Guyana in FY 07. The package of care provided includes:
1.) Clinical care accompaniment, adherence support, hospital visits to coordinate discharge planning, provision of care packages, and basic nursing care in the home;
2.) Prevention education for family members and encouraging family members to be a source of support and nutritional assessment and education on food preparation for the individual and the family;
3.) Psychosocial support (Clients are invited to eventually join the NGO support groups once they have adjusted and accepted their diagnosis as well);
4.) Referral to a religious organization that is sensitive to HIV/AIDS issues;
5.) Linkages to social servicies such as welfare and legal services; and facilitating access to micro-enterprise initiatives and vocational skills training.

GHARP, as the technical assistance, oversight and monitoring arm, provides assistance in programmatic and technical aspects of the project to NGOs within the USAID HIV/AIDS strategy and serves as a key agent in building sustainable program management and technical capacity of the NGOs. Hence the targets of the NGOs providing Home Based Care Services would be included in those under GHARP in FY 07, and will be tracked by GHARP monitoring framework and compiled in their database. In keeping with OGAC's guidance, standardized data collection forms for each program area were developed by GHARP, to ensure the quality of data collected. Quality assurance of the NGO-based monitoring and evaluation systems will be ensured through continued training and mentoring of M&E personnel. Apart from monthly reporting and data reviews, GHARP conducts quarterly data quality assurance reviews on-site, with each NGO in order to monitor the utilization of the monitoring system and the accuracy of the data collected. Hence GHARP monitors progress against the total program area targets and those individually set by the NGOs, in their annual Monitoring and Evaluation plan.

The Accounting Firm will be responsible for the continued capacity and system strengthening of the identified NGO/FBO partners in the key areas of financial management, through in-site technical assistance and training.

Continued Associated Activity Information

Activity ID: 3206
USG Agency: U.S. Agency for International Development
Prime Partner: Maurice Solomon Accounting
Mechanism: Accounting Institution

Funding Source: GHAI
Planned Funds: $ 150,000.00

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	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)		☑
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)		☑
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)		☑

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:	GHARP
Prime Partner:	Family Health International
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	8207
Planned Funds:	$ 850,000.00

Activity Narrative: In FY06, Cicatelli and Associates was prime on the USAID/GHARP team in three disciplines of palliative care which included: Palliative/Home Based Care, PLWHA Development, and Micro-Enterprise programs. Cicatelli was also able to have computerized HBC reporting and referral system for the immediate use of MOH. PLWHA have been highly valuable contributors within HBC programs, and we would like to continue utilizing available PLWHA services in HBC. However, we believe that it would be beneficial to utilize PLWHAs in more than just the HBC area. Experience thus far in Guyana indicates that the incorporation of PLWHAs in supportive workplaces has very good outcomes for both the workplace and the individual. Cicatelli has had national/international success in PLWHA development which includes training PLWHAs for enhanced outreach, navigation, peer mentoring (including adherence and secondary prevention), and as recruiters in a new project called Social Networking (described below). In FY06, an innovative micro-enterprise program was developed with the Institute of Private Enterprise Development (IPED) and an indigenous furniture and art company called Liana Cane whereby skills building and training for PLWHA is provided, with the possibility for future employment, as well as training of current staff at the company and support for HIV/AIDS policy and workplace programming. In FY07, Cicatelli will expand this model for working within the expanding field of trade and tourism industry as well as training and employment programs with Habitat for Humanity and Victoria's Secret (through the local manufacturer, Denmour Garments). Also within the parameters of micro-enterprise, Cicatelli worked closely within GHARP with Howard Delafield International to establish a micro-enterprise loan program for PLWHA from the IPED office. Cicatelli will continue to work with PLWHA associations and its palliative care program to link PLWHA to these opportunities. Also, in FY06, Cicatelli initiated the very critical approach of focusing on the long-term viability of HBC training by working with the Institute of Distance and Continuing Education to establish a certification course for care providers. They will continue to work on strengthening this training course and provide mentorship to the organization to effectively deliver the course.

In FY07, Cicatelli will therefore be specifically responsible for the following:

1.) Provide support and quality assurance to those we trained as trainers for volunteers in HBC certification in '06
2.) Train providers on and support the process of introducing home-based VCT
3.) Implement HBC computerized reporting and referral system developed in '06
4.) Work with MOH to develop a national policy on pain management and hospice care
5.) Develop a quality assurance program for HBC jointly with MOH
6.) Continue working with nurse supervisors on their roles in HBC
7.) Develop curricula and training for community and family members caring for loved ones at home
8.) Integrate into MOH's HBC demonstration project using community health workers who provide home based care for persons with diabetes and hypertension. At present, home based care is synonymous with HIV; we would like to change that. This is an important strategy because by integrating services for persons with chronic diseases such as diabetes and hypertension and HIV/AIDS, we can take some of the stigma away and improve confidentiality measures.
9.) Continue working with NGOs to develop multidisciplinary teams and using PLWHAs as enhanced outreach workers, navigators, etc.
10.) Support the MOH Case Navigation Demonstration Project. This is a project in which PLWHAs would be employed and trained to navigate those testing positive in anonymous testing sites into treatment and care. This project is necessary because there is no current follow up method to track those who are tested at VCT centers and get positive test results. MOH has committed to hiring 4 PLWHAs to be employed as case navigators working with anonymous testing and counseling sites with positive clients to assist them with accessing treatment and care. MOH proposes hiring four PLWHAs in region three. Two of them would work in the regional hospital, and two would work in the far end of region 3, in a satellite clinic. CAI would develop jointly with MOH an implementation manual; training and supervisory curricula; and reporting, tracking and evaluation tools. Based upon the success of this demonstration project, this model could be implemented in all clinic sites in which case navigators could assist in all anonymous testing sites, assisting those testing positive into treatment and care. This project would serve as a model for connecting resources between MOH clinics and NGO VCT sites.
11.) Implement Social Networking, a CDC research to practice program which utilizes

"recruiters" (PLWHAs) to recruit friends from their social networks into testing. This is a very focused and specific form of outreach to bring people into testing using people who have tested positive within the past 3-6 months. Based upon preliminary findings, in areas of high incidence of HIV, the prevalence rate from using Social Networks is 6 times the rate seen in publicly funded clinics. CAI is the CDC funded partner on this program and we developed the training curriculum for Social Networking. We are currently training all state HIV/AIDS health directors on this program. We would implement this program in three sites.
12.) Continue working with the people we are funding through IPED
13.) Continue working with the HIV+ women trained in crafts through Liana Cane
14.) Develop a partnership with Habitat for Humanity in Guyana. GFATM and WB will partner with Cicatelli to fund Habitat for Humanity in Guyana up to $50,000 to develop low income housing for PLWHAs. We would in addition provide funding to Habitat to provide skills training in carpentry and masonry for high risk youth and young men living in households with PLWHAs, as well as PLWHAs.
15.) Partner with Victoria's Secret to provide employment slots for HIV positive and high risk women. We would fund the establishment of a sewing training program and an employment readiness program prior to the women being employed.
16.) Partner with the trade and tourism industry for the establishment of training and job-placement programs for PLWHA in many of the hinterland regions where employment opportunities are very limited.

Family Health International, as the prime partner for GHARP, provides technical support, monitoring and data quality assurance, and program oversight and will report on Cicatelli's program achievements.

Continued Associated Activity Information

Activity ID:	3159
USG Agency:	U.S. Agency for International Development
Prime Partner:	Family Health International
Mechanism:	GHARP
Funding Source:	GHAI
Planned Funds:	$ 450,000.00

Targets

Target	Target Value	Not Applicable
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)		☑
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)		☑
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)		☑

Target Populations:

Business community/private sector
Community-based organizations
Faith-based organizations
HIV/AIDS-affected families
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS

Key Legislative Issues

Increasing women's access to income and productive resources

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: GHARP
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 8208
Planned Funds: $ 100,000.00
Activity Narrative: Howard Delafield Inc. is a private, woman-owned organization within the USAID/GHARP program. In FY06, an innovative micro-enterprise program was developed in collaboration with another GHARP partner, Cicatelli & Ass., along with the Institute of Private Enterprise Development (IPED). Together, they established a micro-enterprise loan program for PLWHA. HDI was able to secure funding from the Guyana Telephone and Telegraph Company to pay the salary of a dedicated IPED officer to oversee these loans and provide technical assistance to PLWHA in developing their applications and small-business plans. HDI was then able to secure support from the Guyana Lotto company to make the commitment of putting up the collateral for the loans. Cicatelli then worked with PLWHA associations and its palliative care program to link PLWHA to these opportunities. To date there have been over 22 successful loans.

In FY07, HDI will also:

1.) Develop a strategy to bring together the insurance industry to create incentives such as reduced rates for companies that offer comprehensive workplace programs;
2.) Develop and implement a strategy to work with other USAID/GHARP program areas such as HBC, and other offices regarding PMTCT, OVC, VCT e.g. Liana Cane , Citizens Bank, Scotiabank Partnerships
3.) Develop and stage first annual private sector awards program and ceremony
4.) Develop and produce media campaign and community advocacy as well as "take home" reference materials for home based care (Production, media placement, printing).

Family Health International, as the prime partner for GHARP, provides technical support, monitoring and data quality assurance, and program oversight and will report on HDI's program achievements.

Continued Associated Activity Information

Activity ID: 3159
USG Agency: U.S. Agency for International Development
Prime Partner: Family Health International
Mechanism: GHARP
Funding Source: GHAI
Planned Funds: $ 450,000.00

Targets

Target	Target Value	Not Applicable
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)		☑
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)		☑
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)		☑

Target Populations:

Business community/private sector

People living with HIV/AIDS

Coverage Areas

Cuyuni-Mazaruni (7)

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: Department of Defense
Prime Partner: Center for Disaster and Humanitarian Assistance Medicine
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 8483
Planned Funds: $ 40,000.00
Activity Narrative: The DOD supported palliative care program includes; 1.) Diagnosis and treatment of STIs and OIs, at the GDF medical facilities, but use of civilian (public) facilities for treatment of extreme cases; 2.) Nutritional support through programs targeting HIV/AIDS affected members of the GDF and their families with assistance of DOD (GDF health personnel to be trained to provide nutritional counseling); 3.) Provision of training for basic health care; and 4.) Referrals and accompaniment of clients to Government social services, FBO/NGO social and psychological support programs, and organizations that offer spiritual support.

One health care provider will be sent to the Military HIV/AIDS Training Course (funded in the OHPS program area) where training will be provided in the diagnosis and management of HIV complications (neurological, 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.

Continued Associated Activity Information

Activity ID: 5309
USG Agency: Department of Defense
Prime Partner: Center for Disaster and Humanitarian Assistance Medicine
Mechanism: Department of Defense
Funding Source: GHAI
Planned Funds: $ 35,000.00

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
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	13	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	500	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	50	☐

Target Populations:

Doctors
Nurses
HIV/AIDS-affected families
Military personnel
People living with HIV/AIDS
Public health care workers
Other Health Care Worker

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: $ 222,000.00

Program Area Context:

Guyana has one of the highest tuberculosis (TB) incidence rates in the Americas. In 2004 it was estimated to be 140 cases per 100,000 population, the fourth highest in the region (after Haiti, Bolivia, and Peru). A chart review conducted in 2006 by a technical assistance team from CDC found that 35% of TB patients reviewed were HIV-positive. This assessment on TB/HIV co-infection in Guyana also revealed that 73% of TB patients with unknown HIV infection status prior to TB diagnosis were offered HIV counseling and testing, of whom 91% were tested. Seventy-nine percent of all HIV-infected TB patients were reported to be receiving HIV-related care. The study demonstrated high rates of HIV testing, HIV-related care, and co-trimoxazole preventive therapy (CPT) use among patients utilizing Guyana's MOH chest clinics. The coordination of TB and HIV care has been facilitated by the TB clinics' universal use of on-site HIV rapid testing, their geographical proximity to HIV clinics, and when possible, their utilization of clinicians trained in both TB and HIV patient care. Because of a lack of technology available in Guyana to test for multi-drug resistant (MDR) TB, and serious difficulties in sending specimens out of country for testing, the actual prevalence of MDR-TB is unknown.

The Guyana National Tuberculosis Control Program (NTCP) provides care and treatment for all TB cases in the country through six clinics operating in the more populous regions of the country. Ninety-percent of the country's TB patients are treated at these sites. The Georgetown Chest Clinic serves as the central referral center and operates extension programs in two prisons.

In 2006, PEPFAR-supported TB/HIV activities have had a number of notable accomplishments. Screening for HIV in TB patients has increased, as has TB screening for HIV-positive individuals. PEPFAR partners have facilitated joint training of community outreach workers and DOTS workers for enhanced DOT-HAART, and have developed referral networks between TB clinics and ART treatment sites. In addition, ART services are now being offered to TB/HIV co-infected patients at the Georgetown Chest Clinic.

CDC Atlanta, in collaboration with the Canadian Society for International Health (CSIH), has been actively engaged in support of the Ministry of Health initiative to improve TB and TB/HIV care. CSIH activities have focused on improvement in TB laboratory capacity, TB diagnosis, and clinical care. CDC Guyana has made linkages with MOH, CSIH, and FXB in order to support both TB/HIV surveillance activities and stronger infection control mechanisms at outlying hospitals. A TB/HIV co-infection committee has been established and meetings are regularly held with TB/HIV programs and other stakeholders. In addition, funds provided through the Global Fund will be used to hire DOTS-TB workers, who will also provide DOT-HAART to co-infected individuals.

The PEPFAR Guyana team has identified several challenges and barriers to the provision of comprehensive HIV/TB diagnosis and care in Guyana. These challenges include: 1) Ongoing high turnover of skilled health staff (including a chronic shortage of laboratory staff), which negatively impacts program stability and effectiveness; 2) Persistence of diagnostic challenges (including stock outages, lack of laboratory support for sputum smear and culture, inadequate x-ray availability for screening, and insufficient diagnosis of sputum smear negative and extra-pulmonary TB); 3) Lack of DOTS coverage in certain regions of Guyana; 4) Potential untreated multi-drug resistant TB; and 4) Inadequate psychosocial supports for patients.

Much of FY07 will be dedicated to expanding and strengthening the quality of services and information related to the TB/HIV activities in-country, with coordination from the CDC Guyana office. CDC will continue to fund TB/HIV activities through FXB, AIDSRelief, MOH, and the CDC Guyana Office. CDC will also have technical oversight for new USAID-funded activities by PAHO related to coordination of regional TB/HIV services. Diagnosis and care for TB/HIV co-infected individuals will primarily be undertaken by FXB and AIDSRelief. FXB will expand both DOTS-TB and DOT-HAART coverage and multi-drug resistant TB

activities (which will entail developing an effective international specimen transfer system in the absence of in-country capacity for testing). PAHO will carry out specific activities related to in-country collaboration and training of health staff, and in partnership with FXB and MOH will promote sustainable solutions for issues related to TB/HIV programming in-country. This proposal is in line with the current MOH plan for TB and is complementary to Global Fund and World Bank-funded activities.

Program Area Target:

Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	9
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	250
Number of HIV-infected clients given TB preventive therapy	305
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	63

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: GHAI
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 8081
Planned Funds: $ 50,000.00
Activity Narrative: The CDC Division of Tuberculosis Elimination (International Branch) in collaboration with the CDC Guyana office provides technical assistance to the National TB Control Program. The main focus of activities in FY07 will be training and facility-based assessments of practices that impact cross-referrals and coordinated care for TB/HIV co-infected patients. Given pervasive human resource shortages in Guyana, investments in training are key to providing continuity to programs, encouraging staff retention, and improving institutional memory. Training investments will also improve the quality of care for HIV-infected persons with TB by exposing staff to new information, techniques, and strategies. This type of training is an essential strategy in a setting like Guyana where continuing medical education for nurses and doctors is not a requirement for retention.
Specific activities will include:
1. Ensuring TB patients receive HIV testing through staff training and supervisory outreach to clinics
2. Increasing the number of TB patients referred to and receiving HIV care by strengthening referral systems
3. Expanding systems for TB screening in HIV care and treatment settings
4. Implementing facility assessment tools for quality of care for TB/HIV co-infected patients
5. Performing register and chart reviews for TB/HIV co-infection management
6. Providing training on TB/HIV surveillance and strengthening reporting activities to improve the quality of national TB/HIV surveillance data
7. Providing training on best practices for the unique challenges of care for TB/HIV co-infected patients
8. Explore method to define burden of multi-drug resistant TB in Guyana and contribution to AIDS mortality

All above activities will be coordinated with the MOH, FXB, and PAHO to ensure that key areas receive emphasis and that activities do not overlap.

Continued Associated Activity Information

Activity ID: 5029
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: US Centers for Disease Control and Prevention
Mechanism: CDC Program Support

Funding Source: GHAI
Planned Funds: $ 32,616.00

Emphasis Areas	% Of Effort
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, Quality Improvement and Supportive Supervision	10 - 50
Targeted evaluation	10 - 50

Targets

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

Target Populations:

Adults
Doctors
Nurses
Pharmacists
HIV/AIDS-affected families
International counterpart organizations
Military personnel
People living with HIV/AIDS
Prisoners
Public health care workers
Other Health Care Worker
HIV positive children (5 - 14 years)

Coverage Areas:

National

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: GHAI
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 8112
Planned Funds: $ 50,000.00
Activity Narrative: The Francois-Xavier Bagnoud Center (FXB) provides expertise on the diagnosis, treatment, and management of TB/HIV co-infected patients to the Guyana National TB Program. In FY07, FXB will continue its involvement in TB/HIV co-management with emphasis on activities at the GUM and Chest Clinics in Georgetown.

FXB will expand TB screening for HIV-infected patients and HIV testing for TB patients. Screening activities will be focused on vulnerable populations from local prisons and in-patient wards. Particular emphasis will be placed on the Genitourinary Medicine (GUM) Clinic and Chest Clinic; activities will include improving referral mechanisms between the clinics and the purchase of a dedicated x-ray machine at GUM Clinic. FXB will also liaise with in-patient providers at Georgetown Public Hospital Corporation, where half of all TB and HIV-infected patients in Guyana are diagnosed and referred into care.

FXB will continue to build the Chest Clinic as the primary referral, consultation, and treatment site for management of TB/HIV co-infection. A United Nations Volunteer (UNV) physician will continue to provide specialty TB/HIV care at the GUM and Chest Clinics. In collaboration with the Guyana National Continuous Quality Improvement Committee (CQI), FXB will facilitate the implementation of CQI measures at the Chest Clinic that will ensure that TB/HIV management follows national standards.

FXB will strengthen the linkages between PMTCT sites, HIV treatment sites, and the Chest Clinic and regional hospitals performing TB screening and diagnosis to facilitate the referral of newly-diagnosed TB or HIV-infected patients into appropriate care and treatment services. FXB will also emphasize referrals for patients to psychosocial services.

FXB will provide specialized care to TB/HIV co-infected patients by following DOTS protocol and procedures. They will also assist with the roll-out of community-based modified DOT-HAART with DOTS-TB treatment throughout Guyana. DOTS workers funded by Global Fund and peer support networks in Regions 1, 7, 8, and 9 will expand regional access to services for TB/HIV co-infected individuals. In addition, FXB will enhance MDR-TB management by assisting MOH with improving systems of international specimen transfer for testing.

FXB will continue to collaborate with the various TB/HIV stakeholders. In particular, FXB will work with both CDC Atlanta and PAHO to coordinate training activities and ensure that there is not a duplication of services. FXB's efforts complement those of the Global Fund and World Bank programs and contribute to a comprehensive HIV response in Guyana. Efforts to minimize duplication include contributing to policy formulation and guidelines and protocol development in relation to HIV care and treatment and collaborating with MOH, USG partners, UN partners and other bilateral and multilateral organizations in HIV care and treatment efforts.

Continued Associated Activity Information

Activity ID: 3167
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Francois Xavier Bagnoud Center
Mechanism: FXB
Funding Source: GHAI
Planned Funds: $ 408,000.00

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 treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	4	☐
Number of HIV-infected clients given TB preventive therapy	280	☐
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	215	☐
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	25	☐

Target Populations:

Adults
International counterpart organizations
National AIDS control program staff
People living with HIV/AIDS
Host country government workers
Public health care workers
HIV positive children (5 - 14 years)

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: GHAI
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 8113
Planned Funds: $ 0.00
Activity Narrative: Through a cooperative agreement the CDC will continue to provide core support to the MOH for TB and TB/HIV program activities, with the purpose of building MOH's TB/HIV expertise and helping alleviate some of the TB/HIV diagnostic challenges that persist in-country. This funding will provide funding support for two contract clinical staff and one contract laboratory staff and will provide laboratory support. CDC will work closely with MOH and Global Fund to identify long-term funding sources for these staff to ensure sustainability of adequate staff to provide care for TB/HIV co-infected patients.

Continued Associated Activity Information

Activity ID: 3201
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Ministry of Health, Guyana
Mechanism: Ministry of Health, Guyana
Funding Source: GHAI
Planned Funds: $ 0.00

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

Targets

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

Coverage Areas:

National

Table 3.3.07: Activities by Funding Mechanism

Mechanism: AIDSRelief
Prime Partner: Catholic Relief Services
USG Agency: HHS/Health Resources Services Administration
Funding Source: GHAI
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 8197
Planned Funds: $ 2,000.00
Activity Narrative: As one component of its comprehensive care and treatment activities in Guyana, AIDSRelief will focus on inter-agency collaboration and training in regards to TB/HIV co-infection diagnosis and treatment.

To ensure effective co-management of HIV and TB, AIDSRelief will continue to strengthen the relationship between the Chest Clinic and the Local Treatment Partner Hospitals (LTPH) in Georgetown (St. Joseph Mercy Hospital and Davis Memorial Hospital). AIDSRelief will also continue to work with the Ministry of Health and the Chest Clinic to ensure treatment and follow-up of TB/HIV co-infected patients at Bartica Public Hospital. Beginning in October 2006, AIDSRelief will provide direct oversight of monthly visits to Bartica Public Hospital by Chest Clinic staff.

AIDSRelief, in collaboration with the Chest Clinic and Ministry of Health, will provide training for all health staff and DOTS workers at Bartica Public Hospital, Mazaruni Prison, and regional health posts in Region 7 so that there is sufficient human capacity to manage patients on-site and in the surrounding areas. Clinician training on managing TB/HIV co-infection, in accordance with Guyana's national guidelines, will include: diagnosis of TB in the HIV-infected person, selection of an ART regimen for patients starting therapy for tuberculosis, and initiation of ART in a patient who is currently on anti-TB therapy. In addition, AIDSRelief will support the laboratory infrastructure at Bartica Public Hospital to ensure proper diagnosis and management of TB and HIV. AIDSRelief will avoid duplication of services by coordinating with the Global Fund and other PEPFAR partners.

Targets

Target	Target Value	Not Applicable
Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	1	☐
Number of HIV-infected clients given TB preventive therapy	25	☐
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	25	☐
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)		☑

Target Populations:

Adults
Faith-based organizations
Doctors
Nurses
People living with HIV/AIDS
Prisoners
Public health care workers
Laboratory workers
Other Health Care Worker
Private health care workers
Doctors
Laboratory workers
Nurses
Other Health Care Workers
HIV positive children (5 - 14 years)

Coverage Areas

Cuyuni-Mazaruni (7)

Demerara-Mahaica (4)

Table 3.3.07: 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:	GHAI
Program Area:	Palliative Care: TB/HIV
Budget Code:	HVTB
Program Area Code:	07
Activity ID:	8498
Planned Funds:	$ 100,000.00
Activity Narrative:	PAHO will strengthen TB/HIV collaborative activities within the National Tuberculosis Program. As a part of their regional health model, which decentralizes health services to the regional level, tuberculosis nurses at all MOH regional hospitals and health centers with outpatient TB clinics will be trained in TB/HIV co-management. Training will be based on the IMAI "TB Care with TB/HIV Co-management" module, which was developed by the WHO's StopTB Department and has been adapted by Guyana's National Tuberculosis Control Program. TB nurses will be trained to offer HIV testing to all TB patients and suspected patients, offer cotrimoxazole prophylaxis, counsel patients on prevention, assess clinical stages for TB/HIV co-infected patients, and refer patients for ART when necessary. Regional TB coordinators will be included in IMAI training for regional HIV coordinators and will receive training and funding for site visits to facilities with out-patient TB clinics. During these visits, regional TB coordinators will offer support to TB nurses, monitor progress, and assess the need for supplementary trainings. These activities will strengthen linkages between TB and HIV treatment systems, enhance co-infection services in outer regions, and help integrate TB/HIV management into the greater healthcare system for maximum sustainability. CDC will be the technical lead for this activity and funding will be administered through USAID to PAHO.

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

Targets

Target	Target Value	Not Applicable
Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting		☑
Number of HIV-infected clients given TB preventive therapy		☑
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease		☑
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	13	☐

Target Populations:

Adults
International counterpart organizations
People living with HIV/AIDS
Prisoners
Public health care workers
HIV positive children (5 - 14 years)

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: GHAI
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 8551
Planned Funds: $ 20,000.00
Activity Narrative: The Center for Disaster and Humanitarian Assistance Medicine (CDHAM) will continue to provide technical assistance, including training, education resources, and standard operating procedures (SOPs) to the Guyana Defense Force (GDF) medical personnel for proper diagnosis and treatment of TB in HIV-infected individuals within the GDF. The GDF will implement HIV testing and counseling for all TB patients and TB screening of all HIV-infected personnel. Training, local organization capacity development, and strategic information activities will be done in conjunction with activities in the palliative care: basic health care and support program area. Necessary equipment and laboratory supplies will be purchased as part of the laboratory infrastructure program area.

Continued Associated Activity Information

Activity ID: 5308
USG Agency: Department of Defense
Prime Partner: Center for Disaster and Humanitarian Assistance Medicine
Mechanism: Department of Defense
Funding Source: GHAI
Planned Funds: $ 12,000.00

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 treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	4	☐
Number of HIV-infected clients given TB preventive therapy		☑
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	10	☐
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	15	☐

Target Populations:

Doctors
Nurses
Most at risk populations
HIV/AIDS-affected families
Military personnel
People living with HIV/AIDS
Public health care workers
Other Health Care Worker

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: $ 978,000.00

Program Area Context:

There is growing awareness in Guyana at a Government and civil society level of the need to ensure greater protection and care for orphans and vulnerable children, however there is currently no differentiation of children by circumstances. In Guyana, there are an estimated 4,200 OVC total, not only due to HIV/AIDS (UNICEF, OVC Study 2003) and 500 of these children are living in child residential institutions. These figures will be updated after the release of the 2005 UNICEF/USAID funded Multi-cluster Indicator Survey. Given the relatively low number of children residing in institutional care, there is a strong joint commitment from donor agencies and the Government of Guyana to integrate these children back into a home environment, while limiting the further institutionalization of children through sound legislation. To date, UNICEF has worked closely with institutional care providers as partners in the solution. There is a shared vision by all for standardizing and monitoring care being provided within institutions, developing a foster care system, and finally, for the elimination of institutional care. UNICEF has already been working to provide technical assistance for the development and implementation of a multi-sectoral approach to OVC in Guyana and will continue to provide support in this area in collaboration with the Ministry of Labor, Humans Services and Social Security (MOLHSSS), MOH, PEPFAR, AIDSRelief and other agencies working on OVC issues. Progress to date has included, the development of a national framework (policy and legislation) to guide programming and to protect OVC, capacity building of service providers including the MOLHSSS and strengthening the monitoring and evaluation systems, and the launch of the pilot phase of the National OVC database. The continuation of implementation of these activities is crucial as is their expansion and scaling up to reach more OVC.

As defined in Guyana's National Policy, and strengthened through PEPFAR support, a comprehensive response to orphans and other vulnerable children includes the five global OVC strategies:

1. Strengthening the capacity of families to protect and care for OVC ;
2. Mobilizing and supporting community-based responses to support OVC;
3. Ensuring access for OVC to essential services (Legal, Social Welfare Support, Psychosocial, Education;
4. Protecting the most vulnerable children through improved enforceable policy and legislation (Focusing on standardizing institutional care and setting minimum standards of care.); and
5. Raising awareness, through advocacy and social mobilization, to create a supportive environment for OVC.

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.

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 programs already supported by UNICEF as well as the GHARP activities. Personnel from within the various relevant government ministries and departments will also be an integral part of this process.

With technical support from the Guyana HIV/AIDS Reduction and Prevention Project (GHARP), twelve NGO and FBO partners will continue to deliver services to address the "core" needs of OVC, through interventions at the child, caregiver and systems levels. These include children's access to the same quality of education with special emphasis on ensuring that girl children have equal opportunities, vocational training, medical care, targeted nutritional support, basic food support (including community gardens and leveraging other GOG and donor program resources), psychosocial support, and economic opportunity/strengthening. Efforts will be coordinated with the Government and other civil society

programs, to ensure continuity of care and the responsible reporting of the support provided to each OVC. It is recognized that there is a need to sustain OVC efforts beyond the life of the project. Therefore, GHARP, through its NGO network, will target community committees to support vulnerable families, while focusing simultaneously on building skills among community "facilitators" from NGO, CBO and FBOs through training and re-training. In FY 07, GHARP will increase its coverage from the 800 OVC being supported, by concentrating on recruitment of children to the program through linking closely with high probability sources for case finding. Such partners will be Government social service offices, PMTCT sites, treatment sites, PLWHA support groups, and palliative care providers.

AIDSRelief, as part of its family-centered approach to care and treatment, will continue to strengthen linkages with ongoing care, treatment and prevention programs at the private, public and community levels to ensure timely access to treatment services. In FY 07, focus will also be placed on strengthening clinical and laboratory monitoring of pediatric patients enrolled in pediatric care and/or ART programs. In addition, education seminars related to counseling children and adolescents infected with HIV, will continue with care providers and counselors.

Through its work at the 'grass roots' level, Peace Corps volunteers are well poised to reach more OVC and their caregivers with services. In FY 07, Crisis Corps Volunteers will be assigned to work with organizations and community groups to increase OVC access to services and programs, including nutritional support, psychosocial counseling, income generation and schooling. These efforts will be coordinated with other PEPFAR partners, UNICEF and the GOG to improve the quality of life and establish sustainable income generation for orphans and their families.

Program Area Target:

Number of OVC served by OVC programs	1,003
Number of providers/caregivers trained in caring for OVC	200

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: GHAI
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 7467
Planned Funds: $ 100,000.00
Activity Narrative: Through its NGO network and its dedication of targeted technical assistance, 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 partners 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 providers). 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.

GHARP, through its NGO partners, will focus its energies on increasing the reach of the OVC program through innovative means. Creative approaches are needed given the relative low HIV prevalence in Guyana which suggests that the number of HIV/AIDS-related OVC is small compared to OVC of all causes (HIV/AIDS OVC /OVC of all causes). GHARP will therefore focus its energies on high probability sources for case-finding e.g. ART sites, PT/HBC centers, PMTCT, VCT, PLHA groups and community (drop-in) centers. Additionally GHARP will assist in exploring options of alternative funding through wrap-around services.

GHARPs network of NGOs will also promote the development of a non-discriminatory environment by conducting educational sessions with the Parent-Teachers-Associations, school children, and local community groups through the use of peer educators. In-house counselling for care-givers will also be conducted in order to promote an enabling environment for positive attitudinal change. The NGOs will also seek to promote anti-stigma and discrimination messages at various national events.

A significant role of GHARP will be in program oversight, monitoring and evaluation, reporting to USG, networking, and technical backstopping.

New activities
1. Support and encourage the development of community committees
2. Support referral system strengthening through HBC-for-children training
3. Support referral system strengthening through support of HBC volunteers
4. Technical support for OVC through work internships, etc in collaboration with Ministries of:
   - Labour, Human Services and Social Security
   - Education
   - Culture, Youth and Sport
   - Agriculture
   - Amerindian Affairs
5. Maintenance of quality and effective services at NGOs and Ministries through mentoring, coaching and facilitated supervision, as well as reporting responsibility for OVC to USAID
6. Development and dissemination of Child counseling manual
7. Development and dissemination of manual on access to welfare grants
8. Support for OVC inclusion in IMCI training at MCH/MOH

Continued Associated Activity Information

Activity ID: 3160
USG Agency: U.S. Agency for International Development
Prime Partner: Family Health International
Mechanism: GHARP
Funding Source: GHAI
Planned Funds: $ 310,000.00

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
Needs Assessment	10 - 50
Policy and Guidelines	10 - 50
Training	10 - 50

Targets

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

Key Legislative Issues

Stigma and discrimination

Wrap Arounds

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: GHAI
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 7469
Planned Funds: $ 358,000.00
Activity Narrative: Maurice Solomon, Parmesar and Company (A private-sector, indigenous accounting instituation) was contracted to disburse and monitor small grants to a network of local organizations, while strengthening their financial and administrative management capacities. This Firm has developed a manual on Financial, Administrative and Accounting Guidelines and conducted training on its use, introduced an accounting database and established a system for financial reporting while conducting monthly visits and on-site training with partner organizations. Training sessions/visits are geared to respond to the particular needs of each organization and the designated accounting staff.

The Firm will continue to provide financial assistance to twelve (12) NGO/FBO partners to implement comprehensive OVC programs. One of the key NGO partners, Linden Care Foundation (LCF), is currently providing care and support services to over two hundred (200) children who are reached through referrals from schools and members of the community, the HBC and VCT programs. Services offered to OVC include psychosocial counseling(individual counseling with OVC as well as parent/guardian counseling), homework supervision, medical referrals, nutritional assessment and counseling, adherence support, referring caregivers to social and legal services, access to micro-enterprise initiatives and vocational skills training for older youth, age appropriate prevention education and encouraging testing for family members. Community facilitators from LCF, trained through GHARP, conduct visits to homes and schools to follow-up on the progress of the child. TLCF has also been able to leverage resources from international and local agencies to construct a 'drop in' centre for OVC, obtain raw materials for food and the acquisition of multi-vitamins, and, other medications for pain management and the treatment of opportunistic infections. With support from UNICEF and 'Every Child Guyana' LCF also manages a mini-pharmacy. Support from the World Bank has enabled the organization to provide nutritious meals for one hundred OVC four days weekly. A nutritionist who is a member of LCF assists with the preparation of the meals.
The Chairperson of LCF is a qualified nurse practitioner/midwife. She attended the PEPFAR OVC conference in Namibia in March, '06 and gave a presentation on OVC in Guyana and the Caribbean.

GHARP, as the technical assistance, oversight and monitoring arm, provides assistance in programmatic and technical aspects of the project to NGOs within the USAID HIV/AIDS strategy and serves as a key agent in building sustainable program management and technical capacity of the NGOs. Hence, the targets of these twelve (12) NGOs/FBOs would be included under GHARP in FY 07, and will be tracked by GHARP monitoring framework and compiled in their database. In keeping with OGAC's guidance, standardized data collection forms for each program area were developed by GHARP, to ensure the quality of data collected. The maintenance of data quality will be ensured through the training and retraining of NGO staff with M&E responsibility. Apart from the monthly review of data collected, GHARP conducts quarterly data quality assurance reviews to each NGO to monitor the utilization of the monitoring system and the accuracy of the data collected. Thus, GHARP monitors progress against the total program area targets and those individually set by the NGOs, in their annual Monitoring and Evaluation plan.

The Accounting Firm will be responsible for the continued capacity and system strengthening of the identified NGO/FBO partners in the key areas of financial management, through on-site technical assistance and training.

Continued Associated Activity Information

Activity ID: 3204
USG Agency: U.S. Agency for International Development
Prime Partner: Maurice Solomon Accounting
Mechanism: Accounting Institution
Funding Source: GHAI
Planned Funds: $ 200,000.00

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/caregivers trained in caring for OVC		☑

Target Populations:

Community-based organizations
Faith-based organizations
HIV/AIDS-affected families
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
Caregivers (of OVC and PLWHAs)
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

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: GHAI
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 7470
Planned Funds: $ 430,000.00
Activity Narrative: UNICEF's support with PEPFAR funds will continue to 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 strategies based on the global frameworks will be to strengthen the capacity of families to protect and care for OVC; ensure access for OVC to essential services; protect the most vulnerable children through improved enforceable policy and legislation; raise awareness at all levels through advocacy and social mobilization to create a supportive environment for OVC and their families.

While institutional care in Guyana normally forms one of the first level of response for children who do not have parental care for reasons of orphan-hood and other vulnerabilities, it hinders the development of sustainable solutions and often does not meet the complex needs of children. Hence, UNICEF will continue to work with the Ministry of Labor, Human Services and Social Security, residential care facilities for children, community and faith based organizations to establish and reinforce minimum standards of care for children in institutions, reintegrate children from residential institutions to their families or other community care options, and strengthen the capacity of the MOLHSSS, through training of social workers and child care professionals, and, the maintenance and expansion of the child database.

Birth registration of children is crucial given the disparities in access to this service especially for children in hard to reach areas in Guyana, and the attendant problems. UNICEF will therefore promote a national campaign to encourage registration (which will also support the PMTCT initiative in determining more accurate target population estimates). In addition, access to legal aid support for OVC is imperative to ensure that they are not exploited through child labor, trafficking or cheated out of inheritance. Activities will include the establishment of a legal aid system in 7 regions to support OVC and their caregivers. In this regard, UNICEF will collaborate with the Ministries of Health; Labor, Human Services and Social Security; Legal Affairs; and Education.

UNICEF was mandated to be the lead Agency in the development of a national policy on OVC and the subsequent National Plan of Action, to ensure that children's issues are on the Agenda of policy makers. To this end, UNICEF will continue to provide technical assistance for and facilitate the adoption and enforcement of the National OVC Policy which was formulated and approved by the Ministry of Labour Human Services and Social Security, as well as the implementation of the draft OVC National Plan of Action.

The response to OVC requires a multi-sectoral approach. UNICEF is therefore supporting the institutional strengthening of multiple line Ministries, including the MoLHSSS, MoH and Ministry of Education (MoE). Activities will also include strengthening the institutional capacity of the MoLHSSS through the setting up of a cadre of 'child specialists' in the 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 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.

Continued Associated Activity Information

Activity ID: 3212
USG Agency: U.S. Agency for International Development
Prime Partner: United Nations Children's Fund
Mechanism: UNICEF
Funding Source: GHAI
Planned Funds: $ 225,000.00

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
OVC Referal		☑
Number of OVC served by OVC programs		☑
Number of providers/caregivers trained in caring for OVC	80	☐

Target Populations:

HIV/AIDS-affected families
Orphans and vulnerable children
Caregivers (of OVC and PLWHAs)
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Coverage Areas:

National

Table 3.3.08: Activities by Funding Mechanism

Mechanism:	Peace Corps
Prime Partner:	US Peace Corps
USG Agency:	Peace Corps
Funding Source:	GHAI
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	7473
Planned Funds:	$ 0.00

Activity Narrative: $50,000 of Pipeline Funds will be used.

In an effort to address HIV/AIDS in Guyana, Peace Corps/Guyana (PC/GY) collaborates with other United States Government (USG) agencies to carry out the President's Emergency Plan for AIDS Relief (PEPFAR). Peace Corps' comparative advantage at the grassroots level is recognized by the partner agencies as adding value to their national programs focused on prevention and care.

Currently, nearly 50 Health and Education Volunteers serve in nine of Guyana's ten regions. Volunteers in PC/GY's health project work directly with health centers and communities to help them identify local and national resources, facilitate community health assessments, design and implement health education projects, and train health center staff and community leaders. The health project also addresses the country's high HIV/ AIDS rates and focuses its efforts on Guyanese youth. Volunteers work in a coordinated effort with NGOs to address this health risk. Education Volunteers work with youth organizations and the Ministry of Education to provide at-risk youth with educational, personal and life skills development opportunities. Through teacher-training activities, Volunteers also work with educators on non-traditional teaching methods and the life-skills training methodologies.

In Fiscal Year 2006 (FY06), PC/GY used PEPFAR funds to build on the HIV/AIDS awareness raising and life skills activities of its Education and Health projects and branch into newer areas such as care and support. Through peer education training, programs for orphans and vulnerable children, referrals, and small community-based projects, Volunteers reached over 9,700 individuals.

In FY07, PC/GY will work toward post and PEPFAR goals by continuing to enhance the work of Volunteers through training and small project assistance. As a new direction in FY07, PC/GY will develop assignments for Crisis Corps Volunteers (CCVs) to provide targeted, strategic technical assistance. PC/GY will also formally engage NGO and government partners to coordinate efforts.

For many years Peace Corps has been reaching out to vulnerable groups, including orphans and vulnerable children (OVC), which many programs do not serve. In FY07, PC/GY will establish a program to enhance capacity of communities and caretakers to provide care and support for these children. With PEPFAR resources, Crisis Corps Volunteers and their counterparts will collaborate with other PEPFAR partners, UNICEF and the Government of Guyana to improve the quality of life and establish sustainable income generation for orphans and their families. In Pre- and In-service Training, Volunteers will receive information and skills in community mobilization on OVC issues, including establishing and promoting OVC networks and mentorship programs in communities, assisting with the dissemination of materials and information related to orphans and vulnerable children, and identifying and linking orphans and vulnerable children to OVC services. Volunteers will work with organizations and community groups to increase orphans' and vulnerable children's access to services and programs that may relate to nutrition, income generation, and schooling needs, among other areas of assistance. Volunteers will endeavour to raise awareness in their communities about the HIV/AIDS and the needs and circumstances of OVC, with a focus on reducing stigma and discrimination. Volunteers will help to identify service gaps and strategize solutions with local community partners. Caregivers of orphans and vulnerable children will receive training to enhance home-based care.

Two Crisis Corps assignments will be developed and filled. The Position Description for these assignments will focus on training community leaders and institutional staff in psychosocial support and/or training of caregivers in income generation basics.

To reach the largest possible number of orphans and vulnerable children, PEPFAR funds will be used to strengthen Volunteers' and their counterparts' knowledge and skills in OVC programming through during Pre- and In-service training sessions. PC/GY will begin by improving and enhancing pre-service training to prepare both health and education Volunteers in the area of OVC programs. Training experts from PC/GY, GHARP and UNICEF will conduct training for PCVs focused on capacity building related to serving the needs of orphans and vulnerable children, for at least 30 Volunteers and 30 counterparts

and/or OVC service providers.

To avoid duplication and to benefit from potential synergies, training activities will be conducted in collaboration and consultation with all local partners operating in the Volunteers' communities. PC/GY will develop training materials based on nationally accepted training curricula. Peace Corps-developed and other materials will be purchased for use by PCVs designated as Traveling Teachers and for general use in the Resource Library.

PC/GY will continue to provide peer-to-peer support to Volunteers through a group of "Traveling Teachers" who can provide specific project assistance. These resource Volunteers will receive additional OVC care and support training and be provided with a resource library to assist in the dissemination of information and best practices about OVC care and support and offer technical assistance to Volunteers and their communities in the development of VAST proposals. Upon request from a Volunteer, the Traveling Teacher will be dispatched to provide the required assistance. PEPFAR funds will be made available to Volunteers to cover these PEPFAR-related in-country travel cost.

Volunteers will work with their counterparts and organizations dedicated to serving the needs of orphans and vulnerable children to identify and facilitate the implementation of small projects directly related to improving the quality of life of these children. Young people in Amerindian and mining communities are among the potential target groups for these funds. Project Development and Management and Monitoring and Reporting workshops for Volunteers and counterparts are also planned.

Continued Associated Activity Information

Activity ID: 4010
USG Agency: Peace Corps
Prime Partner: US Peace Corps
Mechanism: Peace Corps
Funding Source: GHAI
Planned Funds: $ 40,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	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
Training	10 - 50

Targets

Target	Target Value	Not Applicable
OVC Referal	20	☐
Number of OVC served by OVC programs		☑
Number of providers/caregivers trained in caring for OVC	30	☐

Indirect Targets

Number of OVC referred for services: Defined by the number of OVC (as defined by OGAC) that have recieved services as a result of a referal. (20)

Number of organizations provided technical assistance by Volunteers in the area of care and support for orphans and vulnerable children. (10)

Target Populations:

HIV/AIDS-affected families
Orphans and vulnerable children
Caregivers (of OVC and PLWHAs)
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

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 3.3.08: Activities by Funding Mechanism

Mechanism: AIDSRelief
Prime Partner: Catholic Relief Services
USG Agency: HHS/Health Resources Services Administration
Funding Source: GHAI
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 7514
Planned Funds: $ 90,000.00
Activity Narrative: AIDSRelief places an emphasis on high quality care for OVC as part of its family-centered approach to care and treatment. Of the 625 patients currently enrolled in care (ART and non-ART), eighty-two (13%) are under the age of fourteen. Through continued dialogue with the pediatrician, counseling staff, and discussions with other treatment partners, AIDSRelief has come to recognize the need for targeted technical assistance tailored to the needs of our pediatric population. AIDSRelief will focus clinical technical assistance to strengthen clinical and laboratory monitoring of pediatric patients enrolled in pediatric care and/or ART programs. A pediatric psychologist from IHV will provide specialized training to counseling staff at local partner treatment facilities (LPTFs) in addressing psychosocial issues unique to children with AIDS and their families (e.g. coping with trauma of death of parent, disclosing status to children, anxiety & fear). Additionally, providers and counselors from the community and USG partner treatment sites will be invited to attend continuing education seminars on issue related to counseling children and adolescents infected with HIV. Particular emphasis will be placed on tailoring ART adherence services specifically for HIV positive OVC, as clinicians have reported that many caregivers have challenges understanding the dosages of ARV oral solutions. In addition, AIDSRelief will coordinate with USG and MOH to explore the possibility of introducing technology to enable pediatric diagnosis open to both public & private treatment sites in the interim until PCR testing is available at the National Reference Laboratory.

As part of its family-centered approach, AIDSRelief will strengthen linkages with ongoing care, treatment and prevention programs. Strong linkages with PMTCT programs will ensure that children have timely access to treatment services. AIDSRelief will also facilitate linkages with complimentary support services available at the LPTFs and in the community to offer a greater continuum of care for OVC.

Continued Associated Activity Information

Activity ID: 3219
USG Agency: HHS/Health Resources Services Administration
Prime Partner: Catholic Relief Services
Mechanism: AIDSRelief
Funding Source: GHAI
Planned Funds: $ 0.00

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
OVC Referal		☑
Number of OVC served by OVC programs	253	☐
Number of providers/caregivers trained in caring for OVC		☑

Target Populations:

HIV/AIDS-affected families
Orphans and vulnerable children
Caregivers (of OVC and PLWHAs)
HIV positive infants (0-4 years)
HIV positive children (5 - 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:	AIDSRelief
Prime Partner:	Catholic Relief Services
USG Agency:	HHS/Health Resources Services Administration
Funding Source:	GHAI
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	8069
Planned Funds:	$ 0.00
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).

Continued Associated Activity Information

Activity ID:	3219
USG Agency:	HHS/Health Resources Services Administration
Prime Partner:	Catholic Relief Services
Mechanism:	AIDSRelief
Funding Source:	GHAI
Planned Funds:	$ 0.00

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/caregivers trained in caring for OVC		☑

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Cuyuni-Mazaruni (7)

Demerara-Mahaica (4)

Essequibo Islands-West Demerara (3)

Upper Demerara-Berbice (10)

Table 3.3.09: Program Planning Overview

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

Total Planned Funding for Program Area: $ 1,324,960.00

Program Area Context:

Results of the PEPFAR-funded and recently disseminated Guyana HIV/AIDS Indicator Survey (GAIS) indicate that as of 2005, only 11.3% of women and 10.3% of men had been tested and received their results in the last 12 months. Therefore, our FY07 activities will focus on further mobilizing people to access counseling and testing (C&T), with a strong emphasis on most at-risk populations (MARP) and males, to boost prevention efforts and to identify those who need treatment. In addition, mapping and field work for a second round of PEPFAR-funded Behavioral Surveillance Surveys (BSS) in FY07 will provide updated information on geographic areas and groups with elevated prevalence or risk behavior (female commercial sex workers (CSW), men who have sex with men (MSM), youth (in- and out- of-school), the uniformed services, and employees of the sugar industry).

Currently, our program includes labor and delivery sites supported through the PMTCT program that have begun to operationalize provider-initiated counseling and testing, 16 public-sector PEPFAR-supported C&T sites where the transition to provider-initiated services will be facilitated, 7 additional NGO/FBO fixed VCT sites, and three mobile VCT teams that focus on work place and hard-to-reach communities. All services are supported by a community mobilization strategy that utilizes both interpersonal and multi-media interventions. The mobile VCT teams are currently transitioning from GHARP management to NGO management to foster ownership, technical capacity, and sustainable program management. GHARP will continue to provide technical and programmatic assistance to the NGI mobile teams to ensure a smooth transition. Youth Challenge Guyana's mobile team has been successfully integrated into the NGO/FBO partner portfolio and is focused on providing mobile services to the hinterland (regions 1, 7, 8, and 9) and workplace programs. It is envisioned that in FY07, the additional existing mobile teams will become integrated into the NGO/FBO partner portfolio. By June of 2006 the annual number of persons accessing counseling and testing rose to nearly 14,400--with 1,818 tests being provided in June alone. This significant increase in persons tested is due in part to the 45 workplace programs supported by both GHARP and the International Labor Organization (ILO), which we will continue to support in FY07 through expansion to an additional 15 sites.

It is estimated that there are over 4,000 persons living with HIV that are ARV-eligible. In FY06, the treatment targets of providing treatment to 1,200 were exceeded due to the success of reaching a large number of HIV-positive persons through C&T and targeted interventions with MARP. To reach and exceed our FY07 target of providing ARV treatment to 1,500 persons, we will focus on continuing to increase use and access to prevention services through the following activities: expanding geographical coverage of C&T in clinical settings using provier-initiated protocol, VCT mobile services to hinterland areas in Regions 1, 7, 8, and 9; promoting male access through targeted programs such as sports clubs, interventions for minibus drivers, male-centered group and community discussions, male clinics, and male-centered BCC messages; providing targeted services for MARP through the CSW and MSM projects led by GHARP; and broadening the range of services provided at VCT sites. AIDSRelief will support rapid scale-up of VCT services through the integration of VCT services in five riverain health posts and seven religious organizations. Additionally, the DoD will support the Guyana Defense Force (GDF) to encourage the uniformed services to be counseled and tested for HIV, with an emphasis on reduction of stigma and discrimination.

Community organizations that are strategically placed in hinterland areas with the largest mining and timber industry sites will operate mobile VCT 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 this target group. 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. Couples counseling will also be emphasized in FY07 in an effort to increase the number of males who access, to reduce transmission between sero-discordant couples, and to encourage faithfulness in concordant negative couples. Additionally, USG Guyana strategy will include home-based

VCT for families of orphans and vulnerable children, persons on treatment, and persons identified through the PMTCT program.

GHARP and CDC will lead the quality assurance programs to track rapid testing proficiency, training needs, and commodities management with the CDC/GAP QA/QI manager as the lead. Procurement and storage of test kits and related supplies will transition from CDC to SCMS in the first half of FY07, 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.

Finally, our FY07 strategy includes the continual integration of provider-initiated 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 integrating provider-initiated C&T at sites delivering diagnosis and treatment for TB, STIs, and HIV in coordination with CDC/FXB as they continue to provide the majority of site-support for these clinics. The MOH will also integrate C&T services into the outpatient and medical clinics of selected facilities and to in-patient services to capture clients already seeking health services. Additionally, there will be a concerted effort to develop stronger referral networks for prevention, care and treatment within and between public and private service points in FY07, building on the example of strong referral links currently being developed at PMTCT sites for family-centered counseling and testing at out-patient clinics.

Program Area Target:

Number of service outlets providing counseling and testing according to national and international standards	57
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	19,650
Number of individuals trained in counseling and testing according to national and international standards	94

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: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 8002
Planned Funds: $ 20,000.00
Activity Narrative: Counseling and testing (C&T) by trained counselors will be available at all four GDF locations, Base Camps Ayanganna, Stephenson, Ruimveldt, and Seweyo, with plans to for establishment of C&T center at the Colonel John Clarke Military School. 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. 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.

Continued Associated Activity Information

Activity ID: 5287
USG Agency: Department of Defense
Prime Partner: Center for Disaster and Humanitarian Assistance Medicine
Mechanism: Department of Defense
Funding Source: GHAI
Planned Funds: $ 60,000.00

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 and international standards	4	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	200	☐
Number of individuals trained in counseling and testing according to national and international standards	20	☐

Target Populations:

Doctors
Nurses
Military personnel
Men (including men of reproductive age)
Women (including women of reproductive age)
Other Health Care Worker

Key Legislative Issues

Stigma and discrimination

Coverage Areas:

National

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:	GHAI
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	8004
Planned Funds:	$ 250,000.00

Activity Narrative: GHARP will increase the number of ARV referrals in FY07 (699 as of June 30, 2006), 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 reaching high-risk populations. An extensive level of effort will be dedicated to mobilizing the populations 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 has been transitioned to MOH and NGO partners such as Hope for All, Lifeline, Guyana Responsible Parenthood Association, Comforting Hearts, St. Francis Community Developers, Hope Foundation, Linden Care Foundation, and Youth Challenge Guyana, but GHARP continues to monitor, evaluate and report on C&T. In FY07, GHARP will support NGOs/FBOs in C&T service delivery and community mobilization by providing training, information management, personnel, and management and support for the rapid testing teams. GHARP will also implement a Quality Assurance/Quality Improvement (QA/QI) program to coordinate quality assurance programs with CDC/GAP and the MOH to track counseling & rapid testing proficiency, training needs, and commodities management. Tools for quality of counseling and testing have been developed and piloted at several VCT sites. Presently, quality assurance efforts for testing using the Rapid Test Kits (RTK) are being conducted by CDC/GAP. QA/QI measures for Counseling will be further developed and implemented at VCT sites. GHARP, in partnership with the MOH and CDC/GAP, will also dedicate a significant level of effort for the assurance of efficient and appropriate data collection form development, oversight, and accurate reporting among all partners.

To ensure a trained cadre of persons to support VCT activities, Counseling and Testing Training will be institutionalized through the Institute of Distance and Continuing Education (IDCE), University of Guyana. The IDCE program reaches a wide cross section of persons which will allow for C&T programs to be afforded to persons in the regions.

In FY07, GHARP will continue to support the expansion of C&T services. 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. GHARP will provide technical support and guidance to increase uptake of these services by leading focus-group discussions to ensure that the organization's service delivery matches the needs of the high-risk groups. Additional faith-based C&T services will be supported, as requested by the Central Islamic Organization. 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. Youth Challenge Guyana has already successfully transitioned to leading one of the mobile teams; the other NGOs that will be chosen to manage the remaining mobile units are currently under review and a transition plan is being developed. Efforts have been made with the mobile unit to initiate Community Mobilization in hard-to-reach and high-risk populations. GHARP will continue to technically assist partners to develop C&T expansion strategies in support of the National HIV/AIDS Strategy based on risk behavior and prevalence information. All program expansion strategies will 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 gleaned from FY05 targeted evaluations. In FY07, GHARP will focus on addressing barriers that ultimately prevent men from accessing services by conducting a situation analysis and developing an action plan to address identified issues with strategies to better provide services to men. GHARP will continue to promote opportunities for male access to VCT through community based outreach and workplace programs, peer education, community mobilization, and mass media, as well as targeted programs for sports clubs, interventions for minibus drivers, and male clinics. Working with its NGO/FBO partners, GHARP will continue to encourage couples counselling in an effort to reduce transmission in sero-discordant couples and encourage faithfulness in concordant negative couples. Additionally, GHARP strategy will include home-based C&T for families of orphans and vulnerable children, persons on treatment, and persons identified through the PMTCT program.

GHARP will continue to focus on integration of C&T into the basic package of support services at health facilities in FY07. GHARP will support the revision of Standard Operating Procedures (SOPs) that have not been adopted and will retrain staff accordingly. Currently, strong referral links are being developed at PMTCT sites for family-centered

counseling and testing at out-patient clinics using the same C&T staff and rapid testing technology. Focus will be placed in FY07 on strengthening the established referral system between C&T, treatment, home-based care, OVC, and all other public and private service points. Integration of provider-initiated C&T at sites delivering diagnosis and treatment for TB, STIs, and HIV will be done in 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.

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

GHARP will collaborate with NAPS to initiate a Care for the Caregivers (offloading) program for health care providers. GHARP will facilitate the formation of a counselors' network for each geographical area by providing forum for interaction. Quarterly VCT meetings have already started and will continue with counselor/testers from all the regions except regions 1 and 8.

Continued Associated Activity Information

Activity ID: 3161
USG Agency: U.S. Agency for International Development
Prime Partner: Family Health International
Mechanism: GHARP
Funding Source: GHAI
Planned Funds: $ 840,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	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
Training	10 - 50
Workplace Programs	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national and international standards	25	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	12,000	☐
Number of individuals trained in counseling and testing according to national and international standards	50	☐

Target Populations:

Adults
Business community/private sector
Brothel owners
Commercial sex workers
Community leaders
Community-based organizations
Factory workers
Faith-based organizations
Most at risk populations
Discordant couples
Men who have sex with men
Street youth
HIV/AIDS-affected families
Military personnel
Mobile populations
Truck drivers
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Prisoners
Seafarers/port and dock workers
University students
Migrants/migrant workers
Out-of-school youth
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: Accounting Institution
Prime Partner: Maurice Solomon Accounting
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 8005
Planned Funds: $ 430,000.00
Activity Narrative: Maurice Solomon, Parmesar and Company, an indigenous financial institution, was contracted to disburse and monitor small grants to a network of local organizations, while strengthening their financial and administrative management capacities. This Firm has developed a manual on Financial, Administrative and Accounting Guidelines and conducted training on its use, introduced an accounting data base and established a system for financial reporting while conducting monthly visits and on-site training with partner organizations. Training sessions/visits are geared to respond to the particular needs of each organization and the designated accounting staff.

The Accounting Firm will continue to provide financial assistance to a regional distribution of twenty (20) NGOs/FBOs to initiate interpersonal and community dialogue, provide information, and mobilize communities to access Counselling and Testing Services, including counseling and testing through PMTCT ANC clinics.

Currently, the following eight (8) NGO/FBO partners are supported to deliver counseling and testing: Comforting Hearts, the Guyana Responsible Parenthood Association, Hope for All, Hope Foundation, Lifeline Counselling Services, Linden Care Foundation, St. Francis Community Developers, Youth Challenge Guyana. Of those eight, there are seven fixed sites and one mobile unit located at the Guyana Responsible Parenthood Association. The NGOs/FBOs have been reaching high risk populations with C&T services through their community outreach activities and walk-in service. Appropriate AB education has been integrated into their risk reduction counselling, and, prevention programs for high risk populations follow the ABC guidance. Persons who are tested positive through counselling and testing are referred to treatment services, home and community based programs.

In FY07, two additional NGOs/FBOs will be supported to expand Counselling and Testing Services in key communities, particularly targeting the rural and hinterland communities. Emphasis will be placed on male access and MARP.

GHARP, as the technical assistance, oversight and monitoring arm, provides assistance in programmatic and technical aspects of the project to NGOs within the USAID HIV/AIDS strategy and serves as a key agent in building sustainable program management and technical capacity of the NGOs. Hence the targets of the NGOs providing Counselling and Testing Services would be included in those under GHARP in FY 07, and will be tracked by GHARP monitoring framework and compiled in their database. In keeping with OGAC's guidance, standardized data collection forms for each program area were developed by GHARP, to ensure the quality of data collected. The maintenance of data quality will be ensured through the training and retraining of NGO staff with M&E responsibility. Apart from the monthly review of data collected, GHARP conducts quarterly data quality assurance reviews to each NGO to monitor the utilization of the monitoring system and the accuracy of the data collected. Hence GHARP monitors progress against the total program area targets and those individually set by the NGOs, in their annual Monitoring and Evaluation plan.
The Accounting Firm will be responsible for the continued capacity and system strengthening of the identified NGO/FBO partners in the key areas of financial management, through in-site technical assistance and training.

Of note, is that in FY 07, there will be an increased focus in transferring the service delivery aspect of VCT from GHARP to the NGO/FBO community. GHARP will continue to offer the training, QA, and technical assistance and oversight to ensure targets are met and that appropriate communities are targeted.

Continued Associated Activity Information

Activity ID: 3311
USG Agency: U.S. Agency for International Development
Prime Partner: Maurice Solomon Accounting
Mechanism: Accounting Institution
Funding Source: GHAI
Planned Funds: $ 350,000.00

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 and international standards		☑
Number of individuals who received counseling and testing for HIV and received their test results (including TB)		☑
Number of individuals trained in counseling and testing according to national and international standards		☑

Target Populations:

Community-based organizations
Faith-based organizations
Non-governmental organizations/private voluntary organizations

Key Legislative Issues

Addressing male norms and behaviors

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: AIDSRelief
Prime Partner: Catholic Relief Services
USG Agency: HHS/Health Resources Services Administration
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 8046
Planned Funds: $ 60,000.00
Activity Narrative: AIDSRelief will continue to ensure that HIV counseling and testing services at the three treatment sites it supports comply with national and international standards. As HIV testing will remain the major limiting factor to the expansion of HIV treatment in Guyana, AIDSRelief will support the rapid scale up of VCT services in existing health and community facilities. In coordination with NAPS and the USG, AIDSRelief will support the integration of fixed VCT services in five riverain health posts in the Lower Mazaruni (Region 7) as well as in seven Adventist church structures in the Georgetown Area (Region 4). AIDSRelief will also support free HIV testing in accordance with national standards at four private hospitals in Georgetown (Balwan Singh, Woodlands, Prasad's, Medical Arts Center) as these facilities have the potential to capture a large segment of the population due to their high out-patient and ANC populations. AIDSRelief will ensure that counseling and testing adhere to national standards as anecdotal evidence from HIV treatment providers indicates that these hospitals do not currently provide adequate post-test counseling or prepare the positive client to receive care or treatment. AIDSRelief will also ensure that these newly established VCT services are linked with other clinical programs, and HIV care & treatment programs in the public and private sector.

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national and international standards	19	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	7,000	☐
Number of individuals trained in counseling and testing according to national and international standards		☑

Target Populations:

Adults
Faith-based organizations
HIV/AIDS-affected families
People living with HIV/AIDS
Migrants/migrant workers
Religious leaders

Coverage Areas

Cuyuni-Mazaruni (7)

Demerara-Mahaica (4)

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: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 8087
Planned Funds: $ 150,000.00
Activity Narrative: Howard Delafield Inc. (HDI) is a partner company on the GHARP initiative, with responsibility for public health marketing and communication material development. Their responsibility will be to support community acceptance and health service-seeking behavior. HDI will develop and cover costs for printing and reproduction of community outreach C&T print, periodicals, advertisements, and focus heavily on providing the public health system and civil society with the materials and skills needed for interpersonal communication (IPC). Materials will be developed to reach specific target groups such as youth, males, couples, and will be tailored for both clients and providers so that messages are conveyed effectively and will service to assist health care professionals in providing accurate information as well as influence individuals to change their behaviors.

HDI also has expertise and a track record of engaging the private sector to support HIV/AIDS prevention initiatives. In collaboration with GHARP and the International Labor Organization (ILO), the workplace programs have been rapidly scaled up since the inception of the project. There are currently 45 workplace programs in place, compared to 35 at the beginning of FY06. Plans are underway to increase the number of workplace programs by an additional 15 sites in FY07. HDI works to bring private sector on board, foster workplace interest and commitment as well as provide direct support, while the ILO collaborates by supporting workplace programs and policy development.

Howard Delafield will also work with GHARP and the private sector to stimulate demand for C&T through the workplace programs. The GHARP workplace program officer will continue to promote onsite C&T for employees using the GHARP mobile VCT team as well as referring persons to NGOs and other public sector testing sites as part of the comprehensive approach to workplace intervention programs.

Targets

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

Target Populations:

Adults
Business community/private sector
Commercial sex workers
Factory workers
Most at risk populations
Discordant couples
HIV/AIDS-affected families
People living with HIV/AIDS
University students
Out-of-school youth

Coverage Areas:

National

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	Supply Chain Management System
Prime Partner:	Partnership for Supply Chain Management
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	8497
Planned Funds:	$ 200,000.00
Activity Narrative:	In FY06 the CDC Office procured all rapid test kits used in PEPFAR sites and commodities were managed out of the CDC office. In FY07, all funds will be transitioned to SCMS. The CDC office will work closely with SCMS and MOH during the transtion to ensure that there are no breaks in services. The CDC Office will continue its repsonsibilites for quality assurance for rapid testing in all PEPFAR programs.

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 and international standards		☑
Number of individuals who received counseling and testing for HIV and received their test results (including TB)		☑
Number of individuals trained in counseling and testing according to national and international standards		☑

Coverage Areas:

National

Table 3.3.09: 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: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 8673
Planned Funds: $ 139,960.00
Activity Narrative: In FY07, staff trained in HIV counseling and testing will transition from Family Health International (FHI) to positions directly supported by the MOH. Funding will be from CDC through its existing cooperative agreement with the MOH. This transition shifts both technical and administrative oversight for these health professionals to the Government of Guyana. USG will continue to provide technical assistance through existing programs to ensure a seamless transition and continued enhancement of service delivery. As these counselor-testers will continue to utilize GHARP reporting tools, targets are included under those for Activity #8004 for FY07.

Emphasis Areas	% Of Effort
Human Resources	51 - 100

Coverage Areas:

National

Table 3.3.09: Activities by Funding Mechanism

Mechanism: Department of Labor
Prime Partner: International Labor Organization
USG Agency: Department of Labor
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 10985
Planned Funds: $ 75,000.00
Activity Narrative: ILO will continue to build upon the experience and achievements of the USDOL/ILO Workplace Education Project in Guyana that, over the past three years, has focused on overcoming HIV/AIDS employment-related stigma and discrimination, reducing risk behaviors among more than 30,000 workers from twenty-three target enterprises and increasing sustained employment for workers living with HIV/AIDS (PLWHA) with target enterprises. In FY07, particular focus will be placed on increasing access to voluntary counselling and testing (VCT) services for employees through the workplace programs. Capacity will be developed within workplace health services, as well as through collaboration with the GHARP-supported NGOs to offer mobile VCT at the workplace.

The Guyana Sugar Corporation, Guysuco, will lead the development of on-site workplace counselling and testing services through the incorporation of VCT into their company health care infrastructure. USDOL/ILO will collaborate with MoH and GHARP to train company health care workers to become certified counsellor/testers, who will then offer VCT services to Guysuco employees and provide referrals to care and treatment. To increase the number of workers who know their status but do not have on-site health services at the workplace, the ILO, in collaboration with GHARP-supported NGOs, will provide mobile testing to their employees at the workplace. All counselling and testing services will be addressed with a targeted approach to ensure male access.

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national and international standards	9	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	450	☐
Number of individuals trained in counseling and testing according to national and international standards	24	☐

Target Populations:

Business community/private sector

Key Legislative Issues

Addressing male norms and behaviors

Stigma and discrimination

Coverage Areas

Demerara-Mahaica (4)

East Berbice-Corentyne (6)

Upper Demerara-Berbice (10)

Essequibo Islands-West Demerara (3)

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: $ 2,877,832.00

Program Area Context:

Treatment, care and prevention programs depend on a reliable and efficient supply of essential drugs and other commodities. Initially, supply chain management presented the greatest challenge to the USG effort to provide ARVs and other HIV/AIDS related medicines to Guyana as the MOH Materials Management Unit (MMU) lacked sufficient storage and managerial capacity to handle the increased flow of commodities. In conjunction with the Government of Guyana, the USG team discussed and developed the idea of a third-party warehouse as an intermediary solution that would address the immediate storage needs of all the HIV/AIDS commodities and serve as a model and training ground for supply chain best practices. After many months of dialogue and preparation on behalf of the USG team and the MOH and other key PEPFAR partners, this Annex warehouse has been established. The Annex is operated and managed by the Partnership for Supply Chain Management in close coordination with the MOH. All HIV/AIDS related health commodities in Guyana will be stored and distributed via the Annex and include ARVs, test kits and reagents from the Government of Guyana, PEPFAR, Global Fund, World Bank, CRS AIDS Relief, and the Clinton Foundation.

During FY07, the vision of PEPFAR Guyana is to continue to strengthen and build the capacity of the MOH MMU to ensure a steady supply of drugs, laboratory supplies, rapid test kits, and other HIV/AIDS commodities through improvements to infrastructure, transport, information systems and human resource capacity. This vision includes a gradual transition and capacity building strategy led by the Partnership's Supply Chain Management System (SCMS). USG Guyana's ultimate goal is to fully integrate the Annex and all HIV/AIDS commodities into an improved MOH supply chain system which includes strengthening the roles and capacities of other government institutions such as the National Food & Drug Department, the National Pharmacy unit and the National Blood Transfusion Service in addition to the MMU.

As of September 2006, over 1,500 individuals are receiving ART in Guyana. Currently 24 adults are receiving second line therapy and 140 children are expected to be on ART by the end of FY06. To effectively meet the procurement needs of the ART program in Guyana, the USG has coordinated closely with the MOH and the Global Fund. While Global Fund has provided adult first line ARVs, PEPFAR has been responsible for the procurement of adult second-line and pediatric first and second line ARVs, in addition to OI and STI drugs. The continued collaboration between USG, World Bank, Global Fund and the MOH will be reinforced and formalized this next year as Guyana is one of the first countries selected for joint procurement planning under the USG/WB/GF procurement working group. A new procurement committee led by the MOH and comprised of key stakeholders will be officially established next year.

The national standard treatment guidelines in Guyana have recently been revised and the standard first line treatment now includes an ARV previously only used in their second line regime. SCMS has facilitated and prepared a revised Global Fund quantification to reflect the new guidelines. Despite the changes, it is still expected in FY07 that Global Fund will purchase all adult first line ARVs and PEPFAR will continue to procure adult second line and pediatric first and second line ARVs and emergency first line ARVs as needed. The stock of pediatric ARV formulations in Guyana has significantly increased this year with a one time in-kind donation from the Clinton Foundation. In addition, the percentage of pediatric patients using pediatric formulations is smaller than expected and patients are switching from oral solutions to tablets earlier than previously anticipated. Forecasts for pediatric ARVs have been adjusted accordingly.

Working together with all key donors and treatment partners SCMS has coordinated a national quantification of ARV and other commodity needs in FY06. The issuance of items or consumption correlated to number of patients treated has been used to prepare a forecast of needs based on actual usage. An inventory system and dispensing tool has been piloted in 06 and during 07 will be introduced and maintained at each supported facility.

Table 3.3.10: Activities by Funding Mechanism

Mechanism:	Supply Chain Management System
Prime Partner:	Partnership for Supply Chain Management
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Drugs
Budget Code:	HTXD
Program Area Code:	10
Activity ID:	8209
Planned Funds:	$ 2,750,000.00

Activity Narrative: The comprehensive logistics and management of the supply chain for PEPFAR commodities including laboratory supplies and anti-retrovirals has transitioned smoothly to the Supply Chain Management Contract through the great efforts of both SCMS as well as FHI/GHARP over the last year. Developed in cooperation with both the Government of Guyana and the USG team, the SCMS/MOH joint vision is described as the following: to transform health care delivery by ensuring that quality medicines and health care commodities reach the people living with and affected by HIV/AIDS in Guyana.

In collaboration with in-country and international partners, SCMS will 1) Deploy innovative solutions to assist programs to enhance their supply chain capacity; 2) Ensure accurate supply chain information is collected, shared and used; and 3) Provide quality, best-value, health care products to those who need them.

The SCMS integrated approach in Guyana emphasizes forums and processes for regular information sharing among partners and key stake holders and the strengthening of coordination to ensure that accurate and reliable information is shared in a transparent manner at all levels. SCMS plans to help create an enabling environment for effective supply chain management. This includes working together with and strengthening the efficiency of key players in the supply chain from within the MOH, from FBOs/NGOs, and from other government ministries such as Trade and Customs, which have roles to play in the legal frameworks and enforcement of policies which may effect supply chain management.

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. SCMS held a joint strategy development workshop with the MOH and this workshop reinforced that SCMS will concentrate their activities in FY07 in the following technical areas: quantification, procurement, warehousing and distribution, and management information systems. Strategies for each functional and cross cutting area have been identified and developed to ensure secure, reliable, cost-effective and sustainable supply chains to meet the care and treatment needs of people living with or affected by HIV and AIDS in Guyana. The activities and technical assistance in these areas will first focus on the improvement of the MOH Materials Management Unit (MMU) and other central level facilities and then later move the emphasis to regional level.

Quantification: SCMS activities will ensure accurate, routine national quantification of medicines and consumables for data-driven decision making to improve the accuracy of facility level requirements and orders. National level forecasting and quantification will not only provide the needs based on the actual usage but also will be able to help the donors to allocate their budgets in a more efficient and accurate manner with an understanding of what the actual ARV and related HIV/AIDS commodity needs are. Consumption data collection is required as part of the information system at each site provided with pharmaceuticals, and facilities will be accountable for the accuracy of their information. The ARV dispensing tool (ADT) is currently being piloted at the GUM Clinic in Georgetown which sees over 70% of Guyana's ART patients and will be launched in other sites next year. Sites receiving pharmaceuticals will continue to be trained in the information and reporting system to assure data accuracy and completeness. SCMS has trained a cadre of key staff from USG partners and the MOH in the use of quantification software and established a users group that will continue to meet monthly.

Procurement: SCMS will procure medications for adult 1st and 2nd line antiretroviral (ARV) therapy (1st line procurements will be dependent on whether the supply of drugs procured through GFATM are 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 will be based on the national quantifications carried out with all key stakeholders. A coordinated and unified procurement will be beneficial and result in the selection of quality products with better pricing, which on a longer term will have an impact on the budget. While Guyana's need and procurements are relatively small compared with the global market SCMS will leverage the scale of all its global procurement to secure lower prices for health commodities for Guyana. SCMS will make all efforts to procure the cheapest available drugs that meet US government quality standards. SCMS will also work to enhance the procurement capacity

within the MMU. As part of the Global Fund/World Bank/USG initiative to coordinate procurement, SCMS will work together with the MMU to facilitate joint procurement planning among all donors.

Warehousing and Distribution: The new annex warehouse has been established and operational since July 2006 under SCMS management and staff. An MOU has been signed with the Ministry of Health (GFATM, WB, MOH) and Initiatives (Safe Medical Injections) and SCMS management of the annex facility. USG and GFATM medications and supplies are already flowing through the annex warehouse in direct partnership with the MMU and following Standard Operating Procedures that the MMU has also adopted. SCMS will continue to work with the MMU and the annex warehouse to track products usage rates at USG supported HIV treatment and care facilities. Just as systems and procedures at the annex warehouse have been integrated with the MMU; technical assistance, infrastructure support, and capacity building will continue to support the primary MMU site as well. The technical assistance to the MMU includes: strengthening the national/central warehouse to effectively manage inventory; strengthening the storage and inventory management at the sub-warehouse and facility-level and establishing an effective distribution system to ensure timely, reliable delivery. SCMS will continue to manage the daily operations of the annex warehouse and aim to establish a single warehousing management where ordering, receiving and updated records form part of proper inventory tracking systems and good warehouse practices are demonstrated in storage and management of ARVs, and HIV commodities.

Management Information Systems: Establishing MIS strategies and improving the information system at both the central and facility level is vital in having a secure and reliable supply chain to make sure that accurate information is generated and systematically reported. SCMS plans to improve the central and facility level information system for supply chain management and ensure strategic information is made readily available to drive decisions for key stakeholders, e.g. MOH, MOF, donors, and implementing partners. (Cost allocations under SI)

Finally, SCMS will provide support and assistance to MMU to develop their performance management and evaluation capacity. Establishing key performance indicators and benchmark performance metrics will help support the continued improvement of the MMU and form the basis for a sustainable monitoring and evaluation plan that the MOH can utilize over the long term.

Continued Associated Activity Information

Activity ID:	3153
USG Agency:	U.S. Agency for International Development
Prime Partner:	Partnership for Supply Chain Management
Mechanism:	Supply Chain Management System
Funding Source:	GHAI
Planned Funds:	$ 2,775,000.00

Coverage Areas:

National

Table 3.3.10: Activities by Funding Mechanism

Mechanism: AIDSRelief
Prime Partner: Catholic Relief Services
USG Agency: HHS/Health Resources Services Administration
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Drugs
Budget Code: HTXD
Program Area Code: 10
Activity ID: 9104
Planned Funds: $ 100,000.00
Activity Narrative: In FY07, AIDSRelief will begin to utilize the Partnership for Supply Chain Management (SCMS) for supplying antiretroviral medications for its treatment program. AIDSRelief must maintain a stock of essential medications for current treatment regimens to ensure there are no stock outages during the transition from an existing independent commodities management system to SCMS. AIDSRelief's current funding for drugs will end in February of 2007 and replacement stocks of medications must be ordered four months in advance. This activity provides contingency funds for a buffer stock of antiretroviral medications for AIDSRelief, so as to compensate for any delays or difficulties that might arise in the transition to SCMS and cause a break in service delivery.

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100

Coverage Areas

Cuyuni-Mazaruni (7)

Demerara-Mahaica (4)

Table 3.3.10: Activities by Funding Mechanism

Mechanism: Track 1 AIDS Relief
Prime Partner: Catholic Relief Services
USG Agency: HHS/Health Resources Services Administration
Funding Source: Central (GHAI)
Program Area: HIV/AIDS Treatment/ARV Drugs
Budget Code: HTXD
Program Area Code: 10
Activity ID: 12073
Planned Funds: $ 27,832.00
Activity Narrative: See activity 8773

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: $ 3,138,058.00

Program Area Context:

Quality HIV clinical care and access to free ART is the quintessential element of the PEPFAR program. As of September 2006, free antiretroviral treatment services are available at 10 sites including seven MOH sites and three sites administered by the AIDSRelief Consortium. All sites have capacity to treat adult and pediatric patients. There are currently 1,546 persons on ART in Guyana. Of the 326 children in care, 123 (38%) are on ART. In FY07, the Guyana PEPFAR team will transition more patients to treatment by emphasizing linkages to PMTCT and VCT programs as well as provider-initiated counseling and testing for infectious disease patients at healthcare facilities. Service coverage in hinterland areas will continue through a mobile unit due to prohibitive resource demands for establishing treatment sites in the remote regions of Guyana.

In FY07, several initiatives will support and enhance treatment services. The National HIV Laboratory will provide reference functions, quality assurance, diagnostic capacity for opportunistic infections (OI), and a site for advanced technologies such as DNA polymerase chain reaction (PCR) testing. In addition, laboratory support for treatment monitoring including CD4 count, hematology, and chemistry will be available at two additional sites in Guyana and will thus reduce the burden on specimen transport systems from regional treatment sites. The building that will house the new laboratory will also include a modern HIV clinic facility. In FY07, commodities management for rapid test kits, ARVs, medications for OI, and laboratory reagents will all be transitioned to the Partnership for Supply Chain Management (SCMS). This transition will minimize stock outages and delays that impede delivery of quality treatment services and will ensure accurate drug forecasting. The implementation of a modified WHO patient tracking system, including facility-based ART and pre-ART registers, will further improve drug forecasting and improve patient care and monitoring. Also in FY07, PEPFAR funding will support infant diagnosis in Guyana to allow expansion of pediatric treatment. A multi-agency working group has nearly completed a clinical protocol and budget plan for infant testing using DNA PCR. USG will work closely with the Ministry of Health (MOH) and other partners on the logistics of international specimen transfer for DNA PCR testing, including obtaining prompt results of such testing in Guyana. When the HIV laboratory is operational, USG will assist the MOH in establishing this technology in-country.

The Genitourinary Medicine (GUM) Clinic will eventually share a new structure on the campus with the National HIV Laboratory. The GUM Clinic currently resides in an old wooden building on the Georgetown Public Hospital Corporation (GPHC) campus and carries the largest patient cohort in Guyana. The new facility will provide a modern, comfortable venue for treatment with enhanced patient flow in clinic areas and space for pharmacy services and adherence counseling that will ensure patient confidentiality. Operated by the MOH with the support of the Francois-Xavier Bagnoud Center (FXB), the GUM Clinic serves as the referral center for other clinics providing HIV care; core functions include providing clinical consultations on hospitalization, resistance to first-line medications, TB/HIV co-infection, management of opportunistic infections, medication side effects, and referrals to specialized social services. Physicians at GUM Clinic use a pocket directory developed by FXB that provides contact information for a comprehensive range of social support services available in Georgetown and some outlying areas. Increasing referrals into these services is a key focus area for USG and its partners in FY07.

With FY06 funds, CDC is supporting the refurbishment of a medical ward at GPHC to serve as a committed infectious disease ward. The physician who will manage this ward will provide training to hospital staff on infection control practices and to medical residents and hospital staff on management of HIV-infected patients. As the only tertiary hospital in Guyana, GPHC is a key point-of-entry for treatment; the new ward will both fill a gap in service provision and provide an opportunity for identifying HIV-positive individuals and referring them to treatment and other services. Furthermore, the opportunity to acquire special skills and specialty training will serve as an incentive for staff retention. The operational HIV/AIDS ward will also serve as a venue for bringing in physicians from the Guyanese diaspora for mentoring and twinning programs.

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. FXB provides staff, technical assistance, equipment, upgrades for clinic facilities, laboratory support, and clinical training. In addition, FXB coordinates the clinical assignments for the 10 United Nations Volunteer (UNV) Physicians providing ARV services in-country. FXB will work with MOH to define a standard care package appropriate for the Guyana context and ensure that these services are available at all treatment sites. FXB will collaborate with CDC, USAID/GHARP and UNICEF on the integration of prevention for positives strategies into treatment services. FXB will build upon initiatives begun in FY06 including Continuous Quality Improvement (CQI) and client outreach. In FY07, FXB will emphasize linkages to maximize numbers of persons transitioned from PMTCT, VCT, and provider-initiated counseling and testing in healthcare facilities. Through mentoring of clinicians, clinical training, and strong collaboration with MOH, CDC, and PAHO, FXB will seek innovative solutions to the human resource shortages that threaten the advancement and sustainability of the Guyana treatment program.

AIDSRelief will provide comprehensive ARV services at three sites, including two faith-based non-profit hospitals and one public hospital. AIDSRelief uses a family-centered care model and ensures that families of patients on ART receive support services and prevention messages. Through wraparound activities with GHARP and UNICEF, AIDSRelief coordinates a full package of services for patients and those affected by HIV/AIDS.

In FY07 PEPFAR Guyana will add PAHO as a treatment partner. PAHO will provide supportive supervision to the MOH ARV treatment program based on a decentralized network model. Regional Health Coordinators who currently supervise TB, malaria and other health programs will receive training regarding ARV services, including information on the new patient tracking and registry system. These coordinators will provide oversight, guidance and reinforcement training in their respective regions. Through this system the regional coordinators serve as clinical mentors and provide key linkages to other health sectors and assist with the integration of ARV treatment into the overall health system.

Program Area Target:

Number of service outlets providing antiretroviral therapy	10
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	1,500
Number of individuals receiving antiretroviral therapy by the end of the reporting period	1,500
Number of individuals newly initiating antiretroviral therapy during the reporting period	400
Total number of health workers trained to deliver ART services, according to national and/or international standards	40

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	AIDSRelief
Prime Partner:	Catholic Relief Services
USG Agency:	HHS/Health Resources Services Administration
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	8067
Planned Funds:	$ 870,000.00

Activity Narrative: AIDSRelief is a consortium 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. Catholic Relief Services is the ARV services provider.

In FY 2007, AIDSRelief will continue to provide ARV treatment services at St. Joseph Mercy Hospital (SJMH) and further expand services both in the private and public sector. In the public sector, AIDSRelief provides technical assistance to Bartica Public Hospital, helps ensure that PLWHA receive quality care at that site, and facilitates linkages between the Bartica treatment program and the Mazaruni Prison. Additionally, AIDSRelief's full-time physician provides frequent on-site visits in order to work with Bartica Public Hospital's clinical staff and maintains close contact with the adherence nurse coordinator in order to discuss any problems that arise. In an effort to avoid duplication of services, SJMH clinicians refer TB and TB/HIV co-infected patients to the Chest Clinic for treatment. The treatment team also facilitates linkages with complementary HIV services (e.g. PMTCT).

AIDSRelief has begun to expand services to Davis Memorial Hospital, which is located in Region 4 (SJMH and Davis Memorial Hospital are the only two faith-based hospitals in Guyana). The addition of Davis Memorial Hospital as a treatment site further expands the options for those wishing to access care and treatment services for HIV. In preparation for site activation in August 2006, local AIDSRelief staff and Institute of Human Virology (IHV) physicians and laboratory specialists helped build the clinical and laboratory capacity of staff at Davis Memorial Hospital for HIV diagnosis and management. Patient enrollment began in September 2006.

The in-country IHV physician provides ongoing support and assistance to the local partner treatment facilities (LPTFs), and liaises with USG in-country and Ministry of Health (MOH) partners on technical issues related to HIV care and treatment. IHV provides support and assistance on a national scale through the continued revisions of the National Guidelines, ongoing HIV-related Continuing Medical Education (CME) for clinical staff, and lectures and discussions with medical staff at both public and private treatment sites in Georgetown. AIDSRelief's QA/QI initiative identifies best practices through analysis of facility-based data and is critical to providing the highest quality care at each of the treatment sites. This ongoing initiative will continue to promote efficient and sustainable care by enabling AIDSRelief to effectively implement and scale-up successful programs, as well as target technical assistance resources more efficiently to the LPTFs. AIDSRelief also builds the capacity of the laboratories at its three LPTFs through trainings, ongoing technical assistance, and the provision of equipment, supplies, and reagents. AIDSRelief will adopt the national patient tracking system and will coordinate with MOH and USG to assure that data formatting and reporting is consistent with the national program.

In FY 2007, AIDSRelief will scale-up the number of patients receiving care and treatment services in the private faith-based sector by substantially increasing HIV testing and intensifying technical assistance. AIDSRelief anticipates that up to 30% of all patients in Guyana will access HIV treatment services in the private sector (currently 18% receive care in the private sector); thus, scale-up in the private sector is vital to maximize the sustainability of ART services in Guyana. For this reason, in addition to improving clinical practice to promote viral suppression and ensure the timely initiation of quality ART, AIDSRelief will focus on strengthening health systems at its private-sector sites to improve their operational and financial sustainability and ensure that this sector is thoroughly integrated into the national network of treatment services (e.g. drug and reagent procurement, trainings, development of guidelines and protocols). Through the Constella Futures group, AIDSRelief will build the capacity of LPTFs to effectively collect and validate data as part of an adaptive management strategy to further reinforce efficiency and promote sustainability.

In FY 2007, AIDSRelief will also continue to augment capacity and services at Bartica Public Hospital and strengthen its linkages with the Mazaruni Prison and the regional health posts in order to provide greater access to care and treatment services to Bartica and the surrounding communities. AIDSRelief, through IHV, will collaborate with in-country partners to provide trainings, lectures, and workshops for local HIV treatment

providers, in both the public and private sectors, in order to build the confidence and capacity of Guyanese clinicians so that they may inform future HIV-related policy and standards.

AIDSRelief will avoid duplication of services by coordinating with the Global Fund and other PEPFAR partners.

Continued Associated Activity Information

Activity ID:	3191
USG Agency:	HHS/Health Resources Services Administration
Prime Partner:	Catholic Relief Services
Mechanism:	AIDSRelief
Funding Source:	GHAI
Planned Funds:	$ 870,000.00

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
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

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

Target Populations:

Most at risk populations
People living with HIV/AIDS
Prisoners
Migrants/migrant workers
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: FXB
Prime Partner: Francois Xavier Bagnoud Center
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 8557
Planned Funds: $ 650,000.00
Activity Narrative: FXB, through funding from CDC, will continue to support 10 United Nations Volunteer Physicians (UNV) who are providing care in public treatment sites throughout Guyana. Guyana is the first and only country to utilize UNV specifically for HIV/AIDS care and treatment. Although their administrative support is provided through the United Nations Development Project, technical support and clinical assignments are managed by the Director of Care and Treatment Services at FXB. The National Care and Treatment Committee headed by the Chief Medical Officer supplies further coordination and assures integration of the UNV into the MOH system. These physicians are essential for scale up and maintenance of the treatment program due to severe shortages of trained HIV clinicians in Guyana. They provide ongoing care at major regional treatment sites and one UNV, based at the National AIDS Program Secretariat, provides coverage to the hinterland regions 1, 7, 8, and 9 with a mobile medical unit. In addition to the UNV at the main Georgetown treatment site, a UNV with particular expertise in TB/HIV care manages co-infected patients at the Georgetown Hospital Chest Clinic. UNV provide treatment services as well as mentoring of local clinicians. The UNV will complete their term in October 2007; the USG team and FXB are actively exploring alternative/additional sources of HIV clinicians and the future role of the UNV for FY08 and beyond.

Continued Associated Activity Information

Activity ID: 3166
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Francois Xavier Bagnoud Center
Mechanism: FXB
Funding Source: GHAI
Planned Funds: $ 650,000.00

Emphasis Areas	% Of Effort
Human Resources	51 - 100
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

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

Target Populations:

HIV/AIDS-affected families
People living with HIV/AIDS
HIV positive pregnant women
HIV positive infants (0-4 years)
HIV positive children (5 - 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: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 8558
Planned Funds: $ 1,100,000.00
Activity Narrative: The François-Xavier Bagnoud (FXB) Center of the University of Medicine and Dentistry of New Jersey, through funding by HHS/CDC, will continue to support US government PEPFAR goals in Guyana by providing treatment to1800 patients by 2008. FXB works within the structure of the MOH treatment sites; in FY07 focus areas will include support for human resources, laboratory activities for HIV treatment monitoring, and clinician training and mentoring. FXB provides or supports approximately 80% of treatment services and as such will continue to be a leader in the implementation of PEPFAR in Guyana.

FXB provides clinical staff to the MOH treatment program through its physician Director of Care and Treatment Services, technical staff including laboratory technologists, nurses and counselor-testers, and as a coordinator for the United Nations Volunteer physicians (UNV). (See Activity 8557). In FY08, technical staff working directly within the MOH program will transition to administrative control of the MOH. Funds from the CDC-MOH cooperative agreement will assist the Ministry with the financial transition. FXB together with USG agencies will coordinate with the Human Resources Unit at MOH, and, with support from PAHO develop a plan for sustaining this staff over the longer term. With assistance from its parent institution, UMDNJ, FXB will provide clinical mentoring and training on best practices and establish treatment SOPs that reflect those best practices in the Guyana context. With appropriate promotion and recruitment, clinicians from the diaspora and the Caribbean region could view Guyana's ARV program as a model for the region; this perception would open up opportunities for clinical rotations in Guyana. FXB will work closely with MOH and USG on this type of innovative solution to chronic shortages of trained clinical personnel.

FXB will emphasize clinical services and linkages to treatment from other service sectors including PMTCT, VCT, and TB. Activities to strengthen linkages will include streamlining referral processes, ongoing anti-discrimination campaigns, and institutionalized coordination between out patient ARV services and the new infectious disease ward at Georgetown Public Hospital. FXB will be integral to increased efforts to implement provider-initiated opt-out testing in the in-patient setting. FXB will continue its work on linkages between the treatment program the TB program to ensure that patients are tested both at the time of entry into HIV care and the time of TB diagnosis. One impediment to this testing has been the long waits for chest x-ray services for patients at the nations highest volume treatment site, GUM Clinic. In FY07 FXB will purchase a dedicated x-ray machine for the GUM Clinic so TB screening can be completed before these patients leave and are lost to follow up. FXB will assist MOH in the development of a standard care package which in FY07 will include access to infant testing to increase entry into care for pediatric patients an and improved access to laboratory monitoring of treatment. FXB will facilitate the establishment of a national continuous quality improvement (CQI) committee to help inform CQI strategies across sites. Implementation of CQI will dovetail with clinical mentoring and ongoing training for local clinicians and these efforts will intensify in FY07 as part of the strategy for sustainable healthcare infrastructure in country.

Continued Associated Activity Information

Activity ID: 3170
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Francois Xavier Bagnoud Center
Mechanism: FXB

Funding Source: GHAI
Planned Funds: $ 1,250,000.00

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
Strategic Information (M&E, IT, Reporting)	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy	8	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	1,260	☐
Number of individuals receiving antiretroviral therapy by the end of the reporting period	1,260	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period	320	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards		☑

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: Pan American Health Organization
Prime Partner: Pan American Health Organization
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 8562
Planned Funds: $ 200,000.00
Activity Narrative: Supervision of HIV program activities becomes more important as HIV services are decentralized. In the regional health model, the regional coordinator has a crucial role in ensuring smooth functioning of public health programs such as HIV and TB. The regional HIV coordinator is most often an administrator with previous clinical training (as a doctor, clinical officer or nurse) who has the responsibility of coordinating all HIV program activities in the region.

A regional HIV coordinator with clinical training is necessary to supervise HIV clinical services at health facilities in the region. Regions without such a position will be provided with funds for one. All regional HIV coordinators will be trained for 1 week in HIV program management, including: planning for scale-up, coordinating region-level training, recording and reporting using the national patient monitoring system, performing site visits and identifying/solving facility-level problems. This training will precede IMAI clinical training for clinical teams in the region. UNV physicians supported by PEPFAR will be included in the trainings and will also serve as a support system to mentor the MOH regional coordinators in the field.

Regional coordinators will be expected to participate in the 2-week basic IMAI clinical course in order to become completely familiar with the clinical and operational protocols used at regional hospital and health centre level. Supervisory site visits will start immediately after IMAI clinical training, and will continue monthly for 3-6 months, after which the frequency will shift to quarterly. This activity covers funds for transportation to health facilities within the region and communication via phone, radio or mobile phone with facilities and regional offices.

This activity includes a component of targeted evaluation. The IMAI tools for regional HIV coordination include standardized case management observation and exit interviews that will be included as part of the routine reports submitted by regional HIV coordinators to regional and national offices. Quantification of this data in a subset of regions will be done as part of an evaluation of the quality of care during scale-up of integrated HIV services in those regions.

At regional level, the HIV management team should be strengthened by additional staff whose major responsibility will be coordinating support supervision activities at the regional level: communicating with region HIV coordinators, reviewing reports, solving regional-level problems, and coordinating support for regional coordinators. Coordinators at all levels will be trained in reporting via the standardized patient monitoring system (covered in the Patient Monitoring concept paper).

This activity also covers the cost of meetings that will be held quarterly in each region, to allow regional coordinators to exchange experiences with each other.

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

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		☑
Number of individuals receiving antiretroviral therapy by the end of the reporting period		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards	20	☐

Target Populations:

Public health care workers

Coverage Areas:

National

Table 3.3.11: 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: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 8678
Planned Funds: $ 139,530.00
Activity Narrative: CDC will provide ongoing support to infrastructure development activities for the Ministry of Health (MOH) as it expands its care and treatment program. Late in FY06, CDC provided $100,000 to support the physical establishment of a dedicated 30-bed infectious disease hospital ward at Georgetown Public Hospital (GPHC). Minor renovations will be completed late in 2006, and FY07 funding will focus on systems support, including maintenance of the ward and special expenses.

GPHC is actively recruiting the services of an infectious disease specialist to serve as the hospital-based director of the ward. As there are no infectious disease-trained physicians in Guyana, the director will likely be from the greater region or a Guyanese physician from the diaspora. Recruitment activities will occur locally and regionally and include advertising the position in Guyanese and Caribbean newspapers, international health journals, through PAHO offices, and on Guyanese news websites which are widely read by the diaspora. Engaging a physician from the region will help establish links to regional practitioners and to the diaspora; each of these communities are potential sources of healthcare personnel who could alleviate some of the human resource shortages in Guyana's healthcare system.

Under the CDC cooperative agreement with the MOH, CDC will support the continued improvement of quality of care and treatment on the infectious disease ward. This ward will be the focal point for the institutionalization of treatment protocols and training of medical and other professional staff in proper patient care and management of AIDS and related infectious diseases. Supported activities will include: services of an infectious disease physician; training support for physicians, medical students, nurses, counselors, and other ward staff; support for monitoring and evaluation activities; and the purchase of essential supplies for the management of the ward. MOH will capitalize on connections to the diaspora through twinning with Guyanese physicians at universities and hospitals abroad, allowing for an exchange of clinicians and experiences. Education of staff and adherence to best practices for infection control will produce a model unit with a positive image that diminishes health worker prejudices regarding caring for HIV-positive patients. Through a provider-initiated opt-out testing policy on the ward, new patients will be diagnosed and channeled into treatment. Having a designated ward that is adequately staffed and equipped will encourage patients to seek hospital treatment when needed, which will lead to a reduction in HIV/AIDS-related mortality. The physician director will liaise with FXB and the MOH outpatient treatment system to ensure linkages to care upon discharge and referral to appropriate community support services.

Continued Associated Activity Information

Activity ID: 3179
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: US Centers for Disease Control and Prevention
Mechanism: CDC Program Support
Funding Source: GHAI
Planned Funds: $ 77,200.00

Targets

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

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:	Track 1 AIDS Relief
Prime Partner:	Catholic Relief Services
USG Agency:	HHS/Health Resources Services Administration
Funding Source:	Central (GHAI)
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	8773
Planned Funds:	$ 128,528.00

Activity Narrative: AIDSRelief is a consortium 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. Catholic Relief Services is the ARV services provider.

In FY 2007, AIDSRelief will continue to provide ARV treatment services at St. Joseph Mercy Hospital (SJMH) and further expand services both in the private and public sector. In the public sector, AIDSRelief provides technical assistance to Bartica Public Hospital, helps ensure that PLWHA receive quality care at that site, and facilitates linkages between the Bartica treatment program and the Mazaruni Prison. Additionally, AIDSRelief's full-time physician provides frequent on-site visits in order to work with Bartica Public Hospital's clinical staff and maintains close contact with the adherence nurse coordinator in order to discuss any problems that arise. In an effort to avoid duplication of services, SJMH clinicians refer TB and TB/HIV co-infected patients to the Chest Clinic for treatment. The treatment team also facilitates linkages with complementary HIV services (e.g. PMTCT).

AIDSRelief has begun to expand services to Davis Memorial Hospital, which is located in Region 4 (SJMH and Davis Memorial Hospital are the only two faith-based hospitals in Guyana). The addition of Davis Memorial Hospital as a treatment site further expands the options for those wishing to access care and treatment services for HIV. In preparation for site activation in August 2006, local AIDSRelief staff and Institute of Human Virology (IHV) physicians and laboratory specialists helped build the clinical and laboratory capacity of staff at Davis Memorial Hospital for HIV diagnosis and management. Patient enrollment began in September 2006.

The in-country IHV physician provides ongoing support and assistance to the local partner treatment facilities (LPTFs), and liaises with USG in-country and Ministry of Health (MOH) partners on technical issues related to HIV care and treatment. IHV provides support and assistance on a national scale through the continued revisions of the National Guidelines, ongoing HIV-related Continuing Medical Education (CME) for clinical staff, and lectures and discussions with medical staff at both public and private treatment sites in Georgetown. AIDSRelief's QA/QI initiative identifies best practices through analysis of facility-based data and is critical to providing the highest quality care at each of the treatment sites. This ongoing initiative will continue to promote efficient and sustainable care by enabling AIDSRelief to effectively implement and scale-up successful programs, as well as target technical assistance resources more efficiently to the LPTFs. AIDSRelief also builds the capacity of the laboratories at its three LPTFs through trainings, ongoing technical assistance, and the provision of equipment, supplies, and reagents. AIDSRelief will adopt the national patient tracking system and will coordinate with MOH and USG to assure that data formatting and reporting is consistent with the national program.

In FY 2007, AIDSRelief will scale-up the number of patients receiving care and treatment services in the private faith-based sector by substantially increasing HIV testing and intensifying technical assistance. AIDSRelief anticipates that up to 30% of all patients in Guyana will access HIV treatment services in the private sector (currently 18% receive care in the private sector); thus, scale-up in the private sector is vital to maximize the sustainability of ART services in Guyana. For this reason, in addition to improving clinical practice to promote viral suppression and ensure the timely initiation of quality ART, AIDSRelief will focus on strengthening health systems at its private-sector sites to improve their operational and financial sustainability and ensure that this sector is thoroughly integrated into the national network of treatment services (e.g. drug and reagent procurement, trainings, development of guidelines and protocols). Through the Constella Futures group, AIDSRelief will build the capacity of LPTFs to effectively collect and validate data as part of an adaptive management strategy to further reinforce efficiency and promote sustainability.

In FY 2007, AIDSRelief will also continue to augment capacity and services at Bartica Public Hospital and strengthen its linkages with the Mazaruni Prison and the regional health posts in order to provide greater access to care and treatment services to Bartica and the surrounding communities. AIDSRelief, through IHV, will collaborate with in-country partners to provide trainings, lectures, and workshops for local HIV treatment

providers, in both the public and private sectors, in order to build the confidence and capacity of Guyanese clinicians so that they may inform future HIV-related policy and standards.

AIDSRelief will avoid duplication of services by coordinating with the Global Fund and other PEPFAR partners.

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Francois Xavier Bagnoud Center
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAP
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	19322
Planned Funds:	$ 50,000.00
Activity Narrative:	na

Table 3.3.12: Program Planning Overview

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

Total Planned Funding for Program Area: $ 4,730,540.00

Program Area Context:

USG supports Guyana's laboratory structure and core functions. PEPFAR funding has increased access to HIV testing and clinical monitoring for the HIV treatment program in-country. FY07 laboratory infrastructure plans build on laboratory activities from FY06 and will continue to rely on technical assistance from the Ministry of Health (MOH), Francois-Xavier Bagnoud Center (FXB), CDC, Supply Chain Management System (SCMS), and AIDSRelief. A laboratory-trained physician employed by the CDC office coordinates all PEPFAR laboratory activities in-country.

The current public laboratory system consists of five levels: health post, health center, district hospital laboratory, regional hospital laboratory, and tertiary laboratory. Smaller facilities perform only malaria smears and possibly hemoglobin, while district level facilities can perform basic testing such as hemoglobin, complete blood count (CBC), urinalysis, and blood glucose. No serology or microbiology studies are available except at the tertiary level, which includes only the Central Medical Laboratory (CML, a clinical facility) and the National Infectious Diseases Laboratory (which is not a physical laboratory, but instead is infectious disease testing done at the blood bank laboratory by blood bank staff). Currently, no laboratory can conduct testing for Pneumocystis Carinii pneumonia (PCP), Cryptococcus, Chlamydia, or Herpes Simplex Virus (HSV) infections, which are prevalent among HIV-positive patients. No institution has a mandate as a national laboratory reference center. Four of the five regional hospitals are old wooden structures in poor condition with chronic problems with utilities and maintenance. These regional hospitals, as well as the five geographic regions without a regional hospital, are completely dependent on the Georgetown facilities for all but the most basic testing, the setting of standards, storage of commodities, and training of staff. There is no single institution to carry out reporting on diseases of public health significance. Establishing sound laboratory infrastructure in Guyana will require a national reference laboratory with capacity to build systems and standards into the greater public health system while providing essential support to the expanding HIV/AIDS program.

Establishing a public health reference laboratory remains a key element of the Guyana PEPFAR program. Not only will it provide a new level of infrastructure for labs in Guyana, but it will provide crucial support to the HIV care and treatment programs. When completed the NPHRL will provide reference laboratory capacity in Guyana and serve as a base for improving laboratory services throughout the health system. The NPHRL will serve as an incentive to encourage needed healthcare professionals to stay and work in Guyana. The new HIV treatment center housed in the first floor of the structure will provide a patient-friendly venue with greater privacy, improved flow, and enhanced pharmacy space to facilitate ARV services. The new lab represents the fulfillment of the joint commitment by the USG and the Government of Guyana to upgrade the healthcare system.

A PEPFAR-funded structure housing the HIV clinic and the National Public Health Reference Laboratory (NPHRL) has been under discussion with the Guyana MOH since 2003. Design commenced in 2005 and the US Department of State Regional Procurement Support Office in Florida (RPSO) will be managing the construction. Stakeholders are negotiating specifics of the construction so that the laboratory will be equipped as a Biological Safety Level II facility at a cost that is compatible with the overall context of the Guyana PEPFAR program. The funds obligated in FY05 and FY06 (US$750,000) will be used to commence construction and funds will be added in FY07 to complete the construction. The Global Fund in Guyana has expressed an interest in participating in equipping the laboratory and we will leverage these and other funds as available.

CDC continues to fund laboratory support to all care and treatment programs in-country in coordination with FXB and AIDSRelief. CD4 testing is available for all treatment sites but is conducted at the Central Medical Laboratory. In 2006, FXB began extending CD4 capacity to two regional hospital laboratories (Linden and New Amsterdam). A Global Fund grant purchased the equipment and CDC/FXB will provide

technical oversight and reagents. Other treatment centers will continue to transfer specimens to Georgetown through the existing specimen transport system. AIDSRelief implemented CD4 testing at St. Joseph Mercy Hospital and will be extending this capacity to Bartica Hospital in FY07. CDC, in collaboration with MOH, will establish Quality Assurance/Quality Control (QA/QC) programs for all laboratories. The NPHRL will eventually coordinate all of these functions. In FY07, CDC will ensure the dissemination of Standard Operating Procedures (SOP) and QA/QC measures to each site to begin a uniform laboratory QA/QC program. Through a partnership with I-TECH, FXB, MOH, the European Union (EU) and the American Society for Clinical Pathology (ASCP), CDC will begin training programs and seminars for laboratory staff in quality assurance. CDC will work with the MOH to establish a site, outside of the National Blood Transfusion Service (NBTS), in which to conduct ELISA testing for dried blood spots for quality assurance of the HIV rapid test program.

Hematology and chemistry profiles needed for the monitoring of patients on ARV are readily available at the CML. CDC will continue to provide 25% of these reagents to CML to support the HIV care and treatment program. This routine monitoring is hampered at the regional hospital laboratories due to the lack of reliable equipment, insufficient equipment maintenance protocols, and recurrent shortages of reagents. CDC will work with SCMS to ensure a better procurement system for these reagents and other laboratory supplies during 2007. Global Fund will purchase hematology equipment to be installed at the laboratories at Linden and New Amsterdam Hospitals. CDC will develop a mechanism to provide reagent support to these regional laboratories and, in collaboration with ASCP, will provide training in chemistry and hematology testing.

USG works closely with other agencies in Guyana to support and coordinate laboratory services. The Canadian Society for International Health (CSIH) has implemented TB culturing at the CML and TB smears at all regional laboratories. MOH, FXB, CDC, and AIDSRelief will determine the role of viral load technology for clinical monitoring in Guyana's national HIV/AIDS program. This group will also compare costs for purchasing DNA polymerase chain reaction (PCR) capacity for infant testing versus establishing a system for sending samples outside of Guyana for testing. Any virologic technology purchased for the MOH will be accessible to patients from all care and treatment sites in the non-profit sector. These specialized services will all eventually occur under the control of the NPHRL to ensure uniform coverage, minimize duplication, and enforce strong QA/QC standards.

Human resource shortages remain a primary limitation for implementation and sustainability of programs in Guyana. USG will work closely with MOH on strategies for staff retention. Through both a new technologically advanced physical structure and a clear institutional vision and plan, the NPHRL will serve as an incentive for laboratory staff to stay and work in Guyana. USG will advocate for efforts to link the University of Guyana laboratory programs to the new national laboratory in order to enhance pre-service training and create segues to the public health laboratory system that will aid in recruitment of new graduates and provide opportunities for professional advancement in Guyana as an alternative to emigration.

Program Area Target:

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
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 laboratory-related activities	75

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: GHAI
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 8104
Planned Funds: $ 200,000.00
Activity Narrative: In 2007 FXB will continue to provide laboratory support to HIV care and treatment services in Guyana. This support will include ongoing activities with emphasis on increasing coverage and scope of laboratory services available to PLWHA, ensuring quality and accuracy of laboratory test results through continuous quality improvement initiatives and staff training, and ongoing provision of technical assistance for the construction, management and operational-ization of the National Public Health Reference Laboratory.

Over the last two years, FXB developed and implemented a testing protocol for CD4 count and provided technical support for the establishment of the NPHRL. In FY07 FXB will continue to manage the CD4 suite at CML and will build capacity in CD4 count at two regional hospitals. There will be ongoing staff training on these new tests.In addition, the implementation and monitoring of QA/QC/QI measures will further strengthen the laboratory support services of FXB. FXB Guyana will also continue with the external quality proficiency testing assessment with Health Canada, CAREC and UK NEQAS. These steps will help ensure continuity and sustainability of laboratory services in Guyana.

FXB will assist the MOH in training laboratory staff on technologies necessary for support of the care and treatment program. FXB will introduce and have oversight for the implementation of appropriate OI testing and treatment. Additionally, FXB will initiate discussions with the MOH and CDC to develop a long-term strategic plan for transfer of staff and technology to the MOH to ensure the sustainability of laboratory services in Guyana.

Continued Associated Activity Information

Activity ID: 3190
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Francois Xavier Bagnoud Center
Mechanism: FXB
Funding Source: GHAI
Planned Funds: $ 431,000.00

Emphasis Areas	% Of Effort
Human Resources	10 - 50
Infrastructure	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
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	☐
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 laboratory-related activities	30	☐

Target Populations:

Adults
People living with HIV/AIDS
Children and youth (non-OVC)
HIV positive pregnant women
Public health care workers
Laboratory workers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

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: GHAI
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 8108
Planned Funds: $ 0.00
Activity Narrative: AIDS Relief provides support of HIV-related laboratory services including equipment, reagents, staffing, and training at CRS supported Mercy Hospital and CRS supported Bartica (MOH) Hospital and Davis Memorial Hospitals.

Continued Associated Activity Information

Activity ID: 3192
USG Agency: HHS/Health Resources Services Administration
Prime Partner: Catholic Relief Services
Mechanism: AIDSRelief
Funding Source: GHAI
Planned Funds: $ 0.00

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 tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring		☑
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 laboratory-related activities	5	☐

Target Populations:

Public health care workers
Laboratory workers
Private health care workers
Laboratory workers

Coverage Areas

Demerara-Mahaica (4)

Upper Demerara-Berbice (10)

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: GHAI
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 8109
Planned Funds: $ 105,540.00
Activity Narrative: Over the last two years, MOH has implemented HIV rapid testing on labor and delivery wards, PMTCT and VCT sites, provided infrastructural support for CD4 testing, provided technical and policy support for the establishment of the NPHRL, and in collaboration with the EU project has strengthen the laboratory Quality Assurance (QA) program. MOH has expanded services by contracting two laboratory staff, a phlebotomist and laboratory aid, through funds from the cooperative agreement with CDC. In FY07 MOH will design and implement a virtual NPHRL during construction, with support from FXB and CDC, to ensure that there are clear plans for staffing and maintenance of the lab in the coming years. MOH will develop a transition plan to assume management of the CD4 testing system and will review and approve all testing protocols related to the treatment program. CDC will expand its current system of funding 25% of required reagents at Georgetown Hospital and provide this benefit to the two expanded treatment sites as well. These activities will transition to SCMS during FY07. MOH will design a protocol for pediatric testing that will include a system for shipping of specimens to an external reference lab until DNA PCR technology is available in Guyana.

Continued Associated Activity Information

Activity ID: 3186
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: US Centers for Disease Control and Prevention
Mechanism: Consultant/Management
Funding Source: GHAI
Planned Funds: $ 580,000.00

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 tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring		☑
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 laboratory-related activities	5	☐

Coverage Areas

Demerara-Mahaica (4)

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: GHAI
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 8110
Planned Funds: $ 75,000.00
Activity Narrative: Over the last two years CDC provided HIV rapid test kits and consumables to all VCT and PMTCT sites, QA oversight to all HIV rapid testing sites, leadership, technical assistance, and policy support for the establishment of the NPHRL, and technical and reagent support to referral and regional laboratories. In FY06 CDC will continue to provide HIV rapid test kits, consumables, and reagents to the HIV program, but will transition the process to the SCMS. CDC will be working closely with SCMS on reagents forecasting, procurement orders, and audits of distribution of these items at program sites during this transition. CDC will review current Quality Assurance (QA) plans for HIV rapid testing and will develop a laboratory assessment tool for the referral and regional hospital laboratories that support the HIV program in collaboration with MOH and FXB. CDC will provide in-country liaison for RPSO during the NPHRL construction project and will assist the MOH to create staffing, maintenance and equipment plans for the NPHRL while the construction is in progress. The CDC consultant report on OI provides recommendations on the implementation of OI testing will be shared with MOH. The office will provide coordination and support for special studies such as the ante-natal clinic survey (ANC) and serosurveys involving MARPS as well as assistance with planning the laboratory processes for the DHS Plus proposed for 2008. All CDC activities are coordinated by a physician-laboratory specialist working from the CDC office and serving as liaison to MOH on all issues related to laboratory infrastructure.

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

Target Populations:

National AIDS control program staff
Host country government workers
Public health care workers
Laboratory workers
Private health care workers
Laboratory workers

Coverage Areas:

National

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: GHAI
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 8210
Planned Funds: $ 0.00
Activity Narrative: This activity was funded in FY06 but due to delays, implementation will commence in October 2006. The American Society of Clinical Pathologists (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 will require substantial training in use of new tests, use of automated procedures, and all aspects of laboratory functions such as 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 other health workers. 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. 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.

Continued Associated Activity Information

Activity ID: 4911
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: American Society of Clinical Pathology
Mechanism: Cooperative Agreement Lab TA
Funding Source: GHAI
Planned Funds: $ 189,955.00

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

Targets

Target	Target Value	Not Applicable
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		☑
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 laboratory-related activities	30	☐

Target Populations:

Public health care workers

Laboratory workers

Coverage Areas:

National

Table 3.3.12: Activities by Funding Mechanism

Mechanism: Supply Chain Management System
Prime Partner: Partnership for Supply Chain Management
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 8211
Planned Funds: $ 200,000.00
Activity Narrative: CDC Guyana supports laboratory functions on multiple levels through funding, procurement and distribution of various commodities including rapid test kits, reagents, basic laboratory equipment and supplies and consumables such as gloves and blood tubes. In FY06 CDC supplied CD4 reagents for all treatment sites and 25% of all hematology and chemistry reagents used at the Georgetown Public Hospital treatment site. In FY07 this support will be extended to 2 additional MOH regional treatment sites. Funds in FY07 will be shifted from direct support to the MOH via the Cooperative Agreement to support through the SCMS. CDC Guyana will coordinate closely with MOH and SCMS during this transition to ensure that there are no interruptions in service delivery.

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

Targets

Target	Target Value	Not Applicable
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		☑
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 laboratory-related activities		☑

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: GHAI
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 8485
Planned Funds: $ 50,000.00
Activity Narrative: Laboratory equipment and supplies will be procured to implement rapid HIV testing, STI testing for 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.

Continued Associated Activity Information

Activity ID: 5307
USG Agency: Department of Defense
Prime Partner: Center for Disaster and Humanitarian Assistance Medicine
Mechanism: Department of Defense
Funding Source: GHAI
Planned Funds: $ 60,000.00

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 tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring		☑
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 laboratory-related activities	5	☐

Target Populations:

Military personnel

Coverage Areas:

National

Table 3.3.12: Activities by Funding Mechanism

Mechanism: RPSO Florida
Prime Partner: Regional Procurement Support Offices/Ft. Lauderdale
USG Agency: Department of State / Western Hemisphere Affairs
Funding Source: GHAI
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 8488
Planned Funds: $ 4,100,000.00
Activity Narrative: Establishing a public health reference laboratory remains a key element of the Guyana PEPFAR program. Not only will it provide a new level of infrastructure for labs in Guyana, but it will provide crucial support to the HIV care and treatment programs. When completed the NPHRL will provide reference laboratory capacity in Guyana and serve as a base for improving laboratory services throughout the health system. It will support the care and treatment program with comprehensive services and will allow for implementation of national QA/QC. Currently, due to logistic and geographic isolation, transport of specimens outside Guyana is expensive, time-consuming, and fraught with delays and losses. The NPHRL will provide capacity in-country for these services. Further, the NPHRL will provide infrastructure for graduates of the laboratory technology program at the University of Guyana. This program produces most of the laboratory technologists trained in the Caribbean, yet these graduates frequently emigrate due to the lack of professional infrastructure available in Guyanese laboratories. The NPHRL will serve as an incentive to encourage these needed healthcare professionals to stay and work in Guyana. The new HIV treatment center housed in the first floor of the structure will provide a patient-friendly venue with greater privacy, improved flow, and enhanced pharmacy space to facilitate ARV services. The new lab represents the fulfillment of the joint commitment by the USG and the Government of Guyana to upgrade the healthcare system.

A PEPFAR-funded structure housing the HIV clinic and the National Public Health Reference Laboratory (NPHRL) has been under discussion with the Guyana MOH since 2003. Design commenced in 2005 and was completed in 2006 by a local design firm. Because this work was initiated with funds provided to the MOH, architectural services were procured through their national tender process. Local architects provided a $50 USD per square foot estimate for the construction of similar buildings and use of local materials and labor. Based on this estimate, the USG team estimated that the building could be constructed and finished for $750,000 USD (as was stated in the 2006 COP).

In 2006, the Department of Health and Human Services (DHHS) instructed all CDC PEPFAR projects to redirect any funding for major renovation/construction to the State Department Regional Services Procurement Agency (RPSO). RPSO has extensive experience with construction of similar facilities in Africa and other regions. Together with their primary contractor (the design-build agency CCE), RPSO made a field visit to Guyana in July of 2006 to see the proposed site and evaluate local capacity and quality of materials. Their estimated costs for the construction are significantly higher than the MOH projections. The difference lies in the need to import a majority of the raw materials, the shortage of skilled labor in Guyana, and the risk inherent in this type of project. A more precise estimate will be available by September 30, 2006.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Infrastructure	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Target Populations:

HIV/AIDS-affected families
People living with HIV/AIDS
Public health care workers
Laboratory workers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Table 3.3.13: Program Planning Overview

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

Total Planned Funding for Program Area: $ 1,985,000.00

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, in full collaboration with all stakeholders. Prior to the Emergency Plan, monitoring the magnitude and dynamic of the epidemic relied mainly on HIV/AIDS case-reporting. 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, population and facility-based surveys, HMIS, targeted evaluations, and M&E capacity building.

SI has seen many achievements since 2004 with the support of USG funds, including the following initiatives: a series of eight Behavioral Surveillance Surveys (BSS) of high-risk groups; a Service Provision Assessment (SPA); a seroprevalence study among gold and diamond miners conducted on the borders of Brazil and Venezuela; a qualitative study focusing on factors contributing to the uptake of PMTCT services; an HIV/AIDS Indicator Survey (AIS); and an evaluation of HIV testing in labor and delivery wards. The first round of USG-supported ANC surveillance in PMTCT-supported sites was completed in 2004, and a second ANC survey will be completed in 2006. Additionally, a national HIV/AIDS website and electronic resource center has been developed.

In 2007, USG will build and expand upon existing SI activities, with an emphasis on creating sustainable capacity for SI. USG will support the establishment of an SI unit at MoH, which will consolidate and coordinate surveillance, M&E, and HMIS activities. The current structure for HIV/AIDS strategic information is not well-defined; an electronic system to facilitate collection and analysis of monitoring data does not exist, and there is a lack of human capacity in all key areas of SI. A situation analysis will be completed by the end of Calendar Year 06 to document the true extent of the problem and to identify key areas for intervention. This activity will complement and support the goals of the National M&E Plan for HIV/AIDS (2006-2010), which will be finalized and disseminated to all key stakeholders in 2007. To strengthen human resource capacity in SI, contract staff will be hired in SI priority areas through the CDC cooperative agreement to support recruitment, mentoring, and on-site training at MoH as a short-term solution to the problem. Additionally, to address long-term human capacity issues at MoH, strong linkages to the University of Guyana will be created to recruit recent graduates to fill key positions in the SI unit. To complement these initiatives and strengthen systems, USG will support the establishment of a human resource planning unit at MoH to achieve staffing recruitment goals for all SI activities.

Also at the national level, USG will support three key surveillance activities in 2007. First, USG will work with PAHO in collaboration with MoH to strengthen national HIV/AIDS case reporting through the implementation of one standardized national HIV/AIDS patient registry system which will provide both individual patient tracking and the ability to perform facility-level and national cohort and cross-sectional analysis. 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. Third, USG will work in collaboration with MOH to conduct a needs assessment of migrant populations to determine the HIV care and treatment needs of this hard-to-reach group. To aide in the dissemination of technical reports and studies, USG will also support the development of an MoH technical committee.

USG will continue to support the Government of Guyana in conducting two population-based surveys in FY07. First, planning for the Demographic and Health Survey Plus (DHS+) will take place in FY07, followed by implementation in FY08. The DHS+ is a priority for the MOH as it will provide information required for meeting HIV/AIDS program reporting requirements and will ensure comparability on standard HIV/AIDS indicators across countries and over time. The DHS+ is extremely significant to Guyana as the country has

never implemented this survey which provides information on such critical health indicators. The DHS+ will take the place of the second round of the AIS, which was originally implemented in 2004. Of note is the fact that the original AIS was to have included the seroprevalence component; however, Guyana lacked the in-country capacity at the time to carry out this aspect of the survey. Capacity now exists in Guyana to implement the seroprevalance component. Additionally, the cost difference between implementation of an AIS+ and DHS+ is not significant. The DHS+ has been part of the USG SI plan for the past three years, and USG has been approached on several occasions by the GoG and international donor community alike to ensure that this survey is in the forefront of the SI plan for Guyana. Implementation of this survey will demonstrate strong collaboration between the USG, GoG, and donor community to the achievement of common objectives. Second, in FY07, a combined biological and behavioral surveillance survey (BBSS) will be conducted among commercial sex workers (CSW) to measure any changes in the population resulting from targeted interventions, as well as to provide data for guiding the expansion of the GHARP-led CSW project to ensure national coverage. The BSS will also map and survey an additional at-risk population of non-injections drug users, to assess the size of this population and the factors among them that may be driving the epidemic. Planning for implementation of the BSS in other at-risk populations (in- and out-of-school youth, MSM, members of the uniformed services, and employees of the sugar industry) will occur in FY07, with implementation to take place in FY08.

Program monitoring will be strengthened through targeted training for division leads and managers in the areas of program management, data utilization, strategic planning, and leadership. GHARP will continue to collaborate with MOH to ensure standardization of forms in each program area and integration into the National system. GHARP will also roll out the Quality Assurance/Quality Improvement (QA/QI) program for the various program areas to ensure that all programs have the necessary tools and Standard Operating Procedures in place to deliver services/activities according to guidelines. GHARP will also provide ongoing support to NGOs to develop programmatic databases, as well as quarterly visits to provide technical assistance in M&E and ensure data quality. Additionally, USG will support UNICEF to further develop the Child Protection Database to facilitate the routine data collection for OVC programs.

USG will also support the following three special studies in 2007: a) an economic assessment of the long-term sustainability of anti-retroviral care and treatment; b) outcome evaluation of capacity-building as a result of USG-supported trainings; and c) a mortality and vital statistics evaluation to strengthen the reliability of all-cause and cause-specific mortality and verify statistics on births used to calculate key program indicators.

Program Area Target:

Number of local organizations provided with technical assistance for strategic information activities	21
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	165

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:	GHAI
Program Area:	Strategic Information
Budget Code:	HVSI
Program Area Code:	13
Activity ID:	7976
Planned Funds:	$ 400,000.00

Activity Narrative: In FY07, 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.

Technical assistance will be given to key M&E officers at the central and field offices, hired as contract staff 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 for each 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 its 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 receiving HIV/AIDS funding through the World Bank and GFATM grants.

In FY 07 GHARP will begin evaluating the impact of some of the PEPFAR-supported targeted interventions through implementation of behavioral surveillance surveys (BSS) in two target populations and will lay the groundwork for the implementation of the BSS in the other populations that were surveyed in the first round of the BSS. The first round of the BSS was conducted in 2003/2004 before the inception of the GHARP project and serves as the project baseline for interventions in at-risk populations. The first round of the BSS was conducted among female commercial sex workers (CSW), men who have sex with men (MSM), youths (in and out of school), the uniformed services and employees of the sugar industry. The BSS in CSW and MSM were combined with a biological component, which included testing for HIV and other sexually transmitted infections. The data from these surveys were used to guide the development of interventions that targeted the various populations. As the end of the project approaches, this is the ideal opportunity for GHARP to measure any changes that may have resulted from the various activities that were supported by PEPFAR. Moreover, sufficient time has elapsed for the interventions to work and for changes to reach measurable levels. As such, GHARP will conduct a second round of BSS in target populations beginning in FY07. In FY07, GHARP will map and estimate the size of the CSW population in the gold mining and logging areas in Guyana, and conduct a combined biological and behavioral surveillance survey (BBSS) in the entire CSW population. This data will document any effect of the current intervention targeting CSW, as well as provide data for guiding the expansion of this project to ensure national coverage of this project. The BSS will also examine an additional at-risk population in FY07: Despite evidence from some surveys that there may be a close association between drug use and HIV risk, the exact role which this population plays in driving the epidemic is not clearly understood. In the beginning of FY 07, GHARP will map and estimate the size of this population and assess the behaviors among them which may be driving the epidemic. Subsequently, the project will conduct a BSS among this population in the latter part of the year. The foundation will also be laid in FY07 to repeat the BSS in FY08 among MSM, youths (in and out of school), the uniformed services and employees of the sugar industry.

Support is also required in FY07 to support the roll out of the QA/QI program for the various program areas thus ensuring that, all programs have in place the necessary tools and SOP and that the programs are delivered according to available guidelines.

An additional targeted assessment for FY07 is a formative assessment to determine the needs of PLWHAs in relation to the development of a targeted prevention program to decrease the transmission of the virus to others (Prevention for Positives). The expansion

of the care and treatment program will lead to the improvement in the health and well being of a number of HIV-positive persons who will likely return to becoming sexually active. Targeting these healthy HIV-positive persons with interventions that lead to the adoption of low risk behaviors is a necessity for reducing the probability that they infect others. Such an intervention must take into account the unique circumstances of these persons and the context within which they have sex.

Continued Associated Activity Information

Activity ID: 3154
USG Agency: U.S. Agency for International Development
Prime Partner: Family Health International
Mechanism: GHARP
Funding Source: GHAI
Planned Funds: $ 300,000.00

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for strategic information activities	20	☐
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	50	☐

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: Peace Corps
Prime Partner: US Peace Corps
USG Agency: Peace Corps
Funding Source: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 7979
Planned Funds: $ 0.00
Activity Narrative: $12,000 in Pipeline Funds will be used.

Peace Corps will continue their process of adapting the reporting format that volunteers utilize to report PEPFAR 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 to ensure the quality and reliability of program implementation output and process indicators.

Continued Associated Activity Information

Activity ID: 5689
USG Agency: Peace Corps
Prime Partner: US Peace Corps
Mechanism: Peace Corps
Funding Source: GHAI
Planned Funds: $ 12,000.00

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 local organizations provided with technical assistance for strategic information activities		☑
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	30	☐

Key Legislative Issues

Volunteers

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism:	Global Health Fellow Program
Prime Partner:	Public Health Institute
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Strategic Information
Budget Code:	HVSI
Program Area Code:	13
Activity ID:	7980
Planned Funds:	$ 150,000.00
Activity Narrative:	USAID will fund a Global Health Fellow who will serve as the Strategic Information Officer with prime responsibility to fulfill requirements for strategic information under PEPFAR and USAID to track performance over time, and to provide direct technical assistance to build local SI capacity. The fellow will develop technical assistance needs and implementation requirements for surveys, studies, surveillance, and M&E for USAID; PEPFAR; the Global Fund for HIV/AIDS, TB, and Malaria; the Ministry of Health; and NGOs/FBOs. S/he will also coordinate implementation activities among field support, institutional contractors, and Government of Guyana partners in technical assistance and program support for all strategic information activities.

Targets

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

Table 3.3.13: Activities by Funding Mechanism

Mechanism: Measure DHS
Prime Partner: Macro International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 8047
Planned Funds: $ 400,000.00
Activity Narrative: Measure DHS will lay the groundwork to conduct the Demographic Health Survey Plus (DHS+) in 2008 with FY07 funds. The DHS+ is a nationally-representative household survey which includes information on a wide range of monitoring and impact indicators including reproduction, marriage patterns, sexual behavior, condom use, experience with sexually transmitted infections (STIs), treatment of self-reported STIs, knowledge and attitudes related to HIV/AIDS, stigma and discrimination, PMTCT, coverage of HIV-testing services, and medical injections, as well as ownership and use of mosquito nets, care and support for chronically ill persons, persons who have died, and orphans and vulnerable children. Guyana has never implemented a DHS, and the survey is a priority for the MOH as it will provide information required for meeting HIV/AIDS program reporting requirements and will ensure comparability on standard HIV/AIDS indicators across countries and over time. The DHS+ will take the place of the second round of the AIS, which was originally implemented in 2004; this has been part of the USG SI plan for the past three years. Of note is the fact that the original AIS was to have included the seroprevalence component; however, Guyana lacked the in-country capacity at the time to carry out this aspect of the survey. Capacity now exists in Guyana to implement the seroprevalance component.

Conducting a DHS+ in Guyana is a strong priority for the Ministry of Health, for which they have requested USG support. The USG team in country has made the MOH aware of the sample size issues surrounding the probably low prevalence of HIV and has discussed the possibility of doing a DHS without HIV testing but this was not supported by the MOH. The USG Guyana team wants to work cooperatively with the MOH and is therefore proposing to support the survey not only to provide additional information on HIV prevalence (given the limited information available in country) but also to provide indicator behaviors required for PEPFAR reporting. The USG team in Guyana will support: use of ANC surveillance data (from 2004 & 2006 and operational research) to determine needed sample size; the portion of the DHS that will provide risk behavior data to serve as endpoint outcome data; and HIV testing that will provide endpoint impact data - both as required by PEPFAR for the USG Guyana HIV/AIDS program. The USG Guyana team will leverage resources from other international donors and the national government to support the rest of the (non-HIV specific) DHS. To further strategically focus USG dollars, the USG Guyana team will limit testing to 2 provinces with the densest populations where the epidemic is most heavily located, and where there is existing infrastructure to support testing and counseling activities. The USG Guyana team will also support a planning process to facilitate set up of mechanisms needed to implement the DHS+. Anticipated total costs for the USG contribution to the above activities is $750,000 (cost to implement AIS in 2005) over a 2 year period (FY 07 & FY 08).

Targets

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

Table 3.3.13: Activities by Funding Mechanism

Mechanism: Measure Evaluation
Prime Partner: University of North Carolina, Carolina Population Center
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 8048
Planned Funds: $ 125,000.00
Activity Narrative: Measure Evaluation will provide technical assistance to train key Strategic Information officers at the central and field MOH offices, hired as contract staff by the MOH through CDC/GAP funding. Training of SI staff to work in surveillance, M&E, and HMIS is a key priority for the MOH as they move toward creating a sustainable unit with capacity to coordinate all SI activities. In addition to initial training of SI staff, Measure Evaluation will provide short-term technical assistance for periodic on-site mentorship and additional training in data collection, utilization of program monitoring data for program planning and improvement, and dissemination of HIV/AIDS strategic information. These activities will support and complement the goals of the National M&E Plan for HIV/AIDS (2006-2010) and will transfer skills to the host country and strengthen the country's ability to track program progress and results over time.

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for strategic information activities		☑
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	30	☐

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: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 8089
Planned Funds: $ 28,000.00
Activity Narrative: CDC will continue to work in close collaboration with the MOH and all Emergency Plan (EP) partners to strengthen and support strategic information activities including HMIS, surveillance, M&E, and research. Surveillance is a strategic information priority in FY07. CDC will work in close collaboration with the MOH and in-country partners to help create sustainable systems for the accurate and timely collection and reporting of data for disease control and the utilization of surveillance data for programs and policy. CDC will work with the MOH to integrate routine HIV/AIDS surveillance data with the existing population data (e.g., census and vital statistics) and population-based studies (e.g., AIS, BSS, and MICS) into a single, comprehensive HIV/AIDS epidemiological country profile. This activity will be supported with technical assistance (TA) for workshops on data utility for program management and decision-making. Initial planning for this activity was conducted in FY06; however, this activity will be implemented with FY07 funds. CDC will also work closely with the MOH and GHARP to strengthen routine PMTCT program data for surveillance needs as the PMTCT program in Guyana continues to expand to universal coverage (expected in 2008). Specific support to the MOH will be short-term TA and targeted trainings in data management and surveillance, in addition to long-term financial and technical support to PAHO to assist the MOH implement a sustainable and harmonized surveillance system to monitor and measure all health care priorities. In FY07, migrant populations in Guyana have been identified as HIV/AIDS surveillance priority given their significant presence in some MARPS. A needs assessment will be planned with the aim of characterizing this population (size, temporal and spatial patterns) and identifying their HIV/AIDS care and treatment needs. The needs assessment will provide the baseline for further work with this at-risk population in 2008 and beyond. In FY07, CDC will also collaborate with USAID and GHARP on assisting the GOG with operationalizing the National HIV/AIDS M&E Plan and National Strategic Plan (NSP) on HIV/AIDS (2006-10). Lastly, CDC will continue to work with all partners to strengthen routine program reporting with more standardize and feasible reporting systems, and stronger agency-relevant guidelines for the EP.

Emphasis Areas	% Of Effort
HIV Surveillance Systems	10 - 50
Information Technology (IT) and Communications Infrastructure	10 - 50
Monitoring, evaluation, or reporting (or program level data collection)	10 - 50
Other SI Activities	10 - 50
USG database and reporting system	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for strategic information activities	1	☐
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	10	☐

Target Populations:

Commercial sex workers
Most at risk populations
Mobile populations
National AIDS control program staff
Policy makers
Migrants/migrant workers
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)
Public health care workers

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:	GHAI
Program Area:	Strategic Information
Budget Code:	HVSI
Program Area Code:	13
Activity ID:	8101
Planned Funds:	$ 152,000.00
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 2006-2007 cooperative agreement has been obligated to provide contract staff, equipment, travel, supplies and contractual services.

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
Other SI Activities	10 - 50
Proposed staff for SI	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of local organizations provided with technical assistance for strategic information activities		☑
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	10	☐

Target Populations:

National AIDS control program staff
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)

Coverage Areas:

National

Table 3.3.13: 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:	GHAI
Program Area:	Strategic Information
Budget Code:	HVSI
Program Area Code:	13
Activity ID:	8275
Planned Funds:	$ 250,000.00
Activity Narrative:	USG will fund technical assistance and ongoing support to the implementation of the modified WHO format national patient tracking and monitoring system. After final approval from a committee of all stakeholders, this system will become the national monitoring system for all HIV/AIDS care in country. PAHO will support the MOH Surveillance Unit in training data entry and clinical staff on use of the system, roll out of the system in all HIV/AIDS treatment sites, and ongoing technical support. The PAHO Surveillance Office will work closely with CDC,(the technical lead for the USG team), USAID, and other partners to coordinate activities in support of the MOH Surveillance Unit including funding and training for backfilling of registries, mentorship for Surveillance Unit staff and technical assistance for data analysis and reporting. Site visits for ongoing monitoring will coincide with visits for monitoring other programs such as the malaria initiative. This coordination will assist in the integration of HIV care into the overall health system. Early funding is requested for this activity to initiate training and data entry as soon as possible.

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

Targets

Target	**Target Value**	**Not Applicable**
Number of local organizations provided with technical assistance for strategic information activities		☑
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	25	☐

Target Populations:

Doctors
Nurses
International counterpart organizations
National AIDS control program staff
Host country government workers
Public health care workers
Other Health Care Worker
Private health care workers
Doctors
Nurses
Other Health Care 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:	GHAI
Program Area:	Strategic Information
Budget Code:	HVSI
Program Area Code:	13
Activity ID:	8675
Planned Funds:	$ 0.00
Activity Narrative:	In FY07, CDC will recruit a short-term consultant to plan and implement a study to evaluate the impact of EP supported trainings on systems for the management and delivery of HIV/AIDS programs. Training for health care providers, facility managers, and program staff increases the skills and knowledge of health care providers, managers, and personnel, and enables those persons to develop, manage, expand, and monitor programs and interventions for HIV/AIDS. This study will compliment the PAHO human resources for health assessment by providing baseline data on previous training practices and gaps, and defining clear strategies for improving and prioritizing training efforts in Guyana. Moreover, the results of this study will also be used to inform the assessment and implementation of the TIMS coordination system.

Emphasis Areas	**% Of Effort**
Proposed staff for SI	10 - 50
Targeted evaluation	51 - 100

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: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 8676
Planned Funds: $ 20,000.00
Activity Narrative: CDC will work closely with the MOH to design and implement a study to examine the coverage and completeness of vital registration in Guyana. This study will provide data to strengthen EP reporting on HIV/AIDS-related mortality and inform planning and implementing of future population-based surveys and/or surveillance events.

Emphasis Areas	% Of Effort
Targeted evaluation	51 - 100

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: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 8677
Planned Funds: $ 0.00
Activity Narrative: ACTIVITY DELETED.

In order to measure and compare the financial resources required for the rapid scale-up of ART in PEPFAR-supported countries, CDC will plan for a cost-effectiveness study of ART in FY07 with a focus on facility-level program costs. CDC is developing a standardized costing model for ART with linkages to clinical outcomes to determine appropriate program functioning and to develop the cost implications of different program models. Dissemination of this study is planned for FY08 with FY07 funding.

Emphasis Areas	% Of Effort
Targeted evaluation	51 - 100

Table 3.3.13: Activities by Funding Mechanism

Mechanism: Supply Chain Management System
Prime Partner: Partnership for Supply Chain Management
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 9105
Planned Funds: $ 400,000.00
Activity Narrative: Supply Chain Management Systems (SCMS) and the Ministry of Health held a joint strategy development workshop to establish that SCMS would focus on the following technical areas in FY07: Quantification; Procurement; Warehousing and distribution; and Management Information Systems (MIS). Strategies for each functional and cross cutting area have been identified and developed to ensure secure, reliable, cost-effective and sustainable supply chains to meet the care and treatment needs of people living with or affected by HIV/AIDS in Guyana. The activities and technical assistance in these areas will first focus on the improvement of the MOH Materials Management Unit (MMU) and other central level facilities and then later move emphasis to regional level.

Establishing MIS strategies and improving the information system at both the central and facility level is vital in having a secure and reliable supply chain to make sure that accurate information is generated and systematically reported. SCMS will provide technical assistance to improve the central and facility level information system for supply chain management to ensure strategic information is readily available to drive decisions for key stakeholders, e.g. Ministry of Health, Ministry of Finance, donors, and implementing partners. Training will take place with MMU and other MOH staff in MIS to transfer skills and capacity to host-country and improve the ability to track program performance over time.

The plans to improve the central level information system include the determination of the enterprise resource system requirements at the MMU which will include the ability to manage the warehouse, support warehouse procurements and distributions to down stream facilities. The chosen solution will be implemented and at a minimum should be able to maintain national stock status indicators and detailed consumption information using web based tools. A preference will be given towards a commercial off the shelf modular enterprise resource system and the solution will link procurement and distribution decisions to morbidity methods rather than using only existing consumption methods.

At the facility level, a simplified and integrated data collection and reporting system will be established and staff at the facility and MMU levels will be trained to use the information for decision-making that will lead to a more effective and efficient supply chain.

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for strategic information activities		☑
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	10	☐

Table 3.3.13: Activities by Funding Mechanism

Mechanism:	UNAIDS
Prime Partner:	Joint United Nations Programme on HIV/AIDS
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Strategic Information
Budget Code:	HVSI
Program Area Code:	13
Activity ID:	12517
Planned Funds:	$ 50,000.00
Activity Narrative:	pending

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:	GHAI
Program Area:	Strategic Information
Budget Code:	HVSI
Program Area Code:	13
Activity ID:	15461
Planned Funds:	$ 10,000.00
Activity Narrative:	na

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: $ 2,005,000.00

Program Area Context:

The initiatives in policy and system strengthening will build on programs currently being implemented, as well as to increase the support given to cross-cutting issues which will be the foundation for a sustainable response to HIV/AIDS in Guyana. In FY06 there was an ever-increasing 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.

Guyana has no restrictions on migration and accepts this phenomenon as a positive value shared widely throughout society. The country is thus faced with a dilemma: on the one hand the need to provide quality health services with sufficient staff and on the other hand, the individual's right to move to different shores as a positive value. Second to this is the phenomenon of internal migration. The global initiatives (addressing specific disease oriented programs) have led to internal migration from the public to the NGO and private sectors, competing for already scarce human resources. When hiring with additional incentives occurs in service settings, this usually leads to motivation of a small number of staff and de-motivation of those not benefiting from access to additional incentives.

The most recent report by World Bank of human resource depletion globally, noted that Guyana suffers from the highest rates of out-migration or "brain drain" of any other country. The challenges cannot be solely solved by a massive scaling up of the training programs. Guyana has a small population base from which to recruit and train the health workforce and any single qualified professional leaving the public sector potentially takes years to replace, particularly in specialized treatment categories and the upper echelons of management and administration. There is thus a need to coordinate the staffing needs of various local, national and international initiatives in order to avoid throwing the total delivery system into imbalance and possibly adversely affect the epidemiological profile.

The overarching objective of PEPFAR's support to MOH, PAHO, ITECH, and Management Science for Health (MSH) will be to strengthen the HIV/AIDS human resource system (within the broader ministries of the GOG and civil society organizations) and create conditions that foster retention, effective performance, and supportive supervision. MSH has a clear mandate to deliver technical assistance to the Health Sector Development Unit, responsible for the implementation of WB and GFATM awards, in order to leverage their funding already allocated to GOG Ministries and civil society, in order to ensure the effectiveness and timeliness of those programs. FHI/GHARP will be continuing to facilitate the annual work and M&E plans for each of the PEPFAR supported NGOs as well as continue on-site technical assistance and supervisory visits on a quarterly basis. The International Labor Organization and Howard Delafield will be supporting the policy and work place program development within the private sector and work place settings. The goal will be to develop and implement on-site performance improvement and monitoring systems that 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. Finally, Maurice Solomon, Pramaser and Company will continue to support the NGO and FBO community with the contracting of entities to provide targeted assistance in developing sound governance and administrative processes. This will continue to support civil society 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 Guyana AIDS Indicator Survey of 2005 (GAIS), 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 other key policies exist that are of a broader influence, but directly affect the performance of PEPFAR in Guyana. We believe that 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, violence against women, 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.

CDC will support activities and advocate for progress to be made on several of these key legislative issues. Not specifically or financially supported by PEPFAR, the USAID Mission Director can also play a key role through his close collaboration with other UN bodies such as the United Nations Development Program and the donor coordinating committee to advocate for change on key issues. USAID is also responsible, through its Democracy and Governance Program, to assist in the reduction of violence and coercion of women and continues to strengthen the GOG's response to trafficking in persons. The first case in Guyana was identified by the president of one of the PEPFAR-supported NGOs working in Region 8 and the woman's case in now being tried. UNICEF, along with financial support from the GFATM will be addressing two policies/draft legislation: the Child Protection Law and the establishment of a foster care system from within the Ministry of Labor, Human Services, and Social Security. The Department of Defense will use its own HIV/AIDS policies to work with the Guyana Defense Force to adopt the principles and translate them into policy.

Program Area Target:

Number of local organizations provided with technical assistance for HIV-related policy development	35
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	20
Number of individuals trained in HIV-related policy development	40
Number of individuals trained in HIV-related institutional capacity building	120
Number of individuals trained in HIV-related stigma and discrimination reduction	115
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	125

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: GHAI
Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 8199
Planned Funds: $ 100,000.00
Activity Narrative: FHI/GHARP will continue to technically support and manage the annual civil society work plan development process of its current 18 NGO/FBO partners as well as two additional community-based organizations in FY07. This process requires significant resources and time from all staff at GHARP, on-sight proposal development, related workshops, site visits, technical review in each program area, and development of annual M&E plans. GHARP also supports Health Sector Development Unit to implement a similar program for the NGOs and FBOs funded through GFATM and WB initiatives.

With civil society programs having only been concretely established in the last ten years, building their technical as well and financial and administrative capacity is a daily commitment and requires a significant dedication of human resources, time, attention, site visits, mentoring, conflict resolution, and responding to immediate needs and demands of the organizations. Hence, NGO system strengthening will continue to be a priority as the role these community-based organizations are playing is critical across the continuum of prevention, care and support. FHI/GHARP will continue 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 that are now receiving funds and reporting requirements from several different streams. The goal will be to continue enhancement of the sustainable HIV/AIDS programs and the capacity needed to support the organization and its work, by diminishing their reliance, over time on external technical assistance by building partnership with a local capacity building institution to provide on-going assistance needs at the field-level. Currently, the FY06 request for proposal yielded a strong candidate, but contracting this firm requires a delay as it finalizes its registration as a solely indigenous organization.

FHI will continue to support technical and administrative assistance requests made by MOH and HSDU/GFATM for ensuring HIV/AIDS program sustainability and to support program management through staffing, oversight, and to ensure maximization of funds available from various sources within Guyana.

Deliverables/additional targets:
Number of NGO proposals finalized, technically approved, and implemented - 18

Continued Associated Activity Information

Activity ID: 3155
USG Agency: U.S. Agency for International Development
Prime Partner: Family Health International
Mechanism: GHARP
Funding Source: GHAI
Planned Funds: $ 450,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	51 - 100
Policy and Guidelines	10 - 50
Training	10 - 50
Workplace Programs	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	100	☐
Number of individuals trained in HIV-related stigma and discrimination reduction	40	☐
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	50	☐

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: Department of Labor
Prime Partner: International Labor Organization
USG Agency: Department of Labor
Funding Source: GHAI
Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 8201
Planned Funds: $ 275,000.00
Activity Narrative: The efforts of the ILO will continue to build upon the experience and achievements of the USDOL/ILO Workplace Education Project in Guyana that over the past three years has focused on overcoming HIV/AIDS employment-related stigma and discrimination, reducing risk behaviors among more than 30,000 workers from twenty-three target enterprises and increasing sustained employment for workers living with HIV/AIDS (PLWHA) from the target enterprises. Special emphasis will be placed on referring workers from the partner enterprises to VCT and treatment services provided by community-based organizations. The Project will also build on the collaborative arrangements with the GHARP Project with the objective of having one PEPFAR private sector initiative in Guyana, but the goal is to consolidate the two separate workplace programs into one that is led by the Department of Labor/ILO. On this basis, the aim is to expand the reach of the program to include an additional ten to fifteen enterprises. The eventual goal is to develop this into a sustainable program as the world of work component of the national response to HIV/AIDS.

The program will continue to utilize the existing and well-functioning collaborative arrangements with the Ministry of Labour, Human Services and Social Security, the employers' and workers' organizations, and the network of nongovernmental organizations (NGOs) to reach workers in the target enterprises as well as employees. Action will continue to be pursued at the national, community and enterprise levels. It will include support for enforcement initiatives for the national workplace policy and regulations, enhancing the capacity of national agencies to provide HIV/AIDS training, review of the draft protocol to link NGOs to target enterprises, development of enterprise-specific behavior change communication (BCC) programs, and development of referral systems for, or in-house training for the delivery of VCT (including a targeted approach to ensuring male access), treatment, and care and support for workers and their family members. It will also include the development of training and BCC materials and the strengthening of the monitoring mechanism.

The ILO 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 will continue to be the principle guide and framework for action.

Deliverable/Additional Targets:
•10 additional enterprises with an adopted HIV/AIDS workplace policy
•Protocol to link NGOs to target enterprises finalized
•Workplace-specific BCC materials developed

Continued Associated Activity Information

Activity ID: 3203
USG Agency: Department of Labor
Prime Partner: International Labor Organization
Mechanism: Department of Labor
Funding Source: GHAI
Planned Funds: $ 150,000.00

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	15	☐
Number of local organizations provided with technical assistance for HIV-related institutional capacity building		☑
Number of individuals trained in HIV-related policy development	30	☐
Number of individuals trained in HIV-related institutional capacity building		☑
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	60	☐

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:	GHAI
Program Area:	Other/Policy Analysis and System Strengthening
Budget Code:	OHPS
Program Area Code:	14
Activity ID:	8203
Planned Funds:	$ 150,000.00

Activity Narrative: Maurice Solomon, Parmesar and Company is an indigenous Accounting Firm contracted to disburse and monitor small grants to a network of local organizations, while strengthening their financial management capacities. Under the Other/Policy Analysis and System Strengthening program area, the Accounting Firm will act as grants manager to a local agency or individual consultants (to be determined) whose responsibility will be to build the capacity of the eighteen (18) USAID-supported NGOs by fulfilling critical governance and administrative tasks:

- Update NGO Coordinating Committee Constitution;
- Train board on final constitution
- Participate in coordinating committees to oversee process
- Develop customized constitutions and guidelines for NGO boards;
- Train NGOs and their boards on final constitution
- Develop customized staffing and volunteer policies for NGOs;
- Develop management plans
- Develop scopes of work for each position
- Develop conflict of interest policies;
- Develop NGO guidelines for sub-contracting; and
- Respond to NGO requests for on-site support.

Unfortunately, after issuing of the Request for Proposals (RFP) in June 2006, identifying the strongest candidate, and confirming it was registered in Guyana as an NGO, the contract was not awarded. This was due to the fact that the RFP specifically required that the recipient be locally governed and this NGO had a disproportionate number of its directors being resident in Canada. Despite the contract not being awarded, the other members of the organization foresee a policy shift from within the organization whereby directorship will transition fully to local management. In the interim, Maurice Solomon & Co. will be issuing a request for application from individual consultants who will be able to address the current needs.

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 rolls out. The first obstacle 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 technical area. In either case there is a deficiency in expertise, frequent problems of authenticity, commitment and motivation as many NGOs attempt to access 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 skills, and human resource recruitment, retention and management. The technical weaknesses are being addressed by the strong international implementing partners present in Guyana, and the new consultancies and/or NGO support under this system strengthening activity will serve to address the management and staffing issues.

Experience in Guyana has shown that meaningful progress in the development of NGO capacity is a labor intensive endeavor. Less mature NGOs require intensive support. In many areas training is indispensable, but must be complemented with field visits to reinforce the concepts imparted and help with identification and resolution of problems on the ground as they arise. 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. Both, the technical assistance to NGOs, and now the governance/administrative support, will continue to utilize this approach.

Deliverables/Additional Targets:

- Consultants contracted to provide following deliverables:
  - Revised constitution for NGO Coordinating Committee completed
  - Standardized guidelines for NGO boards developed and being implemented
  - Number of NGOs with management plans – 18
  - Number of NGOs with defined SOWs for all staff – 18
  - Conflict of interest policy developed and being implemented
  - NGO guidelines for sub-contracting developed

Continued Associated Activity Information

Activity ID:	4841
USG Agency:	U.S. Agency for International Development
Prime Partner:	Maurice Solomon Accounting
Mechanism:	Accounting Institution
Funding Source:	GHAI
Planned Funds:	$ 150,000.00

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		☑
Number of individuals trained in HIV-related stigma and discrimination reduction		☑
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		☑

Target Populations:

Community-based organizations

Faith-based organizations

Non-governmental organizations/private voluntary organizations

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:	GHAI
Program Area:	Other/Policy Analysis and System Strengthening
Budget Code:	OHPS
Program Area Code:	14
Activity ID:	8204
Planned Funds:	$ 300,000.00

Activity Narrative: In FY06 PAHO focused on strengthening the capacity of the National AIDS Program Secretariat since a 2004 assessment that had been conducted by the Caribbean Health Research Council (CHRC) noted that the program was affected by insufficient human and technical ability as well as inadequate emphasis on its mandate of coordination and management the National response to HIV/AIDS. Currently, PAHO continues to assist the Ministry of Health in 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.

A considerable amount of work was undertaken in the past to analyze workforce issues and develop a National Health Plan 2003-2007. This Plan released in March 2003, contains important recommendations on Health Services and Workforce Development Strategies. In FY07, PAHO will dedicate more level of effort to the MOH and its human resource unit with a primary focus on fields most relied upon by the HIV/AIDS program. PAHO will support the MOH to establish a Human Resources Planning and Development Unit (HRDU) with the following functions:

- Steer the development of an integrated Human Resources for Health Plan which matches population health needs, service delivery mandates with skills needed, appropriately budgeted levels for supplies, equipment and pharmaceuticals;
- Provide directions to the existing training department (Dept of Health Sciences Education) with the aim to achieve synchrony between the identified service needs and the training activities.
- Collect and systematize a database of stock, trends, and qualitative data on human resources that allows to forecasts needs and track the impact of interventions;
- Build a consensus mechanism involving education, finance, donors, public service and local governments in order to address this issue through a comprehensive and coordinated approach.

Given the environment of out-migration, internal migration, PAHO will play a proactive role in the understanding and resonding to the main contributing factors by:

- Conducting studies on the main flows of different types of professionals and the consequences of these flows in the health services and in the priority programs.
- Implement and reinforce an "exit interview" procedure.
- Facilitate international dialogues between major partner recipient countries of Guyana health staff and the Guyana health services to provide more specific support to Guyana service needs development based on staff losses.
- Develop and pass regulation of contracting policies in the health sector as a way of balancing the availability of critical human resources in the MoH and the other health providers and programs.
- Determine critical path to scale up the main training programs and the establishment of an inter-sectoral task force to devise a short term plan to address the ill effects of the identified bottlenecks.
- Achieving consensus among development partners on incentive structures across the various priority health and education programs they support.

The main issues of concern for the MOH with recruitment and retention are the inefficient procedure for filling new and vacant positions is considered time-consuming and inefficient to guarantee adequate levels of staffing and lead to losses of good candidates, the lack of career prospects (flat pay structure, poor working conditions), insufficient incentives through the current pay system, and insufficient access to continuing and post-graduate education. Hence, PAHO will develop a coherent set of interventions addressing the main factors identified:

- Design alternatives to build career paths adapted to the public health sector, rewarding performance, acquired skills and experience.
- Strengthen the continuing education system so it is linked to opportunities for career advancement.
- Establish a dialogue with Ministry of Finance and Public Service Ministry to discuss ways for appropriate salary grid and/or benefits packages and streamlining the appointment process.
- Staff category specific needs should be responded to in consultation with the partner community, particularly in the area of incentives which do not demand immediate remuneration issues.
- In 2004, a proposal detailed the existing and required staffing needs at the regional level and by categories. There is a need to validate and update these findings and use

them as a basis to propose incremental budget changes for the next budgetary period.
• A cabinet approved Human Resources for Health Plan should be taken as the basis for staffing needs and authorization to fill positions to avoid delays.
• Staffing levels should be determined by workload indicators of staffing needs which should form an integral part of the Human Resources for Health Plan.

Deliverables/Additional targets:
•Multi-stakeholder coordinating committee established to address human resource needs; quarterly meetings held
•Regulation of contracting policies developed
•Standardized incentive structure developed as collaborative process among development partners in health and education
•Human resource unit developed in planning department of MOH with approved staffing and authority structures

Continued Associated Activity Information

Activity ID:	3164
USG Agency:	U.S. Agency for International Development
Prime Partner:	Pan American Health Organization
Mechanism:	Pan American Health Organization
Funding Source:	GHAI
Planned Funds:	$ 400,000.00

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	☐

Coverage Areas:

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: GHAI
Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 8205
Planned Funds: $ 650,000.00
Activity Narrative: Management Science for Health is the prime partner within GHARP for provision of technical assistance for supporting the capacity strengthening throughout the year for Ministries of the Government of Guyana that are funded through GFATM and WB, human resource development programs for leadership and management skills-building, and for the support of an indigenous organization to assume the responsibility of providing the necessary administrative, management, and policy support needed within civil society.

MSH will strengthen the human resource system within civil society and ministries (Ministry of Education; Ministry of Culture Youth and Sports; Ministry of Labor, Human Services and Social Security; Ministry of Agriculture; Ministry of Ameridian Affairs; and the Ministry of Local Government and Regional Development) to create conditions that foster retention, effective performance, and supportive supervision through Leadership Development workshops by building effective teams to collaboratively identify challenges and problem solve, and enhance their engagement in HIV/AIDS effort.

MSH will also increase multi-sector coordination and planning in support of the World Bank project, continue efforts to mainstream HIV/AIDS in the aforementioned ministries through:
• A targeted program of direct technical assistance (HIV/AIDS skills development workshops for line ministry focal persons, development of M&E plans, program management, planning and budgeting workshop)
• Work to deepen the engagement of line ministries in HIV/AIDS work by enhancing prevention and work place efforts
• Strengthening the implementation of two of the ministry programs with focused attention and increased on-site support aimed at ensuring the implementation of the line ministry project
• Providing targeted short-term direct technical assistance as requested by the HSDU in support of the planning, implementation, and reporting of GFATM.
• Provide targeted direct technical assistance, as needed, to strengthen the Regional AIDS Committees

Family Health International, as the prime partner for GHARP, provides technical support, monitoring and data quality assurance, program oversight and will report on MSH's program achievements.

Deliverables/Additional Targets:
•6 line ministries with adopted anti-discrimination initiatives
•6 line ministries implementing approved work plans
•2 line ministries with a workplace policy developed and being implemented

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		☑
Number of individuals trained in HIV-related stigma and discrimination reduction		☑
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		☑

Target Populations:

Host country government workers

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: GHAI
Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 8206
Planned Funds: $ 220,000.00

Activity Narrative: Howard Delafield Inc. (HDI) is a small, woman-owned business that is the lead partner for USAID/GHARP in private sector programming and in creating an environment free of stigma and discrimination. HDI has expertise and a track record of engaging the private sector to support HIV/AIDS initiatives to address issues of stigma and discrimination as well as private sector partnerships and policy development. In FY06, HDI in collaboration with GHARP and the International Labor Organization (ILO), established a private sector business coalition with over 25 businesses. This coalition has formed a Private Sector Advisory Committee headed by chief executive officers and human resource directors from each partner and working group sub-committees, which focus on identifying and securing resources from other private sector organizations, NGOs, and donors. The Advisory Committee serves as a forum for private-sector partners to share best practices with each other, to continue to create partnerships, and foster leadership to prevent and reduce HIV/AIDS in the workplace and community.

To date, several achievements have included: Citizen's Bank sponsored a physician and pharmacist to host monthly clinics in Bartica (Region 7) to treat and screen patients for HIV/AIDS and tuberculosis; GT&T, Lotto, and IPED collaborated to offer loans to persons living with HIV/AIDS to start small enterprises; Companies sponsored mass media events to promote tolerance and sensitivity for persons living with HIV/AIDS; Work places began to provide on-site voluntary counseling and testing by partnershing with NGOs who are trained to provide such services; Partners such as Scotia Bank and Citizens Bank have been actively involved in monthly "Dress Down Days", in which employees wear pins with supportive messages for PLWHA and partner NGOs staff awareness booths to distribute HIV/AIDS information in an environment free from stigma and discrimination; and Several other companies have provided exemplary education and training for HIV/AIDS prevention for their employees through GHARP and its partner non-profit organizations.

In FY07, HDI will continue to strengthen the existing private sector partners to develop and implement workplace policies while also recruiting new private partners, particularly in private sector industries with potentially higher levels of MARPs (shipping, mining, forestry). HDI will work with the private sector partners to promote the development of workplace policies with focus on stigma and discrimination and promotion of correct prevention messages (AB messages and consistent condom use and risk reduction behaviors where appropriate), while strengthening the linkages and referrals for the workplace programs to GHARP and NGO services such as VCT, condoms, etc.

HDI will work to ensure the sustainability of these workplace programs and policies by creating strong linkages between the private sector businesses and partner NGOs, as well as linking Guyana to other regional HIV/AIDS workplace initiatives such as the Pan Caribbean Business Coalition on HIV/AIDS and the Global Business Coalition on HIV/AIDS. HDI will support the Private Sector Advisory Committee to create a strategy for the Public/Private sector coalition to become The Guyana Business Coalition on HIV/AIDS which will function as a self sustaining body. HDI will provide this Advisory Committee and its Working Groups technical and administrative support and will assist to develop a Mission Statement and work plans. Funding will be provided for the Private Sector Manager/Advisor to attend regional and international meetings to learn and share best practices.

Family Health International, as the prime partner for GHARP, provides technical support, monitoring and data quality assurance, and program oversight and will report on HDI's program achievements.

Deliverables/Additional Targets:
•10% increase in number of private sector partners
•Loan program being implemented with 25 loans to PLWHA approved
•Formal relationship established linking Guyana Business Coalition on HIV/AIDS to Regional HIV/AIDS workplace initiatives

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		☑
Number of individuals trained in HIV-related stigma and discrimination reduction		☑
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		☑

Table 3.3.14: Activities by Funding Mechanism

Mechanism: ITECH
Prime Partner: University of Washington
USG Agency: HHS/Health Resources Services Administration
Funding Source: GHAI
Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 8492
Planned Funds: $ 294,458.00
Activity Narrative: Human resource capacity remains the single largest obstacle to establishing a stable and quality HIV/AIDS program in Guyana. Appropriate and coordinated training is essential in order to improve the shortage of skilled workers for the health sector. In April of 2007 ITECH will transition from being a training implementer as an arm of the FXB center to a role as national training coordinator through the Guyana National Training and Coordination Center (GYNTCC). ITECH will assist the MOH to maintain a database on those trained and in need of training and develop a national training calendar so events are timely, not redundant, and do not overlap. In addition they will work with PAHO to support the MOH with standardized curricula. Pending completion of an MOU with MOH, ITECH staff currently residing at the FXB and CDC office space will move into MOH office space in Lilliendal where the Health Sciences Education Center (HSEC) currently resides. This co-location will strengthen the relationship between the GYNTCC and the HSEC and allow collaboration on improving the on-site public health resources library.

ITECH will continue to support the national HIV/AIDS website. The site, operational since fall 2005, serves as a primary communication tool for the public as well as a resource for health professionals, donors and other stakeholders to review key documents and reports and news related to HIV/AIDS in Guyana. Funding supports the webmaster and ongoing maintenance and improvements in the site. Funding is from HHS/HRSA and in-country oversight resides with the CDC Office which provides technical and administrative support.

Deliverables/Additional Targets:
•Training calendar developed
•Database created to track human resource and impact of interventions
•HIV/AIDS website
•Training resource database developed

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Policy and Guidelines	10 - 50
Training	51 - 100

Target Populations:

International counterpart organizations
National AIDS control program staff
Non-governmental organizations/private voluntary organizations
Host country government workers
Public health care workers
Private health care workers
Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.14: 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:	GHAI
Program Area:	Other/Policy Analysis and System Strengthening
Budget Code:	OHPS
Program Area Code:	14
Activity ID:	8493
Planned Funds:	$ 5,542.00
Activity Narrative:	CDC will provide financial support for repair of the Lilliendal MOH building that will house ITECH and the HSEC. Repairs will be mostly cosmetic and will include an electrical and telecommunications system upgrade. This minor work will allow the GYNTCC to share physical space with their counterpart in the MOH and facilitate collaboration between these entities. The site also contains the MOH library for health worker for training materials and ITECH will be actively involved in strengthening this resource with the HSEC. The renovation will be accomplished through small contract/s managed out of the US Embassy.

Table 3.3.14: Activities by Funding Mechanism

Mechanism:	Peace Corps
Prime Partner:	US Peace Corps
USG Agency:	Peace Corps
Funding Source:	GHAI
Program Area:	Other/Policy Analysis and System Strengthening
Budget Code:	OHPS
Program Area Code:	14
Activity ID:	8495
Planned Funds:	$ 10,000.00

Activity Narrative: In an effort to address HIV/AIDS in Guyana, Peace Corps/Guyana (PC/GY) collaborates with other United States Government (USG) agencies to carry out the President's Emergency Plan for AIDS Relief (PEPFAR). Peace Corps' comparative advantage at the grassroots level is recognized by the partner agencies as adding value to their national programs focused on prevention and care.

Currently, nearly 50 Health and Education Volunteers serve in nine of Guyana's ten regions. Volunteers in PC/GY's health project work directly with health centers and communities to help them identify local and national resources, facilitate community health assessments, design and implement health education projects, and train health center staff and community leaders. The health project also addresses the country's high HIV/ AIDS rates and focuses its efforts on Guyanese youth. Volunteers work in a coordinated effort with NGOs to address this health risk. Education Volunteers work with youth organizations and the Ministry of Education to provide at-risk youth with educational, personal and life skills development opportunities. Through teacher-training activities, Volunteers also work with educators on non-traditional teaching methods and the life-skills training methodologies.

In Fiscal Year 2006 (FY06), PC/GY used PEPFAR funds to build on the HIV/AIDS awareness raising and life skills activities of its Education and Health projects and branch into newer areas such as care and support. Through peer education training, programs for orphans and vulnerable children, referrals, and small community-based projects, Volunteers reached over 9,700 individuals.

In FY07, PC/GY will work toward post and PEPFAR goals by continuing to enhance the work of Volunteers through training and small project assistance. As a new direction in FY07, PC/GY will develop assignments for Crisis Corps Volunteers (CCVs) to provide targeted, strategic technical assistance. PC/GY will also formally engage NGO and government partners to coordinate efforts.

The response to the HIV/AIDS epidemic in Guyana has mobilized a wide range of stakeholders from grassroots community level to Government of Guyana commissions to international NGOs. Peace Corps Guyana, as well, has partnered with a variety of agencies in developing its project plan and as host organizations for Volunteers. Continued dialogue among these various stakeholders and with PC/GY is vital to ensure that the changes in the disease's epidemiology, in the country's resources for addressing HIV/AIDS, and in the government's priorities are taken into account in project planning. Moreover, it is essential that all partners involved have a mutual understanding of what each can do in fighting HIV/AIDS, particularly as relates to the unique role of PCVs.

A three-day stake holder's workshop, "Community-based HIV/AIDS Care and Prevention" is planned with the intent to learn from the community how Peace Corps Volunteers can be most effective. Participants will include representatives from the Guyana Ministries of Health and Education, local and international NGOs, community based organizations, PCVs and their counterparts. In order to have an appropriate representation of stakeholders, as well as keep the Workshop to a manageable and productive size, participation will be limited to 30 attendees. The Workshop will include plenary sessions as well as concurrent breakout sessions in which smaller groups will discuss two primary areas: Prevention activities and behavior change communications (HVAB; HVOP); and orphan care (HKID). The Workshop will also include designated times and formats for networking among participants. Finally, the Workshop will conclude with discussion of Monitoring and Reporting to avoid double counting and identification of priorities and strategies for a way forward. Sessions will be facilitated by Peace Corps Guyana staff

As an organization, Peace Corps has recognized that Volunteers serving in high HIV prevalence countries often encounter additional stresses in their assignments, particularly due to illness and death of close friends and colleagues. These stresses result in additional support needs for PCVs and for staff to be well-prepared to meet those needs. PC/GY plans to provide Grief and Loss training for in country staff to assist in providing support to PCVs in dealing with these issues.

Deliverables/Additional Targets:
•Standardized guidelines developed for role of PCVs in assigned communities for HIV/AIDS

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		☑
Number of individuals trained in HIV-related stigma and discrimination reduction		☑
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		☑

Target Populations:

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

Table 3.3.14: 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: GHAI
Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 8496
Planned Funds: $ 0.00
Activity Narrative: Activity Deletion

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: $ 2,519,401.00

Program Area Context:

In FY07 the total Emergency Plan commitment to Guyana will be nearly $30 million with the inclusion of Track One funding. The Management and Staffing costs are close to the soft earmark of 7%, but exceed this earmark by 1.5%. The Emergency Plan is nearly entirely staffed now, as outlined in the staffing matrix. The PEPFAR program in Guyana is managed and staffed by an experienced group of experts in health and development. Under the leadership of the US Ambassador, the USG team meets on a bi-weekly basis to facilitate the plan's design, implementation, and monitoring and evaluation. In addition, the full USG team and all its implementing partners, meets on a monthly basis with key officials from the Ministry of Health and institutional contractors to review progress and coordinate efforts.

There are four USG implementing agencies making up the Country Team for Guyana's Emergency Plan: USAID, DHHS/CDC Global AIDS Program, Peace Corps and DOD. Each agency within this initiative operates from a different technical expertise and administrative system, but is committed to coordinating their efforts. The overall costs for management and staffing run at less than 9% of the total Emergency Plan budget.

DOS
In FY07, the PEPFAR program in Guyana will follow the leadership of the newly- arrived Ambassador Robinson. The staffing for DOS will add a true PEPFAR Coordinator, transition a current public affairs part-time position to a full-time foreign-service national position, and maintain the second part-time PEPFAR public affairs writer.

USAID
In FY07, the USAID will oversee $13 million in Emergency Plan-funded programming in the following COP Program areas: 1) PMTCT; 2) AB; 3) Other Prevention; 4) Palliative Care; 5.) Counseling and Testing; 6) OVC; 7) ARV Drugs; 8) Strategic Information; and 9) System Strengthening. In addition, USAID will provide in-country support and oversight for the Track 1 Injection Safety initiative ($1,289,832) and which is managed out of USAID Washington.

The USAID Mission is led by the Mission Director and includes program portfolios 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 Santo Domingo. The health portfolio follows a five-year strategic objective (2004-2008) and signs annual, bilateral 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 each USAID-Washington contract or field support mechanism that USAID/Guyana utilizes.

CDC
In FY07, the CDC Guyana office will oversee $12 million in Emergency Plan-funded programming in the following COP Program Areas: 1) HIV/AIDS Treatment: ARV Services (including $156,360 of Track 1 funding for AIDSRelief); 2) Palliative Care: Basic Health Care and Support; 3) Strategic Information; 4) Laboratory Infrastructure; 5) Abstinence and Be Faithful Programs; 6) Condoms and Other Prevention Activities; 7) Palliative Care: TB/HIV. In addition, the CDC Guyana office will provide oversight for the Track 1 Blood Safety initiative ($1,250,000) which is managed out of CDC Atlanta. CDC Guyana will also continue its direct technical support, where appropriate, to USAID, the Peace Corps and the Military Liaison Office (MLO).

Peace Corps
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 focused on facilitating efficient program implementation and oversight.

DOD
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 Southern Command. 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.

DOL
The Department of Labor does not have an in-country presence, but the Department of State Economic Officer in collaboration with the PEPFAR coordinator serve as the point of contact for the involvement of DOL.

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:	GAP
Program Area:	Management and Staffing
Budget Code:	HVMS
Program Area Code:	15
Activity ID:	8086
Planned Funds:	$ 934,401.00

Activity Narrative: In developing our vision for CDC programs and activities for the five-year PEPFAR program and beyond, we have kept in mind the goal to help Guyana become a model for the Caribbean. Today Guyana is a leader in the region in surveillance, care, and treatment, and the integration of the rapid test into the public health system. As projects and programs mature over the next few years, Guyana should be able to demonstrate that it is possible, in a resource-constrained Caribbean nation, to stem the tide of the epidemic, prevent nearly all HIV-positive mothers from passing HIV to their newborns, and ensure that life-saving ART treatment is available to all those in need. If we do our job well, PEPFAR can contribute to Guyana's leadership in training for physicians and public health practitioners, particularly lab practitioners, in HIV/AIDS care, surveillance, program design/implementation, and services.

The current and short term (2 year) staff for the CDC GAP office is a total of 22 positions, 12 under Management and Staffing and 10 working in or supporting specific program areas. In addition to the skill sets required for operating an office, the current level and mix of staff are needed to provide technical assistance and guidance to local and international partners as they develop their own capacity and reach. Partners include the Ministry of Health, the National Blood Transfusion Service, the AIDSRelief Consortium (Mercy and Affiliate Public Nonprofit Hospitals), UMDNJ/FXB and ITECH. During the current and expected near-term, the CDC will continue to assist the MOH and others in the development and implementation of national strategic plans as well as with strengthening internal systems to implement and monitor program activities. The current staffing mix includes three US direct hire FTEs, two contractors, one fellow, and 16 locally engaged staff (LES) on personal service agreements (PSAs). The vision for the projects and program is set by the US FTE country director (physician epidemiologist) and the US FTE deputy director for programs (physician epidemiologist), who are supported by the US FTE deputy for administration. The deputy for programs is supported by two senior program advisors, one a Guyanese physician epidemiologist who has a generalist program support role and the other a Guyanese MPH who provides overall structure and guidance to program areas and supports the MARCH project. Two junior program officers will focus on laboratory quality assurance and Blood Safety respectively. Support staff include an IT specialist, a data entry clerk, a chief financial officer, an office manager, an administrative assistant, two secretarial staff and a receptionist.

In addition, the office will be supported by one janitor and three drivers. In order to support the vision of serving as a regional example of successful response and management of the epidemic in the Caribbean, given the limited technical capacity in country and the constant drain of young professional staff, the CDC will need to remain at its current size for at least the next two to three years. As policies are developed and programs come on line to ensure retention of key staff for the public sector (MOH and NBTS) and the public non-profit sector (Mercy, Adventist Hospital etc.), the CDC will be able to scale back programmatic and administrative staff. A premature scale back or departure would be a lost opportunity to help Guyana move away from their growing dependence on Cuba and China for physician and technical staff.

The M&S activity supports 12 positions at the CDC GAP office in Guyana that include 3 US direct hire FTEs and 9 LES/PSAs. The estimated cost of doing business will total $400,000 to $600,000 in 2007 and 2008, this to cover ICASS, CSCS and Non-ICASS Security). In addition to the salary, benefits and business charges, funds within the M&S for FY07 include costs associated with office expansion ($80,000), office rent, utilities, security for the office and US FTE residencies. Other costs associated with US FTE staff include rent, utilities, and moving expenses for staff. Other costs will include office equipment supplies, training and travel. Travel will include periodic administrative support from Atlanta, and attendance at international and regional conferences and CDC meetings. Funding will be used to support some program activities, consultants, and special activities such as the Ambassador's Fund for HIV/AIDS ($20,000/yr).

Budget Overview 3 US FTEs ($225,000/ea total package) $ 675,000 Local Non Program Staff $ 130,000 Office Space/yr $ 50,000 Local Transportation (4 vehicle op costs) $ 60,000 ICASS and OBO $ 500,000 Travel $ 75,000 Admin support ATL $ 75,000 Office Expansion $ 80,000 Discretionary Program Support $ 200,000 Total $1,845,000

Continued Associated Activity Information

Activity ID: 3216
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: US Centers for Disease Control and Prevention
Mechanism: CDC Program Management-Base
Funding Source: GAP
Planned Funds: $ 949,334.00

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: GHAI
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 8273
Planned Funds: $ 600,000.00
Activity Narrative: USAID will coordinate the HIV/AIDS portfolio, improve responsiveness to headquarters' reporting requirements, coordinate needed short-term technical assistance, oversee the overall implementation of PEPFAR in Guyana, and monitor program progress through site visits and periodic information assessments.

USAID program management for FY06 included overhead (partial payment of total USAID office costs, supplies, furniture, printers/copiers, communication facilities); one PHN Officer with responsibility as the Cognizant Technical Officer and HIV/AIDS Strategic Objective Team Leader; one Program Advisor with key responsibility and oversight on NGO coordination and development; two Global Health Fellows – one with responsibility for Strategic Information; one with responsibility to advise on AB and Other Prevention at the MOH; time-share of one FTE with responsibilities for program and EXO with responsibility for all three SOs; 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, and travel for Global Health Fellow's travel for project implementation.

To deal with the increased number of partners and level of effort required to maintain such a significant portfolio, meet increased oversight needs, and respond to increasing contract and executive officer functions, in FY07 USAID will hire two additional staff: 1) An EXO assistant with key responsibilities for customs procedures, staffing logistics, and procurement paperwork, and 2) a Program Administrative Assistant who will also dedicate 50% of effort to NGO partner development. In addition, as per USAID guidance, time-share funding of any personnel is no longer permitted and as full payment of one driver will also be added, but the other two time-share positions from FY06 will not be funded through PEPFAR. All other program and management responsibilities will be maintained.

Continued Associated Activity Information

Activity ID: 2861
USG Agency: U.S. Agency for International Development
Prime Partner: US Agency for International Development
Mechanism: USAID Program Management
Funding Source: GHAI
Planned Funds: $ 500,000.00

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: GHAI
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 8486
Planned Funds: $ 90,000.00
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. Support will continue for foreign-service national to serve as the project coordinator who will provide in-country management support to the GDF for PEPFAR initiatives. This individual will be responsible for providing management oversight and training to the program management team within the GDF. These funds will also support costs incurred for travel, office infrastructure and material supplies.

Continued Associated Activity Information

Activity ID: 5435
USG Agency: Department of Defense
Prime Partner: Center for Disaster and Humanitarian Assistance Medicine
Mechanism: Department of Defense
Funding Source: GHAI
Planned Funds: $ 60,000.00

Table 3.3.15: Activities by Funding Mechanism

Mechanism: Peace Corps
Prime Partner: US Peace Corps
USG Agency: Peace Corps
Funding Source: GHAI
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 8494
Planned Funds: $ 0.00
Activity Narrative: $58,000 of Pipeline Funds will be used.

Funds in this pillar will cover costs associated with extending the contracts of an Assistant Program Manager and a Driver and hiring an additional part-time Program Assistant, who will be working with new intake of the CCVs in the identification of NGO/CBO job descriptions. Other office-related and management expenses directly related to PEPFAR, such as staff travel and supplies, will also be paid for through this pillar. PC/GY's FY07 planned activities and budget do not call for any major acquisitions.

Table 3.3.15: Activities by Funding Mechanism

Mechanism: Department of State
Prime Partner: US Department of State
USG Agency: Department of State / Western Hemisphere Affairs
Funding Source: GHAI
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 8949
Planned Funds: $ 50,000.00
Activity Narrative: The management and staffing budget under Department of State (DOS) will include the costs to cover the positions outlined below, support for representational costs incurred during senior-level PEPFAR official visits, travel costs associated with PEPFAR regional and international conferences for the Ambassador and/or any of the staff falling under DOS, and discrete, in-country PEPFAR public affairs activities (events, travel, publishing, media placement).

PEPFAR Public Affairs
Transition one when-actually-employed consultant to a permanent FSN position

Or

Advertise the FSN permanent Public Affairs Position

Supervisor (PEPFAR Coordinator and DCM)
Physical Location (First Floor Embassy)
Duties:

- Coordinate the media's participation at public affairs events;
- Keep the PEPFAR.net/Guyana webpage loaded with current events, successes, and supporting documents submitted by USG/PEPFAR agencies.
- Plan and host annual HIV/AIDS function;
- Coordinate with media houses for the airing/printing of material;
- Facilitate the finalization and head-office clearance of remarks;
- Facilitate the finalization and head-office clearance of materials to be placed in media;
- Submit schedules for public affairs event to PEPFAR Coordinator

And

Keep one when-actually-employed consultant on as a writer for PEPFAR

PEPFAR Coordinator
Supervisor (Ambassador)
Advertise FSN Position (Grade 10)
Physical Location (First Floor Embassy)
Duties

1.) Coordinate Bi-weekly Meetings with Ambassador;
2.) Coordinate periodic meetings with the USG and MOH;
3.) Plan, Implement, Take and Disseminate Minutes on USG/PEPFAR Meetings;
4.) Disseminate Bi-monthly reports;
5.) Liaise with USG agencies within PEPFAR in order to achieve agreement on any issues and bring Ambassador in if and when needed. (Example: Budget balancing for COP, Disagreements on technical or management approaches.)
6.) Coordinate PEPFAR participation at regional and international conferences;
7.) Keep a schedule of all PEPFAR events, deadlines, and major meetings;
8.) Coordinate logistics for international visitors;
9.) Coordinate and Plan for the logistics of core team visits;
10.) Coordinate process of country operational plan preparation and feedback to OGAC;
11.) Coordinate with USG agencies and Public Affairs units to ensure adequate program coverage, remarks are prepared well in advance.
12.) Respond to inquiries from OGAC; and
13.) Coordinate the activities, and supervise PEPFAR public affairs work.

Table 3.3.15: 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:	GHAI
Program Area:	Management and Staffing
Budget Code:	HVMS
Program Area Code:	15
Activity ID:	9359
Planned Funds:	$ 278,800.00

Activity Narrative: In developing our vision for CDC programs and activities for the five-year PEPFAR program and beyond, we have kept in mind the goal to help Guyana become a model for the Caribbean. Today Guyana is a leader in the region in surveillance, care, and treatment, and the integration of the rapid test into the public health system. As projects and programs mature over the next few years, Guyana should be able to demonstrate that it is possible, in a resource-constrained Caribbean nation, to stem the tide of the epidemic, prevent nearly all HIV-positive mothers from passing HIV to their newborns, and ensure that life-saving ART treatment is available to all those in need. If we do our job well, PEPFAR can contribute to Guyana's leadership in training for physicians and public health practitioners, particularly lab practitioners, in HIV/AIDS care, surveillance, program design/implementation, and services.

The current and short term (2 year) staff for the CDC GAP office is a total of 22 positions, 12 under Management and Staffing and 10 working in or supporting specific program areas. In addition to the skill sets required for operating an office, the current level and mix of staff are needed to provide technical assistance and guidance to local and international partners as they develop their own capacity and reach. Partners include the Ministry of Health, the National Blood Transfusion Service, the AIDSRelief Consortium (Mercy and Affiliate Public Nonprofit Hospitals), UMDNJ/FXB and ITECH. During the current and expected near-term, the CDC will continue to assist the MOH and others in the development and implementation of national strategic plans as well as with strengthening internal systems to implement and monitor program activities. The current staffing mix includes three US direct hire FTEs, two contractors, one fellow, and 16 locally engaged staff (LES) on personal service agreements (PSAs). The vision for the projects and program is set by the US FTE country director (physician epidemiologist) and the US FTE deputy director for programs (physician epidemiologist), who are supported by the US FTE deputy for administration. The deputy for programs is supported by two senior program advisors, one a Guyanese physician epidemiologist who has a generalist program support role and the other a Guyanese MPH who provides overall structure and guidance to program areas and supports the MARCH project. Two junior program officers will focus on laboratory quality assurance and Blood Safety respectively. Support staff include an IT specialist, a data entry clerk, a chief financial officer, an office manager, an administrative assistant, two secretarial staff and a receptionist.

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Table 3.3.15: 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:	GHAI
Program Area:	Management and Staffing
Budget Code:	HVMS
Program Area Code:	15
Activity ID:	9526
Planned Funds:	$ 326,000.00
Activity Narrative:	ICASS The CDC Guyana office will pay ICASS fees to US Embassy Georgetown according to standard charges for services agreed to in the ICASS agreement. See Activity #8086 for details of CDC Office.

Table 3.3.15: 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:	GHAI
Program Area:	Management and Staffing
Budget Code:	HVMS
Program Area Code:	15
Activity ID:	9527
Planned Funds:	$ 240,200.00
Activity Narrative:	Overseas Building Office (OBO), US Deptment of State The CDC Office will pay OBO charges per standard rates as part of cost of doing business. For CDC Office details see Activity #8086

Table 5: Planned Data Collection

Is an AIDS indicator Survey(AIS) planned for fiscal year 2007?	☐ 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 2007?	☑ Yes	☐ No
If yes, Will HIV testing be included?	☑ Yes	☐ No
When will preliminary data be available?	10/1/2008	
Is a Health Facility Survey planned for fiscal year 2007?	☐ Yes	☑ No
When will preliminary data be available?		
Is an Anc Surveillance Study planned for fiscal year 2007?	☑ Yes	☐ No
if yes, approximately how many service delivery sites will it cover?	110	
When will preliminary data be available?	2/1/2008	
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 2007?	☑ Yes	☐ No

Other significant data collection activities

Name:
Behavioral Surveillance Survey

Brief description of the data collection activity:
In FY 07 GHARP will begin evaluating the impact of some of the PEPFAR-supported targeted interventions through implementation of behavioral surveillance surveys (BSS) in two target populations and will lay the groundwork for the implementation of the BSS in the other populations that were surveyed in the first round of the BSS. The first round of the BSS was conducted in 2003/2004 before the inception of the GHARP project and serves as the project baseline for interventions in at-risk populations. The first round of the BSS was conducted among female commercial sex workers (CSW), men who have sex with men (MSM), youths (in and out of school), the uniformed services and employees of the sugar industry. The BSS in CSW and MSM were combined with a biological component, which included testing for HIV and other sexually transmitted infections. The data from these surveys were used to guide the development of interventions that targeted the various populations. As the end of the project approaches, this is the ideal opportunity for GHARP to measure any changes that may have resulted from the various activities that were supported by PEPFAR. Moreover, sufficient time has elapsed for the interventions to work and for changes to reach measurable levels. As such, GHARP will conduct a second round of BSS in target populations beginning in FY07. In FY07, GHARP will map and estimate the size of the CSW population in the gold mining and logging areas in Guyana, and conduct a combined biological and behavioral surveillance survey (BBSS) in the entire CSW population. This data will document any effect of the current intervention targeting CSW, as well as provide data for guiding the expansion of this project to ensure national coverage of this project. The BSS will also examine an additional at-risk population in FY07: Despite evidence from some surveys that there may be a close association between drug use and HIV risk, the exact role which this population plays in driving the epidemic is not clearly understood. In the beginning of FY 07, GHARP will map and estimate the size of this population and assess the behaviors among them which may be driving the epidemic. Subsequently, the project will conduct a BSS among this population in the latter part of the year. The foundation will also be laid in FY07 to repeat the BSS in FY08 among MSM, youths (in and out of school), the uniformed services and employees of the sugar industry.

Preliminary data available:
August 01, 2007

Name:
Basic needs assessment of migratory populations

Brief description of the data collection activity:
In FY07, migrant populations in Guyana have been identified as HIV/AIDS surveillance priority given their significant presence in some MARPS. A needs assessment will be planned with the aim of characterizing this population (size, temporal and spatial patterns) and identifying their potential HIV/AIDS care and treatment needs. The needs assessment will provide the baseline for further work with this at-risk population.

Preliminary data available:
February 01, 2007

Name:
Human Capacity Development through Training Special Study

Brief description of the data collection activity:
Please see uploaded document in supporing documents

Preliminary data available:
March 01, 2007

Name:
Special study on coverage and completeness of vital registration

Brief description of the data collection activity:
Please see uploaded document in supporting documents

Preliminary data available:
June 01, 2007