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2008

Guyana

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Table 1: Overview**Executive Summary**

File Name	Content Type	Date Uploaded	Description	Uploaded By
FY08 Executive Summary Guyana.doc	application/msword	10/11/2007	Executive Summary	JRehwinkel

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:

Ambassador Letter

File Name	Content Type	Date Uploaded	Description	Uploaded By
Ambassador Cover.pdf	application/pdf	9/20/2007	Ambassador Cover	JRehwinkel

Country Contacts

Contact Type	First Name	Last Name	Title	Email
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Peace Corps In-Country Contact	Charles	Miller	Programming and Training Officer	CMiller@gy.peacecorps.gov
USAID In-Country Contact	Julia	Roberts	PHN Officer	jroberts@usaid.gov
U.S. Embassy In-Country Contact	David	Robinson	Ambassador	RobinsonDM3@state.gov
Global Fund In-Country Representative	Julia	Roberts	Bilateral Rep	jroberts@usaid.gov

Global Fund

What is the planned funding for Global Fund Technical Assistance in FY 2008? \$100000

Does the USG assist GFATM proposal writing? Yes

Does the USG participate on the CCM? Yes

Table 2: Prevention, Care, and Treatment Targets

2.1 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			
1.2 - Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	0	12,200	0	12,200
1.3 - Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	0	170	0	170
Care (1)				
End of Plan Goal	9,000	5,550	0	5,550
6.2 - Total number of individuals provided with HIV-related palliative care (including TB/HIV)	0	4,700	0	4,700
***7.2 - Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease (a subset of indicator 6.2)	0	75	0	75
8.1 - Number of OVC served by OVC programs	0	850	0	850
9.2 - Number of individuals who received counseling and testing for HIV and received their test results (including TB)	0	16,800	10,000	26,800
Treatment				
End of Plan Goal	1,800	2,300	0	2,300
11.4 - Number of individuals receiving antiretroviral therapy at the end of the reporting period	0	2,300	0	2,300
Human Resources for Health				
End of Plan Goal	0			

2.2 Targets for Reporting Period Ending September 30, 2009

	National 2-7-10 (Focus Country Only)	USG Downstream (Direct) Target End FY2009	USG Upstream (Indirect) Target End FY2009	USG Total Target End FY2009
Prevention				
End of Plan Goal	14,352			
1.2 - Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	0	12,800	0	12,800
1.3 - Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	0	180	0	180
Care (1)				
End of Plan Goal	9,000			
6.2 - Total number of individuals provided with HIV-related palliative care (including TB/HIV)	0	6,445	0	6,445
***7.2 - Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease (a subset of indicator 6.2)	0	120	0	120
8.1 - Number of OVC served by OVC programs	0	850	0	850
9.2 - Number of individuals who received counseling and testing for HIV and received their test results (including TB)	0	20,000	10,000	30,000
Treatment				
End of Plan Goal	1,800			
11.4 - Number of individuals receiving antiretroviral therapy at the end of the reporting period	0	2,805	0	2,805
Human Resources for Health				
End of Plan Goal	0			

(1) Total Care represents number of OVC served by an OVC program during the reporting period and the number of individuals provided with facility-based, community-based and/or home-based HIV-related palliative care, including those HIV-infected individuals who received clinical prophylaxis and/or treatment for tuberculosis(TB).

Table 3.1: Funding Mechanisms and Source

Mechanism Name: New 06 - LAB 1

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8667.08
System ID: 8667
Planned Funding(\$): \$100,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Prime Partner: American Public Health Laboratories
New Partner: No

Mechanism Name: Guyana Red Cross

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 5278.08
System ID: 6702
Planned Funding(\$): \$184,386
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: Central GHCS (State)
Prime Partner: American Red Cross
New Partner: No

Mechanism Name: ASCP

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 6275.08
System ID: 6275
Planned Funding(\$): \$50,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: American Society of Clinical Pathology
New Partner: No

Mechanism Name: New 05 - ASCP

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8665.08
System ID: 8665
Planned Funding(\$): \$120,000
Procurement/Assistance Instrument: Contract
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: American Society of Clinical Pathology
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: New 07 - Lab 2

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8666.08
System ID: 8666
Planned Funding(\$): \$80,000
Procurement/Assistance Instrument: Contract
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: American Society of Microbiologists
New Partner: No

Mechanism Name: ASPH Fellow

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7436.08
System ID: 7436
Planned Funding(\$): \$75,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Association of Schools of Public Health
New Partner: No

Early Funding Activities

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
13-HVSI	16458.08	Early funding is being requested for this ongoing activity in the SI program area. This activity will allow CDC to obtain an ASPH fellow for program support and CDC will continue to provide mentoring to these public health professionals. Early funding will be used for salary support and travel costs.	\$75,000	\$75,000

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Track 1 AIDS Relief

Mechanism Type: Central - Headquarters procured, centrally funded

Mechanism ID: 5247.08

System ID: 6265

Planned Funding(\$): \$156,360

Procurement/Assistance Instrument: Cooperative Agreement

Agency: HHS/Health Resources Services Administration

Funding Source: Central GHCS (State)

Prime Partner: Catholic Relief Services

New Partner: No

Early Funding Activities

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
11-HTXS	8773.08	Early funding is being requested for this ongoing activity in the Treatment/ARV Services program area. This activity allows AIDS Relief in supporting HIV care and treatment services in both the private and public sector. Funds for this activity are provided through a cooperative agreement with CDC; these agreements are funded after the Notice of Award on April 1st and delays in processing can result in funding gaps. Early funding is necessary to support staffing and program operations for AIDS Relief to ensure that there is no interruption of crucial services.	\$30,000	\$128,528

Mechanism Name: AIDSRelief

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 2765.08

System ID: 6266

Planned Funding(\$): \$2,046,733

Procurement/Assistance Instrument: Cooperative Agreement

Agency: HHS/Health Resources Services Administration

Funding Source: GHCS (State)

Prime Partner: Catholic Relief Services

New Partner: No

Early Funding Activities

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
08-HKID	7514.08	Early funding is being requested for this ongoing activity in the OVC program area. This activity supports AIDS Relief in ensuring a high quality of care for HIV infected and affected children. Funds for this activity are provided through a cooperative agreement with CDC; these agreements are funded after the Notice of Award on April 1st and delays in processing can result in funding gaps. Early funding is necessary to support staffing and program operations for AIDS Relief to ensure that there is no interruption of crucial services.	\$9,000	\$41,700
12-HLAB	12744.08	Early funding is being requested for this ongoing activity in the Laboratory Infrastructure program area. This activity allows AIDSRelief laboratory personnel to work with local partner treatment facilities to strengthen the capacity of laboratory personnel and to improve infrastructure as needed. Funds for this activity are provided through a cooperative agreement with CDC; these agreements are funded after the Notice of Award on April 1st and delays in processing can result in funding gaps. Early funding is necessary to support staffing and program operations for AIDSRelief to ensure that there is no interruption of crucial services.	\$30,000	\$139,566
09-HVCT	8046.08	Early funding is being requested for this ongoing activity in the CT program area. This activity supports AIDS Relief in ensuring that HIV counseling and testing (CT) services at the three treatment sites it supports comply with national and international standards. Funds for this activity are provided through a cooperative agreement with CDC; these agreements are funded after the Notice of Award on April 1st and delays in processing can result in funding gaps. Early funding is necessary to support staffing and program operations for AIDS Relief to ensure that there is no interruption of crucial services.	\$3,500	\$15,395
11-HTXS	3191.08	Early funding is being requested for this ongoing activity in the Treatment/ARV Services program area. This activity allows AIDS Relief to support HIV care and treatment services in both the private and public sector as well as continuing to build local HIV technical capacity with increasing attention to pediatric and adolescent HIV treatment. Funds for this activity are provided through a cooperative agreement with CDC; these agreements are funded after the Notice of Award on April 1st and delays in processing can result in funding gaps. Early funding is necessary to support staffing and program operations for AIDS Relief to ensure that there is no interruption of crucial services.	\$300,000	\$1,415,612

13-HVSI	12754.08	Early funding is being requested for this ongoing activity in the SI program area. This activity allows AIDSRelief to continue to support PEPFAR and local partner treatment facilities (LPTFs) in monitoring and evaluation (M&E) of ART services. Funds for this activity are provided through a cooperative agreement with CDC; these agreements are funded after the Notice of Award on April 1st and delays in processing can result in funding gaps. Early funding is necessary to support staffing and program operations for AIDSRelief to ensure that there is no interruption of crucial services.	\$34,000	\$140,592
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Mechanism Name:

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 7264.08

System ID: 7264

Planned Funding(\$): \$2,801,915

Procurement/Assistance Instrument: Contract

Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Prime Partner: Community Support & Development Services

New Partner: No

Early Funding Activities

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
05-HVOP	15953.08	Early funding is being requested for this ongoing activity in the Other Prevention program area. This activity will continue to support The MARCH (Modeling and Reinforcement to Combat HIV and AIDS) radio serial drama (RSD), Merundoï, which was launched in October 2006. Early funding will be used to support production costs associated with this radio serial drama.	\$21,000	\$187,950
02-HVAB	15952.08	Early funding is being requested for this ongoing activity in the AB program area. This activity will continue to support The MARCH (Modeling and Reinforcement to Combat HIV and AIDS) radio serial drama (RSD), Merundoï, which was launched in October 2006. Early funding will be used to support production costs associated with this radio serial drama.	\$90,000	\$397,050

Mechanism Name: Track One Blood Safety

Mechanism Type: Central - Headquarters procured, centrally funded

Mechanism ID: 7534.08

System ID: 7534

Planned Funding(\$): \$350,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: U.S. Agency for International Development

Funding Source: Central GHCS (State)

Prime Partner: CORE International

New Partner: Yes

Table 3.1: Funding Mechanisms and Source

Mechanism Name: GHARP

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 4.08

System ID: 6641

Planned Funding(\$): \$4,000,000

Procurement/Assistance Instrument: Contract

Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Prime Partner: Family Health International

New Partner: No

Sub-Partner: Cicatelli Associates Inc.

Planned Funding: \$600,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HBHC - Basic Health Care and Support

Sub-Partner: Howard Delafield International

Planned Funding: \$1,225,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: 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: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: 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: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVOP - Condoms and Other Prevention, HVCT - Counseling and Testing

Sub-Partner: Swing Star Youth Group

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support

Sub-Partner: Caribbean Conference of Churches

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Management Sciences for Health

Planned Funding: \$400,000

Funding is TO BE DETERMINED: No

Table 3.1: Funding Mechanisms and Source

New Partner: No
Associated Area Programs: OHPS - Other/Policy Analysis and Sys Strengthening
Sub-Partner: Comforting Hearts
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: 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: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention
Sub-Partner: The Network of Guyanese Living with HIV/AIDS
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support
Sub-Partner: The Guyana Responsible Parenthood Association
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVCT - Counseling and Testing
Sub-Partner: Hope Foundation
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: 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: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HKID - OVC, HVCT - Counseling and Testing
Sub-Partner: Linden Care Foundation
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HBHC - Basic Health Care and Support, HKID - OVC
Sub-Partner: Volunteer Youth Corps
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No

Table 3.1: Funding Mechanisms and Source

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

Sub-Partner: Youth Challenge Guyana

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVOP - Condoms and Other Prevention, HKID - OVC, HVCT - Counseling and Testing

Sub-Partner: Central Islamic Organization of Guyana

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Roadside Baptist Church

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful, HBHC - Basic Health Care and Support, HKID - OVC

Sub-Partner: Hope For All

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: 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: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Ribbons of Life

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention

Sub-Partner: Help & Shelter

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVOP - Condoms and Other Prevention

Sub-Partner: Reslocare

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HKID - OVC

Mechanism Name: Lab TA

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 7435.08

System ID: 7435

Planned Funding(\$): \$400,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Prime Partner: Francois Xavier Bagnoud Center

New Partner: No

Early Funding Activities

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
12-HLAB	16456.08	Early funding is being requested for this ongoing activity in the Laboratory Infrastructure program area. This activity supports a TBD provider who will provide laboratory support and conduct 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, management and operationalization of the National Public Health Reference Laboratory. Funds for this activity are provided through a cooperative agreement with CDC; these agreements are funded after the Notice of Award on April 1st and delays in processing can result in funding gaps. Early funding is necessary to support staffing and program operations for a TBD provider to ensure that there is no interruption of crucial services.	\$100,000	\$400,000

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Tx Svcs and TA

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 6276.08

System ID: 6276

Planned Funding(\$): \$1,550,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Prime Partner: Francois Xavier Bagnoud Center

New Partner: No

Early Funding Activities

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
11-HTXS	12736.08	Early funding is being requested for this ongoing activity in the Treatment/ARV Services program area. This activity supports a TBD provider who will serve as the primary partner of the Ministry of Health in the development of a standard care package, the expansion of adult and pediatric HIV care and treatment, the development of care and treatment guidelines and protocols, and the design and implementation of adherence monitoring. Funds for this activity are provided through a cooperative agreement with CDC; these agreements are funded after the Notice of Award on April 1st and delays in processing can result in funding gaps. Early funding is necessary to support staffing and program operations for a TBD provider to ensure that there is no interruption of crucial services.	\$300,000	\$1,150,000
07-HVTB	12756.08	Early funding is being requested for this ongoing activity in the Palliative Care: TB/HIV program area. This activity supports a TBD provider who will ensure that TB/HIV-related interventions will focus on providing expertise on the diagnosis, treatment, and management of TB/HIV co-infected patients to the Guyana National TB Program. Funds for this activity are provided through a cooperative agreement with CDC; these agreements are funded after the Notice of Award on April 1st and delays in processing can result in funding gaps. Early funding is necessary to support staffing and program operations for a TBD provider to ensure that there is no interruption of crucial services.	\$50,000	\$200,000

Table 3.1: Funding Mechanisms and Source

Mechanism Name: ID Ward

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 6278.08

System ID: 6278

Planned Funding(\$): \$280,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Prime Partner: Georgetown Public Hospital Corporation

New Partner: No

Early Funding Activities

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
11-HTXS	12737.08	Early funding is being requested for this ongoing activity in the Treatment/ARV Services program area. This activity supports a TBD provider who will support the continued improvement of quality of care and treatment for in-patient care of PLWAs. Funds for this activity are provided through a cooperative agreement with CDC; these agreements are funded after the Notice of Award on April 1st and delays in processing can result in funding gaps. Early funding is necessary to support staffing and program operations for a TBD provider to ensure that there is no interruption of crucial services.	\$45,000	\$280,000

Mechanism Name: ITSO

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 7452.08

System ID: 7452

Planned Funding(\$): \$61,750

Procurement/Assistance Instrument: USG Core

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Prime Partner: Information Technology Services Office

New Partner: Yes

Mechanism Name: Safe Medical Injections

Mechanism Type: Central - Headquarters procured, centrally funded

Mechanism ID: 2804.08

System ID: 6642

Planned Funding(\$): \$1,208,562

Procurement/Assistance Instrument: Contract

Agency: U.S. Agency for International Development

Funding Source: Central GHCS (State)

Prime Partner: Initiatives, Inc.

New Partner: No

Sub-Partner: John Snow, Inc.

Planned Funding: \$0

Funding is TO BE DETERMINED: No

Table 3.1: Funding Mechanisms and Source

New Partner: No
Associated Area Programs: HMIN - Injection Safety

Sub-Partner: Pathfinder International
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HMIN - Injection Safety

Sub-Partner: Academy for Educational Development
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HMIN - Injection Safety

Mechanism Name: Department of Labor

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 2762.08
System ID: 6643
Planned Funding(\$): \$400,000
Procurement/Assistance Instrument: USG Core
Agency: Department of Labor
Funding Source: GHCS (State)
Prime Partner: International Labor Organization
New Partner: No

Mechanism Name: JHPIEGO OmniMed

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7145.08
System ID: 7145
Planned Funding(\$): \$315,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: JHPIEGO
New Partner: Yes

Table 3.1: Funding Mechanisms and Source**Mechanism Name: Global Health M&E Task Order****Mechanism Type:** HQ - Headquarters procured, country funded**Mechanism ID:** 7208.08**System ID:** 7208**Planned Funding(\$):** \$800,000**Procurement/Assistance Instrument:** Contract**Agency:** U.S. Agency for International Development**Funding Source:** GHCS (State)**Prime Partner:** John Snow, Inc.**New Partner:** Yes**Early Funding Activities**

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
13-HVSI	15636.08	LAC funding and FY07 PEPFAR funds will be used to support the initial stages of the DHS, including forming a Technical Advisory Committee, identifying the Survey Director, identifying key staff, survey design, sample selection, finalizing questionnaires/manuals, staff training, data collection and quality control (initial stage of fieldwork), and establishing initial data processing procedures. The MoH has requested that the survey be implemented by the Bureau of Statistics, who are available for fieldwork in March and April. To ensure a seamless transition from the planning phase to fieldwork in March 2008 and complete all fieldwork prior to October 1, early funding is requested for FY08.	\$650,000	\$650,000

Mechanism Name: UNAIDS**Mechanism Type:** HQ - Headquarters procured, country funded**Mechanism ID:** 6184.08**System ID:** 6900**Planned Funding(\$):** \$100,000**Procurement/Assistance Instrument:** Grant**Agency:** U.S. Agency for International Development**Funding Source:** GHCS (State)**Prime Partner:** Joint United Nations Programme on HIV/AIDS**New Partner:** No**Mechanism Name: New 02****Mechanism Type:** HQ - Headquarters procured, country funded**Mechanism ID:** 8662.08**System ID:** 8662**Planned Funding(\$):** \$16,750**Procurement/Assistance Instrument:** Contract**Agency:** HHS/Centers for Disease Control & Prevention**Funding Source:** GHCS (State)**Prime Partner:** Manila Consulting, Inc.**New Partner:** Yes

Table 3.1: Funding Mechanisms and Source

Mechanism Name: New AB

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8664.08
System ID: 8664
Planned Funding(\$): \$8,250
Procurement/Assistance Instrument: Contract
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Manila Consulting, Inc.
New Partner: Yes

Mechanism Name: Track 1 Blood Safety NBTS

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 5275.08
System ID: 6267
Planned Funding(\$): \$100,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Central GHCS (State)
Prime Partner: Ministry of Health, Guyana
New Partner: No

Mechanism Name: Ministry of Health, Guyana

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 2246.08
System ID: 6269
Planned Funding(\$): \$792,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Ministry of Health, Guyana
New Partner: No

Table 3.1: Funding Mechanisms and Source**Early Funding Activities**

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
09-HVCT	8673.08	Early funding is being requested for this ongoing activity in the CT program area. This activity relates to the cooperative agreement between the CDC and the MOH for counseling and testing (C&T) services in Guyana. Early funding will be used to support two months of staffing salaries.	\$30,000	\$136,000
11-HTXS	12738.08	Early funding is being requested for this ongoing activity in the Treatment/ARV Services program area. This activity relates to the cooperative agreement between the CDC and the MOH in supporting the National AIDS Program Secretariat (NAPS) for treatment services in Guyana. Early funding will be used to support two months of staffing salaries.	\$7,500	\$75,000
01-MTCT	15958.08	Early funding is being requested for this ongoing activity in the PMTCT program area. This activity will ensure the continued partnership between CDC and MOH to strengthen the national PMTCT program by effectively screening patients and preventing the transmission of HIV. Early funding will be used to support staffing salaries and the purchase of medications.	\$24,500	\$246,000
02-HVAB	15834.08	Early funding is being requested for this ongoing activity in the AB program area. This activity educates young people in and out of school on the coastland and in the more remote areas using the secondary school system about HIV prevention and the value of VCT. Early funding will be used to support staffing salaries.	\$12,500	\$100,000
12-HLAB	16055.08	Early funding is being requested for this ongoing activity in the Laboratory Infrastructure program area. This activity ensures that MOH will continue to design and implement the virtual National Public Health Reference Laboratory during construction, with support from CDC and other in-country partners to make certain that there are clear plans for staffing and maintenance of the lab in the near and far term. Early funding will be used to support staffing salaries.	\$20,000	\$85,000
13-HVSI	12750.08	Early funding is being requested for this ongoing activity in the SI program area. This activity relates to the cooperative agreement between the CDC and the MOH in improving MOH capacity for internal SI and M&E. Early funding will be used for salary support, travel, supplies, and equipment costs.	\$12,500	\$125,000

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Facilities Manager

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 7451.08

System ID: 7451

Planned Funding(\$): \$0

Procurement/Assistance Instrument: Cooperative Agreement

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Prime Partner: N/A

New Partner: Yes

Early Funding Activities

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
12-HLAB	16052.08	Early funding is being requested for this ongoing activity in the Laboratory Infrastructure program area. This activity supports the staffing of a facilities manager for the National Public Health Reference Laboratory. Early funding will be used to support salary costs.	\$15,000	\$0

Mechanism Name: New PHEs

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 8864.08

System ID: 8864

Planned Funding(\$): \$34,400

Procurement/Assistance Instrument: USG Core

Agency: Department of State / Office of the U.S. Global AIDS Coordinator

Funding Source: GHCS (State)

Prime Partner: N/A

New Partner: No

Mechanism Name: PHE Tx

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 7417.08

System ID: 7417

Planned Funding(\$): \$0

Procurement/Assistance Instrument: Cooperative Agreement

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Prime Partner: N/A

New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: HIV/QUAL International

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 9373.08
System ID: 9373
Planned Funding(\$): \$65,000
Procurement/Assistance Instrument: Contract
Agency: HHS/Health Resources Services Administration
Funding Source: GHCS (State)
Prime Partner: New York AIDS Institute
New Partner: No

Mechanism Name: Improving Energy Services in Haiti

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 9396.08
System ID: 9396
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: PA Government Services Inc.
New Partner: Yes

Mechanism Name: Pan American Health Organization

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4774.08
System ID: 6270
Planned Funding(\$): \$675,000
Procurement/Assistance Instrument: Grant
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Pan American Health Organization
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Track 1 Blood Safety SCMS

Mechanism Type: Central - Headquarters procured, centrally funded

Mechanism ID: 5277.08

System ID: 6271

Planned Funding(\$): \$300,000

Procurement/Assistance Instrument: Contract

Agency: U.S. Agency for International Development

Funding Source: Central GHCS (State)

Prime Partner: Partnership for Supply Chain Management

New Partner: No

Early Funding Activities

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
03-HMBL	8065.08	Early funding is being requested for this ongoing activity in the Blood Safety program area. This activity supports The Partnership for Supply Chain Management (SCMS) and the Guyana National Blood Transfusion Service (NBTS) with the procurement of laboratory materials, supplies and equipment. Early funding will be used to ensure the adequate supply of medications.	\$100,000	\$300,000

Mechanism Name: Supply Chain Management System

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 6703.08

System ID: 6703

Planned Funding(\$): \$2,716,150

Procurement/Assistance Instrument: Contract

Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

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: 4617.08

System ID: 6644

Planned Funding(\$): \$95,000

Procurement/Assistance Instrument: Contract

Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Prime Partner: Public Health Institute

New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: UNICEF

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 2741.08
System ID: 6645
Planned Funding(\$): \$430,000
Procurement/Assistance Instrument: Grant
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: United Nations Children's Fund
New Partner: No

Mechanism Name: ITECH

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4792.08
System ID: 6272
Planned Funding(\$): \$324,458
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Health Resources Services Administration
Funding Source: GHCS (State)
Prime Partner: University of Washington
New Partner: No

Mechanism Name: ITECH

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8896.08
System ID: 8896
Planned Funding(\$): \$10,000
Procurement/Assistance Instrument: USG Core
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Prime Partner: University of Washington
New Partner: No

Mechanism Name: USAID Program Management

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 134.08
System ID: 6704
Planned Funding(\$): \$500,000
Procurement/Assistance Instrument: USG Core
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: US Agency for International Development
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: CDC Program Management

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 3828.08

System ID: 6274

Planned Funding(\$): \$890,000

Procurement/Assistance Instrument: USG Core

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Prime Partner: US Centers for Disease Control and Prevention

New Partner: No

Early Funding Activities

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
15-HVMS	3216.08	Early funding is being requested for this ongoing activity, this activity ensures that the CDC/GAP Office continue to operate smoothly for the first quarter of the fiscal year until the budget approved. Early funding will be used to support LES Staff, FTEs salaries and benefits, purchase of supplies, lease services, travel and security. The amount requested is 188,000 or 24% of the activity budget.	\$188,000	\$800,000
12-HLAB	12745.08	Early funding is being requested for this ongoing activity in the Laboratory Infrastructure program area. This activity allows CDC, through a Personal Service Contract (PSC), to provide a senior laboratory advisor to the MOH to assist the MOH to establish procedures and policies and set up the initial operation of the National Public Health Reference Laboratory. Early funding will be used to support the contract for the PSC that includes salary and benefits and costs associated with moving to Guyana. As this is a contract, all the funds are needed in order to execute the 12 month contract.	\$200,000	\$90,000

Table 3.1: Funding Mechanisms and Source

Mechanism Name: CDC Program Support

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 135.08

System ID: 6273

Planned Funding(\$): \$817,227

Procurement/Assistance Instrument: USG Core

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Prime Partner: US Centers for Disease Control and Prevention

New Partner: No

Early Funding Activities

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
15-HVMS	9359.08	Early funding is being requested for this ongoing activity, this activity ensures that the CDC/GAP Office continue to operate smoothly for the first quarter of the fiscal year until the budget is approved. Early funding will be used for LES Staff salaries and benefits and travel. The amount requested is \$70,000 or 26% of the activity budget.	\$70,000	\$268,725
02-HVAB	15826.08	Early funding is being requested for this ongoing activity in the AB program area. This activity supports a portion of the CDC Medical Epidemiologist who will have extensive responsibilities related to the MARCH behavior change project funded through USAID but with technical oversight by CDC. Early funding will be used to support salary and housing costs.	\$90,000	\$195,360

Mechanism Name: Department of Defense

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 3717.08

System ID: 6640

Planned Funding(\$): \$0

Procurement/Assistance Instrument: Contract

Agency: Department of Defense

Funding Source: GHCS (State)

Prime Partner: US Department of Defense

New Partner: No

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 8661.08

System ID: 8661

Planned Funding(\$): \$0

Procurement/Assistance Instrument: Contract

Agency: Department of State / African Affairs

Funding Source: GHCS (State)

Prime Partner: US Department of State

New Partner: Yes

Table 3.1: Funding Mechanisms and Source

Mechanism Name: CSCS/OBO

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7318.08
System ID: 7318
Planned Funding(\$): \$61,367
Procurement/Assistance Instrument: USG Core
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: US Department of State
New Partner: No

Mechanism Name: ICASS

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7268.08
System ID: 7268
Planned Funding(\$): \$314,000
Procurement/Assistance Instrument: USG Core
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: US Department of State
New Partner: No

Early Funding Activities

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
15-HVMS	9526.08	Early funding is being requested for this ongoing activity in the SI program area. This activity will allow CDC to pay ICASS fees to the US Embassy Georgetown according to standard charges for services agreed to in the ICASS agreement. Early funding will be used for ICASS for the 1st Quarter.	\$50,000	\$170,000

Mechanism Name: Department of State

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4993.08
System ID: 6699
Planned Funding(\$): \$70,000
Procurement/Assistance Instrument: USG Core
Agency: Department of State / Western Hemisphere Affairs
Funding Source: GHCS (State)
Prime Partner: US Department of State
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8658.08
System ID: 8658
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Contract
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: US Health Resources and Services Administration
New Partner: Yes

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8659.08
System ID: 8659
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Contract
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: US Health Resources and Services Administration
New Partner: Yes

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8660.08
System ID: 8660
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Contract
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: US Health Resources and Services Administration
New Partner: No

Mechanism Name: Peace Corps

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 102.08
System ID: 7303
Planned Funding(\$): \$0
Procurement/Assistance Instrument: USG Core
Agency: Peace Corps
Funding Source: GHCS (State)
Prime Partner: US Peace Corps
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: WHO/PAHO Blood Safety

Mechanism Type: Central - Headquarters procured, centrally funded

Mechanism ID: 6277.08

System ID: 6277

Planned Funding(\$): \$500,000

Procurement/Assistance Instrument: Grant

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: Central GHCS (State)

Prime Partner: World Health Organization

New Partner: No

Sub-Partner: Pan American Health Organization

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HMBL - Blood Safety

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
4.08	6641	Family Health International	U.S. Agency for International Development	GHCS (State)	Artistes in Direct Support	N	\$0
4.08	6641	Family Health International	U.S. Agency for International Development	GHCS (State)	Caribbean Conference of Churches	N	\$0
4.08	6641	Family Health International	U.S. Agency for International Development	GHCS (State)	Central Islamic Organization of Guyana	N	\$0
4.08	6641	Family Health International	U.S. Agency for International Development	GHCS (State)	Cicatelli Associates Inc.	N	\$600,000
4.08	6641	Family Health International	U.S. Agency for International Development	GHCS (State)	Comforting Hearts	N	\$0
4.08	6641	Family Health International	U.S. Agency for International Development	GHCS (State)	Help & Shelter	N	\$0
4.08	6641	Family Health International	U.S. Agency for International Development	GHCS (State)	Hope For All	N	\$0
4.08	6641	Family Health International	U.S. Agency for International Development	GHCS (State)	Hope Foundation	N	\$0
4.08	6641	Family Health International	U.S. Agency for International Development	GHCS (State)	Howard Delafield International	N	\$1,225,000
4.08	6641	Family Health International	U.S. Agency for International Development	GHCS (State)	Lifeline Counseling Services	N	\$0
4.08	6641	Family Health International	U.S. Agency for International Development	GHCS (State)	Linden Care Foundation	N	\$0
4.08	6641	Family Health International	U.S. Agency for International Development	GHCS (State)	Love and Faith Outreach	N	\$0
4.08	6641	Family Health International	U.S. Agency for International Development	GHCS (State)	Management Sciences for Health	N	\$400,000
4.08	6641	Family Health International	U.S. Agency for International Development	GHCS (State)	Ministry of Health, Guyana	N	\$0
4.08	6641	Family Health International	U.S. Agency for International Development	GHCS (State)	Reslocare	N	\$0
4.08	6641	Family Health International	U.S. Agency for International Development	GHCS (State)	Ribbons of Life	N	\$0
4.08	6641	Family Health International	U.S. Agency for International Development	GHCS (State)	Roadside Baptist Church	N	\$0
4.08	6641	Family Health International	U.S. Agency for International Development	GHCS (State)	St Francis Home Care Program	N	\$0
4.08	6641	Family Health International	U.S. Agency for International Development	GHCS (State)	Swing Star Youth Group	N	\$0
4.08	6641	Family Health International	U.S. Agency for International Development	GHCS (State)	The Guyana Responsible Parenthood Association	N	\$0
4.08	6641	Family Health International	U.S. Agency for International Development	GHCS (State)	The Network of Guyanese Living with HIV/AIDS	N	\$0
4.08	6641	Family Health International	U.S. Agency for International Development	GHCS (State)	Volunteer Youth Corps	N	\$0
4.08	6641	Family Health International	U.S. Agency for International Development	GHCS (State)	Youth Challenge Guyana	N	\$0
2804.08	6642	Initiatives, Inc.	U.S. Agency for International Development	Central GHCS (State)	Academy for Educational Development	N	\$0
2804.08	6642	Initiatives, Inc.	U.S. Agency for International Development	Central GHCS (State)	John Snow, Inc.	N	\$0
2804.08	6642	Initiatives, Inc.	U.S. Agency for International Development	Central GHCS (State)	Pathfinder International	N	\$0
6277.08	6277	World Health Organization	HHS/Centers for Disease Control & Prevention	Central GHCS (State)	Pan American Health Organization	N	\$0

Table 3.3: Program Planning Table of Contents

MTCT - PMTCT

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

Budget Code: MTCT

Program Area Code: 01

Total Planned Funding for Program Area: \$477,123

Estimated PEPFAR contribution in dollars	\$0
Estimated local PPP contribution in dollars	\$0
Estimated PEPFAR dollars spent on food	\$0
Estimation of other dollars leveraged in FY 2008 for food	\$0

Program Area Context:

Based on the 2006 ANC survey, the adjusted HIV prevalence among ANC attendees was 1.5%. The age group with the highest prevalence (3.08%) was 40-44 year olds (small sample size). Prevalence among the urban population was 2.8% and rural was 1.1%. By the 2007 Semi-Annual report 78 (of the annual target of 170) women had received a complete course of anti-retroviral prophylaxis in a PMTCT setting. Also, by the time of the Semi-Annual report 55 pregnant had initiated ART during pregnancy.

PEPFAR Guyana is currently on target to reach our FY07 goal of counseling and testing 12,000 pregnant women through PMTCT, out of a total estimated 16,000 births. Nationally there are over 90 PMTCT sites (public and private) that are reaching nearly 80% of all pregnant women. ANC and L&D services are currently available in all 10 administrative regions. All the sites providing PMTCT are either ANC or L&D sites. PMTCT is an integral part of the Maternal and Child Health Services and is not treated as a vertical/stand alone service. 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 nine hospital-based labor and delivery wards (L&D).

In FY08, the program will continue to support these 45 sites directly, as well as continue to provide indirect support (such as training, technical assistance, monitoring and evaluation, QA/QI) to an additional 30 sites with the goal of reaching 12,500 women by the end of the fiscal year. Additionally, 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. It is estimated that for FY 08, based on an estimated 14,000 births (lowered MCH projection) and a HIV prevalence rate of 1.5%, a projected 210 HIV+ women will deliver. Of these about 90% (189) will deliver in a hospital and have access to ARVs. Data from Jan-June 2007 show that 92% of HIV+ pregnant women delivering in hospital were on/given ARVs, prophylactic or treatment (current information not disaggregated) as compared to 78% during 2006. It is reasonable to expect that by 2008 at least 95% of women who deliver in a hospital setting will receive ARVs i.e. about 180. It is estimated that with ARV treatment there will be only about 4% transmission rate i.e. about 7 infected infants. Without treatment infection transmission would be about 30% or 56 children. Therefore about 49 (87%) infections will be averted. It is also estimated that about 95% of women have at least 1 AN visit and 90% deliver in a facility.

All infants born of HIV+ mothers are offered breast milk substitute (BMS) for a period of 18 months. Data from the first half of 2007 show that 91% of women accepted substitute feeding. At the present time diagnostic testing is carried out at 18 months and of the 60 infants tested so far this year only 2 were positive. Both have been referred to treatment sites for follow up care. By FY08, through collaboration with the Clinton Foundation diagnostic testing will be offered to infants at the regular 6 week post natal visit. Health workers will be trained to obtain heel prick samples for diagnostic testing and transportation to the central testing site will be integrated in the regular laboratory services.

Women are encouraged to bring their partners to clinic and partner testing is offered for all STIs including HIV. Positive cases are referred for care and treatment. During the first half of 2007, 5851 women were counseled and 5705 accepted testing along with 283 partners that were also tested. There are currently no programs within PMTCT which addresses gender-based violence in HIV + women. The Ministry of Labour, Human Services and Social Security addresses this issue for women in general. Stigma and discrimination is dealt with through the general BCC program. There are currently 10 fixed treatment sites and a mobile unit to serve the interior areas. There is a standard referral system in use. HIV + women are referred to one of these sites depending on their location. Treatment is initiated when the CD4 count is below 350. This data is not readily available through the PMTCT program. As previously mentioned, all infants are referred for post –natal follow up and about 95% of these show up for services. These services include growth monitoring, nutrition education, provision of BMS as indicated, treatment of inter current infection, referral for further care.

The PEPFAR PMTCT program uses the same database for monitoring activities as the national PMTCT program. GHARP and

MoH have been using the same database to increase M&E capacity, but now that the MoH has full control over the system, GHARP will be moving away from maintaining their parallel system. Moreover, the Patient Monitoring System continues to be rolled out for all sites, and the full implementation of this system will yield better data on the number of HIV+ individuals that are on ART. This system will also help to make realistic projections on the planned number of individuals who will be on treatment.

The PMTCT program is an example of partnership and cooperation among US government partners and sub-partners and the government of Guyana. Nearly all PMTCT sites are based within the Ministry of Health (MOH) facilities. The CDC, through their cooperative agreement with the MOH, provides: rapid-testing kits, tubes, and syringes with safety glides (through SCMS); quality assurance laboratory supplies; breast milk substitutes; personnel, including outreach workers; and technical guidance, including quality assurance, support for training, and linkages to care and treatment. With GFATM support, the MOH is currently developing a quality assurance document that will address a proficiency assessment scheme, training, certification of labs, and re-certification of trained counselors. There are also quality assurance managers (hired through GFATM) in the regions to provide oversight to the PMTCT program. MEASURE Evaluation will provide technical assistance to transition the current PMTCT data collection system into the Maternal and Child Health (MCH) data collection/reporting mechanism within the MOH Strategic Information unit, which will provide the PMTCT coordinator with monthly reports. USAID/GHARP also provides technical assistance to the MOH. Based on the revised MOH policy on HIV testing, opt-out rapid testing is now being used at labor and delivery sites. The significance of such labor and delivery wards is evident from the perspective that over 80% of all deliveries occur in the five largest of such facilities. For the non-L&D PMTCT sites, HIV rapid testing is integrated into the routine antenatal clinic (ANC) blood screening process and ELISA is used for confirmatory tests and quality assurance. The National Guidelines have already been developed and all treatment sites have introduced HAART for women with a CD4 count below 350. Nevirapine (NVP) treatment will continue to be used when women present at L&D without previous diagnosis prior to delivery. NVP is currently being given to babies after delivery, but will soon be transitioned to NVP plus short-course AZT for those babies whose mother is on HAART therapy. 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. Mother-infant pairs continue to be lost to follow-up due to weaknesses in the referral system structure. MOH outreach workers supported through the CDC cooperative agreement will continue to track mother-infant pairs who have been identified through the PMTCT program to link them with the care and treatment program. Additionally, these social workers working within the communities will work to identify women who are not accessing ANC services and link them to the PMTCT program, as well as screen women for possible cases of gender-based violence. Communication between health centers and L&D sites are improving but need to be further strengthened to avoid cases of HIV-infected women and their families not accessing available services. The MCH Department of the MOH has noted that some PMTCT clients return to the service within one year of the last pregnancy. Through USAID/GHARP's technical assistance, a programmatic review of subsequent pregnancies amongst infected women will be conducted. UNICEF is funding the MOH to conduct a nutritional assessment and infant feeding practices and they are currently working to ascertain an appropriate researcher. Partner testing has been strengthened in the past year and will continue to be an integrated aspect of the PMTCT program. Strengthening the quality of services (counseling, testing, and adherence) and information management at PMTCT sites will be a key focus of the Guyana PEPFAR team in FY08. This will include analyzing ANC and birth registries to better understand 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. The MCH Department within MOH has fully integrated PMTCT into MCH services including repositioning staff into the MOH staffing structure through the CDC 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.")

Program Area Downstream Targets:

1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	47
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	12500
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	175
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	150

Custom Targets:

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 2765.08	Mechanism: AIDSRelief
Prime Partner: Catholic Relief Services	USG Agency: HHS/Health Resources Services Administration
Funding Source: GHCS (State)	Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT	Program Area Code: 01
Activity ID: 12740.08	Planned Funds: \$2,000

Activity System ID: 12740

Activity Narrative: AIDSRelief strives to provide comprehensive family centered care which has been built upon our PMTCT program. In keeping with Guyana's National Guidelines, all pregnant HIV+ women are counseled and started on ART- for medical treatment or prophylaxis. AIDSRelief's sites have had 27 pregnant women on combination ART (since the changes in Guyana's National Guidelines) for both prophylaxis and treatment. Additionally patients are counseled and strongly encouraged to have any other children in the household tested as well as their spouse/partners. All infants born into the PMTCT program receive close follow up care and monitoring, as well as free replacement feeding supplied to sites by the Maternal Child Health department of the Ministry of Health. Moreover, children born into our PMTCT program that are diagnosed HIV negative at 18 months continue to receive a minimum package of care until the age of five. In the coming year, AIDSRelief will continue to strengthen the PMTCT programs at our LPTFs. We will continue to monitor the number of pregnant patients being referred and those that enroll into our sites' care and treatment programs. Our goal will be to have at least 80% of HIV+ pregnant women started on ARV prophylaxis at a minimum and at least 80% of HIV exposed children in regular follow up care.

In addition to providing general counseling, counselors and clinicians must also address issues such as of domestic violence and substance abuse. In the coming year, AIDSRelief will increase linkages with local NGOs (such as Help & Shelter) that support survivors of gender based violence in order to ensure that both medical and psychosocial needs are met.

In FY2008, AIDSRelief will continue to provide on-site technical assistance to clinicians and counselors in addressing the needs of pregnant HIV+ women.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Wraparound Programs (Health-related)

- * Child Survival Activities

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	2	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	220	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	5	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	N/A	True

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 135.08	Mechanism: CDC Program Support
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT	Program Area Code: 01
Activity ID: 12741.08	Planned Funds: \$5,000
Activity System ID: 12741	
Activity Narrative: The MOH is continuing to establish a quality procurement system with the technical assistance of SCMS. However, there are times when shortages of critical commodities do occur. In order to ensure that essential commodities are available as the MOH brings its procurement system in-line, CDC will provide, on an emergency basis, commodities for the PMTCT program to ensure that there is no break in service delivery.	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Emphasis Areas

Local Organization Capacity Building

Food Support

Public Private Partnership

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 135.08	Mechanism: CDC Program Support
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT	Program Area Code: 01
Activity ID: 12742.08	Planned Funds: \$6,830
Activity System ID: 12742	
Activity Narrative: The PMTCT national program continues to scale up not only in number of sites but also scope of services. During FY08, PMTCT will be fully integrated into ante-natal care. 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 to MOH staff, and support for the senior program officer at CDC to oversee the PMTCT activities and the MOH cooperative agreement and coordinate with other partners in country for the overall PMTCT program. Support for this activity will also be provided with funds remaining from the previous fiscal year.	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Wraparound Programs (Health-related)

* Child Survival Activities

Wraparound Programs (Other)

* Education

Food Support

Public Private Partnership

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 4.08

Prime Partner: Family Health International

Funding Source: GHCS (State)

Budget Code: MTCT

Activity ID: 3156.08

Activity System ID: 13884

Mechanism: GHARP

USG Agency: U.S. Agency for International Development

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

Program Area Code: 01

Planned Funds: \$200,000

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. FY08 will continue to 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. A new area of emphasis will see increased communication and outreach to male partners.

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, on-site mentoring, 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 conducted 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 took place 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 (all personnel were rolled 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 was 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.

With the staff transitioned from FHI to the MOH, GHARP will continue to 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 and the MOH on a 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.) Continue the 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.) Review of PMTCT guidelines within the Safe Motherhood Program.
- 5.) Provide support for establishing links with overarching capacity develop and M&E and quality assurance plans.
- 6.) 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.
- 7.) 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7466

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
7466	3156.07	U.S. Agency for International Development	Family Health International	4612	4.07	GHARP	\$300,000
3156	3156.06	U.S. Agency for International Development	Family Health International	2737	4.06	GHARP	\$700,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Human Capacity Development

- * Training
- *** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	45	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	12,280	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	170	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	150	False

Indirect Targets

Target Populations

Other

Pregnant women

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 7268.08	Mechanism: ICASS
Prime Partner: US Department of State	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT	Program Area Code: 01
Activity ID: 15823.08	Planned Funds: \$13,750
Activity System ID: 15823	
Activity Narrative: In FY08, ICASS charges will be itemized under program area funding for staff supported through program funding. These ICASS charges apply to CDC staff delineated in Activity #12742.08.	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Emphasis Areas

Human Capacity Development

* Retention strategy

Food Support

Public Private Partnership

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 2246.08	Mechanism: Ministry of Health, Guyana
Prime Partner: Ministry of Health, Guyana	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT	Program Area Code: 01
Activity ID: 15958.08	Planned Funds: \$246,000
Activity System ID: 15958	

Activity Narrative: Under its cooperative agreement with the MOH, CDC will support the continued strengthening of the national PMTCT program to effectively screen patients and prevent the transmission of HIV and provide adequate care and support. HIV screening will be integrated into the ante-natal care system which also includes screening for other STIs. Pregnant women who qualify by national guidelines receive HAART during their pregnancies. Appropriate infant feeding methods will be promoted at PMTCT sites including provision of breast milk substitute when appropriate. The program will encourage consistent family planning for HIV positive mothers.

Through the Cooperative Agreement CDC will continue to provide rapid test kits, laboratory supplies, counseling and referrals for family planning services, contract staff support, technical guidance, quality assurance and strong links to care and treatment. Supported areas will include MOH data collection and utilization, supervision of field implementation, educational materials and programs, and contract nurses for providing and supervising services, including counseling, at health facilities. Funds will also support related staff training and travel. Psychological support will be provided for PMTCT counselors. USAID/GHARP will continue to provide the core PMTCT training for MOH staff.

CDC/GAP will also continue to support the Maternal Child Health Unit and MOH Strategic Information Unit for data collection and utilization (including data entry staff and computers), supervision of activities at the field level, and quality assurance. To improve the environment for HIV services in small health centers, CDC will support upgrades to ensure areas for confidential counseling and testing and adequate facilities for family counseling and education.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

* Family Planning

Wraparound Programs (Other)

* Education

Food Support

Public Private Partnership

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 7318.08

Mechanism: CSCS/OBO

Prime Partner: US Department of State

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

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

Budget Code: MTCT

Program Area Code: 01

Activity ID: 16031.08

Planned Funds: \$1,918

Activity System ID: 16031

Activity Narrative: In FY08, in accord with new guidance on CSCS/OBO charges, CSCS costs are dispersed across program areas that support personnel in addition to allocations under Management and Staffing. These charges cover costs of doing business for personnel listed under Activity #15823.08.

HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity:

Emphasis Areas

Human Capacity Development

* Retention strategy

Food Support

Public Private Partnership

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 7452.08	Mechanism: ITSO
Prime Partner: Information Technology Services Office	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT	Program Area Code: 01
Activity ID: 16489.08	Planned Funds: \$1,625
Activity System ID: 16489	

Activity Narrative: In FY08 the CDC Information Technology Services Office (ITSO) has established a support cost of \$3250 dollars per workstation and laptop at each international location to cover the cost of Information Technology Infrastructure Services and Support provided by ITSO. This is a structured cost model that represents what is considered as the "cost of doing business" for each location and will be implemented on a per workstation/computer basis. ITSO charges will be itemized under program area funding for staff supported through program funding. These ITSO charges apply to CDC staff delineated in Activity #12742.

HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity:

HVAB - Abstinence/Be Faithful

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

Total Planned Funding for Program Area: \$2,285,191

Estimated PEPFAR contribution in dollars \$0
 Estimated local PPP contribution in dollars \$0

Program Area Context:

The ANC general prevalence in the country is 1.55%. 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, s

Program Area Downstream Targets:

2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful 50260
 *** 2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB) 5935
 2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful 520

Custom Targets:

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 7452.08	Mechanism: ITSO
Prime Partner: Information Technology Services Office	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB	Program Area Code: 02
Activity ID: 16488.08	Planned Funds: \$1,625
Activity System ID: 16488	

Activity Narrative: In FY08 the CDC Information Technology Services Office (ITSO) has established a support cost of \$3250 dollars per workstation and laptop at each international location to cover the cost of Information Technology Infrastructure Services and Support provided by ITSO. This is a structured cost model that represents what is considered as the "cost of doing business" for each location and will be implemented on a per workstation/computer basis. ITSO charges will be itemized under program area funding for staff supported through program funding. These ITSO charges apply to CDC staff delineated in Activity #15826.08.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 102.08

Mechanism: Peace Corps

Prime Partner: US Peace Corps

USG Agency: Peace Corps

Funding Source: GHCS (State)

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 3799.08

Planned Funds: \$0

Activity System ID: 15962

Activity Narrative: Peace Corps/Guyana (PC/GY) contributes to PEPFAR and the Government of Guyana's (GOR) national response to the AIDS epidemic with focused, grassroots-level prevention and care interventions.

Currently, 40 Health and Education Peace Corps Volunteers ("Volunteers"), and two PEPFAR-funded Crisis Corps Volunteers (CCVs) serve in eight of Guyana's ten regions. Health Volunteers work directly with health centers and communities to identify local and national resources, facilitate community health assessments, design and implement health education projects, and train health center staff and community leaders. 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. CCVs are assigned to local NGOs to increase their capacity to provide HIV prevention services.

In FY07, PC/GY used PEPFAR funds to support the costs of CCVs; enhanced AB prevention training for all Health and Education Volunteers; and provided grants for community-initiated projects and materials development to promote AB prevention among in- and out-of-school youth in communities, schools and health facilities. Two CCVs were placed in Regions 3 and 6 to strengthen the capacity of local HIV trainers working with CDC's Merudo MARCH Project. Training events included workshops for PCVs and their counterparts on community needs' assessments, project design, implementation and evaluation. Through peer education training, life skills workshops, community outreach, and small community-based projects, PCVs reached over 3,300 youth and adults with AB messages between October 2006 and March 2007.

In FY08, PC/GY will continue the activities undertaken in FY07 including pre-service and in-service training for all Volunteers and their counterparts, the recruitment and placement of two CCVs, materials development and small grants. Particular attention will be paid to providing and enhancing services for vulnerable young people in Amerindian and mining communities.

Other specific activities designed to promote AB prevention that PC/GY will initiate include an art competition and a World AIDS Day Best Practices workshop. The art competition will target youth in schools and health centers to encourage their involvement in AB awareness campaigns and further promote AB messages. The competition will culminate in the production of a 2009 calendar featuring the winners of the art competition. The World AIDS Day Best Practices workshop will provide an opportunity to share promising practices and recognize community participation in World AIDS Day activities.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7870

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25087	3799.25087.09	Peace Corps	US Peace Corps	10658	102.09	Peace Corps	\$103,972
25086	3799.25086.09	Peace Corps	US Peace Corps	10658	102.09	Peace Corps	\$37,500
7870	3799.07	Peace Corps	US Peace Corps	4430	102.07	Peace Corps	\$45,000
3799	3799.06	Peace Corps	US Peace Corps	2764	102.06	Peace Corps	\$75,000

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	5,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	1,000	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	100	False

Indirect Targets

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

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 Takutu-Upper Essequibo (9)

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 135.08

Mechanism: CDC Program Support

Prime Partner: US Centers for Disease
Control and Prevention

USG Agency: HHS/Centers for Disease
Control & Prevention

Funding Source: GHCS (State)

Program Area: Abstinence and Be Faithful
Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 15948.08

Planned Funds: \$0

Activity System ID: 15948

Activity Narrative: Although the activity is funded via a USAID mechanism, CDC is the technical lead and therefore responsible for the targets as listed.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Gender

* Addressing male norms and behaviors

* Increasing gender equity in HIV/AIDS programs

Wraparound Programs (Other)

* Education

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	29,746	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	1,400	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	100	False

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 7264.08

Mechanism: N/A

Prime Partner: Community Support & Development Services

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 15951.08

Planned Funds: \$345,731

Activity System ID: 15951

Activity Narrative: An indigenous capacity building non-governmental organization, Community Support and Development Services (CSDS) Inc was contracted to disburse and monitor small grants to a network of local organizations, while strengthening their financial and administrative management capacities. Support to the NGOs include the development of financial and accounting systems to ensure these systems are compatible with project budgeting procedures and generally accepted accounting principles. Technical assistance is provided through one-on-one support 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 capacity building organization will sub-contract nine NGOs and four FBOs, as well as the M.A.R.C.H. (Modeling and Reinforcement to Combat HIV/AIDS) behavior change communication project to deliver A and B messages to youth and adults. In FY08, MARCH will have achieved full NGO status and will therefore be funded under this mechanism. These organizations 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. 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. As of March 07, over fifty thousand persons were reached with A and B messages.

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 NGOs involved in A and B activities, (except the MARCH project) would be included under GHARP and in FY 08 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.

It is however envisaged that by the end of FY 08 the monitoring of the NGO targets will be transferred to the local capacity building NGO. Hence in FY 08, GHARP will provide technical assistance in monitoring and evaluation to CSDS to enable them to effectively fulfill this role.

In FY 08, the MARCH project will receive technical assistance, oversight and monitoring by CDC. Hence, the targets for MARCH will be tracked by CDC and compiled in their database, utilizing standardized data collection forms in keeping with OGAC's guidance.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

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

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Coverage Areas

Cuyuni-Mazaruni (7)

Demerara-Mahaica (4)

East Berbice-Corentyne (6)

Essequibo Islands-West Demerara (3)

Mahaica-Berbice (5)

Pomeroon-Supenaam (2)

Upper Demerara-Berbice (10)

Upper Takutu-Upper Essequibo (9)

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 7264.08

Mechanism: N/A

Prime Partner: Community Support & Development Services

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 15952.08

Planned Funds: \$397,050

Activity System ID: 15952

Activity Narrative: The MARCH (Modeling and Reinforcement to Combat HIV and AIDS) radio serial drama (RSD), Merundoi was launched in October 2006. Two 15-minute episodes are aired twice weekly on the FM and medium wave channels with two weekend omnibus editions. The response to the countrywide field test of the pilot suggests that Merundoi reflects the reality of life in Guyana and resonates with Guyanese listeners. In FY08, the MARCH program will scale up reinforcement activities in partnership with the Ministries of Health and Education. A listenership survey and a public health evaluation of the impact of a MARCH-infused life skills curriculum in secondary schools will formally document the reach of the program and inform program content and implementation. Also in FY08 the MARCH program will begin its transition from administration by the US-based Manila Consulting Company to a free-standing NGO. As of April 1, 2008, administration and management will be through Community Support Development Services Inc. (CSDS), an indigenous organization that receives funds through USAID for administration and capacity building in local NGOs. The new management structure will emphasize further integration with the Ministry of Health; a representative from the National AIDS Program sits on the governance committee to participate in this transition, and MOH will be represented on the Board of Governors. Monitoring and evaluation for the program targets will continue through USAID/GHARP reporting channels.

To date, the program has recorded 89 episodes and conducted 348 Listening and Discussion Groups (LDGs) comprising 10 to 15 persons who listen to selected episodes from the RSD and participate in a discussion around the behaviors and issues raised. MARCH is expanding the countrywide reach of Merundoi through community relay radio stations, and Public Listening Sites (PLS). To date 11 such sites target persons who do not have access to radios or who do not receive radio signals. CDs are made available to responsible person(s) in the community, ideally shopkeepers who have CD players and sound systems. The RSD also reaches the Guyanese Diaspora through Radio Guyana International based in London, England where approximately 10,000 hits are recorded per month, and the Government of Guyana HIV and AIDS website where there are an average 1,100 hits per month on Merundoi; of these more than 60% come from outside Guyana. MARCH will continue to work with CDC in Guyana and the Caribbean to appeal to the Guyanese diaspora, expand the regional appeal of the RSD, and develop linkages for future funding resources once MARCH is an independent NGO.

As part of AB prevention programming, MARCH targets in-school students, out-of-school youth, parents, and vulnerable girls. Reinforcement activities focus on sexually abstinent adolescents in recognition that they have not received the same amount of attention as their sexually active peers. Other areas of emphasis include self-esteem, choice, coercion and violence. Events in the RSD exemplify the complexities of intergenerational sex to address the high risk of intergenerational sex between older men and young girls. Fidelity information is aimed at both married and single men to encourage them to consider why they have multiple partners and who their partners are. Reinforcement activities to these target groups include discussion groups, street theatre, and community mobilization activities in conjunction with MOH, the private sector, NGO/FBO, and Peace Corps. Persons requiring other prevention services are linked to these services through additional MARCH reinforcement activities described under Other Prevention.

A key target group, in-school youth, will be exposed to the RSD and MARCH themes through a MARCH-infused life skills curriculum implemented in secondary schools throughout Guyana. The life skills curriculum, originally developed by CARICOM, now includes HIV/AIDS specific behavioral themes that coincide with the MARCH objectives. CARICOM is interested in piloting the revised curriculum in other member nations around the Caribbean thus expanding the reach of the MARCH radio serial drama to the region. In Guyana, the program began in select schools in 2007 and will provide an opportunity to evaluate the impact of exposure to the MARCH themes in a more controlled environment than would be possible among those exposed to the RSD via mass media. CDC Guyana and the Ministries of Health and Education will collaborate on this public health evaluation in FY08, and the activity is described in full as a PHE activity. As part of routine programmatic monitoring, MARCH will also execute a country wide listenership survey to assess the reach of Merundoi. The results of this survey will inform marketing and outreach strategies.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Wraparound Programs (Other)

- * Education

Food Support

Public Private Partnership

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 7318.08	Mechanism: CSCS/OBO
Prime Partner: US Department of State	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB	Program Area Code: 02
Activity ID: 16033.08	Planned Funds: \$1,918
Activity System ID: 16033	
Activity Narrative: In FY08, in accord with new guidance on CSCS/OBO charges, CSCS costs will be dispersed across program areas that support personnel in addition to allocations under Management and Staffing. These charges cover costs of doing business for personnel listed under Activity #15826.08	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 2246.08	Mechanism: Ministry of Health, Guyana
Prime Partner: Ministry of Health, Guyana	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB	Program Area Code: 02
Activity ID: 15834.08	Planned Funds: \$100,000
Activity System ID: 15834	

Activity Narrative: The Ministry of Health through its Adolescent Health Program have been targeting young people in and out of school on the coastland and in the more remote areas using the secondary school system and health clubs to educate young people about HIV prevention and the value of VCT. It is clear that there will be great benefit to extend this program to the primary school level so as to encourage delay in sexual initiation. This program embarked on during FY07 will continue during FY08. It is aimed at increasing the knowledge of primary school children about HIV prevention by supporting the HIV component of the Health Promoting Schools Strategy (HPS) and designing child-friendly and age sensitive HIV/AIDS materials for that program. Primary school teachers will be taught how to use the materials and there will be periodic evaluation to ensure the effectiveness of the program. Community support will be garnered for the school based activities to ensure that behaviors taught at school are reinforced in the home. The MoH Co-Ag will also include funds to carry on work to expand youth-friendly health services and health club programs that emphasize AB education, counseling, and inter-personal communication sessions. This activity was previously funded through the Global Health Fellows Program/CSDS, but will transition to MoH in July 2008. These activities will complement those being undertaken through the MARCH initiative. USAID has been supporting the unit technically and financially for several years through grants and the placement of a prevention fellow in the Ministry of Health. In FY08 the program will graduate to financial support alone, and thus will be allocated through the CDC cooperative agreement to the MOH.

Targets include youth reached through the youth friendly health services initiative.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Wraparound Programs (Health-related)

- * Child Survival Activities

Wraparound Programs (Other)

- * Education

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	1,300	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	175	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	35	False

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 135.08

Mechanism: CDC Program Support

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 15826.08

Planned Funds: \$195,360

Activity System ID: 15826

Activity Narrative: Funding under AB prevention will support a portion of the CDC Medical Epidemiologist who will have extensive responsibilities related to the MARCH behavior change project funded through USAID but with technical oversight by CDC. During the transition to an NGO and process of further integration with the Ministry of Health, the Medical Epidemiologist will provide coordination, review of materials and activities for appropriateness of content and public health messages and will have primary responsibility for design and implementation of the public health evaluation of the MARCH-infused life skills curriculum in secondary schools.

See Activity Numbers 15952.08, 15949.08, and 16336.08

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Local Organization Capacity Building

PHE/Targeted Evaluation

Food Support

Public Private Partnership

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 8664.08

Mechanism: New AB

Prime Partner: Manila Consulting, Inc.

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 19379.08

Planned Funds: \$8,250

Activity System ID: 19379

Activity Narrative: Merundoi, Inc. is the newly formed Non-Governmental Organization that is implementing the MARCH project in Guyana. This was formally administered by the consultant group Manila who used the consultant group MSS to provide technical assistance on the dramatic and written components of the project. The MARCH radio serial drama is achieving a high and very professional standard which must be maintained in order to achieve the expected behaviour changes associated with the reinforcement activities that rely on the radio serial drama. This activity will provide the necessary technical assistance from experts in producing radio serial drama and working with the MARCH protocol so that the Guyana MARCH project continues to produce a professional product. Recent technical assistance needs will be built on and the Merundoi, Inc. staff will continue to build their skill in both writing and drama. CDC will continue to provide general technical oversight to the MARCH project and guidance to Merundoi, Inc.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 2762.08

Mechanism: Department of Labor

Prime Partner: International Labor Organization

USG Agency: Department of Labor

Funding Source: GHCS (State)

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 14601.08

Planned Funds: \$125,000

Activity System ID: 14601

Activity Narrative: The thrust of this proposal is to expand world of work opportunities that have opened up as a result of the ILO's collaboration, experience and achievements with USDOL/PEPFAR and the GHARP Project. This project will continue to work with the 57 enterprises and expand the reach of the program by including mobile workers in mining and logging areas with prevention/abstinence and being faithful messages. The ILO/FHI Behaviour Change Communication (BCC) Toolkit will be used to develop materials that specifically target workers in these sectors while BodyWork III-On the Job, (a manual for trainers and workplace peer educators that was developed by the project) will be utilized for training managers and workers in the areas of abstinence and being faithful. The project will build on its links with the Geology and Mines Commission, Miners Association, Forestry Commission and the Forestry Products Association to achieve its goals and objectives. In this regard, the project will support capacity building for workers from these organizations that are integrally involved in the operations of the sectors. 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 (NGO) will also continue to be utilized to reach the target groups.

The ILO Code of Practice on HIV/AIDS and the World of Work will continue to be the principle guide and framework for action. The Code contains practical guidelines for programming, implementation and monitoring at the enterprise and community levels in the critical areas of prevention and behavior change.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Workplace Programs

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	2,500	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	50	False

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Business Community

People Living with HIV / AIDS

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 7268.08

Mechanism: ICASS

Prime Partner: US Department of State

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 15825.08

Planned Funds: \$13,750

Activity System ID: 15825

Activity Narrative: In FY08, ICASS charges will be itemized under program area funding for staff supported through program funding. These ICASS charges apply to CDC staff delineated in Activity #15826.08.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Human Capacity Development

* Retention strategy

Food Support

Public Private Partnership

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 4.08

Prime Partner: Family Health International

Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 3157.08

Activity System ID: 13886

Mechanism: GHARP

USG Agency: U.S. Agency for International Development

Program Area: Abstinence and Be Faithful Programs

Program Area Code: 02

Planned Funds: \$400,000

Activity Narrative: GHARP continues to achieve all, and exceed most, of its annual AB targets. In FY07, GHARP was also able to review and revise technical standards: Abstinence and refusal skills manual, 'Faith matters manual,' which has been recognized as a best practice curriculum manual.

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, substance abuse, 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7865

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
7865	3157.07	U.S. Agency for International Development	Family Health International	4612	4.07	GHARP	\$350,000
3157	3157.06	U.S. Agency for International Development	Family Health International	2737	4.06	GHARP	\$450,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	5,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	4,000	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	100	False

Indirect Targets

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

Business Community

Discordant Couples

Religious Leaders

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 ID: 4.08

Prime Partner: Family Health International

Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 7875.08

Activity System ID: 13887

Mechanism: GHARP

USG Agency: U.S. Agency for International Development

Program Area: Abstinence and Be Faithful Programs

Program Area Code: 02

Planned Funds: \$400,000

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 (“All it Takes is No” and “Pop Kook Kits”) concepts by integrating them into community outreach media and inter-personal communications. HDI will air and reprint materials developed in FY07; covering all costs of design, development, pre-testing, production, reproduction and air/print dissemination. The continuation of the appropriate female and male empowerment campaigns will be supported as will leveraging private sector support and themes such as Herbal Essence and Lucozade (Sports Drink).

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 reproduce, 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 their 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7875

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
7875	7875.07	U.S. Agency for International Development	Family Health International	4612	4.07	GHARP	\$300,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Food Support

Public Private Partnership

Targets

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

Indirect Targets

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 4617.08

Mechanism: Global Health Fellow Program

Prime Partner: Public Health Institute

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 7874.08

Planned Funds: \$75,000

Activity System ID: 13903

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 interpersonal communication sessions. The Fellowship is scheduled to end in July, 2008.

All program targets are reported under the MoH Co-Ag.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7874

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
7874	7874.07	U.S. Agency for International Development	Public Health Institute	4617	4617.07	Global Health Fellow Program	\$100,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training
- *** In-Service Training

Food Support

Public Private Partnership

Targets

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

Indirect Targets

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Coverage Areas

Demerara-Mahaica (4)

East Berbice-Corentyne (6)

Mahaica-Berbice (5)

Upper Demerara-Berbice (10)

Essequibo Islands-West Demerara (3)

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 5278.08

Prime Partner: American Red Cross

Funding Source: Central GHCS (State)

Budget Code: HVAB

Activity ID: 4009.08

Activity System ID: 14078

Mechanism: Guyana Red Cross

USG Agency: U.S. Agency for International Development

Program Area: Abstinence and Be Faithful Programs

Program Area Code: 02

Planned Funds: \$184,386

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 FY08 the joint Guyana and American Red Cross Together We Can Youth Peer Education program for HIV/AIDS Prevention expects to reach an estimated 15,000 youth between the ages of 10-24 years in the promotion of positive behavior change aimed at preventing HIV/AIDS. Targeted youth will be reached via three main interventions: 1) Curriculum based TWC peer education workshops; 2) Peer to peer outreach; 3) Edutainment Events.

1) Curriculum Based interventions via 12 hour 17 activity TWC Workshops:

The highly participatory workshops are designed to help youth avoid HIV infection by providing them with knowledge and skills so they are empowered to make informed and healthy choices concerning their sexual behavior. Each workshop is facilitated by a pair of peer educators for approximately 20 youth and usually takes four weeks to complete. In FY08 the GRC expects to reach approximately 1,500 youth through TWC curriculum based workshops. For each TWC workshop the project will try and maintain a balanced 50% male - 50% female breakdown for gender, and a breakdown by age cohorts of 30% each for the 10-14, 50% for 15-19 age groups, and 20% for 20-24 year olds. The GRC estimates that nearly 60% of the total number of youths reached through TWC workshops will come from region 04, while in regions 1 and 9 the numbers will be closer to 20% of the total target. In FY08 the GRC expects that 10% -15% of youth reached through curriculum based workshops will come from non-traditional sources such as street and out of school youth, police, and religious groups versus youth from more traditional sources such as a school based programs.

2) Peer to Peer Outreach:

Peer Educators ask each participant in TWC workshops to share HIV prevention messages with 5-7 of their peers as 'take-home assignments'. This outreach strategy is referred to as the 'multiplier effect' due to the vast networking power of using youth as a vehicle for transmitting key behavior change messages to their siblings, schoolmates and friends. In this manner, youth attending TWC workshops are not passive learners, but are directly implicated in HIV prevention in their communities. In FY08 the project will strive to reach approximately 5,000 youth (3,000 from region 4, and 1,000 each from regions 01 and 09) with key project messages and information through take-home assignments. To ensure that this goal is reached the GRC will pilot new take home assignments, provide YMs with a broader number of materials with key project messages such as brochures, stickers, and calendars, initiate a new and easier to use counting/track sheet, and train PEs to re-emphasize this activity.

3) Edutainment Events:

Edutainment events (also referred to as community mobilization events) include concerts, community and public fairs and celebrations, street theater, film viewings, and sports events. They are designed to disseminate vital prevention and solidarity messages to larger groups of youth ranging from several dozen to several thousand per event. During FY 2008, project expects to reach 8,500 youth through edutainment events in Guyana. The project expects to reach about half (4,250) of the youth through edutainment events in region 4, about 30% (2,550) from region 9, and another 20% (1,700) from region 1. In addition, the project will pilot a new form of edutainment event specifically targeting youth who have already completed the TWC curriculum. Peer educators and field managers will facilitate these knowledge and skills based events for smaller numbers of youth in order to assure they are participatory in nature. These follow-up interventions will occur at 3-6 and 9-12 month marks at major project sites with 'graduates' of TWC workshops such as schools and youth centers and will use booster messages based on gaps in knowledge, attitudes and skills as identified by project specific data garnered through pre-post questionnaires as well as population level behavioral research. Through the follow-up intervention methodology the project expects to reach an additional 500 youth.

Individuals Trained to Promote HIV/AIDS Prevention:

To reach the targeted numbers of youth in this program through the TWC methodology the GRC needs to optimally maintain 40-50 active peer educators. In FY08 the GRC expects to retain approximately 25 PEs in region 04, 12 in region 09, and around 20 in region 01. Due to PE desertion the project expects that it will need to train 15 new PEs in FY08. Other PEs and project management staff will receive normal program refresher training.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7869

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25091	4009.25091.09	U.S. Agency for International Development	American Red Cross	10662	5278.09	Guyana Red Cross	\$366,715
7869	4009.07	U.S. Agency for International Development	American Red Cross	5278	5278.07	Guyana Red Cross	\$74,231
4009	4009.06	U.S. Agency for International Development	The Guyana Red Cross Society	3171	3171.06	American Red Cross	\$0

Emphasis Areas

Wraparound Programs (Other)

* Education

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	9,500	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	15	False

Indirect Targets

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Coverage Areas

Barima-Waini (1)

Demerara-Mahaica (4)

Upper Takutu-Upper Essequibo (9)

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 3717.08

Mechanism: Department of Defense

Prime Partner: US Department of Defense

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 5413.08

Planned Funds: \$0

Activity System ID: 13877

Activity Narrative: This program area has previously targeted recruits and ranks deploying overseas, but will be expanded to include all ranks (enlisted and officer), reservists and dependents. DoD 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. Refresher training will also be provided. 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 education trainers will be supported in recruiting and training new peer educators. An HIV/AIDS awareness day will be organized, coinciding with a national HIV/AIDS prevention activity. A health fair with prevention messages, HIV counseling and testing as part of other health promotion (e.g. cholesterol and nutrition) will be organized. In FY08, drama groups through edutainment, will be used to reach out to military personnel and their families with messages promoting abstinence until marriage, faithfulness to one's partner, and address issues of violence, especially sexual and spousal abuse. Education regarding male norms will also be implemented.

Linkages into the civilian health sector for referral of HIV positive individuals will be maintained and facilitated where possible (e.g. transportation to/from appointments, other palliative care). For FY08, a vehicle for mobile VCT will be purchased, fueled and maintained. It will be equipped with education materials on VCT, ART, STIs and stigma reduction. The mobile VCT will target not only remote, underserved regions where GDF units are typically found, but also other regions where barriers to come to VCT are present (e.g. dependent testing). Transportation assistance will be provided for HIV positive members who require medical follow-up for care and treatment facilities. The mobile VCT will be used for AB, other prevention and C & T activities

To strengthen education activities across AB and other prevention, computers, printers, USB devices, and other supplies will be procured to support HIV/AIDS information management and distribution.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7863

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25092	5413.25092.09	Department of Defense	US Department of Defense	10663	3717.09	Department of Defense	\$40,000
7863	5413.07	Department of Defense	Center for Disaster and Humanitarian Assistance Medicine	4451	3717.07	Department of Defense	\$45,000
5413	5413.06	Department of Defense	Center for Disaster and Humanitarian Assistance Medicine	3717	3717.06	Department of Defense	\$35,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	800	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	50	False

Indirect Targets

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Military Populations

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 Mechansim

Mechanism ID: 2765.08

Mechanism: AIDSRelief

Prime Partner: Catholic Relief Services

USG Agency: HHS/Health Resources Services Administration

Funding Source: GHCS (State)

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 7982.08

Planned Funds: \$22,721

Activity System ID: 12713

Activity Narrative: In FY2008 AIDSRelief and the Roman Catholic Youth Office (RCYO) will continue to provide follow-up support to the activities of the youth clubs established in all ten regions throughout Guyana. In addition to training an additional 100 peer educators, RCYO will provide leadership training to active youth club participants. RCYO will also directly conduct value-based HIV prevention activities through conventions, conferences, a summer camp, and an STI awareness day. RCYO will incorporate a gendered approach to HIV prevention and life skills promotion by addressing male norms and behaviors and by supporting the empowerment of women in interpersonal situations.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7982

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25108	7982.25108.09	HHS/Health Resources Services Administration	Catholic Relief Services	10667	2765.09	AIDSRelief	\$17,949
7982	7982.07	HHS/Health Resources Services Administration	Catholic Relief Services	4450	2765.07	AIDSRelief	\$20,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Wraparound Programs (Other)

- * Education

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	2,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	100	False

Indirect Targets

HMBL - Blood Safety

Program Area: Medical Transmission/Blood Safety

Budget Code: HMBL

Program Area Code: 03

Total Planned Funding for Program Area: \$1,250,000

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Program Area Context:

Blood collection and storage is currently performed at eight public and private sites in Guyana. Three private hospitals access blood for transfusion directly from the NBTS. An additional 10 public and private hospitals 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 through the public health system, mainly NBTS, is tested at the National Blood Transfusion Service (NBTS) laboratory in the capital or at regional laboratories. Screening for blood collected at private hospitals is not regulated and anecdotal reports suggest that testing is not always adequate. Of those units tested for HIV in the private sector 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 2006, voluntary, non-remunerated donors (VNRD) contributed approximately 31% of 5,192 units collected, or 1,610 units. As of the end of May 2007 this had increased to 41.54%. Of 1,610 units that were collected from voluntary donors, 984 were from regular donors. The remaining units were collected from family/replacement donors. Since blood collected from VNRD has been associated with significantly lower rates of transfusion-transmitted infections (TTI), Guyana aims to collect 100% of its blood from VNRD by 2010. The prevalence of HIV in blood donors was 0.42% in 2006. By May 2007 this had dropped to 0.2%. The NBTS currently tests 100% of all blood collected by the NBTS network for HIV, HBV, HCV and syphilis. The proportion of blood donors who have their results returned to them are those that are testing positive for infectious markers, approximately 4.5% of 6,310 in 2006.

The National Strategic Plan for Blood Safety 2006–2010, established a Central Donor Recruitment Committee (CDRC) to address these barriers and to work toward the goal of 100% VNRD by 2010. The CDRC, established in June 2006, includes representatives from the GNBS, private hospitals, and blood donor recruitment agencies. The committee also includes a recruiter, a regular blood donor, a recipient of blood and the CDC country office. The CDRC's mandate is to mobilize Guyanese to become VNRD and to coordinate the implementation of the national strategy to achieve 100% VNRD. Other committee activities include developing an annual plan for coordinated donor recruitment and blood drives, and building a secure donor database to track and recall VNRD.

The national blood supply is managed by the NBTS, a sub-agency of the Ministry of Health (MOH). There is currently no functioning hospital transfusion committee. Legislation establishing standards and oversight has been drafted by the MOH but has yet to be submitted to the Parliament. It is now expected to be included in an upcoming health facilities bill. 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. The American Association of Blood Banks (AABB) had been the TA provider for Guyana since 2004; however, AABB disengaged 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 new TA provider, PAHO/WHO, assumed responsibility in April 2007. The new TA provider has established an in-country presence to carry out its activities.

The Guyana Red Cross, SAIBABA, Government Ministries, embassies and agencies, and various religious organizations assist in hosting blood drives and are represented on the CDRC. The TA provider (PAHO) has not made available all the needed trainings but 23 persons were trained in blood safety. PAHO will be conducting training on the rational use of blood and the data recording monitoring system.

The funding request for FY2007 included \$300,000 allocated to SCMS to conduct a needs assessment and procure commodities (reagents and supplies) for NBTS laboratory activities. The needs assessment has been carried out and the new system should result in an elimination of supply stock outs by FY08. During FY08, the PEPFAR Country Team will endeavor to include equipment in this arrangement also.

Summary

Despite three 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 just over a third of the estimated national need for blood and blood products. This shortfall, together with improper request procedures, has been responsible for the frequent cancellation of surgeries in public hospitals. The situation improved during the first few months of 2007, but a number of systemic challenges remain.

These include:

1. A lack of human resource capacity at the regional level to ensure appropriate procedures for collecting, testing, and transfusing blood products.
2. Incomplete or unavailable standard operating procedures (SOP) for staff engaged in the production of blood components and compatibility testing (in progress as of May 07).
3. A lack of coordinated training for physicians in the appropriate use of blood.
4. Insufficient programmatic activities to promote blood donation and recruit blood donors.
5. A lack of administrative capacity to ensure grant funds are spent efficiently and appropriately.
6. 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 significant barriers within the national healthcare system, 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. PAHO is also advocating for the swift passage of the blood service legislation.

Objectives

In FY08, Emergency Plan funds will be used to continue to address the structural and systemic barriers identified above. Primary objectives for FY08 include:

1. Improve the level of technical competence among laboratory workers in the Georgetown lab as well as in the regional laboratories. Guided by a work plan the Track 1 TA provider will provide the necessary instructors, curricula and materials. Where appropriate, laboratory staff may be sent to the United States for advanced training.
2. Monitor physicians' orders for blood transfusions and continue pre- and in-service training for clinicians in the appropriate use of blood. This training will be provided by PAHO and CDC.
3. Strengthening the NBTS's ability to educate, recruit and retain voluntary, non-remunerated blood donors. This will be

accomplished through support for a national network of blood donor recruiters.

4. Continue adequate training and mentoring for the NBTS's new program administrator.

5. Continue supporting the NBTS to strengthen its data management system with appropriate technologies. FY08 funding will also support follow-up analyses of these data to strengthen the NBTS's ability to return results to donors, and, where appropriate, refer them to additional testing or care and treatment. The data system will also support donor recruitment and recall activities.

6. Implement a system of hemovigilance to monitor transfusion safety and ensure appropriate follow-up to adverse transfusion events.

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. The NBTS participated in a full energy needs assessment by USAID in FY06. Where appropriate, the USG team will work with NBTS to ensure that recommendations from that energy assessment are implemented (e.g., solar power for remote sites and/or power conditioning equipment to protect laboratory gear).

In addition to the required PEPFAR indicators, country level indicators will include: 1) Improvement in the adequacy of the national blood supply (quantity and access); 2) An increase in VNRD as a proportion of all donors (blood quality); 4) Absorption rate (percent of allocated funds spent by NBTS in year of award).

In monitoring the progress of NBTS in FY08, the USG country team and the Track 1 blood safety project officer in Atlanta will also oversee the work performed by PAHO to support NBTS.

Program Area Downstream Targets:

3.1 Number of service outlets carrying out blood safety activities	7
3.2 Number of individuals trained in blood safety	60

Custom Targets:

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 5275.08

Prime Partner: Ministry of Health, Guyana

Funding Source: Central GHCS (State)

Budget Code: HMBL

Activity ID: 3185.08

Activity System ID: 12717

Mechanism: Track 1 Blood Safety NBTS

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Medical Transmission/Blood Safety

Program Area Code: 03

Planned Funds: \$100,000

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 who hemorrhage during and after childbirth, children suffering from anemia, and surgery patients will be the primary beneficiaries of a safe blood supply.

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).

Emphasis Areas: Information, Education and Communication; Community Mobilization/Participation; Quality Assurance, Quality Improvement and Supportive Supervision; Development of Network/Linkages/Referral Systems; Commodity Procurement and Logistics.

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 (NBTS) will continue to expand its role as the primary producer and distributor of blood and blood products in Guyana. In FY08, 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 fractured between the public and private sectors, with most of the country's blood supply collected from family/replacement or paid donors (65% during first 6 months of 2007) in hospital based blood centers. This structure is inefficient and difficult to regulate, especially in the area of laboratory screening. The collection of blood from replacement donors, combined with a lack of standardized testing algorithms, has historically placed recipients of blood transfusions in Guyana at a much greater risk contracting transfusion transmissible infections (TTI), including HIV. Efforts to strengthen laboratory capacity within the NBTS have been underway since the launch of the PEPFAR initiative. However, progress has been slowed in past 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.

In FY07, the NBTS used Emergency Plan funds to procure reagents and other laboratory supplies through the Partnership for Supply Chain Management (SCMS). SCMS has also provided technical support to NBTS in the form of needs assessments and the development of a standardized procurement schedule.

To address inconsistencies in blood screening practices, the NBTS will stop routine blood screening at its regional centers and centralize the screening effort at the NBTS headquarters in Georgetown. The laboratory centralization policy will be fully implemented by the end of FY07. Also in FY07, the NBTS will create three new "Coordinator" positions to ensure consistent communication between the donor recruitment department, the blood collection teams, and the laboratory. These coordinators will report directly to the NBTS director, who will provide input from client hospitals on current and future blood needs.

In FY08 the NBTS will largely continue activities begun in FY07. These include:

1. Strengthen the institutional infrastructure of the NBTS. Special attention will be paid to the new centralized laboratory screening strategy to ensure that specimens are delivered to the lab and results are returned to the regions in a timely manner. This activity will be informed by the new blood safety legislation which NBTS anticipates will be passed by the end of FY07. If the law is still pending, NBTS will continue its advocacy efforts to win passage in FY08. In addition to the foundation provided by the new legislation, NBTS will work internally to strengthen the new roles and responsibilities for NBTS employees under the new "Coordinator" system implemented in FY07. This will include specialized training for the Coordinators, where appropriate, and team building exercises ensure that communication and supervision follows the new chain of command. Specialized training will also be provided to logistics personnel and administrators working in the capital and in the regions.

2. Continue the relationship with SCMS to procure materials and consumables (e.g., test kits and reagents) used by the blood service. Working through SCMS has increased the NBTS's ability to manage its Emergency Plan 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 continue to 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 PAHO, the TA provider.

4. Continue to strengthen physical infrastructure, where needed, with particular focus on completing the renovation of the NBTS headquarters and central laboratory, as well as strengthening the compatibility lab at the Georgetown Public Hospital.

5. Strengthen clinical oversight of the blood service at the Georgetown Public Hospital Corporation. A Transfusion Committee will be established in FY07. Activities in FY08 will focus on routine surveillance of transfusion activities and technical support to build the Transfusion Committee's hemovigilance data system.

6. Reduce private hospitals' dependence on hospital-based blood banks. Strengthen the NBTS system to monitor and predict private hospitals' weekly needs for blood. This will be accomplished through the development of an active surveillance system to track the use of blood and develop, with hospital directors,

Activity Narrative: a calendar to predict blood needs for elective surgery and other routine procedures. This calendar will allow the NBTS to tailor its donor recruitment and collection activities to meet expected demands and to better anticipate emergency needs. This system will also establish a routine communication mechanism between NBTS and hospital directors to ensure that, in addition to routine needs, the blood supply can be effectively triaged in the case of a mass casualty emergency.

7. Build the NBTS social marketing strategy to raise public awareness about the need for blood and to recruit and retain voluntary, non-remunerated blood donors. The NBTS will receive expert advice and input from a social marketing firm. This contractual relationship will be established in FY07. With the social marketing partner, the NBTS will continue to develop and disseminate a national 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 additional assistance from PAHO, the TA provider, the NBTS will ensure that the national IEC strategy is informed by the findings of the Knowledge, Attitudes and Practices (KAP) survey conducted in January 2007.

8. Continue to mobilize partner organizations, including the Guyana Red Cross, to recruit blood donors and sponsor blood drives. This activity will be coordinated by the NBTS Blood Donor Recruitment Coordinator (BDRC) who will be recruited and hired in FY07. The BDRC will communicate with blood donor partners and maintain a master calendar of all blood drives scheduled in Guyana. This master calendar will promote efficiencies in the national blood collection strategy and facilitate the scheduling of blood drives in private sector offices, factories and other company sites.

The NBTS will also continue to work with the CDC Guyana office to implement and monitor the results of 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8063

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25157	3185.25157.09	HHS/Centers for Disease Control & Prevention	Ministry of Health, Guyana	10690	5275.09	Track 1 Blood Safety NBTS	\$300,000
8063	3185.07	HHS/Centers for Disease Control & Prevention	Ministry of Health, Guyana	5275	5275.07	Track 1 Blood Safety NBTS	\$450,000
3185	3185.06	HHS/Centers for Disease Control & Prevention	Ministry of Health, Guyana	3839	3839.06	CDC to MOH Guyana	\$350,000

Emphasis Areas

Local Organization Capacity Building

Wraparound Programs (Other)

* Education

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
3.1 Number of service outlets carrying out blood safety activities	N/A	True
3.2 Number of individuals trained in blood safety	30	False

Indirect Targets

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 5277.08

Mechanism: Track 1 Blood Safety SCMS

Prime Partner: Partnership for Supply Chain Management

USG Agency: U.S. Agency for International Development

Funding Source: Central GHCS (State)

Program Area: Medical Transmission/Blood Safety

Budget Code: HMBL

Program Area Code: 03

Activity ID: 8065.08

Planned Funds: \$300,000

Activity System ID: 12725

Activity Narrative: The Partnership for Supply Chain Management (SCMS) will continue to support the Guyana National Blood Transfusion Service (NBTS) with the procurement of laboratory materials, supplies and equipment. As in FY07, SCMS will also provide technical advice to NBTS on questions involving stock management, needs assessments and the projection of future needs.

In FY07, the relationship with SCMS has granted NBTS new autonomy to manage its Emergency Plan resources and avoid administrative delays associated with the Ministry of Health's procurement system. It has also allowed NBTS, with input from the Pan American Health Organization (PAHO) and CDC, to establish national standards for blood screening that can be consistently applied throughout the NBTS network.

These procurement and technical assistance activities launched in FY07 will continue and be expanded (to include equipment) in FY08.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8065

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25360	8065.25360.09	U.S. Agency for International Development	Partnership for Supply Chain Management	10742	5277.09	Track 1 Blood Safety SCMS	\$300,000
8065	8065.07	U.S. Agency for International Development	Partnership for Supply Chain Management	5277	5277.07	Track 1 Blood Safety SCMS	\$300,000

Emphasis Areas

Local Organization Capacity Building

Food Support

Public Private Partnership

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 6277.08

Prime Partner: World Health Organization

Funding Source: Central GHCS (State)

Budget Code: HMBL

Activity ID: 12734.08

Activity System ID: 12734

Mechanism: WHO/PAHO Blood Safety

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Medical Transmission/Blood Safety

Program Area Code: 03

Planned Funds: \$500,000

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 who hemorrhage during and after childbirth, children suffering from anemia, and surgery patients will be the primary beneficiaries of a safe blood supply.

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).

Emphasis Areas: Information, Education and Communication; Community Mobilization/Participation; Quality Assurance, Quality Improvement and Supportive Supervision; Development of Network/Linkages/Referral Systems

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 World Health Organization will continue to provide Technical Assistance (TA) to the Guyana National Blood Transfusion Service (NBTS) through a sub-contract to the Pan American Health Organization (PAHO). PAHO launched its blood safety TA program in Guyana on April 1, 2007 (FY07), taking over from the American Association of Blood Banks (AABB), which had provided TA to Guyana during the first two years of the Emergency Plan initiative. In FY07, PAHO has focused its support for NBTS in three areas: 1) The development of a new 12-month blood collection, screening, processing, and distribution work plan; 2) Assistance drafting Guyana's new blood safety law; and 3) Training for NBTS technical staff in quality assurance practices.

In addition to support for these three technical areas, a PAHO consultant, based in Georgetown, interacts with the NBTS director, NBTS staff, and hospital transfusion professionals on a daily basis. This interaction includes routine ward visits, assistance with the collection and analysis of monitoring and evaluation (M&E) data, and on-site mentoring for junior staff. The PAHO consultant also interacts frequently with the CDC country office and CDC Atlanta to coordinate the external technical assistance agenda.

In FY08, PAHO will continue the activities described above, with special emphasis on the following:

1. Training for physicians and other clinicians in blood utilization. The aim of this training will be to reduce the number of unnecessary transfusions and orders for blood. The NBTS estimates that up to 50% of all orders for blood and blood products are unnecessary. Furthermore about 25% of the blood issued is unused. The PAHO training will cover in-service, continuing education for practicing physicians as well as pre-service training for medical students and interns.

2. Training for NBTS donor recruitment staff and recruiters working for external partners. This training will continue work begun in FY07 to coordinate all blood donor recruitment activities through the NBTS Blood Donor Recruitment Coordinator. Training will also focus on maximizing social marketing materials based on the findings of the 2007 Knowledge, Attitudes, and Practices (KAP) survey. The goal of this training will be to ensure that all blood donor recruitment and retention activities follow the National Blood Donor Recruitment Strategy.

3. Quality assurance. PAHO will provide on-going mentoring for laboratory staff who received QA training in FY07. Additional, targeted, training sessions will be organized in this area, as necessary, to respond to weaknesses or emerging problems.

4. Mentoring. The PAHO consultant will work with the three NBTS Coordinators to provide professional guidance and mentoring in the areas of blood donor recruitment, blood drives, blood collection and storage, and laboratory screening. The PAHO consultant will also provide mentoring to a junior medical officer (JMO) if/when such a position is established by the Ministry of Health. The JMO was requested from the MOH in FY07 to receive in-depth training and mentoring in the management of the national blood transfusion service. This position was deemed necessary to create a cadre of highly trained young physicians in Guyana to ensure succession planning at the NBTS. In addition to training, the JMO will also support the NBTS M&E program.

5. Monitoring and Evaluation. As noted above, the PAHO consultant will provide routine oversight for the collection and analysis of data collected by the NBTS M&E system. This support will be coordinated with CDC Guyana and CDC Atlanta.

6. Coordination. As the lead external Technical Assistance provider for blood safety in Guyana, the PAHO consultant will serve as the central point of contact for all TA. CDC Guyana and CDC Atlanta will coordinate all major technical assistance activities through PAHO to ensure a clear line of communication with NBTS.

Lastly, as appropriate, PAHO will help the NBTS establish and/or expand professional links to blood services in neighboring countries and elsewhere in the Caribbean. These linkages will allow NBTS to share best practices throughout the region and benefit from practices, guidance and advice from other Caribbean nations.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Local Organization Capacity Building
PHE/Targeted Evaluation
Wraparound Programs (Other)
* Education

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
3.1 Number of service outlets carrying out blood safety activities	7	False
3.2 Number of individuals trained in blood safety	60	False

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 135.08

Mechanism: CDC Program Support

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Medical Transmission/Blood Safety

Budget Code: HMBL

Program Area Code: 03

Activity ID: 12735.08

Planned Funds: \$0

Activity System ID: 12735

Activity Narrative: The role of the CDC GAP country office is understood to be "coordinating grant activity and consultants, ensuring utilization of available resources, and providing feedback to OGAC on program design and need for reorientation". In addition the CDC Office will continue to implement priorities established in the national strategic plan. In-house program staff will work closely with TA provider, CDC Atlanta, NBTS, and other partners to support donor motivation, recruitment and retention. Additionally, CDC will support data reporting, implementation of the PEPFAR M&E tool and SOPs for NBTS, implementation of a hemovigilance system, and advocacy on policy issues such as blood safety regulatory legislation for transfusion services and structure of the national transfusion system. CDC will also monitor the management of the procurement systems by SCMS for the NBTS. CDC will liaise with the PEPFAR public affairs officer to highlight donation activities and promote a positive public image for altruistic, regular voluntary blood donation and support a social marketing initiative that will improve the quality and quantity of public education.
This funding supports a blood safety project officer in the CDC office to implement the above activities.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Other)

* Education

Food Support

Public Private Partnership

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 7268.08	Mechanism: ICASS
Prime Partner: US Department of State	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Medical Transmission/Blood Safety
Budget Code: HMBL	Program Area Code: 03
Activity ID: 15833.08	Planned Funds: \$0
Activity System ID: 15833	
Activity Narrative: In FY08, ICASS charges will be itemized under program area funding for staff supported through program funding. These ICASS charges apply to CDC staff delineated in Activity #12735.08	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 7534.08	Mechanism: Track One Blood Safety
Prime Partner: CORE International	USG Agency: U.S. Agency for International Development
Funding Source: Central GHCS (State)	Program Area: Medical Transmission/Blood Safety
Budget Code: HMBL	Program Area Code: 03
Activity ID: 16755.08	Planned Funds: \$350,000
Activity System ID: 16755	

Activity Narrative: Reliable electricity is critical to all levels of health care delivery in Guyana. The acquisition of reliable power poses a challenge to nearly every facility visited during this assessment. Separate electricity grids and quasi-grids around the country, as well as large areas of the country that are currently un-electrified, present a wide range of challenges that require a diverse set of solutions.

Improving the power supply of health facilities in Guyana could have a dramatic impact on the quality of health care delivery and should be seriously considered by the PEPFAR program. An upfront investment in a reliable energy supply can help ensure the sustainability of a variety of current PEPFAR investments and help to expand the provision of key health services to all regions of Guyana.

In 2007, a member of the USAID Energy Team and a Consultant from Sun Energy Power implemented an assessment of the situation in Guyana. The Team found that the effectiveness, sustainability and reach of several PEPFAR programs in Guyana have been compromised by the lack of a reliable power supply. The lack of electricity in many interior regions of the country limits the distribution of certain cold chain dependent ARV drugs and HIV rapid test kits. Power anomalies cause damage to laboratory equipment and jeopardize the accuracy of sensitive laboratory tests. Finally, the expensive cost of electricity in Guyana makes the long term operating costs of power intensive health care facilities currently under construction significant.

Many non-solar based investments, such as back-up generators, power conditioning units, and un-interruptible power supplies would likely take top priority when considering cost-effective options for improving the power supply at grid-connected health facilities such as New Amsterdam and Georgetown public hospital. In addition, self generation of power is a cost effective approach that should be considered by nearly all health facilities in Guyana. The poor quality and reliability of grid power should be a major consideration in the design of all new facilities – such as the blood bank at New Amsterdam, and the reference lab in Georgetown. Inadequate attention to this problem could seriously jeopardize the sustainability and operation of the facility.

Guyana has a poor track record concerning the sustainability of past health facility solar electrification efforts resulting from poor system design, improper maintenance protocols and lack of dedicated maintenance funds. Investment in solar solutions for any facility is only advisable if a corresponding training and maintenance program is initiated. Proper solar system design is essential and components need consistent maintenance from appropriately trained personnel. Since the health care facilities do not collect fees, maintenance funds must be established upfront and be dedicated only to solar system repair. Mixing maintenance funds with general operating budgets has proven to be an ineffective model.

Given these findings, activities to be supported follow the key recommendations in support of Category I: Grid Connected Facilities that serve critical roles as primary treatment and blood safety laboratory sites for the PEPFAR and National HIV/AIDS program in Guyana. In FY08, Power Health will establish basic design standards and prototypes for NBTS and New Amsterdam Hospital (and blood bank) complex with special attention being paid to the units of critical, un-interrupted and constant power needs as well as units that maintain high-cost, sensitive equipment. In addition to this technical assistance, procurement and installation of equipment, systems, and subsequent training will be provided if possible. Training or refresher training for other facilities and maintenance/repair of currently installed solar systems will also take place.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 7452.08	Mechanism: ITSO
Prime Partner: Information Technology Services Office	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Medical Transmission/Blood Safety
Budget Code: HMBL	Program Area Code: 03
Activity ID: 16490.08	Planned Funds: \$0

Activity System ID: 16490

Activity Narrative: In FY08 the CDC Information Technology Services Office (ITSO) has established a support cost of \$3250 dollars per workstation and laptop at each international location to cover the cost of Information Technology Infrastructure Services and Support provided by ITSO. This is a structured cost model that represents what is considered as the “cost of doing business” for each location and will be implemented on a per workstation/computer basis. ITSO charges will be itemized under program area funding for staff supported through program funding. These ITSO charges apply to CDC staff delineated in Activity #12735.08.

HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity:

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 7318.08	Mechanism: CSCS/OBO
Prime Partner: US Department of State	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Medical Transmission/Blood Safety
Budget Code: HMBL	Program Area Code: 03
Activity ID: 16061.08	Planned Funds: \$0
Activity System ID: 16061	

Activity Narrative: In FY08, in accord with new guidance on OBO charges, CSCS costs will be dispersed across program areas that support personnel in addition to allocations under Managemnet and Staffing. These charges cover costs of doing business for personnel listed under Activity #12735.08

HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity:

HMIN - Injection Safety

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

Total Planned Funding for Program Area: \$1,208,562

Estimated PEPFAR contribution in dollars	\$0
Estimated local PPP contribution in dollars	\$0

Program Area Context:

The goal of the Guyana Safer Injection Project (GSIP) is to prevent transmission of HIV and other blood borne disease through accidental needle stick and sharps injuries, minimizing risk to the health care worker, waste handler, client and ultimately the community. Within the country it is estimated that the average number of medical injections per person per year is 95 (GAIS). Protection is increased by the safety of injection practices, the effectiveness of waste management practices, and prescribed rational use of and reduced client demand for injections. GSIP uses national and regional assessment to focus on implementing strategies that support risk minimization and facilitate the sustainability and institutionalization of injection safety (IS) practices and policies. Monitoring and evaluation ensure constant review and analysis of data and revision of strategies to meet project objectives.

GSIP is systematically trying to improve sharps management at the public and private health facilities by introducing segregation practices; ensuring safety boxes, approved by WHO are in place, monitoring that safety boxes are protected and collected; training providers to dispose of used injection equipment immediately, monitoring that waste handlers follow standards for disposal and for self-protection; ridding the grounds and community of sharps waste and apprising the community of the need for more effective waste management to keep their communities and families safe. The in-country Chief of Party or designate attends quarterly interagency coordination meetings and meets with the PEPFAR Coordinator on a regular basis to provide up-dates on the program.

Nationally, efforts are focused on ensuring planning, implementing and monitoring IS policies and practices resides in the appropriate MOH departments; this philosophy extends to the National Injection Safety Group (NISG) created by the MOH with GSIP support. The IS Policy has been approved by the Ministry and is slated for inclusion into the new National Health Act. To ensure sustainability of IS practices, GSIP is working with the Ministry and other projects to integrate IS training into the pre-service para and professional training programs. To date, GSIP's work has been integrated into the nursing in-service program, EPI, and the VCT training curricula.

GSIP has completed activities in regions 5, 6, and 10 and begun in region 3; regions 4 and 7 will be added in 2008. All of the facilities in regions 5, 6, and 10 have completed the following: training, WM plan, received equipment, completed a vaccination plan, IEC materials are in place, and the NSI ledger is in place and being used. GSIP is using Memorandums of Understanding (MOU) collaboratively developed with the regions to detail priority performance areas and improvement targets and highlight partner roles and responsibilities. The MOU addresses training, worker safety, waste management, community outreach, supervision, M&E and procurement and logistics. Supervisor skill development to collect and use monitoring data to measure adherence to IS standards, provide needed feedback and inform senior management of progress and gaps is emphasized. The regions and facilities also committed to providing pre/post-exposure protection through Hepatitis B and tetanus vaccinations, strategic placement of ARVs and expanded counseling for when occupational exposure does occur. The partnership between the project and the region includes quarterly progress reviews which serve to strengthen the performance-based management approach, build partnership, and deepen the team's commitment for change.

GSIP is importing, testing and evaluating auto-disable injection equipment to prevent reuse and retractable syringes for high risk wards, needle removers and safety boxes for sharps disposal as well as locally available personal protective equipment. Nationally; GSIP is working with the MOH Materials Management Unit (MMU) in collaboration with Supply Chain Management, to improve the system for importation, forecasting of supplies to avoid risky stock-outs; at the facility level, logistics and ward staff are targeted for improving ordering and distribution of IS goods. GSIP will provide consumption data to help regions and facilities budget for IS supplies.

To improve the safety and effectiveness of waste management, GSIP is helping facilities develop waste management plans and will provide national sharps guidelines for private and public health facilities, including VCT and PMTCT sites. Behaviour Change Communication (BCC) materials and activities are encouraging staff compliance with safer practices, PEP procedures and the client's right to choose oral preparations. Training in appropriate placement and use of IS materials is facilitating patient and community outreach and partnerships with other bilateral projects and national NGOs is expanding our community IS informational campaigns to address oral substitutes and sharps waste management community issues. The findings of a GSIP prescription review study are being used to strengthen activities to improve rational use of injections; a second study on home use of insulin is underway to identify current practices and make recommendations on prescription of insulin, syringes and home disposal of sharps.

Program Area Downstream Targets:

4.1 Number of individuals trained in medical injection safety	1000
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Custom Targets:

Percent of facilities using safety boxes for sharps waste disposal	75
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Table 3.3.04: Activities by Funding Mechansim

Mechanism ID: 3717.08

Mechanism: Department of Defense

Prime Partner: US Department of Defense

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: Medical Transmission/Injection Safety

Budget Code: HMIN

Program Area Code: 04

Activity ID: 5311.08

Planned Funds: \$0

Activity System ID: 13878

Activity Narrative: DoD will continue to assist implementation of universal precautions in the Guyana Defense Force (GDF) healthcare settings. Through the Guyana Safer Injection Project, the GDF's health care personnel will be trained in the areas of injection safety practices, handling and processing of sharp instruments, and handling and disposal of medical waste. The implementation of Post Exposure Prophylaxis (PEP) protocols, already developed in the civilian sector through the GUM clinic, will also be ensured for occupational exposures that occur in military facilities. Tracking and reporting of occupational exposures will also be performed. Following training, sites will receive essential commodities and supplies to ensure implementation of improved IP/IS practices (e.g. procurement of sharps disposal containers, biohazard bags and needle cutters through Initiatives).

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7515

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25093	5311.25093.09	Department of Defense	US Department of Defense	10663	3717.09	Department of Defense	\$5,000
7515	5311.07	Department of Defense	Center for Disaster and Humanitarian Assistance Medicine	4451	3717.07	Department of Defense	\$10,000
5311	5311.06	Department of Defense	Center for Disaster and Humanitarian Assistance Medicine	3717	3717.06	Department of Defense	\$6,000

Targets

Target	Target Value	Not Applicable
4.1 Number of individuals trained in medical injection safety	20	False

Indirect Targets

Target Populations

Special populations

Most at risk populations

Military Populations

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 ID: 2804.08

Prime Partner: Initiatives, Inc.

Funding Source: Central GHCS (State)

Budget Code: HMIN

Activity ID: 3312.08

Activity System ID: 13900

Mechanism: Safe Medical Injections

USG Agency: U.S. Agency for International Development

Program Area: Medical Transmission/Injection Safety

Program Area Code: 04

Planned Funds: \$1,208,562

Activity Narrative: In FY 08, GSIP will hold celebratory launches in Region 3 and 7 to allow the regions to showcase achievement of at least 90% of indicators of success. We will initiate activities in region 4, Guyana's largest region, by conducting a situational analysis to inform the inputs for a collaborative Memorandum of Understanding. A separate strategy for reaching the sparsely populated and remote hinterland regions, namely 1, 2, 8 and 9, will also be developed. Interventions will focus on training of nurses, waste handlers, supervisors, logistics staff, prescribers and community health workers in the areas of safe injection, waste management, commodity management and behavior change. In addition systems will be established to enable pre and post exposure care, needle stick injury analysis, segregation of waste and proper ordering and distribution of supplies.

The emphasis on sustainability will continue in this penultimate project year. For IS training, GSIP will continue working with the nursing schools to ensure injection safety is fully integrated into the curriculum; efforts to build in-service training capacity will center on working with the Ministry of Health Annex - Health Sciences Education. All GSIP pre and in-service training modules will be edited, formatted and presented to the Ministry for future training. In the area of waste management we will finalize sharps waste management guidelines for private and public sector health facilities as well as PMTCT and VCT sites.

In addition, we will work with the Standards and Technical Services Unit to ensure injection safety equipment, especially safety boxes, needle removers and retractable syringes for high risk wards, are approved and incorporated as line items into facility and Ministry budgets. We will focus on similar line items to ensure regions and facilities have funding for protective gear and bin liners for proper segregation of waste.

In FY07, GSIP completed phase one of a prescription record review, the findings of this study were used to develop interventions to encourage rational use of injections and patient adherence to oral medications. Training in counseling for pharmacists, community outreach and rational injection use for prescribers are the main interventions. We will conduct the follow up phase post interventions in FY 08. We will also share the results of an insulin home use study to ensure patients receive counseling on syringe use and disposal and work with MOH to strengthen home insulin use safety. Working with MOH and medical associations, we will determine the need for and facilitate the development of new or strengthened protocols emphasizing oral medications.

We will continue partnering with the Public Sector Union to advocate for pre-exposure injections for all health care workers and use and maintenance of protective gear for waste handlers. Systems for vaccination and NSI injuries will continue to be set up at each facility.

We will use lessons learned from our partnership with CIDA/MGMP in regions 6 and 10 to develop a community outreach plan for region 4 and the hinterland regions. The focus will be on using NGOs to spread messages on reducing demand for injections and improving waste management in the public and private sector. To promote best practices across regions, we will hold a sharing meeting with representatives from all intervention regions.

We will continue to work with facilities and regions to support their ability to supervise and monitor performance. Instituting or reawakening Quality Improvement committees where possible to review and act on data to solve problems related to injection safety.

In line with our contract mandates, we will conduct a midterm assessment of practices in our two sentinel regions, 6 and 10.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7468

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24964	3312.24964.09	U.S. Agency for International Development	Initiatives, Inc.	10616	2804.09	Safe Medical Injections	\$0
7468	3312.07	U.S. Agency for International Development	Initiatives, Inc.	4426	2804.07	Safe Medical Injections	\$692,929
3312	3312.06	U.S. Agency for International Development	Initiatives, Inc.	2804	2804.06	Safe Medical Injections	\$1,208,562

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
4.1 Number of individuals trained in medical injection safety	1,000	False

Indirect Targets

Coverage Areas

Cuyuni-Mazaruni (7)

Demerara-Mahaica (4)

East Berbice-Corentyne (6)

Upper Demerara-Berbice (10)

Barima-Waini (1)

Essequibo Islands-West Demerara (3)

Pomeroon-Supenaam (2)

Potaro-Siparuni (8)

Upper Takutu-Upper Essequibo (9)

HVOP - Condoms and Other Prevention

Program Area: Condoms and Other Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Total Planned Funding for Program Area: \$1,517,517

Amount of total Other Prevention funding which is used to work with IDUs	\$0
Estimated PEPFAR contribution in dollars	\$0
Estimated local PPP contribution in dollars	\$0

Program Area Context:

The Behavioral Surveillance and targeted prevalence surveys completed by USG/Guyana in 2005 identified key Most-At-Risk Populations (MARPs), 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 land borders with Guyana; these populations continue to be the main target for focused interventions. In 2008 mapping exercises will continue in order to quantify the target populations. Currently, the BSS+ is the only data source that has biological information for MSM in Guyana. In the 2003/2004 survey, 24% of MSM agreed to provide a sample for HIV testing. Of the ones who provided a sample, 21% were HIV positive. It is also noted that heterosexuals engaging in unprotected anal sex may be a population to be targeted. Anecdotal discussions indicate that young females may be engaging in this practice so as to remain “virgins”. The FSW population is diverse in Guyana. Studies show that there are different groups of sex worker, in one study many of the ‘uptown’ sex workers were foreigners (Terborg). The ethnicity of FSW also varied the majority of them being Afro-Guyanese (43%-58%) then followed by Indo-Guyanese and a small percentage (2%) was Native American (Allen, 2006). Condom use at last sex was 89% and 46% among commercial and non-commercial sex partners, respectively. This is an improvement from the 1997 study; women reported never using a condom 35% of the time with commercial sex partners and 72% of the time with non-commercial sex partners (Persaud et al., 1999). The most recent sero-prevalence survey showed a prevalence of 27% of HIV among FSW in Guyana (BSS+). A gold and diamond miner study was conducted with 541 miners in 2004. This 2004 study found an HIV prevalence of 3.9% (CI=2.1-7.1) among miners across 45 mines. This was lower than the 2002 study which reported an HIV prevalence of 6.5% in one mine in 2002.

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. USG supports the condom service provision network. This network provides condoms through both the private sector and via free distribution. In FY07 USAID, from non-PEPFAR resources, provided \$45,000 for the free distribution of condoms. Condoms are procured through the private sector, as well as the Ministry of Health and supported by additional procurements by the GFATM. These are available at a nominal fee or free of cost to high risk groups through both the private and public sectors. The USG strategy is to facilitate an efficient supply chain of branded condoms through the private sector in order to strengthen their systems of distribution to non-traditional outlets as well as for interpersonal communications and marketing, in collaboration with the GFTAM.

Reaching the MARP is a challenge, due to social and geographical barriers. Therefore, strong partnerships with individuals, organizations and the National AIDS Program Secretariat 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 have been included as program implementers. A program that targets female commercial sex workers (FCSW) has been implemented by five NGOs in Regions Four, Five 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. 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 Regions Three, and the mining communities. Interventions that target MSM began in FY06 and have been difficult to expand 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.

NGOs are the main outreach mechanisms providing other prevention services. The NGOs are all local, and operate as sub-contractors under the USAID grant and capacity-building mechanism, Community Support & Development Services (CSDS); also an indigenous organization. For instance, 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 MARP 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. M.A.R.C.H. will also use the results of a planned evaluation to modify its activities. In FY08, MARCH will have achieved full NGO status in Guyana. The entity has moved from within the CDC office to function independently and will be funded through CSDS; thereby creating greater cost-efficiency and shifting program implementation to a local organization. Another NGO, Help and Shelter is providing counseling and referring victims of rape, incest or other sexual abuse for health care and legal services, with focused 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 the use of 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 collaborates with the 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 continue to expand the program, the development of human capacity and infrastructure, as well as exploiting the potential to reach other disciplinary services (police, fire, and prison) as well as senior officers.

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 counseling 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. USG works with local partners such as the Salvation Army when necessary to link HIV clients such as substance abusers to available 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.

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. 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 Downstream Targets:

5.1 Number of targeted condom service outlets	832
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	30835
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	306

Custom Targets:

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 4617.08	Mechanism: Global Health Fellow Program
Prime Partner: Public Health Institute	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP	Program Area Code: 05
Activity ID: 7878.08	Planned Funds: \$20,000
Activity System ID: 13904	
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. The Fellowship is scheduled to end in July, 2008.	

All program targets will be reported under the CDC/MoH Co-Ag.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7878

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
7878	7878.07	U.S. Agency for International Development	Public Health Institute	4617	4617.07	Global Health Fellow Program	\$20,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training
- *** In-Service Training

Food Support

Public Private Partnership

Targets

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

Indirect Targets

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Coverage Areas

Demerara-Mahaica (4)

East Berbice-Corentyne (6)

Mahaica-Berbice (5)

Upper Demerara-Berbice (10)

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 4.08	Mechanism: GHARP
Prime Partner: Family Health International	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP	Program Area Code: 05
Activity ID: 7877.08	Planned Funds: \$400,000
Activity System ID: 13888	

Activity Narrative: Howard Delafield Inc. (HDI) is a small, privately owned business that is sub-contracted within the GHARP consortium. By the time of the semi-annual report achievements include expansion of its partnership with private sector distributors in order to make condoms available to high risk persons at nontraditional retail outlets, establishment and sustainability of 848 condom non-traditional retail outlets, the development of targeted promotion, distribution and "place" strategies for CSWs, MSMs, Miners and Loggers and PLWA's, development and distribution of value packs for FSWs, including condoms and lubrication for use with clients highlighting the importance of consistent and correct use of condoms, development of targeted prevention interventions with the MSM community, innovative approaches to repackage condoms to appeal to this population, and development and distribution of 600 value packs, including lubrications for MSMs.

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 maintain 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 testing, production, reproduction, air-time, 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7877

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
7877	7877.07	U.S. Agency for International Development	Family Health International	4612	4.07	GHARP	\$300,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

Food Support

Public Private Partnership

Targets

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

Indirect Targets

Target Populations

Special populations

Most at risk populations

Men who have sex with men

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 4.08

Prime Partner: Family Health International

Funding Source: GHCS (State)

Mechanism: GHARP

USG Agency: U.S. Agency for International Development

Program Area: Condoms and Other Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Activity ID: 3158.08

Planned Funds: \$300,000

Activity System ID: 13889

Activity Narrative: In FY07 GHARP will achieve all, and exceed most, of its other prevention targets. GHARP also played a critical technical role in the review and revision of technical standards of the National BCC Strategy.

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 referral 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.

HQ Technical Area:**New/Continuing Activity:** Continuing Activity**Continuing Activity:** 7866**Related Activity:****Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
7866	3158.07	U.S. Agency for International Development	Family Health International	4612	4.07	GHARP	\$400,000
3158	3158.06	U.S. Agency for International Development	Family Health International	2737	4.06	GHARP	\$875,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Food Support**Public Private Partnership****Targets**

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	800	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	10,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	90	False

Indirect Targets

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Men who have sex with men

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Discordant Couples

People Living with HIV / AIDS

Coverage Areas

Cuyuni-Mazaruni (7)

Demerara-Mahaica (4)

East Berbice-Corentyne (6)

Mahaica-Berbice (5)

Upper Demerara-Berbice (10)

Upper Takutu-Upper Essequibo (9)

Potaro-Siparuni (8)

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 135.08

Mechanism: CDC Program Support

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Condoms and Other Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Activity ID: 15950.08

Planned Funds: \$0

Activity System ID: 15950

Activity Narrative: Although the activity is funded via a USAID mechanism, CDC is the technical lead and therefore CDC is responsible for the targets as listed.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	19,961	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	100	False

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 7264.08

Prime Partner: Community Support & Development Services

Funding Source: GHCS (State)

Budget Code: HVOP

Activity ID: 15953.08

Activity System ID: 15953

Mechanism: N/A

USG Agency: U.S. Agency for International Development

Program Area: Condoms and Other Prevention Activities

Program Area Code: 05

Planned Funds: \$187,950

Activity Narrative: The MARCH (Modeling and Reinforcement to Combat HIV and AIDS) radio serial drama (RSD), Merundoi was launched in October 2006. Two 15-minute episodes are aired twice weekly on the FM and medium wave channels with two weekend omnibus editions. The response to the countrywide field test of the pilot suggests that Merundoi reflects the reality of life in Guyana and resonates with Guyanese listeners. In FY08, the MARCH program will scale up reinforcement activities in partnership with the Ministries of Health and Education. A listenership survey and a public health evaluation of the impact of a MARCH-infused life skills curriculum in secondary schools will formally document the reach of the program, the behavioral impact of the program, and inform program content and implementation. Also in FY08 the MARCH program will begin its transition from administration by the US-based Manila Consulting Company to status as a free-standing NGO. As of April 1, 2008, administration and management will be through Community Support Development Services Inc. (CSDS), an indigenous organization that receives funds through USAID for administration and capacity building in local NGOs. The new management structure will emphasize further integration with the Ministry of Health; a representative from the National AIDS Program sits on the governance committee to participate in this transition, and MOH will be represented on the Board of Governors.

To date, the program has recorded 89 episodes and conducted 348 Listening and Discussion Groups (LDGs) comprising 10 to 15 persons who listen to selected episodes from the RSD and participate in a discussion around the behaviors and issues raised. MARCH is expanding the countrywide reach of Merundoi through community relay radio stations, and Public Listening Sites (PLS). To date 11 such sites target persons who do not have access to radios or who do not receive radio signals. CDs are made available to responsible person(s) in the community, ideally shopkeepers who have CD players and sound systems. The RSD also reaches the Guyanese Diaspora through a web radio, Radio Guyana International, based in London, England where approximately 10,000 hits are recorded per month, and the Government of Guyana HIV and AIDS website where there have been just over 1,000 hits by persons residing in Guyana. In addition just over 650 hits were made by persons in the USA. MARCH will continue to work with CDC in Guyana and the Caribbean and with public and private sector partners to find opportunities to expand the regional appeal of the RSD.

As part of Other Prevention Programs, MARCH targets out-of-school youths, young adults, and most at risk populations including commercial sex workers and men who have sex with men. Reinforcement activities focus on sexually active groups with the aim of sharing information on protective measures. Other areas of emphasis include reduction of alcohol and drug consumption, accessing services, and negotiation and assertiveness skills. Reinforcement activities to the target groups include listening and discussion groups (LDGs), street theatre, and community mobilization activities in conjunction with MOH, the private sector, NGO/FBO, and Peace Corps. LDG is the most popular reinforcement activity across the country. This forum resonates well with high risk groups and young adults as it gives them a chance to be involved in intense discussions on issues surrounding condom use, the importance of reducing alcohol and drug intake and timely access to sexual and reproductive health services. Participants such as prisoners, commercial sex workers and men who have sex with men are able to analyze and understand risky behavior patterns and counteracting strategies through information sharing at LDGs. Where appropriate the targeted groups receive referrals to counseling and testing services and information regarding prevention services.

CDC Guyana and the Ministries of Health and Education will collaborate on a public health evaluation in FY08. As part of routine programmatic monitoring, MARCH will also execute a country wide listenership survey to assess the reach of Merundoi. The results of this survey will inform marketing and outreach strategies.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Wraparound Programs (Other)

- * Education

Food Support

Public Private Partnership

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 7264.08

Mechanism: N/A

Prime Partner: Community Support & Development Services

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Condoms and Other Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Activity ID: 15954.08

Planned Funds: \$517,817

Activity System ID: 15954

Activity Narrative: The capacity building NGO, Community Support and Development Services (CSDS) will disburse funds, manage and strengthen the financial systems of five (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 four 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 Comforting Hearts, a USAID-supported NGO, three peer educators (FCSW), have since quit the CSW profession and have established micro-enterprises. They also continue to be members of the NGO assisting with outreach activities on a part-time basis.

In FY 08, the Modeling and Reinforcement to Combat HIV and AIDS (MARCH) serial drama project would have achieved full NGO status and will be funded through CSDS. MARCH will focus on condom use, stigma and discrimination, alcohol reduction and access to HIV related services. These issues will be addressed in the listening and discussion groups.

In the next fiscal year, there will be a concentrated effort to focus on MARP, particularly MSM. The officer responsible for MARP activities at the National AIDS Program Secretariat will work closely with the GHARP Health Education Officer and the NGOs to implement a joint program to target this at-risk population.

The prevention targets for these organizations involved in Other Prevention activities will continue to be included under GHARP and in FY 08 will be tracked by the GHARP monitoring framework and compiled in their database.

GHARP as the technical assistance, oversight and monitoring arm, will continue to provide 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 the NGOs involved in Other Prevention activities, except the MARCH project, would be included under GHARP and in FY 08 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.

It is however envisaged that by the end of FY 08 the monitoring of the NGO targets will be transferred to the local capacity building NGO. Hence in FY 08, GHARP will provide technical assistance in monitoring and evaluation to CSDS to enable them to effectively fulfill this role.

In FY 08, the MARCH project will receive technical assistance, oversight and monitoring by CDC. Hence, the targets for MARCH will be tracked by CDC and compiled in their database, utilizing standardized data collection forms in keeping with OGAC's guidance.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

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

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Men who have sex with men

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Coverage Areas

Cuyuni-Mazaruni (7)

Demerara-Mahaica (4)

East Berbice-Corentyne (6)

Essequibo Islands-West Demerara (3)

Mahaica-Berbice (5)

Pomeroon-Supenaam (2)

Upper Demerara-Berbice (10)

Upper Takutu-Upper Essequibo (9)

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 3717.08

Mechanism: Department of Defense

Prime Partner: US Department of Defense

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: Condoms and Other Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Activity ID: 5310.08

Planned Funds: \$0

Activity System ID: 13879

Activity Narrative: Activity Narrative:Condoms are available through the Guyanese National AIDS Programme Secretariat (NAPS) for members of the Guyanese Defense Force. Efforts will continue with GDF leadership to increase the acceptability of condom social marketing within the GDF. Leadership will be trained and encouraged to provide HIV/AIDS prevention education to their subordinates. Condom dispensaries will be procured and supplied to all bases to be positioned in key areas of congregation and traffic (e.g. mess halls, restrooms, social areas/clubs, gym facilities, etc). The drama group NGO will use edutainment to deliver messages throughout the military regions on AB, partner reduction, consistent and correct use of condoms, correct knowledge of HIV transmission, HIV counseling and testing, sexually transmitted infections (STI), stigma reduction, the influence of alcohol on risk behavior and safe sex practices among others. Sensitivity to issues surrounding stigma and discrimination will be emphasized. Information, education and communication (IEC) materials promoting the above areas will be reproduced and distributed during the drama tours. Materials to implement prevention initiatives within the GDF (e.g. projectors, screens, billboards, flipcharts) will be procured. Condom pouches specifically designed to be worn on military uniforms will be proposed to the GDF for implementation.

Linkages into the civilian health sector for referral of HIV positive individuals will be maintained and facilitated where possible (e.g. transportation to/from appointments, other palliative care). For FY08, a vehicle for mobile VCT will be purchased, fueled and maintained. It will be equipped with education materials on VCT, ART, STIs and stigma reduction. The mobile VCT will target not only remote, underserved regions where GDF units are typically found, but also other regions where barriers to come to VCT are present (e.g. dependent testing). Transportation assistance will be provided for HIV positive members who require medical follow-up for care and treatment facilities. The mobile VCT will be used for AB, other prevention and C & T activities.

To strengthen education activities across AB and other prevention, computers, printers, USB devices, and other supplies will be procured to support HIV/AIDS information management and distribution.

Male circumcision will be explored as a possibility for the GDF.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7862

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25094	5310.25094.09	Department of Defense	US Department of Defense	10663	3717.09	Department of Defense	\$45,000
7862	5310.07	Department of Defense	Center for Disaster and Humanitarian Assistance Medicine	4451	3717.07	Department of Defense	\$25,000
5310	5310.06	Department of Defense	Center for Disaster and Humanitarian Assistance Medicine	3717	3717.06	Department of Defense	\$18,000

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	12	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	800	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	50	False

Indirect Targets

Target Populations

Special populations

Most at risk populations

Military Populations

Other

People Living with HIV / AIDS

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 ID: 2762.08

Mechanism: Department of Labor

Prime Partner: International Labor Organization

USG Agency: Department of Labor

Funding Source: GHCS (State)

Program Area: Condoms and Other Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Activity ID: 14602.08

Planned Funds: \$50,000

Activity System ID: 14602

Activity Narrative: The thrust of this proposal is to expand world of work opportunities that have opened up as a result of the ILO's collaboration, experience and achievements with USDOL/PEPFAR and the GHARP Project. The Behavioral Surveillance and targeted prevalence survey completed by USG/Guyana in 2005 identified key most at risk populations (MARPS) including "mobile" persons such as miners, loggers and sugar cane workers. This project will continue to work with the sugar company and expand activity reach to include mobile workers in mining and logging areas and promote HIV prevention through behavior change that goes beyond abstinence or being faithful. In this regard, the National AIDS Program Secretariat (NAPS) will continue to be an essential partner in supporting the supply of condoms. Communications material supporting behavioral change will be developed and disseminated among workers, family members and others in their neighborhoods. In order to achieve its objectives, the project will build on its links with the Geology and Mines Commission, Miners Association, Forestry Commission and the Forestry Products Association. In this regard, the program will support capacity building for workers that are integrally involved in the operations of these sectors. The existing and well functioning collaborative arrangements with the Ministry of Labor, Human Services and Social Security, the employers' and workers' organizations and the network of nongovernmental organizations (NGO) will also continue to be utilized to reach the target groups.

The ILO Code of Practice on HIV/AIDS and the World of Work will continue to be the principal guide and framework for action. The Code contains practical guidelines for programming, implementation and monitoring at the enterprise and community levels in the critical areas of prevention and behavior change.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Workplace Programs

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	20	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	2,500	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	50	False

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Business Community

People Living with HIV / AIDS

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 2246.08

Mechanism: Ministry of Health, Guyana

Prime Partner: Ministry of Health, Guyana

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Condoms and Other Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Activity ID: 16899.08

Planned Funds: \$25,000

Activity System ID: 16899

Activity Narrative: The MoH Co-Ag will include funds to carry on work to expand youth-friendly health services and health club programs that emphasize OP education for high risk youth, counseling, and inter-personal communication sessions. This activity was previously funded through the Global Health Fellows Program/CSDS, but will transition to MoH in July 2008. These activities will complement those being undertaken through the MARCH initiative. USAID has been supporting the unit technically and financially for several years through grants and the placement of a prevention fellow in the Ministry of Health. In FY08 the program will graduate to financial support alone, and thus will be allocated through the CDC cooperative agreement to the MOH.

Targets include youth reached through the youth friendly health services initiative.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	1,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	35	False

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Coverage Areas

Demerara-Mahaica (4)

East Berbice-Corentyne (6)

Essequibo Islands-West Demerara (3)

Mahaica-Berbice (5)

Upper Demerara-Berbice (10)

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 8662.08

Mechanism: New 02

Prime Partner: Manila Consulting, Inc.

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Condoms and Other Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Activity ID: 19376.08

Planned Funds: \$16,750

Activity System ID: 19376

Activity Narrative: Merundoi, Inc. is the newly formed Non-Governmental Organization that is implementing the MARCH project in Guyana. This was formally administered by the consultant group Manila who used the consultant group MSS to provide technical assistance on the dramatic and written components of the project. The MARCH radio serial drama is achieving a high and very professional standard which must be maintained in order to achieve the expected behaviour changes associated with the reinforcement activities that rely on the radio serial drama. This activity will provide the necessary technical assistance from experts in producing radio serial drama and working with the MARCH protocol so that the Guyana MARCH project continues to produce a professional product. Recent technical assistance needs will be built on and the Merundoi, Inc. staff will continue to build their skill in both writing and drama. CDC will continue to provide general technical oversight to the MARCH project and guidance to Merundoi, Inc.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

HBHC - Basic Health Care and Support

Program Area: Palliative Care: Basic Health Care and Support

Budget Code: HBHC

Program Area Code: 06

Total Planned Funding for Program Area: \$2,025,012

Estimated PEPFAR contribution in dollars	\$0
Estimated local PPP contribution in dollars	\$0
Estimated PEPFAR dollars spent on food	\$0
Estimation of other dollars leveraged in FY 2008 for food	\$0

Program Area Context:

This program area responds to the care and treatment section of Guyana's National Strategic Plan for HIV/AIDS 2007-2011 which states that the objective is to "ensure access to care and treatment for all persons living with HIV/AIDS," including a supportive environment and quality home-based care services. Consistent with the PEPFAR guidance, the goals of the USG contribution to the National Strategy are to provide the five categories of essential palliative care services to all people infected or affected by HIV: 1) Clinical Care; 2) Psychological Care; 3) Social Services; 4) Spiritual Care; and 5) Prevention for persons living with HIV (PLHIV). These palliative care services are provided in both facility and home-based settings. The CDC's 2006 Guyana Epidemiological Profile estimated that in 2007 there would be 12,700 persons living with HIV (PLHIV) in Guyana, of whom roughly 3,300 are ART eligible. As of the FY07 semi-annual report, 3321 PLHIV were receiving one (clinical care) or more of palliative care services in 20 clinical sites, of whom 730 clients were also receiving the full, home-based palliative care package through ten PEPFAR-supported NGOs. In addition, 546 providers of home-based care (HBC) were trained in the first half of FY07. In FY08, the program will continue to support a comprehensive package of care services delivered in facility and home-based care settings and will strengthen linkages to PMTCT, VCT, and provider-initiated testing in health care facilities, formalize systems of referral between clinics and NGOs, monitor the delivery and quality of care services, and address stigma and disclosure to enhance the uptake of HBC services. Support will continue for supervision and training of providers with subsequent mentoring throughout service delivery by clinical partners, NGO and MOH outreach staff.

Services

Clinical care services that include preventive, asymptomatic, symptomatic, and end of life care (following WHO analgesic ladder) are provided through the health sector and the new St. Vincent de Paul Society hospice and rehabilitative care facility, with linkages to community support organizations. At care and treatment sites, USG partners provide comprehensive, family-centered, palliative care clinical services for adults and children that includes routine clinical and CD4 monitoring, prevention and treatment of OIs, including provision of co-trimoxazole, TB screening, support for adherence to ART, nutritional assessment and support, and promotion of personal and household hygiene. Clinical sites are located in 20 health care facilities (13 of which also provide treatment), including each regional facility (Regions 2,3,6,10) and the central treatment center of excellence (Region 4).

MOH Regional palliative care nurse coordinators, supported by the GFATM, are based within these facility-based settings. Community based providers work along side these regional palliative care nurse coordinators at the treatment sites to ensure a continuum of care. Patients identified as positive through clinic-based counseling and testing and/or are receiving care at treatment sites are accompanied to the nurse supervisor's office where they enroll in the HBC aspects of the program. HBC nurse supervisors directly link patient to NGOs where they and their family can receive support in HIV palliative care services. The referral and follow up service between MOH clinical/treatment sites and NGOs will be further strengthened by instituting monthly coordination meetings between the HBC nurse supervisors at the regional sites and those at the NGOs. In addition, NGOs that offer community-based VCT also offer palliative care services and as such referrals are done internally. M&E tools for referrals will be standardized, as well as support to the MOH for the implementation of a computerized reporting and referral system. To increase the number of persons in HIV care that also receive HBC, GHARP will collaborate with the MOH to develop a curriculum and provide training on Case/Outreach navigation. Training, referrals, and monitoring are a collaborative effort between the National AIDS Program Secretariat, PEPFAR and the GFATM in the regions.

Psychological care services provided address the non-physical suffering of the individual and their family and include support groups linked to the care and treatment sites as well as those led by FBO and NGO partners. Activities include the development and implementation of age-specific psychological care in collaboration with the Ministry of Labour, Human Services and Social Security, the social workers association, and family care and support delivered by NGOs/FBOs. Family centered approaches enable the program to identify and link OVC to specialized services available to them, enable the children to receive immunizations, provide home-based voluntary counseling and testing for family members, referral for family planning services, links to legal services, support for disclosure of HIV status, bereavement care, as well as nutritional and hygiene counseling for the family. Spiritual care service supports FBOs to deal with basic issues related to HIV/AIDS through sensitization, training, and counseling related to fears, guilt and forgiveness.

Prevention services for PLHIV includes case-management, age-appropriate prevention messages, partner testing, and interventions for sero-discordant couples, including community and clinic-based support groups.

In FY08, the partnership for Supply Chain Management system with the MOH will ensure a steady supply of HIV related commodities through joint procurement planning for drugs for OI prophylaxis/treatment and STI treatment. In addition, PEPFAR will work with MOH to support improved diagnostic capacity for OIs, including additional training and strengthening of regional and central labs, build capacity for cervical cancer screening, and by establishing the national public health reference laboratory. Through support from the Clinton Foundation, equipment for DNA PCR testing for infant testing was purchased which will expand pediatric care and treatment.

Referrals and Wraparounds

Social care services delivered primarily by the NGO/FBO sector, includes an array of services not limited to adherence support, nutritional and hygiene counseling, reproductive health counseling, referrals to clinic care providers, micro-credit loan opportunities, and employment training and work place internships such as the partnership with Liana Cane. Partnerships with the private sector have facilitated the economic empowerment of PLHIV through establishment of their own businesses. Nutritional support will leverage other resources within the donor community, including the recently established MOH Food Bank, and provide technical mentoring to establish and promote local government and community activism joining efforts to create village gardens and poultry rearing. With support from PEPFAR and non-GAP CDC branches, the MOH developed a strategy for safe water in Guyana in 2007, which will include access to home-based water treatments to reduce morbidity from water-borne diseases.

Existing PLWHA groups like G+, a local NGO supported by PEPFAR which provides HBC services, are integral to the effort, not only because of their experience of living with HIV and/or working with PLHIV, but also for the opportunity to build on the confidence of the community in existing groups. This relationship enables these HBC providers to expand their work into areas of care and support in communities. Complementing these efforts are international technical assistance, partnering with the UN Family, implementing initiatives to further strengthen referral systems for legal services, 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.

Policy

In 2006, the MOH and the National AIDS Program Secretariat, in collaboration with implementing partners (FXB, CRS, and GHARP), and CDC updated the national guidelines for care and treatment for both adults and HIV-infected/exposed children, including prevention and treatment of OIs, clinical and laboratory monitoring, and HIV diagnostic testing for children. Recommendations include co-trimoxazole prophylaxis, TB screening, and INH prophylaxis (for HIV+ with positive PPD and exclusion of active TB) National guidelines for home-based care for nurses were also produced. Currently, no official policies or treatment guidelines exist for the treatment and management of pain. Opioids are only available through management by a physician in hospital settings due to high costs that exist for importation of these drugs. GHARP will support the MOH in partnership with FXB and SCMS to advocate for an enhanced legislative and policy framework so that there is increased access to opioids in the home or hospice. GHARP and FXB will be working together with the MOH and the National AIDS Program Secretariat to develop specific guidelines on pain management.

Program Area Downstream Targets:

6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	32
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	5895
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	135

Custom Targets:

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 102.08	Mechanism: Peace Corps
Prime Partner: US Peace Corps	USG Agency: Peace Corps
Funding Source: GHCS (State)	Program Area: Palliative Care: Basic Health Care and Support

Budget Code: HBHC

Program Area Code: 06

Activity ID: 16507.08

Planned Funds: \$0

Activity System ID: 16507

Activity Narrative: Peace Corps/Guyana (PC/GY) contributes to PEPFAR and the Government of Guyana's (GOR) national response to the AIDS epidemic with focused, grassroots-level prevention and care interventions.

Currently, 40 Health and Education Peace Corps Volunteers ("Volunteers"), and two Crisis Corps Volunteers (CCVs) serve in eight of Guyana's ten regions. Health Volunteers work directly with health centers and communities to identify local and national resources, facilitate community health assessments, design and implement health education projects, and train health center staff and community leaders. 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. CCVs strengthen the capacity of partnering organizations in providing care and support to people living with HIV/AIDS (PLWA).

In FY08, PC/GY will use PEPFAR funds to place two PEPFAR-funded CCVs with local organizations. CCV assignments will focus on income generating activities for PLWHAs, strengthening training in basic hygiene and health care, and strengthening linkages to service providers.

Additionally, PC/GY will use PEPFAR funds to conduct pre- and in-service training events to strengthen Volunteers' and counterparts' knowledge and skills in the area of HBHC and to support a grants program for small community-initiated projects designed to expand and enhance PLWA care services.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	N/A	True
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	N/A	True
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	N/A	True

Target Populations

Other

People Living with HIV / AIDS

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 Takutu-Upper Essequibo (9)

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 7264.08

Prime Partner: Community Support &
Development Services

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 15955.08

Activity System ID: 15955

Mechanism: N/A

USG Agency: U.S. Agency for International
Development

Program Area: Palliative Care: Basic Health
Care and Support

Program Area Code: 06

Planned Funds: \$540,865

Activity Narrative: The Community Support and Development Services (CSDS) Inc is an indigenous capacity building institution, which was contracted to disburse and monitor small grants to a network of local organizations, while strengthening their financial and administrative management capacities. Support to the NGOs include the development of their financial and accounting systems to ensure these systems are compatible with project budgeting procedures and generally accepted accounting principles. Technical assistance is provided through one-on-one support 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 08, ten (10) key NGO/FBO partners will receive financial support from CSDS to continue to reach PLWHA and their families in their communities. To date, palliative care services have been provided to over 700 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, occupies 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. All NGOs work closely with the MOH Regional home-based care nurse supervisors, supported by the GFATM, who refer patients identified as positive to the NGOs to ensure a continuum of care. 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.

The package of care provided includes:

- 1.) Clinical care accompaniment, nutritional and hygiene counseling, adherence support, hospital visits to coordinate discharge planning, grief and bereavement counseling, 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;
- 3.) Psychosocial support (Clients are invited to eventually join the NGO support groups once they have adjusted and accepted their diagnosis);
- 4.) Referral to a religious organization that is sensitive to HIV/AIDS issues;
- 5.) Linkages to social services such as welfare and legal services; and facilitating access to micro-enterprise initiatives and vocational skills training.

Recently, house lots were donated by the Government of Guyana Ministry of Housing to provide affordable housing for persons infected with HIV/AIDS. Houses will be constructed through self-help in collaboration with Habitat for Humanity. This will provide an opportunity for on-the-job construction skills training for PLHA and their families. GHARP will continue to collaborate with the Ministry of Housing in this regard.

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 08, and will be continue to 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.

It is however envisaged that by the end of FY 08 the monitoring of the NGO targets will be transferred to the local capacity building NGO. Hence in FY 08, GHARP will provide technical assistance in monitoring and evaluation to CSDS to enable them to effectively fulfill this role.

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

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	N/A	True
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	N/A	True
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	N/A	True

Target Populations

Other

People Living with HIV / AIDS

Coverage Areas

Cuyuni-Mazaruni (7)

Demerara-Mahaica (4)

East Berbice-Corentyne (6)

Pomeroon-Supenaam (2)

Upper Demerara-Berbice (10)

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 3717.08

Prime Partner: US Department of Defense

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 5309.08

Activity System ID: 13880

Mechanism: Department of Defense

USG Agency: Department of Defense

Program Area: Palliative Care: Basic Health Care and Support

Program Area Code: 06

Planned Funds: \$0

Activity Narrative: HIV-infected members of the GDF have access to care and treatment through the St. Joseph Mercy Hospital where HIV-infected military members receive comprehensive palliative services that include medical care, treatment of opportunistic infections, pain management, social support, nutritional vouchers and ART adherence education. Additional palliative services for infected military members will be provided through members in GDF units who will be trained using a curriculum (e.g. "stay healthy") focusing on promotion of health and wellness, support in dealing with HIV symptomatology, depressive symptoms, stigma and beliefs about the illness, adherence to ART and substance use. Capacity building and involvement of military chaplain(s) in HIV/AIDS counseling, with emphasis on ministry skills relating to the individual and the family, including marital relationships, parenting, and development of peer support systems will be developed.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8483

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25101	5309.25101.09	Department of Defense	US Department of Defense	10663	3717.09	Department of Defense	\$5,000
8483	5309.07	Department of Defense	Center for Disaster and Humanitarian Assistance Medicine	4451	3717.07	Department of Defense	\$40,000
5309	5309.06	Department of Defense	Center for Disaster and Humanitarian Assistance Medicine	3717	3717.06	Department of Defense	\$35,000

Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	N/A	True
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	10	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	N/A	True

Indirect Targets

Target Populations

Special populations

Most at risk populations

Military Populations

Other

People Living with HIV / AIDS

Coverage Areas

Barima-Waini (1)

Cuyuni-Mazaruni (7)

Demerara-Mahaica (4)

East Berbice-Corentyne (6)

Essequibo Islands-West Demerara (3)

Upper Demerara-Berbice (10)

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 135.08

Mechanism: CDC Program Support

Prime Partner: US Centers for Disease
Control and Prevention

USG Agency: HHS/Centers for Disease
Control & Prevention

Funding Source: GHCS (State)

Program Area: Palliative Care: Basic Health
Care and Support

Budget Code: HBHC

Program Area Code: 06

Activity ID: 12751.08

Planned Funds: \$0

Activity System ID: 12751

Activity Narrative: CDC will continue to 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. The CDC/WHO Safe Water System (SWS) will be implemented in 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 Ministry of Health, in collaboration with CDC and Proctor and Gamble, is obtaining a grant to import the flocculent-disinfectant PuR® for use as a complement to the safe water system. Because PuR® can remove heavy metals and still leave chlorine residuals, it is an effective disinfectant for Guyana's "black water" where ordinary chlorination products are not effective. PuR® also flocculates out parasites and so provides protection against certain waterborne agents of opportunistic infections.

The products will be sold in country using a social marketing model. The production and distribution of the products will be done by a private company, who will recover those costs through social marketing of the SWS in the general population. CDC will cover the costs of the development of the product label, product name and behavior change communication materials. BCC materials and the products will be available to all individuals in the HIV care and treatment program throughout the country in coordination with the standard package of services.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Local Organization Capacity Building

Wraparound Programs (Health-related)

* Child Survival Activities

Food Support

Public Private Partnership

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 6276.08

Mechanism: Tx Svcs and TA

Prime Partner: Francois Xavier Bagnoud Center

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Palliative Care: Basic Health Care and Support

Budget Code: HBHC

Program Area Code: 06

Activity ID: 12752.08

Planned Funds: \$200,000

Activity System ID: 12752

Activity Narrative: A new funding opportunity announcement from CDC for FY08 for the provision of technical assistance and human-resource support for HIV care and treatment will replace the current University Technical Assistance Program (UTAP) funding. The grantee (who is to be determined) will serve as the primary partner of the Ministry of Health (MOH) in the expansion of adult and pediatric HIV care and treatment, including the development of care and treatment guidelines and protocols, implementation of adherence monitoring and provision of comprehensive palliative care, including clinical, psychological, social, spiritual and prevention services at existing and future care and treatment sites and through linkages with community and home-based care programs. The grantee will work with the MOH to develop and define a standard care package appropriate for the Guyanese context and ensure this package is available at all treatment sites in the country, both public and private. The grantee will enhance the care and treatment of opportunistic infections (OIs), including TB, and improve STI management at the existing and future MOH HIV care and treatment sites, including the hinterland areas in Guyana through a mobile unit. The grantee will improve access to infant testing which will increase entry into care for pediatric patients and improve access to laboratory monitoring of treatment. Additionally, the grantee will collaborate with other USG partners to integrate prevention for positives strategies into care and treatment.

The grantee will strengthen linkages between the care/palliative care program and the treatment program as well as other care sectors in Guyana, including PMTCT, home-based care, psychosocial support, confidential counseling and testing, and TB diagnosis and treatment. This will include streamlining referral processes and institutionalizing coordination between outpatient care and treatment and the new Infectious Disease Ward at Georgetown Public Hospital.

The grantee will provide laboratory support to HIV care and treatment in Guyana, and increase the coverage and scope of laboratory services available to people living with HIV. The grantee will assist the MOH in training laboratory staff on technologies necessary for support of the care and treatment program as well as introduce and oversee the implementation of appropriate testing and treatment for opportunistic infections. Quality and accuracy of laboratory test results will be ensured through CQI initiatives and staff training.

The grantee will create a plan for long-term sustainability of HIV care and treatment, and will specifically emphasize activities that build capacity in the Guyanese MOH. These activities will include finding innovative and creative approaches to address the human-resource shortages that threaten the advancement and sustainability of the Guyanese treatment program, including the procurement of services of physicians to provide complete clinical coverage for all care and treatment sites, the mentoring of clinicians, and clinical training. The physicians contracted will assist in the development and implementation of a standard curriculum on basic HIV care for all physicians working within the Guyanese MOH system.

The grantee will also establish a national Continuous Quality Improvement (CQI) Committee in Guyana 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 as part of the strategy for creating sustainable health-care infrastructure in Guyana.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	18	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	3,600	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	35	False

Target Populations

Other

People Living with HIV / AIDS

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 2765.08

Prime Partner: Catholic Relief Services

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 12753.08

Activity System ID: 12753

Mechanism: AIDSRelief

USG Agency: HHS/Health Resources
Services Administration

Program Area: Palliative Care: Basic Health
Care and Support

Program Area Code: 06

Planned Funds: \$269,147

Activity Narrative: In FY2008 AIDSRelief will continue to strengthen its comprehensive palliative care program at its three ART sites and the step-down/hospice centre in order to achieve optimal quality of life for its clients and their families. AIDSRelief-supported sites will provide 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; screening and referral for latent TB infection and active TB; nutritional counseling; pain management, promotion of good personal and household hygiene); 2) Psychological Care (counseling, home visits, disclosure support, peer support, bereavement care); 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 four palliative care service outlets through focused technical assistance (e.g. clinical preceptorships, tutorials, didactics and clinical updates) in palliative care issues. AIDSRelief will recruit a local staff as an adherence specialist to oversee the integration of a comprehensive adherence model, which will include individual counseling, community support groups, the empowerment of PLHIV to serve as treatment partners, support for disclosure, and the integration of family members affected by HIV as care supporters.

AIDSRelief-supported palliative care services will be integrated with other clinical programs at its local partner treatment facilities such as PMTCT, CT, OVC and prevention activities as well as with complementary social support programs available at these sites (e.g. nutritional support funded by CRS-private funds). AIDSRelief will also 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. AIDSRelief will strengthen linkages between the step-down/hospice center and treatment facilities, community-based care providers and other potential sources of support (e.g. night shelter, Amerindian Hostel). AIDSRelief will also facilitate linkages to substance abuse treatment by training social workers in recognizing symptoms of substance abuse and by strengthening referrals for substance abuse treatment.

In FY2008 AIDSRelief will integrate a gendered approach to its palliative care services to address some of the issues that may affect a woman's access to and use of PEPFAR-supported services. AIDSRelief will continue to strengthen its family-centered model of care to ensure equitable access for women to HIV care services (currently 61% of clients accessing care at AIDSRelief-supported sites are women). AIDSRelief will ensure that all women enrolled in its program have access to annual cervical cancer screening. AIDSRelief will also address gender-based violence by training health care staff in recognizing the signs of gender-based violence, counseling and referral for appropriate follow-up. AIDSRelief will also strengthen linkages with complementary social services to increase women's access to income and productive resources (e.g. education, vocational training, access to credit).

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's access to income and productive resources

Human Capacity Development

- * Training
- *** In-Service Training

Wraparound Programs (Health-related)

- * TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	4	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	2,285	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	50	False

Coverage Areas

Cuyuni-Mazaruni (7)

Demerara-Mahaica (4)

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 7145.08

Prime Partner: JHPIEGO

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 15464.08

Activity System ID: 15464

Mechanism: JHPIEGO OmniMed

USG Agency: U.S. Agency for International Development

Program Area: Palliative Care: Basic Health Care and Support

Program Area Code: 06

Planned Funds: \$315,000

Activity Narrative: New Activity

Cervical cancer continues to be a major public health problem for women in Guyana, as it is in many developing countries and throughout most of Latin America and Caribbean (LAC) region. Cervical cancer is the leading cause of cancer deaths in women of the LAC region, and Guyana suffers one of the highest cervical cancer burdens in the world. The age-standardized rate (ASR) in 2002 for cervical cancer incidence in Guyana is 47.3 cases per 100,000 women, and a mortality rate of 22.2 per 100,000 women (Global Epidemiology Group), both of which are 50% higher than the LAC region. Yet, when precancerous lesions are detected and treated, cervical cancer is almost completely preventable. In countries that have developed and implemented high quality organized cervical cancer prevention programs with high participation rates, the incidence of cervical cancer has decreased by a remarkable 70-90%. In comparison, Guyana lacks an organized cervical cancer prevention program. Cervical cancer prevention services in Guyana are characterized by low coverage rates, poorly targeted services, lack of coordination and linkage of screening and treatment components, and inadequate tracking of patients for follow-up.

A "Single Visit Approach" (SVA) that is proposed for introduction in Guyana, is a recognized alternative for low resource setting to the cytology-based model of cervical cancer prevention services. In the cytology based program a test is taken, read at a laboratory, results become available a few weeks later, the client is referred to a central site for confirmatory tests and therapy – a process that takes a long while, and is a significant burden on women. By contrast, the SVA approach links testing with the offer of treatment or other management options, at the same visit. This linkage is not only clinically important; it is cost-effective, as reported in two recent studies (New England Journal of Medicine, November 17; Journal of the National Cancer Institute; 94:1-15). Both studies report that once-in-a-lifetime VIA testing, followed by offer of immediate cryotherapy treatment for eligible lesions, was the most cost-effective, defined as fewest dollars spent per life-year saved or cancers avoided.

The situation of HIV/AIDS in Guyana, and its influence on the development of cervical cancer, poses very significant risks for women's health, as well as the well-being of their families and communities. HIV-infected women are at a much higher risk of developing precancerous lesions of the cervix, and have more rapid progression to cancer than women who are not HIV-infected. In addition, women receiving appropriate ARV therapy are living longer, increasing the risk of precancerous lesions of the cervix to progress to cancer. As a result, HIV-infected women should receive cervical cancer prevention services as part of their routine HIV care and treatment (Gynecologic Oncology: 103: 1017-1022). Currently, this is not happening in Guyana. An excellent opportunity exists to integrate cervical cancer prevention and HIV services because Guyana receives support from the President's Emergency Plan for AIDS Relief (PEPFAR) program, and Omni Med has previously conducted some cervical cancer prevention training and education at the HIV Center of Excellence (GUM Clinic).

The Government of Guyana (GoG), through its Ministry of Health (MoH), has prioritized cervical cancer prevention as a programmatic issue to be addressed using a single-visit approach (SVA) with visual inspection with acetic acid (VIA) and cryotherapy. Omni Med's collaborative efforts over the past three years within Guyana has led to the development of a national policy for cervical cancer prevention based on the VIA and SVA model, and the desire of the MoH to have Omni Med partner with them to provide technical assistance for the program. The GoG has committed its own resources to pay the in-country costs of initiating a national cervical cancer prevention program, including funds for training, local travel, supplies, and equipment. In addition, the local Rotary Club has committed resources to pay for equipment, supplies, and to help conduct education and mobilization campaigns. However, in order to initiate the program, funds are needed to support the costs of the international expertise needed to guide the MoH through the initial three-year start up phase in order to establish local capacity to provide and maintain services. Working in partnership with the GoG, JHPIEGO and Omni Med are collaborating to provide the needed technical assistance for this program: development of national policy and service delivery guidelines, conducting stakeholder meetings to ensure broad-based support, training trainers and providers, adapting learning materials, installing information and monitoring systems, and supervising initial training and service provision.

Importantly, through this program, the GoG intends to lay the groundwork for introducing HPV testing and the HPV vaccine. The single visit approach combined with appropriate use of HPV testing and the HPV vaccine is an effective national strategy for detection; control; treatment, care and management; and prevention of an important public health problem that accounts for significant disease and death among Guyanese women. This will be achieved by using the screening program as a platform to reach young women with the vaccine when it becomes available and affordable. Although this combined initiative may be many years before becoming a reality in Guyana, an initial effort to establish the screening program (the platform for launching HPV vaccine services) is a requisite first step to provide prevention services to women.

Program Goal and Objectives:

?Establish strategy, policy, and guidelines for cervical cancer prevention services for the general population and for HIV-infected women in particular.

?Provide cervical cancer prevention services with appropriate follow-up to at least 2000 HIV+ women.

?Establish cervical cancer prevention services with appropriate follow-up as part of routine care for HIV-infected women at the HIV Center of Excellence (GUM Clinic), with at least 50 percent of these women receiving cervical cancer prevention services in the first program year.

?Establish cervical cancer prevention services with appropriate follow-up as part of the PMTCT program, with at least 30 percent of these women receiving cervical cancer prevention services in the first program year.

?Develop two screening centers in the public sector (Georgetown and either New Amsterdam or Suddie) to provide regular cervical cancer screening with linkage to appropriate treatment, utilizing a single-visit or screen-and-treat approach.

Activity Narrative: ?Increase from one to three the number of the ten Regions served by mobile cervical cancer prevention clinics staffed primarily by Guyanese health care personnel. The remaining Regions would be covered in subsequent years.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	N/A	True
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	N/A	True
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	N/A	True

Target Populations

General population

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Coverage Areas

Demerara-Mahaica (4)

East Berbice-Corentyne (6)

Pomeroon-Supenaam (2)

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 4.08

Prime Partner: Family Health International

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 8200.08

Activity System ID: 13890

Mechanism: GHARP

USG Agency: U.S. Agency for International Development

Program Area: Palliative Care: Basic Health Care and Support

Program Area Code: 06

Planned Funds: \$100,000

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 Community Support & Development Services mechanism. To date, GHARP continues to achieve all, and exceed most, targets.

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. 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8200

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
8200		U.S. Agency for International Development	Family Health International	4612	4.07	GHARP	\$100,000

Emphasis Areas

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	10	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	500	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	50	False

Indirect Targets

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 ID: 4.08

Prime Partner: Family Health International

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 8207.08

Activity System ID: 13891

Mechanism: GHARP

USG Agency: U.S. Agency for International Development

Program Area: Palliative Care: Basic Health Care and Support

Program Area Code: 06

Planned Funds: \$600,000

Activity Narrative: In FY07 Cicatelli Associates Inc (CAI, sub-contractor under GHARP) will have achieved a Guyanese-led HBC volunteer training program, successful implementation of quality control systems, development and implementation of End of Life Care curriculum, computerization of home-based care reports, furthering micro-enterprise opportunities for people living with HIV and their families, and completing the US-based NY-Link twinning program with a critical mass of civil society care providers from Guyana.

PLWHA have been highly valuable contributors within HBC programs, and Cicatelli would like to continue utilizing available PLWHA services in HBC. However, Cicatelli believes 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). Continuing to go from success to success, is the innovative micro-enterprise program that 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 expanded 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).

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 FY08, 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.) Strengthen the quality assurance program for HBC jointly with MOH
- 6.) Continue working with nurse supervisors on their roles in HBC
- 7.) 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.
- 8.) Continue working with NGOs to develop multidisciplinary teams and using PLWHAs as enhanced outreach workers, navigators, etc.
- 9.) 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.
- 10.) 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.
- 11.) Continue working with the people we are funding through IPED
- 12.) Continue working with the HIV+ women trained in crafts through Liana Cane
- 13.) Continue the 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8207

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
8207		U.S. Agency for International Development	Family Health International	4612	4.07	GHARP	\$850,000

Emphasis Areas

Gender

* Increasing women's access to income and productive resources

Wraparound Programs (Other)

* Economic Strengthening

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	N/A	True
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	N/A	True
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	N/A	True

Indirect Targets

Target Populations

Other

Business Community

People Living with HIV / AIDS

Coverage Areas

Demerara-Mahaica (4)

East Berbice-Corentyne (6)

Essequibo Islands-West Demerara (3)

Mahaica-Berbice (5)

Upper Demerara-Berbice (10)

HVTB - Palliative Care: TB/HIV

Program Area: Palliative Care: TB/HIV

Budget Code: HVTB

Program Area Code: 07

Total Planned Funding for Program Area: \$353,863

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Estimated PEPFAR dollars spent on food \$0

Estimation of other dollars leveraged in FY 2008 for food \$0

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 applying the WHO recommended DOTS strategy in the country through six formal clinics operating in the more populous regions of the country, 4 of the 5 prisons and some sites in primary health care centers. Ninety-percent of the country's TB patients are treated at these sites. A few patients are managed at private sites by choice and the national program supports these sites with standard guidelines and essential medication. The Georgetown Chest Clinic serves as the central referral center and operates extension programs in two prisons. 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, the Global Fund continues to support TB services in Guyana and in FY07 hired laboratory technologists and 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 resistance TB; and 4) Inadequate psychosocial supports for patients. 5) Issues with timely screening and adequate preventative treatment for all infected persons (HIV and Non-HIV), 6) Limited public awareness and information to eliminate discrimination and reduce stigma.

Much of FY08 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, AIDS Relief, MOH, and provide technical assistance through 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. As part of the Integrated Management of Adult Illness Initiative (IMAI), PAHO will expand regional capacity for TB and TB/HIV care. 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 including support of contractor staff to supplement MOH staff at Georgetown Chest Clinic. This proposal is in line with the current MOH plan for TB and is part of PEPFAR Guyana's ongoing coordination with Global Fund and World Bank to find integrated solutions to strengthen diagnostics, laboratory services, and referral systems.

Program Area Downstream Targets:

- 7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting 9
- 7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease 100
- 7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed) 45
- 7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet 605

Custom Targets:

Table 3.3.07: Activities by Funding Mechanism

Mechanism ID: 6276.08	Mechanism: Tx Svcs and TA
Prime Partner: Francois Xavier Bagnoud Center	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Palliative Care: TB/HIV

Budget Code: HVTB

Program Area Code: 07

Activity ID: 12756.08

Planned Funds: \$200,000

Activity System ID: 12756

Activity Narrative: Financing for TB/HIV-related interventions will focus on providing expertise on the diagnosis, treatment, and management of TB/HIV co-infected patients to the Guyana National TB Program. In TB/HIV co-management particular emphasis will be placed on activities at the GUM and Chest Clinics in Georgetown. The grantee will expand TB screening for HIV-infected patients and HIV testing for TB patients and the Chest Clinic in Georgetown which will serve as the primary referral, consultation and treatment site for management of TB/HIV coinfection. Screening activities will be focused on vulnerable populations from local prisons and in-patient wards. Activities will include improving referral mechanisms between the clinics and the purchase of a dedicated x-ray machine at GUM Clinic. The grantee 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. A physician will be identified to provide specialty TB/HIV care at the GUM and Chest Clinics.

In collaboration with the Guyana National Continuous Quality Improvement Committee (CQI), the grantee will facilitate the implementation of CQI measures at the Chest Clinic that will ensure that TB/HIV management follows national standards. The grantee 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. The grantee will also emphasize referrals for patients to psychosocial services, home based care and basic palliative care.

The grantee 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. In addition, the grantee will enhance MDR-TB management by assisting MOH with improving systems of international specimen transfer for testing.

The grantee will collaborate with the various TB/HIV stakeholders. In particular, with both CDC Atlanta and PAHO to coordinate training activities and ensure that there is not a duplication of services. The grantee'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.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

* TB

Food Support

Public Private Partnership

Mechanism ID: 7268.08

Mechanism: ICASS

Prime Partner: US Department of State

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Palliative Care: TB/HIV

Budget Code: HVTB

Program Area Code: 07

Activity ID: 15832.08

Planned Funds: \$13,750

Activity System ID: 15832

Activity Narrative: In FY08, ICASS charges will be itemized under program area funding for staff supported through program funding. These ICASS charges apply to CDC staff delineated in Activity #15821.08

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 3717.08

Mechanism: Department of Defense

Prime Partner: US Department of Defense

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: Palliative Care: TB/HIV

Budget Code: HVTB

Program Area Code: 07

Activity ID: 5308.08

Planned Funds: \$0

Activity System ID: 13881

Activity Narrative: Military personnel are subjected to a high risk of TB and HIV as a result of the social situations they find themselves in and the nature of their work. There has been a lag in emphasizing the diagnosis and treatment of TB and other OIs in the GDF. GDF medical personnel will receive training on when to suspect TB, the procedure for diagnosis (e.g. referral to Camp Ayanganno for sputum AFB smears) and treatment (e.g. referral to Georgetown Chest Clinic), in HIV-infected individuals. Training, educational resources, and guidelines for TB-HIV management will be provided by the Ministry of Health.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8551

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25095	5308.25095.09	Department of Defense	US Department of Defense	10663	3717.09	Department of Defense	\$5,000
8551	5308.07	Department of Defense	Center for Disaster and Humanitarian Assistance Medicine	4451	3717.07	Department of Defense	\$20,000
5308	5308.06	Department of Defense	Center for Disaster and Humanitarian Assistance Medicine	3717	3717.06	Department of Defense	\$12,000

Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	N/A	True
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	N/A	True
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	N/A	True
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	N/A	True

Indirect Targets

Target Populations

Special populations

- Most at risk populations
 - Military Populations

Coverage Areas

- Barima-Waini (1)
- Cuyuni-Mazaruni (7)
- Demerara-Mahaica (4)
- East Berbice-Corentyne (6)
- Essequibo Islands-West Demerara (3)
- Upper Demerara-Berbice (10)

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 4774.08	Mechanism: Pan American Health Organization
Prime Partner: Pan American Health Organization	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Palliative Care: TB/HIV
Budget Code: HVTB	Program Area Code: 07
Activity ID: 8498.08	Planned Funds: \$100,000
Activity System ID: 12722	

Activity Narrative: During FY07 PAHO provided key technical support to Guyana's National TB Program (NTP) including revision of the National TB Strategic Plan to incorporate the components of the new "Stop TB" strategy and adaptation of generic WHO Integrated Management of Adult Illness (IMAI) materials for the Guyana context. During FY08, PAHO will continue to work with national counterparts to implement the new STOP TB Strategy, expand quality DOTS services, and use the new IMAI materials to roll out the strategy in all 10 regions. PAHO will update the TB Program guidelines and provide technical assistance to implement further plans for decentralization of TB program into Primary Health Care facilities through the IMAI. PAHO will seek opportunities to improve the management skills and capabilities of the national TB leadership team as well services at the Chest Clinic in Georgetown. Technical assistance will be provided to improve the patient care flows and the information flows between the TB care sites and HIV clinics, to implement VCT in TB clinics and to strengthen the M&E (forms, data collection, reporting and analysis) for decision making. PAHO will provide assistance to the NTP to make efficient use of resources from the Global Fund project in the implementation of planned activities.

PAHO will continue to strengthen TB/HIV collaborative activities within the National Tuberculosis Program. As a part of its 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.

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. PAHO will coordinate closely with PEPFAR Guyana partners and other stakeholders to ensure efficient, synergistic activities.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8498

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26804	8498.26804.09	U.S. Agency for International Development	Pan American Health Organization	11130	11130.09	Pan American Health Organization	\$100,000
8498	8498.07	U.S. Agency for International Development	Pan American Health Organization	4774	4774.07	Pan American Health Organization	\$100,000

Emphasis Areas

Local Organization Capacity Building

Wraparound Programs (Health-related)

* TB

Wraparound Programs (Other)

* Education

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	N/A	True
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	N/A	True
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	25	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	N/A	True

Indirect Targets

Table 3.3.07: Activities by Funding Mechanism

Mechanism ID: 135.08

Mechanism: CDC Program Support

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Palliative Care: TB/HIV

Budget Code: HVTB

Program Area Code: 07

Activity ID: 15835.08

Planned Funds: \$0

Activity System ID: 15835

Activity Narrative: The CDC Guyana Office will support technical assistance to TB/HIV services in country. TB care in Guyana is in a transitional phase to do changes in the portfolios of several major donors including World Bank, Global Fund, and CIDA. In addition, in FY08 PAHO will receive USG funds to strengthen TB/HIV services in conjunction with the roll out of the Integrated Management of Adult Illness (IMAI) initiative at the level of the regional and district health centers. Specific needs for TA will be defined by CDC in close consultation with the MOH and other partners. Specific activities TBD pending annual meetings of National TB Program in November, 2007.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Wraparound Programs (Other)

* Education

Food Support

Public Private Partnership

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 7452.08

Mechanism: ITSO

Prime Partner: Information Technology Services Office

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Palliative Care: TB/HIV

Budget Code: HVTB

Program Area Code: 07

Activity ID: 16491.08

Planned Funds: \$1,625

Activity System ID: 16491

Activity Narrative: In FY08 the CDC Information Technology Services Office (ITSO) has established a support cost of \$3250 dollars per workstation and laptop at each international location to cover the cost of Information Technology Infrastructure Services and Support provided by ITSO. This is a structured cost model that represents what is considered as the "cost of doing business" for each location and will be implemented on a per workstation/computer basis. ITSO charges will be itemized under program area funding for staff supported through program funding. These ITSO charges apply to CDC staff delineated in Activity #15835.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 7318.08

Mechanism: CSCS/OBO

Prime Partner: US Department of State

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Palliative Care: TB/HIV

Budget Code: HVTB

Program Area Code: 07

Activity ID: 16035.08

Planned Funds: \$1,918

Activity System ID: 16035

Activity Narrative: In FY08, in accord with new guidance on OBO charges, CSCS costs will be dispersed across program areas that support personnel in addition to allocations under Management and Staffing. These charges cover costs of doing business for personnel listed under Activity #15835.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

HKID - OVC

Program Area: Orphans and Vulnerable Children

Budget Code: HKID

Program Area Code: 08

Total Planned Funding for Program Area: \$923,416

Estimated PEPFAR contribution in dollars	\$0
Estimated local PPP contribution in dollars	\$0
Estimated PEPFAR dollars spent on food	\$0
Estimation of other dollars leveraged in FY 2008 for food	\$0

Program Area Context:

The Government of Guyana and civil society have recognized 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, due not only to HIV/AIDS (UNICEF, OVC Study 2003). These figures will be updated after the release of the 2005 UNICEF/USAID funded Multi-cluster Indicator Survey. A recent survey of institutions has revealed that 566 of these children are living in child residential institutions. Given the relatively low number of children residing in institutional care, there is a 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 is collaborating with the Ministry of Labour, Human Services and Social Security (MOLHSS), MOH, GHARP, AIDS Relief and other agencies working on OVC issues for the development and implementation of a multi-sectoral approach to OVC in Guyana. Progress to date has included, the development of a national OVC policy framework to guide programming and to protect OVC, development of a national draft Plan of Action, a draft minimum standards of care for institutions developed and piloted at two orphanages, draft legislation for the protection of all children, a child protection unit established in the MOLHSS, capacity building of service providers including the MOLHSS, strengthening the monitoring and evaluation systems, and the establishment of a National child protection database. The MOLHSS, the Ministry of Health, civil society organizations through the Global Fund and World Bank projects will continue to provide OVC and their families with food items, school clothing, psychosocial support and public assistance. 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. All activities of the PEPFAR supported NGOs are directly linked to the National Plan of Action for OVC and fits into the PEPFAR five (5) year strategy and align to the PEPFAR OVC guidance. While the activities done by the NGOs are aimed at the child and caregiver/family levels, the program continues to work with the Government of Guyana to advocate for strengthening of those services at the system level. The program is currently providing national level support to MLHSSS, UNICEF and other partners to expedite the roll-out of the Guyana OVC NPA. USG has also taken the lead in the development of technical guidelines, SOP and training curricula which will all contribute to improving the quality of services. In an effort to scale up this effort the NGOs will be leveraging support from other partners and the private sector. Our program is presently working with forty-three (43) Private Sector Partners whom we would collaborate with to support the needs of the children in the six key areas.

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.

As stated in the FY 07 semi-annual report, 703 OVC were being supported by the program. GHARP will increase its coverage by concentrating on the recruitment of children, 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. GHARP will collaborate with MOH, NAPS and other partners to formalize SOPs for referrals from the respective sites/agencies. The estimated target for FY 08 will be 750 OVC.

GHARP, through its nine NGO/ 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. Efforts will be made to improve the quality of OVC services through linkages with the National AIDS Program Secretariat, the private sector, MOLHSSS and other donor agencies.

Recognizing that there is a need to sustain OVC efforts beyond the life of the project, GHARP, through its NGO network, will work in collaboration with the Ministry of Health supported NGOs to increase OVC access to community services and resources by targeting 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. AIDS Relief, 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. HIV-children born in the program to HIV+ mothers are being incorporated in the program as part of the family-centered package of care. In FY 08, 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 to link 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, such as 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 Downstream Targets:

8.1 Number of OVC served by OVC programs	850
*** 8.1.A Primary Direct	510
*** 8.1.B Supplemental Direct	340
8.2 Number of providers/caregivers trained in caring for OVC	240

Custom Targets:

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 7264.08	Mechanism: N/A
Prime Partner: Community Support & Development Services	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Orphans and Vulnerable Children
Budget Code: HKID	Program Area Code: 08

Activity System ID: 15959

Activity Narrative: The Community Support and Development Services (CSDS) Inc is an indigenous capacity building institution, which was contracted to disburse and monitor small grants to a network of local organizations, while strengthening their financial and administrative management capacities. Support to the NGOs include the development of financial and accounting systems to ensure these systems are compatible with project budgeting procedures and generally accepted accounting principles. Technical assistance is provided through one-on-one support 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.

CSDS will provide financial assistance to nine (9) 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. LCF 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 and twenty four OVC three 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.

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 nine (9) NGOs/FBOs would be included under GHARP in FY 08, 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.

It is however envisaged that by the end of FY 08 the monitoring of the NGO targets will be transferred to the local capacity building NGO. Hence in FY 08, GHARP will provide technical assistance in monitoring and evaluation to CSDS to enable them to effectively fulfill this role.

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

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Local Organization Capacity Building

Food Support**Public Private Partnership**

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	N/A	True
8.1.A Primary Direct	N/A	True
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	N/A	True

Target Populations

Other

Orphans and vulnerable children

Coverage Areas

Cuyuni-Mazaruni (7)

Demerara-Mahaica (4)

East Berbice-Corentyne (6)

Upper Demerara-Berbice (10)

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 102.08

Prime Partner: US Peace Corps

Funding Source: GHCS (State)

Budget Code: HKID

Activity ID: 4010.08

Activity System ID: 15964

Mechanism: Peace Corps

USG Agency: Peace Corps

Program Area: Orphans and Vulnerable Children

Program Area Code: 08

Planned Funds: \$0

Activity Narrative: Peace Corps/Guyana (PC/GY) contributes to PEPFAR and the Government of Guyana's (GOR) national response to the AIDS epidemic with focused, grassroots-level prevention and care interventions.

Currently, 40 Health and Education Peace Corps Volunteers ("Volunteers"), and two PEPFAR-funded Crisis Corps Volunteers (CCVs) serve in eight of Guyana's ten regions. Health Volunteers work directly with health centers and communities to identify local and national resources, facilitate community health assessments, design and implement health education projects, and train health center staff and community leaders. 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. CCVs strengthen the capacity of partnering organizations in providing care and support to orphans and vulnerable children (OVC) and their caretakers.

In FY 2007, PEPFAR funds supported PC/GY's efforts to increase OVCs' access to services, such as nutrition, income generation, and education, by identifying service gaps and strategizing solutions with local community partners. Post organized a variety of training events focused on capacity building and increasing the availability of OVC services. These events included a project design and management workshop for Volunteers and their counterparts and pre-service training for incoming Health and Education Volunteers on community entry and needs' assessments, community mobilization, and supporting OVC and caretakers. One PEPFAR-funded CCV worked to strengthen the capacity of local organizations providing services to OVC's. Between October 2006 and March 2007, Volunteers and their counterparts trained 37 community providers and caretakers in OVC referrals, care and support, stigma and discrimination, and community mobilization.

In FY08, PC/GY will continue the activities undertaken in FY07 including pre-service and in-service training for all Volunteers and their counterparts, the recruitment and placement of one CCV, materials development and small grants. Particular attention will be paid to providing and enhancing services for vulnerable young people in Amerindian and mining communities.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7473

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25106	4010.25106.09	Peace Corps	US Peace Corps	10658	102.09	Peace Corps	\$0
7473	4010.07	Peace Corps	US Peace Corps	4430	102.07	Peace Corps	\$0
4010	4010.06	Peace Corps	US Peace Corps	2764	102.06	Peace Corps	\$40,000

Targets

Target	Target Value	Not Applicable
OVC Referral	20	False
8.1 Number of OVC served by OVC programs	N/A	True
8.1.A Primary Direct	N/A	True
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	30	False

Indirect Targets

Number of OVC referred for services: Defined by the number of OVC (as defined by OGAC) that have received services as a result of a referral. (10)

Target Populations

Other

Orphans and vulnerable children

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 Takutu-Upper Essequibo (9)

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 2765.08

Mechanism: AIDSRelief

Prime Partner: Catholic Relief Services

USG Agency: HHS/Health Resources
Services Administration

Funding Source: GHCS (State)

Program Area: Orphans and Vulnerable
Children

Budget Code: HKID

Program Area Code: 08

Activity ID: 7514.08

Planned Funds: \$41,700

Activity System ID: 12714

Activity Narrative: AIDSRelief places a strong emphasis on high quality care for HIV infected and affected children. In the coming years, we will continue to strengthen our OVC program and increase the numbers of OVCs accessing these services by continuing to identify patients through our sites' PMTCT programs, community networks, provider-initiated testing in the pediatric inpatient wards and pediatric outpatient clinic, and by encouraging patients to have their children tested. As sites scale up the number of OVCs in their care, AIDSRelief will continue to strengthen both clinical and psychosocial services to accommodate this population. In this past year, AIDSRelief and LPTFs recognized that there were unmet needs in providing psychosocial support to HIV infected/exposed/affected children. In order to fill this need, a pediatric psychologist from University of Maryland School of Medicine/IHV provided specialized training to counseling staff at LPTFs and members from local NGOs in addressing psychosocial issues unique to children with HIV and their families (e.g. coping with trauma of death of parent, disclosing status to children, anxiety & fear). Particular emphasis was placed on tailoring ART adherence services to HIV + OVC. In FY2008, AIDSRelief will continue to further strengthen the capacity of our clinical and counseling staff to provide high quality care to Guyana's OVC population. Continued on-site technical assistance will be provided by a local pediatric HIV consultant, as well as, additional support from IHV. Additionally, staff from LPTF will be sent to IHV for further training and preceptorship.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7514

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
7514		HHS/Health Resources Services Administration	Catholic Relief Services	4450	2765.07	AIDSRelief	\$90,000

Emphasis Areas

Local Organization Capacity Building

Wraparound Programs (Health-related)

* Child Survival Activities

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
OVC Referral	N/A	True
8.1 Number of OVC served by OVC programs	30	False
8.1.A Primary Direct	N/A	True
8.1.B Supplemental Direct	30	False
8.2 Number of providers/caregivers trained in caring for OVC	N/A	True

Indirect Targets

Target Populations

Other

Orphans and vulnerable children

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 ID: 2741.08

Mechanism: UNICEF

Prime Partner: United Nations Children's Fund

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Orphans and Vulnerable Children

Budget Code: HKID

Program Area Code: 08

Activity ID: 3212.08

Planned Funds: \$430,000

Activity System ID: 13905

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 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 MOHSSS, 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; Culture, Youth and Sports; 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 finalization; adoption and 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 MoHSSS, MoH and Ministry of Education (MoE). Activities will also include strengthening the institutional capacity of the MoHSSS 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. Technical assistance will be provided to the Ministry of Human Services and Social Security to establish Child Protection Teams at national as well as regional level.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7470

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26337	3212.26337.09	U.S. Agency for International Development	United Nations Children's Fund	11004	2741.09	UNICEF	\$570,000
7470	3212.07	U.S. Agency for International Development	United Nations Children's Fund	4428	2741.07	UNICEF	\$430,000
3212	3212.06	U.S. Agency for International Development	United Nations Children's Fund	2741	2741.06	UNICEF	\$225,000

Emphasis Areas

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
OVC Referral	N/A	True
8.1 Number of OVC served by OVC programs	N/A	True
8.1.A Primary Direct	N/A	True
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	150	False

Indirect Targets

Target Populations

Other

Orphans and vulnerable children

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 4.08

Mechanism: GHARP

Prime Partner: Family Health International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Orphans and Vulnerable Children

Budget Code: HKID

Program Area Code: 08

Activity ID: 3160.08

Planned Funds: \$50,000

Activity System ID: 13893

Activity Narrative: GHARP continues to achieve its targets and has successfully built great capacity within indigenous organizations to provide support for OVC. 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, funding and technical assistance on didactic and on-site training/mentoring of OVC outreach workers and organizations delivering OVC support. Critical areas of capacity building including a focus on case-finding e.g. ART sites, PT/HBC centers, PMTCT, VCT, PLHA groups and community (drop-in) centers.

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

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7467

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
7467	3160.07	U.S. Agency for International Development	Family Health International	4612	4.07	GHARP	\$100,000
3160	3160.06	U.S. Agency for International Development	Family Health International	2737	4.06	GHARP	\$310,000

Emphasis Areas

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
OVC Referral	N/A	True
8.1 Number of OVC served by OVC programs	850	False
8.1.A Primary Direct	510	False
8.1.B Supplemental Direct	340	False
8.2 Number of providers/caregivers trained in caring for OVC	90	False

Indirect Targets

Target Populations

Other

Orphans and vulnerable children

Coverage Areas

Demerara-Mahaica (4)
East Berbice-Corentyne (6)
Mahaica-Berbice (5)
Upper Demerara-Berbice (10)

HVCT - Counseling and Testing

Program Area: Counseling and Testing

Budget Code: HVCT

Program Area Code: 09

Total Planned Funding for Program Area: \$1,341,908

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Program Area Context:

Results of the PEPFAR-funded 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. Over the past two years, the counseling and testing program has expanded its reach from 10,546 persons who received counseling and testing in FY05 to 28,295 in FY06. By the time of the FY07 SAPR, over 14,000 persons had accessed counseling and testing and received their test results in the first six months of the fiscal year. Of these persons who received counseling and testing, only one person did not receive their results. In FY08, PEPFAR will reach 18,080 with counseling and testing. Our FY08 activities will focus on further mobilizing people to access counseling and testing (C&T), with a strong emphasis on most at-risk populations (MARPs) and males, to boost prevention efforts and to identify those who need treatment. The second round of PEPFAR-funded Behavioral Surveillance Surveys (BSS) for female commercial sex workers (CSW) and non-injection drug users was conducted in FY07 (results are not available at the time of writing of this COP). In FY08, the second round of BSS will be conducted with 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 ANC and labor and delivery sites supported through the PMTCT program that have begun to operationalize provider-initiated counseling and testing. As of the FY07 SAPR, PEPFAR-supported 32 C&T sites, including three mobile teams. All services are supported by a community mobilization strategy that utilizes both interpersonal and multi-media interventions. The mobile VCT teams have successfully transitioned from GHARP management to NGO management (Youth Challenge Guyana) with GHARP continuing to technically assist where needed in order to foster ownership, technical capacity, and sustainable program management. Youth Challenge Guyana's mobile team focuses on providing mobile services to the hinterland (regions 1, 7, 8, and 9) and workplace programs. It is envisioned that in FY08, additional mobile teams will be developed within current NGO/FBO partners. The National AIDS Programme Secretariat also implements mobile services with a team supported by World Bank.

It is estimated that there are over 3,300 persons living with HIV that are ARV-eligible. In FY07, the targets of providing treatment to 1,500 were exceeded by the time of the SAPR. To reach and exceed our FY08 target of providing ARV treatment to 2,755 persons, we will focus on continuing to increase use and access to prevention, testing, and referral services through continuing expansion of geographical coverage of C&T in clinical settings using provider-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 NAPS, with increased focus on targeting populations based on risk-factor data; and broadening the range of services provided at VCT sites. Additionally, the DoD will support the expansion of C&T for uniformed services within the Guyana Defense Force (GDF), 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. Cultural sensitization for mobile staff working in new communities will take place to raise the level of consciousness to tailor delivery of messages for different groups. 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 respectful environment. Couples counseling will also continue to be emphasized in FY08 in an effort to increase the number of males who access C&T, to reduce transmission between sero-discordant couples, and to encourage faithfulness in concordant negative couples. Additionally, USG Guyana strategy will expand on the currently limited implementation of home-based VCT for families of orphans and vulnerable children, persons on treatment, persons identified through the PMTCT program, and their communities.

All training for counseling for HIV testing is implemented by USAID/GHARP in collaboration with the MoH according to established national curriculum and guidelines. The CDC cooperative agreement will support the MOH to lead the quality assurance programs to track rapid testing proficiency and training needs. Commodities management, procurement, and storage of test kits and related supplies will be implemented by SCMS and overseen by MMU and CDC/GAP. USAID/GHARP 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.

All counseling and testing sites, both community and facility based, use standardized forms to routinely report HIV testing information to the national level. These forms were developed in a collaborative process between the GoG and USAID/GHARP in FY06 and have since been used at all counseling and testing sites.

Finally, our FY08 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 will maintain 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 continue integrating 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 FY08, 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 Downstream Targets:

9.1 Number of service outlets providing counseling and testing according to national and international standards	44
9.3 Number of individuals trained in counseling and testing according to national and international standards	50
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	18080

Custom Targets:

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 4.08

Prime Partner: Family Health International

Funding Source: GHCS (State)

Budget Code: HVCT

Activity ID: 3161.08

Activity System ID: 13894

Mechanism: GHARP

USG Agency: U.S. Agency for International
Development

Program Area: Counseling and Testing

Program Area Code: 09

Planned Funds: \$200,000

Activity Narrative: In FY07 GHARP has achieved great strides in the field of counseling and testing, by completing the revision of the Nationally-adopted C&T curriculum, revision of the National C&T protocol/SOP, development of first National C&T guidelines, and surpassing its targets.

GHARP will increase the number of ARV referrals in FY08, 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.

Direct service delivery of C&T has been successfully 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 FY08, GHARP will continue to 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. 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 FY08, 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 FY08, GHARP will continue to 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 minibuss drivers, and male clinics. Working with its NGO/FBO partners, GHARP will continue to encourage couples counseling 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. 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 FY08 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8004

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
8004	3161.07	U.S. Agency for International Development	Family Health International	4612	4.07	GHARP	\$250,000
3161	3161.06	U.S. Agency for International Development	Family Health International	2737	4.06	GHARP	\$840,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training
- *** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	26	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	50	False

Indirect Targets

Target Populations

Special populations

Most at risk populations

Men who have sex with men

Most at risk populations

Street youth

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 4.08

Prime Partner: Family Health International

Funding Source: GHCS (State)

Budget Code: HVCT

Activity ID: 8087.08

Activity System ID: 13895

Mechanism: GHARP

USG Agency: U.S. Agency for International Development

Program Area: Counseling and Testing

Program Area Code: 09

Planned Funds: \$175,000

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.

In FY07, HDI will have successfully launched “strength” campaign that redefines male’s norms with the objective of encouraging male responsibility for C&T and partner disclosure, extended the male “strength” campaign to include miners and loggers, leveraged mining and logging companies to support demand creation and service utilization among their employees, leveraged beverage companies to address responsible drinking in the context of risk reduction, continued media placement of multi media campaign promoting C&T titled “Knowing is Better”, which consists of four TV public information spots, two radio spots, two posters and a magazine-style brochure, and expansion of S&D campaign. This final campaign aims to include audio testimonials of persons living with HIV to increase their social value; profiles of businesses, communities, and individuals who are advocates or “butterflies” to PLHAs as well as develop “hero” booklets featuring famous persons living with HIV and audio/video testimonials from celebrities infected or affected designed to address stigma and discrimination at a personal level (e.g. the Barbadian singer Rupee).

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. Through the private sector partnership program, more than twenty two companies have established workplace programs to help reduce and prevent HIV/AIDS, reaching approximately 12,000 workers during the last program year, linking more than 400 workers to VCT and 300 to PMTCT. Approximately 10 workplaces have also established HIV/AIDS workplace policies. The program’s success has also been bolstered through the strategic cooperation with the USAID/GHARP Workplace Coordinator and the Guyana Representative of the ILO. 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8087

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
8087	8087.07	U.S. Agency for International Development	Family Health International	4612	4.07	GHARP	\$150,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

Workplace Programs

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	N/A	True
9.3 Number of individuals trained in counseling and testing according to national and international standards	N/A	True

Indirect Targets

Target Populations

- Other**
- Business Community
 - People Living with HIV / AIDS

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 2762.08	Mechanism: Department of Labor
Prime Partner: International Labor Organization	USG Agency: Department of Labor
Funding Source: GHCS (State)	Program Area: Counseling and Testing
Budget Code: HVCT	Program Area Code: 09
Activity ID: 10985.08	Planned Funds: \$175,000
Activity System ID: 13901	

Activity Narrative: The GHARP Project developed the capacity of the NGO community to provide voluntary counseling and testing. These funds will combine the investments made in these programs and link them with communities which have received prevention and behavior change training at the workplace, to provide voluntary counseling and testing (VCT). The efforts of the ILO will build on the achievements and experience of USDOL/PEPFAR and the GHARP Project in collaborating with 57 enterprises. In particular, the objective of this proposal is to expand world of work opportunities for HIV interventions that have opened up as a result of the ILO's collaboration with its partners. In concrete terms, the aim is to increase the reach of the program by increasing access to VCT for managers and workers in the 57 enterprises. ILO's target is to provide mobile VCT services to 75% (42) of these enterprises in FY08. In addition, the project will combine VCT with the prevention programs proposed targeting mobile workers in the mining, logging and construction sectors. VCT will be provided to the targeted workers by mobile units managed by nongovernmental organizations (NGO). Collaborative agreements will be established with the NGO for providing the service. Emphasis will continue to be placed on strengthening the monitoring system to ensure that the VCT is conducted according to national and international standards. In this regard, the project will continue to collaborate with its partners including the National AIDS Program Secretariat.

The existing workplace programs provide fertile ground for increases in VCT which will also result in more people accessing care and treatment. In addition, combining the prevention messages with VCT will result in increased behavior change and reduction in risky behaviors.

In addition, action will be pursued at the enterprise and community levels to establish an effective referral system so that workers can also benefit from other health services including PMTCT, treatment, care and support.

The existing and well functioning collaborative arrangements with the Ministry of Labour, Human Services and Social Security, the employers' and workers' organizations will also continue to be utilized to reach the target groups. These arrangements will enhance sustainability of activities at the local level when program funds end.

The ILO Code of Practice on HIV/AIDS and the World of Work will continue to be the principle guide and framework for action. The Code provides practical guidelines for programming, implementation and monitoring at the enterprise and community levels in the critical areas of VCT, care, support and behaviour change.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10985

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24770	10985.24770.09	Department of Labor	International Labor Organization	10553	2762.09	Department of Labor	\$0
10985	10985.07	Department of Labor	International Labor Organization	4769	2762.07	Department of Labor	\$75,000

Emphasis Areas

Workplace Programs

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	10	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	N/A	True

Indirect Targets

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Business Community

People Living with HIV / AIDS

Coverage Areas

Demerara-Mahaica (4)

East Berbice-Corentyne (6)

Upper Demerara-Berbice (10)

Essequibo Islands-West Demerara (3)

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 2765.08

Prime Partner: Catholic Relief Services

Funding Source: GHCS (State)

Budget Code: HVCT

Activity ID: 8046.08

Activity System ID: 12715

Mechanism: AIDSRelief

USG Agency: HHS/Health Resources Services Administration

Program Area: Counseling and Testing

Program Area Code: 09

Planned Funds: \$15,395

Activity Narrative: AIDSRelief will continue to ensure that HIV counseling and testing (CT) services at the three treatment sites it supports comply with national and international standards. As the national numbers of HIV+ persons enrolled in care continues to lag behind the numbers that test positive for HIV, AIDSRelief will also work with facility- and community-based CT providers to strengthen the referral linkage between CT and enrollment into HIV care for HIV+ clients, and between CT and prevention services for HIV- clients. AIDSRelief will increase CT outreach from its LPTFs by forging linkages with mobilized counselor/testers in community structures (e.g. churches, health posts, prisons). AIDSRelief will also target CT to higher-risk groups by introducing routine provider-initiated CT in private hospital in-patient wards and by facilitating access to CT through services targeting high-risk populations (e.g. substance abusers, prisoners).

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8046

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25111	8046.25111.09	HHS/Health Resources Services Administration	Catholic Relief Services	10667	2765.09	AIDSRelief	\$12,162
8046	8046.07	HHS/Health Resources Services Administration	Catholic Relief Services	4450	2765.07	AIDSRelief	\$60,000

Emphasis Areas

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	5	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	2,040	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	N/A	True

Indirect Targets

Coverage Areas

Cuyuni-Mazaruni (7)

Demerara-Mahaica (4)

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 2246.08

Mechanism: Ministry of Health, Guyana

Prime Partner: Ministry of Health, Guyana

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Counseling and Testing

Budget Code: HVCT

Program Area Code: 09

Activity ID: 8673.08

Planned Funds: \$136,000

Activity System ID: 12721

Activity Narrative: CDC supports counseling and testing (C&T) services in Guyana through its cooperative agreement with the Ministry of Health (MOH). This support includes counselor-testers at the MOH who serve the PMTCT program; in FY08 this program will emphasize couples counseling in order to increase the number of men seeking C&T. Other activities supported through the National AIDS Program Secretariate (NAPS) will include provider-initiated counseling and testing in the Family Health program and at clinical facilities. Contract staff including drivers, phlebotomists, clerks and counselor-testers. CDC-supported staff will target youth through the Adolescent Health Program; both in-school and out-of-school youth will be encouraged to know their status and to reduce risk behavior through improved access to youth friendly counseling and testing sites. NAPS will continue to provide C&T services to the hinterland areas through its mobile unit. CDC also supplies rapid test kits and quality assurance for testing as detailed under laboratory infrastructure activities.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8673

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25150	8673.25150.09	HHS/Centers for Disease Control & Prevention	Ministry of Health, Guyana	10685	2246.09	Ministry of Health, Guyana	\$181,000
8673	8673.07	HHS/Centers for Disease Control & Prevention	Ministry of Health, Guyana	4720	2246.07	Ministry of Health, Guyana	\$139,960

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Wraparound Programs (Health-related)

- * Safe Motherhood

Food Support

Public Private Partnership

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 3717.08 **Mechanism:** Department of Defense
Prime Partner: US Department of Defense **USG Agency:** Department of Defense
Funding Source: GHCS (State) **Program Area:** Counseling and Testing
Budget Code: HVCT **Program Area Code:** 09
Activity ID: 5287.08 **Planned Funds:** \$0
Activity System ID: 13882

Activity Narrative: Counseling and testing (C&T) by trained counselors will be available at all four GDF locations: Base Camps Ayanganna, Stephenson, and Ruimveldt, with plans to establish a VCT center at Seweyo base camp, and in addition, refurbish other sites as necessary. In support of 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 national 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 and facilitated where possible (e.g. transportation to/from appointments, other palliative care). For FY08, a vehicle for mobile VCT will be purchased, fueled and maintained. It will be equipped with education materials on VCT, ART, STIs and stigma reduction. The mobile VCT will target not only remote, underserved regions where GDF units are typically found, but also other regions where barriers to come to VCT are present (e.g. dependent testing). Transportation assistance will be provided for HIV positive members who require medical follow-up for care and treatment facilities. The mobile VCT will be used for AB, other prevention and C & T activities.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8002

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25096	5287.25096.09	Department of Defense	US Department of Defense	10663	3717.09	Department of Defense	\$60,000
8002	5287.07	Department of Defense	Center for Disaster and Humanitarian Assistance Medicine	4451	3717.07	Department of Defense	\$20,000
5287	5287.06	Department of Defense	Center for Disaster and Humanitarian Assistance Medicine	3717	3717.06	Department of Defense	\$60,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	4	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	20	False

Indirect Targets

Target Populations

Special populations

Most at risk populations

Military Populations

Coverage Areas

Barima-Waini (1)

Cuyuni-Mazaruni (7)

Demerara-Mahaica (4)

East Berbice-Corentyne (6)

Essequibo Islands-West Demerara (3)

Upper Demerara-Berbice (10)

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 6703.08

Prime Partner: Partnership for Supply Chain Management

Funding Source: GHCS (State)

Budget Code: HVCT

Activity ID: 8497.08

Activity System ID: 12747

Mechanism: Supply Chain Management System

USG Agency: U.S. Agency for International Development

Program Area: Counseling and Testing

Program Area Code: 09

Planned Funds: \$319,500

Activity Narrative: Noted April 21, 2008: Due to an increased level of testing, additional RTKs are needed to meet the new demand level.

Continuing Activity

CDC is responsible for providing all rapid test kits (RTK) for Ministry of Health programs. In FY07, all funds for the RTK were provided to SCMS. During FY07 CDC and SCMS worked closely with the MOH to establish necessary capacity such as forecasting, consumption data, and ordering systems. Funds for procurement of RTK in FY08 will again be provided to SCMS. SCMS will continue to provide technical assistance and training in procurement systems to the MOH. SCMS and CDC will continue to work closely on forecasting and ordering to ensure that there are no stock-outs. The CDC Office will continue its responsibilities for quality assurance for rapid testing in all PEPFAR programs.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8497

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22626	8497.22626.09	U.S. Agency for International Development	Partnership for Supply Chain Management	9740	6703.09	Supply Chain Management System	\$315,562
8497	8497.07	U.S. Agency for International Development	Partnership for Supply Chain Management	4772	4025.07	Supply Chain Management System	\$200,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	N/A	True
9.3 Number of individuals trained in counseling and testing according to national and international standards	N/A	True

Indirect Targets

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 7264.08

Mechanism: N/A

Prime Partner: Community Support & Development Services

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Counseling and Testing

Budget Code: HVCT

Program Area Code: 09

Activity ID: 15960.08

Planned Funds: \$321,013

Activity System ID: 15960

Activity Narrative: The Community Support and Development Services (CSDS) Inc is an indigenous capacity building institution, which was contracted to disburse and monitor small grants to a network of local organizations, while strengthening their financial and administrative management capacities. Support to the NGOs include the development of financial and accounting systems to ensure these systems are compatible with the project budgeting procedures and generally accepted accounting principles. Technical assistance is provided through one-on-one support 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 capacity building organization 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 Counseling 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 Counseling 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 counseling, and, prevention programs for high risk populations follow the ABC guidance. Persons who are tested positive through counseling and testing are referred to treatment services, home and community based programs. Emphasis is placed on male access and MARP.

Of note, is that in FY07, GHARP transferred the service delivery aspect of VCT to Youth Challenge Guyana, which enabled this organization to expand its counseling and testing services to the hinterland communities. GHARP will continue to offer the training, QA, and technical assistance and oversight to ensure targets are met and that appropriate communities are targeted.

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 Counseling and Testing Services would be included in those under GHARP in FY 08, and will continue to 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.

It is however envisaged that by the end of FY 08 the monitoring of the NGO targets will be transferred to the local capacity building NGO. Hence in FY 08, GHARP will provide technical assistance in monitoring and evaluation to CSDS to enable them to effectively fulfill this role.

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

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	N/A	True
9.3 Number of individuals trained in counseling and testing according to national and international standards	N/A	True
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	N/A	True

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Men who have sex with men

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

HTXD - ARV Drugs

Program Area: HIV/AIDS Treatment/ARV Drugs

Budget Code: HTXD

Program Area Code: 10

Total Planned Funding for Program Area: \$2,277,832

Percent of Total Funding Planned for Drug Procurement	7%
Amount of Funding Planned for Pediatric AIDS	\$0
Estimated PEPFAR contribution in dollars	\$205,000
Estimated local PPP contribution in dollars	\$22,500

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 are 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 FY08, 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). With SCMS support, last year the MOH collaboratively developed an essential drug list that adequately reflects the needs of all public health sector facilities and will help streamline the procurement process. The USG is also working with the MOH to establish Guyana's first donation policy for pharmaceuticals and other health commodities to ensure the quality and appropriateness of donations and to prevent the current burden of unusable donations that causes a large strain on the MMU system.

As of September 2007, over 1,850 individuals are receiving ART in Guyana. Over 100 children are expected to be on ART by the end of FY07. 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 supplemented pediatric first and second line ARVs as needed, in addition to OI and STI drugs. For the upcoming fiscal year 1,890 bottles of Zidovudine 300mg Tablets and 2,627 bottles of Lopinavir/Ritonavir 133.3/33.3mg will be procured. Currently all generic ARVs that are either FDA approved /tentatively approved or not are registered under special circumstances through the CMO, once they are required to be imported into Guyana for use in the local programme. This was verified by the FDD. All ARVs purchased in FY 06 were generic. Adult scale up as per the national forecast is 100 new patients to treatment per month (to be revised in September to 80 new patients per month); pediatric scale up is 15 new additions to treatment per month. At the end of June '07 there were 57 patients on adult second line regimens supported by USG funds. The expected scale up is 5 new patients per month. The Estimated amount of funding for ARV procurement is USD\$123,374.00

With the delivery of ARVs, there have not been F&L challenges as with RTK. However, there is a need for at earliest pre-alerts with relevant shipping documents so the requisite POE clearance documents are prepared ahead of the arrival of the consignment. In addition, there is no temperature controlled storage facility at the POE. We are in the process of implementing a Cold Chain Facility at the National airport as part of the Private Public Partnership initiative by USAID. (SCMS - Technical support and co-ordination, Laparkan Shipping and Freight Forwarding and GTIS) All ARVs are stored at the SCMS managed MMU/Annex warehouse. Up until now inventory was managed at the Annex via an electronic spreadsheet where information by DONOR such as expiry date, batch numbers and unit cost were inputted and managed. Bin Cards are used at the storage point for all the ARVs and physical discounts and tabulations are made for every transaction. Currently the MMU/Annex is being automated using MACS and the inventory will be automatically managed using the same FEFO. There are no regional warehouses for the storage of ARVs. From the MMU/Annex, ARVs are distributed directly to the facilities. At the treatment sites, the inventory of ARVs is managed manually and electronically. At the MMU/Annex, products with a short shelf life (6 months) are highlighted in the weekly report and wherever possible discussed with the physicians and pharmacists at the treatment sites to maximize utilization before expiration and also with NAPS Director to ensure optimum usage in accordance with the national guidelines. Also, share inventory information and current stock situations with national and international stakeholders for alternative usage and redistribution in the region. Treatment sites are required to reorder on a monthly basis and are guided by the data collected in ADT as per the number of patients on each ARV regimen. This reduces the chances of overstocking and incurring expiry.

The national standard treatment guidelines in Guyana were revised and the standard first line treatment includes tenofovir, 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. In FY08 the Global Fund will purchase all adult first line ARVs and the Clinton Foundation is planning to procure pediatric first and second line ARVs. PEPFAR will continue to procure adult second line and has committed to continue covering any gaps in pediatric first and second line ARV and emergency first line ARVs as needed.

Working together with all key donors and treatment partners who form part of the MOH led formulary committee; SCMS has coordinated a national quantification of ARV and other commodity needs in FY07. 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 ARV dispensing tool was piloted in 06 and during 07 was introduced and is maintained at each supported facility. Quality HIV clinical care and access to free ART is the quintessential element of the PEPFAR program. As of May 2007, free antiretroviral treatment services are available at seven MOH sites, three sites administered by the AIDS Relief Consortium, and for Hinterland communities via a USG-funded mobile unit. All sites have capacity to treat adult and pediatric patients. There are currently 1,853 persons on ART in Guyana. In FY08, the Guyana PEPFAR team will transition more patients to treatment by emphasizing linkages to PMTCT and VCT programs and provider-initiated counseling and testing for infectious disease patients at healthcare facilities. Service coverage in hinterland areas will continue through the mobile unit due to prohibitive resource demands for establishing treatment sites in the remote regions of Guyana.

In FY08, 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, and construction will begin August 1st, 2007. In FY08, PEPFAR Guyana will utilize the Partnership for Supply Chain Management (SCMS) for commodities management including rapid test kits, ARVs, medications for OI, and laboratory reagents. 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.

Service provision and sustainability are severely threatened by Guyana's shortages of human resources. In FY08, PEPFAR Guyana and its partners will explore creative solutions to these shortages such as physician extenders, pre-service training, and alternative compensation strategies. Through partnership with PAHO and its Integrated Management of Adult Illness (IMAI) initiative, PEPFAR Guyana will emphasize integration of HIV services into primary care and develop skills for management of HIV/AIDS among health workers in primary care. A new funding opportunity announcement from CDC for provision of treatment services and technical assistance to replace the current University Technical Assistance Program (UTAP) funding will encourage creative solutions and will adapt technical assistance to the current conditions in Guyana in terms of local capacity and needs for sustainability.

Program Area Downstream Targets:

Custom Targets:

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 5247.08	Mechanism: Track 1 AIDS Relief
Prime Partner: Catholic Relief Services	USG Agency: HHS/Health Resources Services Administration
Funding Source: Central GHCS (State)	Program Area: HIV/AIDS Treatment/ARV Drugs
Budget Code: HTXD	Program Area Code: 10
Activity ID: 16032.08	Planned Funds: \$27,832
Activity System ID: 16032	
Activity Narrative: Track One Funding	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Emphasis Areas

Wraparound Programs (Health-related)

- * Child Survival Activities
- * Safe Motherhood

Food Support

Public Private Partnership

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 6703.08

Prime Partner: Partnership for Supply Chain Management

Funding Source: GHCS (State)

Budget Code: HTXD

Activity ID: 3153.08

Activity System ID: 14080

Mechanism: Supply Chain Management System

USG Agency: U.S. Agency for International Development

Program Area: HIV/AIDS Treatment/ARV Drugs

Program Area Code: 10

Planned Funds: \$2,250,000

Activity Narrative: Continuing Activity

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 (if the current partnership with Clinton Foundation partnership does not continue) 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, and 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. The Ministry of Health has recently identified the land for the final facility and a joint donor procurement committee has agreed to jointly support the design (SCMS), construction (IDB), internal equipment (SCMS/WB/GFATM), and possible management contract (MOH).

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)

Activity Narrative:

Sustainability: SCMS will support the MOH in securing long term sustainability and support for the MMU and to prioritize among potential MMU activities by conducting interviews, data analysis, and documentation which has commenced; followed by a strategic/business planning document; and finally conduct of validation exercises to the findings and preferred options to in order to obtain consensus and support for implementation plan timelines.

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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8209

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22627	3153.22627.09	U.S. Agency for International Development	Partnership for Supply Chain Management	9740	6703.09	Supply Chain Management System	\$2,165,032
8209	3153.07	U.S. Agency for International Development	Partnership for Supply Chain Management	4772	4025.07	Supply Chain Management System	\$2,750,000
3153	3153.06	U.S. Agency for International Development	Partnership for Supply Chain Management	4025	4025.06	Supply Chain Management System	\$2,775,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Other)

* Education

Food Support**Public Private Partnership**

Estimated PEPFAR contribution in dollars \$205,000

Estimated local PPP contribution in dollars \$22,500

Indirect Targets

HTXS - ARV Services

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Total Planned Funding for Program Area: \$3,418,575

Amount of Funding Planned for Pediatric AIDS \$0

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Estimated PEPFAR dollars spent on food \$0

Estimation of other dollars leveraged in FY 2008 for food \$0

Program Area Context:

Quality HIV clinical care and access to free ART is the quintessential element of the PEPFAR program. As of May 2007, free antiretroviral treatment services are available at seven MOH sites, three sites administered by the AIDSRelief Consortium, and for Hinterland communities via a USG-funded mobile unit. All sites have capacity to treat adult and pediatric patients. There are currently 1,853 persons on ART in Guyana. In FY08, the Guyana PEPFAR team will transition more patients to treatment by emphasizing linkages to PMTCT and VCT programs and provider-initiated counseling and testing for infectious disease patients at healthcare facilities. Service coverage in hinterland areas will continue through the mobile unit due to prohibitive resource demands for establishing treatment sites in the remote regions of Guyana.

In FY08, 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, and construction will begin August 1st, 2007. In FY08, PEPFAR Guyana will utilize the Partnership for Supply Chain Management (SCMS) for commodities management including rapid test kits, ARVs, medications for OI, and laboratory reagents. 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 FY08, PEPFAR will provide technical and logistic assistance to the MOH as it implements DNA PCR for infant diagnosis and thus expands pediatric treatment.

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.

Service provision and sustainability are severely threatened by Guyana's shortages of human resources. In FY08, PEPFAR Guyana and its partners will explore creative solutions to these shortages such as physician extenders, pre-service training, and alternative compensation strategies. Through partnership with PAHO and its Integrated Management of Adult Illness (IMAI) initiative, PEPFAR Guyana will emphasize integration of HIV services into primary care and develop skills for management of HIV/AIDS among health workers in primary care. A new funding opportunity announcement from CDC for provision of treatment services and technical assistance to replace the current University Technical Assistance Program (UTAP) funding will encourage creative solutions and adapt technical assistance to the current conditions in Guyana in terms of local capacity and needs for sustainability. FXB continues 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, continuous quality improvement, 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. In FY08, FXB will begin to transition from a service implementer to a technical assistance provider and emphasize sustainability in all its activities. 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.

The USG supported infectious disease ward at Georgetown Public Hospital(GPHC) is now open and the CDC office will continue to work closely with GPHC and FXB to improve care and increase referrals into care and treatment for this high-risk population. Challenges for optimal functioning of the ward include shortages of nursing staff and delays in recruitment of a physician specialist to oversee the ward. As the only tertiary hospital in Guyana, GPHC plays a key role in training health workers, and thus the ward provides the opportunity to teach special skills that 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.

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 the USAID/MOH collaboration Guyana HIV/AIDS Reduction Project (GHARP) and UNICEF, AIDSRelief coordinates a full package of services for patients and those affected by HIV/AIDS.

In FY08 PEPFAR Guyana will continue its partnership with PAHO for treatment services. PAHO will provide supportive supervision to the MOH ARV treatment program based on a decentralized network model (IMAI). Regional Health Coordinators who currently supervise TB, malaria and other health programs will receive training regarding ARV services and integrate this management into regional health services. PAHO will continue its leadership role in implementing the new patient tracking and registry system; all treatment sites in Guyana should be using the patient registry system and generating standardized reports by early in FY08.

Program Area Downstream Targets:

11.1 Number of service outlets providing antiretroviral therapy	15
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	600

11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	2770
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	2615
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	108

Custom Targets:

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 7268.08	Mechanism: ICASS
Prime Partner: US Department of State	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS	Program Area Code: 11
Activity ID: 15831.08	Planned Funds: \$27,500
Activity System ID: 15831	
Activity Narrative: In FY08, ICASS charges will be itemized under program area funding for staff supported through program funding. These ICASS charges apply to CDC staff delineated in Activity #3179.08.	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 5247.08	Mechanism: Track 1 AIDS Relief
Prime Partner: Catholic Relief Services	USG Agency: HHS/Health Resources Services Administration
Funding Source: Central GHCS (State)	Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS	Program Area Code: 11
Activity ID: 8773.08	Planned Funds: \$128,528
Activity System ID: 12712	

Activity Narrative: AIDSRelief continues to support HIV care and treatment services in both the private and public sector. In the public sector AIDSRelief continues to support Bartica Public Hospital, and continues to facilitate linkages with Mazaruni Prison and complementary HIV services (e.g. PMTCT). Frequent onsite visits are made regularly by both the AIDSRelief physician and also the Pediatric HIV consultant. AIDSRelief maintains close contact with the adherence nurse coordinator in order to discuss any problems that may have arisen.

In the private sector AIDSRelief continues to support St. Joseph Mercy Hospital (SJMH) and has expanded services to Davis Memorial Hospital, which is located in Region 4 and is the only other faith-based hospital in Guyana. The addition of Davis Memorial Hospital as a treatment site further expands the options and choices for those wishing to access care and treatment services for HIV in the private sector, as evidenced by the rapid scale-up at this site since October 2006.

In FY2008, AIDSRelief will continue to build local HIV technical capacity with increasing attention to pediatric and adolescent HIV treatment. AIDSRelief will support the newly formed adolescent clinic at St. Joseph Mercy Hospital with onsite didactics and mentoring, as well as, providing off site training at University of Maryland's School of Medicine Adolescent HIV clinic. In supporting the adolescent HIV clinic at SJMH, AIDSRelief is increasing the quality and spectrum of care that is provided to a very vulnerable population, those caught between childhood and adulthood. SJMH will also integrate a registered nurse into the HIV program to provide follow-up care and facilitate patient-flow and linkages with other programs (e.g. OVC, PMTCT). Additionally, to further support pediatric treatment at our LPTFs, AIDSRelief will recruit a local pediatric HIV specialist to mentor staff at all sites.

In FY2008, the in-country IHV physician will continue to provide ongoing support and assistance to the LPTFs through didactics and on-site mentoring, and additionally liaises with USG in-country and MOH partners on technical issues related to HIV care and treatment. AIDSRelief will provide additional technical assistance in the areas of psychosocial support, pharmacy support, adherence, laboratory monitoring, strategic information and financial management.

In order to ensure that high quality care is being delivered, AIDSRelief will continue to monitor for unmet needs in the health care delivery system through the AIDSRelief Continuous Quality Assurance/Quality Improvement program. This will be implemented with six fundamental components: 1) continuous observation and measurement of standards of care delivery and program management, 2) measuring success of treatment outcomes through viral suppression, immune reconstitution, morbidity, mortality, and lost to follow up over time, 3) linking available patient health information and program characteristics as a predictor of treatment outcomes, 4) collecting information on adherence to treatment and treatment support, 5) comprehensive and useful feedback of the information, and 6) utilization of outcomes analysis to design site specific improvement activities. Through this continuous quality improvement plan, sites (with technical assistance from IHV and Constella Futures) will be able to use data to affect change in the quality of service provided.

In FY2008, AIDSRelief will also continue to augment capacity and services at its LPTFs and strengthen linkages with complementary services (i.e. home based care, nutritional support, family planning services) in order to provide greater access to care and treatment services. AIDSRelief, through IHV, will also enhance its role to collaborate with in-country partners in providing training opportunities, lectures, and workshops for local HIV treatment providers, in both the public and private sector, to build the technical capacity of local clinicians and other members of the healthcare team to promote sustainability and to empower them to inform future policy and standards related to HIV care.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8773

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27052	8773.27052.09	HHS/Health Resources Services Administration	Catholic Relief Services	11247	5247.09	Track 1 AIDS Relief	\$128,528
8773	8773.07	HHS/Health Resources Services Administration	Catholic Relief Services	5247	5247.07	Track 1 AIDS Relief	\$128,528

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 6276.08

Mechanism: Tx Svcs and TA

Prime Partner: Francois Xavier Bagnoud Center

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Activity ID: 12736.08

Planned Funds: \$1,150,000

Activity System ID: 12736

Activity Narrative: A new funding opportunity announcement from CDC for FY08 for the provision of technical assistance and human-resource support for HIV care and treatment will replace the current University Technical Assistance Program (UTAP) funding. The grantee (who is to be determined) will serve as the primary partner of the Ministry of Health in the development of a standard care package, the expansion of adult and pediatric HIV care and treatment, the development of care and treatment guidelines and protocols, and the design and implementation of adherence monitoring. The grantee will provide antiretrovirals at the existing and future Ministry of Health HIV treatment sites, including coverage in hinterland areas in Guyana through a mobile unit.

The grantee will create a plan for long-term sustainability of ART, and will specifically emphasize activities that build capacity in the Guyanese Ministry of Health. These activities will include finding innovative and creative approaches to address the human-resource shortages that threaten the advancement and sustainability of the Guyanese treatment program, including by procuring the services of physicians to provide complete clinical coverage for all treatment sites, the mentoring of clinicians, and clinical training. The physicians contracted will assist in the development and implementation of a standard curriculum on basic HIV care for all physicians working within the Guyanese Ministry of Health system.

The grantee will strengthen linkages between the treatment program and other care sectors in Guyana, including PMTCT, home-based care, basic palliative care, psychosocial care, confidential counseling and testing, and TB diagnosis and treatment. This will include streamlining referral processes and institutionalizing coordination between outpatient antiretroviral treatment and the new Infectious Disease Ward at Georgetown Public Hospital. The grantee will also establish a national Continuous Quality Improvement (CQI) Committee in Guyana 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 as part of the strategy for creating sustainable health-care infrastructure in Guyana.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

PHE/Targeted Evaluation

Wraparound Programs (Other)

* Education

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	12	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	360	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	1,880	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	1,815	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	20	False

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 4774.08

Prime Partner: Pan American Health Organization

Funding Source: GHCS (State)

Budget Code: HTXS

Activity ID: 8562.08

Activity System ID: 12723

Mechanism: Pan American Health Organization

USG Agency: U.S. Agency for International Development

Program Area: HIV/AIDS Treatment/ARV Services

Program Area Code: 11

Planned Funds: \$200,000

Activity Narrative: Preparations are underway to train clinical teams and supervisors from 3 of the 10 regions of the country as a pilot exercise for the implementation of the IMAI. After the pilot phase, the IMAI strategy will be rolled out in remaining regions taking into account learned lessons from the pilot. The roll out of the IMAI strategy will compensate for health workers turnover and expand the number of facilities providing integrated HIV services. Limited human resources in the health sector is the greatest threat to sustainable HIV services in Guyana. The regional health model and IMAI initiative will shift tasks involved in HIV care into the overall health care system. This shift will better integrate HIV care into primary care and ease the need for specialists physicians who are in critically short supply in Guyana. Formative and integrated supervision of HIV program activities will continue to be a priority 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 All regional HIV coordinators will be trained for 1 week in HIV program management to include: 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. PEPFAR-supported clinicians providing treatment services 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. 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 the 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8562

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26805	8562.26805.09	U.S. Agency for International Development	Pan American Health Organization	11130	11130.09	Pan American Health Organization	\$200,000
8562	8562.07	U.S. Agency for International Development	Pan American Health Organization	4774	4774.07	Pan American Health Organization	\$200,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

* Retention strategy

Local Organization Capacity Building

Wraparound Programs (Other)

* Education

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	N/A	True
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	N/A	True
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	N/A	True
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	40	False

Indirect Targets

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 2765.08

Prime Partner: Catholic Relief Services

Funding Source: GHCS (State)

Budget Code: HTXS

Activity ID: 3191.08

Activity System ID: 12716

Mechanism: AIDSRelief

USG Agency: HHS/Health Resources Services Administration

Program Area: HIV/AIDS Treatment/ARV Services

Program Area Code: 11

Planned Funds: \$1,415,612

Activity Narrative: AIDSRelief continues to support HIV care and treatment services in both the private and public sector. In the public sector AIDSRelief continues to support Bartica Public Hospital, and continues to facilitate linkages with Mazaruni Prison and complementary HIV services (e.g. PMTCT). Frequent onsite visits are made regularly by both the AIDSRelief physician and also the Pediatric HIV consultant. AIDSRelief maintains close contact with the adherence nurse coordinator in order to discuss any problems that may have arisen.

In the private sector AIDSRelief continues to support St. Joseph Mercy Hospital (SJM) and has expanded services to Davis Memorial Hospital, which is located in Region 4 and is the only other faith-based hospital in Guyana. The addition of Davis Memorial Hospital as a treatment site further expands the options and choices for those wishing to access care and treatment services for HIV in the private sector, as evidenced by the rapid scale-up at this site since October 2006.

In FY2008, AIDSRelief will continue to build local HIV technical capacity with increasing attention to pediatric and adolescent HIV treatment. AIDSRelief will support the newly formed adolescent clinic at St. Joseph Mercy Hospital with onsite didactics and mentoring, as well as, providing off site training at University of Maryland's School of Medicine Adolescent HIV clinic. In supporting the adolescent HIV clinic at SJM, AIDSRelief is increasing the quality and spectrum of care that is provided to a very vulnerable population, those caught between childhood and adulthood. SJM will also integrate a registered nurse into the HIV program to provide follow-up care and facilitate patient-flow and linkages with other programs (e.g. OVC, PMTCT). Additionally, to further support pediatric treatment at our LPTFs, AIDSRelief will recruit a local pediatric HIV specialist to mentor staff at all sites.

In FY2008, the in-country IHV physician will continue to provide ongoing support and assistance to the LPTFs through didactics and on-site mentoring, and additionally liaises with USG in-country and MOH partners on technical issues related to HIV care and treatment. AIDSRelief will provide additional technical assistance in the areas of psychosocial support, pharmacy support, adherence, laboratory monitoring, strategic information and financial management.

In order to ensure that high quality care is being delivered, AIDSRelief will continue to monitor for unmet needs in the health care delivery system through the AIDSRelief Continuous Quality Assurance/Quality Improvement program. This will be implemented with six fundamental components: 1) continuous observation and measurement of standards of care delivery and program management, 2) measuring success of treatment outcomes through viral suppression, immune reconstitution, morbidity, mortality, and lost to follow up over time, 3) linking available patient health information and program characteristics as a predictor of treatment outcomes, 4) collecting information on adherence to treatment and treatment support, 5) comprehensive and useful feedback of the information, and 6) utilization of outcomes analysis to design site specific improvement activities. Through this continuous quality improvement plan, sites (with technical assistance from IHV and Constella Futures) will be able to use data to affect change in the quality of service provided.

In FY2008, AIDSRelief will also continue to augment capacity and services at its LPTFs and strengthen linkages with complementary services (i.e. home based care, nutritional support, family planning services) in order to provide greater access to care and treatment services. AIDSRelief, through IHV, will also enhance its role to collaborate with in-country partners in providing training opportunities, lectures, and workshops for local HIV treatment providers, in both the public and private sector, to build the technical capacity of local clinicians and other members of the healthcare team to promote sustainability and to empower them to inform future policy and standards related to HIV care.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8067

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25113	3191.25113.09	HHS/Health Resources Services Administration	Catholic Relief Services	10667	2765.09	AIDSRelief	\$0
25112	3191.25112.09	HHS/Health Resources Services Administration	Catholic Relief Services	10667	2765.09	AIDSRelief	\$1,201,415
8067	3191.07	HHS/Health Resources Services Administration	Catholic Relief Services	4450	2765.07	AIDSRelief	\$870,000
3191	3191.06	HHS/Health Resources Services Administration	Catholic Relief Services	2765	2765.06	AIDSRelief	\$870,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	3	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	240	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	890	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	800	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	60	False

Indirect Targets

Coverage Areas

Cuyuni-Mazaruni (7)

Demerara-Mahaica (4)

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 6278.08

Mechanism: ID Ward

Prime Partner: Georgetown Public Hospital Corporation

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Activity ID: 12737.08

Planned Funds: \$280,000

Activity System ID: 12737

Activity Narrative: Under a current funding opportunity announcement, CDC will partner with an Institution (TBD), that will support the continued improvement of quality of care and treatment for in-patient care of PLWAs. This institution will be the focal point for the standardization of treatment protocols and training of medical and other professional staff in proper patient care and management of AIDS and related infectious diseases. The grantee will provide anti-retroviral (ARV) and opportunistic-infection (OI) treatment and any other treatment indicated, according to the patient's condition, It will provide a state-of-the art, in-patient treatment unit for persons with AIDS that includes appropriate staffing, equipment, supplies for treatment, and training. 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 of the unit will liaise with Care and Treatment partners and the MOH outpatient treatment system to ensure linkages to care upon discharge and referral to appropriate community support services.

The grantee will develop and provide training programs and continuing-education programs for health-care professionals, including physicians, registrars, medical students, all categories of nursing personnel, and support/ancillary staff on the unit. 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. Training will include standard operating procedures for medical care; patient monitoring and discharge; confidential, routine counseling and testing; and management of infectious and hazardous materials.

The grantee will develop an incentive package for staff aimed at improving their skills and at increasing staff retention. Such incentives will need to fall within accepted Emergency Plan guidelines and be consonant with the Emergency Plan's long-term goals regarding sustainability. The grantee will also develop and implement a system for monitoring and evaluating patient care, training outcomes, and identification of areas for improvement.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Wraparound Programs (Other)

* Education

Food Support

Public Private Partnership

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 2246.08

Mechanism: Ministry of Health, Guyana

Prime Partner: Ministry of Health, Guyana

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Activity ID: 12738.08

Planned Funds: \$75,000

Activity System ID: 12738

Activity Narrative: Through its Cooperative Agreement with the Ministry of Health (MOH), CDC supports the National AIDS Program Secretariat (NAPS) for treatment services in Guyana. NAPS provides services at the Genito-Urinary Medicine clinic, the primary out-patient treatment facility and other coastal facilities. In addition a mobile unit accesses remote regions of Guyana for treatment, counseling and testing services (See separate activity under VCT). The mobile unit is staffed by a PEPFAR-supported UN Volunteer physician. In FY08, the MOH will contract the services of this physician through the Cooperative Agreement directly. The mobile unit provides ART services, phlebotomy services for treatment monitoring, and utilizes the national patient monitoring system so all patients are accounted for and treatment progress is well-documented. NAPS will coordinate all activities related to treatment services to ensure non-duplication of services between program areas and regional health authorities. The CDC Cooperative Agreement also supports NAPS in its role as the national authority for treatment guidelines and coordination of treatment linkages with other services.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Local Organization Capacity Building

Food Support

Public Private Partnership

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 135.08

Mechanism: CDC Program Support

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Activity ID: 3179.08

Planned Funds: \$49,850

Activity System ID: 12727

Activity Narrative: CDC technical assistance in FY07 focused on systems support for treatment programs in Ministry of Health (MOH) centers and at Georgetown Public Hospital Corporation (GPHC). In FY08, CDC will emphasize capacity building for grants management and ongoing support to infrastructure development activities for the MOH as it expands its care and treatment activities. CDC will support efforts to improve care for patients with HIV/AIDS and to address treatment issues in the public sector regarding opportunistic infections and sexually transmitted diseases, and also provide coordination for treatment activities under the MOH cooperative agreement. The CDC Senior Program Development Officer supported through these funds will liaise with the MOH outpatient treatment system and other partners to ensure linkages between treatment and other services and to limit redundancies between program areas. In FY08 CDC will fill the currently vacant position for a locally-engaged staff medical officer. This physician will assist the Senior Program Officer as liaison to the MOH and would eventually take on these responsibilities on full time basis. This position will thus provide program support and also afford an opportunity for building the capacity of a local physician in HIV treatment programs. CDC will assist MOH to capitalize on connections to the diaspora through twinning with Guyanese physicians at universities and hospitals abroad, to allow for an exchange of clinicians and help offset Guyana's sever human resource shortages. The CDC Guyana Office will assist MOH to organize activities around clear objectives and rigorous monitoring and evaluation to ensure best use of funds available.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8678

Related Activity:**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25365	3179.25365.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	10743	135.09	CDC Program Support	\$136,055
8678	3179.07	HHS/Centers for Disease Control & Prevention	Ministry of Health, Guyana	4720	2246.07	Ministry of Health, Guyana	\$139,530
3179	3179.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	2744	135.06	CDC Program Support	\$77,200

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Food Support**Public Private Partnership****Targets**

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

Indirect Targets

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 Mechansim

Mechanism ID: 7318.08	Mechanism: CSCS/OBO
Prime Partner: US Department of State	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS	Program Area Code: 11
Activity ID: 16059.08	Planned Funds: \$3,835
Activity System ID: 16059	
Activity Narrative: In FY08, in accord with new guidance on OBO charges, CSCS costs will be dispersed across program areas that support personnel in addition to allocations under Management and Staffing. These charges cover costs of doing business for personnel listed under Activity #3179.	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 7452.08	Mechanism: ITSO
Prime Partner: Information Technology Services Office	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS	Program Area Code: 11
Activity ID: 16496.08	Planned Funds: \$3,250
Activity System ID: 16496	
Activity Narrative: In FY08 the CDC Information Technology Services Office (ITSO) has established a support cost of \$3250 dollars per workstation and laptop at each international location to cover the cost of Information Technology Infrastructure Services and Support provided by ITSO. This is a structured cost model that represents what is considered as the "cost of doing business" for each location and will be implemented on a per workstation/computer basis. ITSO charges will be itemized under program area funding for staff supported through program funding. These ITSO charges apply to CDC staff delineated in Activity #12727.	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 9373.08	Mechanism: HIV/QUAL International
Prime Partner: New York AIDS Institute	USG Agency: HHS/Health Resources Services Administration
Funding Source: GHCS (State)	Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS	Program Area Code: 11
Activity ID: 19373.08	Planned Funds: \$65,000
Activity System ID: 19373	

Activity Narrative: There is a need to develop periodic, ongoing monitoring of the quality of care delivered to adult HIV/AIDS patients at Guyana hospitals so that information gathered can then be used as a basis to improve quality, build capacity for quality management (QM), and to measure the results of improvement projects. This is a pilot quality monitoring project that will provide information to assist the Ministry of Health, regional health officials, faith-based, private, and Government hospitals to: 1) Monitor to what extent treatment and care provided to Guyanese adults (including children aged 15 years and over) infected with HIV complies with national guidelines for HIV/AIDS care; 2) Provide a basis for targeting efforts to improve the quality of treatment and care provided to adults infected with HIV/AIDS; 3) Evaluate the results of projects to improve the quality of HIV/AIDS treatment and care at the participating hospitals; and 4) Test the feasibility of making comparisons of quality of care provided to HIV/AIDS patients among different public and faith-based hospitals. This activity will enable technical assistance to be provided through HRSA by HIVQUAL-International, to provide consultation and assist to the Ministry of Health with the implementation of the QM program.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

HLAB - Laboratory Infrastructure

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

Total Planned Funding for Program Area: \$1,321,299

Estimated PEPFAR contribution in dollars	\$0
Estimated local PPP contribution in dollars	\$0

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), a TBD Care and Treatment Partner (A Funding Opportunity Announcement will be released in order to solicit the partner for the next project period), CDC, Supply Chain Management System (SCMS), and AIDSRelief. There is currently a national strategic plan for all laboratory services in Guyana as well as a vision document for a national public health laboratory strategic plan. 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. In Guyana, the Central Medical Laboratory is currently performing the functions of a referral laboratory and there are 4 other regional laboratories in Linden, Suddie, West Demerara, and New Amsterdam. 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 microbiology or serology studies (except syphilis) are available except at the tertiary level, which includes only the Central Medical Laboratory (CML, a clinical facility) and the National Infectious Diseases Laboratory. It is expected by FY08 that the NIDL will be temporarily housed in the CML until it can be moved to the NPHRL (expected completion summer 2008). Currently, no laboratory can conduct testing for *Pneumocystis Carinii* pneumonia (PCP), or Herpes Simplex Virus (HSV) infections, prevalent among HIV-positive patients. CML has developed the capacity to conduct *Cryptococcus* and *Chlamydia* testing. Two 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. It is expected that the national reference laboratory will have the capacity to build systems and standards into the greater public health system while providing essential support to the expanding HIV/AIDS program.

Establishing and supporting a public health reference laboratory remains a key element of the Guyana PEPFAR program. After completion (expected by summer 2008) the NPHRL will provide a new level of infrastructure for labs in Guyana as well as crucial support to the HIV care and treatment programs. Construction under the RPSO design/build contract began August 1, 2007. The laboratory will be built as a Biological Safety Level II facility designed to be easily modified to a BSL III level in the future. The NPHRL will provide reference laboratory capacity in Guyana and serve as a base for improving laboratory services throughout the health system. The Global Fund in Guyana is providing support for laboratory equipment and the MOH is assessing which departments will move to the new facility. 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.

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. Treatment centers will continue to transfer specimens to Georgetown through the existing specimen transport system. In FY07 AIDSRelief expanded CD4 testing from St. Joseph Mercy Hospital to Bartica Hospital. CDC, in collaboration with MOH established Quality Assurance/Quality Control (QA/QC) programs for all laboratories. In FY08, 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 continue to provide technical assistance to the MOH on QA/QC as well as support for training programs and seminars for laboratory staff in quality assurance. Elisa testing has been moved to the MOH's QA program. The MOH established a proficiency testing scheme that includes HIV in FY07 as well as a QA department that will move to the NPHRL when it is completed.

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 and tubes to the 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, inadequate implementation of maintenance protocols, and recurrent shortages of reagents. CDC will continue work with SCMS to ensure a better procurement system for these reagents and other laboratory supplies during 2008. Global Fund purchased hematology equipment was installed at the laboratory at New Amsterdam Hospital. CDC will work with the MOH and SCMS to identify and develop a mechanism to provide reagent support to these regional laboratories. The ASCP, in collaboration with CDC, began providing training in chemistry and hematology testing in FY07 that will continue in FY08.

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 work together to answer questions for clinical monitoring in Guyana's national HIV/AIDS program. The Clinton Foundation supported the purchase of equipment to conduct DNA polymerase chain reaction (PCR) for infant testing so that Guyana will no longer have to send samples outside of Guyana for testing. This technology is 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; through the ASCP CDC will also support the development of an approved certification program, and required courses, for lab personnel as well as for training for identified critical positions. A NPHRL training strategy will be developed and used to prioritize training for PEPFAR supported priorities. These enhancements will aid in recruitment of new graduates and provide opportunities for professional advancement in Guyana as an alternative to emigration.

Program Area Downstream Targets:

12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	4
12.2 Number of individuals trained in the provision of laboratory-related activities	40
12.3 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	20000

Custom Targets:**Table 3.3.12: Activities by Funding Mechanism**

Mechanism ID: 8665.08	Mechanism: New 05 - ASCP
Prime Partner: American Society of Clinical Pathology	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Laboratory Infrastructure
Budget Code: HLAB	Program Area Code: 12
Activity ID: 19380.08	Planned Funds: \$120,000
Activity System ID: 19380	
Activity Narrative: The NPHRL will be the first in Guyana, with its modern technology and modern methods of laboratory systems, the NPHRL staff require a higher level of technical and management skills than the projected staff currently have obtained. On-going training for NPHRL staff is required in order to build the human capacity in Guyana to a level whereby the NPHRL will be able to be internationally certified. The ASCP provides specific specialize training in Hematology, management and laboratory safety, and refresher bench top training. ASCP will also work with the Ministry of Health and CDC to continually identify training needs and possible ways to meet emerging needs as the laboratory comes on line. ASCP is the current technical assistance partner in Guyana for these technical skills and continued funding will enable ASCP and the Ministry of Health to build on past training programs. The majority of training will be conducted in-country. As needed, attachments to State laboratories may be used to develop the skill set of identified personnel	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 8666.08	Mechanism: New 07 - Lab 2
Prime Partner: American Society of Microbiologists	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Laboratory Infrastructure
Budget Code: HLAB	Program Area Code: 12
Activity ID: 19381.08	Planned Funds: \$80,000
Activity System ID: 19381	
Activity Narrative: The NPHRL will be the first in Guyana with its modern technology and modern methods of laboratory systems and the NPHRL staff require a higher level of technical and management skills than those possessed by the projected staff. On-going training for NPHRL staff is required in order to build the human capacity in Guyana to a level whereby the NPHRL will be able to be internationally certified. Specific specialized training in microbiology and related areas in management and quality assurance have been identified as needs by the CDC and the Ministry of Health. The American Association of Microbiologists (ASM) has expertise in this area and will be able to assess the specific training needs in-country and provide the required training. ASM will work with the Ministry of Health and CDC to continually identify training needs and possible ways to meet emerging needs in the focused technical areas as the laboratory comes on line.	
HQ Technical Area:	

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 7435.08

Mechanism: Lab TA

Prime Partner: Francois Xavier Bagnoud
Center

USG Agency: HHS/Centers for Disease
Control & Prevention

Funding Source: GHCS (State)

Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Area Code: 12

Activity ID: 16456.08

Planned Funds: \$400,000

Activity System ID: 16456

Activity Narrative: The Grantee will 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, management and operationalization of the National Public Health Reference Laboratory. The grantee will manage the CD4 suite at CML, which will ultimately transition to the NPHRL and will build capacity in CD4 count at targeted regional hospitals. There will be ongoing staff training on new testing procedures. In addition, the implementation and monitoring of QA/QC/QI measures will further strengthen the laboratory support services in Guyana. The grantee will also continue with the external quality proficiency testing assessment to ensure continuity and sustainability of laboratory services in Guyana and will assist the MOH in training laboratory staff on technologies necessary for support of the care and treatment program. The grantee will introduce and have oversight for the implementation of appropriate OI testing and treatment. Additionally, it will collaborate with the MOH and CDC in developing a long-term strategic plan for transfer of staff and technology to the MOH to ensure the sustainability of laboratory services in Guyana.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	1	False
12.2 Number of individuals trained in the provision of laboratory-related activities	20	False
12.3 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	10,000	False

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 7318.08	Mechanism: CSCS/OBO
Prime Partner: US Department of State	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Laboratory Infrastructure
Budget Code: HLAB	Program Area Code: 12
Activity ID: 16060.08	Planned Funds: \$7,671
Activity System ID: 16060	
Activity Narrative: In FY08, in accord with new guidance on OBO charges, CSCS costs will be dispersed across program areas that support personnel in addition to allocations under Management and Staffing. These charges cover costs of doing business for personnel listed under Activities #8110.08 and 12745.08.	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 2246.08	Mechanism: Ministry of Health, Guyana
Prime Partner: Ministry of Health, Guyana	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Laboratory Infrastructure
Budget Code: HLAB	Program Area Code: 12
Activity ID: 16055.08	Planned Funds: \$85,000
Activity System ID: 16055	

Activity Narrative: Over the last three 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 strengthened the laboratory Quality Assurance (QA) program. In FY08 MOH will continue to design and implement the virtual NPHRL during construction, with support from CDC and other in-country partners to ensure that there are clear plans for staffing and maintenance of the lab in the near and far term. The NPHRL will require staff not currently listed on the public service establishment. This may require the MOH to hire contract staff to fill key positions until they can be put on the establishment. MOH will work closely with CDC and the Care and Treatment Partner (CoAg TBD) to develop a transition plan to assume management of the CD4 testing system in FY08 and to review and approve all testing protocols related to the treatment program. The management of the CD4 testing will be moved to the NPHRL when it is completed. In collaboration with CDC and ASCP MOH will continue to roll out training in hematology and chemistry to the regional laboratories. Additionally, MOH will be working closely with ASCP to establish local certifying board exams which will pave the way for local technologists to acquire the International ASCP certification. This will involve review of the Medical technology curriculum at the University of Guyana which will be a continuous collaboration among ASCP, MOH and the University of Guyana. In FY08 MOH with assistance from CDC will continue to maintain and improve the laboratory TB program developed by CSIH. This will involve training and procurement of reagents. MOH will expand the range of OI to PCP, HSV and Cryptococcus in FY08. CDC will expand its current system of funding 25% of required reagents at Georgetown Hospital and provide this benefit to the four expanded treatment sites as well. The reagents will be purchased and distributed to the MOH through SCMS. MOH in collaboration with the Clinton Foundation and CDC has designed a protocol for pediatric testing that will include a system for shipping of specimens to an external reference lab initially until DNA PCR technology is available in Guyana. The procurement of the DNA PCR equipment was negotiated by the Clinton Foundation on behalf of the MOH and will be installed and operational by FY08. The MOH will also be responsible for maintenance (including service contracts) of laboratory equipment used in support of HIV/AIDS care and treatment.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

- Construction/Renovation
- Human Capacity Development
 - * Training
 - *** Pre-Service Training
 - *** In-Service Training
- Local Organization Capacity Building

Food Support

Public Private Partnership

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 8667.08	Mechanism: New 06 - LAB 1
Prime Partner: American Public Health Laboratories	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP	Program Area: Laboratory Infrastructure
Budget Code: HLAB	Program Area Code: 12
Activity ID: 19382.08	Planned Funds: \$100,000
Activity System ID: 19382	

Activity Narrative: The NPHRL will be the first in Guyana, with its modern technology and modern methods of laboratory systems, the NPHRL staff require a higher level of technical and management skills than those possessed by the projected staff. On-going training for NPHRL staff is required in order to build the human capacity in Guyana to a level whereby the NPHRL will be able to be internationally certified. Specific specialized training in immunology and related areas in management and quality assurance have been identified as needs by the CDC and the Ministry of Health. There will be on-going work with the Ministry of Health and CDC to continually identify training needs and possible ways to meet emerging needs in the focused technical areas as the laboratory comes on line. Attachments to state laboratories in the US or other appropriate facilities are expected for key management or technical staff. This training may include laboratory management, systems management and actual case analysis and review in specific technical areas. The attachments are in keeping with transferring particular skill sets that are required for the management of the NPHRL, and capacity building. Attachments will expose the participants to the most recent methods used and new developments in the industry.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 7452.08

Mechanism: ITSO

Prime Partner: Information Technology Services Office

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Area Code: 12

Activity ID: 16497.08

Planned Funds: \$3,250

Activity System ID: 16497

Activity Narrative: In FY08 the CDC Information Technology Services Office (ITSO) has established a support cost of \$3250 dollars per workstation and laptop at each international location to cover the cost of Information Technology Infrastructure Services and Support provided by ITSO. This is a structured cost model that represents what is considered as the "cost of doing business" for each location and will be implemented on a per workstation/computer basis. ITSO charges will be itemized under program area funding for staff supported through program funding. These ITSO charges apply to CDC staff delineated in Activity #12728.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 135.08

Mechanism: CDC Program Support

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Area Code: 12

Activity ID: 8110.08

Planned Funds: \$65,162

Activity System ID: 12728

Activity Narrative: Over the last three 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 FY07 CDC changed from purchasing and distributing directly HIV rapid test kits, consumables, and reagents for CD4, hematology and chemistry to providing funding to the SCMS for this activity. CDC will continue to fund SCMS for these products and work closely with SCMS on reagent forecasting, procurement orders, and audits of distribution of these items at program sites. CDC will continue to provide Quality Assurance (QA) oversight for HIV rapid testing for the referral and regional hospital laboratories that support the HIV program, working in collaboration with I-TECH, ASCP, EU, MOH and the Care & Treatment Partner (TBD-CoAg), based on the country specific laboratory assessment tool developed in collaboration with MOH and FXB in FY07. All QA activities will transition to the NPHRL after it is completed (expected July 2008). CDC will continue to provide an in-country technical liaison for the NPHRL design to the CDC/Atlanta technical review team; the CDC will also continue to provide over site of the contract for the NPHRL construction project; construction started in August 2007. CDC will continue to provide technical and policy support to the MOH for development of the staffing structure, maintenance and equipment plans for the NPHRL while the construction is in progress. The CDC, through a Personal Service Contract (PSC), will provide a senior laboratory advisor to assist the MOH to establish procedures and policies and set up the initial operation of the NPHRL. The Advisor will also provide guidance to the laboratory director in both technical and managerial areas and support training activities and provide overall technical expertise on laboratory management to the MOH. The PSC activity is funded with both GAP and GHAI funds and is found in Activity #12745.08. In collaboration with the Clinton Foundation, which will provide technical support for the procurement of DNA PCR equipment and provide reagents for its operation, the CDC will continue to assist the MOH in the implementation of early infant diagnosis. This function will transition to the NPHRL during FY08. The office will continue to provide coordination and support for special studies as well as assistance with planning the laboratory processes for surveillance surveys during 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8110

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25366	8110.25366.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	10743	135.09	CDC Program Support	\$167,125
8110	8110.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4727	135.07	CDC Program Support	\$145,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 6703.08

Mechanism: Supply Chain Management System

Prime Partner: Partnership for Supply Chain Management

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Area Code: 12

Activity ID: 8211.08

Planned Funds: \$146,650

Activity System ID: 12748

Activity Narrative: Over the last three years CDC Guyana has supported laboratory functions on multiple levels including funding for laboratory supplies, supply procurement and distribution of various commodities like reagents, basic laboratory equipment and supplies and consumables such as gloves and blood tubes. In FY08 CDC will continue this support, through SCMS, to supply CD4 reagents for all treatment sites and 25% of all hematology and chemistry reagents used at the Central Medical Laboratory at Georgetown Public Hospital and the four other regional laboratories. CDC Guyana will continue to coordinate closely with MOH and SCMS on reagent forecasting, procurement orders and auditing to ensure that there are no interruptions in service delivery.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8211

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22628	8211.22628.09	U.S. Agency for International Development	Partnership for Supply Chain Management	9740	6703.09	Supply Chain Management System	\$281,406
8211	8211.07	U.S. Agency for International Development	Partnership for Supply Chain Management	4772	4025.07	Supply Chain Management System	\$200,000

Emphasis Areas

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	N/A	True
12.2 Number of individuals trained in the provision of laboratory-related activities	N/A	True
12.3 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	N/A	True

Indirect Targets

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 2765.08

Mechanism: AIDSRelief

Prime Partner: Catholic Relief Services

USG Agency: HHS/Health Resources
Services Administration

Funding Source: GHCS (State)

Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Area Code: 12

Activity ID: 12744.08

Planned Funds: \$139,566

Activity System ID: 12744

Activity Narrative: AIDSRelief laboratory personnel work with local partner treatment facilities to strengthen the capacity of laboratory personnel and to improve infrastructure as needed. The AIDSRelief laboratory capacity building program seeks to assist local care delivery systems with the following areas: appropriate technology selection, comprehensive training, comprehensive quality systems, integration of laboratory services, and knowledge transfer and sustainability. During COP '08, AIDSRelief's laboratory capacity building program will engage in the following activities: Technical Assistance and Technical Bulletins, Laboratory Quality, OI Diagnostics, Training Sessions and Curriculum Development, and Sustainability Activities.

In FY08, AIDSRelief will provide intensive technical assistance to laboratories to ensure their capacity for sustainability. Technical assistance will include quarterly quality monitoring visits to all sites, continued development of forecasting and procurement systems, implementation of new technologies to upgrade laboratory capacity, training sessions to focus on quality and laboratory management, and dissemination of routine technical updates to laboratories. AIDSRelief will also enhance quality assurance at its three sites by implementing a monthly quality assurance program and by networking laboratories for best practice sharing.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	3	False
12.2 Number of individuals trained in the provision of laboratory-related activities	10	False
12.3 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	10,000	False

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 3828.08	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: Laboratory Infrastructure
Budget Code: HLAB	Program Area Code: 12
Activity ID: 12745.08	Planned Funds: \$90,000

Activity System ID: 12745

Activity Narrative: The CDC, through a Personal Service Contract (PSC), will provide a senior laboratory advisor to the MOH to assist the MOH to establish procedures and policies and set up the initial operation of the NPHRL. The Advisor will also provide guidance to the laboratory director in both technical and managerial areas and support training activities and provide overall technical expertise on laboratory management to the MOH. Due to the level of laboratory management experience of persons in Guyana, the MOH has asked for in-country assistance for a limited period of time (3-5 years) to assist with putting into operation the NPHRL including management and technical assistance. The PSC activity is also funded under Laboratory activity #8110.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Wraparound Programs (Other)

* Education

Food Support

Public Private Partnership

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 6275.08

Mechanism: ASCP

Prime Partner: American Society of Clinical Pathology

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Area Code: 12

Activity ID: 12746.08

Planned Funds: \$50,000

Activity System ID: 12746

Activity Narrative: The American Society of Clinical Pathologists (ASCP), the world's largest laboratory professional society providing training and education, will continue to collaborate with MOH, CDC and the Care & Treatment partner (TBD-CoAg) to support laboratory infrastructure at different levels in Guyana. Laboratory workers need substantial training in use of new tests, use of automated procedures, and all aspects of work required of a functional laboratory (inventory management, quality assurance and quality control, documents and records management, information management, trouble shooting and problem resolution, safety, laboratory management, and customer service). ASCP will continue work started in the previous fiscal year. ASCP provided training of trainers in chemistry and hematology; an evaluation of the newly trained trainers will be conducted to ensure that the TOT was effective. It is expected that the evaluation of this training will be conducted annually. ASCP will also complete the review of the medical technologist curriculum at the University of Guyana. In FY08 ASCP will apply its expertise and resources to educational design and evaluation; training course development; competency assessment development; and technical assistance with training delivery to strengthen the human resource capacity for laboratories in Guyana with a focus on building the capacity of MOH identified to fill key positions at the NPHRL (construction completion scheduled for July 2008). The MOH has identified a number of training and staff development needs for NPHRL personnel. ASCP will work with the MOH, CDC, and other in-country partners to develop a Staff Development and Training Plan for the NPHRL. After needs are identified through this process, the ASCP will determine which parts of the plan it can execute. Key activities throughout FY08 include the MOH to establish a local certifying board, a prerequisite for international ASCP certification for medical technologist and providing training in laboratory management to bench laboratorians who will work at the NPHRL. Modules for this training include leadership concepts, overview of quality systems, equipment and supply chain management and financial management of the laboratory. ASCP will provide the needed training materials such as reference books. Additionally, after the Training & Staff Development plan is developed, ASCP will identify areas to assist in implementing the plan.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

PHE/Targeted Evaluation

Wraparound Programs (Other)

* Education

Food Support

Public Private Partnership

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 3717.08 **Mechanism:** Department of Defense
Prime Partner: US Department of Defense **USG Agency:** Department of Defense
Funding Source: GHCS (State) **Program Area:** Laboratory Infrastructure
Budget Code: HLAB **Program Area Code:** 12
Activity ID: 5307.08 **Planned Funds:** \$0

Activity System ID: 13883

Activity Narrative: Given the current situation where military members are referred to a civilian private sector facility for laboratory testing, and often at a fee, the goal for improving the GDF's ability to perform certain basic diagnostic studies is crucial. Laboratory infrastructure will be established through the renovation and equipment of an existing space at Camp Anyanganno. DoD laboratory personnel will perform technical assistance visits to the GDF laboratory to provide training of personnel. Logistics mechanisms to sustain laboratory capabilities will be initiated and maintained. In addition, GDF laboratory technicians will be trained to parallel the skills and capabilities of laboratory technicians functioning in other civilian laboratories of the same capacity.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8485

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25097	5307.25097.09	Department of Defense	US Department of Defense	10663	3717.09	Department of Defense	\$54,000
8485	5307.07	Department of Defense	Center for Disaster and Humanitarian Assistance Medicine	4451	3717.07	Department of Defense	\$50,000
5307	5307.06	Department of Defense	Center for Disaster and Humanitarian Assistance Medicine	3717	3717.06	Department of Defense	\$60,000

Targets

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	N/A	True
12.2 Number of individuals trained in the provision of laboratory-related activities	10	False
12.3 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	N/A	True

Indirect Targets

Target Populations

Special populations

Most at risk populations

Military Populations

Coverage Areas

Barima-Waini (1)

Cuyuni-Mazaruni (7)

Demerara-Mahaica (4)

East Berbice-Corentyne (6)

Essequibo Islands-West Demerara (3)

Upper Demerara-Berbice (10)

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 7268.08

Prime Partner: US Department of State

Funding Source: GHCS (State)

Budget Code: HLAB

Activity ID: 15829.08

Activity System ID: 15829

Activity Narrative: In FY08, ICASS charges will be itemized under program area funding for staff supported through program funding. These ICASS charges apply to CDC staff delineated in Activities #8110.08 and #12745.08.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Mechanism: ICASS

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Laboratory Infrastructure

Program Area Code: 12

Planned Funds: \$34,000

HVSI - Strategic Information

Program Area: Strategic Information

Budget Code: HVSI

Program Area Code: 13

Total Planned Funding for Program Area: \$1,982,200

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Program Area Context:

In FY08, USG will work in close partnership with the Government of Guyana (GoG) to ensure a coordinated approach to strategic information (SI) in Guyana's HIV/AIDS sector. The major challenges for strategic information in Guyana are lack of human resource capacity, a lack of a centralized strategic information unit with a clear mandate and technical capacity, and a lack of integration and compatibility for various information systems in country. For FY08, the key EP priority is assisting GoG in establishing functional, integrated systems and institutions for data collection, analysis and reporting, and building human capacity to sustain these systems. The National M&E Plan and a recent situation analysis on the MOH Strategic Information Unit will inform programs and activities to ensure a comprehensive approach.

The USG SI Team is jointly coordinated by a USAID SI Officer and the CDC Medical Epidemiologist. Although one agency is the nominal technical lead for a given specific activity, all activities are collaborative to ensure that there is no duplication of resources and to ensure complete data sharing. The USG Team works closely with the MOH SI Unit and NGO partners for M&E, development of HMIS, population-based surveys, surveillance activities, and public health evaluations. An example of productive collaboration is the new National Patient Monitoring System which is in final implementation at all treatment sites in Guyana through the joint efforts of MOH, USAID, GHARP, CDC, treatment partners FXB/AIDSRelief, and PAHO. SI activities are funded and supervised based on technical leadership for a program area, specific expertise, or practicality of funding mechanisms rather than through predetermined categories. In FY08, the CDC Office will serve as the lead for Public Health Evaluations and the USAID Office will serve as lead with MEASURE for Guyana's first DHS and assist MOH with behavioral surveillance surveys to follow up high risk groups surveyed in 2004. USAID will continue to take the lead on target setting and APR/SAPR compilation, and the entire USG team will participate in building capacity within the MOH through training, mentoring and TA for all SI activities. For the 2008 DHS, EP agencies will utilize partnerships between the US Census Bureau and the Guyana Bureau of Statistics to add human resource capacity to the DHS implementation. All USG agencies work closely with the CDC-based SI liaison who is a member of the Core Team and provides leadership and TA to all SI planning and implementation in country.

In-country target setting is a collaborative process led by the USAID SI Officer with all partners. The process consists of a systematic review of past fiscal year targets and results, with a strategic examination of programmatic trends and opportunities for scaling up or down, when appropriate. In past years, the GoG had not established national targets for the National M&E Plan for HIV/AIDS. However, at the end of FY07, USG will participate in a national target-setting workshop to establish these targets, which will be used to guide future COP target-setting.

All USG partners report on OGAC indicators on a semi-annual and annual basis; however, individual partners also provide regular monthly/quarterly updates on results to USAID and CDC. USG works with all partners to ensure the compatibility of monitoring and reporting systems with both national and OGAC requirements/systems. To ensure adequacy of monitoring and reporting systems and assess their compatibility with the national system, initial assessments of partner data management systems were conducted by USAID in FY07. Plans are in place for FY08 to conduct the exercise using the standardized MEASURE Evaluation tools with other USG partners. Priorities for strengthening results reporting in FY08 include supporting NAPS to utilize CRIS to facilitate the collection, reporting and analysis of program, project, and indicator data. CRIS will also be examined by the USG SI team to assess the feasibility of using the data platform to manage and report on EP activities. The Operational Plan for the National M&E Plan will outline a data quality plan at the national level, which will be implemented upon the completion of the plan.

Currently a number of information systems are being used for national data collection and reporting. For HIV treatment, all treatment sites are using the ARV Dispensing Tool (ADT) for consumption and forecasting needs, whereas the WHO-based Patient Monitoring System is being used at facilities to monitor and report to NAPS on patients receiving HIV care and treatment. Community-based information is collected using standardized frontline tools and reporting forms, and efforts are currently underway to ensure that these tools are consistent with national requirements. Data presently flows by program area from the community and facility level directly to NAPS, where information is compiled and reported by program area using a number of unlinked databases. However, as described, NAPS does not have a single data platform that can be used to collect, manage, and analyze indicator data. The process of reporting to donors and multilateral agencies is therefore a burdensome process. USG and UNAIDS will support NAPS in their transition to using the CRIS in FY08 and will ensure that all partners report in a compatible format to NAPS on a quarterly basis.

In FY08, USG will emphasize creating sustainable capacity for SI. The current structure for HIV/AIDS strategic information is not well-defined; an electronic system to facilitate collection and analysis of required HIV/AIDS data elements does not exist; and there is a lack of human capacity in all areas of SI. The Operational Plan, developed with the assistance of MEASURE Evaluation in FY07, will serve as a blueprint for the steps to be taken to monitor the national response. To strengthen human resource capacity in SI in FY08, 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 continue to 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 provides both individual patient tracking and the ability to perform facility-level and national cohort and cross-sectional analysis. 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 FY08. Planning for the Demographic and Health Survey (DHS) took place in FY07, and the survey will be implemented in FY08. The DHS 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 much-needed for Guyana as the country has never implemented this survey which provides information on critical health indicators. The DHS will take the place of the second round of the AIS which was originally implemented in 2004, with USAID Global Health funds covering the difference in costs between the two levels of studies. Second, in FY08, a combined biological and behavioral surveillance survey (BBSS) will be conducted among MSM to measure any changes in the population resulting from targeted interventions, as well as to provide data for guiding the expansion of the GHARP and MOH-led MSM project to ensure national coverage. The BSS will also be conducted with in- and out-of-school youth, members of the uniformed services, and employees of the sugar industry 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 support the MOH to 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 according to guidelines. GHARP will also provide ongoing support to NGOs to integrate their data collection and reporting procedures into the national program, 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 public health evaluations in FY08: an outcome evaluation of capacity-building as a result of USG-supported trainings, an evaluation of the MARCH-infused life skills curriculum in secondary schools, and evaluations TBD on TB/HIV treatment adherence, ART adherence, and nutrition interventions associated with the care services in country.

Program Area Downstream Targets:

13.1 Number of local organizations provided with technical assistance for strategic information activities	20
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	120

Custom Targets:

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 4617.08	Mechanism: Global Health Fellow Program
Prime Partner: Public Health Institute	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Strategic Information
Budget Code: HVSI	Program Area Code: 13
Activity ID: 7980.08	Planned Funds: \$0
Activity System ID: 14077	

Activity Narrative: USAID will close out the Strategic Information Global Health Fellow position in the first quarter of FY08, but funding request includes necessary costs of FY07 extension, FY08 first quarter, and repatriation costs. The officer's responsibilities will be transitioned into the SOW of an FSN officer at USAID (funded under Management & Staffing). This position will serve as the Strategic Information Officer with prime responsibility to fulfill requirements for strategic information under PEPFAR and USAID, track performance, 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7980

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
7980	7980.07	U.S. Agency for International Development	Public Health Institute	4617	4617.07	Global Health Fellow Program	\$150,000

Emphasis Areas

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

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

Indirect Targets

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 6703.08	Mechanism: Supply Chain Management System
Prime Partner: Partnership for Supply Chain Management	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Strategic Information
Budget Code: HVSI	Program Area Code: 13
Activity ID: 9105.08	Planned Funds: \$0
Activity System ID: 14082	

Activity Narrative: Continuing Activity and funded by Core Funds:

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.

System requirements have been determined, a solution vendor identified and hired, and the first stage of preparation and installation of the system along with relevant training has been accomplished. This will be implemented and at a minimum should be able to maintain national stock status indicators and detailed consumption information using web based tools. 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.

Next steps include:

- Implementation of the central and regional level WH Management and information system. First by developing a Master Project Plan with targeted go-live date, then selection and training of WMS supervisors from both MMU and Annex. Next, they will execute proper First Expiry First Out (FEFO) control, resource management, more accurate stock counts (including cycle counts), enhanced warehouse management and automated WMS activity reporting in both MMU and ANNEX warehouses and develop a platform where the warehouse management system information can be made readily available and eventually directly interface with planned MACS Procurement, Contract and Tenders system.

- Improving information transfer between facility and central level to identify needs and role in data sharing and to determine a mechanism to transfer information from facilities to central level.

- Ensuring strategic information is made readily available to drive decisions for key stakeholders, e.g. MOH, MOF, donors, implementing partners. First, they will identify needs and roles in data sharing, and then determine a mechanism to transfer such information from facilities to central level

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9105

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22629	9105.22629.09	U.S. Agency for International Development	Partnership for Supply Chain Management	9740	6703.09	Supply Chain Management System	\$100,000
9105	9105.07	U.S. Agency for International Development	Partnership for Supply Chain Management	4772	4025.07	Supply Chain Management System	\$400,000

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	1	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	20	False

Indirect Targets

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 7208.08	Mechanism: Global Health M&E Task Order
Prime Partner: John Snow, Inc.	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Strategic Information
Budget Code: HVSI	Program Area Code: 13
Activity ID: 15632.08	Planned Funds: \$150,000
Activity System ID: 15632	

Activity Narrative: JSI will provide technical assistance to train key Strategic Information officers at the central and regional offices of the MoH and the National AIDS Programme Secretariat (NAPS), as well as key civil society staff as identified by NAPS. 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, JSI 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 Strategic for Plan for HIV/AIDS, 2007-2011 and its corresponding M&E Plan and will transfer skills to the host country and strengthen the country's ability to track program progress and results over time. Specific activities (dependent on emerging needs) will include: Provide technical assistance for the revision/streamlining of reporting formats used at the MOH; Draft scopes of work for new and current positions at the MOH for those personnel in the strategic information unit/framework; Organize, host, and support the MoH and NAPS to implement 3 regional information/dissemination meetings; Define TA plan for supporting development of HIS.

This work will follow the work completed by MEASURE Evaluation with on-site technical assistance for the development of an Operational Plan for the National HIV/AIDS M&E Plan in FY07. This technical assistance has assisted in streamlining reporting processes, forms, and developing a data quality plan, as well as initial capacity building and organizational development assistance.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 7208.08

Mechanism: Global Health M&E Task Order

Prime Partner: John Snow, Inc.

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Area Code: 13

Activity ID: 15636.08

Planned Funds: \$650,000

Activity System ID: 15636

Activity Narrative: Macro will to conduct the Demographic Health Survey (DHS) in FY08, including the AIDS Indicator Survey (AIS) module, following the survey planning activities completed in FY07 (formation of technical advisory committee, sample design, survey director recruitment and hiring, staff recruitment and hiring, training, and household listing and mapping exercises). 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 has been part of the USG SI plan for the past three years, and USG has been approached with firm requests 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.

The DHS will take the place of the second round of the AIS, which was originally implemented in 2004. It should be noted that the cost difference between implementation of an AIS and DHS is not significant. The USAID Latin American and Caribbean Bureau have agreed to cover the cost difference between implementation of an AIS and implementation of a DHS.

FY08 costs include data collection, quality control, data processing, report writing, and dissemination of results.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 7268.08

Mechanism: ICASS

Prime Partner: US Department of State

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Area Code: 13

Activity ID: 15828.08

Planned Funds: \$41,250

Activity System ID: 15828

Activity Narrative: In FY08, ICASS charges will be itemized under program area funding for staff supported through program funding. These ICASS charges apply to CDC staff delineated in Activity #8089.08

HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity:

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 4.08 **Mechanism:** GHARP
Prime Partner: Family Health International **USG Agency:** U.S. Agency for International Development
Funding Source: GHCS (State) **Program Area:** Strategic Information
Budget Code: HVSI **Program Area Code:** 13
Activity ID: 3154.08 **Planned Funds:** \$475,000
Activity System ID: 13896

Activity Narrative: To date, GHARP has been able to accomplish significant strides in the area of strategic information capacity building, quality assurance, and reduction of parallel systems. GHARP has completed the review of M&E system for PMTCT and VCT, strengthened the NGO M&E systems (including QA/QI and data validation), completed mapping of sex worker population at the national level, completed two rounds of BBSS among sex workers in Guyana, completed BBSS among non-injection drug users, designed and implemented QA/QI system for VCT, PMTCT and HBC, and provided support at the national level for M&E in capacity building.

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-site 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.

Support is also required in FY08 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 national guidelines.

In FY08, outside of continuing the system strengthening of M&E units, officers, and on-site follow-up/mentoring; GHARP will be focusing on conducting the second round of BSS with MSM, GUYSUCO employees, members of the armed services, and in and out of school youth. GHARP will obtain CAREC IRB clearance. Also, GHARP will focus on transferring the capacity, systems, and technology necessary to support high-level M&E of NGO grant performance to Community Support & Development Services. This indigenous firm will need to possess the capacity to take on the current level of strategic information and technical assistance support that GHARP currently provides for the local NGO consortium.

HQ Technical Area:
New/Continuing Activity: Continuing Activity
Continuing Activity: 7976
Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
7976	3154.07	U.S. Agency for International Development	Family Health International	4612	4.07	GHARP	\$400,000
3154	3154.06	U.S. Agency for International Development	Family Health International	2737	4.06	GHARP	\$300,000

Emphasis Areas

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

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

Indirect Targets

Target Populations

Special populations

Most at risk populations

Men who have sex with men

Most at risk populations

Military Populations

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 ID:** 2765.08**Mechanism:** AIDSRelief**Prime Partner:** Catholic Relief Services**USG Agency:** HHS/Health Resources Services Administration**Funding Source:** GHCS (State)**Program Area:** Strategic Information**Budget Code:** HVSI**Program Area Code:** 13**Activity ID:** 12754.08**Planned Funds:** \$140,592**Activity System ID:** 12754

Activity Narrative: AIDSRelief continues to support PEPFAR and local partner treatment facilities (LPTFs) in monitoring and evaluation (M&E) of ART services. AIDSRelief is committed to providing high quality HIV care and treatment based on quality data. Fulfilling this commitment requires well integrated and efficient facility based strategic information systems and a strong M&E team. In FY08, AIDSRelief through Constella Futures and the Institute for Human Virology (IHV) will build capacity and provide supportive supervision to LPTFs in the use of longitudinal medical record systems (electronic and paper based) for quality improvement, patient management, and reporting. Constella Futures will continue to provide technical assistance through training to treatment sites in collaboration with all stakeholders to build sustainable M&E units and health management information system (HMIS). AIDSRelief will continue to work closely with the National AIDS Program to implement the national patient monitoring system reporting format for all its treatment sites.

HQ Technical Area:**New/Continuing Activity:** New Activity**Continuing Activity:****Related Activity:****Emphasis Areas**

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support**Public Private Partnership****Table 3.3.13: Activities by Funding Mechanism****Mechanism ID:** 2246.08**Mechanism:** Ministry of Health, Guyana**Prime Partner:** Ministry of Health, Guyana**USG Agency:** HHS/Centers for Disease Control & Prevention**Funding Source:** GHCS (State)**Program Area:** Strategic Information**Budget Code:** HVSI**Program Area Code:** 13**Activity ID:** 12750.08**Planned Funds:** \$125,000**Activity System ID:** 12750

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 2007-2008 cooperative agreement has been obligated to provide contract staff, equipment, travel, supplies and contractual services related to SI activities.

HQ Technical Area:**New/Continuing Activity:** New Activity**Continuing Activity:****Related Activity:**

Emphasis Areas

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 135.08

Mechanism: CDC Program Support

Prime Partner: US Centers for Disease
Control and Prevention

USG Agency: HHS/Centers for Disease
Control & Prevention

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Area Code: 13

Activity ID: 8089.08

Planned Funds: \$189,730

Activity System ID: 12729

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 programmatic research. In FY08 CDC will emphasize improving SI systems in the MOH, improved coordination between the national statistics unit and various program areas, and provide technical assistance to the Government of Guyana technical committee for the DHS. The CDC Office will work with partners to produce public health evaluations for the MARCH program, TB/HIV activities, and the treatment program. An LES data manager and a portion of the CDC direct hire medical epidemiologist are supported through this program activity.

CDC will continue to support the roll-out of the National Patient Monitoring System and provide technical assistance to the MOH and other partners in utilization of the data for improving patient care and program implementation.

CDC will assist the MOH in completion of the National Epidemiologic Profile begun in FY07. In addition, CDC will 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. 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 in implementing a sustainable and harmonized surveillance system to monitor and measure all health care priorities.

Lastly, CDC will continue to work with all partners to strengthen routine program reporting with standardized reporting systems that minimize redundant efforts for different reporting pathways. In recognition of the human resource shortages that inhibit strong SI programs in country, CDC will assist with training and mentoring of MOH staff.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8089

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25367	8089.25367.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	10743	135.09	CDC Program Support	\$244,675
8089	8089.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4727	135.07	CDC Program Support	\$28,000

Emphasis Areas

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

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

Indirect Targets

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 4774.08

Mechanism: Pan American Health Organization

Prime Partner: Pan American Health Organization

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Area Code: 13

Activity ID: 8275.08

Planned Funds: \$125,000

Activity System ID: 12724

Activity Narrative: In FY07, PAHO served as lead technical agency to assist the Ministry of Health to adapt the WHO format national patient tracking and monitoring system to the Guyana context. The system is being rolled out in all existing ARV treatment sites. The system is now the national monitoring system for all HIV/AIDS care in country. As part of the IMAI initiative, PAHO will provide support to the roll out of the system in all district hospitals (19) and a limited number of health centers meeting criteria to provide ARV. PAHO will also support the WHO HIV Drug Resistance (HIV-DR) tracking initiative. This includes Early Warning Indicators to be obtained from the Patient Monitoring System and cohort analysis. PAHO will continue to support and supervise the work provided by contract data entry clerks and clinic staff working on the roll out of the Patient Monitoring System.

The PAHO Surveillance Officer will continue to work closely with CDC (the SI 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8275

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26799	8275.26799.09	U.S. Agency for International Development	Pan American Health Organization	11130	11130.09	Pan American Health Organization	\$15,000
8275	8275.07	U.S. Agency for International Development	Pan American Health Organization	4774	4774.07	Pan American Health Organization	\$250,000

Emphasis Areas

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

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

Indirect Targets

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 7436.08	Mechanism: ASPH Fellow
Prime Partner: Association of Schools of Public Health	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Strategic Information
Budget Code: HVSI	Program Area Code: 13
Activity ID: 16458.08	Planned Funds: \$75,000
Activity System ID: 16458	
Activity Narrative: In FY 08, the CDC office will continue to use an ASPH fellow for program support and CDC will continue to provide mentoring to these public health professionals. The main scope of work for these fellows will include M&E as well as follow-up with the Patient Monitoring System (PMS).	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Emphasis Areas

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 7452.08	Mechanism: ITSO
Prime Partner: Information Technology Services Office	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Strategic Information
Budget Code: HVSI	Program Area Code: 13
Activity ID: 16498.08	Planned Funds: \$4,875
Activity System ID: 16498	
Activity Narrative: In FY08 the CDC Information Technology Services Office (ITSO) has established a support cost of \$3250 dollars per workstation and laptop at each international location to cover the cost of Information Technology Infrastructure Services and Support provided by ITSO. This is a structured cost model that represents what is considered as the "cost of doing business" for each location and will be implemented on a per workstation/computer basis. ITSO charges will be itemized under program area funding for staff supported through program funding. These ITSO charges apply to CDC staff delineated in Activity #12729.	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 7318.08	Mechanism: CSCS/OBO
Prime Partner: US Department of State	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Strategic Information
Budget Code: HVSI	Program Area Code: 13
Activity ID: 16034.08	Planned Funds: \$5,753
Activity System ID: 16034	
Activity Narrative: In FY08, in accord with new guidance on OBO charges, CSCS costs will be dispersed across program areas that support personnel in addition to allocations under Management and Staffing. These charges cover costs of doing business for personnel listed under Activity #8089.08	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 3717.08	Mechanism: Department of Defense
Prime Partner: US Department of Defense	USG Agency: Department of Defense
Funding Source: GHCS (State)	Program Area: Strategic Information
Budget Code: HVSI	Program Area Code: 13
Activity ID: 14642.08	Planned Funds: \$0
Activity System ID: 14642	
Activity Narrative: DoD will continue to provide support for building capacity within the GDF in the areas of surveillance, monitoring and evaluation (M&E) and analysis and use of strategic information. Improvements will be made to the GDF health information management system, enabling it to provide both clinical and strategic decision-enabling information in a timely manner. Existing data regarding risk behaviors from VCT intake forms will be analyzed to understand and target behavior change and other prevention activities. The program manager will be trained in M&E to ensure proper reporting to PEPFAR.	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Emphasis Areas

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

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

OHPS - Other/Policy Analysis and Sys Strengthening

Program Area: Other/Policy Analysis and System Strengthening

Budget Code: OHPS

Program Area Code: 14

Total Planned Funding for Program Area: \$1,524,231

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Program Area Context:

The initiatives in policy and system strengthening will enhance the existing foundation and continue to build on programs currently being implemented, as well as increase the support given to cross-cutting issues which will be the foundation for a sustainable response to HIV/AIDS in Guyana. In FY07 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. PEPFAR plays an important role in the 3 Ones Principle and will support the implementation of Guyana's harmonization tool to improve division of labor, coordination, maximization of resources and sustainability.

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. Although efforts have been made to coordinate the staffing needs in FY 07, the problem persists. A more concentrated effort will be made in FY08 to address the human resource depletion by collaborating with the MOH and other partners to streamline and harmonize Human Resource policies, in order to avoid throwing the whole health delivery system into imbalance and possibly adversely affecting 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. For HIV/AIDS there is the TIMS (Training Information Management System) which tracks all health care workers who are involved in the HIV program, and support for the system is being provided by I-TECH. 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 the funding already allocated to GOG Ministries and civil society, to ensure the effectiveness and timeliness of those programs. ITECH will continue to collaborate with the University of Guyana, Health Sciences Education Unit to build the capacity of the GOG to monitor, evaluate and plan for the training needs of Health Sector staff. While concurrently PAHO will establish a Human Resources Planning and

Development Unit within the MOH to address migration issues, as well as the retention and recruitment of health providers.

The Government of Guyana, donors and civil society have recognized that there is a need for a legal framework to regularize the functioning of NGOs. At the program level, PEPFAR will utilize the services of Community Support and Development Services Inc. to support the NGO and FBO community with the contracting of entities to provide targeted assistance in developing sound governance and administrative processes. It is envisaged that this assistance will enable 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. FHI/GHARP will continue 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. PEPFAR will also collaborate with UNAIDS to align reporting systems with the goal of achieving one National M&E framework.

The Ministry of Labour, as the lead Agency will be supported by the International Labor Organization and Howard Delafield for the development of policy and workplace programs within the private sector and work place settings. This assistance will be extended to all Line Ministries. 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.

With PEPFAR funding, UNICEF is focusing on policy and legislation for OVC, working with the GOG through the Ministry of Labor, Human Services and Social Security to ensure that the OVC National Plan of Action and the OVC National Policy Framework are enforced. These documents emphasize the need for vulnerable children to have access to essential services, including HIV care and treatment. The program will continue to work with the GOG to strengthen those services at the system level.

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, there is a need for stigma and discrimination to be a key part of all our programs as well as incorporated into the institutionalization/introduction of a sound policy environment. 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 and other Caribbean partners that have invested in sound legislation as well as mitigation of the HIV/AIDS epidemic. Efforts will also be made to ensure that persons living with HIV and AIDS are involved in the development of programs and policy at all levels.

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 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. UNICEF, along with financial support from the GFATM will be addressing two policies/draft legislations: 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 Downstream Targets:

14.1 Number of local organizations provided with technical assistance for HIV-related policy development	29
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	36
14.3 Number of individuals trained in HIV-related policy development	79
14.4 Number of individuals trained in HIV-related institutional capacity building	237
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	180
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	150

Custom Targets:

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 6184.08

Mechanism: UNAIDS

Prime Partner: Joint United Nations
Programme on HIV/AIDS

USG Agency: U.S. Agency for International
Development

Funding Source: GHCS (State)

Program Area: Other/Policy Analysis and
System Strengthening

Budget Code: OHPS

Program Area Code: 14

Activity ID: 14656.08

Planned Funds: \$100,000

Activity System ID: 14656

Activity Narrative: In FY07 UNAIDS successfully facilitated the development of a revised governance manual and structure for the Global Fund Country Coordinating Mechanism. UNAIDS also successfully facilitated the transition from the previous CCM membership to the membership that is now aligned with the adopted governance manual. This process included hosting sector nomination meetings for PLWHA, private sector, academia, development partners, and civil society. UNAIDS will have hosted the "Good Governance" seminar and workshop for all CCM members, in conjunction with the Suriname CCM in September.

In FY08, UNAIDS will continue to support the CCM Secretariat in its operations as well providing support for constituencies to meet with the CCM members prior to each quarterly, CCM meeting to ensure that members are actively representing and communicating with the peers in their sector.

In January, 2008 Minister of Health, Leslie Ramsammy will be replacing Dr. Carol Jacobs on the Global Fund Board. UNAIDS will operationally assist Minister in fulfilling the responsibilities of this position.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 14655

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	N/A	True
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	4	False
14.3 Number of individuals trained in HIV-related policy development	N/A	True
14.4 Number of individuals trained in HIV-related institutional capacity building	60	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	60	False
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Special populations

Most at risk populations

Men who have sex with men

Other

People Living with HIV / AIDS

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 3717.08

Prime Partner: US Department of Defense

Funding Source: GHCS (State)

Budget Code: OHPS

Activity ID: 14643.08

Activity System ID: 14643

Mechanism: Department of Defense

USG Agency: Department of Defense

Program Area: Other/Policy Analysis and System Strengthening

Program Area Code: 14

Planned Funds: \$0

Activity Narrative: The goal for FY08 will be the development of an HIV military policy in the GDF. Through the provision of a draft and visits/workshops guided by a U.S. DoD member knowledgeable in policy, the military central management committee will be provided a proposed HIV military policy for the GDF. Designated high level military leaders will be sent to the Defense International Medical Operations (DIMO) HIV Policy Development Course at Brookes Air Force Base, Texas.

Two GDF health care providers will be sent to the Military International HIV Training Course in San Diego, California where comprehensive training will provide a conceptual background and practical experience in HIV management with antiretroviral therapy, management of common opportunistic infections, policies and operational aspects of clinical and military management of HIV infected personnel and their families. HIV diagnostics and laboratory diagnosis of parasitic diseases and opportunistic infections be taught. Vital concepts and methods of epidemiology and biostatistics needed to address the critical public health issues including surveillance, bias, confounding and study design, using and evaluating medical literature, and use of vital statistics in research will be reviewed. Training and experience in database development, maintenance, and data entry will be provided. Key elements of health communication messages and social marketing efforts to promote HIV prevention, VCT, and destigmatization of people living with HIV/AIDS will be presented. Individualized instruction on relevant software, and library and medical Internet searching skills will be enhanced. Support will be provided for this individual to train other GDF military and healthcare personnel to provide health care and support for HIV-infected personnel.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	1	False
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	1	False
14.3 Number of individuals trained in HIV-related policy development	2	False
14.4 Number of individuals trained in HIV-related institutional capacity building	2	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

Target Populations

Special populations

Most at risk populations

Military Populations

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 8896.08

Mechanism: ITECH

Prime Partner: University of Washington

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Program Area: Other/Policy Analysis and System Strengthening

Budget Code: OHPS

Program Area Code: 14

Activity ID: 19909.08

Planned Funds: \$10,000

Activity System ID: 19909

Activity Narrative: April 2008 reprogramming - NEED TO ADD ACTIVITY NARRATIVE!

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 7264.08

Mechanism: N/A

Prime Partner: Community Support &
Development Services

USG Agency: U.S. Agency for International
Development

Funding Source: GHCS (State)

Program Area: Other/Policy Analysis and
System Strengthening

Budget Code: OHPS

Program Area Code: 14

Activity ID: 15961.08

Planned Funds: \$89,773

Activity System ID: 15961

Activity Narrative: The Government of Guyana, donors and civil society have recognized that in order to scale up the HIV response and achieve Guyana's goals, non-governmental and faith-based organizations have become important partners in the national response. While the NGOs are essential to extending the delivery of HIV/AIDS prevention, care and support services throughout the country, many of them have demonstrated inadequate capacity to rapidly scale up services as a result of their limited administrative management and financial capacity. In addition, as the number of NGOs grows, it becomes increasingly necessary to identify a sustainable cost effective solution to institutional capacity building. This requires the transfer of the capacity building mandate to a local entity which can work with the NGOs in the field and maintain regular, even daily contact, to respond to emergency needs and monitor progress. This agency would also fill the gaps in the institutional memory created by the high turnover of key staff in these local NGOs.

After issuing a Request for Proposals in December 2006, Community Support & Development Services (CSDS) Inc, an indigenous capacity building organization, was awarded the contract in May 2007 to meet the emerging needs of the NGOs. CSDS is contracted to disburse and monitor small grants to a network of USAID-supported non-governmental organizations (NGOs), faith-based organizations (FBOs), and the NGO Coordinating Committee, while strengthening their financial and administrative management (including governance) capacity. CSDS will provide technical assistance through local consultants and a local Accounting Firm to enable the NGOs to immediately expand HIV/AIDS services while simultaneously enhancing their capacity. Assistance will be provided in a targeted manner, focusing on direct management, on-site training and mentoring and other direct support, and when warranted, other formal training in the form of workshops to ensure long-term organizational sustainability.

Thus, under the Other/Policy Analysis and System Strengthening program area, through CSDS, a core of short-term local consultants will build the capacity of the eighteen (18) USAID-supported NGOs to fulfill critical governance and administrative tasks:

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

CSDS will also sub-contract a local Accounting Firm to provide oversight to its financial management of the NGOs through the review of financial systems and practices and the conduct of audits, thereby ensuring continuous quality improvement and quality assurance.

The Guyana HIV/AIDS Reduction and Prevention (GHARP) project will continue to provide technical guidance to the NGOs. GHARP will also serve in a mentoring capacity to CSDS throughout the duration of the contract, with the ultimate goal of equipping them with the requisite skills to continue beyond the end date of the (international) institutional contractor.

Deliverables/Additional Targets:

- Consultants contracted to provide following deliverables:
 - Revised constitution for NGO Coordinating Committee completed

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	N/A	True
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	N/A	True
14.3 Number of individuals trained in HIV-related policy development	N/A	True
14.4 Number of individuals trained in HIV-related institutional capacity building	N/A	True
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

Coverage Areas

Cuyuni-Mazaruni (7)

Demerara-Mahaica (4)

East Berbice-Corentyne (6)

Essequibo Islands-West Demerara (3)

Mahaica-Berbice (5)

Pomeroon-Supenaam (2)

Upper Demerara-Berbice (10)

Upper Takutu-Upper Essequibo (9)

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 4792.08

Prime Partner: University of Washington

Funding Source: GHCS (State)

Budget Code: OHPS

Activity ID: 8492.08

Activity System ID: 12726

Mechanism: ITECH

USG Agency: HHS/Health Resources Services Administration

Program Area: Other/Policy Analysis and System Strengthening

Program Area Code: 14

Planned Funds: \$324,458

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 to reduce the shortage of skilled workers in the health sector. To improve upon the quality of pre-service and in-service training of health care providers, I-TECH will work with PAHO to support the MOH in the development of standardized curricula. Additionally, I-TECH will provide training for trainers to include tutors and health care professionals who will become part of the network of local trainers.

Since July of 2007, the Guyana National Training Coordination Centre (GYNTCC) is located within the Ministry of Health Annex, Liliendaal. This co-location facilitates a strong relationship between the GYNTCC and the Health Sciences Education Unit (HSEU). Through this collaboration I-TECH will build HSEU capacity to maintain a database of health care providers and their relevant training received to date. The GYNTCC will also maintain a national training calendar so events are timely, not redundant, and do not overlap. In addition, HIV/AIDS materials will be continually provided to the HSEU Resource Centre to improve upon the resources available to those working in the health sector.

I-TECH will continue to support the national HIV/AIDS website. The website, operational since fall 2005, serves as a primary communication tool and resource for health professionals, donors, implementing partners and the general public. Funding supports the webmaster who provides continual improvement to and maintenance of the site. Funding is through HHS/HRSA and in-country oversight resides with the CDC Guyana Office which provides technical and administrative support.

Continuing at the current level of effort, I-TECH's curriculum development work will be conducted by experts in curriculum design and training at I-TECH's headquarters at the University of Washington.

I-TECH proposes an expanded effort in 2008 by hiring counterpart staff in Guyana to learn and apply curriculum development skills and serve as master trainers. Three part-time health professionals will be employed within the GYNTCC office to work in partnership with the University of Washington-based curriculum team to write the curriculum projects in the I-TECH Guyana work plan and to enhance training capacity in Guyana. The three professionals would be identified by the Ministry of Health and would ideally be a doctor, a medex, and a nurse. They will be trained in conducting curriculum needs assessments, developing learning objectives, researching clinical guidelines, applying the principles of adult learning theory, drafting well-formatted training materials, executing effective courses, training faculty to be expert trainers, and evaluating trainings. The three staff will participate in implementing a second training-of-trainers workshop in 2008 (one is already proposed in I-TECH's baseline 2008 budget request). I-TECH's Guyana staff and headquarters health communication staff will serve as ongoing mentors to the local staff.

The increased expenditure would be a frontloaded investment for one or two years while capacity is transferred from the U.S. to Guyana. The objective of this investment is that future curriculum development work will be done in-house within the Ministry of Health, at which point the curriculum development work done at I-TECH's headquarters could be significantly scaled back.

Deliverables/Additional Targets:

- Training calendar updated on a quarterly basis
- Database updated to track human resources and training
- HIV/AIDS website
- Training resource database updated
- Training of Trainers for tutors and health care professionals
- Standardized in-service curricula for the following: physicians, nursing assistants and community health workers
- HIV/AIDS content provided for integration into pre-service curricula
- Local staff hired as curriculum developers
- Training plan for curriculum developers implemented

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8492

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25155	8492.25155.09	HHS/Health Resources Services Administration	University of Washington	10687	4792.09	ITECH	\$250,000
8492	8492.07	HHS/Health Resources Services Administration	University of Washington	4792	4792.07	ITECH	\$294,458

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 4.08

Mechanism: GHARP

Prime Partner: Family Health International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Other/Policy Analysis and System Strengthening

Budget Code: OHPS

Program Area Code: 14

Activity ID: 3155.08

Planned Funds: \$50,000

Activity System ID: 13897

Activity Narrative: FHI/GHARP will continue to technically support, but not implement, the annual civil society work plan development process of its current 20 NGO/FBO partners. This process requires a great deal of mentoring as the responsibility is shifted to Community Support & Development Services, focusing on the continuum of transferring capacity to indigenous organizations.

With civil society programs having only been concretely established in the last ten years, building their technical as well as 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 assist Community Support & Development Services 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8199

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
8199	3155.07	U.S. Agency for International Development	Family Health International	4612	4.07	GHARP	\$100,000
3155	3155.06	U.S. Agency for International Development	Family Health International	2737	4.06	GHARP	\$450,000

Emphasis Areas

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	20	False
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	20	False
14.3 Number of individuals trained in HIV-related policy development	20	False
14.4 Number of individuals trained in HIV-related institutional capacity building	100	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	40	False
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	50	False

Indirect Targets

Coverage Areas

- Demerara-Mahaica (4)
- East Berbice-Corentyne (6)
- Upper Demerara-Berbice (10)
- Essequibo Islands-West Demerara (3)
- Cuyuni-Mazaruni (7)
- Potaro-Siparuni (8)

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 4.08

Prime Partner: Family Health International

Funding Source: GHCS (State)

Mechanism: GHARP

USG Agency: U.S. Agency for International Development

Program Area: Other/Policy Analysis and System Strengthening

Budget Code: OHPS

Program Area Code: 14

Activity ID: 8205.08

Planned Funds: \$400,000

Activity System ID: 13898

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 World Bank, human resource development programs for leadership and management skills-building, and most considerably to focus its technical assistance on increasing the capacity of Community Support & Development Services (the successful indigenous organization who will take on increasing responsibility for the technical, capacity building, and financial management of NGO grants in Guyana. This will require assistance, mentoring, and provision of 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8205

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
8205	8205.07	U.S. Agency for International Development	Family Health International	4612	4.07	GHARP	\$650,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	N/A	True
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	N/A	True
14.3 Number of individuals trained in HIV-related policy development	N/A	True
14.4 Number of individuals trained in HIV-related institutional capacity building	N/A	True
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

Indirect Targets

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 4.08	Mechanism: GHARP
Prime Partner: Family Health International	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS	Program Area Code: 14
Activity ID: 8206.08	Planned Funds: \$250,000
Activity System ID: 13899	

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.

Over the past years, HDI/GHARP has built from success to success in an escalating manner. Initially, achievements 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 partnering 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.

Then, 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.

From this point, HDI/GHARP progressed further, to being on track to achieve all FY07 targets. More than 12,000 workers in the Private Sector have been sensitized to HIV/AIDS as a workplace issue. The recently, eleven members and staff of USAID/GHARP and the Private Sector Advisory Board attended the 2nd Forum of the Pan Caribbean Business Coalition on HIV/AIDS in Port of Spain, Trinidad. At this forum GHARP's Private Sector Partnership Manager delivered a presentation which highlighted Guyana's successful Public/Private Sector partnership program. In addition, during the month of June, a five (5) person delegation comprising Private Sector and GHARP officials participated in a Global Business Coalition on HIV/AIDS, Tuberculosis and Malaria organized technical session that examined "Opportunities to respond across the supply chain through awareness, education and access", in New York. Efforts will continue to intensify this year to ensure that more workplaces adopt policies and programs aimed at heightening awareness of the dangers which the disease poses to skills retention in the productive sector.

HDI's focus in FY08 will be to provide the Coalition with technical assistance to leverage and build strong relationships with other donors and partners to support the further establishment and strengthening of the Coalition. HDI will also actively support the development of a plan that will integrate GHARP and the ILO workplace programs as one program, to be sustained after the expiration of the GHARP contract. Technical assistance will be provided to develop the skills of the Board members in areas of: leadership development, targeted education and skills building for committee specific requirements, strategic planning, and leveraging additional private sector input. HDI will work to strengthen the relationship with the Pan Caribbean Business Coalition and also with the Global Business Coalition (GBC) on HIV/AIDS through a formal co-branding (GBC) with the Guyana Business Coalition on HIV/AIDS.

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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8206

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
8206	8206.07	U.S. Agency for International Development	Family Health International	4612	4.07	GHARP	\$220,000

Emphasis Areas

Workplace Programs

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	N/A	True
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	N/A	True
14.3 Number of individuals trained in HIV-related policy development	N/A	True
14.4 Number of individuals trained in HIV-related institutional capacity building	N/A	True
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

Indirect Targets

Target Populations

Other

Business Community

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 2762.08

Mechanism: Department of Labor

Prime Partner: International Labor Organization

USG Agency: Department of Labor

Funding Source: GHCS (State)

Program Area: Other/Policy Analysis and System Strengthening

Budget Code: OHPS

Program Area Code: 14

Activity ID: 3203.08

Planned Funds: \$50,000

Activity System ID: 13902

Activity Narrative: The Project will build on the experience and achievements of the workplace program in Guyana and the goal of developing a sustainable program as the world of work component of the national response to HIV. It will continue to utilize the existing and well-functioning collaborative arrangements with the Ministry of Labour, Human Services and Social Security and the employers' and workers' organizations and the network of non-governmental organizations (NGO) to develop, monitor and sustain workplace policies at target enterprises.

Action will continue at the national level for a coordinated and harmonized workplace program. In this regard, the Project will support the development of an action plan based on the priorities in the National HIV Strategy. Emphasis will continue to be placed on training and the development of BCC materials. 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8201

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24771	3203.24771.09	Department of Labor	International Labor Organization	10553	2762.09	Department of Labor	\$115,000
8201	3203.07	Department of Labor	International Labor Organization	4769	2762.07	Department of Labor	\$275,000
3203	3203.06	Department of Labor	International Labor Organization	2762	2762.06	Department of Labor	\$150,000

Emphasis Areas

Local Organization Capacity Building

Workplace Programs

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	8	False
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	11	False
14.3 Number of individuals trained in HIV-related policy development	57	False
14.4 Number of individuals trained in HIV-related institutional capacity building	75	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	80	False
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	100	False

Indirect Targets

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Business Community

People Living with HIV / AIDS

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 4774.08

Prime Partner: Pan American Health Organization

Funding Source: GHCS (State)

Budget Code: OHPS

Activity ID: 3164.08

Activity System ID: 14084

Mechanism: Pan American Health Organization

USG Agency: U.S. Agency for International Development

Program Area: Other/Policy Analysis and System Strengthening

Program Area Code: 14

Planned Funds: \$250,000

Activity Narrative: Continuing Activity

In FY06 and FY07 PAHO focused on strengthening the capacity of the National AIDS Program Secretariat since a 2004 assessment conducted by the Caribbean Health Research Council (CHRC) noted that insufficient human and technical ability as well as inadequate emphasis on its mandate of coordination and management weakened 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. Also, in FY07 PAHO has been able to make significant strides in the development of a human resource unit within the Ministry of Health, including staffing and initial work on strategy documents and policy positions.

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 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 and service delivery mandates with skills needed and appropriate budget 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 forecasting needs and tracking 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 and internal migration, PAHO will play a proactive role in defining and responding 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. This will be done in collaboration with the CDC ITECH activities for health sector training coordination and planning as well as information system platform being developed currently
- Achieve consensus among development partners on incentive structures across the various priority health and education programs they support. To date, a pilot performance-based incentive program is being implemented and continuously evaluated and assessed for opportunities for strengthening the system as well as expanding it

The main issue of concern for the MOH with recruitment and retention is the inefficient procedure for filling new and vacant positions. It is too time-consuming and inefficient to guarantee adequate levels of staffing and leads to the loss of good candidates. Other concerns include 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. 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
- Consult with partner community for staff, category-specific, needs, particularly in the area of incentives which do not demand immediate remuneration issues
- Promote a cabinet approved Human Resources for Health Plan as the basis for staffing needs and authorization to fill positions to avoid delays
- Determine staffing levels through workload indicators of staffing needs which should form an integral part of the Human Resources for Health Plan

HQ Technical Area:**New/Continuing Activity:** Continuing Activity**Continuing Activity:** 8204**Related Activity:**

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26806	3164.26806.09	U.S. Agency for International Development	Pan American Health Organization	11130	11130.09	Pan American Health Organization	\$200,000
8204	3164.07	U.S. Agency for International Development	Pan American Health Organization	4774	4774.07	Pan American Health Organization	\$300,000
3164	3164.06	U.S. Agency for International Development	Pan American Health Organization	2738	2397.06	Pan American Health Organization	\$400,000

Emphasis Areas

Human Capacity Development

* Retention strategy

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	N/A	True
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	1	False
14.3 Number of individuals trained in HIV-related policy development	N/A	True
14.4 Number of individuals trained in HIV-related institutional capacity building	N/A	True
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

Indirect Targets

HVMS - Management and Staffing

Program Area:

Management and Staffing

Budget Code:

HVMS

Total Planned Funding for Program Area: \$1,892,579

Estimated PEPFAR contribution in dollars	\$0
Estimated local PPP contribution in dollars	\$0

Program Area Context:

In FY08 the total Emergency Plan commitment to Guyana will be nearly \$24 million with the inclusion of Track One funding. The Management and Staffing costs are close to the soft earmark of 7%, but exceeds this earmark by 1.4% (down from 2.7% in FY2007). The Emergency Plan is nearly entirely staffed now, as outlined in the functional staffing chart. The PEPFAR program in Guyana is managed and staffed by an experienced group of experts in health and development. From the beginning of the PEPFAR program in Guyana the USG agencies have worked under the leadership of the Chief of Mission to collaboratively to set goals, develop strategies to achieve these, and identify the appropriate partners. The Guyana PEPFAR team continues to work in this fashion.

It was expected that in FY07 Guyana would receive a Management and Staff team visit to assess the country staffing level and assist the country to identify staffing needs and various options to meeting those. This team visit did not occur; the formal Staffing for Results has been delayed until the new CDC Chief of Party assumes duties in Guyana. Input by the CDC Chief of Party during the SFR exercise is needed in order for there to be full buy in on recommendations or results that will come out of the SFR exercise. This is particularly true for issues related to staff size or sharing of functions. Guyana will conduct a formal SFR exercise after the CDC Chief of Party assumes duties in Guyana and will share the process and outcome with the Core Team.

Although the formal SFR has not been conducted, the Guyana team continually assesses the staffing needs within each agency and has made changes that reflect a move to appropriate staffing and support at current and level funding. This includes the elimination of some positions at the CDC office and a change of hiring mechanism for an SI officer at USAID. CDC has also changed the focus of the PSC position to reflect the higher priority for technical assistance at the NPHRL. USAID and CDC continue to share the SI activity and have agreed that CDC is the lead agency and will support the senior SI officer while USAID will employ an SI officer; the two officers will work together as the PEPFAR Guyana SI team.

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 8.4% of the total Emergency Plan budget.

DOS

In FY08, the PEPFAR program in Guyana will continue to follow the leadership of Ambassador Robinson. The hiring of a PEPFAR Coordinator has been postponed until further discussions can be held. The staffing for DOS will continue to include a part-time PEPFAR public affairs officer. Funds for the Ambassador's Fund will be allocated to the DOS (previously funded through CDC). CDC will continue in the role as coordinator of the Ambassador Funds and will manage and coordinate the process in FY08 in collaboration with USAID and DOS. CDC will also continue to provide technical and administrative support to the Ambassador Fund recipients.

USAID

In FY08, the USAID will oversee approximately \$14.4 million in Emergency Plan-funded programming in the following COP Program areas: 1) PMTCT; 2) AB; 3) Condoms and 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 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.

HHS/CDC

In FY08, the CDC Guyana office will oversee approximately \$8.9million in Emergency Plan-funded programming in the following COP Program Areas: 1) HIV/AIDS Treatment: ARV Services; 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; 8) Treatment Services. 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, but they are not funded under PEPFAR. However, four Crisis Corps Volunteers are funded under PEPFAR. In order to support these volunteers, it will be imperative for Peace Corps to have a core of two 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.

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.

Program Area Downstream Targets:

Custom Targets:

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 4993.08	Mechanism: Department of State
Prime Partner: US Department of State	USG Agency: Department of State / Western Hemisphere Affairs
Funding Source: GHCS (State)	Program Area: Management and Staffing
Budget Code: HVMS	Program Area Code: 15
Activity ID: 8949.08	Planned Funds: \$70,000
Activity System ID: 14072	

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, materials, travel, publishing, media placement), and this year add the direct funding of the Ambassador's Fund for HIV/AIDS which will still have CDC direct technical support for implementation and necessary monitoring.

Maintain one, when-actually-employed FSN PEPFAR Public Affairs Officer 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 any HIV/AIDS functions planned;
- 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;
- Maintain spreadsheet of all media coverage for PEPFAR;
- Coordinate Bi-weekly Meetings with Ambassador;
- Coordinate periodic meetings with the USG and MOH;
- Plan, Implement, Take and Disseminate Minutes on USG/PEPFAR Meetings;
- Coordinate logistics for international visitors;
- Coordinate and Plan for the logistics of core team visits;
- Coordinate with USG agencies and Public Affairs units to ensure adequate program coverage, remarks are prepared well in advance.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8949

Related Activity:**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22630	8949.22630.09	Department of State / Western Hemisphere Affairs	US Department of State	9741	4993.09	Department of State	\$112,500
8949	8949.07	Department of State / Western Hemisphere Affairs	US Department of State	4993	4993.07	Department of State	\$50,000

Table 3.3.15: Activities by Funding Mechanism**Mechanism ID:** 134.08**Mechanism:** USAID Program Management**Prime Partner:** US Agency for International Development**USG Agency:** U.S. Agency for International Development**Funding Source:** GHCS (State)**Program Area:** Management and Staffing**Budget Code:** HVMS**Program Area Code:** 15**Activity ID:** 2861.08**Planned Funds:** \$500,000**Activity System ID:** 14083**Activity Narrative:** Continuing Activity

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 FY07 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 (End Date Oct/Nov 2007) and one with responsibility to advise on AB and Other Prevention at the MOH (End Date July 2008)); one EXO/Community Liaison Officer (shared by Mission); one driver (shared by Mission); 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 and partner staff); and ICASS fees.

Towards the end of FY07, in order 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, USAID will have hired two additional staff: 1) A FSN Strategic Information (SI) Officer to replace the SI Global Health Fellow, and 2) A Program Administrative Assistant who dedicates 50% level of effort to NGO partner development.

HQ Technical Area:**New/Continuing Activity:** Continuing Activity**Continuing Activity:** 8273**Related Activity:**

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28619	28619.09	HHS/Centers for Disease Control & Prevention	Ethiopian Public Health Association	11477	674.09	Improving HIV/AIDS/STD/TB Related Public Health Practice and Service Delivery	\$216,000
23904	2861.23904.09	U.S. Agency for International Development	US Agency for International Development	10311	134.09	USAID Program Management	\$555,000
8273	2861.07	U.S. Agency for International Development	US Agency for International Development	4795	134.07	USAID Program Management	\$600,000
2861	2861.06	U.S. Agency for International Development	US Agency for International Development	2606	134.06	USAID Program Management	\$670,000

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 135.08	Mechanism: CDC Program Support
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Management and Staffing
Budget Code: HVMS	Program Area Code: 15
Activity ID: 9359.08	Planned Funds: \$268,725
Activity System ID: 12730	

Activity Narrative: The CDC programs and activities for the five-year PEPFAR program and beyond are made with the intention of helping 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, 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. PEPFAR will 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 staff for the CDC GAP office is a total of 16 positions, six fewer than last year, as well as one ASPH Fellow. The positions include 3 FTE, 1 PSC, and 12 LES; 10 staff are supported under Management and Staffing and 6 support specific program areas. The staffing mix for M&S in FY08 includes two US direct hire FTEs, the Director (physician) and Deputy Director for Operations (Public Health Advisor) as well as 8 Locally Engaged Staff (LES) administrative and support staff hired on Personal Service Agreements (PSAs). The LES include the following: IT specialist, financial specialist, administrative officer, secretary, receptionist, janitor and two drivers. CDC also has an American Schools of Public Health (ASPH) Fellow who provides support in various program areas and falls under M&S in the staffing plan. In FY 08 we will also recruit an IETA fellow for the summer session for program and management support as well as for assistance in developing the Country Operational Plan. The Program staff includes one FTE Medical Epidemiologist who provides technical support primarily to SI and Abstinence Be Faithful. The PSC position supports Laboratory Infrastructure, specifically for the National Public Health Reference Laboratory (NPHRL); this position was formally for a Monitoring and Evaluation Specialist but has been changed to a Senior Laboratory Advisor to provide guidance and technical expertise to the MOH to assist in strengthening the capacity of the NPHRL. The M&E function that was performed by the PSC will be incorporated into the Medical Epidemiologist's position. The 4 LES program staff hired on PSAs includes a senior program advisor, a Guyanese physician epidemiologist who serves as the technical point of contact for the three cooperative agreements and provides primary technical support in all facets of Care and Treatment Services and PMTCT. Two junior program officers focus on laboratory quality assurance, palliative care/TB, and care & treatment services. They also provide targeted technical assistance and monitoring of the cooperative agreements. The Data Manager supports the SI activities. Staff salary and benefits by program area is: M&S: \$524,000; PMTCT: \$4,500; Abstinence Be Faithful: \$70,000; Palliative Care/TB: \$14,800; HIV/AIDS Treatment Services: \$45,900; Laboratory - \$245,000; and SI - \$89,400.

In addition to the skill sets required for operating and managing 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 in technical, administrative, and management areas. The M&S staff provides a large amount of technical support in the areas of financial management, grant writing and reporting, and cooperative agreement management to the MOH. Support is also provided to other partners that include the National Blood Transfusion Service, the AIDSRelief Consortium, a Treatment Services Partner (to be determined) 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 including administration of cooperative agreements. CDC will continue to provide oversight and technical support to programs for which SCMS provides procurement services as well as work with SCMS to implement a modern supply chain management system. CDC will continue to provide contract oversight of the construction contract for the National Public Health Reference Laboratory.

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 (approximately 89% of all college graduates migrate out of Guyana), the CDC will need to remain at or near its current size for 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 NBS) and the public non-profit sector (St. Joseph Mercy Davis Memorial 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. Staffing could be affected if CDC merges some support services with the US Embassy, a plan currently under assessment, or if the Embassy implements the consolidation of all USG agencies at the Embassy (plan pending funding approval for OBO modifications).

The total estimated cost of doing business is budgeted for \$501,750 in 2008 which covers ICASS and CSCS. In FY08 guidance was provided to allow proportioning these costs to the appropriate program area; the CDC budget has proportioned these charges to appropriate program areas. It is also noted that the CSCS charge for FY08 is substantially lower than in previous years (FY07=\$240,133) due to the data provided by the Embassy for the size of CDC staff. It is expected that in FY09 the CSCS amount will go back to the higher level. Other charges include the Non-ICASS Security charge (\$75,000) and a per-workstation charge for IT support from CDC headquarters. This is a new charge implemented by the CDC Information Technology Services Office (ITSO) to cover the cost of Information Technology Infrastructure Services and Support provided by ITSO. This includes the funding to provide base level of connectivity for the primary CDC office located in each country and connecting them into the CDC Global network, keeping the IT equipment located at these offices refreshed or updated on a regular cycle, funds for expanding the ITSO Global Activities Team in Atlanta as well as fully implementing the ITSO Regional Technology Services Executives in the field. The ITSO costs have been proportionally spread within the appropriate program areas as a separate activity.

In addition to the salary, benefits and business charges, the M&S budget includes office related costs for rent, utilities, security, office supplies, office equipment maintenance and replacement, and travel. In addition to salary and benefits, M&S costs associated with two FTE staff includes residential rent, utilities, make-ready of residences, residential furniture and appliance replacement, annual R&R air fare, and expenses for a Permanent Change of Station (PCS) move for 1 FTE. Travel includes periodic trips to Atlanta or Washington DC for policy or related meetings, attendance at international and regional conferences, the annual CDC Global Health Meeting, and the annual PEPFAR Meeting as well as site visits within Guyana.

M&S Budget Overview: Salary & Benefits for 2 US FTEs and 8 LES -\$524,000; Travel-\$51,400; Office and Residential Leases and Utilities-\$146,600; Local security guard service for the office and residences-

Activity Narrative: \$65,600; Building maintenance, office supplies and equipment and servicing-\$84,800; Miscellaneous costs for training, renewing licenses, support for an IETA Fellow, and appreciation awards-\$103,750; ICASS-\$275,000; CSCS/OBO-\$38,350; ITSO-\$45,500; Non-ICASS Security - \$75,000. Total M&S \$1,410,000.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9359

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25368	9359.25368.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	10743	135.09	CDC Program Support	\$437,263
9359	9359.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4727	135.07	CDC Program Support	\$278,800

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

PHE/Targeted Evaluation

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Other)

* Education

Food Support

Public Private Partnership

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 7268.08

Mechanism: ICASS

Prime Partner: US Department of State

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Management and Staffing

Budget Code: HVMS

Program Area Code: 15

Activity ID: 9526.08

Planned Funds: \$170,000

Activity System ID: 12731

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. The total ICASS charge supports services for 3 American FTE, 1 PSC, and 13 LES. ICASS fees will be paid according to standard charges for services agreed to in the ICASS agreement. Starting in FY08 this charge is distributed proportionally among program areas and M&S based on the staff working in each area. The M&S charge supports staff under Activity #3216.08 which also provides details of CDC Office.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9526

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
9526	9526.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4727	135.07	CDC Program Support	\$224,000

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 7318.08

Mechanism: CSCS/OBO

Prime Partner: US Department of State

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Management and Staffing

Budget Code: HVMS

Program Area Code: 15

Activity ID: 9527.08

Planned Funds: \$38,354

Activity System ID: 12732

Activity Narrative: Overseas Building Office (OBO), US Deptment of State
CSCS is paid in accordance with the DOS's calculation based on a set formula. For FY08 CDC Guyana has a very low CSCS charge (FY07 it was \$240,133 compared to FY08 Total of \$61,366) due to the data submitted by the DOS for personnel being lower than expected. It is expected that the CSCS charge for FY09 will return to a higher figure. Starting in FY08 the CSCS/OBO charge will be distributed proportionally among program areas and M&S based on the total head count of 17. The CDC Office will pay OBO charges per standard rates as part of cost of doing business. The Management and Staffing OBO charge supports staff in activity #3216.08.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9527

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
9527	9527.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4727	135.07	CDC Program Support	\$240,200

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 3828.08

Mechanism: CDC Program Management

Prime Partner: US Centers for Disease
Control and Prevention

Funding Source: GAP

Budget Code: HVMS

Activity ID: 3216.08

Activity System ID: 12733

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Management and Staffing

Program Area Code: 15

Planned Funds: \$800,000

Activity Narrative: The CDC programs and activities for the five-year PEPFAR program and beyond are made with the intention of helping 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, 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. PEPFAR will 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 staff for the CDC GAP office is a total of 16 positions, six fewer than last year, as well as one ASPH Fellow. The positions include 3 FTE, 1 PSC, and 12 LES; 10 staff are supported under Management and Staffing and 6 support specific program areas. The staffing mix for M&S in FY08 includes two US direct hire FTEs, the Director (physician) and Deputy Director for Operations (Public Health Advisor) as well as 8 Locally Engaged Staff (LES) administrative and support staff hired on Personal Service Agreements (PSAs). The LES include the following: IT specialist, financial specialist, administrative officer, secretary, receptionist, janitor and two drivers. CDC also has an American Schools of Public Health (ASPH) Fellow who provides support in various program areas and falls under M&S in the staffing plan. In FY 08 we will also recruit an IETA fellow for the summer session for program and management support as well as for assistance in developing the Country Operational Plan. The Program staff includes one FTE Medical Epidemiologist who provides technical support primarily to SI and Abstinence Be Faithful. The PSC position supports Laboratory Infrastructure, specifically for the National Public Health Reference Laboratory (NPHRL); this position was formally for a Monitoring and Evaluation Specialist but has been changed to a Senior Laboratory Advisor to provide guidance and technical expertise to the MOH to assist in strengthening the capacity of the NPHRL. The M&E function that was performed by the PSC will be incorporated into the Medical Epidemiologist's position. The 4 LES program staff hired on PSAs includes a senior program advisor, a Guyanese physician epidemiologist who serves as the technical point of contact for the three cooperative agreements and provides primary technical support in all facets of Care and Treatment Services and PMTCT. Two junior program officers focus on laboratory quality assurance, palliative care/TB, and care & treatment services. They also provide targeted technical assistance and monitoring of the cooperative agreements. The Data Manager supports the SI activities. Staff salary and benefits by program area is: M&S: \$524,000; PMTCT: \$4,500; Abstinence Be Faithful: \$70,000; Palliative Care/TB: \$14,800; HIV/AIDS Treatment Services: \$45,900; Laboratory - \$245,000; and SI - \$89,400.

In addition to the skill sets required for operating and managing 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 in technical, administrative, and management areas. The M&S staff provides a large amount of technical support in the areas of financial management, grant writing and reporting, and cooperative agreement management to the MOH. Support is also provided to other partners that include the National Blood Transfusion Service, the AIDSRelief Consortium, a Treatment Services Partner (to be determined) 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 including administration of cooperative agreements. CDC will continue to provide oversight and technical support to programs for which SCMS provides procurement services as well as work with SCMS to implement a modern supply chain management system. CDC will continue to provide contract oversight of the construction contract for the National Public Health Reference Laboratory.

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 (approximately 89% of all college graduates migrate out of Guyana), the CDC will need to remain at or near its current size for 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 NBS) and the public non-profit sector (St. Joseph Mercy Davis Memorial 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. Staffing could be affected if CDC merges some support services with the US Embassy, a plan currently under assessment, or if the Embassy implements the consolidation of all USG agencies at the Embassy (plan pending funding approval for OBO modifications).

The total estimated cost of doing business is budgeted for \$501,750 in 2008 which covers ICASS and CSCS. In FY08 guidance was provided to allow proportioning these costs to the appropriate program area; the CDC budget has proportioned these charges to appropriate program areas. It is also noted that the CSCS charge for FY08 is substantially lower than in previous years (FY07=\$240,133) due to the data provided by the Embassy for the size of CDC staff. It is expected that in FY09 the CSCS amount will go back to the higher level. Other charges include the Non-ICASS Security charge (\$75,000) and a per-workstation charge for IT support from CDC headquarters. This is a new charge implemented by the CDC Information Technology Services Office (ITSO) to cover the cost of Information Technology Infrastructure Services and Support provided by ITSO. This includes the funding to provide base level of connectivity for the primary CDC office located in each country and connecting them into the CDC Global network, keeping the IT equipment located at these offices refreshed or updated on a regular cycle, funds for expanding the ITSO Global Activities Team in Atlanta as well as fully implementing the ITSO Regional Technology Services Executives in the field. The ITSO costs have been proportionally spread within the appropriate program areas as a separate activity.

In addition to the salary, benefits and business charges, the M&S budget includes office related costs for rent, utilities, security, office supplies, office equipment maintenance and replacement, and travel. In addition to salary and benefits, M&S costs associated with two FTE staff includes residential rent, utilities, make-ready of residences, residential furniture and appliance replacement, annual R&R air fare, and expenses for a Permanent Change of Station (PCS) move for 1 FTE. Travel includes periodic trips to Atlanta or Washington DC for policy or related meetings, attendance at international and regional conferences, the annual CDC Global Health Meeting, and the annual PEPFAR Meeting as well as site visits within Guyana.

M&S Budget Overview: Salary & Benefits for 2 US FTEs and 8 LES -\$524,000; Travel-\$51,400; Office and Residential Leases and Utilities-\$146,600; Local security guard service for the office and residences-

Activity Narrative: \$65,600; Building maintenance, office supplies and equipment and servicing-\$84,800; Miscellaneous costs for training, renewing licenses, support for an IETA Fellow, and appreciation awards-\$103,750; ICASS-\$275,000; CSCS/OBO-\$38,350; ITSO-\$45,500; Non-ICASS Security - \$75,000. Total M&S \$1,410,000.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8086

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25139	3216.25139.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	10677	3828.09	CDC Program Management	\$1,000,000
8086	3216.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4689	3828.07	CDC Program Management	\$934,401
3216	3216.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	3828	3828.06	CDC Program Management-Base	\$949,334

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

PHE/Targeted Evaluation

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Other)

* Education

Food Support

Public Private Partnership

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 102.08

Mechanism: Peace Corps

Prime Partner: US Peace Corps

USG Agency: Peace Corps

Funding Source: GHCS (State)

Program Area: Management and Staffing

Budget Code: HVMS

Program Area Code: 15

Activity ID: 8494.08

Planned Funds: \$0

Activity System ID: 15966

Activity Narrative: Management and staffing funds will cover Peace Corps' costs associated with contracts for a PEPFAR Coordinator and a Driver/Office Assistant (approved under previous COPs) PEPFAR-related staff travel and supplies.

HQ Technical Area:
New/Continuing Activity: Continuing Activity
Continuing Activity: 8494
Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
8494	8494.07	Peace Corps	US Peace Corps	4430	102.07	Peace Corps	\$0

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 7452.08
Prime Partner: Information Technology Services Office
Funding Source: GHCS (State)
Budget Code: HVMS
Activity ID: 16499.08
Activity System ID: 16499

Mechanism: ITSO
USG Agency: HHS/Centers for Disease Control & Prevention
Program Area: Management and Staffing
Program Area Code: 15
Planned Funds: \$45,500

Activity Narrative: In FY08 the CDC Information Technology Services Office (ITSO) has established a support cost of \$3250 dollars per workstation and laptop at each international location to cover the cost of Information Technology Infrastructure Services and Support provided by ITSO. This is a structured cost model that represents what is considered as the "cost of doing business" for each location and will be implemented on a per workstation/computer basis. ITSO charges will be itemized under program area funding for staff supported through program funding. These ITSO charges apply to CDC staff delineated in Activity #3216.08.

HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity:

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 3717.08
Prime Partner: US Department of Defense
Funding Source: GHCS (State)
Budget Code: HVMS
Activity ID: 5435.08
Activity System ID: 14644

Mechanism: Department of Defense
USG Agency: Department of Defense
Program Area: Management and Staffing
Program Area Code: 15
Planned Funds: \$0

Activity Narrative: In FY08, DoD will hire a full time in country program manager who will oversee all DoD PEFAR funded activities. Major duties of the program manager include serving as the principal advisor to the Military Liaison Officer (MLO), Office of the Command Surgeon, United States Southern Command, and the DoD HIV/AIDS Prevention Program (DHAPP) on HIV/AIDS activities in Guyana, coordinating with the other implementing partners in country for information sharing and other issues. In addition, an administrative assistant will be hired. These funds will also support costs incurred for travel and office supplies needed for M & E. Embassy ICASS fees will also be included to cover contracts and other services.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8486

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25100	5435.25100.09	Department of Defense	US Department of Defense	10663	3717.09	Department of Defense	\$65,000
8486	5435.07	Department of Defense	Center for Disaster and Humanitarian Assistance Medicine	4451	3717.07	Department of Defense	\$90,000
5435	5435.06	Department of Defense	Center for Disaster and Humanitarian Assistance Medicine	3717	3717.06	Department of Defense	\$60,000

Table 5: Planned Data Collection

Is an AIDS indicator Survey(AIS) planned for fiscal year 2008?	Yes	X	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 2008?	X	Yes	No
If yes, Will HIV testing be included?	Yes	X	No
When will preliminary data be available?			5/15/2008
Is a Health Facility Survey planned for fiscal year 2008?	Yes	X	No
When will preliminary data be available?			
Is an Anc Surveillance Study planned for fiscal year 2008?	Yes	X	No
If yes, approximately how many service delivery sites will it cover?	Yes		No
When will preliminary data be available?			
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 2008?	X	Yes	No

Other Significant Data Collection Activities

Name: Behavioral Surveillance Survey

Brief Description of the data collection activity:

In FY08, GHARP will be focusing on conducting the second round of BSS with MSM, GUYSUCO employees, members of the armed services, and in and out of school youth.

Preliminary Data Available:

9/30/2008

Supporting Documents

File Name	Content Type	Date Uploaded	Description	Supporting Doc. Type	Uploaded By
HCD Table Guyana.xls	application/vnd.ms-excel	9/6/2007	Human Capacity Development Chart	Other	JRehwinkel
2007-09 Program Planning and Oversight Functional Staff Chart.pdf	application/pdf	9/6/2007	Program Planning and Oversight Functional Staff Chart	Other	JRehwinkel
CDC Organisational Chart.pdf	application/pdf	9/6/2007	CDC Agency Organizational Chart	Other	JRehwinkel
USMLO Structure.pdf	application/pdf	9/6/2007	DOD Agency Organizational Chart	Other	JRehwinkel
PCG-ORG Chart.pdf	application/pdf	9/6/2007	Peace Corps Agency Organizational Chart	Other	JRehwinkel
USAID Organisational Chart-Designation.pdf	application/pdf	9/6/2007	USAID Agency Organizational Chart	Other	JRehwinkel
Estimation of Merundoi listenership_FY08-2.doc	application/msword	9/6/2007	Explanation of MARCH target calculations	Explanation of Targets Calculations*	KBoryc
Guyana_OVC_Justification.doc	application/msword	9/13/2007		Justification for OVC Budgetary Requirements	JRehwinkel
SummaryBudget_Download.doc	application/msword	9/19/2007	Summary Budget	Other	JRehwinkel
Ambassador Cover.pdf	application/pdf	9/20/2007	Ambassador Cover	Ambassador Letter	JRehwinkel
Global Fund Support Document.doc	application/msword	9/20/2007		Global Fund Supplemental*	JRehwinkel
FY 2009 Funding Planned Activities.doc	application/msword	9/12/2007		Fiscal Year 2009 Funding Planned Activities*	JRehwinkel
Guyana_AB_Justification.doc	application/msword	9/19/2007		Justification for AB Budgetary Requirements	JRehwinkel
EarlyFundingRequest_FY08.doc	application/msword	9/20/2007	Joint USG Early Funding Request	Other	JRehwinkel
singlepartner_tbd.doc	application/msword	9/26/2007	Single Partner Limit Waiver	Justification for Partner Funding	ASkaria
singlepartner_CRS.doc	application/msword	9/26/2007	Single Partner Limit Waiver	Justification for Partner Funding	ASkaria
Table 3 Targets_FY08.xls	application/vnd.ms-excel	9/26/2007		Explanation of Targets Calculations*	JRehwinkel
TreatmentJustification_FY08.doc	application/msword	9/27/2007	Treatment Justification	Justification for Treatment Budgetary Requirements	ASkaria
Final GuyanaBRW9.28.xls	application/vnd.ms-excel	10/2/2007		Other	ATalib
FY08 Executive Summary Guyana.doc	application/msword	10/11/2007	Executive Summary	Executive Summary	JRehwinkel
Target_Explanations FY08_FINAL.doc	application/msword	10/11/2007		Explanation of Targets Calculations*	JRehwinkel