



United States Department of State

Washington, D.C. 20520

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January 29, 2015

**ACTION MEMO FOR AMBASSADOR DEBORAH L. BIRX,  
AMBASSADOR-AT-LARGE AND COORDINATOR OF U.S.  
GOVERNMENT ACTIVITIES TO COMBAT HIV/AIDS**

FROM: S/GAC – Elizabeth Baldwin, Country Lead

THRU: S/GAC – Erica Sessle, Director of Country Oversight and  
Accountability

SUBJECT: Addendum to the Caribbean FY 2014 Regional Operational Plan  
Approval Memo, dated November 7, 2014

**Recommendation**

That you approve the \$4,704,679 for Jamaica originally put “on hold” in the Caribbean 2014 Regional Operational Plan (ROP), to achieve the targets and in support of the agreed upon deliverables listed in this memo, below. With the approval of this Jamaica funding, the total approved spend for the Caribbean 2014 ROP is increased to \$23,300,000. The approved ROP 2014 funds for Jamaica are broken down as follows:

- New ROP 2014 Funds: \$877,594 (all accounts)
- Prior Year Funds (applied pipeline funds): \$ 3,827,085

The total amount spent (outlaid) during the 12 months of ROP 2014 implementation in support of activities in Jamaica will not exceed the total approved amount, \$4,704,679. This is additive to the already approved \$18,595,321 for a total of \$23,300,000 approved for the Caribbean ROP.

Approved funding will be transferred to agency headquarters for allocation to country and partners as outlined below.

Approve  \_\_\_\_\_  
Date 1/30/15 \_\_\_\_\_

Disapprove \_\_\_\_\_

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**Background****FY 2014 Jamaica Funding Summary**

<b>Mechanism</b>	<b>Agency</b>	<b>Partner</b>	<b>GHP-State</b>	<b>GHP-USAID</b>	<b>Applied Pipeline</b>	<b>Total</b>
2645	USAID	World Learning		\$ 177,594	\$ 1,050,767	\$ 1,228,361
2567	USAID	Jamaica Ministry of Health			\$ 2,616,318	\$ 2,616,318
7760	USAID	TBD/Linkages		\$ 100,000		\$ 100,000
3054	CDC	ICF Macro	\$ 540,000			\$ 540,000
2587	State	US Embassies/ Small Grants	\$ 60,000			\$ 60,000
2971	Peace Corps	Peace Corps			\$ 10,000	\$ 10,000
6482	DOD	PSI			\$ 150,000	\$ 150,000
		<b>Totals</b>	<b>\$ 600,000</b>	<b>\$ 277,594</b>	<b>\$ 3,827,085</b>	<b>\$ 4,704,679</b>

**GHP - State Funds - \$600,000**

Upon signing this memo, GHP-State funds will move to agency headquarters (HQ) from OGAC for allocation to country via their internal processes.

**GHP - USAID Funds: \$277,594**

Upon receipt of this signed memo, USAID may immediately begin using the GHP-USAID funds for approved activities, as outlined above and in the ROP.

**Applied Pipeline Funds: \$3,827,085**

Upon receipt of this signed memo, respective agencies may immediately begin using the prior year funds for approved activities, as outlined in the ROP.

## FY 2014 Jamaica Target Summary

These ROP 2014 funds are approved to achieve the following results in Jamaica, and are additive to the targets previously approved for the Caribbean Region.

## FY 2015 Targets for Jamaica (Jamaica Specific) and the entire Caribbean Region including Jamaica (Caribbean Total)

Program Area	Indicator	FY 2015 Targets			
		Caribbean Total		Jamaica Specific	
		DSD	TA	DSD	TA
MTCT	<b>PMTCT_ARV:</b> Number of HIV-positive pregnant women who received antiretrovirals to reduce risk of mother-to-child-transmission (MTCT) during pregnancy and delivery	N/A	N/A		
MTCT	<b>PMTCT_STAT:</b> Number of pregnant women with known HIV status (includes women who were tested for HIV and received their results)	N/A	N/A		
MTCT	<b>PMTCT_EID:</b> Percentage of infants born to HIV-positive women who had a virologic HIV test done within 12 months of birth	N/A	*		
HTC	<b>HTC_TST:</b> Number of individuals who received Testing and Counseling (T&C) services for HIV and received their test results (DSD)	56,419	1,256	55,426	1,000
Treatment	<b>TX_NEW:</b> Number of adults and children newly enrolled on antiretroviral therapy (ART)	N/A	*		
Treatment	<b>TX_CURR:</b> Number of adults and children receiving antiretroviral therapy (ART)	N/A	3,102		440
Treatment	<b>TX_RET:</b> Percentage of adults and children known to be alive and on treatment 12 months after initiation of antiretroviral therapy	N/A	*		
Care	<b>CARE_CURR:</b> Number of HIV positive adults and children who received at least one of the following during the reporting period: clinical assessment (WHO staging) OR CD4 count OR viral load (DSD)	N/A	3,878		550
VMMC	<b>VMMC_CIRC:</b> Number of males circumcised as part of the voluntary medical male circumcision (VMMC) for HIV prevention program within the reporting period	N/A	N/A		
Gen Pop/Youth	<b>GPY_PREV:</b> Number of the target population who completed a standardized HIV prevention intervention including the minimum components during the reporting period	1,750	N/A	500	
Key Pop	<b>KP_PREV:</b> Number of key populations reached with individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the minimum standards required	13,667	1,850	11,071	1,125
OVC	<b>OVC_SERV:</b> Number of active beneficiaries served by PEPFAR OVC programs for children and families affected by HIV/AIDS	N/A	N/A		

This table reflects a prioritized subset of indicators. Note: The FY 2015 targets have been approved based on the COP14 submission. It is understood that the FY 2015 targets may be adjusted in the COP15 submission, though significant adjustments are not expected.

\* PLPFAR did not require 'TA targets' for this indicator in COP 2014.

N/A indicates the country did not submit targets for this indicator.

## PEPFAR's Strategy for Jamaica

In October 2014, a team of technical experts from OGAC, USAID, and CDC traveled to Jamaica to examine the current PEPFAR investments and work plans, review the pivot to support prioritized populations in high disease burden areas,

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and ensure PEPFAR activities are designed to have an impact on the key populations cascade.

The Jamaica field team and the technical TDY team identified five deliverables that were required to ensure a more targeted Jamaica program, one that is in-line with a key population (KP) focus and is moving away from general population programming. The majority of the five deliverables were completed during the TDY, while deliverables 4 and 5 require further work moving forward as these are longer term deliverables. The TDY team supports the updates made to partner work plans and targets as presented by the Jamaica team, and believes they are in-line with the identified deliverables. For further details, please reference the five deliverables in tab 1.

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Attachment:

Tab 1: Overview of Jamaica Strategy Recommendations/Deliverables from Key Populations TDY

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Tab 1: Overview of Jamaica Strategy Recommendations/Deliverables from Key Populations TDY

- 1. Deliverable 1: Revised Jamaica MOH work plan (#12567) based on agreements during Washington Wave 1**
  - a. The MOH mechanism is the largest mechanism in terms of funding in Jamaica. The Jamaica team and TDY team reviewed the six objectives under the MOH work plan and refined it down to three targeted objectives aligned with KP:
    - i. Continuum of prevention, care, and treatment focused on KP
    - ii. Enabling environment, including stigma & discrimination and other policy-related activities
    - iii. Strategic information
  - b. Phased out non-core activities and objectives
    - i. This includes gen pop, out-of-school youth, ANC
  - c. Removed administrative and staffing costs unrelated to priority objectives including integration of National Family Planning Board, and general workplace policy programming
- 2. Deliverable 2: Revised all ROP 14 IM work plans with activities in Jamaica based on agreements during Washington Wave 1 (see attached TDY documents for further detail)**
  - a. In addition to the MOH work plan, the teams reviewed existing work plans of the Health Policy Project (13319) and objectives of World Learning (12645) to focus on items with funding holds. Activities were refocused to align with KPs.
  - b. Created a list of work plan activities for ICF (13054) and LINKAGES (17760).
  - c. Reviewed the list of activities under Peace Corps (12971) and DOD (16482). Please see TDY documents as reference.
- 3. Deliverable 3: Engaged the Care and Treatment team member and others to review targets for ROP 14 IMs for Jamaica and revise in FACTs info**
  - a. The SI advisor and Team revised the FY14 and finalized FY15 targets guided by the below discussion points:

- i. The PEPFAR indicators, targets and reporting only counted the number of KP reached and tested; estimates were derived for additional indicators further down the cascade.
- ii. Initial methodology was developed to derive appropriate targets for PEPFAR indicators (DSD and TA) to track KP reached, tested, testing positive, enrolled in care, initiated on ART, and retained in care.

**4. Deliverable 4: Ensure the Jamaica PEPFAR investments/mechanisms work together to support the KP cascade.**

- a. While the Jamaica team has begun the strategic pivot toward a KP focus and transitioned away from general population programming as a result of the Wave 1 meetings and the KP technical TDY, the team should continue to closely follow the below recommendations:
  - i. Short term:
    - 1. TA focused on assessments to determine the best approaches and models to increase impact of activities focused on KP along the continuum
    - 2. Development and implementation of continuous quality improvement (CQI) approaches
    - 3. Joint planning among IPS (i.e., LINKAGES and ICF with MOH)
  - ii. Over the next 3-5 years:
    - 1. All efforts should be coordinated with MOH
    - 2. Continuous Quality improvement processes systematized
    - 3. Evaluation and replication of successful approaches
    - 4. Improvement and use of quality data to monitor and report impact of interventions on the cascade

**5. Deliverable 5: Reviewed the technical staff needs and made recommendations on how increased activities in KP clinical cascade focus will be overseen.**

- a. Both USAID/Jamaica and CDC/Jamaica will need a technical staff member to oversee the direction and increased level of focus on the KP clinical cascade in relation to the overall National response.

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- i. USAID: US PSC with familiarity with concentrated epidemics (i.e., key populations) and PEPFAR priorities.
  - ii. CDC: LES with background and experience in epidemiological research and program evaluation. Possibility of technical DH/share with CRO after budget discussion.
- b. The Team should continue to increase coordination among in-country PEPFAR staff and the regional team to maintain coordination between IP activities and among agencies.

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