



Guyana
Operational Plan Report
FY 2010



Operating Unit Overview

OU Executive Summary

Key Demographic:

Guyana has a population of 751,223. Approximately 35.5% of the population is under 15 and 7% over 60 years old. The age group mostly affected by HIV/AIDS (15-49) represents 51.3% of the population. The country is divided into 10 administrative regions. The coastal regions account for 85.1% of the population. The rural interior, or hinterland, is very sparsely populated with 9.4%.

Socio-economic:

Poverty levels in Guyana still remain high. According to the Household Income and Expenditures Survey conducted in 2007, estimates suggest that 36% of the population is at moderate and 18% are at extreme poverty levels. In addition to HIV/AIDS, malaria, TB, filariasis, and syphilis/other STIs are significant infectious diseases threatening the health of Guyanese. Chronic diseases (e.g., anemia, hypertension, and diabetes) also pose a significant burden on the health sector. Significantly, health care services in the public sector are free. Health expenditure is about 10% of total government expenditure, and the Government of Guyana (GoG) commits nearly 40% of its total expenditure on the social services (MOH, 2006). The ability of the GoG to commit significantly more resources towards health is somewhat restricted. The gap in the health sector is largely addressed through donor support.

HIV/AIDS Epidemic in Guyana:

Adult HIV Prevalence Rate: 1.82% (MOH, 2009 HIV/AIDS Estimates for Guyana) unpublished

Adult HIV Prevalence Rate: 2.5% (UNAIDS HIV/AIDS Estimates, 2007)

Estimated Number of HIV-infected People: 12,710 (2007 Guyana Epidemiologic Profile)

Estimated Number of PLHIV needing ART: 3,334 (2007 Guyana Epidemiologic Profile)

Estimated Number of Orphans due to HIV/AIDS: 4,200 (UNICEF OVC Study 2003)



Country Results and Projections to Achieve 2-7-10 Goals:

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Program Description

The adult HIV seroprevalence in Guyana is about 1.8% (range 1.5 – 2.75%) in the general population, with heterosexual contact accounting for 80% of cases. MOH estimates (2009) for Guyana suggest that at the end of 2008, there were approximately 9,400 people living with HIV/AIDS (PLWHA) and over 500 AIDS-attributable deaths annually. Groups with higher prevalence (e.g., MARPs) include commercial sex workers (CSWs), 16.6%, men who have sex with men (MSM), 19.4%, and miners (4%). According to the Guyana National HIV/AIDS Strategy 2007-2011 published in 2007, the ultimate aim of the National ART program is to provide “universal access to ARV-based treatment and CD4 based management to all PLWHA” in Guyana. The overall strategic goal of Guyana’s National Strategic Plan (NSP) for HIV/AIDS is “to reduce the social and economic impact of HIV and AIDS on individuals and communities, and ultimately the development of the country.” Significantly, the GoG has begun developing their multi-sector NSP for 2012 – 2016. The USG Team will actively participate in this process, which will provide an opportunity to link both the Partnership Framework (PF) and the Implementing Plan (PFIP) with this important document. PEPFAR Guyana continues to select technical priorities in response to the needs of the host government. These priorities will be better informed at the conclusion of the development of the PF and PFIP scheduled to be completed by July 2010.

Prevention:

The GoG has prioritized national coverage of prevention of mother-to-child transmission (PMTCT) services, using a network system. Currently, there is access to PMTCT services at 152 national antenatal care (ANC) sites, and a mobile unit to serve the interior areas, supported by PEPFAR. The MOH has adopted “opt-out” testing at six public hospitals, which combined provide services to 85% of the women at delivery facilities. The data systems have been built and ownership transferred to the MOH with continued technical assistance provided by PEPFAR.

USG abstinence and be faithful (AB) activities directly support Guyana’s NSP for HIV/AIDS. Based on the findings of the AIDS Indicator Survey (AIS, 2005), the Emergency Plan in Guyana will use fiscal year 2010 funds to encourage primary and secondary abstinence as well as the delay of sexual debut in schools, youth clubs, religious groups, and other organizations. “Be faithful” messages will complement abstinence messaging in groups of sexually active adults, encouraging mutual fidelity. Interventions will also discourage cross-generational sex and multiple partners among adult males, as studies have shown that cross-generational sex contributes to considerably higher rates of infection among girls and young women than among same-aged male peers.



Based on data from the AIS (2005), health care workers have frequent potential exposures. Only 43% of injection providers have access to post-exposure prophylaxis drugs onsite. Risks to waste handlers underscore the need for waste-disposal site development with sustainable, appropriate technology. In FY 2010 funding will be reduced for the Safe Injection project which helps to prevent the transmission of HIV and other blood-borne diseases through accidental sharps injuries and the activities will be carried out by another Implementing Partner.

Leadership instability has undermined successes at the National Blood Transfusion Service (NBTS). The USG will spend concerted efforts to the build management capacity to assist the NBTS in reaching their goal of collecting 10,000 units annually from 100% voluntary blood donations; and, implementing a revised Blood Donor Recruitment Strategy.

Other prevention is critical in Guyana, given that the bulk of existing and new infections continue to be concentrated among high-risk and vulnerable groups. The second Biological and Behavioral Surveillance Survey (BBSS), among MARPs was completed in FY 2009. The USG will assist the GoG with using this data for strategic planning. The USG team is supporting both risk elimination and risk reduction, and interventions with MARPs will follow the ABC model, with emphasis on faithfulness and condoms and other prevention for these groups.

The USG will continue to work through local non-governmental organizations (NGOs) and other partners to train the ranks of the Guyana Defense Forces. In FY 2010, high-risk populations will continue to be reached with combined targeted outreach and referrals to “friendly” clinical care and treatment services. An important component of the Emergency Plan prevention program is the provision of services for PLWHA and those affected by HIV/AIDS. Reinforcing prevention for positives and for sero-discordant couples helps PLWHA prevent secondary infection and further transmission of HIV.

Forty-six local private sector companies are currently collaborating with the Public/Private Sector Partnership Program, in an effort to protect the workforce against HIV and ensure the viability of private enterprise in Guyana. We plan to expand this partnership. The private sector response will continue to expand in both scope and depth with the development of and adherence to work place policies that protect the rights of PLWHA and support access to HIV testing and information on prevention.

Reaching MSMs through novel prevention approaches and encouraging men to access services; partnerships between line Ministries, NGOs, and civil society to enhance coverage of all prevention programming to ensure the sustainability of strategies; and, special consideration to the reduction of gender-based sexual coercion, violence will



continue to be a priority in FY 2010.

Care:

The goal of the Emergency Plan contribution to the (NSP 2007-2011) will be to provide the four categories of essential palliative care services that will be available to all people infected or affected by HIV/AIDS: clinical care, psychological care, social services, and spiritual care. Currently, there is a robust USG-supported, home-based care program. In FY 2010, funds will support expanded training of providers as well as service delivery through NGO and MOH partners.

In addition to basic health and palliative care, FY 2010 funding will support care for tuberculosis (TB)/HIV patients. Roughly 25-30% of all newly-diagnosed TB cases are co-infected with HIV. The USG will support the National TB Control Program, which provides care and treatment for all TB cases in the country.

In support of orphans and vulnerable children (OVC), and as defined in Guyana's National Policy, the comprehensive response to OVC includes the following priority areas: socio-economic security, protection, care and support, education, health and nutrition, psycho-social support, legal support, conflict resolution, and education. With FY 2010 funds, the USG will help strengthen the Ministries of Labor, Human Services, Social Security (MOLHSS) and Education (MOE) to coordinate and support preventive and care services to OVC, both in-school and out-of-school, and to enhance referral networks.

The collaboration among USG, implementing partners and the Government of Guyana, has resulted in the establishment of the country's first child protection agency and the enactment of key legislation and policies to protect children. This partnership has resulted in the development of a critical policy agenda to expand protection and care of vulnerable children, including a national policy framework developed in 2006. The policy agenda centers on the development of the Children's Bill, which is a collection of several pieces of legislation focused on children's welfare. To date, Parliament has approved the Child Care and Protection Agency Bill, which is the first legislation in Guyana that focuses on children and separates child care and protection from other social welfare services. Further, the passing of this Bill paved the way for the establishment of the Child Protection Agency.

Three additional Bills connected to the overall Children's Bill were passed in the National Assembly: the "Protection of Children Bill", the "Status of Children Bill" and the "Adoption of the Children Bill". Currently, three Bills: the Custody, Access, Guardianship and Maintenance Bill, the Child Care and Development Services Bill and the Sexual Offences Bill, have been referred to a Special Parliamentary Committee for review.



In FY 2010, opportunities include the development of service delivery standards, crafting of policies to safeguard the well-being of children and families accessing OVC services, increasing coverage, strengthening the quality of services provided in the public and NGO sector, strengthening the capacity of families and communities to provide care, strengthening the referral system.

The Emergency Plan's FY 2010 activities will focus on further mobilizing people to access counseling and testing (CT), with a strong emphasis on MARPs and males to boost prevention efforts and to identify those who need treatment. Currently, the USG program includes labor and delivery sites supported through the PMTCT program, which have begun to operationalize Provider Initiated Testing and Counseling (PITC). It also supports 16 public-sector CT sites where the transition to provider-initiated services will be facilitated; seven additional fixed Voluntary Counseling and Testing (VCT) sites operated by NGO/faith-based organization (FBO); and three mobile VCT teams that focus on workplace and hard-to-reach communities.

In FY 2010 USG will continue to serve as the Ministry of Health's primary partner in the delivery of a standard care package for PLWHA, including therapeutic, micronutrient or supplemental nutritional support for clinically malnourished HIV-infected patients, improving coordination between MCH and HIV care, support, and strengthen pediatric and adolescent support groups. Scaling out care and support services to the hinterland (regions 1 and 9) through the hinterland initiative and collaboration with MOH Regional Health Services also remains a high priority.

Treatment:

Enrolling patients on ART treatment is now limited only by outreach, counseling, and testing. Thus, funding in FY 2010 will focus largely on activities that increase the use of and access to services, including: opt-out HIV testing in labor and delivery of pregnant women; PITC in the hospital setting; and, expanding geographic coverage and reach to vulnerable migratory, hinterland populations, and, in workplace settings. Additional opportunities include addressing the sub-optimal adherence and reducing lost to follow-up patients (e.g., 10 – 20% in some cohorts); and, training, mentoring, and mobilizing newly trained physicians returning from Cuba, given the stark brain drain of medical professionals in country.

The USG, along with the MOH and other donors, will build on early successes in order to strengthen a single national system of forecasting, procurement, transport, and monitoring of drugs and commodities. In FY 2010, all partners will adopt a long-term strategy establishing the parameters of warehousing, procurement, and final storage and management at point-of-service. Furthermore, the USG will support the development of a single, national information system to monitor and inform forecasting



and procurement. Throughout FY 2010, the USG will address skills transfer through on-site training, as well as regional and South to South opportunities.

Prior to USG involvement, Guyana had limited capacity to conduct HIV surveillance, diagnose HIV infection, monitor patients on ART, and diagnose opportunistic and sexually transmitted infections. The current national algorithm for diagnosing HIV using rapid HIV tests, and CD4 testing is essential for staging disease, and will be expanded to include improved OI diagnostics, viral load testing, and early infant diagnosis (EID) using DNA PCR now available in country at the National Public Health Reference Laboratory (NPHRL).

Finally, the USG will be poised to address the recent recommendations by the PEPFAR Adult Treatment Technical Working Group during FY 2010, including (1) promoting PITC at outpatient clinics, inpatient wards, emergency rooms; (2) promoting task shifting/task sharing in HIV/AIDS care and treatment to expand the numbers of personnel providing care and treatment; (3) developing innovative methods to provide HIV testing and provide services to MARPs, and expanding programs in the workplace; (4) continuing the process of transitioning current implementing partners to local partners; (5) improving TB infection control at existing facilities, both administrative and environmental controls; and, (6) supporting an assessment of ART outcomes in the country using cohort analyses using routine data, and detailed evaluation based on chart review of patients from randomly selected sites.

Other Costs:

Cross-cutting Emergency Plan activities in Guyana include strategic information, policy development, systems strengthening, and management and staffing. Strategic information is crucial to measuring the progress made in reaching the Emergency Plan's 3-12-12 goals. The USG team will continue to work in close partnership with the GOG to support the development of strategic information systems for Guyana's HIV/AIDS sector. These activities will complement and support the strategic goals of the new national monitoring and evaluation (M&E) plan and NSP for HIV/AIDS (2007 - 2011).

The field exercises for

Guyana's first Demographic and Health Survey (DHS) was completed in FY 2009. The USG team will work with the GOG in FY 2010 to implement this national study that collects key data for population health, family planning, maternal and child health and reproductive health indicators including attitudes and practices related to HIV transmission.

Historically, efforts in Guyana focused on policy and system strengthening across the workplace, private, public, and NGO/FBO sector in order to increase these sectors' capacity for leadership, administration, financial management and transparency, and technical strength. With fiscal year 2010 funds, the USG team will contribute to the



HIV/AIDS human resources for health goals by creating conditions that foster retention, improve performance, facilitate supervision, and expanded training using PEPFAR-supported curriculum for various cadres of health workers.

Other Donors, Global Fund Activities, Coordinating Mechanisms:

A reduction in other organizations, involved in providing assistance in the fight against HIV/AIDS, is occurring in Guyana. The largest donor is the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), which has provided approximately \$27.2 million for the period of 2004-2008, to support prevention, treatment, care, and support; strengthening of surveillance systems; enhanced laboratory capacity; and reduction of stigma and discrimination, among other activities. To date, approval of the Round 8 Proposal for HIV has been turned down, and only the Health System Strengthening Proposal tentatively approved. A major donor who focused its support on institutional capacity strengthening, monitoring, evaluation, and research will end in 2009. Various International Implementing Partners that provide important assistance are currently reliant on PEPFAR funding for their HIV/AIDS activity implementation.

Guyana's Presidential AIDS Commission was initiated at the behest of President Bharrat Jagdeo in June 2004. It is chaired by the President of Guyana and includes nine line ministers, representatives from funding agencies, and project staff from the Health Sector Development Unit. The Commission's role is to support and supervise the implementation of the NSP for HIV/AIDS 2007-2011.

Program Contact: Chargé d'Affaires Karen Williams, US Embassy; Carol Horning, USAID; La Mar Hasbrouck, US Centers for Disease Control; Jim Geenen, US Peace Corps; Melba Hernandez, MLO/DOD

Time Frame: Fiscal year 2010– Fiscal year 2011

Population and HIV Statistics

Population and HIV Statistics				Additional Sources		
	Value	Year	Source	Value	Year	Source
Adults 15+ living with HIV						
Adults 15-49 HIV Prevalence Rate						
Children 0-14 living with HIV						

Deaths due to HIV/AIDS						
Estimated new HIV infections among adults						
Estimated new HIV infections among adults and children						
Estimated number of pregnant women in the last 12 months						
Estimated number of pregnant women living with HIV needing ART for PMTCT						
Number of people living with HIV/AIDS						
Orphans 0-17 due to HIV/AIDS						
The estimated number of adults and children with advanced HIV infection (in need of ART)						
Women 15+ living with HIV						

Partnership Framework (PF)/Strategy - Goals and Objectives

(No data provided.)

Engagement with Global Fund, Multilateral Organizations, and Host Government Agencies

Redacted

Public-Private Partnership(s)

Partnership	Related Mechanism	Private-Sector Partner(s)	PEPFAR USD Planned Funds	Private-Sector USD Planned Funds	PPP Description
Department of Labor - Guyana Business Coalition on HIV/AIDS		Guyana Business Coalition on HIV/AIDS			The DOL collaborates with the Ministry of Labor, trade unions and the employers' organizations, to mobilize the private sector through the development and implementation of non-discriminatory workplace policies and programs that increase access to all aspects of HIV/AIDS prevention including education programs, testing, counseling, treatment, support, and care and a commitment to stand against stigma and discrimination and promote behavior change. In addition to these two key areas, the Guyana Business Coalition on HIV/AIDS

					(GBCHA) also engages the private sector in harnessing each individual company's strengths to promote change, including product and service donation as well as utilization of supply chains and business networks and developing collaborative relationships with government and community organizations to strengthen and expand resources. Both the ILO and GBCHA also collaborate with each other in the area of training.
HIV/AIDS Prevention through public-private sector partnership		Guyana Business Coalition on HIV/AIDS	95,000	37,000	The Guyana Business Coalition on HIV/AIDS (GBCHA), an organization dedicated to mobilizing and sensitizing the business sector on issues surrounding HIV and AIDS, is

				<p>comprised of 43 private sector businesses that individually provide cash and in-kind support for counseling and testing, mass media activities, and the Food Bank program. In FY12, the Business Coalition will increase its membership, provide technical assistance to implement workplace policies and assist existing membership to strengthen its capacity to address HIV/AIDS in the workplace and community. Emphasis will be placed on gender issues in relation to HIV/AIDS, which continues to be a major issue nationally and will be further addressed with the implementation of the Gender Challenge Fund. In</p>
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					March 2012 funding for the secretariat of the GBC will be transitioned to corporate support; however, the USG will maintain its partnership with this critical sector to ensure that linkages to services continue.
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Surveillance and Survey Activities

Name	Type of Activity	Target Population	Stage
Antinatal Care Survey	Sentinel Surveillance (e.g. ANC Surveys)	Pregnant Women	Planning
Assessment of MSM	Qualitative Research	Men who have Sex with Men	Publishing
Data collection form and electronic system for HIV case surveillance (HIV and advanced HIV)	AIDS/HIV Case Surveillance	General Population	Implementation
Data collection form and electronic system for tuberculosis case surveillance	TB/HIV Co-Surveillance	General Population	Implementation
Formative research for the male partner involvement project	Qualitative Research	General Population	Data Review



Budget Summary Reports

Summary of Planned Funding by Agency and Funding Source

Agency	Funding Source				Total
	Central GHCS (State)	GAP	GHCS (State)	GHCS (USAID)	
DOD			270,400		270,400
DOL	200,000				200,000
HHS/CDC		1,200,000	4,064,325		5,264,325
HHS/HRSA	156,360		1,745,000		1,901,360
PC			99,300		99,300
State			75,000		75,000
USAID	100,000		10,271,190		10,371,190
Total	456,360	1,200,000	16,525,215	0	18,181,575

Summary of Planned Funding by Budget Code and Agency

Budget Code	Agency								Total
	State	DOD	HHS/CDC	HHS/HRSA	DOL	PC	USAID	AllOther	
CIRC		3,000							3,000
HBHC		2,400	127,560	306,196			712,463		1,148,619
HKID				5,669			978,709		984,378
HLAB		34,000	375,000	105,000			279,566		793,566
HMBL			200,000				277,109		477,109
HMIN		3,500					398,146		401,646
HTXD							772,197		772,197
HTXS			1,333,000	963,225			94,500		2,390,725
HVAB			60,000	15,550		5,000	472,906		553,456
HVCT		30,000	7,000	14,845	70,000		954,277		1,076,122
HVMS	75,000	65,000	2,147,825			87,300	590,000		2,965,125
HVOP		87,000	240,000		30,000	7,000	1,279,003		1,643,003



HVSI		15,000	266,000	110,257			553,842		945,099
HVTB		3,500	140,940	22,126			51,400		217,966
IDUP			2,000						2,000
MTCT			365,000	2,500			196,292		563,792
OHSS		27,000		280,000	100,000		2,760,780		3,167,780
PDCS				48,619					48,619
PDTX				27,373					27,373
	75,000	270,400	5,264,325	1,901,360	200,000	99,300	10,371,190	0	18,181,575

Budgetary Requirements Worksheet

(No data provided.)



National Level Indicators

National Level Indicators and Targets
REDACTED



Policy Tracking Table

(No data provided.)

Technical Areas

Technical Area Summary

Technical Area: Adult Care and Treatment

Budget Code	Budget Code Planned Amount	On Hold Amount
HBHC	1,148,619	
HTXS	2,390,725	
Total Technical Area Planned Funding:	3,539,344	0

Summary:

The adult HIV seroprevalence in Guyana is about 2.5% (range 1.5 – 2.75%) in the general population, with heterosexual contact accounting for 80% of cases. Estimates of HIV infected range from 8,000 to 12,000, with an estimated 1,200 AIDS-attributable deaths annually. According to the Guyana National HIV/AIDS Strategy 2007-2011 published by GoG's Ministry of Health in 2007, the ultimate aim of the National ART program is to provide "universal access to ARV-based treatment and CD4 based management to all PLWHA" in Guyana. Free ART is available to all eligible adults and children in Guyana and there is no waiting list for treatment, care, and support. The Government of Guyana (GoG) has provided anti-retroviral therapy (ART) services to 2,610 persons, including 168 (6.4%) children under age 15 year, and non-ART services to an additional 1,800 HIV-positive persons, including 107 (6%) children under age 15 years, as of March 2009, with support from the Global Fund to Fight AIDS, Tuberculosis, and Malaria (GFATM), PEPFAR, facilitated by our main implementing partners, Francis-Xavier Bagnoud (FXB) Center and AIDSRelief (AR), the World Bank, the Partnership for Supply Chain Management, and other stakeholders. Some of the challenges related to adult care, support, and treatment have been expanding training; improving referral linkages for adults in the interior regions of the country; increasing laboratory and diagnostic capacity/infrastructure (e.g., CD4, hematology, x-ray) in the interior; sub-optimal adherence and reducing lost to follow-up patients (e.g., 10 – 20% in some cohorts); and, mentoring and training newly migrated physicians trained in Cuba, given the stark brain drain of medical professionals in country. Accomplishments During FY 2009, PEPFAR Guyana has continued to build upon previous successes. Specific examples of accomplishments include the following: development and pilot-testing of support tools for primary care counselors to promote treatment adherence; training of ART providers in OI/ART management; mobile clinic support to deliver care and treatment to the four interior regions (regions 1, 7, 8, and 9) per month; recruitment HIV commodity logistics advisors who provide support to the MoH; provision of ongoing TA to MoH for the development of regional supervisory support teams and to scale up training of health care workers; technical support to MoH to strengthen the current M&E system; revision of the National Guidelines for Management of HIV-Infected and HIV-Exposed Adults and Children and protocols for viral load and HIV drug resistance testing; and, ongoing technical support for development and use of ART policies (allowing ARVs to be started for all patients regardless of CD4), clinical guidelines and protocols for DNA PCR for HIV drug resistance testing (technology is now available in country at the NPHRL). In addition, PEPFAR has supported NAPS in accomplishing the following during 2008: National patient monitoring using an adaptation of the WHO Patient Monitoring System (PMS) has been implemented at all care and treatment centre; antiretroviral dispensing tool (ADT) are installed and operational at treatment sites; refurbishing the Linden Family Health Clinic and Suddie Family Health Clinic; and, collecting first round of performance data using HEALTHQUAL Guyana Project. Significantly, an assessment of the National



HIV Care and Treatment Program was conducted by the PEPFAR Adult Treatment Technical Working Group during July 2009. This evaluation provided the GOG and the in country team with recommendations for building on accomplishments to date to improve the program in the future. These recommendations have been considered throughout the FY 2010 COP planning process and are reflected below. Goals and Strategies for FY 2010 The PEPFAR Adult Treatment Technical Working Group provided several recommendations that the USG plans to address during FY 2010, including (1) promoting provider-initiated testing and counseling (PITC) at outpatient clinics, inpatient wards, emergency rooms; (2) promoting task shifting/task sharing in HIV/AIDS care and treatment; (3) developing innovative methods to test and provide services to MARPs, and expanding programs in the workplace; (4) continuing the process of transitioning current implementing partners to local partners; (5) improving TB infection control at existing facilities, both administrative and environmental controls; and, (6) supporting an assessment of ART outcomes in the country using cohort analysis. Treatment partner FXB will continue to serve as the Ministry of Health's primary partner in the delivery of a standard package of HIV clinical care and support services to HIV infected adults. Services will be provided at 19 of the current 20 Ministry of Health sites that offer HIV care, treatment and support services. Currently there are no plans to scale up additional sites. The possibility of implementing a nutritional support program for clinically malnourished HIV-infected patients will be explored. Although there are existing local food support programs, the food provided does not qualify as therapeutic, micronutrient or supplemental food. FXB will intensify peer review and feedback on physician charting to ensure that pediatric care and support services are consistently delivered in accordance with national guidelines. Additional program data drawn from the national patient monitoring system will be reviewed and discussed at the national care and treatment steering committee meetings. Training activities will continue to include clinical mentoring of local clinicians to provide HIV care, and integration of clinical mentoring into the training programs for pre-service physicians from the Guyana-Cuba training partnership. Finally, patients and caregivers will be targeted for intensive adherence monitoring and support including an adherence assessment at every clinic visit (including pill counts), group and individual adherence counseling pre/post ART initiation. Treatment partner AIDSRelief will continue to provide ARV treatment and management of OIs and other HIV/AIDS-related complications including malaria, and diarrheal diseases to all HIV infected children and adolescents. They will work with the MOH to help provide treated mosquito nets as a measure of home-based care to the affected adults. They plan to implement secondary prevention interventions with emphasis on sexual risk behaviors, substance use, coping strategies, disclosure and domestic violence in FY 2010. In addition, AIDSRelief will provide specialized training to counseling staff at sites to address psychological issues unique to this patient population and their families. Enhanced clinical and didactic training will be conducted at UMSOM-IHV's Clinical Training Site. Providers will have access to video conferencing CME lectures and will also have the opportunity to receive direct preceptorship in the management of more complicated HIV+ patients. It will serve as a mechanism wherein AIDSRelief can collaborate with local in-country partners in building local technical capacity and promoting sustainability. Technical Priorities for teams to address PEPFAR Guyana continues to select technical priorities in response to the needs of the host government. These priorities will be better informed at the conclusion of the development of the Partnership Framework (PF) and Implementation Plan (PFIP) scheduled to be completed by July 2010. Significantly, the GoG has begun developing their multi-sector National Strategic Plan for 2012 – 2016. The USG Team will actively participate in this process, which will provide an opportunity to link both the PF and the PFIP with this important document. At present, technical priorities going forward include the following: developing aggressive models to address the lost to follow-up clients (estimated 10 – 20% in some cohorts); addressing health worker shortages through training, mentoring, and mobilizing newly migrated physicians from the Cuba-Guyana partnership, and promoting usage of HCW HIV training curricula; expanding in country expertise to provide HIV care, support, and treatment for children and adolescents; scaling out care and support services to the hinterland in collaboration with MOH Regional Health Services; expanding quality management through HEALTHQUAL; extending survival of clients on treatment at 12 months and 24 months (currently, estimated 78% and 65% respectively); training more than 150 health workers to deliver care, support, and ART, including PITC; begin treatment outcomes and



costing evaluations; and, continuing progress towards transitioning treatment partners (FXB and AIDRelief) from implementers to technical partners. Adult Care and Support The treatment partner FXB will continue to serve as the MoH's primary partner in the delivery of a standard package of comprehensive HIV clinical care and support services to males, females, adolescents and their families. Adult care and support services will be provided at 19 of the current 20 Ministry of Health sites. Currently there are no plans to scale up additional sites. Thus in consultation with the MoH and in keeping with the overall PEPFAR strategy, FXB plans to commence integrating HIV clinics with the existing primary care clinics, and train up medical interns, and new and existing resident physicians and other cadres of HCWs, as well as engage HIV-trained HCWs in order to sustain the delivery of HIV care and support services. Planned initiation of a staggered transition of human resources to the MoH in FY 2009 was aborted after the MoH indicated their unpreparedness to absorb the targeted positions before September 2010. FXB expects to provide a detailed transition matrix to the MoH in October 2009, and will work closely with the MoH to implement and monitor such in a timely manner. Through human resource support and training, FXB will continue to support facility-based inpatient and outpatient adult HIV care and support services as part of a continuum of primary health care, including: clinical monitoring and management of OIs and other HIV-related complications and co-morbidities; TB screening; nutritional assessment and counseling; assessment and management of pain; supportive supervision and co-facilitation of facility-based PLHIV peer support groups and referrals to community-based PLHIV peer support groups; referral to social support and HBC services, end-of-life care; contact tracing and VCT to identify and test exposed adult children and partners; and monitoring patient retention through adherence assessment and counseling, and patient defaulter tracking. FXB will work with MoH social workers to coordinate patient care with other inpatient, outpatient and community-based care and support providers through telephone and personal contact, as well as bi-directional referral forms. FXB will explore collaborating with NAPS and an FBO and/or HIV workplace program to develop and pilot a sustainable model for providing community-based support at these facilities. AIDRelief-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., wrap around nutritional support funded by CRS-private funds). AIDRelief 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). AIDRelief 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 FY 2010 AIDRelief will continue to 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. AIDRelief will continue to strengthen its family-centered model of care to ensure equitable access for women to HIV care services. AIDRelief will ensure that all women enrolled in its program have access to annual cervical cancer screening. AIDRelief will also strengthen linkages with complementary social services to increase women's access to income and productive resources (e.g. education, vocational training, and access to credit). Adult Treatment Treatment partner FXB will continue to support 16 of the current 17 Ministry of Health sites that offer HIV treatment services. Interior regions will continue to be reached through mobile clinics. In FY 2010, activities will continue to include finding innovative and creative approaches to address the human-resource shortages that threaten the advancement and sustainability of the Guyanese treatment program, including contracting with physicians to provide complete clinical coverage for all treatment sites and task shifting ART provision to the Medexes in the hinterland areas. Particular effort will be focused on the continuation of clinical mentoring of local clinicians to provide HIV care and the integration of such mentoring into the training programs for pre-service physicians from the Guyana-Cuba training partnership and the University of Guyana medical training program. The current overall level of adherence is estimated at 70% - 80% but is thought to be on the decline based upon patient reports. Adherence monitoring will be intensified to entail an adherence assessment at every clinic visit (including pill counts), group and individual adherence counseling pre/post ART initiation, referral to community-based socio-economic support services, and nutritional assessment and counseling. FXB will also conduct an adherence PHE to better understand challenges specific to Guyana. AIDRelief



continues to support HIV care and treatment services in both the private and public sector through its clinical core team composed of an ID specialist and a Community Outreach/Adherence Specialist from IHV, and clinical and counseling staff at the LPTF. 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). Enhanced clinical and didactic training will be conducted at UMSOM-IHV's Clinical Training Site. Providers will have access to video conferencing CME lectures and will also have the opportunity to receive direct preceptorship in the management of more complicated HIV+ patients. The clinical site will serve as an offsite adjuvant facility to SJMH and DMH. It was serve as a mechanism wherein AIDSRelief can collaborate with local in-country partners in building local technical capacity and promoting sustainability.

Technical Area: ARV Drugs

Budget Code	Budget Code Planned Amount	On Hold Amount
HTXD	772,197	
Total Technical Area Planned Funding:	772,197	0

Summary:

Technical Area Narrative: Context and Background Treatment and prevention programs depend on a reliable and efficient supply of anti-retroviral drugs (ARVs). 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. However, conditions have improved as the USG continues to support the strengthening of the Guyana supply chain for ARVs and other commodities. (Please see the Health System Strengthening narrative for a comprehensive description of those efforts) Accomplishments since last COP There are currently over 2,500 persons on ART in Guyana with pediatric cases representing 6.6% of the total. Currently 6.8% of the total on ART are receiving second line. Currently there are 19 ART sites in the country and 62.4% of ART patients are seen at sites based in the largest urban area, the capital of Guyana, Georgetown. The aggregation of ten cohorts beginning in January 2006 through October, showed that nearly 75% of the patients were still alive and continued their ART after twelve months. There is no waiting list for ART treatment in Guyana and in the past year there have been no stockouts of ARV drugs. Goals and strategies for the coming year To effectively meet the procurement needs of the ART program in Guyana, the USG has coordinated closely with the MOH and the Global Fund. In FY10 the Global Fund will continue to purchase all adult first line ARVs. Previously the Clinton Foundation procured pediatric first and second line ARVs but that support is now winding down. In FY10 PEPFAR will take over the purchase of all pediatric ARVs and will continue to procure adult second line. As in previous years, PEPFAR will cover any emergency orders for first line ARVs if Global Fund procurements experience unexpected delays. The government of Guyana has facilitated the registration of all ARVs that have been purchased for the national program. The national standard treatment guidelines in Guyana were revised in FY07 and the standard first line treatment includes tenofovir, an ARV previously only used in their second line regime. Per the FY08 ARV survey, 34% of the PEPFAR procured ARVs were generic and this is due to PEPFAR procuring second line ARVs only, some of which did not have FDA tentatively approved generic equivalents. The majority of PEPFAR resources for second line ARVs went toward the procurement of Aluvia. The USG hopes to be able to purchase the newly, tentatively approved generic version of Aluvia in FY10. As the MOH is the Global Fund's principal recipient, all procurement of Global Fund funded first line ARVs has transitioned to the MMU procurement department. The USG has funded SCMS to provide technical assistance to the MMU to strengthen their ability to procure internationally. This assistance includes tendering and contract negotiation, to help strengthen their capacity for the procurement of ARVs and other commodities, which

leads to the consistent and timely supply of first line ARVs. Additionally, the MMU handles all customs clearance for the Global Fund procured ARVs and will continue to coordinate with USG on the PEPFAR purchased consignments. At the treatment sites, the inventory of ARVs is managed manually and electronically with the ARV Dispensing Tool (ADT). 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. Working together with all key donors and treatment partners who form part of the MOH led formulary committee; SCMS has developed a national quantification of ARV needs for the next two years. This quantification will be revisited and updated based on ADT data. 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. The inventory system and ARV dispensing tool was piloted in 06 and during 07 was introduced and is now maintained at each supported facility. SCMS will continue to support the MOH in FY10 on quantification and data management to ensure even more effective supply planning for ARVs in Guyana.

Technical Area: Biomedical Prevention

Budget Code	Budget Code Planned Amount	On Hold Amount
CIRC	3,000	
HMBL	477,109	
HMIN	401,646	
IDUP	2,000	
Total Technical Area Planned Funding:	883,755	0

Summary:

Context and Background: strengthening of BS is a key element of intervention to prevent the medical transmission of HIV. All sites access blood for transfusion directly from the NBTS to perform blood transfusions. These sites are in regions 2, 3, 4, 6, and 10. (Note: Regions are administrative areas similar to provinces.) All of the blood collected, is tested at the National Blood Transfusion Service (NBTS) laboratory in the capital.

The National Strategic Plan for BS 2006–2010, approximate Guyana requires roughly 10,000 units of blood per year. In 2008, NBTS collected 7,360 units of blood, which was 73.5% of the national target. This represented an increase of 1885 units (19%) in total units of blood collected in 2008 compared to 2007 and a collection rate of 0.99% of the population as against 0.95% in 2007 and 0.9% in 2006. Voluntary, non-remunerated donors (VNRD) contributed for 4021 (54.6%) of units collected countrywide, as compared to 3345 (47%) in 2007, which was 678 units more than 2007, while family replacement was 45.4%. As of the end of July 2009 4200 units of blood were collected, with 65% VNRD. The prevalence of HIV in blood donors was 0.45% in 2008. Currently 100% of all blood collected by the NBTS network is tested for Syphilis, HIV, HBV, HCV, Malaria, Micro-filaria and HTLV 1&2. Chagas screening was introduced in December 2008. In both 2007 and 2008 twice as many male as female donated blood; however, the percentage of voluntary donors among women was higher when compared to men for both 2007 (57% women and men 46%) and 2008 (73% of women and 64% men) respectively. BS activities are closely integrated with the Injection Safety and Laboratory Infrastructure program areas. BS 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. Accomplishments: In past year the NBTS laboratory activities have improved with the Introduction of Chagas Disease testing amongst all blood



donors. Another area of notable progress in laboratory activities is the launching of the guidelines on appropriate clinical use of blood on April 5th, 2009. Worthy of mention also are the four Hospital Transfusion Committees which were established in Regions 2, 3, 6 & 10. The hospital blood bank at Georgetown Public Hospital Corporation (GPHC) was created on December 1st, 2008. Donation (Blood collection) has made progress from a 19% increase in total blood collections in 2008 compared to 2007, and 7.6% increase in VNRD. Goals and Strategies for the coming year: the project's main goal is to provide a safe and adequate blood supply to people living in Guyana. 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. During the next year, the NBTS aims to establish Stable leadership and build capacity; there have been problems, in consistent leadership and direction for the operations of the NBTS, there is an urgent need to mentor and coach the new leadership in efficient operations and management of the NBTS. The program also intends to collect 10,000 units annually from 100% voluntary blood donations. The NBTS is also set to train all staff using newly revised quality documents and train all recruiters, collaborators and volunteers on the revised National Blood Donor Recruitment Strategy.

2. Injection Safety (and Waste Management): Context and Background: Medical injections are the most common health care procedure worldwide. If performed correctly, injections can save many lives. However, when medical injections are performed incorrectly, they can transmit HIV and other disease-causing agents. The USAID funded Guyana Safer Injection project (GSIP), is implemented by partner Initiatives, through the Ministry of Health's Standards and Technical Services unit and is the only program nationally focused on addressing injection safety. The project's interventions are focused on health facility level processes and work with all levels of health facility staff within all regions of Guyana. The project continues to minimize the risk of needle stick injury and consequently HIV infection to the health care worker and the community through the development of policies promoting safe and rational injection use, training of health care workers in injection safety (IS), implementing behavior change strategies at the community level and strengthening IS commodity supplies. Accomplishments: During FY 09, GSIP continued to expand the capacity of the healthcare workforce to ensure injection safe practices within the facility and the community through training of more than 600 health care workers in IS, waste management, commodity management and behavior change. These training activities focused on regions 2 and 4 as well as the remote hinterland regions of 1, 8 and 9. There has been finalization and implementation of the Worker Safety Policy which is posted at all facilities and mandated as a priority by the Ministry of Health to promote safer injections as well as other worker safety issues. Despite these successes a number of challenges remain to be addressed including monitoring and supervision of facilities, access to final waste disposal options for all health facilities country-wide, addressing unnecessary injections and rational drug use among foreign doctors as well as local doctors, increasing accessibility of post exposure prophylaxis for remote health facilities, institutionalizing commodity procurement (bin liners etc.) within regional budgets and systems and ensuring sustainability of pre-service and in-service training programs. These challenges will be addressed within the context of the close-out of the centrally funded Guyana Safer Injection Project (GSIP) midway through FY2010 to being a small component of the GHARP project implemented by a country funded contract administered by Management Sciences for Health and its partners. Goals and Strategies for the coming year: Specifically, IS activities will include advocacy with the MOH to prioritize IS equipment in budgets and identify funding resources, develop indicators in collaboration with MOH for measuring compliance with waste management guidelines, continue supporting the US Humanitarian Assistance Program to plan/construct appropriate final disposal options including the assessment of current incinerators to guide future decisions and build into the MOH Laboratory Aide training program. Support will also be provided to the MOH to train pharmacy assistants on medication counseling, incorporate findings of Prescription Record Review with SCMS/MOH training on Standard Treatment Guidelines and conduct joint training. Regional coverage strategies will be implemented to promote sustainability of waste management, training and monitoring and supervision efforts.

Medical Male Circumcision (MC): Context and Background: Policy makers in Guyana are discussing the issue of voluntary MC in the light of recent publications indicating that it offers protection against the transmission of HIV. As part of the preparation process for the eventual roll out of MC in



Guyana, the Guyana Defense Force (GDF) medical center at Base Camp Ayanganna began providing MC services in March 2009. The service is provided free of charge to military men who are particularly at risk to HIV because of their working conditions; for example, working far from home and being among communities where they have greater economic and political power, as well as in relation to their identities and sexualities as men, which is inflated by the institutional framework of the military. This is a pilot initiative that is expected to garner more government of Guyana support in 2010. The intention is to have MC endorsed as a national HIV prevention strategy. The Partnership Framework will outline the steps to foster greater country ownership and leadership, which are critical for formulating national policies on MC, developing strategies, and scaling up the delivery of safe MC services in Guyana.

Accomplishments: In past year the GDF medical center provided MC services to members of the force. Two of the doctors on staff at GDF perform this procedure in the military hospital under general anesthesia. Since March 09, thirty five members have registered for circumcision services. There is an appointment schedule for circumcision service, because services are only offered on Saturdays. If a military member wants to be circumcised, the service is provided free of charge (it is approximately 150 USD to get circumcised outside of the military facility). Goals and Strategies for the coming year: In FY10, the PEPFAR program thru the Department of Defence will support education and outreach to GDF members on the benefits of MC for HIV prevention. Sensitization will be carried out through oral presentations and information education communication materials. Activities will target all GDF ranks. MC services will be provided according to national and international standards and recommendations. Supportive supervision and assistance with quality assurance in service delivery and follow-up will be sought from Ministry of Health thru the Georgetown Public Hospital Corporation. Recipients of male circumcision services will be counseled on the need for abstinence from sexual activity during wound healing, wound care instructions and post-operative clinical assessments and care. MC activities will be linked with HIV testing and counseling services provided by trained testers and counselors at the VCT site at Camp Ayanganna. A national multi stakeholder male circumcision task force will be set up to coordinate and lead country efforts in policy formulation, programme planning, and implementation. Additionally, there will be training and capacity building for male circumcision services providers in key areas including anesthesia and suturing techniques.

3. Injecting and Non-Injecting Drug Use: Context and Background: The national multisectoral AIDS response for Guyana was expanded to integrate injection and non injection drug use. With the support of Global Fund, the Ministry of Health (MOH) Drug Demand Reduction Programme (DDRP) was launched in June, 2008 in region 4 (the capital). The MOH reported that a great part of the Guyanese population is involved in substance abuse, particularly alcohol. And while there are a growing number of persons who are addicted to crack cocaine and marijuana, the MOH program coordinator reported that a larger number is hooked on alcohol and tobacco, there is not much evidence of injection drug use in the local setting, nevertheless with the increase in deportation of Guyanese there is potential for this category of drug users to expand. Substance abuse has caused and made worse a number of social problems in Guyana including HIV/AIDS; the growing domestic violence issue cannot be addressed without looking at substance abuse which is also the root cause of many road accidents. It is estimated that between eight and ten percent of the national health care budget is spent on accident victims and treating injuries caused by persons who are hooked on some form of substance. In addressing the issue of substance abuse and dependency the MOH is targeting various groups through national awareness, education and behavior change communication programs such as Schools Anti-Drug Edutainment Program, Workplace Anti-Drug Sensitization Programs and other public education programs via media. The television program "Changing Course" is aired once every two weeks and a radio program-"Tales from the Crack" is broadcast once a week, these programs target mainly adolescents between the ages of 10 -18 years old. Accomplishments: In the past year the MOH expanded the DDRP to region 6, with the establishment of centres in Region 6. The ministry also has television and radio programmes that are aired weekly as well as a school initiative; the school antidrug edutainment program included 20 schools (private and public). Persons addicted to illicit narcotics, alcohol and prescription drugs now have free access to treatment with the opening of the Drug Treatment and Rehabilitation Unit (DTRU) in the compound of the Georgetown Public Hospital (GPHC). The non-residential medical treatment and rehabilitation centre commenced counseling of persons on July 15,

2008. Since its commencement the programme has seen some 91 clients with 27 being mostly addicted to tobacco, 33 to alcohol, 24 to marijuana and 22 to cocaine. However, many of the persons required help for multiple substance abusers, with only 24 using just a single illicit substance. The clients were between the ages of 18 and 67 years and eight of them were women. The MOH's Drug Demand Reduction and Health Promotion Programme, in collaboration with Phoenix Recovery Project, also launched its Workplace Anti-Drug Sensitization Programme aimed at educating employees of the public and private sectors on the dangers of drug use. Local health clubs also provide educational sessions to youth to prevent drug use; this is also done on television thru peer education where members of the health clubs share their life experiences with regard to substance use and abuse. Goals and Strategies for the coming year: In FY10, the MOH has a very ambitious plan to expand the drug rehabilitation intervention to regions 1, 2, 3, 5, 7, 8, 9 and 10. GHARP II a partner funded by PEPFAR will provide TA and support to the MOH and will facilitate linkages with other programs which will address the unique needs of various subsets of the target populations .These populations included non-injecting and injecting drug users (NIDUs and IDUs), some of whom are also Commercial Sex Workers (CSWs) and Men who have Sex with Men (MSM), adolescents will continue to be a focus group. The drug-using populations will be then targeted with prevention interventions that address both sexual and drug-related HIV risk. There will also be training opportunities for teachers, health care and social workers in the areas of: HIV risk reduction interventions, 40 additional persons are expected to be train in structured relapse prevention and motivational interviewing.

Technical Area: Counseling and Testing

Budget Code	Budget Code Planned Amount	On Hold Amount
HVCT	1,076,122	
Total Technical Area Planned Funding:	1,076,122	0

Summary:

Background Access to HIV Counseling and Testing services in Guyana has expanded significantly over the past four years with the implementation of provider initiated counseling and testing services and the expansion of sites offering the service from 15 fixed sites in 2005 to 68 sites as of August 2009. Initiatives such as the National Day of Testing, which has been expanded to a National Week of Testing, along with other special initiatives promoting couples testing as well as ones to reach Most at Risk populations, in combination with the availability of the services at a mix of public and private sites has rapidly scaled up the accessibility of these services and made HIV Counseling and Testing far more accepted as a routine part of health care. The second round (2008/2009) of Behavioral Surveillance Surveys among target populations found high levels of testing in some populations while indicating that there is still work to be done for other populations. Almost 80% of Commercial Sex workers and Men who have Sex with Men (MSM) reported being tested for HIV at some point during their lives with 67% of CSW reported that they were tested in the six months prior to the survey and 73% of MSM having been tested in the year prior to the survey. Testing rates were also high among the military with 90% reporting that they were tested before which is a significant increase over the 57% that reported having been tested during the first round of the survey in 2004. However, lower levels of testing were found among In-School (15-19 years) and Out-of School Youth (15-24 years) with only 42% of Out of School Youth reporting that they were ever tested, however this represents a significant increase over the 17% that reported that they had ever been tested during the first round of the BSS. Accomplishments since the last COP Over the years, the national HIV counseling and testing program has expanded its reach from 10,546 persons who received counseling and testing in FY05 to 63,876 tested nationally during calendar year 2008. Many significant achievements were realized over the course of the year with a National Week of Testing reaching 15,724 persons, 25% of all persons tested during 2008. Special campaigns such as the "Test of Love" campaign



which promoted couples testing and testing initiatives within the MSM community saw testing services targeting high risk populations. Mobile units allowed persons in remote interior regions to access testing services and outreaches and partnerships with workplaces, including a day of testing at all Scotiabank branches across the country, saw the service reaching private sector workplaces. USG support continued to strengthen the national program through training in counseling and testing for health care workers, improving quality assurance of testing services at sites and providing essential testing supplies to all facilities across the country. Despite these accomplishments however, some challenges remain, they include counselor/tester burn-out, and the limited scope of their counseling skills that inhibit them from providing comprehensive counseling to clients. This situation is exacerbated by the limited opportunity for mentoring and coaching of counselor/testers due to limited human resource to perform these duties. Additionally, the absence of programs to address access by the mentally ill persons and drug abusers to C&T services and the challenge of increasing male involvement in counseling and testing still remain. Goals and Strategies for the coming year Activities during FY2010 will focus on further mobilizing people to access counseling and testing (C&T), with a strong emphasis on most at-risk populations (MARF) and males, to boost prevention efforts and to identify those who need treatment. Focused campaigns such as the National Week of Testing and the "Test Your Love" campaign for couples will continue along with outreach to activities hosted by the MSM populations to increase access to C and T services. USG will continue to provide support to these events through technical assistance, mobilization of resources from the private sector and provision of testing supplies to ensure that they are a success. The main priorities of the counseling and testing program will be to sustain expansion of services, particularly to the hinterland areas and into chronic disease clinics, through training and certification of counselor/testers and assessment and establishment of services within existing facilities as well as through mobile outreach. There will be a continued focus on increasing 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 and continued promotion to increase male access. 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. Additionally, the DoD will support the expansion of C&T for members of the uniformed services and their families within the Guyana Defense Force (GDF), with an emphasis on reduction of stigma and discrimination. Efforts will be made to continue to target high risk groups and to expand access by integrating C&T services into mental health programs by working through drug rehabilitation and treatment programs as well as psychiatric clinics. Penetrating the religious community to ensure C&T services are available through faith based settings remains a priority and various Christian denominations along with Hindu and Muslim congregations will be targeted. Importantly, work will be conducted to integrate counseling on knowledge of HIV status to engaged couples during marriage counseling conducted by religious organizations. Increasing male testing will also be addressed through the mass media to dispel assumptions among males that the HIV status of their partner confirms their HIV status without testing. Couples counseling will also continue to be emphasized in FY2010 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. In FY2010 a common goal for USG/GOG efforts will be to expand on the currently limited implementation of home-based VCT for families of orphans and vulnerable children, persons on treatment and persons identified through the PMTCT program. Finally, our FY2010 strategy includes strengthening the capacity of health care workers to deliver high quality and comprehensive counseling and testing services. The promotion and training of providers to expand the integration of provider-initiated C&T into the formal health sector, which will be critical for the sustainability of the program. Support for training of counselor/testers will continue in order to share new cutting edge program information, address staff losses (training of new staff), support program expansion (roll-out to new sites) and strengthen the roll-out of provider-initiated counseling and testing. All training for counseling for HIV testing is implemented in collaboration with the MoH according to established national curriculum and guidelines and includes critical components on PMTCT, family planning, disclosure, domestic violence, prevention counseling on abstinence, condoms, and partner reduction. This training will be strengthened



in FY 2010. The number of HIV+ clients identified remains higher than those entering the care and treatment program. In order to ensure the continuum of care, a pilot was initiated to serve the four highest volume treatment sites whereby case navigators were trained and hired. This case navigation program will continue to ensure that persons identified as HIV positive are guided into the care and treatment program. Other treatment sites currently rely on referral cards and follow-up between tester and the treatment site. In FY2010 a common USG/GOG goal will be for the staged expansion of the case navigation program to additional facilities with the next highest client volumes. To that end, and with the support of the USG, the MOH will maintain provider-initiated C&T at sites delivering diagnosis and treatment for TB, STIs, Male and Female Wards, and the Infectious Disease Ward at Georgetown Public Hospital. Additionally, there will be continued support for the referral networks for prevention, care and treatment within and between public and non-governmental service points. The CDC cooperative agreement will support the MOH to lead the quality assurance programs to track rapid testing proficiency and training needs and offer support for the MOH VCT program in gap areas not provided for in WB/GFATM funding. Commodities management, procurement, and storage of test kits and related supplies will be implemented by SCMS and overseen by MMU and CDC/GAP. USAID will support the NGO/FBO sector for service delivery and community mobilization, as well as MOH curricula development, training, information management, and monitoring and evaluation

Technical Area: Health Systems Strengthening

Budget Code	Budget Code Planned Amount	On Hold Amount
OHSS	3,167,780	
Total Technical Area Planned Funding:	3,167,780	0

Summary:

HSS assessment Although various assessments have been done in Guyana that have looked at various topics of health systems strengthening (HSS) with World Bank, the Inter American Development Bank (IDB), and Global Fund support, a single comprehensive assessment has not been undertaken to date. Health Systems 20/20 has published a Health Systems Fact Sheet for Guyana that has assessed various components of Guyana’s system. The USG team, in collaboration with the Health Sector Development Unit (HSDU) of the Ministry of Health (MOH), plans to engage with Health Systems 20/20 in FY10 to explore possibility of an overall health systems assessment that can be undertaken using a broader methodology and wider range of data sources available in country. HSS efforts in Guyana Significant strides have been made in HSS in Guyana not only through PEPFAR’s contributions, but also through the work of HSDU with the support of other donors such as the World Bank, IDB, and the Global Fund. All efforts in HSS in Guyana are guided by Guyana’s National Health Sector Strategy 2008-2012. The strategy focuses on five main areas: decentralization of health services providers, strengthening the skilled workforce and HR systems, strengthening government capacity for sector leadership and regulation, strengthening sector financing and performance management systems, and strengthening strategic information. The IDB and World Bank projects both have had primary focus on HSS and health sector reform. With the IDB and World Bank projects coming to a close in FY10, the majority of the work in HSS will be undertaken by the HSDU with support from the Global Fund Round 8 HSS grant for which Guyana has been tentatively approved. Major accomplishments and efforts underway in the strengthening of Guyana’s health system include institutional leadership and management development at the MOH through an IDB-funded Leadership Development Program; the development of national strategies for management information systems and mental health; passing and enacting of various legislation aimed at improving the oversight/regulatory functions of the MOH such as the Regional Health Act, the MOH Act, and the Health Facilities Licensing Act; and addressing of various human resources issues. The USG, MOH, and University of Guyana have worked to develop a comprehensive course in



Project Management that began in FY09. In FY10 twenty senior-level managers at MOH will participate in this course to increase their ability to effectively manage projects, activities and budgets. Key HSS accomplishments under PEPFAR I Much of PEPFAR Guyana's work in its first five years has strengthened the national health system. The initiatives in HSS have enhanced existing foundations and will continue to build on programs currently being implemented. There has been an increasing focus on system strengthening across the workplace, private, public, and NGO/FBO sectors in order to increase these sectors' capacities in leadership, administration, financial management and transparency, as well as technical strength. In addition, PEPFAR has played an important role in the 3 Ones Principle. Through PEPFAR's support to MOH, PAHO, I-TECH, and GHARP, human resource systems have improved by the creation of conditions that have fostered retention, effective performance, and supportive supervision. I-TECH collaborated with the University of Guyana, Health Sciences Education Unit (HSEU) to build the capacity of the Government of Guyana (GOG) to monitor, evaluate and plan for the training needs of health sector staff through the implementation of the TrainSMART database. PAHO established a Human Resources Planning and Development Unit within the MOH to address HRH needs, and the Guyana HIV/AIDS Reduction Project (GHARP I) provided technical assistance in supporting the NGO sector. Community Support and Development Services (CSDS) Inc. supported the NGO/FBO communities with capacity building technical assist ance aimed at organizational capacity development and financial management systems. In collaboration with GHARP I, CSDS provided intensive monitoring and evaluation technical assistance for the NGO/FBO communities. In addition, PEPFAR collaborated with UNAIDS to align reporting systems to achieve one National M&E framework. Through PEPFAR support, the Ministry of Labour, in collaboration with the International Labor Organization and GHARP I developed policy and workplace programs within the private sector and work place settings. The collaboration among USG, UNICEF and GOG has resulted in the establishment of the country's first child protection agency and the enactment of key legislation and policies to protect children. With PEPFAR support through the Department of Defense HIV prevention program, an HIV military policy for the Guyana Defense Force was established. Within other technical areas of PEPFAR, there have been many HSS accomplishments as well that have been described in their respective TANS. Barriers to accomplishing PEPFAR II goals Despite aligning resources, strategies, and activities with the Guyanese context, the USG team's response will likely face challenges in meeting PEPFAR's 3-12-12 and 140,000 goals. As with any disease control program, it will be critical to align interventions with drivers of the epidemic by relying on timely and high-quality data. Maintaining and exercising flexibility within our portfolio to constantly adapt our activities may pose to be a logistical challenge given time and resource limitations. In addition, the paucity of reliable skilled human resources to deliver care and treatment services remains the most significant challenge that the Guyana team faces. Specific barriers to the achieving the 3-12-12 goals of PEPFAR include key weaknesses in national HIV strategy implementation, such as the capacity of the MOH to ensure coordinated national efforts (including harmonization with other donors and partners and alignment with national strategies and priorities), more effectively reaching most-at risk and vulnerable population groups, and better using information for planning and management. USG will continue its efforts to address these potential issues in FY10 and beyond. Areas of Focus for FY10 and Beyond Although many of PEPFAR's 2010 activities in HSS will be achieved under other technical areas, PEPFAR Guyana's specific focus on HSS in FY10 will be in the areas of leadership and governance, including institutional capacity building and support for broad policy development, strategic information, HRH, and support for supply chain management systems. The USG team has decided to focus on these areas due to one or more of the following reasons: these are areas that PEPFAR Guyana has comparative technical advantage in; these areas are not being addressed, or are being addressed at a minimum level, by other national bodies or international donors; and these are areas that naturally build upon successes and foundations created under PEPFAR I. The USG team in FY10 will re-energize its engagement with HSDU and UNAIDS to identify possible areas of leveraging of resources in the areas of health finance, leadership/governance, and supply chain management systems. Leadership/Governance and Supply Chain Management will be covered under this technical area narrative. The activities in these focus areas will complement the work of various partners in addressing HRH in Guyana. Leadership/Governance for HSS The USG team will continue to support strengthening



of leadership and governance of the government and civil society sectors in Guyana through focused capacity building and systems strengthening activities. The USG-supported CSDS Inc, an indigenous capacity building organization, will continue to be contracted in FY10 to disburse and monitor small grants to a network of USAID-supported NGOs/FBOs, and the NGO Coordinating Committee, while strengthening their financial and administrative management (including governance and monitoring and evaluation) capacity. CSDS will continue to provide technical assistance to enhance NGO organizational capacity to deliver other sector wide services. USAID will continue to work with CSDS to build its capacity to meet governance, transparency, advocacy, HR management, sustainability, budgeting, and work plan development needs of NGOs. GHARP II will continue to build on and consolidate the work of GHARP I in strengthening leadership/governance over the first five year PEPFAR period by: promoting a culture of accountability of health outcomes by collaborating with CSDS Inc. in capacity building for monitoring and evaluation in the civil society sector (including strengthening data quality, data use and building M&E capacity nationally); providing institutional support to the Global Fund Secretariat for Guyana by supporting consultant staff, office costs, and CCM constituency meetings for the CCM Secretariat and its activities; and strengthening engagement with the private sector by providing technical and institutional assistance to the Guyana Business Coalition on HIV/AIDS in order for them to implement their business plan effectively, recruit new private sector partners, retain current partners, track business involvement, track businesses' success in upholding approved policies, and build work place programs within partner businesses to increase their contributions to the communities. The Ministry of Labour of Guyana, as the lead Agency in the International Labor Organization (ILO) and GHARP II collaboration, will continue to work for the development of policy and workplace programs within the private sector and work place settings in FY10. Through the USG supported HIV/AIDS Workplace Project, 33 enterprises will develop and implement policies and programs that will see the mainstreaming of HIV/AIDS into existing health and human resource training programs within the private sector. This public-private partnership model will support the engagement of the private sector in the national health system and its response to the HIV/AIDS epidemic and beyond. Supply Chain Management for HSS 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 GOG, 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. This Annex warehouse for HIV/AIDS was established in FY07 and 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, AIDS Relief, and the Clinton Foundation. In FY08 the MOH-operated Annex was expanded to include all essential drugs and supplies using the same best practices and systems established for the management of HIV/AIDS commodities. With SCMS support, the MOH in FY09 established and approved Guyana's first donation policy for pharmaceuticals and other health commodities to ensure the quality and appropriateness of donations. USG Guyana is supporting the integration of the Annex and all HIV/AIDS commodities into an improved MOH supply chain system, which includes strengthening the roles and capacities of other government institutions such as the National Food & Drug Department, the National Pharmacy unit and the NBTS in addition to the MMU. This coordination has also led to the establishment in FY09 of a SCMS supported mini-lab for drug quality assurance at the MMU Annex facility run by MOH staff in collaboration with the Food & Drug department and the quality testing at the MMU has recently been expanded. With USG support, the MMU now has strong systems in place but the infrastructure and storage capacity are inadequate and a new MMU facility is planned with the support of multiple donors. When the new facility is complete, the HIV/AIDS commodities will be completely integrated into the national system under MOH management. The collaboration between USG, World Bank, Global Fund and the MOH has continued over the past year as Guyana was one of the first countries selected for multi-donor coordinated procurement planning initiative. In FY09, representatives from the World Bank, Global Fund, IDB, and USG met with the MOH to



develop a strategy and finalize plans for the new MMU site and infrastructure, and coordination of procurement based on donor budget cycles. The USG is providing technical assistance including design and oversight for the construction of the new MMU facility and this support will continue in FY10 with the construction itself funded by IDB, Global Fund and World Bank. Intentional Spillovers and Targeted Leveraging The USG Guyana team will work in close collaboration with HSDU, UNAIDS, and other relevant donors to identify areas of possible resource leveraging to accomplish national health systems priorities. In addition, the USG team will continue to explore ways to expand upon existing PEPFAR platforms that may have greater health sector impacts. HSS areas not covered by other TANS The PEPFAR Guyana team currently does not support direct work in strengthening health financing in Guyana, given that this has been a major area of focus on previous IDB and World Bank projects, and will continue to be a priority area under the Global Fund Round 8 HSS grant in FY10. MOH is implementing a process of health sector performance management based on the work of HSDU through IDB, World Bank, and the Global Fund support. HSDU is also in the process of developing a Health Sector Financing Framework for the NHSS 2008-12. This framework will guide and control sector funding from all sources, coordinating the contributions of domestic and donor partner financing and guide allocation to implementing agencies to achieve NHSS goals and objectives. Additionally, a national health sector funding mechanism is in the process of being developed and will combine finance from all sources ensuring that sector funding is aligned to the NHSS 2008-2012 and its priorities. As a key part of the sector performance management process, the mechanism will help streamline various donor financing pathways to create more predictable funding flows and to facilitate longer term planning. . It is intended that this will also help ensure that international disease-dedicated funding contributes to strengthening the health system and sustains the delivery of all health services.. The USG team will

Technical Area: Laboratory Infrastructure

Budget Code	Budget Code Planned Amount	On Hold Amount
HLAB	793,566	
Total Technical Area Planned Funding:	793,566	0

Summary:

1. Context background PEPFAR funding has increased access to HIV testing and clinical monitoring for the HIV care and treatment program in Guyana. FY10 laboratory infrastructure plans build on laboratory activities from FY09 and will continue to rely various partners, CDC, Ministry of Health (MOH), Supply Chain Management System (SCMS), Association of Public Health Laboratories (APHL), American Society for Clinical Pathology (ASCP), American Society for Microbiology (ASM), Francois Xavier Bagnoud Centre (FXB), and AIDSRelief, for implementation. The Health Facilities Licensing Act which came into effect in April 2008 requires all laboratories and point of care testing sites to be certified by the Guyana National Bureau of Standards (GNBS). FY10 laboratory infrastructure plans are aligned with the National Strategic Plan for Laboratories (2008-2012) which will be subject to a formal mid-term review in 2011. The lead persons for this review will be the Director of the National Public Health Reference Laboratory (NPHRL) and the Director of Standards and Technical Services, MOH. A key priority for FY10 is to continue with certification of public sector laboratories initiated in FY09. By the end of FY09, it is anticipated that the NPHRL and two regional hospital laboratories will be certified by the GNBS to GYS170:2003 (based on ISO17025). In FY10 all regional hospital laboratories will be certified by GNBS. In FY10 NPHRL will seek international accreditation to ISO15189 by continuing work initiated in FY09 with Service the Caribbean Laboratory Accreditation (CARICOM Regional Organisation for Standards and Quality). 2. Accomplishments since last COP The centerpiece of PEPFAR support for laboratory infrastructure, the National Public Health Reference Laboratory was handed over by the USG to the GOG on the 3rd of July 2008. To date MOH have staffed (20 technical and 2 administrative staff) and equipped



(with generic laboratory equipment such as fridges, centrifuges, and biosafety cabinets and specialist equipment such as the Cobas AmpliPrep and TaqMan for early infant diagnosis (EID) and viral load) the facility and operationalized 7 departments; serology, hematology, bacteriology, TB, molecular biology, surveillance and Quality Assurance (QA). Of the staff positions, in FY09 PEPFAR supported 6 positions (Director, 2 heads of department, and 2 medical technologists) through the CDC-MOH CoAg. NPHRL staff intake commenced in September 2008. To date staff numbers are stable and there has been no turnover. Medical Technologists in Guyana consider it a privilege to work for the NPHRL as it is seen as a centre of excellence for laboratory services and an institution offering modern laboratory techniques e.g. real time PCR, unavailable elsewhere in Guyana. The NPHRL provides CD4 testing for the entire national care and treatment program. By the end of FY09 CD4 testing will be decentralized to 2 additional regional hospital sites. CD4 testing which was previously managed by FXB is now entirely managed by the MOH with the transition to the MOH occurring from October 08-July 09. Three laboratories (2 in private sector and 1 in public sector) which were previously supported by AIDSRelief for CD4 testing have since Jan 09 been sending samples to be tested at the NPHRL. All CD4 testing for these sites will be formally absorbed by the MOH by the end of FY09. In FY09 the NPHRL commenced provision of in country EID and viral load monitoring. Previously DBS for EID were sent to the National Institute of Communicable Disease in South Africa. The equipment for EID and viral load were procured by the MOH. Clinton Foundation (CF) will provide reagents for EID until the end of 2010. The MOH are procuring reagents for viral load. ARV resistance testing is not routine offered by the national care and treatment program. However, in FY09 the National AIDS Programme Secretariat with technical assistance from CDC and other partners (e.g. PAHO, FXB) finalized a protocol for HIV drug resistance monitoring. Pending IRB approval, the study will be initiated in FY09/FY10. SCMS continued to support the NPHRL and the MOH by procuring HIV rapid test kits, all reagents and consumables for CD4 testing, and 25% of chemistry and hematology reagents for automated chemistry/hematology analyzers at care and treatment sites. In FY09 SCMS also procured key laboratory equipment for central and regional sites (e.g. EIA equipment for NPHRL, chemistry/hematology analyzers for regional hospital laboratories) based on gaps identified by MOH/SCMS national laboratory network assessments. PEPFAR have supported a range of trainings for laboratorians in FY09 through partners such as ASCP, APHL, AIDSRelief and ASM where 50 in-service laboratorians and 30 pre-service laboratorians have been trained. These trainings have included TOT on hematology, advanced hematology, basic lab operations and lab management, general safety and biosafety including BSL-2/3 practices, microbiology and STI diagnosis, blood banking and immunohematology (for final year BSc in Medical Technology students of the University of Guyana), OI diagnosis, and online courses on QA and Molecular Biology for key staff from the NPHRL. PEPFAR has also, through APHL, supported the twinning of the North Carolina State Laboratory of Public Health (NCSLPH) with the NPHRL. NCSLPH will continue to provide technical assistance on all aspects of public health laboratory services through staff exchange visits, targeted trainings, and sharing and review of documents such as SOPs. CDC has employed a PhD level senior laboratory advisor to provide technical support to the NPHRL and coordinate all PEPFAR laboratory activities in-country. This activity will continue in FY10.

3. Goals and strategies for the coming year

i. HIV testing Focus in FY10 will be on the quality of rapid testing. Of 70 VCT sites, 20 are enrolled in Digital PT EQA program. This activity is supported by the MOH and PAHO. In FY10 PEPFAR will support the continuation of a local PT program (DTS panels for all VCT sites, twice a year) for HIV rapid testing developed in FY09 with TA from CDC. The PEPFAR supported FXB laboratory advisor will work closely with NAPS to ensure that monitoring visits to VCT sites include an assessment of the laboratory component of HIV rapid testing. The CDC lab advisor and FXB lab advisor will work closely with NAPS to ensure the quality of rapid testing at mass testing exercises such as the national week of testing.

ii. TB/OI testing Capacity for TB and OI testing remain weak. It is expected that the CDC supported BSL-3 upgrade of the TB suite at the NPHRL will be completed in FY10 allowing for the implementation of liquid culture methods for TB DST and ID. A new partner, ASM, will focus on laboratory infrastructure for TB and enhancing capacity for OI diagnostics in FY09. Currently Acid Fast Bacilli (AFB) smear microscopy is performed at the NPHRL and 18 national sites.

iii. Early Infant Diagnosis In FY10 the NPHRL will continue to provide in country EID initiated in FY09. The NPHRL will continue to be enrolled in the CDC PT program for EID. The NPHRL will engage



with PMTCT and MCH programs to ensure that 100% of children born to HIV positive mothers receive preliminary and follow-up DNA-PCR testing according to the national algorithm. The NPHRL will also establish points of contact at all MCH and PMTCT sites to better track sample/result collection and transportation. Since CF support for DNA PCR reagents will end in 2010, CDC will support MOH plans to absorb purchase of reagents for EID

iv. SCMS SCMS will continue to supply all HIV-related laboratory commodities and work closely with the materials management unit of the MOH to ensure that their procurement processes for all laboratory commodities are more efficient. In FY10 there will be increased emphasis on capacity building at regional and district health facility laboratories to enhance their ability to accurately forecast and manage stock levels. Data gathered in FY09 on platforms at all health facilities will enable equipment harmonization and enhanced management of the supply chain for laboratory reagents.

v. LIS The focus in FY09 was to perfect paper based systems and to ensure monthly reporting to NPHRL from regional and district laboratories. By the end of FY09 preliminary investigations will take place into implementing LIS and suitable partners will be identified. LIS will be implemented by the MOH in FY10. CDC and APHL will provide TA on LIS.

vi. QMS The Health Facilities Act of Guyana requires that all laboratories performing clinical testing be certified by the Guyana National Bureau of Standards to GYS170:2003 which is based on ISO17025. By end of FY09, 4 public sector laboratories will be certified by GNBS. In FY10 this number will increase to 6 ensuring that all tertiary and regional laboratories are certified. In FY10, work initiated in FY09 for accreditation of NPHRL to ISO15189 will continue with the Caribbean Laboratory Accreditation Service. PEPFAR will support the accreditation of the NPHRL and certification of national laboratories with TA from CDC and ASCP.

vii. Training and retention systems PEPFAR will continue to support targeted training of laboratorians in FY10. There will be increased focus on development of individual staff e.g. by online courses focusing on key areas required for implementation of programs. There are sufficient trained staff in country in techniques such as CD4, chemistry and hematology and they are currently training others in-country. Therefore the focus will shift to new methods (e.g. TB DST) and quality systems management and safety. The plethora of training available and the opportunity to attend relevant conferences etc is a powerful incentive for staff to remain within the public sector system. Ensuring that staffs have additional responsibilities and status e.g. all NPHRL senior staff are given a regional/district lab that they are responsible for, enhances job satisfaction. Focusing on quality and support for activities such as National Lab Professionals Week help to build professional pride among laboratorians in Guyana.

viii. Equipment maintenance systems Currently all equipment in the MOH system, other than specialist equipment such as BD FACSCounts and Roche TaqMan have maintenance contracts with a single vendor. CDC supports service contracts for HIV-related laboratory equipment. However, equipment maintenance in general is a problem and the ability of MOH to absorb costly service contracts in the future is questionable. In FY10 the training of local biomedical engineers attached to the MOH will be a priority area.

ix. Sample referral systems The current public laboratory system consists of five levels: health post, health center, district hospital laboratory, regional hospital laboratory, and tertiary laboratory. Referral laboratory functions previously performed by the clinical laboratory of Georgetown Public Hospital have now transitioned to the NPHRL. These two laboratories are the only tertiary level laboratories within the public sector. A third laboratory at the National Blood Transfusion Service provides specialized testing for blood banking. There are 4 regional laboratories in Guyana (Linden, Suddie, West Demerara, and New Amsterdam). Regional laboratories have the capacity to provide automated chemistry and hematology. No microbiology or serology studies (except syphilis) are available except at the tertiary level. Health posts and centers perform only malaria smears and hemoglobin, while district level facilities can perform basic testing such as hemoglobin, complete blood count (CBC), urinalysis, and blood glucose. All diagnostic and clinical monitoring functions for PEPFAR programs are performed at regional hospital laboratories, GPHC medical laboratory, and the NPHRL. A courier system supported by CDC facilitates the transportation of clinical samples for e.g. CD4 and DNA PCR testing. However, the MOH needs a holistic approach to sample transportation which facilitates the flow of all clinical samples within the national laboratory system. A national courier system for clinical samples is being developed by MOH in FY09 with support for procurement of commodities from PAHO. CDC will continue to provide technical and material assistance to this project in FY10.

x. Policies CDC and laboratory partners will continue to have an input



into laboratory policy development. Notable contributions in FY09 were to HIV drug resistance monitoring and national guidelines for viral load monitoring.

Technical Area: Management and Operations

Budget Code	Budget Code Planned Amount	On Hold Amount
HVMS	2,965,116	
Total Technical Area Planned Funding:	2,965,116	0

Summary:
(No data provided.)

Technical Area: OVC

Budget Code	Budget Code Planned Amount	On Hold Amount
HKID	984,378	
Total Technical Area Planned Funding:	984,378	0

Summary:
Context and Background The Government of Guyana (GOG) and civil society have recognized the need to ensure greater protection and care for orphans and vulnerable children (OVC); however there is currently no differentiation of children by circumstances. In Guyana, there are an estimated 22,000 OVC, due not only to HIV/AIDS. A 2006 survey of institutions has revealed that 600 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 GOG to integrate these children back into a home environment, while limiting the further institutionalization of children through sound legislation and the provision of community-care options and foster care. In support of the UNGASS mandate which has identified UNICEF as the lead organization for monitoring OVC activities, UNICEF will be advocating policy and legislation, establishing mechanisms for monitoring and information exchange, and ensuring access to essential services. To date, UNICEF has worked closely with the Ministry of Human Services and Social Security (MOHSSS) and institutional care providers as partners in the solution. There is a shared vision and commitment as seen by the voluntary “signing” of the standards to ensure compliance by all stakeholders for standardizing and monitoring care being provided within institutions, developing a foster care system as well as a community based OVC care system, and ultimately the elimination of institutional care. UNICEF is collaborating with a number of key governmental and non-governmental institutions, GHARPII, AIDS Relief and other agencies working on OVC issues for the development and implementation of a multi-sectoral approach to OVC activities in Guyana. As defined in Guyana’s National Policy, and strengthened through PEPFAR support, a comprehensive response to OVC includes the five global OVC strategies. In line with this policy and that of PEPFAR guidance, all support will seek to ensure that the basic needs of OVC are met. All activities of the PEPFAR supported NGOs, aligned to GHARPII, are directly linked to the National Plan of Action for OVC and fits into the PEPFAR five (5) year strategy and is consistent with the PEPFAR OVC guidance. While the activities done by the NGOs are aimed at the child and caregiver/family levels, through UNICEF the program continues to work with the GOG to advocate for strengthening those services at the system level. Accomplishments since the last COP The collaboration among USG, UNICEF and the GOG, has resulted in the establishment of the



country's first child protection agency and the enactment of key legislation and policies to protect children. This partnership has resulted in the fruition of a critical policy agenda to expand protection and care of vulnerable children, including a national policy framework developed in 2006. The policy agenda centers on the development of the Children's Bill, which is a collection of several pieces of legislation focused on children's welfare. To date, Parliament has approved the Child Care and Protection Agency Bill, which is the first legislation in Guyana that focuses on children and separates child care and protection from other social welfare services. The passing of this Bill paved the way for the establishment of the Child Protection Agency. Three additional Bills connected to the overall Children's Bill were passed in the National Assembly: the Protection of Children's Bill, the Status of Children's Bill and the Adoption of the Children's Bill. Currently, three Bills: the Custody, Access, Guardianship and Maintenance Bill, the Child Care and Development Services Bill and the Sexual Offences Bill, have been referred to a Special Parliamentary Committee for review. USG and UNICEF have worked together to support the GOG to establish and improve child protection services. Through the provision of funding, staff and other resources, the MOHSSS improved coordination of services for institutional children and built workforce capacity in child protection. A minimum set of standards for orphanages were developed and distributed, and care plans for all children in institutional care developed. These responsibilities now fall under the portfolio of the new Child Protection Agency. In FY 09, continuous efforts were made to reintegrate children with their families, but efforts to contact the majority of parents were futile. Those contacted were found to be in acute socio-economic difficulties. Hence efforts will be made to reintegrate institutionalized children with their families or foster parents. Children's Legal Aid clinics have been established in two regions as a response to the lack of access to legal services. These clinics promote the legal empowerment of women and children by providing legal support and representation, for both civil and criminal matters, to an average of 200 children and their care givers yearly. The promotion of children's rights has been further supported through the development of educational materials on child welfare issues, such as child abuse, birth registration and foster care. The program also established relationships with the private sector that provided cash and in-kind support to OVC programs. Assistance was also provided to NGO partners for community gardens, day care, microfinance projects and skills training. Goals and Strategies for FY 10 In FY 10, priority areas to be addressed include the development of service delivery standards, crafting of policies to protect the well-being of children and families, increasing coverage, strengthening the quality of services provided in the public and NGO sector, strengthening the capacity of families and communities to provide care, strengthening the referral system, support for the Child Protection Agency and advocating for outstanding legislation that protects the rights of the most vulnerable children. These activities are consistent with the OVC section of Guyana's National Strategic Plan for OVC for HIV/AIDS 2007-2011. UNICEF In FY10, UNICEF will continue to work with the MOHSSS to support the newly established Child Protection Agency, 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 development of the child protection management information system (CPMIS). In this regard, UNICEF's support with PEPFAR funds will focus on sourcing the services of a training institute to develop a comprehensive package of human resources, policy development and budgeting for quality service delivery of staff, the continued reintegration of children in institutional care and the development and strengthening of the current monitoring and evaluation system for the Child Protection Agency. Goal 1: Protect the most vulnerable children through improved enforceable policy and legislation by supporting the newly established Child Protection Agency in the Ministry of Human Services and Social Security. Strategy: UNICEF will continue to support the Child Protection Agency in advocating for the outstanding Child Protection legislation and the development and approval of subsidiary legislation. Support will also be provided for the training of law enforcement and the Magistracy. Furthermore, UNICEF will provide the Child Protection Agency with the required technical assistance to implement the OVC National Plan of Action once it is approved by Cabinet. The Child Protection Agency will employ 28 professional social workers, a child psychologist, legal counsel and other support staff, who are mainly university graduates without the requisite experience. UNICEF will therefore provide technical assistance to build the capacity of the Agency to render quality services. A major activity which will be completed in 2010 is the institutional



analysis of the Child Protection Agency to develop a comprehensive strategy which will include human resources, policy development, budgeting and service delivery. Goal 2: Support the provision of alternative Care for Institutionalized children. Strategy: While institutional care in Guyana normally forms one of the first levels of response for children who do not have parental care. It often does not meet the complex needs of children. Technical assistance will be provided to the Child Protection Agency to develop and implement Positive Parenting Programs for biological parents, foster and adoptive parents, including adolescent parents. The Agency aims to reintegrate or place 200 children with their families or with Foster families during 2010. The Agency has out-sourced a Foster care Program to "Every Child Guyana" to identify and screen potential foster parents for children in cases where reintegration with biological families is not possible. Technical assistance will be given to both "Every Child Guyana" and the Child Protection Agency to prepare families before a child is placed with the family. In addition, there will be access to legal aid for OVC to ensure that they are not exploited through child labor or trafficking. Activities will include the continuing support to Guyana and Linden Legal Aid clinics. Legal aid is currently available to children in regions, 2, 4 and 6. UNICEF will continue to collaborate with the Ministries of Labor; Culture, Youth and Sports; and Human Services and Social Security on this issue. Goal 3: Strengthen the Child Protection Management Information System (CPMIS) Strategy: Continuous support will be provided for the collection of child protection data for Guyana and the strengthening of the current monitoring and evaluation system for the new Child Protection Agency. GHARP II IN FY 10, GHARP II will enhance its collaboration with UNICEF, the private sector and key Government agencies to deliver quality services to OVC. The program with focus on, strengthening the capacity of parents/ care givers to enhance children's well-being, providing a safe environment for the provision of care and support services, strengthening the capacity of parents/caregivers to care for OVC, and improving case finding. Goal 1: To reach OVC with appropriate quality care and support services Strategy: GHARPII, through its nine NGO/ FBO partners will continue to deliver services to address the "core" needs of OVC, through interventions at the child, caregiver/family 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. The program is presently collaborating with forty-six (46) Private Sector Partners to support the needs of the children in the five key areas. Focus will also be made on the economic empowerment of older OVC through innovative models for public/private alliances, as well as cross sector collaborations within USAID supported programs. 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. The quality of OVC services will be improved through linkages with the National AIDS Program Secretariat, the private sector, MOLHSSS and other donor agencies. Collaboration will also be made with various national stakeholders, as well as the Health Care Improvement (HCI) project to develop minimum service standards for OVC. This will ensure that the quality (including cost effectiveness) of services is appropriate and that limited resources are spread across the many children and families requiring temporary or long term assistance. The MHSSS, 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 part of our QA/QI measure, focus will be placed on onsite supervision and developing effective mechanisms for case management. Capacity building, care coordination and client management will also be addressed. To deal with some of the challenges with double counting, organizations will be zoned to specific facilities and communities. In addition, the program will work closely with the NGOs/FBOs to develop mechanisms to involve greater participation of OVC in the design and development of program activities. This will ensure that the program incorporates the needs identified by beneficiaries. Goal 2: To strengthen the capacity of parents/caregivers to enhance family welfare especially for OVC. Strategy: Strengthen the capacity of parents and care givers to enhance children's well-being. Parenting skills workshop and other activities aimed at strengthening parent/guardian and increasing their participation in the delivery of services will continue. Parents will be



referred to the MHSSS for economic and other social support needed to support OVC. Goal 3: To provide a safe environment for the provision of care and support services. Strategy: In FY09 GHARP II and CSDS developed an OVC policy resource document which will be used to guide the development of organizational specific OVC policies/guidelines. Technical support will be provided to all implementing agencies in using this document to develop appropriate policies/guidelines to govern the implementation of their OVC program. GHARP II will collaborate with UNICEF and the MOHSSS in this regard. Goal 4: To strengthen linkages with adult care and other appropriate health and social care services. Strategy: As stated in the FY 09 semi-annual report, 838 OVC due to HIV/AIDS were being supported by the program. Concerted effort is needed to strengthen programs to increase the number of OVC identified. GHARP II 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. GHARP11 will collaborate with MOH, NAPS and other partners to formalize SOPs for referrals from the respective sites/agencies. The estimated target for FY10 will be 1600 OVC.

Technical Area: Pediatric Care and Treatment

Budget Code	Budget Code Planned Amount	On Hold Amount
PDCS	48,619	
PDTX	27,373	
Total Technical Area Planned Funding:	75,992	0

Summary:

Context and Background The adult HIV seroprevalence in Guyana is about 2.5% (range 1.5 – 2.75%) in the general population, with heterosexual contact accounting for 80% of cases. Estimates of HIV infected range from 8,000 to 12,000, with an estimated 1,200 AIDS-attributable deaths annually. Groups with higher prevalence (e.g., MARPs) include CSWs (26.6%), MSM (21.2%), and miners (4%). According to the Guyana National HIV/AIDS Strategy 2007-2011 published by GoG’s Ministry of Health in 2007, the ultimate aim of the National ART program is to provide “universal access to ARV-based treatment and CD4 based management to all PLWHA” in Guyana. The overall strategic goal of Guyana’s National Strategic Plan for HIV/AIDS is “to reduce the social and economic impact of HIV and AIDS on individuals and communities, and ultimately the development of the country.” Free ART is available to all eligible adults and children in Guyana and there is no waiting list for treatment, care, and support. The Government of Guyana (GoG) has provided ART services to 2,610 persons, including 168 (6.4%) children under age 15 year, and non-ART services to an additional 1,800 HIV-positive persons, including 107 (6%) children under age 15 years, as of March 2009. The National Response is supported by the Global Fund to Fight AIDS, Tuberculosis, and Malaria (GFATM), the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR), facilitated by our main implementing partners, Francis-Xavier Bagnoud (FXB) Center and AIDSRelief (AR), the World Bank, the Partnership for Supply Chain Management (PFSCM), and other stakeholders. Other traditional technical partners include PAHO, UNICEF, UNFPA, UNAIDS, and CAREC. Some of the challenges related to pediatric care, support, and treatment have been expanding training on pediatric HIV care to health providers; providing ongoing psychosocial support for children and adolescents; age-appropriate support groups specifically for children and adolescents; referral linkages for children in the interior regions of the country; and, better integration of services and records with HIV care and support and traditional MCH services. **Accomplishments** During FY 2009, PEPFAR Guyana has continued to build upon previous successes. Specific examples of accomplishments include the following: the development of a pediatric treatment curriculum for healthcare workers; developing child-friendly spaces in some of the larger clinics; training of ART providers in



OI/ART management; mobile clinic support to deliver HIV care & ART services to 6 decentralized sites (5 rural health centers and 1 hospital) across the four hard to reach interior regions (regions 1, 7, 8, and 9) per month; establishing a voucher program for school supplies; addressing nutritional support by partnering with the Clinton Foundation to procure Plumpy'nut food supplement; linking with Ministry of Labor Human Services and Social Security (MOLHSS) to address psychosocial needs of infected/affected children and their parents; providing DNA PCR testing for early infant diagnosis for all HIV-exposed infants at our local partner sites (previously DBS was collected and processed at an outside lab); and, ongoing technical support for development and use of ART policies including pediatric ART (allowing ARVs to be started for all patients regardless of CD4%), clinical guidelines and protocols for DNA PCR (now technology is available in country at the NPHRL), pediatric viral load, and HIV drug resistance testing. In addition, PEPFAR has supported NAPS in accomplishing the following during 2008: National patient monitoring using an adaptation of the WHO Patient Monitoring System (PMS) has been implemented at all care and treatment centre; ADT (antiretroviral dispensing tool) are installed and operational at treatment sites; establishing two new sites, Enmore Poly Clinic and Betterverwagting Health Centre (Region # 4); refurbishing the Linden Family Health Clinic and Suddie Family Health Clinic; revising the National Guidelines for HIV management; distributing National Standard Operating Procedure SOPs to treatment and hospitals; collecting first round of performance data using HEALTHQUAL Guyana Project, an adaptation of HIVQUAL; training physicians, nurses, and health care workers in HIV Management, and awarding CME credits for forty five (45) local physicians; and, training a total of 213 persons were in Post Exposure Prophylaxis Care (195 health care workers and 18 police officers). Significantly, an assessment of the National HIV Care and Treatment Program was conducted by the PEPFAR Adult Treatment Technical Working Group during July 2009. This evaluation provided the GOG and the in country team with recommendations for building on accomplishments to date to improve the program in the future. These recommendations have been considered throughout the FY 2010 COP planning process and are reflected below. Goals and Strategies for FY 2010 Treatment partner FXB will continue to serve as the Ministry of Health's primary partner in the delivery of a standard package of HIV clinical care and support services to HIV infected, HIV-exposed and affected infants, children and their families. Pediatric care and support services will be provided at 19 of the current 20 Ministry of Health sites that offer HIV care, treatment and support services across Regions 2, 3, 4, 5, 6, and 10. Currently there are no plans to scale up additional sites. The possibility of implementing a nutritional support program for clinically malnourished HIV-infected patients will be explored. Although there are existing local food support programs, the food provided does not qualify as therapeutic, micronutrient or supplemental food. Quality of services and quality improvement continues to be a priority. FXB will intensify peer review and feedback on physician charting to ensure that pediatric care and support services are consistently delivered in accordance with national guidelines. Additional program data drawn from the national patient monitoring system will be reviewed and discussed at the national care and treatment steering committee meetings, with recommendation to modify interventions accordingly. Training activities will continue to include clinical mentoring of local clinicians to provide HIV care, and integration of clinical mentoring into the training programs for pre-service physicians (medical interns and students) from the Guyana-Cuba training partnership as well as consultative support and oversight to in-service and pre-service HCWs serving on the Georgetown Public Hospital Infectious Diseases and regional hospital inpatient wards. Finally, patients and caregivers will be targeted for intensive adherence monitoring and support including an adherence assessment at every clinic visit (including pill counts), group and individual adherence counseling pre/post ART initiation. Treatment partner AIDSRelief will continue to provide ARV treatment and management of OIs and other HIV/AIDS-related complications including malaria, and diarrheal diseases to all HIV infected children and adolescents. They will work with the MOH to help provide treated mosquito nets as a measure of home-based care to the affected children. They plan to implement secondary prevention interventions with emphasis on sexual risk behaviors, substance use, coping strategies, disclosure and domestic violence in FY 2010. In addition, AIDSRelief will provide specialized training to counseling staff at sites to address psychological issues unique to this patient population and their families (e.g., coping with trauma of death of parent, disclosing status to children, anxiety and fear). Further strengthen the capacity of nursing staff



to provide high quality care to Guyana's pediatric population through on-site technical assistance provided by a local pediatric consultant with support from nurse specialists from the University of Maryland. Technical Priorities for teams to address PEPFAR Guyana continues to select technical priorities in response to the needs of the host government. These priorities will be better informed at the conclusion of the development of the Partnership Framework (PF) and Implementation Plan (PFIP) scheduled to be completed by July 2010. Significantly, the GoG has begun developing their multi-sector National Strategic Plan for 2012 – 2016. The USG Team will actively participate in this process, which will provide an opportunity to link both the PF and the PFIP with this important document. At present, technical priorities going forward include the following: improving coordination between MCH and HIV care, support, and treatment services; increasing and promoting referral links from ANC services to HIV care, support, and treatment services; expanding in country expertise to provide HIV care, support, and treatment for children and adolescents; scaling out care and support services to the hinterland (regions 1 and 9) through the hinterland initiative and collaboration with MOH Regional Health Services; providing ongoing comprehensive services (including broader nutritional assistance), and training described in accompanying targets; 80% of exposed infants being started on CTX; 80% of exposed infants receiving an HIV test within 12 months; and, ensuring 100% enrollment of HIV+ eligible children into family centered care, support, and treatment services.

Pediatric Care and Support The pediatric care and support program is aimed at extending and optimizing quality of life for HIV positive clients and their families through the delivery of a standard package of HIV clinical care and support services; the development of clinical guidelines and protocols that address DNA PCR, pediatric viral load, and HIV drug resistance testing; family centered health services, including nutrition and routine pediatric and post-natal care, under the auspices of the MCH department. The program will continue to support facility-based inpatient and outpatient pediatric HIV care and support services as part of a continuum of primary health care, including: clinical monitoring and management (CTX prophylaxis, laboratory testing) of OIs and other HIV-related complications and co-morbidities; TB screening; PCR testing, to support early diagnosis of HIV infection in infants; nutritional assessment including infant feeding practices and counseling; assessment and management of pain; supportive supervision and facilitation of facility-based PLHIV peer support groups and referrals to community-based PLHIV peer support groups for clients and caregivers; referral to social support and HBC services, as well as end-of-life care at the country's only hospice facility, St. Vincent's DePaul Centre; contact tracing and VCT to identify and test exposed children and partners; monitoring patient retention through adherence assessment and counseling including facilitated disclosure, and defaulter tracking; and, developing a minimum package (including safe water) of prevention services including prevention with positives counseling. Expansion activities include working with the MOH to help provide treated mosquito nets as a measure of home-based care to the affected children; plans to implement secondary prevention interventions with emphasis on sexual risk behaviors, substance use, coping strategies, disclosure and domestic violence; strengthening pediatric and adolescent support groups; nurses trainings to further strengthen the capacity of our nursing staff to provide high quality care to Guyana's pediatric population; and, increased nutritional counseling and support to HIV infected and affected children, adolescents and their families.

Pediatric Treatment The pediatric treatment program is targeted to HIV-infected male and female infants, children and adolescents accessing care at public and private sites that offer HIV treatment services across regions 2, 3, 4, 5, 6, and 10, and include clinical and psychosocial assessment of ART readiness, laboratory monitoring and adherence monitoring and support. Interior regions (regions 1, 7, 8, and 9) will continue to be reached through mobile clinics. In FY 2010, training activities will continue to include clinical mentoring of local clinicians to provide HIV care, and integration of clinical mentoring into the training programs for pre-service physicians (medical interns and students) from the Guyana-Cuba training partnership as well as consultative support and oversight to in-service and pre-service HCWs serving on the Georgetown Public Hospital Infectious Diseases and regional hospital inpatient wards. Treatment partners will provide physician mentoring and consultative oversight to in-service and pre-service HCWs serving on the Georgetown Public Hospital Infectious Diseases and regional hospital inpatient wards. Treatment partners will also continue engage local physicians who have completed the formal clinical mentoring program to sustain the development and/or revision and delivery of standardized curricula on basic HIV



care for several cadres of HCWs including medical students, pharmacists, medex, nurses and physicians. In FY 2010 patients and caregivers will be targeted for intensive adherence monitoring and support including an adherence assessment at every clinic visit (including pill counts), group and individual adherence counseling pre/post ART initiation, referral to community-based socio-economic and nutrition support services; and nutritional assessment and counseling. Treatment partners will also intensify peer review and feedback on physician charting to ensure that pediatric treatment services are consistently delivered in accordance with the newly revised National Guidelines for Management of HIV-Infected and HIV-Exposed Adults and Children.

Technical Area: PMTCT

Budget Code	Budget Code Planned Amount	On Hold Amount
MTCT	563,792	
Total Technical Area Planned Funding:	563,792	0

Summary:

CONTEXT FOR PMTCT IN GUYANA USG-funded efforts in HIV prevention, treatment, and control activities for Prevention of Mother to Child Transmission (PMTCT) activities are coordinated with the Guyana Ministry of Health (MOH). PMTCT programs are not vertical or stand-alone efforts, rather they are incorporated into existing activities in Guyana’s antenatal clinics (ANC). As of September 1, 2009, there are 152 PMTCT sites in Guyana, encompassing all 10 regions of the country. This is in comparison to only 23 sites offering PMTCT services at the inception of the program in 2003. 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 (note that there was a small sample size for this group). Prevalence among the urban population was 2.8% and rural was 1.1%. While Guyana enacting a national policy recommending opt-out HIV testing in 2003, a majority of PMTCT sites continue to practice an opt-in testing methodology. Labor & delivery (L&D) sites consistently practice opt-out testing and rapid HIV testing is performed on the spot in order to ensure proper treatment and prophylaxis for mother and baby, if needed. These practices are revealed in the HIV testing data according to site, as x% of women first presenting at ANC sites were tested for HIV versus x% of women first presenting at L&D sites. In July 2009, a fire destroyed the main MOH office building in Georgetown, Guyana. No one was harmed in the fire; however, damages occurred to the database server for the MOH. Efforts are underway to retrieve destroyed data from PMTCT sites at present. The MOH remains dedicated to continuing all of its activities, including PMTCT efforts. HAART treatment is initiated when the CD4 count is below 350, but ARVs are recommended for pregnant women with CD4>350 beginning just after the first trimester. Guyana’s National Guidelines for Management of HIV-Infected and HIV-Exposed Adults and Children recommend that pregnant women with CD4<250 be placed on AZT + 3TC + NVP and if CD4>250, then AZT + 3TC + Kaletra. Once women begin HAART they are tracked through the Patient Monitoring System (PMS). HIV+ women will also be offered cervical cancer screening using visual inspection with acetic acid (VIA) and treatment after delivery. Treatment options include cryo-therapy or a loop electro-excision process) along with direct referrals to family planning clinics. NVP plus short-course AZT is currently being offered to all babies born to HIV+ mothers. Circumcision is already a service offered at delivery but nurses will be trained to counsel new mothers on this option, and advocate for increased uptake of the service. At six weeks an infant born to an HIV+ mother is placed on Cotrimoxazole (CTX) prophylaxis until breast feeding has stopped or the infant has been diagnosed as HIV-. Guyana MOH data from the first half of 2009 (January 1 to June 30) show that 50 (92.6%) of 54 babies born to an HIV+ mother were tested for HIV by 12 months of age. In addition to CTX, infant services provided at PMTCT sites include growth monitoring, nutrition education, provision of breast milk substitute (BMS) as indicated, treatment of current infections, and referral for further care. The PMTCT program is an example of



partnership and cooperation among US government partners, sub-partners, international aid agencies and the government of Guyana. In 2008, the MOH trained new 217 PMTCT counselor/testers in all regions, through funding by UNICEF, the World Bank, and PEPFAR. Follow-up meetings with staff are integrated into the quarterly MCH meetings in each region where cases are discussed, challenges are presented, solutions are identified and refresher courses are offered. PEPFAR funds also helped support refurbishment at 9 PMTCT sites in 3 regions on Guyana. In 2009, CDC, through their cooperative agreement (CoAg) with the Guyana MOH, will provide the following items to the MOH through Supply Chain Management Systems (SCMS): rapid-testing kits for HIV, blood collection tubes, and syringes with safety glides. In addition, per the CoAg, PEPFAR will provide the MOH with breast milk substitute (BMS), guidance including quality assurance, support for training, and linkages to care and treatment guidance. USAID will provide technical assistance and training support to the MOH. A USG/GOG common goal is for the complete integration of all ANC site HIV/STI tester training materials and curricula. Such cross-training would develop personnel with the capability to implement opt-out HIV testing with no differentiation between a VCT, PMTCT, or youth-friendly setting as well as include approaches for couples counseling, home based testing, and other relevant settings. All infants born of HIV+ mothers are offered breast milk substitute (BMS) for a period of 18 months. CDC currently funds 100% of the costs for the BMS. Data from the FY2008 Annual Report show that 95.6% of women accepted substitute feeding for their babies. The PMTCT Office within MOH tracks the number of infants under six months of age, and the number of infants over six months of age on BMS. Negative health outcomes experienced by infants on BMS are reported and followed up. During the first half of 2009, 5,831 pregnant women visited PMTCT clinics for the first time. Of those, 5291 (90.7%) were counseled and tested for HIV and 48 (0.9%) tested positive for HIV. During this period, 84 (1.7%) of 4,880 women who delivered babies were HIV+ and 54 (64%) of those received HAART prior to delivery while 30 (36%) received a single dose of NVP at the time of delivery. PLANS FOR EACH YEAR TO ACHIEVE NATIONAL SCALE UP OF PMTCT Nationally there are 152 PMTCT sites including both public and private facilities. ANC and L&D services are currently available in all 10 administrative regions. PMTCT is an integral part of the Maternal and Child Health Services and is not treated as a vertical/stand alone service. In FY2010, PEPFAR will support the National PMTCT program, not just the sites created through the GHARP I and GHARP II programs during the first 6 years of implementation. CDC and USAID will continue to provide training, technical assistance, monitoring and evaluation, quality assurance, equipment, transportation, and personnel for these activities. Collectively with the Guyana MOH, PEPFAR has already initiated program support for 4 of the 6 private hospital PMTCT programs. The MOH plans to expand PMTCT services to an additional 10 ANC sites by December 31, 2009. This expansion will further ensure that there is national access to PMTCT services ACCOMPLISHMENTS SINCE LAST COP Historically, identifying and enrolling mother/baby pairs lost to follow-up has been a weak link between delivery and care and support programs. Strides have been made through the hard work of outreach workers supported through the CDC CoAg with the MOH and those supported under the GHARP I and II programs. In early 2009, GHARP I disbanded and many of the case navigators and outreach officers transitioned to the MOH. In May 2010, the GHARP II group formed with a purpose of continuing to strengthen prevention efforts in Guyana until the MOH is able to fully undertake these activities independent of USG support. Early infant diagnosis (EID) testing was implemented in Guyana in December 2007 with dried blood spot (DBS) specimens sent to South Africa for testing. In September 2009, Guyana's National Public Health Reference Laboratory (NPHRL) began testing these samples. Testing completed within Guyana allows for a much faster turn-around time for test results and ultimately, more timely treatment implementation for HIV+ infants. In calendar year 2008, DBS testing identified 9 (3.8%) of 278 infants tested as positive for HIV. GOALS/STRATEGIES FOR THE NEXT YEAR While Guyana enacting opt-out HIV testing in 2003, a majority of PMTCT sites continue to practice an opt-in testing methodology. Discussions with between USG, MOH, and other donor agencies are underway to ensure that all PMTCT are educated about the importance of ensuring that opt-out testing is performed in order to identify and treat as many HIV+ mothers as possible, and to prevent mother to child transmission. According to the MOH policy on HIV testing, opt-out rapid testing is now being used at labor and delivery (L&D) sites. It is crucial to ensure that this policy is in place in L&D settings since of 80% of all births in Guyana occur in the 5



largest sites enrolled in the PMTCT program. For the non-L&D PMTCT sites, on-site HIV rapid testing is not conducted as part of the routine ANC blood screening process. The current protocol for HIV testing at ANC sites indicates that blood is drawn and sent to the National Public Health Reference Lab (NPHRL), which results in a delay of initiation of treatment for HIV+ women and a lower level of HIV status awareness among pregnant women who may not return to the ANC site for their results. Of 5291 women tested at a PMTCT site, only 4267 (80.6%) returned to the clinic for their test result and completed post-test counseling. Discussions are underway between CDC and the MOH to switch to on-site rapid HIV testing at all ANC sites. Women are encouraged to bring their partners to clinic and partner testing is offered for all STIs, including HIV. Data from the first half of 2009, indicates that the male partner of 5.9% of all women in care at PMTCT sites elect to have this testing. Efforts are underway in Guyana to examine the cause of the lack of male testing, barriers to testing, and to implement strategies to increase male testing. When discordant couples are identified, nurses are trained to counsel couples on the importance of condom use to prevent transmission to both mother and child. All positive cases are referred for care and treatment and social workers are employed to navigate HIV+ women to access the continuum of care. There are currently limited programs that address gender-based violence – which are currently supported by the Ministry of Human Services and Social Security and, to some extent, by UNFPA. Stigma and discrimination are dealt with through the general Behavior Change Communication (BCC) program. **FUNDING ISSUES** Due to cuts in the PEPFAR budget in FY2009, the Guyana MOH's PMTCT program had to lay off 19 of 63 positions that had been funded by the USG. A majority of the persons who lost their jobs were counselors and/or testers. An examination of the utilization of these services at some of the smaller clinics was conducted by MOH before they made the decision as to which staff persons would be let go. The MOH continues to apply persistent pressure on the PEPFAR program to identify funding so that those persons can be rehired. CDC is working with the Guyana MOH to recommend cross-training of existing ANC staff to ensure that services are not eliminated at these sites. At present, PEPFAR funds 100% of the BMS distributed in Guyana at ANCs. Discussions are underway between the USG and the MOH to examine alternate sources of funding to compensate for likely upcoming budget cuts in the PEPFAR program. Efforts are made to ensure appropriate distribution of BMS and proper record keeping for BMS in order to prevent The cost of rolling out rapid HIV testing at ANC sites will need to be examined. While the total number of laboratory supplies will not change, the bulk of the increased cost associated with this testing is transportation of test kits to the ANC sites and proper training for the persons completing the tests at the clinic sites. Further discussions with the Guyana MOH are needed to secure acceptance of this alteration in HIV testing logistics as well as to develop a plan to roll out this testing to all of the PMTCT sites.

Technical Area: Sexual Prevention

Budget Code	Budget Code Planned Amount	On Hold Amount
HVAB	553,456	
HVOP	1,643,003	
Total Technical Area Planned Funding:	2,196,459	0

Summary:

HIV Epidemic in Guyana Guyana faces a mixed HIV epidemic: low-level generalized and highly concentrated in persons that reportedly are men who have sex with men and engage in sex work (female and male). The Ministry of Health unpublished estimates, for 2009, has adult prevalence at 1.82% from 2.5% in 2007 with an estimated number of people living with HIV of close to 10,000. At the end of 2008, the Ministry of Health's Surveillance reported a total of 1002 new cases of HIV, compared to 1,123 in 2007 and 1,430 cases in 2006. Guyana has also observed the feminization of the epidemic from 2002 to



2008. In 2002 there were a total of 268 HIV cases among females, compared to 301 cases among males. However, by the end of 2008 there were a total of 490 HIV cases among females and 446 cases among males, representing a shift in the ratio of male to female moving from 1.12 to .91 by the end of 2008. And with regards to the regional distribution of HIV cases against the population of the regions, Region 4 (Georgetown) remains the region that is disproportionately affected, that is with a population of 41.3% but accounting for 59.14% of the cases notified in 2008. Risk Behavior Profiles The 2005 Guyana AIDS Indicator Survey showed that 98% of adults in the general population have heard of AIDS and that 76% of women and 81% of men know the two most important ways to avoid HIV transmission, using condoms and limiting sex to one uninfected partner. Nine percent of men and 1% of women reported having had more than one sexual partner in the last 12 months. Only about 1% of Guyanese men and women who have ever had sex reported having an STI in the past 12 months. A biological and behavioral survey of 334 men who have sex with men (MSM) was conducted in 2004. Among the participants who provided blood for serologic testing, 21% tested positive for HIV and 10% for syphilis. The risk behaviors among men who have sex with men may also affect levels of heterosexual transmission, as many of these reportedly also have female sexual partners. Similar to the men who have sex with men, surveyed, all female sex workers (FSW) surveyed had heard of HIV and 76% knew someone infected with or dead of HIV-related causes. According to the latest sero-prevalence survey among FSW in Guyana, HIV prevalence was 27%. Guyana employs thousands of men in hundreds of mines in remote interior regions. Gold and diamond miners were also surveyed. Less than half (47%) were married or were living together in a heterosexual relationship. 50% were migrant workers. Eighty-nine percent reported sexual activity in the last year; 50% reported having had sex with only one partner and 15% had had sex with commercial sex partners. In 2004, HIV prevalence was 4% among miners, down from 7% in 2002. Tuberculosis is the most common opportunistic infection and the leading cause of death among people living with HIV (PLHIV). The World Health Organization (WHO) estimated that the incidence and prevalence of TB in Guyana in 2007 were 122 per 100,000 persons and 136 per 100,000 persons respectively, among the highest in the Region. In 2007, the incidence of TB among PLHIV was 32 per 100,000 persons and prevalence 117 per 100,000 persons. Collectively, this strategic data has identified sex workers and their clients, men who have sex with men, and "mobile" persons such as miners, loggers, sugar-cane workers, transport industry workers, as most at risk for HIV. Together with persons living with HIV, these persons must continue to be the main focus for targeted interventions. In addition, youth who are transitioning into sexual activity and women who often lack empowerment in their sexual relationships, must continue to be addressed in FY10. Great strides have been made in the past five years of the PEPFAR/MOH collaboration. The USG program priorities continue to be fully aligned with the "Guyana National HIV/AIDS Strategy 2007-2011 including the "Put it on" campaign. Currently, the MoH and USAID supported NGOs and other USG partners are directing efforts at risk elimination and risk reduction for those most at risk, as identified above. Accomplishments since last COP In FY09, significant accomplishments in the area of mass media campaign, community mobilization, peer outreach, behavioral interventions and tailored approaches for youth and most-risk populations were achieved. Successes in the area of community outreach to promote behavior change include a large number of NGOs supported to implement structured behavior change interventions. Some progress was made to reach those most at risk, especially FSWs. Interventions to reach MSM remains a challenge. However, reaching men who have sex with men will continue to be a priority in FY10. Non-traditional condom outlets were supported by the Condom Social Marketing (CSM) Program through private sector partnerships. The cost effectiveness of the CSM should be evaluated further in FY10. The Ministry of Health embarked on a mass media campaign specialized campaigns that specially address the following: Early HIV testing, CSM, Treatment and Care, general HIV information and Stigma and Discrimination, Community Involvement, Women Empowerment, Treatment, Adherence and Opportunistic infections. These efforts led to 317 persons trained as peer educators (including 234 youth and 83 community opinion leaders) with 5,950 "Me to You" pledges signed. During the one week of national HIV testing, 12,000 persons were voluntary tested for HIV. A faith leaders' mobilization program was also implemented that involved the launching of the 'Guyana National Faith-and HIV Coalition,' in December 2008. The MOH also implemented a hotline service to address questions about HIV, provide referrals to



VCT sites. A total of 1,637 calls were received at the end of 2008. Females represented 605 of the calls, 38.85% of the calls were those from 25-35 years of age, and 60% were single. A total of 2666 referrals were made with 55.9% to a literature source and 35.25% to a VCT site. With regards to condom distribution, a total of 2 million, three hundred and 48 pieces of condoms were distributed from NAPS. This does not represent the national distribution of 9,082 female condoms. The CSM program has traditionally catered for only male condoms, however, the response to the limited number of female condoms has been promising, and therefore the scale up in FY10 will be considered. In addition, GHARP II focused on creating an enabling environment for positive behavior change. Activities included promotion of the benefits of partner reduction, increased family time, pre- and post marital counseling, promotion of sports and healthy life styles, and the promotion of individual, familial and societal responsibilities. Training also focused on cultural norms, gender issues, substance abuse, and domestic violence. Additional Milestones Include: 2,500 military personnel and family members received abstinence/be faithful/safer sex messages from trained peer educators; over 40,000 persons were reached through the Modeling and Reinforcement to Combat HIV (MARCH) and mobile and fixed youth friendly services in several regions of the country. While efforts in FY09 showed major improvements, encouraging men to access prevention services and reaching those most-at risk presents an ongoing challenge that will continue to be a priority in FY10. Goals and strategies for the coming year In FY10, a significant focus will be placed on providing appropriate prevention services and activities to most-at-risk groups such as MSM, FSWs, mobile workers and Amerindians. USG will work with implementing partners, NGOs, FBO, MOH, and other donors to support and develop innovative program strategies to reach members of this population residing or working in regions 2-8 and 10 and within interior locations. In addition, abstinence and be faithful (A B) media campaigns to include risk reduction messages, community mobilization, peer outreach, health education programs and condom promotion and distribution that include the development of a comprehensive marketing strategy to facilitate greater uptake of HIV- related prevention services will be undertaken. Sexual Prevention Programs GHARP II will continue work with CSOs, FBO, MOH, and other USG to support and develop innovative program strategies to reach at risk groups. Additional emphasis will be placed on strengthening program linkages to substance use and STI screening, access to Sexual and Reproductive Health Services including HIV testing. Other partners such as NGOs will work with the FBO community, including the 'Guyana National Faith-and-HIV Coalition' to increase the capacity of FBO leaders to integrate HIV prevention messages into sermons, pre-marital counseling and youth clubs. FBO leaders will be provided with the tools and information needed to refer couples for testing. CSDS will continue to support NGOs to reach FSW and MSM with combined targeted outreach and referrals to friendly clinical care and treatment sites in Regions 4 and 6 and will be expanding to Regions 1, 2, 7, 8 and 10. Interventions include HIV/STI prevention education including information on assessing, reducing and eliminating one's risk of infection through behavior change, as well as substance abuse. The Modeling and Reinforcement to Combat HIV (MARCH) serial drama project, supported by USAID and CDC will continue to focus on condom use, stigma and discrimination, alcohol and drug reduction, negotiation and assertiveness skills and access to HIV related services. Peace Corps/Guyana supports the NAPS in the area of sexual prevention and capacity building of local organizations. Through various projects, Volunteers will continue to target youth and women and men in settings such as church groups and health centers with AB prevention messages. In addition, Volunteers will continue to build the capacity of local agencies, schools and public ministries to develop and implement HIV prevention activities. Prevention among Youth The Ministry of Health will support the AB programs through its Adolescent Health Department, targeting youth in and out of schools. This is a continuation of the previous Cooperative Agreement. All five programmes within the Unit will continue to work together and in close collaboration with the NAPS: the Youth Friendly Services, VCT, Drug Demand Reduction, Health Promotion and School Health. The MOH adolescent program will ensure youth have access to information resources, resource persons and youth-friendly health services relating to transmission and prevention of STIs and HIV. Young youth will continue to be encouraged to delay sexual debut, secondary abstinence will be posed as an option for those to whom it may apply. For those in school youth who are sexually active, access to sexual and reproductive health services will be made available through referral and supportive counseling from out- reach workers. AIDSRelief and the



Roman Catholic Youth Office (RCYO) will continue to provide follow-up support to the activities of the youth clubs established in Guyana. RCYO will provide a refresher training course to all the peer educators, and will provide leadership training to active youth club participants. Older youth will be reached through sports clubs, religious youth clubs or community forums. The association between poverty and both cross generational and transactional sex will be emphasized among this group. Prevention with Positives Prevention with Positives will be implemented as a structured program to motivate persons who test HIV positive to lead healthy productive lives taking responsibility for protecting themselves, their sexual partners and their children, using the “Positive Health, Dignity and HIV Prevention” concept. In partnership with the Joint UN Team on AIDS and the Adolescents and Young Adults Health and Wellness Unit of the Ministry of Health, adolescents living with HIV, will be addressed in FY10. The UNAIDS will work with key prevention partners to develop an intervention to include health promotion, self-empowerment and life skills, and sexual and behavioral risk activities for HIV positive adolescents. Hard to Reach Populations The Hinterland regions of Guyana (regions 1, 7, 8, and 9) are home to some of the most significant health and development challenges that Guyana faces. The Hinterland Initiative seeks to realize Guyana’s goal of making access to HIV/AIDS services universal and equitable by promoting better coordination and integration of multiple partners and NGOs that currently provide clinical and non-clinical services in the hard to reach interior regions of the country in FY10. Prevention Programs for Military Populations The Guyana Defense Force HIV Prevention Project implements HIV prevention activities targeted to the uniformed services. Prevention programming will continue to address gender with special attention to male norms and reduction of sexual violence and coercion. FY10 will see increased efforts to extend prevention activities to military wives and families, and will emphasize issues such as substance abuse and stigma and discrimination. Workplace Prevention Programs The International Labour Organization will continue to implement behavior change communication activities to expand the reach to MARPs in the mining and logging sectors and vulnerable youth, 15 years and over, through individual and small group level preventive interventions that examine risk for HIV/STI. These interventions will include sensitization on HIV/AIDS risk, stigma, discrimination and gender issues in the workplace and community, and training where necessary. The private sector will continue to expand work place policies that protect the rights of PLHIV and support access to HIV counseling and testing. Gender Issues Gender inequity will be challenged as a cross cutting issue across the AB and Other Prevention programs. Special consideration will be given to the reduction of gender-based sexual coercion, violence. Efforts will be made in FY10 to highlight harmful cultural norms that put women and men at increased risk and address gender based practices that increase risk for infection in women due to power imbalances, economic dependence and the inability to negotiate for safer sex. Policy Development and implementation of a national condom distribution policy that includes and expands upon existing programs will continue to be a priority. Expansion of private sector condom sales model in conjunction with a free, national condom distribution system will be supported. Furthermore continued support to over a thousand non-traditional retailers located at strategic sites, will be afforded. These retailers provide access to branded condoms for MARPS who normally do not access condoms from traditional clinical based sites.

Technical Area: Strategic Information

Budget Code	Budget Code Planned Amount	On Hold Amount
HVSI	945,099	
Total Technical Area Planned Funding:	945,099	0

Summary:

Background USG support for strategic information (S.I.) has always focused on establishing functional, integrated systems and institutions for data collection, analysis and reporting while building human



capacity to sustain these systems. These efforts are in support of the strategic vision and approach of promoting S.I. systems strengthening that facilitates a deeper integration of HIV/AIDS S.I. into the wider health information system (HIS). Past USG support for S.I. initiatives include support for the development of a National M&E Operational Plan, implementation of the Patient Monitoring System (PMS), implementation of key population level and facility based surveys such as the Behavioral Surveillance Surveys (BSS) and the AIDS Indicator Survey (AIS). The major challenges within the Ministry of Health (MoH) that continue to limit progress in strengthening S.I. capabilities include limited personnel with well defined S.I. roles, responsibilities and capacities to address issues of data quality, timely reporting and monitoring and supervision at the facility and regional levels. Additionally, the limited coordination and integration across MoH departments responsible for aspects of strategic information (Statistics Unit, Surveillance Unit and various M&E units of parallel programs for HIV, TB and malaria), coupled with the absence of written mandates that clarify relationships and limit duplication, continues to limit progress in the area of S.I. Limited research and evaluation capabilities and functional, compatible and coordinated health information systems also present significant challenges to realizing a functional HIV M&E system. Civil society challenges that persist include rapid staff turnover requiring repeated capacity building, limited access to health information systems and data use capabilities beyond reporting. Accomplishments since the last COP Despite these challenges significant progress has been realized over the course of FY2009, they include completion of field exercises and preparation of survey reports for the second series of Biological and Behavioral Surveillance Surveys (BBSS) among MSM, CSW, Youth (In and Out of School) and members of the Uniformed Services. Additionally, completion of all field and data entry exercises for Guyana's first Demographic and Health Survey along with training in routine data quality assessment for MoH personnel were notable achievements. Continued support to the NAPS for supervision of the PMS has seen the generation of reliable data on patients receiving HIV care and support in country. Capacity building support to civil society and the Ministry of Health's National AIDS Program Secretariat (NAPS) has seen improvements in the M&E capacity of personnel and enhanced access to and use of data for decision-making. The importance of strategic information is slowly becoming more of a priority within both the public and civil society sectors and the accuracy of data generated has begun to improve, nevertheless there is still significant ground to be covered in this regard. At the USG level, a team approach to strategic information activities ensures that all aspects of S.I are addressed. USAID and the CDC office take the lead on specific aspects of S.I with an S.I. Liaison at the headquarters level providing essential support and technical assistance. USAID has taken the lead to ensure that the PEPFAR country team is able to generate and submit reports on Guyana's achievements in a timely manner using high quality, auditable data that has been assessed for accuracy. Semi-annual and annual program results are submitted in a timely manner along with notable program achievements to highlight the innovative work being conducted and notable successes realized here in country. Essential target setting exercises at the partner, technical and country levels ensure key benchmarks are set against which progress is assessed. Transition to the use of the PEPFAR Next Generation of Indicators has begun through individual work with all PEPFAR partners to determine applicability of indicators and to ensure relevance and clarity of indicator definitions and purpose. Management of all contractors and grantees that provide strategic information support to the Ministry of Health and civil society continue to be managed by the USAID Strategic Information officer to ensure that support is timely, relevant and country led. The CDC office has taken the lead on Public Health Evaluations which will examine factors influencing adherence and safe blood supplies, the findings of which will serve to better inform program implementation. With the arrival of the Medical epidemiologist to the CDC Guyana office and an ASPH Program Management Fellow, the support for surveillance to the Ministry of Health has been revived and will be enhanced in FY2010. Goals and Strategies for the coming year During FY2010, strategic information support to the Guyana Ministry of Health will ensure a sustainable, country led approach that addresses host country priorities for strengthening the health information system for HIV/AIDS and wider health information systems where relevant to HIV/AIDS. Specifically, USG support will align with priorities outlined in the National M&E Operational Plan for HIV/AIDS 2008-2011 and the Draft National HMIS strategy. This support at the governmental level will be aligned with support to civil society to strengthen their capability to monitor and evaluate their response to HIV/AIDS and enhance their data use



capabilities beyond reporting. The major M&E priorities during the coming year include strengthening routine program monitoring systems to monitor and evaluate the national response to HIV/AIDS through review and revision of national data collection systems; enhance technical skills through implementation of M&E capacity building plans for HIV program coordinators and MoH M&E staff; facilitate access to and use of accurate program monitoring data through implementation of data analysis and use training, revision of national HIV targets for 2008-2011; development of a registry of HIV indicators and integration of essential national level PEPFAR Next Generation Indicators into the national set, implementation of a client satisfaction survey. The hiring of a Resident Advisor to sit within the Ministry of Health's National AIDS Program Secretariat along with support from the USG S.I. Officer and an expanded M&E support team including the M&E Coordinator from the USG funded GHARP project will support all of these priorities identified. Within civil society, USG will support M&E capacity building within USG funded NGOs and the implementation of an electronic community based information system that enhances the capability of these organizations to use and report program information. Training to these organizations will continue to strengthen monitoring and reporting capabilities within these organizations, especially in light of personnel changes and the introduction of the Next Generation of PEPFAR Indicators. Surveillance priorities spearheaded through the CDC Guyana office will focus on strengthening the HIV surveillance system including strengthening antenatal HIV surveillance as well as surveillance among most at risk populations and improving regional outbreak investigation capabilities. In past years, ANC surveillance has been the basis for tracking HIV prevalence trends through unlinked anonymous testing (UAT) of left-over blood collected during routine care for pregnant women. ANC surveys were conducted in 2004 and 2006. During the 2006 survey, HIV prevalence among pregnant women was 1.5%, surveillance guidance advises countries with HIV prevalence greater than 1% to conduct ANC surveys every two years. During FY2010, USG will opt out of supporting UAT and instead use routine PMTCT program data to estimate antenatal HIV prevalence. This approach will include a formal review of PMTCT data to determine the accuracy and completeness of facility records, reconfirmation of acceptance rates and the extent to which serology records received by the Statistics Unit are accurate and complete. This review will be followed by extensive training of facility staff to enhance the accuracy of PMTCT data collected. The CDC office will be poised to support the Ministry of Health in the development of a multi-year national surveillance strategy and updating of the Guyana HIV epidemiological profile as well as support PAHO and UNAIDS in the conduct of a "modes of transmission" study, should these areas be confirmed as priorities in the coming year. A new aspect of surveillance that will be supported under a USAID grant with PAHO is HIV drug resistance monitoring which will facilitate early detection of drug resistance among patients on ART. Additionally, the overall MoH surveillance system that captures HIV and AIDS case reports along with a number of chronic and other communicable diseases will be strengthened through training of health care workers in the use of the system under the CDC CoAg with the Ministry of Health. The CDC office will also review and revisit the functions and purpose of Epi Nurses supported under the CDC Cooperative Agreement with the Ministry of Health to determine whether they can address gaps in personnel to provide facility and regional level support for HIV data management. Outbreak investigation training will also be completed to facilitate the establishment of regional outbreak investigation teams to ensure quick notification and responses to disease outbreaks. In FY2010, the CDC Office will continue to oversee two Public Health Evaluations (ART Adherence and Blood Safety) that were funded in FY08. USAID will take the lead on the use of surveillance data generated by the recently completed second round (2008/2009) of Behavioral and Biological Surveillance Surveys through dissemination of data during workshops and the development of fact sheets that will summarize key findings in an engaging and informative manner. The main HMIS priorities identified by the Guyana Ministry of Health for FY2010 include improving capacity at the regional level to manage and use information through the development of health information systems; strengthening HMIS capacity and coordination centrally within the Ministry of Health; improving medical records and management reporting systems within the hospitals, improving access to information and shared resources across MoH departments and at the regional level through the use of networks and implementing e-Health initiatives at the MoH such as website development, e-Health training and maintenance of a virtual health library. USG support through I-TECH, will focus on supporting the e-Health initiatives that facilitate greater



access to information across MoH departments as well as to the wider public. USG works in close collaboration with UNAIDS to support S.I. efforts nationally. Global fund support has also resulted in a number of activities intended to support S.I activities in country, particularly HMIS efforts. Multi-donor coordination is facilitated through the revived monitoring and evaluation technical work group that brings together S.I. stakeholders, this group will also be responsible for monitoring progress of the National M&E Operational Plan.

Technical Area: TB/HIV

Budget Code	Budget Code Planned Amount	On Hold Amount
HVTB	217,966	
Total Technical Area Planned Funding:	217,966	0

Summary:

Context and background Guyana is one of the countries in the Americas that has seen a resurgence of tuberculosis (TB). The World Health Organization (WHO) estimated that the incidence and prevalence of TB in Guyana in 2007 were 122 per 100,000 persons and 136 per 100,000 persons respectively, among the highest in the Region. In 2007, the incidence of TB among persons living with HIV (PLHIV) was 32 per 100,000 persons and prevalence 117 per 100,000 persons. The WHO estimated that 26 % of newly diagnosed TB patients were infected with HIV. While Guyana does not have the capacity to perform drug sensitivity tests for TB nor has any TB drug sensitivity surveys been done, WHO estimates that 1.7 % of TB cases in 2007 were Multi-drug resistant TB (MDR-TB). Six hundred and twenty two (622) new cases were notified to the Guyana National TB Programme (NTP) in 2008; the majority (550) was pulmonary cases. These cases were concentrated in the more densely populated coastal Regions mainly Region 4 (395 cases), Region 6 (58 cases), Region 3 (52 cases), Region 2 (48 cases) and Region 10 (28 cases). In the hinterland (Region 1, 7, 8 and 9) 32 cases were notified. Eighty-three percent (516) of the newly diagnosed TB cases in 2008 were tested for HIV and 123 were HIV positive. Of these patients, 73 were initiated on anti-retroviral therapy by the TB programme and 90 % was placed on co-trimoxazole preventive therapy (NTP Annual Report 2008). Eighty-eight percent (88 %) of HIV patients were screened for TB in 2008 (HEALTHQUAL audit January 1st –June 30th 2008). The NTP is in the second year of implementation of the 2008-2012 National Strategic Plan. The main goal of the strategic plan is to decrease the incidence and prevalence of TB in Guyana. It is fully aligned with the several governmental developmental strategies and the Millennium Development Goals. The plan covers the following seven strategic areas: NTP programme management, Directly Observed Treatment Short-course (DOTS) expansion, TB laboratory network, service provision to high risk populations, stigma and discrimination, infection control, MDR TB and TB/HIV. Guyana’s National Tuberculosis Control Program (NTCP) provides care and treatment to all TB cases in the 10 administrative regions applying the WHO recommended DOTS strategy through six formal clinics operating in the more populous regions of the country, 4 of the 5 prisons and 6 in primary health care centers. The Georgetown Chest Clinic serves as the referral center. The country has 14 laboratories providing sputum microscopy and one (National Public Health Reference Laboratory) with the capacity to do solid cultures. Guyana’s NTP receives assistance from a number of funding agencies including PEPFAR, Global Fund and the World Bank. PEPFAR through its USG implementing partners provides direct clinical support at TB clinics in all 10 administrative regions through the UN volunteer physician collaboration, remote medical outreach to HIV and TB patients in the hinterland, continuing education for physicians and clinical mentoring in the management of TB/HIV patients. Partners also provided technical support to the NTP in the development of the National Strategic Plan (NSP), the development of the TB/HIV module of the Integrated Management of Adult Illnesses (IMAI) and training of TB health care workers to conduct HIV counseling and testing. A TB/HIV coordinator was recruited for the main TB clinic in Guyana and will contribute

towards streamlining the management of dually infected patients. CDC provides direct technical assistance to the NTP; this was enhanced with the employment of a medical officer responsible for TB HIV. The NTP secured funding from the Global Fund in round 4 for the expansion and strengthening of the DOT programme, TB control in detention centres and TB/HIV collaboration. This funding is current and will come to an end September 2010. The World Bank supports the strengthening of the NTP and the management of TB/HIV. The World Bank support will expire in December 2009. Accomplishments since last COP HIV is mainstreamed into the operations of the NTP. By the end of 2008, the Pan American Health Organization (PAHO) reported that Guyana was already implementing 11 of the 12 internationally recommended TB/HIV collaborating activities to varying degrees. TB/HIV collaborative activities are coordinated by a national committee which meets quarterly. HIV counseling and testing, co-trimoxazole preventive therapy (CPT) for co-infected patients, screening of HIV patients for TB, isoniazide preventive therapy (IPT) and elements of prevention with positives (provision of condoms, counseling) are available at all TB clinics. Antiretroviral therapy for TB/HIV co-infected patients is available at five main TB clinics; other clinics refer co-infected patients to the nearest HIV treatment centre. Guyana continues to face several priority challenges and barriers to the provision of comprehensive HIV/TB diagnosis and care. These challenges include: 1. Lack of infection control policies and measures in health facilities and congregated settings. 2. Human resource shortages. 3. Delivery of TB HIV programmes in the hinterland. 4. Opt in HIV testing. 5. Low TB treatment success rate (68 % success rate for patients on DOTS and 42 % for patients not on DOTS). 6. Monitoring and Evaluation (M&E) of TB/HIV collaborative activities. 7. Lack of quality assured sputum microscopy services particularly in remote settings and the lack of capacity to perform drug susceptibility testing in country. Goals and strategies In FY10 USG partners will focus broadly on three main areas; improving the coordination of TB/HIV, decreasing the burden of TB in PLHIV and decreasing the burden of HIV in TB patients. The NTP will expand the implementation of the three I's in TB and HIV settings in Guyana. USG partners will collectively support the expansion of the TB/HIV component of the TB NSP 2008-2012 which will provide a strategic vision for collaborative activities. Programme coordination will be improved through the establishment of TB/HIV sub-committees in Regions with high burden of TB. PAHO will work with the NTP to improve TB/HIV surveillance and M&E. FXB will continue to support the delivery of quality TB/HIV clinical care, including training and mentoring of physicians and the coordination of TB/HIV collaborative activities. IMAI will be implemented in two regions with support from PAHO. This will facilitate decentralization of TB/HIV care and its integration into Primary Health Care. The NPT with support from CDC will implement a modified DOT HAART initiative which will involve employing and training of DOT HAART supervisors and DOT workers to supervise both TB and HIV treatment. HIV testing for TB patients and screening of PLHIV will be expanded through cross training of TB care providers and HIV clinic personnel in Tuberculin Skin Testing and VCT respectively. While the NTP reports a high acceptance of HIV testing through the "opt in" approach, in FY2010 provider initiated counseling and testing for TB patients and their contacts will become the standard for all TB clinics. In tandem with the integration of Tuberculin skin testing (TST) into the services of HIV clinics; the TB programme will devolve the provision of IPT to the 16 HIV clinics in all Regions. Infection control will be a major focus in FY2010. Infection control and prevention policies consistent with WHO guidelines will be developed for the five main TB clinics, the infectious disease ward and the four prisons implementing TB control and prevention programmes. The current practice of cohorting HIV and TB patients on the same hospital ward will be revisited and alternatives for managing TB patients including MDR cases and those co-infected with HIV will be developed and implemented. USG partners will increase the capacity of the NTP to provide optimum clinical care to patients with MDR-TB. This will include the development of appropriate policies and protocols regarding hospitalization of confirmed MDR-TB patients, training of TB care providers in the management of MDR TB and improving MDR-TB surveillance. With the transfer of the TB diagnostic suite to the NPHRL and the resuscitation of TB cultures, the NPHRL and CDC will liaise with Regional partners to develop an approach to TB drug susceptibility testing in the Region. In FY10, the USG will continue to strengthen the quality of services and information related to the TB/HIV activities in-country, with a special focus on monitoring and evaluating the quality of care at regional sites. CDC will continue to fund TB/HIV activities through FXB, AIDS Relief, MOH, and provide technical assistance through the CDC Guyana Office. PAHO will continue



to 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.



Technical Area Summary Indicators and Targets **REDACTED**

Partners and Implementing Mechanisms

Partner List

Mech ID	Partner Name	Organization Type	Agency	Funding Source	Planned Funding
7218	Partnership for Supply Chain Management	Private Contractor	U.S. Agency for International Development	GHCS (State)	3,585,000
7220	Management Sciences for Health	NGO	U.S. Agency for International Development	GHCS (State)	2,258,290
7352	University of North Carolina at Chapel Hill, Carolina Population Center	University	U.S. Agency for International Development	GHCS (State)	425,000
7369	U.S. Department of Defense Southern Command	Other USG Agency	U.S. Department of Defense	GHCS (State)	205,400
7375	New York Institute	University	U.S. Department of Health and Human Services/Health Resources and Services Administration	GHCS (State)	80,000
7378	International AIDS Education and Training Center	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	70,000
7418	Community	Implementing	U.S. Agency for	GHCS (State),	2,500,000

	Support and Development Services Inc.	Agency	International Development	Central GHCS (State)	
10066	Catholic Relief Services	FBO	U.S. Department of Health and Human Services/Health Resources and Services Administration	GHCS (State)	1,385,000
10074	American Public Health Laboratories	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	80,000
10075	American School of Public Health	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	91,000
10076	Ministry of Health and Social Welfare, Tanzania - Zanzibar AIDS Control Program	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	1,065,000
10077	University of Washington	University	U.S. Department of Health and Human Services/Health Resources and	GHCS (State)	280,000

			Services Administration		
10078	Georgetown Public Hospital Corporation	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	90,000
10079	Ministry of Health and Social Welfare, Tanzania - Zanzibar AIDS Control Program	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	200,000
10080	New Jersey University of Medicine/Dentistry of New Jersey	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	1,320,500
10404	Catholic Relief Services	FBO	U.S. Department of Health and Human Services/Health Resources and Services Administration	Central GHCS (State)	156,360
10993	United Nations Children's Fund	Multi-lateral Agency	U.S. Agency for International Development	GHCS (State)	350,000
11003	Pan American Health Organization	Multi-lateral Agency	U.S. Agency for International Development	GHCS (State)	362,900

11621	International Labor Organization	Multi-lateral Agency	U.S. Department of Labor	Central GHCS (State)	200,000
11639	U.S. Peace Corps	Implementing Agency	U.S. Peace Corps	GHCS (State)	12,000
12334	Remote Area Medical	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	65,000
12335	Bina Hill Institute for Research, Development, and Training	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	65,000
12336	Initiatives, Inc.	Private Contractor	U.S. Agency for International Development	GHCS (State)	300,000
12337	American Society for Microbiology	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	55,000
12338	UNAIDS	Multi-lateral Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	15,000



Implementing Mechanism(s)

Implementing Mechanism Details

Mechanism ID: 7218	Mechanism Name: The Partnership for Supply Chain Management
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: Partnership for Supply Chain Management	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 3,585,000	
Funding Source	Funding Amount
GHCS (State)	3,585,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The Supply Chain Management System (SCMS) Guyana Strategic Planning Workshop for 2008 and Beyond was held in March 2008. The purpose was to identify the challenges and opportunities for SCMS interventions in addressing Guyana's health commodity supply chain issues. Participants included a broad base of stakeholders and other experts from across the Guyanese health commodity supply chain infrastructure including the Ministry of Health (MOH), MOH/Management Information Unit, MOH/Materials Management Unit (MMU), and Food and Drug Department, as well as technical experts from SCMS. The result of these discussions has provided the basis for SCMS work planning activities for 2008 and beyond.

The goal for SCMS in Guyana is 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.

Using the SCMS Logistics Framework, the COP 10 workplan includes a continuation of the systems strengthening activities for sustainable supply chain and logistics management information systems both at the central and the peripheral systems. The long-term strategy of strengthening the supply chain system in the country is not only taken into consideration in the vision and mission statements of the key participants but it also features in the foundational strategy and policy of the Guyana Ministry of Health.



In close partnership with the MOH, in-country and international stakeholders, as well as with donors, SCMS aims to transform health care delivery by ensuring quality medicines and health care commodities reach the people living with - and affected by - HIV/AIDS. SCMS' innovative solutions are deployed to assist the MOH enhance their supply chain capacity in the following technical and cross cutting areas.

(A) Technical Areas

- Product Selection
- Quantification
- Procurement
- Inventory control
- Warehousing and storage
- Transport and distribution
- LMIS

(B) Cross Cutting Areas

- Coordination and Information Sharing
- Enabling Environment

(C) Performance Management

To achieve these objectives, SCMS established an effective relationship with the MoH and works closely with the key counterpart, Material Management Unit to improve its capacity as well as the capacity of supply chain implementing partners across the broader Guyanese Health Commodities Logistics System and thus maximizing HIV funds and resources to improve and strengthen the Supply Chain Systems capacity for all essential commodities for all MOH programs for all people of Guyana

Cross-Cutting Budget Attribution(s)

Human Resources for Health	115,943
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Key Issues

(No data provided.)

Budget Code Information



Mechanism ID:	7218		
Mechanism Name:	The Partnership for Supply Chain Management		
Prime Partner Name:	Partnership for Supply Chain Management		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	387,789	

Narrative:

Continuing Activity

CDC is responsible for providing all rapid test kits (RTK) for Ministry of Health programs. In FY09, all funds for the RTK were provided to SCMS. During FY09 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 FY 2010 will again be provided to SCMS. SCSM 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.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	26,842	

Narrative:

(a) Improving information systems at both the central and facility levels are vital components of a secure and reliable supply chain. The ability to collect accurate data and communicate that data through MIS systems is a key part of the MOH MIS strategy and an area where SCMS has been providing support. For example, SCMS has provided technical assistance to improve the central 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. In COP 10, a national level Supply Chain and Logistics Management Information Systems design workshop for all essential drugs will be conducted to ensure that a Guyana specific National LMIS plan is developed with the participation of key users from facilities at all level of health care together with the decision makers at the MOH. This will provide the MOH with the opportunity to choose appropriate software and tools to enhance and improve the flow of logistics information at all levels of care in all regions supporting the central logistics management information systems

(b) Performance Management : SCMS has developed an internal performance management strategic framework to facilitate the aggregation of M&E data from the field level to the overall project level. Using this framework, SCMS will provide support and assistance to the MMU to integrate and develop their own

performance management plan. Establishing key performance indicators and benchmarks for performance metrics will help support the continued improvement of the MMU and will also form the basis for a sustainable monitoring and evaluation plan that the MOH can utilize over the long term.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	1,841,497	

Narrative:

(a) Inventory Control , Warehousing and Storage : SCMS has been providing continuous technical support to the operations and management of the MMU. SCMS strives to build capacity at the MMU and to develop tools and training to streamline inventory control, warehousing and storage procedures. With the implementation and introduction of the MACS inventory management system, in October of 2007, location mapping, accuracy of receipts, transactions, dispatches, and replenishments have improved enormously. SCMS will continue to support the operations management of the Annex warehouse. SCMS aims to establish a WMS where ordering, receiving and updating records form part of the inventory tracking system. Furthermore, the MMU will follow good warehouse practices that will be demonstrated in storage and management of ARVs and HIV commodities. Already, the MMU warehouse operations has helped the MOH in managing overall inventory, warehousing and storage management at the central level.

An integral component of SCMS work in inventory control, warehousing and storage is the construction of a new, consolidated warehouse and distribution center. SCMS will provide technical support and supervision of the multi donor funding partnership for the state of the art facility for warehousing of all pharmaceuticals and medical supplies in one fit-for-purpose facility. The technical assistance and oversight for the construction of the new MMU facility will continue in 2010 with an expected completion in mid-2010. Relocation and migration of both the Kingston and the Farm MMU facilities will be planned and assisted by SCMS. SCMS will also provide appropriate change management process training of the MMU staff so they are able to adjust to a changed environment. A facility inventory management system assessment is in process in collaboration and support with the MOH and with the involvement of MMU, RHS, DAC of the MOH. This will lead to the facility level inventory management system strengthening and training of personnel from the regions and the facilities to ensure sustainability of interventions. Improvements of the Regional warehouses operations and inventory management and capacity building of the regional warehouse personnel will also be undertaken. .

(b) Transport and Distribution : Distribution plans for some programs, regions and facilities are in place, but due to geographic and environmental constraints there is an inefficient and ineffective use of

available vehicles for distribution. SCMS will support the strengthening of systems in the area of transport and distribution by conducting a cost/benefit analysis of transportation functions. This is a critical activity as the MMU wants to ensure that all health commodities are received and distributed with integrity, routine/timely dispensing to site, optimum storage for transport facilities from point of receipt to point of dispensing. The SCMS cost benefit analysis will encompass in-house and out sourcing of transportation functions including collaboration with NGOs and use of marine and air options.

(c) SCMS will also support MMU/MOH through capacity building. This will focus on harmonizing and centralizing procurement functions in the MOH. SCMS's collaborative efforts with CDC and MOH to establish a National standard list of medical/lab supplies and equipment will assist in the standardization of all procured supplies and equipment. SCMS staff responsible for the ordering and procurement of ARV and HIV related commodities will receive procurement training at the PMO/W in preparation for the transition of procurement functions. Field Office managed procurement is one of the key activities for Task Order 3. SCMS will also continue to support lab logistics management including quantification and supply planning.

(d) Quality Assurance: SCMS is committed to ensuring that quality is an integral part of the supply chain. In this regard, SCMS has supported the establishment of a mini-lab site at the current MMU warehouse, where a total of 40 drugs are screened on a regular sampling. SCMS will continue to support this activity as well as expand the testing capacity of the mini-lab site following the migration and transition to the new warehouse. Interventions to strengthen the FDD, in both areas of quality inspections and quality control testing are expected to continue.

(e) Environmental Health Mitigation : In response to US environmental regulations (22 CFR 216) requiring evaluation, SCMS had developed an EMR under an Environmental Threshold Decision (ETD) designated at the Strategic Objective level. In relation to the construction of the new MMU warehouse, and in support of the warehousing and storage of ARVs and related commodities, SCMS will regularly continue to monitor – as per the monitoring plan from the Environmental Mitigation Plan/Report (EMP/EMR) – and will ensure programmatic compliance with 22 CFR 216 by meeting the conditions specified in the applicable ETDs authorized by the USAID Latin America and the Caribbean (LAC) Bureau Environmental Officer (BEO) for the USAID Guyana FY2009-FY2013 Strategy.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMBL	277,109	

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 FY2010, SCMS will also provide technical advice to NBTS on questions involving stock management, needs assessments and the projection of future needs. In FY2010, 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.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	279,566	

Narrative:

Over the last four 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 FY 2010 CDC will continue this support through SCMS. In FY 2010 SCMS will procure and distribute CD4 reagents required for CD4 enumeration for clients accessing care and treatment at all MOH care and treatment sites. CD4 enumeration will be done centrally at National Public Health Reference Laboratory. SCMS will procure and distribute 25% of all hematology and chemistry reagents used at the Central Medical Laboratory (Georgetown Public Hospital) and four regional laboratories. Routine hematology and chemistry testing for national care and treatment sites which do not have chemistry/hematology capacity (including National Care and Treatment Centre) will be done at NPHRL and SCMS will also procure the required reagents for this activity. NPHRL is expected to become a centre of excellence for diagnosis of opportunistic infections. SCMS will assist MOH with the procurement of specialized reagents and consumables required to fulfill this role. SCMS will continue to coordinate closely with MOH and CDC on reagent forecasting, procurement orders and auditing to ensure that there are no interruptions in service delivery."

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXD	772,197	

Narrative:

This includes product selection, quantification and procurement. PEPFAR through SCMS has committed procurement for Adult 2nd. line ARVs. Due to the withdrawal of Clinton Foundation support for the procurement of 1st. and 2nd. line Paediatric ARVs at the end of 2009, PEPFAR will recommence the procurement of Pediatric ARVs in 2010. The budget also includes funds for emergency procurement of ARVs in situations where the delays of Global Fund procurement can result in stock out, leading to disruption of treatment. SCMS will continue to work towards an integrated procurement planning process to include both donors and the MOH. This will be accomplished by developing a two year quantification

and a one year rolling supply plan. There will be quarterly reviews of the forecast to ensure not only continued availability but also to avert stock-out situations.

(a) Product selection: Product Selection has been identified as an essential area for support because it focuses on ensuring that HIV/AIDS patients receive the right medicines and therapies. It is essential that proper processes in the selection of products for the prevention, care and treatment of HIV/AIDS are in place not only for ARVs but also for treatment of OIs, STIs and other medical conditions. These drugs are from the national essential drugs lists. SCMS will continue to support Guyana to implement National Standard Treatment Guidelines and to promote rational drug use through education, training, and monitoring and evaluation (M&E). SCMS will also enhance drug registration capability and support for pharmacovigilance activities.

(b) Quantification : Ongoing national level forecasting, quantification and supply planning of ARVs, RTKs and Lab reagents represent an opportunity for streamlining, simplifying, and improving the national health commodities logistics systems. SCMS will assist in improving the accuracy of routine national quantifications of core commodities for the TB and Malaria programs and essential medicines and consumables. These quantifications will contribute to data-driven decision making. It will also improve the accuracy of facility level requirements and orders. For example, national level forecasting and quantification will not only forecast needs based on the actual usage but will also help the donors allocate their budgets in a more efficient and accurate manner.

In COP 10, SCMS will work towards establishing a primary and secondary data requirement for a Central Data Repository and a Service Delivery Point dispensing tool that aids quantification covering patient, morbidity and consumption data. SCMS strives to promote accurate data collection and dissemination for use in completing quantifications, building capacity to conduct quantifications and transferring skills. SCMS also plans to train leaders from within the MOH and donor programs in the application of quantification tools.

(c) Procurement : SCMS will continue to work towards an integrated procurement planning process to include both donors and the MOH. This will be accomplished by developing a two year quantification and a one year rolling supply plan. There will be quarterly reviews of the forecast to ensure not only continued availability but also to avert stock-out situations. 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). SCMS will be resuming procurement of both 1st. and 2nd. line pediatrics when the Clinton Foundation withdraws its support at the end of 2009.

Furthermore, in FY10, SCMS will continue procurement of CDC funded commodities of RTKs and Labs



Reagents for CD4, NBTS and the NPHRL.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 7220	Mechanism Name: Guyana HIV/AIDS Reduction Programme 11
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: Management Sciences for Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 2,258,290	
Funding Source	Funding Amount
GHCS (State)	2,258,290

Sub Partner Name(s)

AIDSHealth Care Foundation	Howard Delafield International	
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Overview Narrative

GHARP II will continue to build and consolidate on the work of phase 1. The goal of phase II is to provide technical assistance and support to the Ministry of Health and NGOs in enhancing efficiency and quality in service delivery. Attention will also be placed on bridging existing health sector programming gaps through further capacity building and stronger linkages with community based HIV care and support programs. To achieve these outcomes GHARP II will be implementing programs and activities in the following PEPFAR technical areas: Prevention PMTCT, Sexual Prevention, Bio-medical Prevention, Adult Care and Support, Orphans and Vulnerable Children and Health Systems Strengthening. These programs will be implemented by NGOs and Ministry of Health facilities located in all 10 administrative regions across Guyana. Under sexual prevention; Prevention other programs will specifically target high risk populations such as MSM and FSWs; emphasis will also be placed on mobile populations and Amerindians. Focus will also be placed on in and out of school youths for prevention AB. A family centered approach will be supported to reach OVC & PLHIV with care and support services.



Cross cutting themes such as gender awareness and empowerment, integration and alignment with the National HIV/AIDS strategy, and other USAID initiatives will also be embraced in the implementation all programs for FY10. To ensure that programs achieve the key deliverables as outlined above, programs and activities will adhere to the following guiding principles:

- Collaboration and partnerships with key stakeholders,
- Design and delivery of evidence based programs and
- Building on existing programs and systems to ensure sustainability

Summary of GHARP II Strategic Objectives for each PEPFAR Program/Technical Areas

CHPC

- To reach PLHIV and their family members with the appropriate care and support services
- To increase the income generating capacity of PLHIV and family members
- To increase compliance and adherence to care and support guidelines
- To develop and strengthen linkages and referrals to ensure sustainability and effectiveness of program delivery
- To increase the capacity of staff to manage and deliver a quality prevention for positives program

OVC

- To reach OVC with appropriate quality care and support services
- To strengthen the capacity of parents/care givers to enhance family welfare especially for OVC
- To provide a safe environment for the provision of care and support services
- To strengthen linkages with the adult care and other appropriate health and social care services

VCT

- To reach high risk groups with HIV counseling and testing services
- To promote a supportive environment for the promotion and use of VCT services

To increase the involvement of the faith based community in the promotion and use of VCT services

Prevention Other

- To reach MARPS with a minimum package of prevention products and services.
- To increase compliance and adherence to national guidelines for prevention other programs.
- To increase community involvement including workplace in the promotion and delivery of HIV prevention products and services.
- To promote a supportive environment among general population for the uptake of prevention products and services.



Prevention AB

- To reach youth with a minimum package of preventative interventions focused on AB.
- To increase compliance and adherence to program guidelines for AB programs.
- To increase community involvement including faith based and private sector organizations in the promotion and delivery of HIV prevention products and services.
- To promote a supportive environment among parents, teachers and community leaders to foster and reinforce AB behaviors and practices.

Health Systems Strengthening

- To strengthen MOH capacity to improve service delivery quality
- To strengthen supportive supervisions and QA among Health care administrators
- To reduce administrative inefficiencies in the delivery of HIV services to clients

To provide support in transitioning programs to improve service delivery quality

Monitoring & Evaluation Plan: The M&E Plan will serve as documentation of the proposed activities under the project and a rigorous plan will be in place to support monitoring and decision making. This will take into consideration the M&E needs of the MOH and other strategic partners. Emphasis will also be placed on strengthening data quality, data use and building M&E capacity nationally. Within this context a participatory team approach among national partners will be used to develop the M&R system for programs. Small scale assessment and evaluation of process will be implemented routinely to (maybe monitor will be better here) changes within programs and among implementing partners over time.

Cross-Cutting Budget Attribution(s)

Construction/Renovation	REDACTED
Economic Strengthening	45,000
Education	10,000
Food and Nutrition: Policy, Tools, and Service Delivery	35,000
Human Resources for Health	80,000

Key Issues

(No data provided.)



Budget Code Information

Mechanism ID:	7220		
Mechanism Name:	Guyana HIV/AIDS Reduction Programme 11		
Prime Partner Name:	Management Sciences for Health		

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	294,439	

Narrative:

This is a Continuation Activity

Under GHARP II, significant emphasis will be placed on leveraging needed resources to strengthen and expand the existing adult care and support initiatives. Innovative approaches will be used to identify and mobilize resources from other programs and agencies such as Ministry of Agriculture, Habitat for Humanity, Public and Private sector agencies and other USG programs to bridge gaps identified within the existing program. As part of our approach to enhance economic empowerment among the target group GHARP II will work closely with GBCHA to design innovative strategies to mobilize resources and services from private sector entities.

GHARP II will also work in collaboration with stakeholders on joint training for implementing agencies. Further capacity building will be fostered through quarterly feedback meetings and technical working groups. Through these mechanisms service delivery standards, training needs and other needed support to enhance the program quality will be identified and implemented. To strengthen and reinforce capacity building activities a team approach consisting of relevant agencies will jointly plan and implement site visits and mentoring and coaching to build confidence and effectiveness.

Emphasis will also be placed on enhancing the network among partners to increase uptake, reduce drop-out rates and strengthen referrals to care treatment facilities. This effort will be complemented by sensitization sessions for staff on stigma and discrimination.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	98,146	

Narrative:

This is a Continuation Activity GHARP II strategy for the OVC program involves greater collaboration and partnerships between UNICEF Guyana OVC program. Innovative strategies will be developed to leverage support from Food for the Poor, Ministry of Human Services and Social Security, the Ministry of

Education and the Adolescent Health Unit MOH. A major part of the strategy will be collaborating with public and private sector agencies working with OVC to develop a technical working group. Through this network stakeholders will collaboratively identify issues and develop strategies and approaches to strengthen OVC programming nationally. The Technical Working Group will also develop and implement service delivery standards and policies to safeguard the wellbeing of children and families accessing OVC services. GHARP II will also collaborate with relevant stakeholders such as UNICEF to develop a supervisory assessment team to monitor and build capacity at implementing organizations. Similar to the HBC program emphasis will be placed on enhancing the network among partners to increase uptake, reduce drop-out rates and strengthen referrals to care and treatment services. Service providers will also be sensitized on stigma and discrimination and the impact on program uptake.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	294,439	

Narrative:

This is a Continuation Activity

GHARP II will work with the MOH to identify technical support needs to strengthen the existing national C&T program. We will use a participatory approach to develop strategies and approaches aimed at improving service quality and uptake. An evidence based approach will be adopted in identifying key strengths and capacities existing within the program. We will work closely with technical staff at the MOH to build capacity, assess services delivery quality and develop systems to standardize quality.

GHARP II will work closely with the NAPS, NGOs, and other stakeholders to promote counselling and testing approaches which aim to achieve the highest coverage of HIV screening possible with a focus on populations; such as MSM and FSWs. This will include emphasis on mobile and community testing sites, linkages to care treatment and support sites Linkages will also be made with existing prevention programs targeting positives. Greater attention will also be placed on reaching underserved populations such as Amerindian communities in remote regions. GHARP II will also collaborate with the MOH and other stakeholders to strengthen gaps in training and quality assurance.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	786,097	

Narrative:

This is a Continuation Activity:

The strategic objectives for the Health System Strengthening (OHSS) component of GHARP II will be

achieved through working in close collaboration with staff of the relevant units within the MOH and key personnel from all other agencies involved in activities aimed at strengthening the health system within Guyana. To facilitate sector wide strengthening and enhance sustainability, GHARP II will use an approach which will ensure that all of its activities aimed at health system strengthening are integrated with ongoing efforts. Moreover, parallel approaches/interventions will not be supported. All activities will be initiated and guided using existing national guidelines and strategies. As such the GHARP II team will work very closely with all of the other agencies supporting CSDS, the NGOS and the MOH, to build partnership, for conducting joint activities and to avoid the duplication of efforts. Also will continue to support the Global fund Secretariat as the build capacity.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMIN	98,146	

Narrative:

This is a Continuation Activity

In keeping with the overall OHSS strategy GHARP will work with Guyana Safer injection program and the MOH to identify technical assistance and support needs to accommodate the integration of programs and activities of GSIP into the existing MOH system. Particular emphasis will be placed on mainstreaming specific activities relevant to PMTCT and VCT program areas.

HIV Sexual Prevention Programming

The focus of the GHARP II prevention interventions will be to strengthen existing programs started under GHARP I targeting ISY, OSY, MSM, FSW and other risk groups. Opportunities will be created to broaden impact and expand coverage through closer collaboration with programs and agencies such as UNAIDS, UNICEF, PAHO, GBCHA, Private Sector etc. who may also be working with these populations. As part of GHARP II approach to capacity development and program strengthening, we will partner with the implementing agencies to develop and use innovative approaches such as MSH's Community Mirror for community mobilization. To complement educational interventions efforts, we will work to ensure that the target populations have access to appropriate prevention products. GHARP II will work with other stakeholders, to facilitate linkages with other programs which will address the unique needs of various subsets of the target populations such as drug and substance users.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	48,146	

Narrative:



This is a Continuation Activity

Under GHARP II, significant attention will be placed on strengthening the existing ISY and OSY programs. GHARP II will work with CSOs, FBO, MOH, and other USG partners to support and develop innovative program strategies to reach youths with a comprehensive health education and prevention program. Additional emphasis will be placed on strengthening program linkages between the MOH youth health services so as to offer additional services not currently available through programs implemented by CSOs and to reach youth earlier than is currently possible under the ISY program. To complement this, support will also be provided to strengthen HIV health promotion at MOH service delivery points.

Programming responding to yellow-lit activities- Guyana PEPFAR Interagency team has adopted OGAC Prevention Technical Working Group recommendations for the sexual prevention portfolio.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	442,585	

Narrative:

This is a Continuation Activity

Under GHARP II, significant attention will be placed on providing appropriate services and products to high risk groups such as MSM, FSWs, mobile workers and Amerindians. GHARP II will work with CSOs, FBO, MOH, and other USG to support and develop innovative program strategies to reach members of this population residing or working within interior locations. Additional emphasis will be placed on strengthening program linkages to substance use and STI screening, access to Sexual and Reproductive Health Services including HIV testing. To complement the prevention focus, capacity building to support economic empowerment of at risk groups and linkages with the Guyana Business Coalition will also be strengthened.

Programming responding to yellow-lit activities- Guyana PEPFAR Interagency team has adopted OGAC Prevention Technical Working Group recommendations for the sexual prevention portfolio.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	196,292	

Narrative:

This is a Continuation Activity

GHARP II technical strategy for PMTCT is consistent with our mandate of technical advisors and will be achieved through working within the existing national program. We will use participatory methods to



improve quality and service uptake. We will work closely with technical staff at the MOH to assess quality of service and usage of program guidelines and protocol. Collaboration with NAPS, NGOs, and other stakeholders will be strengthening to promote the use of PMTCT services within various communities and regions. The aim of these approaches is to increase program uptake, and assure appropriate follow-up, counseling, and treatment to clients before, during and after pregnancy.

GHARP II will work from the policy level to the site level collaborating with the Ministry of Health and NAPs to develop and implement strategies which will lead to earlier enrolment in clinics and increased uptake of clients. Linkages to care, treatment and support sites will also be strengthened through the support and development of mother-to-mother peer counseling groups. We will also work to assess and strengthen linkages within and across facilities. GHARP II will also collaborate with the MOH to strengthen gaps in training and quality assurance.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 7352	Mechanism Name: Measure Evaluation Phase 111
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: University of North Carolina at Chapel Hill, Carolina Population Center	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 425,000	
Funding Source	Funding Amount
GHCS (State)	425,000

Sub Partner Name(s)

John Snow Inc UPHOLD		
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Overview Narrative

Background



The Guyana Ministry of Health and USAID/Guyana have been promoting and supporting a comprehensive approach to the HIV/AIDS epidemic which recognizes that efforts to strengthen the response to HIV/AIDS should facilitate strengthening of the entire health system to respond to HIV/AIDS and other diseases and conditions that impact the health of Guyanese. This vision is intended to strengthen the entire health information system, where possible and promote data use for decision-making across the health sector. The work of MEASURE Evaluation in Guyana is intended to strengthen the strategic information capabilities of USAID/Guyana partners within the Ministry of Health and civil society to better respond to/address the HIV epidemic.

Goals and Objectives/Contributions to Health Systems Strengthening

Technical support by MEASURE Evaluation will work in support of the objectives of strengthening the overall coordination of the HIV response program by guiding the systematic collection of data that can be used to detect changes in the epidemic and in the effects of interventions (efficiency and effectiveness) as well as informing and guiding the national HIV response. Technical support will promote the importance of routine monitoring and systematic data collection to better inform decision-making in the future planning of HIV-related activities; improving information sharing, the dissemination of information, and the use of data in planning interventions while enhancing the quality of data generated by the National AIDS Program to ensure relevant and timely decision-making.

MEASURE Evaluation has been working to strengthen monitoring and evaluation of the national HIV/AIDS response by providing technical assistance to the National AIDS Program Secretariat (NAPS). In the past, this has included supporting NAPS to develop a National M&E Operational Plan 2008-2011, providing fellowships for NAPS M&E staff to attend a two-week course on M&E of HIV/AIDS programs at the University of Mahidol in Bangkok, Thailand. This training, included principles of data quality and an introduction to the Routine Data Quality Assessment Tool. This was then applied in Guyana (November 2008) to identify strengths and weaknesses of the M&E systems. Finally, with FY 2009 COP funds, the placement of a resident advisor within the NAPS was facilitated to build the capacity for M&E within the NAPS.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	425,000
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Key Issues

(No data provided.)



Budget Code Information

Mechanism ID:	7352		
Mechanism Name:	Measure Evaluation Phase 111		
Prime Partner Name:	University of North Carolina at Chapel Hill, Carolina Population Center		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	425,000	

Narrative:

With COP 2010 funds, MEASURE Evaluation will continue to provide assistance to the Government of Guyana to strengthen M&E of HIV/AIDS. MEASURE Evaluation will focus efforts on three main areas of work: 1) on-site technical assistance to the NAPS to build strategic information capabilities within the Ministry of Health; 2) provide training and mentoring to both NAPS, the M&E staff of Community Support and Development Services (CSDS) and other identified partners in country and 3.) support the establishment of a central M&E unit within the Ministry of Health to consolidate M&E roles and responsibilities and ensure greater coordination, oversight of facilities and information sharing and use.

On-site technical assistance to the NAPS:

Technical assistance to the NAPS will be provided at both the national and regional levels. MEASURE Evaluation will continue working closely with NAPS, considering their expressed needs in M&E and using as a reference, the National HIV M&E Plan, 2007-2011 and the National M&E Operational Plan 2008-2011. Major areas of contribution will be to strengthen the information system within the NAPS and also support the interoperability of the HIV/AIDS information system with the national health information system to ensure data sharing. This will be accomplished by assessing the performance of the HIV/AIDS and other programs' information systems using the Performance of Routine Information System Management (PRISM) Framework and Tool. This tool will also allow for an assessment of the interoperability of information systems within Guyana. Follow-up interventions will be based on the results of the assessment and may include revising data collection and reporting forms and data flows as necessary. In addition, MEASURE Evaluation will support the development of an M&E decision support module to complement the HIV/AIDS information system and train relevant personnel in the use of the new system. During the revision process, MEASURE Evaluation will advocate sex-disaggregated analyses to help NAPS determine whether gender equity is being achieved in the delivery of HIV/AIDS services. This will serve to increase gender equity in HIV/AIDS activities and services through enhancing access to gender disaggregated data for decision-making. In order to improve program monitoring,



MEASURE Evaluation will mentor NAPS staff as they roll out a plan for providing supportive supervision to health program coordinators, with a particular emphasis on data quality.

To preserve knowledge of "what works" in the area of HIV/AIDS M&E in Guyana MEASURE Evaluation will support NAPS to develop guidelines for documenting best practices and lessons learned. The availability of such documents should enhance the ability of program and project coordinators to make data-informed decisions.

General M&E training:

One key strategy for building M&E capacity within Guyana will be to provide training to NAPS and other partners such as CSDS and others. MEASURE Evaluation will organize national-level training. Possible topics for such trainings will include: M&E fundamentals, data quality assurance, data use and dissemination or other relevant topics such as the M&E of gender and HIV/AIDS as agreed to with NAPS and other relevant stakeholders.

Recognizing that individual technical capacity in M&E is only one component of a functioning M&E system, MEASURE Evaluation will explore opportunities for enhancing the strategic planning and leadership and management skills within the NAPS and the new MOH SI unit in particular.

Supporting the MOH to create an M&E unit:

Though the emphasis of MEASURE Evaluation support will be to strengthen M&E of the HIV/AIDS program, this will occur as the Ministry of Health moves forward with a strategy to centralize M&E functions within a dedicated, ministry-wide Strategic Information Unit. MEASURE Evaluation will work with the new unit to build their capacity and support transition of HIV/AIDS M&E responsibilities from within NAPS to the new SI unit within the MOH.

A full time M&E Resident Advisor will be available in country (at the MOH attached to NAPS) to continue improving and strengthening partners' ability to collect, analyze and use HIV/AIDS strategic information through the provision of sustained and comprehensive mentoring and coaching in the areas outlined above. Additional support from headquarters will be available to provide short-term technical assistance and participate in training events.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details



Mechanism ID: 7369	Mechanism Name: Department of Defense
Funding Agency: U.S. Department of Defense	Procurement Type: USG Core
Prime Partner Name: U.S. Department of Defense Southern Command	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 205,400	
Funding Source	Funding Amount
GHCS (State)	205,400

Sub Partner Name(s)

(No data provided.)

Overview Narrative

In FY10, DoD will support the Guyana Defense Force in its efforts to provide HIV prevention and care services to military members and their families. The GDF comprises approximately 2800 personnel. The eight military bases served by HIV program activities are Base Camp Ayanganna, Base Camp Stephenson, Coast Guard (Ramp Road and Kingston Seawall), Agriculture, Tacama, Seweyo, and Lethem.

In FY10, DoD will continue to support program activities in Injection Safety, Adult Care and Support, TB/HIV, and Laboratory Infrastructure. DoD will also commence support for Male Circumcision activities in FY10.

Laboratory equipment will be procured and GDF healthcare personnel will be trained to further increase capabilities in HIV, STI, and TB diagnosis. The enhanced capacity of GDF medical services will improve care and support of HIV-positive military members and families, and linkages with civilian health facilities for additional care and treatment services will be strengthened. Educational outreach will be carried out to inform GDF members about the benefits of male circumcision for HIV prevention, and male circumcision services will be linked and coordinated with HIV testing and counseling

DoD will support the human capacity development of GDF medical and laboratory personnel by funding training in injection safety and the handling and disposal of medical waste; training on TB case identification, diagnosis and appropriate referral for treatment; and training on the utilization of laboratory equipment and quality assurance.

In FY10, DoD PEPFAR will identify a TBD partner will support the Guyana Defense Force in the



implementation of its HIV prevention activities with military members and their families. The GDF comprises approximately 2800 personnel. The eight military bases served by HIV program activities are Base Camp Ayanganna, Base Camp Stephenson, Coast Guard (Ramp Road and Kingston Seawall), Agriculture, Tacama, Seweyo, and Lethem.

In FY10, a TBD partner will continue to support HIV program activities in Sexual Prevention and Testing and Counseling, with increased emphasis on addressing substance abuse, stigma and discrimination, and gender. A TBD partner will also support Strategic Information and Health Systems Strengthening efforts for the GDF. By targeting military personnel, activities will support the Partnership Framework prevention goal of reducing HIV prevalence among high-risk populations and their clients.

Prevention activities will promote correct and consistent condom use and risk reduction through peer education, educational outreach, and sensitization events. Condoms will be made available in health facilities and other venues. Activities will address stigma and discrimination by promoting accepting attitudes toward people living with HIV/AIDS. Prevention activities will address alcohol and substance abuse through outreach and incorporation of substance abuse curriculum into existing prevention training. Sexual Prevention and Testing and Counseling activities will be closely linked and coordinated by promoting TC during outreach activities and by ensuring that all TC is accompanied by appropriate prevention interventions.

The GDF currently has a draft HIV policy under review. Upon approval of the policy, Health Systems Strengthening funding will support the effective implementation and dissemination of the HIV policy. Health Systems Strengthening activities will also encourage GDF participation in regional opportunities for military-to-military collaboration. In FY10, a TBD partner will support the GDF Strategic Information efforts to utilize data to inform program activities and strengthen monitoring and evaluation mechanisms.

Prevention outreach activities will address male norms and behaviors and address issues related to sexual violence and coercion. Possible partnership or collaboration with Ministries and other organizations addressing gender-based violence and gender inequalities will be explored. Increased efforts will be made to include military wives and families in HIV prevention and counseling and testing activities and to increase gender equity in access to HIV services.

Cost efficiency will be improved by increasing the capacity of GDF peer educators and testers and counselors to train other military personnel, and by leveraging resources provided by the Ministry of Health and National AIDS Programme Secretariat.

Monitoring and evaluation will be carried out according to national standards, utilizing mechanisms



provided or recommended by the Ministry of Health and the National AIDS Programme Secretariat. Monitoring and quality assurance mechanisms may include refresher trainings and supportive supervision for peer educators and VCT providers, review and adaptation of curriculum and materials, and utilization of national standard reporting forms.

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	2,000
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Key Issues

Addressing male norms and behaviors

Budget Code Information

Mechanism ID: 7369			
Mechanism Name: Department of Defense			
Prime Partner Name: U.S. Department of Defense Southern Command			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	2,400	

Narrative:

THIS IS AN UPDATED, CONTINUING ACTIVITY INCLUDED FOR PARTNERSHIP FRAMEWORK PREPARATION.

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 care and support, including medical care, provision of antiretroviral therapy, and treatment of opportunistic infections, pain management, social support, nutritional vouchers and ART adherence education.

In FY10, program activities will support access of HIV-positive military members to HIV care and treatment services by strengthening linkages with civilian health facilities and services. Activities will seek the involvement of military chaplains in HIV/AIDS counseling and make other psychosocial support resources available to HIV-positive military members and their families. Military healthcare providers will



be trained in prevention with positives activities to improve their ability to effectively counsel military members on healthy living, reduction of risk behaviors, partner notification, and adherence to ART. Efforts will be made to address stigma and discrimination by promoting accepting attitudes toward people living with HIV/AIDS.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	30,000	

Narrative:

THIS IS AN UPDATED, CONTINUING ACTIVITY INCLUDED FOR PARTNERSHIP FRAMEWORK PREPARATION.

This activity will provide HIV testing and counseling for those who seek to know their HIV status. In FY09, the TC site at Base Camp Seweyo located on the Soesdyke/Linden Highway was refurbished.

For FY10, activities will continue to strengthen the capacity of the Guyana Defence Force to provide accessible, confidential, and quality testing and counseling services. Twenty-five (25) individuals will undergo training or refresher training in TC. TC by trained counselors will be available at all four GDF locations: Base Camps Ayanganna, Stephenson, Ruimveldt and Seweyo. The mobile VCT unit will continue to reach outlying bases and units, and will be equipped with education materials on HIV, ART, STIs/OIs, and other prevention materials. The VCT vehicle will target remote, underserved regions to address barriers to VCT.

In support of the MOH, TC activities will link with prevention sensitization activities to educate participants and encourage testing. Efforts will be made to extend TC promotion activities to military wives and families. Counseling will be performed in accordance with national guidelines and will include targeted ABC messages, emphasize the reduction of risk behaviors, and address substance abuse and stigma and discrimination. Mechanisms to maintain anonymity of those tested and confidentiality of their test results will be put in place. TC activities will link with Adult Care and Treatment services through a referral system with the civilian health sector for follow-up care and treatment of HIV-positive individuals. Data collection and monitoring mechanisms will be supported.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	15,000	

Narrative:

THIS IS AN UPDATED, CONTINUING ACTIVITY INCLUDED FOR PARTNERSHIP FRAMEWORK PREPARATION.

This activity will support increased capacity within the GDF in the areas of surveillance, monitoring and evaluation (M&E), and analysis and utilization of strategic information. Funding will support improvement of the GDF health information management system. Existing data regarding risk behaviors from VCT intake forms will be analyzed to understand and target behavior change and other prevention activities. The GDF and USG country team will work to align the strategic information and M&E programs of the GDF and other PEPFAR partners.

In FY10, efforts will be made to improve health information management systems to manage data regarding HIV in the GDF and assure confidentiality and appropriate referrals. Data from a recent behavioral surveillance survey on HIV risk behavior among the GDF will be utilized to target HIV prevention interventions. The program manager will be trained in M&E to ensure proper reporting to PEPFAR. IT materials will be procured to support M&E of PEPFAR initiatives within the GDF.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	27,000	

Narrative:

THIS IS AN UPDATED, CONTINUING ACTIVITY INCLUDED FOR PARTNERSHIP FRAMEWORK PREPARATION.

This activity will strengthen the capacity of the GDF to plan, manage, and implement HIV programs by supporting GDF participation in regional opportunities for military-to-military collaboration. Opportunities for collaboration, such as regional conferences and workshops, will help reinforce military leadership's commitment to HIV activities and support the development of program management skills. Strategies for improving partnership with other government, NGO, and private entities working on HIV and health will be emphasized. Program activities will seek to secure military leadership endorsement of interventions addressing gender norms and substance abuse.

The GDF currently has a draft HIV policy under review. Upon approval of the policy, Health Systems Strengthening funding will support the effective implementation and dissemination of the HIV policy. Efforts will be made to strengthen military protocols that reduce stigma and discrimination and strengthen military commitment to supporting HIV-positive members.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	3,000	

Narrative:



Programming responding to yellow-lit activities- Guyana PEPFAR Interagency team has adopted OGAC Prevention Technical Working Group recommendations for the sexual prevention portfolio.

The GDF medical center at Base Camp Ayanganna began providing male circumcision (MC) services in March 2009. The service is provided free of charge to military members.

While there is interest in scaling up MC in the GDF, there is no available data on the current prevalence of MC in Guyana or in the GDF. Funding will support a rapid assessment of prevalence of MC and the acceptability of MC for HIV prevention in the GDF population. The assessment will compare self-reported MC status to physical exam and investigate determinants of MC status. Findings will be used to guide scale up of services and MC demand creation.

MC funds will also support education and outreach to GDF members on the benefits of male circumcision for HIV prevention. Sensitization will be carried out through oral presentations and information education communication materials. Activities will target all GDF ranks. Male circumcision services in the GDF will be provided according to national and international standards and recommendations. Supportive supervision and assistance with quality assurance in service delivery and follow-up will be sought from Georgetown hospital. Recipients of male circumcision services will be counseled on the need for abstinence from sexual activity during wound healing, wound care instructions and post-operative clinical assessments and care. Male circumcision activities will be linked with HIV testing and counseling services provided by trained testers and counselors at the VCT site at Camp Ayanganna.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMIN	3,500	

Narrative:

THIS IS AN UPDATED, CONTINUING ACTIVITY INCLUDED FOR PARTNERSHIP FRAMEWORK PREPARATION.

The purpose of this activity is to develop protocols in support of injection safety, reduce the number of unsafe and unnecessary injections through training and refresher training, and promote proper waste management techniques.

In FY10, DoD will continue to support the implementation of universal precautions in 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, handling sharp instruments, and handling and disposal of medical waste. Twenty (20) medics and lab personnel will be trained in safe blood drawing



and handling techniques for sharp instruments and medical waste. Post Exposure Prophylaxis (PEP) protocols, already developed in the civilian sector through the National Care and Treatment Centre, will continue to be implemented to address occupational exposures that occur in military facilities. Occupational exposures will be tracked and reported. Following training, sites will receive essential commodities and supplies such as sharps containers and biohazard bags to ensure implementation of improved IP/IS practices. A national or commercial logistics system will be utilized for the provision of materials.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	87,000	

Narrative:

Programming responding to yellow-lit activities- Guyana PEPFAR Interagency team has adopted OGAC Prevention Technical Working Group recommendations for the sexual prevention portfolio.

THIS IS AN UPDATED, CONTINUING ACTIVITY INCLUDED FOR PARTNERSHIP FRAMEWORK PREPARATION.

This activity consists of prevention activities promoting partner reduction and the correct and consistent use of condoms in addition to addressing STIs, gender norms and other behavior change communication activities. Condoms procured through the Guyana National AIDS Programme Secretariat (NAPS) are made accessible to all members of the Guyana Defence Force.

In FY10, efforts will continue with GDF leadership and peer educators to increase the acceptability of condom social marketing within the GDF. Information education communication materials will be procured to support educational outreach efforts. Leadership and peer educators will be trained and encouraged to provide HIV/AIDS prevention education to their subordinates through seminars and workshop sessions in order to encourage HIV risk reduction. 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). Prevention messages throughout the military regions will focus on issues such as alcohol use, abstinence, fidelity, partner reduction, consistent and correct condom use, and correct knowledge of HIV transmission. Prevention activities will address male norms and behaviors and discourage violence and coercion. In FY09, the Minister of Human Services spoke with the senior officers about the Stamp Out campaign against domestic violence. In FY10, collaboration with Ministries and other organizations addressing gender-based violence and gender inequalities will be explored. In FY10, efforts will be made to extend prevention activities to include military wives and families. Prevention activities will also address stigma and discrimination by promoting accepting attitudes toward

people living with HIV/AIDS.

In FY10, two events will be scheduled as part of the program's anniversary and the Guyana Defence Force's anniversary events, during which HIV/AIDS prevention activities, including peer educator presentations of ABC messages and distribution of IEC materials, will be held.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	34,000	

Narrative:

THIS IS AN UPDATED, CONTINUING ACTIVITY INCLUDED FOR PARTNERSHIP FRAMEWORK PREPARATION.

This activity will support the procurement of equipment and commodities to develop and strengthen laboratory systems and facilities in order to support STI and TB diagnosis and improve the capacity of the GDF to provide clinical care to HIV-positive military members.

In FY10, laboratory personnel will be trained in the utilization of laboratory equipment and data management. This activity will link with CT, TB, and care and treatment services by providing ancillary support for rapid HIV testing and STI and TB diagnosis. GDF laboratory technicians will be trained to parallel the skills and capabilities of laboratory technicians in civilian laboratories through assistance from the National Public Health Reference Laboratory.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	3,500	

Narrative:

THIS IS AN UPDATED, CONTINUING ACTIVITY INCLUDED FOR PARTNERSHIP FRAMEWORK PREPARATION.

This activity will support coordination between TB and HIV programs. Technical assistance for the development of training, educational resources, and guidelines for TB-HIV management will be provided by the Ministry of Health.

IN FY10, the GDF medical personnel will receive training on TB case identification, diagnosis and appropriate referral for treatment. The GDF will implement HIV testing and counseling for all TB patients and TB screening of all HIV-infected personnel. Necessary equipment and laboratory supplies will be purchased to support program area activities. This activity will link with laboratory infrastructure activities



to strengthen TB diagnostic capabilities.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 7375	Mechanism Name: HIV/QUAL International
Funding Agency: U.S. Department of Health and Human Services/Health Resources and Services Administration	Procurement Type: Cooperative Agreement
Prime Partner Name: New York Institute	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 80,000	
Funding Source	Funding Amount
GHCS (State)	80,000

Sub Partner Name(s)

(No data provided.)

Overview 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 improvement projects.

In FY 2009, HEALTHQUAL International (HEALTHQUAL) provided technical assistance to build national capacity for an HIV quality management (QM) program. These capacity building efforts included the development of data collection systems; the training to undertake QI projects; and the establishment of the infrastructure needed to sustain quality improvement efforts that are linked to improved HIV care delivery systems. In the pilot phase of the program, HEALTHQUAL's technical assistance primarily targeted staff at the Government of Guyana/Ministry of Health (GOG/MOH), PEPFAR implementing partners, and 20 HIV and MCH clinical pilot sites. In FY 2009, this quality management capacity building project provided information to assist the MOH, regional health officials, faith-based, private, and Government hospitals to:



1. Measure performance indicators to determine if the 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 through the analysis of performance measurement data;
3. Evaluate the results of projects to improve the quality of HIV/AIDS treatment and care at the participating hospitals
4. Test the feasibility of making comparisons of quality of care provided to HIV/AIDS patients among different public and faith-based hospitals.

As there continues to be a growing need to improve the QM program in Guyana, in FY10 HEALTHQUAL will work with GOG/MOH and CDC to ensure that the program is successful and sustainable over time.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	20,000
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Key Issues

Child Survival Activities

Budget Code Information

Mechanism ID: 7375			
Mechanism Name: HIV/QUAL International			
Prime Partner Name: New York Institute			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	80,000	

Narrative:

In FY 2010, in collaboration with the GOG/MOH, HEALTHQUAL will support scale up the quality management program to PMTCT and TB service sites, the number of which to be determined with GOG/MOH. HEALTHQUAL's technical assistance will continue to focus on: 1) the development of the



in-country infrastructure and the systems needed to sustain and expand efforts to monitor the quality of care delivered to HIV/AIDS patients throughout Guyana; 2) assisting the GOG/MOH, Implementing Partners and site level staff to ensure that information gathered can continue to be used to (a) improve the quality of HIV services; (b) build capacity for quality management; and (c) both measure and maintain the results of improvement projects that improve HIV services; and 3) provide support to the Georgetown Public Hospital Corporation's efforts to promote quality services for inpatient care through the development of indicators and performance measurement and evaluation systems addressing infection control and helping to reduce any adverse health outcomes or morbidity for PLWHA.

This activity will continue technical assistance provided through HRSA by HEALTHQUAL. With expanded funding, HEALTHQUAL will continue to provide technical assistance and assist GOG/MOH with the expanded implementation of the local QM program. The increase in funding in FY 2010 is based on an escalating need to improve the QM program in Guyana and to scale up this successful pilot program to additional sites.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 7378	Mechanism Name: Hinterland Initiative
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: International AIDS Education and Training Center	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 70,000	
Funding Source	Funding Amount
GHCS (State)	70,000

Sub Partner Name(s)

Northwest Care Foundation		
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Overview Narrative

Background of Hinterland Initiative:

The Hinterland regions of Guyana (regions 1, 7, 8, and 9) are home to some of the most significant health and development challenges that Guyana faces. Those communities inhabiting the hinterlands of Guyana - mostly indigenous Amerindians but other races as well - continue to struggle with health issues including tuberculosis, malaria, parasitic infections, diarrhea, chronic diseases, and HIV infection. However, challenges go beyond the health sector and include problems such as lack of food security and safe water, lack of access to economic markets, and lack of access to education. Physical infrastructure, such as roads, water and energy supply, is underdeveloped and most hinterland inhabitants are without adequate transportation to basic social services. The poor physical infrastructure coupled with semi-nomadic lifestyle and cultural and occupational challenges also affect access to health services in these communities.

Prevalence rates indicate that there are significantly lower levels of HIV in the hinterland communities than those found in the coastland regions. However, hinterland communities are home to pockets of high risk groups, such as miners, loggers, commercial sex workers, and military personnel posted to hinterland camps, among others. The dominant mode of transmission is through heterosexual contact and mother to child transmission. The risk for the majority of Hinterland residents is through the bridging of populations, meaning people who are at higher risk providing links with other people who have lower risk behavior. In addition to these occupational risk factors, there are also specific cultural norms and practices within Amerindian communities that place this group at higher risk; these include sexual intercourse in younger ages, multiple sex partners, and high levels of alcohol consumption.

Institutions from various sectors of Guyana have implemented and are currently implementing projects addressing some of these health and development challenges in the hinterland regions, one at a time. These entities include various Government of Guyana bodies such as the Ministry of Health, Ministry of Amerindian Affairs, Ministry of Education, and Ministry of Local Government; various international organizations such as UNDP, UNICEF, IDB, and the World Bank; and numerous NGOs, CBOs, FBOs that have undertaken work to address some of these risk factors, including some specifically focused on HIV/AIDS. In partnership with CDC, the Ministry of Health (MOH), through Guyana's National AIDS Programme Secretariat (NAPS) and Regional Health Services (RHS), provides mobile health services including HIV/AIDS services to the hinterland communities, including those in regions 1 and 9. The roving medical team currently supported by CDC/PEPFAR provides counseling and testing, and care and treatment services.

The mission of the Hinterland Initiative is to expand health services, specifically HIV/AIDS services, to the



Hinterland regions of Guyana (regions 1 and 9) by strengthening existing partnerships, and building new partnerships to curb the HIV epidemic in remote regions of the country. The Hinterland Initiative seeks to realize Guyana's goal of making access to HIV/AIDS services universal and equitable by promoting better coordination and integration of multiple partners and NGOs that currently provide clinical and non-clinical services in the hard to reach interior regions of the country. By expanding HIV/AIDS services to the remote regions of Guyana through synergistic and coordinated efforts, the Hinterland Initiative seeks to realize an opportunity to strengthen the local capacity of the Hinterland communities to deliver sustainable health care services and to build platforms for the delivery of other health services.

Background of I-TECH at the University of Washington (UW):

The I-TECH headquarters at UW offers I-TECH Guyana and its partners and stakeholders access to a wide network of resources throughout the world and to technical specialists at UW and through its technical partner, the University of California, San Francisco (UCSF). I-TECH at UW is housed in the Department of Global Health which employs over 300 faculty, fellows, and research scientists involved in global health research and training in over 50 countries. The global I-TECH network works through 10 offices in the Caribbean region, Africa, and Asia on activities that contribute to the achievement of PEPFAR. From headquarters and the network, I-TECH is able to provide technical assistance and support to its offices on a wide ranging set of skills and technical support in a wide range of areas. I-TECH has developed a number of training materials through its Caribbean Regional program, including a training package on stigma and discrimination in the health sector that will be adapted for the activities in this proposal.

Background of I-TECH Guyana:

I-TECH has been working in collaboration with the MOH Guyana and CDC GAP since 2005 in order to support capacity building in Guyana. The overall goal of I-TECH's work in Guyana is to coordinate and ensure high quality training in HIV and AIDS care and treatment nationwide in alignment with national policy and international standards. I-TECH is based at the MOH's Health Sciences Education Unit (HSEU), and collaborates closely with the HSEU to achieve its goals. In collaboration with the HSEU, I-TECH has developed three in-service curricula for Nurses, Pharmacists, and Medex. These standardized curricula are based on national treatment guidelines and include high quality facilitation materials. The most recent curriculum, HIV Basics for Medex, was developed largely by HSEU staff. I-TECH is committed to continued capacity development of the HSEU in curriculum development. I-TECH collaborates with MOH on an award-winning website (www.hiv.gov.gy). The website assists communication between MOH and the public, the press, and implementing partners. I-TECH is also promoting collaboration between various governmental and non-governmental training stakeholders. This



is facilitated by regular meetings of the Guyana National Training Coordination Committee, production of a training calendar, and introduction of a standardized national training database, TrainSMART. I-TECH Guyana has developed strong partnerships with the MOH, FXB Guyana, GPHC, St. Joseph's Mercy Hospital, Professional Councils (Pharmacy, Nursing, and Dental) , and the Guyana Red Cross. These groups collaborate with I-TECH Guyana on curriculum development and capacity building sessions for several categories of health care providers. For this project, I-TECH will build a strong relationship with the Regional Health Department in Region 1, the NWCF and its partners, including Youth Challenge International, and with the Ministry of Education, UNICEF, and the Adolescent Health Unit through the Health Promoting Schools Initiative.

Background of Northwest Care Foundation (NWCF):

A recent welcome development in region 1 was the formation of the NWCF, a non-profit organization focused on HIV service delivery. NWCF evolved out of a community-driven need to improve HIV and AIDS treatment services. NWCF is also seeking to expand VCT, PMTCT, and OVC services, train community health personnel in HIV and AIDS, implement holistic assistance programs for PLWHA, and combat stigma and discrimination. The NWCF represents a partnership of the public and private sectors with community leaders to improve care and treatment for Amerindians, especially those living in the riverain areas. With its interest in promoting the health of communities of region 1, the NWCF, based in Mabaruma, will continue to subcontract for I-TECH Guyana to partner with to implement community mobilization, care, and treatment services among residents of region 1.

Goals and Objectives:

The overall goal of the Guyana Hinterland Initiative project of I-TECH Guyana is to reduce incidence of HIV and improve capacity of the health care system in Region 1 to provide high quality care for HIV and other high-burden conditions. This project has three objectives: improving the knowledge and skills of MOH Region1 staff to care for people with HIV and AIDS and other high burden conditions through an effective and replicable training program; increasing community participation in health promotion through a training program developed within the existing framework of the Community Integrated Management of Childhood Illness (C-IMCI) strategy to improve prevention of HIV infection and uptake of VCT and PMTCT services, and; improving the quality of care in Region 1 RHD through training and enhanced resources for supervision.

These objectives will be met through partnering with NWCF, CDC, other relevant PEPFAR partners, and existing/ongoing I-TECH Guyana activities.

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	10,000
Human Resources for Health	60,000

Key Issues

Increasing gender equity in HIV/AIDS activities and services

Budget Code Information

Mechanism ID: 7378			
Mechanism Name: Hinterland Initiative			
Prime Partner Name: International AIDS Education and Training Center			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	70,000	

Narrative:

Programming responding to yellow-lit activities- Guyana PEPFAR Interagency team has adopted OGAC Prevention Technical Working Group recommendations for the sexual prevention portfolio.

The activities for FY10 support the overall focus of the project by scaling up prevention efforts; training Community Health Workers to improve long term care and case management; making better use of the existing referral network; improving community engagement; and strengthening local capacity to assume ownership in the longer term.

In FY10, I-TECH Guyana with NWCF will continue updating and will complete the database of trainers, trainees, and training activities; continue to consult with stakeholders in RHD of Region 1; continue quarterly supervision visits for monitoring, support, evaluation, and training at Mabaruma/Moruca and Port Kaituma/Mathews Ridge; expand training of remaining CHW in Moruca and Mabaruma using HIV Basics; recruit and train 1,000 community health volunteers from across region 1; continue CHV outreach, including travel for health promotion to small communities; identify contractors for renovation and installation of computers and purchase equipment and hardware for the establishment of a training



and learning resource center for health education at NWCF; and continue to support supervisors to travel by river and land to visit CHW and monitor their practice on a regular basis.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 7418	Mechanism Name: Community Support and Development Services
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: Community Support and Development Services Inc.	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 2,500,000	
Funding Source	Funding Amount
Central GHCS (State)	100,000
GHCS (State)	2,400,000

Sub Partner Name(s)

Agape Inc.	Artistes in Direct Support	Comforting Hearts
Family Awareness Consciousness Together (FACT)	Guyana Nurses Association	Guybow
Help and Shelter	Hope For All	Lifeline Counselling Services
Linden Care Foundation	Merundoi	Operation Restoration
Roadside Baptist Skills Training Centre	The Guyana Business Coalition on HIV/AIDS	The Guyana Responsible Parenthood Association
The Youth Mentorship Endeavour (TYME)	United Bricklayers	Youth Challenge Guyana

Overview Narrative

1. Goals & Objectives under the Award



CSDS is an indigenous capacity building institution, contracted to disburse and monitor grants to a network of local organizations, and the NGO Coordinating Committee while strengthening their financial and administrative management (including governance) capacity. Under the current contract with USAID, 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, capacity building, and, monitoring and evaluation of the NGOs' targets. CSDS will continue to provide technical assistance to enable the NGOs to expand HIV/AIDS services while simultaneously enhancing their capacity through formal workshops, monthly on-site visits/training and mentoring. Partner organizations will be assisted in strengthening all aspects of their Human Resources policies and practices; improving their internal management and administrative systems and practices; developing the skills of NGO staff in areas of project management and administration, including conflict management; ensuring that each NGO has the governance structure appropriate to meet its objectives, and ensuring that the governance function is clearly understood and operationalized.

The contract will also disburse and manage sub-grants and provide training, technical assistance, and equipment/technology needed to strengthen financial management and control systems of the USAID-supported NGOs/FBOs, as well as Public-Private Partnerships, and other special projects selected by USAID/Guyana. This assistance should result in the strengthening of the financial management and administrative capacity of USAID partner organizations.

2. Geographic Coverage

CSDS will be supporting the USAID-supported NGOs/FBOs who are implementing project activities across Guyana, except in Regions # 1 and 9, under the technical guidance of GHARP II.

3. Key Issues

In spite of the reported reduction in the prevalence of HIV/AIDS in Guyana, much more work is needed to address matters of behavioural change, stigma and discrimination and to provide the necessary care, support and treatment for persons who are infected and affected by HIV/AIDS. These NGOs/FBOs, while willing to serve their communities, lack some of the fundamental skills to efficiently manage their organizations and effectively manage U.S. Government funds. CSDS, the Grants Manager, will continue to work with the NGOs/FBOs to further strengthen their management capacities in areas of financial management, project management, administrative management with focus on governance, organizational development and developing human resources policies and practices, and monitoring and evaluation.

4. Strategy towards costs efficiency

CSDS being the only organization of its kind in Guyana is now fully equipped to carry-out its mandate.



The organization over the past two years has built the foundation upon which the systems and procedures of the NGOs/FBOs can be further developed. Currently, each of the nineteen (19) NGOs/FBOs have computerized accounting systems, eight (8) with Administrative Operational Procedures Manuals, nine (9) have operationalized human resources policies along with human resources manuals, the monitoring & evaluation database is currently being tested at six (6) NGOs with a view to implementing in FY 10. All the NGOs/FBOs are legally registered with at least twelve (12) having documented constitutions. The mechanisms are in place to enable further development of policies and the operationalization of good-governance within each NGO/FBO. CSDS will review its organization structure and determine the level-of-effort needed proportional to the budget, as well as continue the work from the templates and manuals developed over the past two years.

5.0 Monitoring & Evaluation

As in FY 2009, CSDS will have responsibility for monitoring the NGOs/FBOs targets and ensuring the quality of data maintained. In keeping with guidance from the Office of the Global AIDS Coordinator, CSDS will continue to utilize standardized data collection forms for each program area, which were developed by the Guyana HIV/AIDS Reduction and Prevention (GHARP) Project in the coming year. Achievements reported by NGOs/FBOs will be compiled in one database, and compared to program area targets. Quarterly data quality assurance reviews will be conducted for each NGO/FBO, in order to monitor the utilization of the monitoring system and the accuracy of the data collected. CSDS will monitor and report on progress against the total program area targets and those individually set by the NGOs/FBOs, in their annual Monitoring and Evaluation Plan. CSDS will also prepare semi-annual and annual reports and achievements for submission to USAID for PEPFAR reporting.

For FY2010 CSDS will continue to provide financial and administrative assistance to a core of nineteen NGOs, and the Guyana Business Coalition on HIV/AIDS, through on-site coaching and mentoring. This Agency works in collaboration with the GHARP 11 project which provides technical assistance in all programmatic and technical aspects of the project to the NGOs/FBOs, in the areas of Orphans & Vulnerable Children, Condoms & Other Prevention, Abstinence/Be Faithful, Home-Based Care, and Counselling & Testing, within the USAID HIV/AIDS strategy. Hence CSDS is the key agent in building the financial and administrative capacity of the NGOs.

More specifically, the tasks of CSDS will include:

1. Conduct monthly financial liquidation;
2. In collaboration with GHARP 11, conduct NGO yearly work-planning sessions;
3. Conduct yearly financial training;
4. Review and develop customized constitutions and guidelines for NGO boards, and train members on



final constitution;

5. Develop management plans and scopes of work for each NGO position;
6. Develop NGO guidelines for sub-contracting; and
7. Respond to NGO requests for on-site support.

In terms of program implementation by the NGOs/FBOs, CSDS in FY10, will introduce "cost sharing," whereby the NGOs/FBOs will be required to make contributions of a certain percentage-level, to the program budget. In FY 10, the NGOs/FBOs will fund 5% of their approved program budget, while USAID will fund 95%.

The NGOs/FBOs will be encouraged to share resources and collaborate where practicable.

Cross-Cutting Budget Attribution(s)

Economic Strengthening	100,000
Food and Nutrition: Policy, Tools, and Service Delivery	50,000

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 7418			
Mechanism Name: Community Support and Development Services			
Prime Partner Name: Community Support and Development Services Inc.			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	418,024	

Narrative:

In FY 10, nine (9) key NGO/FBO partners will receive financial support from CSDS to continue to reach PLWHA and their families in their communities. These NGOs are Hope for All, the Guyana Responsible Parenthood Association, Lifeline Counseling Services, Love and Faith (Agape), Comforting Hearts, FACT, Hope Foundation, and Linden Care Foundation. To date, palliative care services have been



provided to over 900 PLWHA and their families in seven regions, with 68 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. This process is used for all NGOs involved in HBC activities.

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, testing of 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.

The program is also helping people living with HIV/AIDS (PLHA) access small loans provided through a micro financing program. These PLHA have been unable to receive loans through traditional means because of their economic status. The loans enable PLHA to expand their small businesses and support their families. As of July 2009, more than 100 loans had been completed with a cumulative value of US\$51,000. These were disbursed to HIV-positive entrepreneurs with businesses in diverse fields such as poultry, livestock, lawn maintenance, sanitation, graphic design, craft production, and internet café services.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	530,563	

Narrative:

FY 10 will see the continuation of financial and administrative assistance to eight (8) NGO/FBO partners to implement comprehensive OVC programs. Linden Care Foundation (LCF), one of the key NGO partners, is currently providing care and support services to two hundred and thirteen (213) children who are reached through referrals from schools, members of the community and health care centres, 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 the program, 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 four days weekly, as well as the Linden Diaspora provides nutritional support through its program "Adopt-A-Child. Other local private sector enterprises such as the Telecommunications and Telegraph Company, Mings Products and Services, U Mobile among others, have been aiding the program.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	272,049	

Narrative:

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.

In FY 10, the following seven (7) NGO/FBO partners and the Guyana Business Coalition on HIV/AIDS will be supported to deliver counseling and testing: Comforting Hearts, the Guyana Responsible Parenthood Association, Hope for All, Hope Foundation, Lifeline Counseling Services, Linden Care Foundation and Youth Challenge Guyana. Of those seven, there are five fixed sites and two mobile units located at the Guyana Responsible Parenthood Association and Youth Challenge Guyana. The NGOs/FBOs have been reaching high risk populations with C&T services through their walk-in service and community outreach activities, utilizing both interpersonal and multi-media intervention. 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. The NGOs are also an integral part of the MOH yearly National Day of Testing. As of July 2008, 15,962 persons were counseled and tested.

In FY 10, the NGOs/FBOs will continue to expand counseling and testing services in key communities, particularly targeting the rural and hinterland communities. Couples counseling will also continue to be emphasized in FY 10 in an effort to increase the number of males who access C&T, reduce transmission between sero-discordant couples, and encourage faithfulness in concordant negative couples.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	18,186	

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. Hence, 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 continue to 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, onsite 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, CSDS will continue to build the capacity of twenty (20) 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 continue to 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.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	424,760	

Narrative:

Programming responding to yellow-lit activities- Guyana PEPFAR Interagency team has adopted OGAC Prevention Technical Working Group recommendations for the sexual prevention portfolio.

The capacity building organization will sub-contract eight NGOs, including the M.A.R.C.H. (Modeling and Reinforcement to Combat HIV/AIDS) behavior change communication project, and three FBOs, to deliver A and B messages to youth and adults. 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/parents and religious leaders; a peer education program using local materials and manuals; a structured in-school and out-of-school youth program at select schools; 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, alcohol and drug use, thus encouraging behavior that will reduce the risk of infection. As of March 09, over forty thousand persons were reached with A and B messages.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	836,418	

Narrative:

Programming responding to yellow-lit activities- Guyana PEPFAR Interagency team has adopted OGAC Prevention Technical Working Group recommendations for the sexual prevention portfolio.

CSDS will disburse funds, manage and strengthen the financial systems to the following twelve (12) NGOs working with MARP in Guyana's highest HIV/AIDS affected regions. These NGOs are Hope for All, Artistes in Direct Support, the Guyana Responsible Parenthood Association, Youth Challenge Guyana, Love and Faith (Agape), FACT, Hope Foundation, Linden Care Foundation, the United Bricklayers, Guybow, Merundoi and the Guyana Business Coalition on HIV and AIDS. The Ministry of Health and the USAID-supported NGOs are working collaboratively and directing efforts at risk elimination and risk reduction among this population.

Female sex workers and MSM are also being reached with combined targeted outreach and referrals to friendly clinical care and treatment sites. This program is implemented in Regions Four and Six and will be expanding to Regions Two, Three, Seven, Eight and Ten. The NGOs currently work with street-based and brothel based commercial sex workers and their clients as well as men-who-have sex with men. Interventions include HIV/STI prevention education including information on assessing, reducing and eliminating one's risk of infection through behavior change, as well as substance abuse. These are conducted through one-on-one interaction by outreach workers and peer education training. Outreach workers and peer educators (FCSW/MSM) 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. In FY 10, significant expansion of these programs, together with interventions to reduce the risk among miners and loggers, and youth who are transitioning into sexual activity will remain a priority.

The Modeling and Reinforcement to Combat HIV and AIDS (MARCH) serial drama project, supported by USAID will continue to focus on condom use, stigma and discrimination, alcohol and drug reduction, negotiation and assertiveness skills and access to HIV related services. These issues will be addressed in the listening and discussion groups, as well as two 15-minute episodes aired twice weekly on the FM and medium wave channels with two weekend omnibus editions. Reinforcement activities focus on



sexually active groups with the aim of sharing information on protective measures. 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, and the NGO/FBO. The MARCH project will continue to receive technical assistance and oversight by CDC Guyana.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10066	Mechanism Name: AIDSRelief
Funding Agency: U.S. Department of Health and Human Services/Health Resources and Services Administration	Procurement Type: Cooperative Agreement
Prime Partner Name: Catholic Relief Services	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,385,000	
Funding Source	Funding Amount
GHCS (State)	1,385,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The AIDSRelief consortium provides comprehensive HIV care, treatment, and support services and HIV prevention services in Guyana. The care, treatment and support services are provided at three (3) local partner treatment facilities (LPTFs). Two of the LPTFs are faith based hospitals located in Georgetown (Region 4) and the third LPTF is a Ministry of Health Regional Hospital located in Bartica (Region 7). As part of our support services AIDSRelief supports Hospice Centre which is also located in Georgetown. AIDSRelief also provides a variety of prevention services through our local partners (PMTCT, VCT and Abstinence Education).

Goal and Objectives under the Award



The overall goal of the AIDSRelief program is to ensure people living with HIV and AIDS have access to ART and high quality medical care. To achieve this goal, AIDSRelief continues to focus on the following key strategic objectives:

1. Existing ART service providers rapidly scale up delivery of quality ART care;
2. Expand community level services providing quality ART to vulnerable and low income HIV infected people; and
3. Create and strengthen health care treatment networks to support capacity building within communities.

Geographic Coverage

The AIDSRelief care, treatment and support program primarily focuses on persons living in Region 4 and 7, however, some patients who enrolled in the program lives in Regions 2, 3, 5, 6 & 10. The abstinence program has been rolled out in all 10 administrative regions.

Key Issues

In the upcoming year, the AIDSRelief program is going to focus on the following key issues:

- The low number of males utilizing VCT services;
- The disproportionate number of males (41%) enrolled in the care and treatment program compared to females (59%);
- The number of patients who are being lost to follow up;
- Adherence; and
- the increasing number adolescent clients.

Strategy towards costs efficiency

AIDSRelief continues to find innovative ways to provide high quality HIV care and treatment while trying to keep program costs at minimum. In the upcoming year AIDSRelief will continue to find ways to collaborate with local partners to maximize technical assistance offered to the clinical care and treatment staff at the Public and Private Care and treatment sites. AIDSRelief will also work with the Ministry of Health to look at ways of reducing care and treatment costs at SJMH and DMH, such as procuring OI medications through the MOH and centralizing CD4 tests at the National Reference Laboratory.

Monitoring and evaluation plans



AIDSRelief provides on-site technical assistance and training to facilitate the development and implementation of data management systems that respond to the needs of physicians, hospital administrators, MOH, USG donor, and project needs. Care and treatment sites receive strategic information capacity building and focuses: on improved data demand and information use; enhancing/implementing patient monitoring and management system that meet local requirements; and enhancing data quality for better service and clinical outcomes. AIDSRelief has three main objectives for strategic information:

1. LPTFs have skills to collect, manage, and analyze data;
2. Data demand increases for improved clinical and programmatic decision making; and
3. LPTFs share lessons learned and best practices for improved data quality.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 10066			
Mechanism Name: AIDSRelief			
Prime Partner Name: Catholic Relief Services			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	306,196	

Narrative:

AIDSRelief supports the care and treatment programs at Saint Joseph Mercy Hospital and Davis Memorial Hospital which are two faith based hospitals located in Georgetown (Region 4), Bartica Regional Hospital (Region 7) and 1 Hospice Centre (Region 4). AIDSRelief-supported sites provide the 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, cervical cancer screening, 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; 4) Spiritual Care; and 5) Psychological care. In FY2009, AIDSRelief provided comprehensive care to 1,204 clients enrolled at the three care and treatment sites and the hospice centre.

In FY2010, 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 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 has recruited an Adherence Specialist/ Community Outreach coordinator to oversee the integration of a comprehensive adherence model, which includes 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 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 FY 2010, AIDSRelief will begin to integrate psychological support with the adult, adolescent and children support groups. This service will strengthen the psychosocial support and behavioral interventions that are currently being offered to participants in the support groups. Due to the number of children in the AIDSRelief program that will mature into pre-adolescent hood and adolescent-hood, we will ensure that our counselors are fully trained by experts from the University of Maryland and are competent in providing psychological support to the needs of our adolescents and pre-adolescents.



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 Improvement (CQI) 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 will be able to use data to affect change in the quality of service provided.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	5,669	

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 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 psychological services to accommodate this population. With increasing numbers of OVCs, AIDSRelief and LPTFs recognized that there were unmet needs in providing psychological support to HIV infected/exposed/affected children. In FY09, 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 psychological issues unique to children with HIV and their families (e.g. coping, trauma and grief responses, disclosing status to children, stigma and discrimination). Particular emphasis was placed on tailoring ART adherence services to HIV positive OVC.

In FY 2010, AIDSRelief will continue to provide psychosocial support training to nurses, social workers and care takers serving pediatric and adolescent clients, and continue to further strengthen the capacity of our clinical and counseling staff to provide high quality care to Guyana's OVC population, including care and treatment support services for HIV affected children 5 years and under. AIDSRelief will continue to meet the psychosocial needs of the OVCs by actively involving them in the Kids Club and its activities.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
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Care	HTXS	726,865	
<p>Narrative:</p> <p>CONTINUING ACTIVITY – ACTIVITY UNCHANGED</p> <p>AIDSRelief continues to support HIV care and treatment services in both the private and public sector through its clinical core team composed of an Infectious Disease specialist and a Community Outreach/Adherence Specialist from IHV, and clinical and counseling staff at the LPTF. 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 supported HIV physicians. AIDSRelief maintains close contact with the adherence nurse coordinator in order to discuss any problems that may have arisen.</p> <p>In the private sector AIDSRelief continues to support St. Joseph Mercy Hospital (SJMh) and Davis Memorial Hospital, which are both located in Region 4 and are the only faith-based hospitals in Guyana.</p> <p>The clinical core team will continue to provide ongoing support and assistance to the LPTFs through didactic trainings and on-site mentoring, and additionally liaises with USG in-country and MOH partners on technical issues related to recognizing and managing ARV side effects, diagnosing and management of opportunistic infection as well as interpreting CD4 changes and viral load results. AIDSRelief will provide additional technical assistance in the areas of psychosocial support, pharmacy support, adherence, laboratory monitoring, and strategic information.</p> <p>Enhanced clinical and didactic training will be conducted at UMSOM-IHV's Clinical Training Site. Providers will have access to video conferencing CME lectures and will also have the opportunity to receive direct preceptorship in the management of more complicated HIV+ patients. The clinical site will serve as an offsite adjuvant facility to SJMH and DMH. It will serve as a mechanism wherein AIDSRelief can collaborate with local in-country partners in building local technical capacity and promoting sustainability.</p> <p>AIDSRelief provides a comprehensive care and treatment package at the three LPTF which includes clinical and laboratory monitoring, ARV treatment, OI prophylaxis and treatment, and adherence counseling and support.</p> <p>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.</p>			



Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	14,845	

Narrative:

CONTINUING ACTIVITY –

AIDSRelief continues to provide voluntary counseling and testing services through the three care and treatment sites located in Region 4 and Region 7. These sites provide onsite and community outreach counseling and testing (CT) services. The CT services provided through the sites comply with national and international standards.

In FY09, AIDSRelief sites tested 1,481 persons and out of those tested 95(6%) were tested positive.

In FY10, AIDSRelief will continue to 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 the outpatient department at St. Joseph Mercy Hospital and Davis Memorial Hospital. AIDSRelief would also like to focus on increasing the number of men who are being tested

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	48,619	

Narrative:

AIDSRelief places a strong emphasis on high quality care and support to all HIV infected and affected children and their families through provision of clinical, psychological, spiritual, social, and prevention services.

In collaboration with the MOH, the AIDSRelief program will continue to provide DNA PCR testing for early infant diagnosis for all HIV-exposed infants at our local partner sites. These exposed infants will continue to be followed monthly by a physician and/or nurse until HIV serostatus is ascertained; thereafter, they will be followed up in our OVC clinic until five years of age.

In FY2010, AIDSRelief will continue to provide ARV treatment and management of OIs and other HIV/AIDS-related complications including malaria, and diarrheal diseases to all HIV infected children and adolescents. We will work with the MOH to help provide treated mosquito nets as a measure of home-



based care to the affected children.

AIDSRelief will continue to place a strong emphasis on psychosocial support to HIV infected and affected children, adolescents and their families. Plans to implement secondary prevention interventions with emphasis on sexual risk behaviors, substance use, coping strategies, disclosure and domestic violence will be executed in FY 2010.

AIDSRelief will also provide specialized training to counseling staff at LPTFs government sites and local NGOs in addressing psychological issues unique to this patient population and their families (e.g., coping with trauma of death of parent, disclosing status to children, anxiety and fear). A pediatric psychologist from University of Maryland School of Medicine/IHV will provide this training. LPTF staff at Davis Memorial Hospital (DMH) and St. Joseph's Mercy Hospital (SJMh) will continue to strengthen the pediatric and adolescent support groups.

Additionally, AIDSRelief will continue mentorship to the adolescent and kids support groups that initiated in FY2009.

In the past year, LPTF staff at DMH and SJMH have recognized a growing need for nutritional counseling and support to HIV infected and affected children, adolescents and their families. In FY 2010 AIDSRelief will strengthen the nutrition counseling offered to the families and will collaborate with NGOs and the National AIDS Program Secretariat to supplement basic food supplies to the families.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	27,373	

Narrative:

In FY 2010 AIDSRelief will continue to strengthen the local programs' HIV pediatrician through mandatory CME training at IHV headquarters in Baltimore, MD. Furthermore, AIDSRelief will strengthen the capacity of our nursing staff to provide high quality care to Guyana's pediatric population. On-site technical assistance to the nursing staff will be provided by the AIDSRelief local pediatric consultant with support from visiting nurse specialists from the University of Maryland.

The counseling staff at LPTFs will also receive specific training in meeting the need of the chronically ill pediatric patient as well as adherence problems unique to the pediatric population. This training will be provided by a Child Physiologist from the University of Maryland.

The Pharmacy staff will also receive training on Pediatric ARVs, their side effects and toxicities and also



on adherence issues peculiar to the pediatric patients. This training will be done on-site by the local Pediatrician.

In FY2010 AIDSRelief will place more emphasis on nutrition. Both counselors and the nursing staff will receive minimal training in Nutrition Counseling.

In FY2010 AIDSRelief will work closely with Adherence counselors, HBC workers, NGOs, SSVP to address adherence issues in the pediatric and young adult population. As well as training for the staff, AIDSRelief will work with the staff on how to teach and encourage better adherence. Staff will meet once a month with pediatricians to discuss the more problematic cases.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	110,257	

Narrative:

CONTINUING ACTIVITY –

AIDSRelief continues to support local partner treatment facilities (LPTFs) in activities related to strategic information. Corresponding to AIDSRelief goal of providing high quality HIV care and treatment, AIDSRelief will continue to promote programmatic and operational decision making and planning based on quality data. In FY10, AIDSRelief will continue to build capacity and provide supportive supervision in using longitudinal medical record systems (electronic and paper based) so that the LPTFs can use data for quality improvement of their programs, patient management, and reporting to donors and MOH. AIDSRelief will provide technical assistance through trainings and site visits, and will continue to work collaboratively with donor and MOH to build sustainable monitoring and evaluation (M&E) units and health management information system (HMIS).

Information usage activities at LPTFs will continue to be a major focus to address and reduce drop -out rates and to improve ARV pick-up rates. AIDSRelief will coordinate SI activities that are integrated in daily clinical care and support the QI activities to improve the quality of care and build the capacity of the LPTFs.

Futures Group will continue to engage in the Transition to Local Partners, providing assessment, relative trainings and technical assistance. This will be done within the context of collaboration on Consortium Partners and promotion of activities put forth by the CTCT.

Proposed activities:

Data collection, management and reporting

- Ensure collection and compilation of HIV patient data using the National Registers, longitudinal medical records, and electronic patient management and monitoring systems.
- Ensure collection and analysis of required indicators requested by LPTFs, CTCT and funding agencies; provide feedback to LPTFs and stakeholders
- Provide TA for LPTF to develop specific plans to enable them to easily review and analyze data (information) to enhance or improve their program, operations and patient care.
- Data quality improvement workshops
- In collaboration with the LPTFs AIDSRelief will establish a Continuous Quality Improvement (CQI) committee at the LPTFs

Building data use culture at the local site

- Training workshops (on-site/off-site) on data usage
- Training workshops (on-site/off-site) on defining indicators to measure quality and success of the local program
- Promote sites developing custom reports to look at program and services

System strengthening and sustainability

- Participate in regional workshops to share best practices and information for evidenced based decision making
- Participation in workshops with other partners at national level for the implementation of the National M&E System

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	15,550	

Narrative:

Programming responding to yellow-lit activities- Guyana PEPFAR Interagency team has adopted OGAC Prevention Technical Working Group recommendations for the sexual prevention portfolio.

AIDSRelief Guyana supports an abstinence and be-faithful program with the Roman Catholic Youth Office (RCYO) in Georgetown, Guyana. The abstinence program currently targets youths between the ages of 13 - 18 years in all 10 administrative regions.

In FY2009, RCYO provided abstinence messages to 1,081 youths in Regions 2, 3, 4, 5, 7 and 10. The youths were reached through organized sessions, community events, and outreach. RCYO also trained 62 peer educators in promoting abstinence as a healthy lifestyle choice. RCYO is currently in the process of updating their facilitator and student manual that promotes abstinence over 15 sessions. RCYO has also incorporated a monitoring and evaluation component to their abstinence program.



In FY2010, RCYO will provide a refresher training course and leadership training to all the peer educators and will train additional peer educators in various communities. RCYO will provide value-based HIV prevention activities through trainings, conventions, conferences, camps, and community outreach. RCYO will continue to work in collaboration with the Ministry of Health, Ministry of Education, the Catholic Church and other partners promoting abstinence

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	2,500	

Narrative:

AIDSRelief Guyana PMTCT program targets mothers and fathers who see seek obstetric care at both St. Joseph Mercy Hospital (SJMh) and Davis Memorial Hospital (DMH), two faith based hospitals located in Georgetown, Guyana. The PMTCT program also targets mothers who are already enrolled in the SJMH and DMH Care and Treatment Program.

In FY2009 a total of 170 pregnant women attending ANC clinic at SJMH and DMH received an HIV test and were counseled on their results. Only 4 women had a positive HIV positive test result and 1 was put on multi-drug prophylaxis. 172 women delivered babies at the two facilities and all had received an HIV test before delivery. Out of these 172 women 9 were HIV positive and all 9 were on ARVs before delivery.

AIDSRelief strives to provide comprehensive family centered care which has been built upon our PMTCT program. All women who seek obstetric care at SJMH and DMH will be counseled on the importance of knowing their HIV status. For those pregnant women who want to know their status will receive VCT service at both sites. Pregnant HIV+ women are also counseled to have their partners/spouses tested as well as other children in the household. All pregnant HIV+ women will be enrolled in the facilities PMTCT program that provides clinical and lab monitoring, opportunistic medication as needed, and in keeping with Guyana's National Guidelines, all pregnant HIV+ women are counseled and started on ART for medical treatment or prophylaxis. All infants born into the PMTCT program receive close follow up care and monitoring, as well as free replacement feeding supplied to the sites by the Maternal Child Health department of the Ministry of Health. Moreover, children born into our PMTCT program that are diagnosed HIV negative will continue to receive a minimum package of primary care until the age of five.

In FY2010, AIDSRelief will continue to strengthen the PMTCT programs at our LPTFs by providing increasing training opportunities for physicians, nurses and counselors in collaboration with the Ministry of Health and provide on-site mentoring at the LPTFs. AIDSRelief will continue to encourage pregnant



HIV+ mothers to have their husbands/spouses as well as other children in the household to be tested. 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 95% of HIV+ pregnant women started on ARV prophylaxis at a minimum and at least 90% of HIV exposed children in regular follow up care. In addition we will continue to work closely with MOH in tracking infants born to HIV+ women and providing early testing with dried blood spot testing. In addition to providing general counseling, counselors and clinicians will also refer clients who need nutritional support, home base care, domestic violence counseling or substance abuse treatment to relevant organizations in Guyana. In the coming year, AIDSRelief will increase linkages with local NGOs and the MOH to ensure medical and psychosocial needs are met.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	105,000	

Narrative:

CONTINUING ACTIVITY –

AIDSRelief laboratory personnel work with local partner treatment facilities (LPTF), the Ministry of Health (MOH), and the National Reference Laboratory (NRL) to strengthen the technical capacity of laboratory personnel working in Guyana and to improve laboratory infrastructure and procedures as needed.

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In FY2009, AIDSRelief successfully partnered with the MOH, NRL and CDC in providing a Microbiology Reference course to laboratory professionals from the NRL, Georgetown Public Hospital, regional public hospitals, and AIDSRelief LPTF sites. In FY2010 AIDSRelief will continue on-going collaborations with the MOH and CDC-Guyana to strengthen the NRL's capacity through training, professional development, and quality assurance. During the first half of FY2010 AIDSRelief together with the NRL, MOH, and CDC will conduct comprehensive opportunistic infection (OI) training. This training course will include both didactic and practical training sessions focusing on bacterial, fungal and viral OI diagnosis. Special focus will be concentrated on tuberculosis, cryptococcal meningitis, and OI quality assurance. During the second half of FY2010 AIDSRelief together with the NRL, MOH, and CDC will conduct comprehensive malaria training. This program will follow the same theoretical and applied approach focusing on species identification, diagnostic techniques, and quality assurance. Quality assurance collaboration will focus on pipette calibration training and implementation of a national pipette calibration program to ensure quality and accuracy in the laboratory.

In FY2010, AIDSRelief will continue to implement the following strategies and initiatives to build LPTF



capacity: onsite technical assistance to maximize laboratory quality and efficiency, participation in external quality assurance programs, promoting professional laboratory development by developing and facilitating laboratory training sessions. AIDSRelief will also continue to collaborate with MOH, CDC, and other partners in supporting the NRL as a center of excellence for standardized laboratory training, as a sustainable mechanism for local laboratory professional development, and to strengthen and implement procedures as part of the national laboratory certification and accreditation

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	22,126	

Narrative:

AIDSRelief will also continue to support the strengthening of linkages with the Chest Clinic for sites in Region 4 as well as support the Chest Clinic's activity at our site at Bartica Public Hospital. The technical team will also work with LPTF providers to implement better screening techniques of outpatient clients for TB at SJMH using the laboratory cytoscope equipment obtained in FY09.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10074	Mechanism Name: H/A Prev & Prgm Dev & TA Collab
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: American Public Health Laboratories	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 80,000	
Funding Source	Funding Amount
GHCS (State)	80,000

Sub Partner Name(s)

(No data provided.)



Overview Narrative

1. Goals & Objectives under the Continuation Award

The Association of Public Health Laboratories (APHL) has been involved in technical assistance to the Guyana MoH and the National Public Health Reference Laboratory (NPHRL) for the development of the national public health laboratory system through a unique twinning partnership with the North Carolina State Laboratory of Public Health (NCSLPH).

APHL will continue to manage this partnership and provide other technical assistance to the MoH and NPHRL, as requested. APHL will continue to provide technical assistance the development of a 5-year national laboratory strategic plan for Guyana. APHL will also explore the feasibility of installation and implementation of a laboratory information system for the reference laboratory network systems to support ART program implementation in the country.

Under the twinning partnership, APHL and NCSLPH will continue to provide mentorship and technical assistance in the areas of quality management systems and biosafety. In addition, assistance will be provided in building capacity for the NPHRL to perform rapid high-complexity laboratory methods that will help to identify HIV-related illnesses faster. APHL will continue to also provide travel for key NPHRL staff to attend trainings and workshops that will aid in the performance of their job duties.

The goal of this award is to further solidify the relationship between the NPHRL and NCSLPH as a long-term partnership between public health institutions. Another goal is to develop the technical capabilities of the NPHRL by providing the aforementioned technical assistance. Clear objectives will be laid out to measure success towards these goals. Objectives are as follows:

1. Provide continued mentorship to the NPHRL by holding routine conference calls (frequency to be determined) between NPHRL and NCSLPH staff to discuss relevant issues pertaining to daily operations of the laboratory. Facilitate a mechanism by which relevant staff of NCSLPH review and provide feedback on NPHRL policy, process and procedure documents, particularly those pertaining to quality systems and biosafety.
2. Assist the NPHRL to develop capacity to perform novel, high-complexity assays for provision of HIV-related laboratory services e.g. PCR, by providing one assay specific training (as required) to 10 laboratorians by the end of Year 2.
3. Facilitate travel and participation in international trainings or workshops on technical aspects of testing and quality systems for 4 NPHRL staff by the end of Year 2.
4. Fund enrollment of 2 key technical staff in on-line courses to develop their capacity to provide high complexity testing in areas that are novel to Guyana e.g. Molecular Biology. (Continuing activity from year 5, PEPFAR 1)
5. Continue process of development of 5-year Strategic Plan for the NPHRL using the National Strategic Plan for Medical Laboratories 2008-2012 as overarching frame of reference.
6. Provide an assessment of the NPHRL for the installation and implementation of a laboratory information system (paper or electronic) so that laboratory tests can be easily tracked and recorded.



2. Strategy towards costs efficiency

APHL will work with Guyana Senior Laboratory Advisor to develop a detailed plan of action in order to maximize all activities and in country visits. APHL will also arrange for trainings and workshops to occur at the NPHRL for all staff instead of traveling NPHRL staff individually to trainings and workshops. These activities will lead to more activities for less cost.

3.0 Monitoring & Evaluation

Both paper based and electronic tools will be used to capture training participant data. Pre and post tests as well as training evaluation forms will be shared with all participants from the trainings and workshops. The results from these surveys will serve as the tools to capture the impact effectiveness of the trainings. Follow-up meetings with training/workshop participants will be held to assess longer term outcomes of behavior change.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	60,000
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Key Issues

Workplace Programs

Budget Code Information

Mechanism ID:	10074		
Mechanism Name:	H/A Prev & Prgm Dev & TA Collab		
Prime Partner Name:	American Public Health Laboratories		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	80,000	
Narrative:			
APHL will continue to manage this partnership and provide other technical assistance to the MoH and NPHRL, as requested. APHL will continue to provide technical assistance the development of a 5-year national laboratory strategic plan for Guyana. APHL will also explore the feasibility of installation and implementation of a laboratory information system for the reference laboratory network systems to support ART program implementation in the country.			



Under the twinning partnership, APHL and NCSLPH will continue to provide mentorship and technical assistance in the areas of quality management systems and biosafety. In addition, assistance will be provided in building capacity for the NPHRL to perform rapid high-complexity laboratory methods that will help to identify HIV-related illnesses faster. APHL will continue to also provide travel for key NPHRL staff to attend trainings and workshops that will aid in the performance of their job duties.

As a continuation from COP09, APHL will perform the following activities:

7. Provide continued mentorship to the NPHRL by holding routine conference calls (frequency to be determined) between NPHRL and NCSLPH staff to discuss relevant issues pertaining to daily operations of the laboratory. Facilitate a mechanism by which relevant staff of NCSLPH review and provide feedback on NPHRL policy, process and procedure documents, particularly those pertaining to quality systems and biosafety.
8. Assist the NPHRL to develop capacity to perform novel, high-complexity assays for provision of HIV-related laboratory services e.g. PCR, by providing one assay specific training (as required) to 10 laboratorians by the end of Year 2.
9. Facilitate travel and participation in international trainings or workshops on technical aspects of testing and quality systems for 4 NPHRL staff by the end of Year 2.
10. Fund enrollment of 2 key technical staff in on-line courses to develop their capacity to provide high complexity testing in areas that are novel to Guyana e.g. Molecular Biology. (Continuing activity from year 5, PEPFAR 1)
11. Continue process of development of 5-year Strategic Plan for the NPHRL using the National Strategic Plan for Medical Laboratories 2008-2012 as overarching frame of reference.

New activities for APHL in COP10 include:

1. Provide an assessment of the NPHRL for the installation and implementation of a laboratory information system (paper or electronic) so that laboratory tests can be easily tracked and recorded.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10075	Mechanism Name: Association of Schools of Public Health-Fellowship
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: American School of Public Health	



Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 91,000	
Funding Source	Funding Amount
GHCS (State)	91,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Since 2003 the CDC Guyana office has participated in the ASPH/CDC Allan Rosenfield Global Health Fellowship program by utilizing the services of ASPH/CDC Global Health Fellows to support various functions of the GAP Guyana and Ministry of Health programs. The program is designed to expand the global health prevention workforce through specialized and focused training of top graduates of US schools of public health in various aspects of global health. The program gives masters- and doctoral-level graduates an opportunity to learn from leading global health experts in CDC headquarters in Atlanta as well as CDC Guyana while bridging the gap between technical knowledge and practical, first-hand experience gained through working on the front lines of global health. The length of fellowships can range from one to two years but have mostly been two years. The scopes of work for ASPH/CDC Global Health Fellows has varied over the years depending on CDC GAP Guyana needs and immediate national priorities but have mostly focused on strategic information and program management including support for monitoring and evaluation, surveillance and surveys, and health management information systems. Previous fellows have focused on monitoring and evaluation, data collection, analysis, and use, support to the roll out of the national Patient Monitoring System, and direct support to the Ministry of Health to manage a large and complex cooperative agreement.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)



Budget Code Information

Mechanism ID:	10075		
Mechanism Name:	Association of Schools of Public Health-Fellowship		
Prime Partner Name:	American School of Public Health		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	91,000	

Narrative:

In FY 2010, the CDC Guyana office expects to continue support for an ASPH fellow. It is expected that the fellow will provide support to the CDC office in a wide range of areas. The exact duties will be determined in conjunction with the MOH in alignment with their strategic plan and the Partnership Framework. The objectives may include: to assist the Ministry of Health to strengthen its ability to efficiently utilize PEPFAR funds and provide efficacious programs through coordination, cooperative agreement management support, and technical input; to provide support to strategic information priorities including surveys, the national HIV and AIDS surveillance system, and evaluations and research; and to provide technical leadership to the CDC Hinterland Initiative by coordinating multiple partners and various national priorities for the hinterland regions of Guyana as well as support to prevention and counseling/testing programs. The fellow will receive direct mentoring from senior CDC staff based in Guyana and in Atlanta to significantly increase his/her capacity for future leadership in global health.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10076	Mechanism Name: Ministry of Health, Guyana
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Ministry of Health and Social Welfare, Tanzania - Zanzibar AIDS Control Program	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,065,000



Funding Source	Funding Amount
GHCS (State)	1,065,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Background: CDC has a direct cooperative agreement with the Ministry of Health through which support is provided to a broad range of Units and Programs within the MOH, including the National AIDS Program. The first year of this CoAg was FY05, and the first five year CoAg ended in August 2009. Starting in FY10, CDC will support another five year CoAg with the Ministry of Health that will carry on and build upon many of the activities that were implemented in the first five years, and will include new support to Units and Programs within the Ministry, such as the Environmental Health Unit and the National TB Program. The CoAg will be coordinated and managed by the Ministry of Health/National AIDS Program Secretariat and a CDC Project Coordinator based at the Ministry of Health, with technical and management support from the CDC Guyana office.

The scope of technical areas covered under the CDC-MOH cooperative agreement has evolved over time based on national priorities and availability of resources. In FY10 and beyond, CDC will focus on providing targeted and focused technical assistance to MOH in the various technical areas to improve services and programs. The technical assistance would be focused on strengthening the Ministry's capacity to lead, coordinate and implement activities supported under the CoAg.

Goals/Objectives: Since the CoAg supports a number of Units within the MOH for various program areas, there are a number of goals and objectives that are accomplished by activities implemented by various departments of the Ministry of Health.

Under the PMTCT program, the objective is to provide adequate care, treatment, and support to women, infants, and their families. Under the Abstinence and Be Faithful Program, the objectives are to strengthen to the capacity of the Adolescent Health Unit to provide HIV education, awareness, and prevention and to provide upgraded and quality training for Youth Friendly health care workers. Under the Condoms and Other Prevention Program, the objectives area to provide accurate information to the general public and stakeholders and to facilitate the effective functioning of the NAPS through capacity building of technical coordinators, and to ensure youth have access to information resources, resources persons, and youth friendly health services relating to transmission and prevention of STI/HIV/AIDS, and to provide precise and relevant information to adolescents and youths (in and out of school) in order for them to make healthy and informed choices. Under the Counseling and Testing program, the objectives are to provide VCT services, education, and IEC materials to 500 adolescents and young adults in all regions, and to provide support for human resources for the VCT program in the Adolescent Health Unit.



Under the Treatment/ARV Services program, the objectives are to provide optimal treatment and care and support for PLHIVs. Under the TB/HIV program, objective is to expand and strengthen the quality of services and information related to the TB/HIV activities in-country, with coordination from CDC and their implementing partners. Under HIV Care and Support program, the objective is to provide a high quality of home-based care services to PLHIV. In the laboratory infrastructure program, the objectives are to strengthen staff members at NPHRL and enhancing the capacity of staff to provide quality lab services in support of HIV care and treatment, to enhance the range of lab services offered in support of HIV care and treatment at NPHRL to include HIV rapid and confirmatory testing, CD4 testing, EID, viral load monitoring and enhanced OI diagnostics and drug susceptibility testing, and to enable the provision of high quality lab services within the entire nation lab network and ensuring a safe working environment at the NPHRL. Under the Strategic Information program area, the objectives are to strengthen the national Surveillance Unit and improve monitoring and evaluation of all disease control activities, to establish a full IRB at MOH Guyana, to maintain adequate capacity among board members and that of the IRB office, to manage all applications for IRB review for studies done in Guyana and by Guyanese students doing research, to issue appropriate permits and directions for ethical standards in research and maintain high standard of accountability for all studies, monitor and evaluation IRB approved studies to ensure compliance with permission granted, to promote ethical research as an internal part of the development of health services, to improve connectivity and access to shared resources through increased use of networks, to support and strengthen ongoing E-Health initiatives across the public health sector, and to support the current HR capacity of MIS unit.

Cross-Cutting Budget Attribution(s)

Food and Nutrition: Commodities	72,000
Human Resources for Health	630,000
Water	34,500

Key Issues

Safe Motherhood
 TB

Budget Code Information



Mechanism ID:	10076		
Mechanism Name:	Ministry of Health, Guyana		
Prime Partner Name:	Ministry of Health and Social Welfare, Tanzania - Zanzibar AIDS Control Program		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	7,000	

Narrative:

Through the CoAg, CDC in FY10 will support the National Home Based Care Program through this program area. The Guyana HIV/AIDS programme has over the years developed robust mechanisms to care for and support persons living with HIV. A home base care programme linked to the communities and executed through the Government Clinics and NGOs with volunteers has yielded results. These services and others such as nutritional support support for safe water and proper hygiene will result in better health outcomes and reduced morbidity and mortality. Through the CoAg, NAPS will conduct training for various categories of HBC and other health care workers in palliative care. The National Home Base Care Programme (HBC) is lead by the Ministry of Health and is collaboration with the Non Governmental Organizations supported primarily by the Government of Guyana and PEPFAR through CSDS. To effectively deliver a high quality of home base care services, ongoing training and retraining of volunteers, nurses and other health care workers is critical. Training curriculum for HBC and palliative trainings are defined and in use for all trainings. The duration of training based on these curriculums are four and five days respectively. This activity therefore seeks to expand on the number of persons trained and retrained in to deliver the services of home and palliative care in regions 3, 4 and 6 of Guyana.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	160,000	

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 National Care and Treatment Centre, the primary out-patient treatment facility in Guyana, and oversees the national treatment program through the 19 ART sites nationally. The Guyana National Treatment, Care and Support Programme has expanded to provide a wider geographical coverage as well as a more comprehensive service. Programmes such as the management of the dual infection of HIV and Tuberculosis and home and palliative care have expanded and seek the support of this agreement to further expand, consolidate and begin to explore the quality issues associated with the delivery of these services. The CoAg will support to the National Care and Treatment Center as the Center of Excellence for outpatient HIV management in Guyana.

In addition, a mobile unit services remote regions of Guyana for treatment, counseling and testing services (See separate activity under VCT). Since FY08 the mobile unit has been staffed by a physician supported through the Cooperative Agreement. 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.

In FY10, the mobile unit will continue to be staffed by one physician and his team. Therefore increased attention will be paid to linking the existing mobile treatment program with other prevention, counseling and testing, care and support programmes in the hinterland regions, especially through the CDC GAP's upcoming Hinterland Initiative (see separate narrative for Hinterland Initiative). There are a number of other initiatives that are supported through other mechanisms that provide services to the hinterland regions and coordination occurs at the level of the National AIDS Programme Secretariat.

In FY10, Regional Health Services of the Ministry of Health through support from the CDC CoAg will conduct a training workshop on clinical and facility management. Senior staff, supervisors and administrators at primary Health care facilities and HIV sites will be trained in management to enhance the functioning of their individual sites and clinics to include areas as identification of emergency cases, examining patient flow and other issues that are critical for a smooth flowing and effective functioning.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	7,000	

Narrative:

CDC supports counseling and testing (C&T) services in Guyana through its cooperative agreement with the Ministry of Health (MOH), specifically the Adolescent Health Unit. Support to this program area supports two primary objectives: to provide VCT services, education and IEC materials to adolescents and young adults in all Regions by August 2010, and to provide support for the human resources for the VCT programme in the Adolescent Health Unit. Specific activities include VCT outreaches to regions 1, 7, 8 (three of the four remote hinterland regions of Guyana), production and dissemination of IEC materials on VCT and HIV/AIDS, and salary support to two VCT technical officers at the Adolescent Health Unit of MOH.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	160,000	

Narrative:

In the period 2009 - 2014, the Ministry of health will continue to build and expand upon existing SI activities, with an emphasis on creating sustainable capacity for SI. Within the SI program area, the CDC CoAg supports three main activities: 1. Support to surveillance activities; 2. Support to the establishment and functioning of an Institutional Review Board (IRB) at the Ministry of the Health, and 3. Support to various information and technology activities carried out by the Management Information Systems (MIS) Unit at MOH.

Surveillance: In 2007 through the CDC cooperative agreement the National Surveillance Unit was established in the Department of Disease Control and the existing surveillance system was revised and upgraded. New forms were put in place to effectively and accurately capture health information from the ten administrative regions of Guyana. A surveillance manual, an SOP (Standard Operation Procedure) manual and a manual of case definitions were then produced in draft form and are currently under review before printing. An electronic system to facilitate collection and analysis of monitoring data was created by the MIS department, and is to be established in all regions for improved reporting. There is need to strengthen human resource capacity in SI and more contract staff are to be hired in SI priority areas through the CDC cooperative agreement to support training of regional staff in the correct use of the new forms and electronic system. The Goal for surveillance activities through this CoAg is to provide a functioning and sustainable Strategic Information System for the reliable, true, accurate and timely gathering of health information across the ten administrative regions that can be utilized for decision making in the Health Sector. This goal will be carried out by salary support to regional surveillance staff (EpiNurses), training of surveillance staff in case reporting and surveillance processes, expansion of the number of sites reporting through the national surveillance system, and supplying of surveillance forms at the site level. CDC Guyana will provide technical assistance and guidance in all these activities to ensure a well functioning surveillance system that meets the needs of health sector.

IRB: The Ministry of Health in an effort to improve the quality of Health Care in Guyana and to advance evidence based interventions in the health sector is expanding its research capacity. To meet this emerging need the Ministry of Health has established an IRB to regulate the conduct of Health research in Guyana. CDC has supported the establishment of the IRB through the CoAg and will continue to provide support to the IRB to ensure functionality at the maximum level. The IRB of the Ministry of Health would be responsible for reviewing and approving all health related research proposals including all on HIV, to ensure that human subjects are protected. Traditional authority for ethical review and issuance of permission for the study of any human subject lies with the Chief Medical Officer. More recently a small committee was established by the MOH under the chairmanship of the CMO to conduct more in depth ethical review. The Ministry proposes to establish a fully functioning IRB. The Board will operate under the principal of the Declaration of Helsinki and will seek to be listed and register with the authority. Specifically Objectives with regards to the goal of developing and sustaining a mechanism to ensure high quality ethical research in Guyana are: Establishment of full Institutional Review Board at the Ministry of



Health, Guyana; Maintain adequate capacity among Board Members and that of the office of the IRB; Manage all applications for IRB review for studies done in Guyana and by Guyanese students doing research; Issue appropriate permits and directions for ethical standards in research and maintain high standard of accountability for all studies; Monitor and evaluate the IRB approved studies to ensure compliance with permission granted; Promote ethical research as an internal part of the development of health services

Information and Communication Technology Activities: The MISU was established within the overall MOH administrative structure during 2007 with its overall objective to design, implement, manage, evaluate and upgrade where applicable, the Ministry's Information and Communication Technology (ICT) framework and its data collection, analysis and dissemination procedures. Since its establishment, several ICT initiatives were planned and or executed with view to enhancing the planning and decision making capabilities of both managerial and operational tiers across the Health sector including that of the National AIDS Programme. There are a large number of MIS initiatives being undertaken throughout the MoH supporting several Health Information Systems (HIS) for the HIV programmes at all levels including the maintenance and development of applications for the National AIDS Programme Secretariat (NAPS), the National Public Health Reference Laboratory (NPHRL) along with the National Care and Treatment Center (GUM Clinic), to help organize some of the monthly reports produced by these facilities. There is also the technical support given to other related information system applications infrastructure such as the Warehouse Management System (WMS) which is an inventory management tool incorporated within the MoH Materials Management Unit (MMU) to support accurate quantifying and forecasting of antiretroviral (ARV) drugs and other commodities used in HIV/AIDS testing, care and treatment throughout the MMU supply chain system. There is also support to the HIV related information websites (www.hiv.gov.gy; www.health.gov.gy), and also to the overall ICT infrastructure, hardware and equipment required to support the day-to-day communication activities of these and other administrative sites of the MoH. The objectives of the MIS unit under the CDC CoAg for FY10 are to Improve connectivity and access to shared resources through increasing use of networks, Support and strengthening ongoing E-Health initiatives across the Public Health Sector, and to Support to the current human resource (HR) capacity of the MIS Unit. These objectives will be carried out by the procurement of equipment to support communication, construction of a Virtual Health Library Infrastructure, Implementation of a Virtual Health Library area within the MoH, and employment of the MIS Unit Director, Information Technology Officer, a driver and an office assistant.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	60,000	

Narrative:

Programming responding to yellow-lit activities- Guyana PEPFAR Interagency team has adopted OGAC

Prevention Technical Working Group recommendations for the sexual prevention portfolio.

The Ministry will support the abstinence/be faithful program through its Adolescent Health Department, targeting youth in and out of schools. This is a continuation of the previous Cooperative Agreement and aims at increasing the knowledge of primary and secondary school children on HIV prevention, translating into delayed sexual debut. All five programmes within the Unit work together and in close collaboration with the National AIDS Programme Secretariat: the Youth Friendly Services, VCT, Drug Demand Reduction, Health Promotion and School Health. The settings are those such as primary and secondary schools, dormitory schools, school health clubs, Youth Friendly Health Centres, satellite tables at the main markets and the city mall, exhibitions, and outpatient clinics.

The first objective for this program area to be carried out by the Adolescent Health Department is to strengthen the capacity of the Adolescent Health Unit to provide HIV/AIDS Education, Awareness and Prevention by Retention of the Administrative and Technical Staff to the Adolescent Health Unit in order to ensure that the Unit is adequately and appropriately staffed and equipped, including an Administrative Assistant, two Youth Friendly Services Coordinators, a National Youth Health Organization Coordinator, and an Edutainment Officer; Retention of the nursing staff to Youth Friendly Sites (YFS) to operate on Friday evenings and weekends; and provision of operational and logistic support to the YFS.

The second objective of this program area is to provide upgraded and quality training for Youth Friendly health care workers, which will be carried out by youth-friendly training for Health Care workers on the topics such as Effective Communication, Youth Friendly Services, VCT and STI Syndromic Management Training, Sexual Orientation and Gender Issues and Advanced Counseling on Suicide, Bereavement, Sex & Relationship and Domestic Violence. This objective will also be met by training for Peer Educators in all ten regions across Guyana. The Peer Education Program within the YFS has expanded and as a result an increase in number of persons (there were over 8000 youth accessing services last year in the Youth Friendly Health Centres) accessing youth friendly health services. These young persons are spreading preventive messages such as abstinence, nutrition, physical activities etc to their peers within their schools and communities. The priority areas of focus for training would be: Nutrition and HIV, Abstinence and HIV/AIDS, Sexual and Reproductive Health, Physical Activities, Mental Health/Suicide Prevention and Drugs and Alcohol. The third activity through which this objective will be met is Training for Parents on Talking to Adolescents on Sex and Health Issues. Parents are the most important and often the first sexuality educators for their children. Talking on the topic of sex between parents and their children can be quite challenging. The provision of information to parents would be captured through PTA Meetings and Conferences/Workshops on how to talk to your teen about sex, STI, HIV/AIDS and making healthy choices.

Through the cooperative agreement CDC will continue to provide contract support, at the central level and youth-friendly sites (YFS), technical guidance, development and production of educational and training materials to empower youth through the development of leadership skills, and staff training and



travel.			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	40,000	

Narrative:

Programming responding to yellow-lit activities- Guyana PEPFAR Interagency team has adopted OGAC Prevention Technical Working Group recommendations for the sexual prevention portfolio.

The first objective within this program is to provide accurate information to the general public and stakeholders and to facilitate the effective functioning of the National AIDS Program through capacity building of technical coordinators, which will be accomplished through the production of quarterly newsletters for stakeholders.

The second objective of this program area is to ensure youth have access to information resources, resource persons and youth-friendly health services relating to transmission and prevention of STI/HIV/AIDS. This will be met by: the distribution of literature, posters, brochures, pamphlets and other relevant materials to schools to be placed in school libraries and at the Youth Friendly Health Centers; the execution of the edutainment programmes in secondary schools in regions 2, 3, 4, 5, 6 and 10 which will focus on HIV/AIDS education for youths using the arts (poetry, drama, skits etc) in collaboration with the Phoenix Recovery Group; and the establishment of Satellite Tables with the dissemination of HIV messages. Through the 'Satellite Tables' programme, peer educators will be trained in STI/HIV/AIDS prevention, care and treatment, substance abuse prevention and pregnancy prevention. 'Satellite Tables' will operate in heavily trafficked areas providing IEC materials, female and male condoms, lubricants, etc. Permanent Peer educators and trained volunteers will conduct interpersonal communication.

The third objective of this program area is provide precise and relevant information to adolescents and youths (in and out of school) in order for them to make healthy and informed choices. Youth Friendly Services (YFS) program started in May 2005 in Regions 6 and 10 with the goal of making 60% of health centres "youth friendly" by 2010. The YFS is a comprehensive service offering health services and recreational opportunities, as well as a IEC materials for the youths accessing the health centres. This objective will be met by Information, Education and Communication material development and dissemination and support for mobile youth-friendly outreaches in communities that address the following topics: Voluntary Counseling and Testing, STI Treatment, Health Screening, and Health Education.

Through the Cooperative agreement CDC will continue to provide contract support, at both the central level and youth-friendly sites (YFS), technical guidance, development and production of educational and training materials to empower youth through the development of leadership skills, and staff training and travel. An area of emphasis for FY10 is development and implementation of a monitoring and evaluation framework for activities carried out in this program area.



Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	IDUP	2,000	

Narrative:

Context and Background: The national multisectoral AIDS response for Guyana was expanded to integrate injection and non injection drug use. With the support of Global Fund, the Ministry of Health Drug Demand Reduction Programme (DDRP) was launched in June, 2008 in region 4 (the capital). Formative work was undertaken by the Drug Demand Reduction Programme to recognize the impact of HIV risk behaviors which inform the development of interventions aimed at addressing drug and sexual HIV risk behaviors among the drug-using population in Guyana.

Goals and Strategies for the coming year: In FY10, the Ministry of Health has a very ambitious plan to expand the drug rehabilitation intervention to regions 1, 2, 3, 5, 7, 8, 9 and 10. The Ministry of Health will continue to be responsible for the management of the overall project and will continue to regularly monitor activities that the NGOs undertake. GHARP II a partner funded by PEPFAR will provide technical assistance and support to the Ministry of Health and will work with other stakeholders, to facilitate linkages with other programs which will address the unique needs of various subsets of the target populations .These populations included non-injecting and injecting drug users (NIDUs and IDUs), some of whom are also Commercial Sex Workers (CSWs) and Men who have Sex with Men (MSM). The drug-using populations will be then targeted with prevention interventions that address both sexual and drug-related HIV risk. Activities will include community outreach; HIV risk reduction counseling; expanded access to voluntary HIV counseling and testing (VCT); and referrals to drug treatment, HIV/STI care and treatment, and other social services. There will also be training opportunities for teachers, health care and social workers in the areas of: HIV risk reduction interventions, 40 additional persons are expected to be train in structured relapse prevention and motivational interviewing.

CDC through the CoAg with the Ministry of Health will support some on-going activities within the drug demand reduction program, filling in gaps where other donor funding is not available.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	365,000	

Narrative:

Under its cooperative agreement with the Ministry of Health, in FY10 the CDC will continue to support the strengthening of the Maternal and Child Health Department's PMTCT program to effectively screen patients and prevent the transmission of HIV, and provide adequate care and support. HIV screening is integrated into the ante-natal care system which also includes screening for other STIs. Currently there are 152 ANC sites that offer PMTCT services (public and private) and in FY10 it is expected for the number of sites with PMTCT services to increase until all ANC sites are covered.

Pregnant women who qualify by national guidelines receive HAART during their pregnancies and prophylaxis is offered to HIV+ pregnant women. The program will encourage partner testing for all STIs including HIV, discordant couple counseling and consistent family planning for HIV positive mothers. New initiatives are planned to reach such partners for testing outside the PMTCT program through targeted counseling and testing activities given low turnout of partners in the PMTCT setting.

The CDC CoAg supports three critical areas that are not supported by any other partner. These areas are (1) Continued salary support for key personnel; (2) support for appropriate infant feeding methods by the purchase of BMS and (3) Purchase of equipment. 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.

CDC/GAP will also continue to support the MCH Unit and the 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. Specific activities include undertaking a rapid data quality assessment of site level PMTCT data, as well as assessing readiness to move to using routine PMTCT program data for HIV surveillance purposes.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	190,000	

Narrative:

CDC, through the Ministry of Health CoAg, supports strengthening of laboratory services and infrastructure in Guyana. Over the last five years, MOH has implemented HIV rapid testing at VCT sites, provided infrastructural support for CD4 testing, provided technical, policy, human resources, and equipment support for National Public Health Reference Laboratory (NPHRL), and in collaboration with the EU laboratory strengthening project has strengthened the Quality Assurance (QA) program at central, regional and district laboratories. In FY10, MOH laboratory activities will continue to be aligned to the objectives of the National Strategic Plan for Medical Laboratories 2008-2012. The main focus of MOH laboratory activities in FY10 will be to support laboratory services required for the delivery of HIV care and treatment programs at both the national and regional levels and to ensure that public sector laboratories are certified in compliance with the Health Facilities Licensing Act which came into effect in April 2008 which requires all laboratories to be certified by the Guyana National Bureau of Standards (GNBS).

The bulk of activities will be concentrated at the NPHRL and will include CD4 enumeration, chemistry and hematology for drug toxicity monitoring, HIV rapid testing (for PMTCT sites) and confirmatory testing (as

required) for all public sector care and treatment sites. CD4 testing services extended to AIDSRelief funded private sector sites in FY09 will continue in FY10. In early FY08 CD4 enumeration for all public sector care and treatment sites was done at Central Medical Laboratory (CML), Georgetown Public Hospital Corporation. This function transitioned to NPHRL in FY09. HIV rapid/confirmatory testing and drug toxicity monitoring transitioned to NPHRL in late FY08 with the provision of laboratory equipment by MOH through Global Fund monies. In FY10 MOH will continue to ensure that the NPHRL and the care and treatment sites have the appropriate equipment required for the delivery of high quality laboratory services. In FY10 CDC will provided CD4 and chemistry and hematology reagents required for HIV care and treatment programs to NPHRL and 4 regional care and treatment sites through SCMS. MOH will ensure that these facilities are adequately equipped and have appropriate infrastructure in place for automated testing and ensure that appropriate equipment service contracts are in place at each site. In FY09 MOH, with technical assistance from CDC, developed laboratory services at NPHRL to include HIV early infant diagnosis (EID), and viral load monitoring. The provision of these services will continue in FY10. In FY 08 MOH in collaboration with the Clinton Foundation and CDC implemented a protocol for pediatric testing that included a system for shipping of specimens to an external reference lab until DNA PCR technology became available in Guyana. The procurement of DNA PCR equipment (Global Fund) occurred in FY08. In FY09, the MOH worked closely with CDC (installation, training and TA) and Clinton Foundation (reagents) to establish early infant diagnosis at NPHRL. Reagent support for EID from Clinton Foundation will continue in FY10.

The MOH will continue to support TB testing by provision of AFB smear microscopy at the NPHRL and national sites. In FY10 the MOH will work with the American Society of Microbiology (ASM) and PAHO to implement Mtb identification and drug susceptibility testing (DST) and expand this training as appropriate to other laboratories in the country. New diagnostic methods, such as Capillia and line probe assays will be implemented. The implementation of liquid culture techniques will be dependent on the completion of the biosafety level 3 upgrade to the NPHRL TB laboratory which was initiated by CDC in FY09.

In FY 10 the MOH will ensure that facility maintenance (cleaning, security, HVAC system, generator, plumbing etc) and equipment maintenance contracts are in place for the NPHRL. In FY10 MOH will continue to employ the NPHRL Director, 2 heads of department and 3 medical technologists who are essential for the delivery of HIV-related laboratory services. The MOH will continue to ensure that the NPHRL is also staffed by other mechanisms (e.g. HSDU) and will work with HSDU and other partners to make salaries uniform across grades and put in place mechanisms for future staff absorption by MOH. In FY10 MOH will work closely with partners such as ASM, APHL, and ASCP, AIDSRelief, and FXB to identify training needs and conduct training for NPHRL and national laboratorians. 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 technologist 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 FY 08 MOH supported enrolment of CML, regional laboratories and VCT sites in an External Quality Assurance program. These activities will continue in FY10 with enrollment in EQA programs extended to a greater number of sites, including NPHRL. In FY10 MOH will continue to develop local EQA programs initiated in FY09 for VCT sites. In FY10 MOH will ensure that all laboratories providing HIV-related testing (e.g. CD4, viral load, EID) are enrolled in a international EQA program. In FY10MOH will support QA managers at NPHRL to travel to regional/district laboratories and VCT sites to provide oversight, training and assessment of compliance with QA programs. A key priority for FY10 is to continue with certification of public sector laboratories initiated in FY09. By the end of FY09, it is anticipated that the NPHRL and two regional hospital laboratories will be certified by the GNBS to GYS170:2003 (based on ISO17025). In FY10 all regional hospital laboratories will be certified by GNBS. In FY10 NPHRL will seek international accreditation to ISO15189 by continuing work initiated in FY09 with the Caribbean Laboratory Accreditation Service (CARICOM Regional Organisation for Standards and Quality).

In FY10 MOH will develop a sample transportation network including but not limited to HIV-related specimens (laboratory networking) with the assistance of CDC and APHL. This will ensure appropriate sample flow through the referral system and optimal utilization of limited laboratory resources, particularly in the area of high-complexity testing. This will be facilitated by the ongoing support for the driver hired through the MOH-CDC CoAg.

The focus in FY09 was to perfect paper based systems and to ensure monthly reporting to NPHRL from regional and district laboratories. By the end of FY09 preliminary investigations will take place into implementing LIS and suitable partners will be identified. LIS will be implemented by the MOH in FY10. CDC and APHL will provide TA on LIS.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	74,000	

Narrative:

In previous years PEPFAR's, support for TB/HIV was mainly through technical support provided by the local CDC office and funding through implementing partners such as PAHO and FXB. In FY2010 the NTP will receive direct funding as part of the Ministry of Health CoAg to "expand and strengthen the quality of services and information related to the TB/HIV activities in-country, with coordination from CDC and their implementing partners". The NTP will implement a modified DOT HAART initiative to improve the management of dually infected patients. This will include the supervision of the administration of TB medications as well as at least one dose of ARVs and ongoing monitoring of the clinical status of co-infected patients. The funding will support the recruitment of a DOT HAART supervisor and a social worker as well as facilitate the training of existing DOT workers. To address the challenge tuberculin skin



testing (TST) and to increase access of PLHIV to TST, nurses from HIV treatment sites will be trained in the application and reading of TST. This will be done in tandem with incorporating isoniazide preventive therapy (IPT) into the services provided by ART clinics. The NTP with the lead role for surveillance, monitoring and evaluation of TB/HIV collaborative activities will improve its capacity to do so through the development of an M&E framework for TB/HIV as well as the training of the relevant health workers in M&E for TB/HIV.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10077	Mechanism Name: ITECH
Funding Agency: U.S. Department of Health and Human Services/Health Resources and Services Administration	Procurement Type: Cooperative Agreement
Prime Partner Name: University of Washington	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 280,000	
Funding Source	Funding Amount
GHCS (State)	280,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Human resource capacity remains the single largest obstacle to establishing a sustainable and quality HIV/AIDS program in Guyana. Appropriate and coordinated training was considered essential to reduce the shortage of skilled workers in the health sector, and in this context, in 2005, I-TECH established a collaborative program with the Guyanese Ministry of Health and the U.S. Centers for Disease Control and Prevention Global AIDS Program (CDC-GAP) to support training. The goal identified was to coordinate and ensure high quality training in HIV/AIDS care and treatment according to national policy and international standards. To this end, four objectives were elaborated, and their associated activities have been funded by PEPFAR over the past five years.



In support of its first objective, I-TECH has collaborated closely with the Ministry of Health as well as other donor agencies and implementing partners, to co-ordinate, record and promote HIV/AIDS trainings using both TrainSMART, an electronic monitoring database, and a national HIV and AIDS Care and Treatment Training Calendar. An additional objective of the program has been the facilitation of monitoring and evaluation activities, where these relate to HIV/AIDS care and treatment trainings

Thirdly, the program has also worked with public and private sector partners to develop national, standardized, in-service curricula on HIV Basics for nurses, pharmacists and Medex. Likewise, in keeping with PEPFAR's focus on pre-service training of the health workforce, since FY2008, I-TECH has been assisting with the integration of HIV/AIDS care and treatment content into pre-service curricula for nurses, pharmacists, physicians, laboratory technologists and Medex. The final and fourth objective of the I-TECH program has been the support of the national HIV and AIDS website. This has successfully promoted an understanding and awareness of the Government's National HIV and AIDS Strategic Plan, and also encouraged information-sharing and increased access to HIV and AIDS information, resources, and tools for health professionals, members of the media, and the general public.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	280,000
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Key Issues

Increasing gender equity in HIV/AIDS activities and services
 Safe Motherhood

Budget Code Information

Mechanism ID: 10077			
Mechanism Name: ITECH			
Prime Partner Name: University of Washington			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	280,000	

Narrative:

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

1. Pre-service training been clearly elaborated as a priority since FY09. Appropriate HIV content will be integrated into the pre-service Community Health Worker training course in the Ministry of Health.
2. The database currently tracking HIV-related training will be transitioned into the Ministry of Health to monitor human resource training across all areas of health.
3. Training of Trainers will be expanded to increase the skilled human resource base for training adult health learners in the pre-service and in-service setting. Two additional master trainers will also be certified.
4. Mentoring of Medex in the interior and rural areas will continue to refine their clinical skills in providing supportive care to PLHIV and other residents with targeted communicable and infectious diseases such as tuberculosis and malaria.

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 training of health care providers, I-TECH will continue to support the MOH to integrate HIV/AIDS into pre-service training programs. I-TECH has already initiated the process of integrating the approved HIV/AIDS content into the pre-service Medex training program within the Health Sciences Education Unit (HSEU) and the HIV/STI core course for medical, pharmacy, medical technology and nursing students within the Faculty of Health Sciences at the University of Guyana. This process will be continued with the integration of appropriate HIV/AIDS related content into the Community Health Worker (CHW) pre-service curriculum within the Health Sciences Education Unit (HSEU) of the Ministry of Health. In addition, the support provided to the University of Guyana for preservice training of medical, pharmacy, medical technology and nursing students within the area of HIV and AIDS will be boosted by an improved quality education through the provision of needed teaching resources, learning aids and the enhancement of study and laboratory facilities for skills upgrading.

Since 2008, I-TECH began a process of training trainers to expand the skilled human resource base for effective training of health care workers. This was continued in FY2009 with the development of a training program for tutors of the nursing schools, the Medex and the CHW programs in the MOH. I-TECH will continue to build the community of trainers skilled in the application of teaching methodologies that



support adult learning techniques in the pre- and in-service environments by providing six training-of-trainers courses. These courses will utilize the HIV Basics for Nurses, Pharmacists and Medex curricula previously developed through the Guyana National Training Coordination Centre as well as the Stigma and Discrimination and PMTCT curricula developed within the Caribbean. I-TECH will also continue to build skills in curriculum development by training two (2) more master trainers who are health-professionals. One master trainer (a Medex) attached to the Ministry of Health was already trained in 2009.

Likewise in 2008, I-TECH introduced TrainSMART, a web-based database that tracks the numbers of HIV-related training events, trainers and trainees in Guyana. It includes data from I-TECH, PEPFAR training partners and the Government of Guyana. Local training partners have been trained to use this database for various purposes including reporting, assessing coverage gaps and/or duplication of training provided to the health workforce, as well as in support of rational planning for training interventions. I-TECH will now work closely with the Human Resources Department of the Ministry of Health to transition TrainSMART into the MOH as a national human resource monitoring and reporting tool.

In 2009, I-TECH began a program of mentoring Medex in the interior of Guyana for the supportive care of PLHIV in association with the local office of the Francois Xavier Bagnoud Center of the University of Medicine and Dentistry of New Jersey. I-TECH will continue to support the mentoring of Medex in the rural and hinterland areas in all areas of care and treatment of communicable infectious diseases such as tuberculosis and malaria as well as in the supportive care of PLHIV in the absence of a physician.

Finally, I-TECH will continue to support the national HIV/AIDS website. The site, which has been operational since fall 2005, serves as a primary communication tool and a 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. I-TECH through the Guyana National HIV Training and Coordination Committee (GYNTCC) will also maintain a national training calendar so events are timely, not redundant and do not overlap.

Funding is from HHS/HRSA and in-country oversight resides with the CDC Office which provides technical and administrative support.

Deliverables/Additional Targets:

- HIV/AIDS content integrated into core pre-service curriculum for CHW at HSEU.
- Training of Trainers Curricula based on HIV Basics for Nurses/Pharmacists/Medex Curricula

- Training of Trainers for new and current tutors and other health care professionals
- Training Database transitioned to the MOH for tracking human resources within the public sector
- HIV/AIDS website
- Training calendar updated on a quarterly basis

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10078	Mechanism Name: Center of Excellence
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Georgetown Public Hospital Corporation	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 90,000	
Funding Source	Funding Amount
GHCS (State)	90,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Georgetown Public Hospital Corporation (GPHC) is the only tertiary care institution in Guyana. This institution is the central teaching hospital of Guyana and the focal point for the training of doctors, nurses, laboratory technicians and other health and professional staff. It provides inpatient management to the largest number of PLHIV mainly from Region 4 (Guyana's most populous Region) who requires hospitalization. Since FY 2008, CDC has been partnering with the Georgetown Public Hospital Corporation (GPHC) to support the delivery of high quality clinical care to PLHIV in a hospital setting. This collaboration set out to establish a centre of excellence for inpatient HIV management which includes clinical management of PLHIV, the development of a resource centre and training of all professional staff (medical students, medical interns, doctors, nurses and social workers).



Cross-Cutting Budget Attribution(s)

Construction/Renovation	REDACTED
Human Resources for Health	20,000

Key Issues

TB

Budget Code Information

Mechanism ID: 10078			
Mechanism Name: Center of Excellence			
Prime Partner Name: Georgetown Public Hospital Corporation			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	90,000	

Narrative:

This is a Continuation Activity

In FY08 and FY09 GPHC has incorporated HIV care into the existing infectious disease ward and has recruited and allocated the required staff to the facility. Through collaboration with supporting partners such as the National Care and Treatment Centre, the Georgetown Chest Clinic, the Françoise Xavier Bagnoud centre and CDC, the ID ward has started to improve the quality of HIV and TB care and treatment. With support of HIVQUAL International and the local HEALTHQUAL project the grantee is developing a quality management programme aimed at improving the quality of care on the infectious disease ward. Training of Nurses using the I-TECH developed HIV Basic Course for Nurses has commenced and will continue in FY2010.

In FY2010, the Grantee will continue to work on improving the quality of inpatient HIV management according to national and in keeping with international standards. This will include the procurement of commodities and consumables for the ID ward, refurbishment of the patients' washroom facilities, development of infection control policies for the ID ward, developing of standard operating procedures and the implementation of the quality management programme. FXB will continue to support HIV counseling and testing on the ID ward and will provide clinical consultation and mentoring of physicians.



GPHC will complete the refurbishment and equipping of the resource centre in the upcoming year. The ID ward will scale up the training of medical staff in FY2010 to include medical students, interns and medical doctors using continuing medical education (CME), didactic sessions and clinical mentoring on the ward. 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.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10079	Mechanism Name: Blood Safety- National Blood Transfusion Services
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Ministry of Health and Social Welfare, Tanzania - Zanzibar AIDS Control Program	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 200,000	
Funding Source	Funding Amount
GHCS (State)	200,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The main objective of the program is to provide a safe and adequate supply of blood to people living in Guyana through comprehensive screening and testing for recognized infectious agents including HIV; and encouraging regular non remunerated donations. The PEPFAR project to improve the safety and timely availability of blood was initiated in Guyana in 2004. Progress has been made during this period, which is evident from the steady increase in total blood collected during the 2000-2008 period .There has also been an increase in the number of voluntary non-remunerated blood donations with a concurrent decrease in the number of family/replacement blood donations.



The NBTS will work in collaboration with the CDC/GAP Guyana office and the MOH, to achieve program outcomes. All activities implemented under this program will follow national policies and guidelines for the delivery of blood safety interventions. Additionally the NBTS will partner with the Guyana MOH, the U.S. Government in-country team, and the CDC /GAP Guyana office to improve the quality and expand the range of the blood safety program (including mobilization of low-risk voluntary non-remunerated blood donors, adequate blood collection, transportation to maintain the cold chain, testing for transfusion transmissible infections (HIV, HBV, HCV, Syphilis, Malaria, HTLV 1&2, Chagas and Micro-Filaria) The emphasis is to have quality systems in place while at the same time implementing evidence based strategies and improving the program management and evaluation (M&E) component. In addition to program implementation SCMS, CDC/GAP Guyana office and the TA provider will assist NBTS to develop methods to build its own capacity. NBTS will also promote sustainability with continued, high-quality and evidence based interventions through local and indigenous organizations in collaboration with the Guyana MOH.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	10079		
Mechanism Name:	Blood Safety- National Blood Transfusion Services		
Prime Partner Name:	Ministry of Health and Social Welfare, Tanzania - Zanzibar AIDS Control Program		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMBL	200,000	
Narrative:			
In FY2010, Emergency Plan funds will be used to continue to address the structural and systemic constraints. Primary objectives for FY2010 include the Voluntary Blood Donor Programme that will encompass training and mentoring of the new blood donor recruiters at NBTS. The Social Mobilization			

Committee of the MOH will continue to assist the NBTS to expand strategies and to promote public awareness and education among potential and current voluntary blood donors. Additionally training of new staff and further training for collaborators and volunteers will be done during the next year. Blood Collection is also an area of interest; blood donor recruiters and the management of NBTS with the support of the TA provider will coordinate and schedule a number of blood drives with projected numbers of collection. Training will also be done in customer service. Of major concern is the lack of administrative capacity to ensure grant funds are spent efficiently and appropriately and the high turnover of staff at all levels, particularly management level which has impeded the progress of the Blood Safety Programme. This challenge is intended to be corrected through training, mentorship and twining of the NBTS with a regional facility to strengthen the new management.

The weakness in data management systems contribute to wastage of blood due to an absence of adequate tracking mechanisms. There is a recommendation to implement the Delphyn, blood banking data management system from Diamed. With regards to Testing and Processing, during 2010, all testing for TTIs will continue to be centralized; testing, processing and preparation of components will be done by NBTS. A review of staff attrition is critical and remedial actions will be proposed. The revised organizational structure of the institution, delegates Clinical Use of Blood to the Chief Medical Officer's office at the Ministry of Health, this is a very important issue; activities to address this include training opportunities and TA in the form of short term consultants facilitating to build capacity, similarly the Director of the National Public Health Laboratory in now tasked with managing the daily operations of the NBTS and will benefit from comparable TA. Work will continue with hospital transfusion committees with the intention of building capacity among transfusion practitioners. This will foster and improve the implementation of haemovigilance in the institutions of interest.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10080	Mechanism Name: Francois Xavier Bagnound Center
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: New Jersey University of Medicine/Dentistry of New Jersey	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No



Total Funding: 1,320,500	
Funding Source	Funding Amount
GHCS (State)	1,320,500

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Since 2004, as a CDC – Global AIDS Program implementing partner for HIV care and treatment in Guyana, FXB has supported the US government PEPFAR goals in Guyana. To address PEPFAR care and treatment goals, FXB works with US government partners and the Guyana Ministry of Health (MOH) to expand and strengthen the delivery of PMTCT, VCT, adult and pediatric care and support, adult and pediatric treatment, TB and TB/HIV care and treatment, and laboratory infrastructure, in Regions 2, 3, 4, 5, 6, and 10 of Guyana.

FXB will continue to implement a transition plan for long-term sustainability of human resource capacity that includes building local physician and nursing capacity and integration of HIV clinics with general medical clinics to maximize the use of available human resources. While human resources support for the provision of comprehensive HIV care (PMTCT, VCT adult and pediatric care and support, adult and pediatric treatment, TB and TB/HIV care and treatment, and laboratory infrastructure) will continue, FXB-sponsored staff are expected to transition to the MoH as early as September 1, 2010, but no later than January 31, 2011. Continued support for improvement of quality of care nationally will be provided through physician-targeted clinical audits and feedback; and overall assessments of the quality of the continuum of HIV, TB and TB/HIV care will continue through the national HEALTHQUAL CQI program. Leadership and expert consultation to the Guyana HIV care and treatment program and other partners on HIV-related policies and protocols will continue through committee and TWG memberships. In addition, FXB will continue to provide expertise to the national TB program to diagnose, treat and manage patients co-infected with HIV and TB. FXB will continue to support capacity to screen, diagnose and treat co-infected patients, while building capacity to manage TB-HIV co-infection through clinical mentoring and training. FXB will also continue to provide leadership, support and expert consultation on clinical and laboratory policies and protocols in this area. In relation to laboratory infrastructure, FXB will deliver technical assistance for building regional laboratory capacity to support HIV care and treatment, quality assurance monitoring, training; development and/or revision and implementation of laboratory testing protocols, and active participation in committees and TWGs.

Crosscutting attributions that will be addressed by FXB include health systems strengthening; food and nutrition: policy, tools and service delivery; and gender reducing violence and coercion.

Health Systems Strengthening (human resources for health, in-service training, and task shifting): FXB's



capacity building to support the national care and treatment program through a 1-year clinical mentoring program for in-service physicians has yielded 6 graduates to-date; there are currently 7 in-service and 16 pre-service physicians enrolled in the program, and an additional 65 new in-service physicians are expected to enroll in a modified version of the program in late FY'09. FXB will also explore the possibility of developing and piloting a pre-service training program to address the urgent need for case managers to coordinate medical and psychosocial care needs of patients. FXB will continue to facilitate in-service training through development and execution of facility specific annual training plans, responding to requests from the National AIDS Programme, and offering opportunities for local clinicians to gain continuing education credits for re-licensure/registration with the local regulatory bodies (Guyana Medical, Nursing, Dental and pharmacy Councils), FXB will also facilitate training and mentoring to support task shifting ART provision to the medex cadre of HCWs in areas with no or limited physician coverage, i.e., hinterland areas.

Food and Nutrition: Policy, Tools and Service Delivery (nutritional assessment and counseling): FXB will provide nutritional assessments and counseling as part of the minimum package of care and support services offered to HIV-infected adults, children and pregnant women.

Gender: Reducing Violence and Coercion (strengthening rape care services, including the provision of HIV PEP): FXB will continue to support the emergency and follow up care and counseling for victims of sexual assault, including the provision of HIV PEP and related clinical and laboratory monitoring at the 16 Ministry of Health ART sites supported by FXB; and will support the introduction of PEP at selected hospital emergency departments.

Key issues that will be addressed by FXB include family planning and TB.

Family Planning: As part of the reproductive healthcare package offered by the MCH department, FXB will continue to promote and provide family planning counseling including safer sex and pregnancy prevention options.

TB: FXB will continue to provide expertise to the national TB program to decentralize screening, diagnosis, and treatment of TB and TB/HIV infected patients to designated primary health care facilities that offer HIV care and treatment services. Screening will be decentralized through ongoing coordination of PPD training for several cadres of HCWs (nurses, DOT workers, VCT providers). Treatment will be decentralized by expanding the supply chain to provide prophylactic and treatment drugs to designated primary care facilities. Additionally, TB and TB/HIV M&E systems will be expanded to designated primary care facilities to ensure required data collection and accountability for drug supply management.

Laboratory capacity to conduct microscopy and will be strengthened through quality assurance monitoring and training; capacity for drug sensitivity testing will be outsourced in the interim of the Ministry of Health's planning to develop local capacity for same.

FXB's M&E plans for its clinical activities are integrated with the Ministry of Health's national patient monitoring system and HEALTHQUAL CQI program. In addition, annual targets are set in collaboration



with the PEPFAR–Guyana Strategic Information technical lead. FXB reports on its programmatic progress through semi-annual, interim and annual reports to CDC and PEPFAR-Guyana Strategic Information technical lead; and financial expenditures are reported through submission of quarterly and annual financial status reports to CDC.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	200,000
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Key Issues

- Child Survival Activities
- Safe Motherhood
- TB

Budget Code Information

Mechanism ID: 10080			
Mechanism Name: Francois Xavier Bagnound Center			
Prime Partner Name: New Jersey University of Medicine/Dentistry of New Jersey			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	120,560	

Narrative:

In FY'2010 FXB will continue to serve as the Ministry of Health's primary partner in the delivery of the standard package of HIV clinical care and support services to HIV infected and HIV-exposed and affected males, females, adolescents and their families. In FY'09 FXB led the revision of the National Guidelines for Management of HIV-Infected and HIV-Exposed Adults and Children and protocols for viral load and HIV drug resistance testing. In FY'2010 FXB will continue to provide expert evidenced-based guidance for the revision and/or development of other clinical guidelines and protocols as needed.

Adult care and support services will be provided at 19 of the current 20 Ministry of Health sites that offer HIV care, treatment and support services across Regions 2, 3, 4, 5, 6, and 10. Currently there are no plans to scale up additional sites. Thus in consultation with the MoH and in keeping with the overall



PEPFAR strategy, FXB plans to commence integrating HIV clinics with the existing primary care (general medical) clinics at the same sites. This activity will include the training of medical interns, new and existing resident physicians and other cadres of HCWs, as well as the engagement of HIV-trained HCWs, in order to sustain the delivery of HIV care and support services.

The FY'09 planned initiation of a staggered transition of human resources to the MoH was postponed after the MoH indicated that they could not absorb the targeted positions until September 2010. FXB will continue to work closely with the MoH to implement and monitor the transition in a timely manner.

Through human resource support (physicians, nurses, community outreach workers) and training, FXB will continue to support facility-based inpatient and outpatient adult HIV care and support services as part of a continuum of primary health care, including: clinical monitoring and management of OIs (cotrimoxazole prophylaxis, laboratory testing) and other HIV-related complications and co-morbidities; TB screening; nutritional assessment and counseling; assessment and management of pain; supportive supervision and co-facilitation of facility-based PLHIV peer support groups and referrals to community-based PLHIV peer support groups; referral to social support and HBC services, as well as end-of-life care at the country's only hospice facility, St. Vincent's Depaul Centre; contact tracing and VCT to identify and test HIV-exposed adults and children; and monitoring patient retention through adherence assessment and counseling including facilitated disclosure, and patient defaulter tracking. FXB will continue to support prevention services for this population by developing a minimum package of prevention services including prevention for positives counseling. FXB will also explore the possibility of implementing a nutritional support program for clinically malnourished HIV-infected patients—although there are existing local food support programs, the food provided does not meet the definition of therapeutic, micronutrient or supplemental food.

FXB will work collaboratively with MoH social workers to coordinate patient care with other inpatient, outpatient and community-based care and support providers through telephone and personal contact, as well as bi-directional referral forms. FXB will explore collaborating with the National AIDS Programme and an FBO and/or HIV workplace program to develop and pilot a sustainable model for providing community-based support at these facilities. FXB will also explore the possibility of developing and piloting a pre-service training program to address the urgent need for social support case managers—these case managers would work under the guidance of a qualified social worker to develop, implement and monitor a case management plan that identifies and addresses the individual patient and family social, medical and economic needs.

Quality of adult care and support services will continue to be assessed semi-annually through the national HEALTHQUAL (CQI) program. FXB will intensify peer review and feedback on physician



charting to ensure that adult care and support services are consistently delivered in accordance with national guidelines. Additional program data drawn from the national patient monitoring system will be reviewed and discussed at the national care and treatment steering committee meetings, with recommendations to modify interventions accordingly.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	1,083,000	

Narrative:

Adult treatment services are targeted to HIV infected males, females and adolescents accessing care at 16 of the current 17 Ministry of Health sites that offer HIV treatment services across Regions 2, 3, 4, 5, 6, and 10. Services include clinical and psychosocial assessment of ART readiness, laboratory monitoring and adherence monitoring and support.

FXB's plan for long-term sustainability of ART delivery emphasizes activities that build capacity in the local physician community. In FY'2010, these activities will continue to include utilize innovative and creative approaches to address the human-resource shortages that threaten the advancement and sustainability of the Guyanese treatment program. Such strategies include contracting with physicians to provide complete clinical coverage for all treatment sites and task shifting ART provision to the medex cadre of HCWs in the hinterland areas. In the interest of developing local capacity and long-term sustainability for the program, effort will be focused on the continuation of clinical mentoring of local clinicians to provide HIV care and the integration of such mentoring into the training programs for pre-service physicians (medical interns and students) from the Guyana-Cuba training partnership as well as the University of Guyana medical training program. FXB will provide physician mentoring and consultative oversight to in-service and pre-service HCWs serving on the Georgetown Public Hospital Infectious Diseases and regional hospital inpatient wards. FXB will also continue to engage and support local physicians who have completed the formal clinical mentoring program to sustain the development or revision and delivery of standardized curricula on basic HIV care for several other cadres of HCWs including medical students, pharmacists, medex, nurses and physicians.

Quality of adult treatment services will continue to be assessed semi-annually through the national HEALTHQUAL (CQI) program. FXB will also intensify peer review and feedback on physician charting to ensure that adult treatment services are consistently delivered in accordance with national guidelines. Additional program data drawn from the national patient monitoring system will be reviewed and discussed at the national care and treatment steering committee meetings, with recommendation to modify interventions accordingly.

The current overall level of adherence is estimated at 70% - 80% but is thought to be on the decline based on patient reports. Adherence monitoring will be intensified to entail an adherence assessment at every clinic visit (including pill counts), group and individual adherence counseling pre/post ART initiation, referral to community-based socio-economic support services, and nutritional assessment and counseling. FXB will also undertake a 9-month public health evaluation: Assessing the Concordance of Antiretroviral (ARV) Adherence Measurement Methods and Determining the Best Predictors of ARV Adherence in Guyana.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	50,000	

Narrative:

In FY'09 FXB fully transitioned its staff and activities related to the operation of the CD4 suite at the NPHRL, to the MoH. Therefore, in FY'2010 FXB's role (through our Laboratory Advisor) will revolve around the delivery of technical assistance for building regional laboratory capacity to support HIV care and treatment; quality assurance monitoring; training; development and/or revision and implementation of laboratory testing protocols; and active participation in committees and TWGs.

FXB will work collaboratively with the NPHRL and Regional Health Services to strengthen regional laboratory capacity through quality assurance (QA) implementation and monitoring for general and specific (CD4 and HIV rapid testing) laboratory functions and assays; and delivering CD4 training/retraining to regional hospital laboratory personnel. FXB will also continue to collaborate with PAHO and the National Blood Transfusion Services (NBTS) to provide oversight and monitoring for safe blood donation, screening, storage and dispensing including training and implementation of the revised QA manual completed in FY'09.

In collaboration with the VCT unit at the National AIDS Programme, FXB will provide ongoing training/retraining on HIV rapid testing. FXB also plans to build sustainable local capacity to address HIV rapid test training needs through facilitation of VCT trainer of trainers training.

FXB will also continue to work collaboratively with the MoH, CDC and PAHO to continue to refine and implement the national strategic plan for laboratories, through the provision of technical assistance for the introduction of laboratory assays to support diagnosis and clinical management of HIV infection in infants (HIV DNA PCR) and adults (HIV RNA PCR), opportunistic and sexually transmitted infections (smear microscopy), and resistance to HIV and/or TB drugs. This will entail the development of protocols, validation processes and/or correlation studies, SOPs, and training packages for each such laboratory assay.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	66,940	

Narrative:

In FY'2010, FXB will continue to provide evidenced-based technical assistance, human resource support, clinical mentoring and training, and leadership and management coaching to the staff of the National TB Control Programme (based at the Georgetown Chest Clinic),

FXB will continue to expand TB screening for HIV-infected patients with emphasis on vulnerable populations at key primary, secondary and tertiary service outlets (high volume PMTCT sites, inpatient wards, prisons; and integration of TB screening into the HIV care and support and treatment program—through training of several cadres of HCWs at these service outlets, and aggressively strengthening the screening and referral linkages between PMTCT sites, inpatient and outpatient HIV care and treatment sites (Infectious Disease Ward at GPHC, regional hospital wards and clinic), and regional and Georgetown Chest Clinics. Continued expansion of screening for HIV infection among patients with TB, will be accomplished through continued assignment of 1-2 full-time HIV counselor/testers to the inpatient (infectious diseases, medial, pediatric) wards at GPHC, and to support medical outreach to local prisons.

FXB will continue to build the Georgetown Chest Clinic (Region 4) as the primary national referral, consultation, and treatment site for the management of TB and TB/HIV co-infection by providing: comprehensive high quality multidisciplinary clinical care and monitoring including: collection, follow up and delivery of results for sputum for microscopy/culturing/sensitivity; patient defaulter tracking by DOT workers; coordinating with the clinical team to provide linkages to home-based care and psychosocial support services; intensive adherence monitoring and support; facilitation of onsite peer support and/or referral to community-based peer support; DOT for HIV and TB medications. Other national care points for TB and TB-HIV co-infection care will include regional hospital inpatient wards, regional Chest Clinics, Infectious Diseases Ward at GPHC, and local prisons—care at these service outlets will be led by FXB-sponsored physicians. Additionally, a national TB/HIV coordinator hired and seconded to the National TB Control Programme in FY'09, will continue to provide overall administrative leadership for the packaging and delivery of TB-HIV services, and the integration of TB-HIV services at primary care outlets nationally.

Key training activities will include clinical mentoring for physicians; annual HCW training on VCT, PPD screening, basics of HIV care; adherence monitoring and support; and informal leadership and management coaching of clinic staff at the Georgetown Chest Clinic. FXB will also provide technical support to PAHO for the delivery of IMAI training.

FXB will continue to support ongoing HEALTHQUAL (CQI) activities at the Georgetown Chest Clinic to ensure that TB/HIV management follows established national standards.

FXB will continue to collaborate with TB/HIV stakeholders on policy issues surrounding TB-HIV co-



infection care. Although a national TB strategy exists, it is largely reflective of the required activities and reporting for GFATM funding. In FY'09 FXB and PAHO collaborated to initiate guidance and technical assistance to the National TB Control Programme for the update of the national TB strategy to include operational and M&E plans, and to reflect linkages of donor funded activities; this activity will continue in FY'2010. Other focal areas targeted for technical assistance include improving regional laboratory capacity for sputum microscopy/culturing/sensitivity and instituting laboratory capacity to test for resistance to TB drugs (MDR and XDR-TB). FXB's efforts complement those of the Global Fund and World Bank programs and contribute to a comprehensive HIV response in Guyana. To ensure that duplication of effort is minimized, FXB will continue to contribute to the formulation of national policy and collaborate with the MOH, USG partners, UN partners and other bilateral and multilateral organizations to refine HIV and TB care and treatment protocol.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10404	Mechanism Name: Track 1 AIDS Relief
Funding Agency: U.S. Department of Health and Human Services/Health Resources and Services Administration	Procurement Type: Cooperative Agreement
Prime Partner Name: Catholic Relief Services	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 156,360	
Funding Source	Funding Amount
Central GHCS (State)	156,360

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The AIDSRelief consortium provides comprehensive HIV care, treatment, and support services and HIV prevention services in Guyana. The care, treatment and support services are provided at three (3) local partner treatment facilities (LPTFs). Two of the LPTFs are faith based hospitals located in Georgetown



(Region 4) and the third LPTF is a Ministry of Health Regional Hospital located in Bartica (Region 7). As part of our support services AIDSRelief supports Hospice Centre which is also located in Georgetown. AIDSRelief also provides a variety of prevention services through our local partners (PMTCT, VCT and Abstinence Education).

Goal and Objectives under the Award

The overall goal of the AIDSRelief program is to ensure people living with HIV and AIDS have access to ART and high quality medical care. To achieve this goal, AIDSRelief continues to focus on the following key strategic objectives:

1. Existing ART service providers rapidly scale up delivery of quality ART care;
2. Expand community level services providing quality ART to vulnerable and low income HIV infected people; and
3. Create and strengthen health care treatment networks to support capacity building within communities.

Geographic Coverage

The AIDSRelief care, treatment and support program primarily focuses on persons living in Region 4 and 7, however, some patients who enrolled in the program lives in Regions 2, 3, 5, 6 & 10. The abstinence program has been rolled out in all 10 administrative regions.

Key Issues

In the upcoming year, the AIDSRelief program is going to focus on the following key issues:

- The low number of males utilizing VCT services;
- The disproportionate number of males (41%) enrolled in the care and treatment program compared to females (59%);
- The number of patients who are being lost to follow up;
- Adherence; and
- the increasing number adolescent clients.

Strategy towards costs efficiency

AIDSRelief continues to find innovative ways to provide high quality HIV care and treatment while trying to keep program costs at minimum. In the upcoming year AIDSRelief will continue to find ways to



collaborate with local partners to maximize technical assistance offered to the clinical care and treatment staff at the Public and Private Care and treatment sites. AIDSRelief will also work with the Ministry of Health to look at ways of reducing care and treatment costs at SJMH and DMH, such as procuring OI medications through the MOH and centralizing CD4 tests at the National Reference Laboratory.

Monitoring and evaluation plans

AIDSRelief provides on-site technical assistance and training to facilitate the development and implementation of data management systems that respond to the needs of physicians, hospital administrators, MOH, USG donor, and project needs. Care and treatment sites receive strategic information capacity building and focuses: on improved data demand and information use; enhancing/implementing patient monitoring and management system that meet local requirements; and enhancing data quality for better service and clinical outcomes. AIDSRelief has three main objectives for strategic information:

1. LPTFs have skills to collect, manage, and analyze data;
2. Data demand increases for improved clinical and programmatic decision making; and
3. LPTFs share lessons learned and best practices for improved data quality.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 10404			
Mechanism Name: Track 1 AIDS Relief			
Prime Partner Name: Catholic Relief Services			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	156,360	

Narrative:

AIDSRelief continues to support HIV care and treatment services in both the private and public sector through its clinical core team composed of an Infectious Disease specialist and a Community Outreach/Adherence Specialist from IHV, and clinical and counseling staff at the LPTF. 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 supported HIV physicians. 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 Davis Memorial Hospital, which are both located in Region 4 and are the only faith-based hospitals in Guyana.

The clinical core team will continue to provide ongoing support and assistance to the LPTFs through didactic trainings and on-site mentoring, and additionally liaises with USG in-country and MOH partners on technical issues related to recognizing and managing ARV side effects, diagnosing and management of opportunistic infection as well as interpreting CD4 changes and viral load results. AIDSRelief will provide additional technical assistance in the areas of psychosocial support, pharmacy support, adherence, laboratory monitoring, and strategic information.

Enhanced clinical and didactic training will be conducted at UMSOM-IHV's Clinical Training Site. Providers will have access to video conferencing CME lectures and will also have the opportunity to receive direct preceptorship in the management of more complicated HIV+ patients. The clinical site will serve as an offsite adjuvant facility to SJMH and DMH. It will serve as a mechanism wherein AIDSRelief can collaborate with local in-country partners in building local technical capacity and promoting sustainability.

AIDSRelief provides a comprehensive care and treatment package at the three LPTF which includes clinical and laboratory monitoring, ARV treatment, OI prophylaxis and treatment, and adherence counseling and support.

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.

Implementing Mechanism Indicator Information

(No data provided.)



Implementing Mechanism Details

Mechanism ID: 10993	Mechanism Name: UNICEF
Funding Agency: U.S. Agency for International Development	Procurement Type: Grant
Prime Partner Name: United Nations Children's Fund	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 350,000	
Funding Source	Funding Amount
GHCS (State)	350,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

1. UNICEF Goals and Objectives

UNICEF is currently in the fourth year of a five year country programme cycle. The overall goal of the country programme is to ensure that all children in Guyana enjoy greater respect and realization of their human rights to survival, development, participation and protection, improved capabilities and increased opportunities, in accordance with the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women.

2. Geographic Coverage

UNICEF will be supporting Government to implement this programme in all 10 regions of the country, targeting women and children between the ages of 0 to 18 years who are infected and/or affected by HIV/AIDS.

3. Strategy towards costs efficiency

Over the past three years, UNICEF with the support of PEPFAR funded the salary costs of the current Director of the Child Protection Agency. The Director's commitment and drive resulted in the formation of the Child Protection Agency, with a suggested staff component of over 50 personnel. The Government of Guyana has taken over the responsibility of paying the salaries of all the staff. Due to a smooth transition, there is no salary costs factor for staff of the Agency to be borne by the Program. UNICEF's role over the next two years will be to provide technical support to the Agency in order to build the capacity of the newly



recruited staff members. The establishment of the Child Protection teams in the regions will assist the social workers with monitoring and service delivery in some of the most remote areas of Guyana.

5. Monitoring and Evaluation Plans

Activities will also include enhancing the monitoring and evaluation system for OVC by developing a child protection Management Information System. A M&E training workshop will be conducted to train staff from the Agency in the monthly collection of data, what type of indicators to look at, how to enter the data into the database and to collate the data.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	55,000
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Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 10993			
Mechanism Name: UNICEF			
Prime Partner Name: United Nations Children's Fund			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	350,000	

Narrative:

This is a Continuation Activity

PEPFAR support to UNICEF during 2010 will focus on institutional strengthening of the Child Protection Agency in the Ministry of Human Services. The outcome of the Institutional gap analysis will form the basis of the planned interventions for 2010. In this regard, UNICEF will focus on three broad areas: (1) Protect the most vulnerable children through improved enforceable policy and legislation by supporting the newly established Child Protection Agency in the Ministry of Human Services and Social Security. (2) Support the provision of Alternative Care for Institutionalized children. (3) Strengthen the current Child Protection Management Information System (CPMIS) for the new Child Protection Agency.

4.1. Protect the most vulnerable children through improved enforceable policy and legislation by supporting the newly established Child Protection Agency in the Ministry of Human Services and Social Security. As the lead Agency with responsibility for the development of a national policy on OVC and the subsequent National Plan of Action (NPA), UNICEF through its support to the MOLHSSS has made significant strides towards creating a conducive environment for the protection of children. However, there is still some key legislation that needs to be channeled through Parliament. UNICEF will continue to support the Child Protection Agency in advocating for the tabling of the outstanding Child Protection legislation and the development and approval of subsidiary legislation. Support will also be provided for the training of law enforcement practitioners, who will be required to deal with the new legislation. Furthermore, UNICEF will provide the Child Protection Agency with the required technical assistance to implement the OVC National Plan of Action once it is approved by Cabinet.

The newly established Child Protection Agency will employ 28 professional social workers, a child psychologist, legal counsel and other support staff, who are mainly university graduates, void of practical experience. UNICEF will therefore provide technical assistance to build the capacity of the Agency to render quality services. A major activity that will be completed in 2009 will be the institutional analysis of the Child Protection Agency in order to develop a comprehensive strategy which will include human resources, policy development, budgeting and service delivery.

4.2. Support the provision of alternative Care for Institutionalized children.

While institutional care in Guyana usually 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. Many of the children are in institutions because of abusive parents or adolescent parents who lack the ability to carry out the responsibilities of parenthood. Technical assistance will be provided to the Child Protection Agency to develop and implement Positive Parenting Programs for biological parents, foster and adoptive parents, including adolescent parents. The Agency aims to reintegrate or place 200 children with their families or with Foster families during 2010. The Agency has outsourced a Foster care Programme to Every Child Guyana to identify and screen potential foster parents for children in cases where reintegration with biological families is not possible. Technical assistance will be given to both Every Child Guyana and the Child Protection Agency to prepare families before a child is placed with a family.

In addition, since access to legal aid for OVC is imperative, care will be taken to ensure that they are not exploited through child labor or trafficking. Activities will include the continuing support to Guyana Legal Aid and Linden Legal Aid to support OVC and their caregivers. With the support of USAID through UNICEF, legal aid is currently available to children in regions, 2, 4 and 6. UNICEF will continue to



collaborate with the Ministries of Labor; Culture, Youth and Sports; and Human Services and Social Security on this issue.

4.3. Strengthen the Child Protection Management Information System (CPMIS)

Continuous support will be provided for the collection of child protection data for Guyana and the strengthening of the current monitoring and evaluation system for the new Child Protection Agency including decentralized data collection, monitoring and linking to other services for data on child protection.

5. Monitoring and Evaluation Plans

Activities will also include enhancing the monitoring and evaluation system for OVC by developing a child protection Management Information System. A M&E training workshop will be conducted to train staff from the Agency in the monthly collection of data, what type of indicators to look at, how to enter the data into the database and to collate the data.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 11003	Mechanism Name: Pan American Health Organization
Funding Agency: U.S. Agency for International Development	Procurement Type: Grant
Prime Partner Name: Pan American Health Organization	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 362,900	
Funding Source	Funding Amount
GHCS (State)	362,900

Sub Partner Name(s)

(No data provided.)

Overview Narrative



Background

Pan-American Health organization has received USG support to strengthen the quality of the Ministry of Health's treatment, care and support programs since 2008, specifically working in the areas of ART services, palliative care of TB/HIV, Strategic Information and Health systems strengthening. Notable achievements realized through PAHO's work include sustained technical support and other resources (stationery, facilitation of transportation for out of town validation visits etc.) to the Ministry of Health supportive supervision team for the Patient Monitoring System which has facilitated the generation of high quality and reliable HIV care and treatment data. Through PAHO, the Ministry of Health conducted a gap analysis to determine the availability of Human resources for Health (HRH) and to make projections of the growth in human resource needs during the development of the Ministry of Health's Package of Publicly Guaranteed Health Services (PPGHS). Additionally, staff within the MoH Human Resource Unit attended advanced HR skills training programs abroad while training was also conducted with health care workers in Regions 4 and 6 on the Integrated Management of Adolescent and Adult Illnesses (IMAI) strategy. PAHO intends to continue the work in these program areas further strengthening the Ministry of Health's program utilizing FY2010 funds.

Overall goals and objectives and contribution to HSS

During FY2010, PAHO will provide technical assistance to the Ministry of Health to accelerate the incorporation of HIV/AIDS treatment, care and support and TB/HIV palliative care into the primary health care service, a central aspect of ensuring sustainability of parallel HIV/AIDS and TB programs. PAHO will continue to provide technical assistance to the Ministry of Health to improve quality of service of the Treatment, Care and Support program, as well as support for TB/HIV Palliative Care, Strategic Information and Health System Strengthening. Program activities will impact the skills and resources available to TB health care workers who are already working in HIV/AIDS treatment, care and support as well as the health care workers and social workers providing other services such maternal and child health care, TB-DOTS treatment and laboratory services. It will also impact persons recruited as data clerks.

Guyana has adopted IMAI as a pertinent strategy to effectively decentralize the provision of care, treatment and support for HIV and AIDS. Technical assistance to the Ministry of Health will enhance their ability to roll-out the IMAI Strategy and associated activities in targeted regions; train and support IMAI supervisors, doctors and other target health care workers and finalize the integration of IMAI processes into pre-service training curricula for health professionals. PAHO will support the national TB program through the provision of support for TB/HIV co-management activities through the rolling out of the IMAI strategy for the decentralization of TB services. Strategic information support to the MoH will be focused on implementation of the HIV drug resistance (HIVDR) monitoring protocol in order to enhance the ministry's capacity to monitor HIV drug resistance as well as report on the WHO early warning indicators



for drug resistance. Support to the Patient Monitoring System (PMS) will also continue in order to ensure high quality care and treatment data is generated for program management, planning and reporting. Health Systems Strengthening support will focus on providing continued support to the Ministry of Health's Human Resources Unit in order to deal with issues of health worker retention and health care worker capacity building.

PAHO's PEPFAR supported program will be monitored to determine the timeliness of program implementation and the appropriate use of funding. This will be facilitated through regular quarterly program meetings and reports, both financial and programmatic that address activities and budgets outlined in the program proposal.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	215,000
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Key Issues

TB

Budget Code Information

Mechanism ID:	11003		
Mechanism Name:	Pan American Health Organization		
Prime Partner Name:	Pan American Health Organization		

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	94,500	

Narrative:

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 specialist physicians who are in critically short supply in Guyana. Since IMAI has been earmarked for national expansion, a continuing training program for facilitators

(TOT) and health care professionals has been established as one of the main priorities for collaboration between PAHO and the MOH.

Technical assistance to the Ministry of Health will enhance their ability to roll-out the IMAI Strategy and associated activities in targeted regions; train and support IMAI supervisors, doctors and other target health care workers and finalize the integration of IMAI processes into pre-service training curricula for health professionals. Training in the IMAI strategy will be rolled out to additional regions, it is expected that personnel from at least 75 health facilities will be trained. In order to expand IMAI to all regions, a central coordination and administrative function will be to continue to support the MOH to facilitate the roll out of the strategy to all regions and provide oversight and supervision to ensure the IMAI strategy is fully and functionally integrated into the public health care system. Supervision visits will be conducted to health facilities where staff have been already trained in the IMAI strategy to examine how well the strategy is being utilized, provide on the job mentoring and address issues of quality of care.

Even though some doctors have been trained on the IMAI strategy, it is acknowledged that there is a need to have a more targeted training exercise for additional doctors in health facilities, since they play a vital leadership role in clinical settings. This not only refers to the care and treatment of clients but also their capacity to guide other staff of the health team. Since other critical members of clinical teams need to be also trained, medex social workers and other health providers will be trained in IMAI. To promote sustainability, IMAI will also be integrated into pre-service curricula for different cadres of health care workers.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	102,000	

Narrative:

In FY07, PAHO served as the lead technical agency to assist the Ministry of Health to adapt the WHO format national patient tracking and monitoring system to the Guyana context. In FY08 and FY09 they provided sustained technical support and other resources (stationery, facilitation of transportation for out of town validation visits etc.) to the Ministry of Health's supportive supervision team for the Patient Monitoring System which has facilitated the generation of high quality and reliable HIV care and treatment data. The system is being used in all sixteen existing ARV treatment sites and is now the national monitoring system for all HIV/AIDS care in country. The Patient Monitoring System (PMS) is being recognized as a Best Practice to adequately and easily capture all relevant information making use of patient charts to track the patient in pre-ART care and on treatment. PAHO will continue to support PMS in the 16 ART sites across the country and support and monitor the work of contract data entry clerks and clinic staff working on the roll out of the patient monitoring system (PMS).

PAHO will also provide technical assistance for the TB/HIV reporting system as described in the TB/HIV program description narrative and will continue to work closely with CDC, USAID, and other partners to coordinate activities in support of the MOH surveillance unit including funding, training and mentorship of surveillance unit staff. In order to be cost-effective ongoing monitoring and supervision of staff will coincide with visits for monitoring other programs. PAHO Will continue to provide technical assistance on preventing the spread of HIV drug resistance through support for HIV drug resistance (HIVDR) monitoring through the implementation of the HIVDR Monitoring Protocol as well as data collection for Early Warning Indicator (EWIs) for HIVDR which have already been established.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	115,000	

Narrative:

The health system in Guyana faces structural and operational problems that hinder their performance and prevent full and comprehensive access to health services by the general public. In FY09, PAHO has been able to make significant strides in the development of a human resource unit within the Ministry of Health, including key training for staff and the conduct of a gap analysis.

In FY2010, 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 strengthening of the MoH Human Resources Planning and Development Unit (HRDU). In support of health systems strengthening, PAHO will continue support to the Human Resources Unit of the Ministry of Health to address health care worker recruitment and retention issues and human resource management issues. Building on work within this area over the past years, PAHO will enhance the MOH capacity to roll-out IMAI and support priority health programs in targeted regions. PAHO will also prepare training materials and supportive supervision tools for use to support quality of service. Also a priority will be ensuring the integration of appropriate training into training curricula for medex, nurses and other cadres of health care workers.

Training schools are essential to enhancing the quality of services provided by new and veteran health care workers. Nursing training schools will also receive technical support to enhance the skills of trainers and the resources available for teaching. Curricula will be upgraded to ensure that critical and priority health care program skills are taught such as the IMAI strategy and management concepts and skills. Also strengthening the local management abilities will ensure decentralization and promote sustainability.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	51,400	

Narrative:

Decentralization of the National Tuberculosis Program is critical to ensuring that TB/HIV services are incorporated into primary health care systems. Support from PAHO to the National program will ensure that the decentralization process is conducted so that TB/HIV services are made more accessible to the general population. Specifically, PAHO will support TB/HIV co-management activities through the roll-out of the IMAI

strategy for the decentralization of TB services, train and support TB regional supervisors, MEDEX, nurses etc, to improve their management and leadership skills, support the expansion of VCT services in TB clinics and strengthen TB Monitoring, Evaluation and surveillance system for decision making while also providing technical assistance for the implementation of Round 8 Global fund activities.

The strategy for TB treatment adopted in Guyana is the WHO-recommended, Directly Observed Treatment Short Course (DOTS) which ensures adherence to effective Therapy. For this strategy to be successful in Guyana it requires further integration into the primary health care services and the participation of families and community members. The IMAI will be the vehicle through which TB/HIV services are further integrated into the primary care setting. The Integrated Management Adolescent and Adult Illnesses (IMAI) is presently being rolled out in primary health care facilities and is supporting TB/HIV co-management, therefore the new TB/HIV module of the IMAI strategy will continue to be implemented in new targeted health centers to expand the decentralization of services for the National TB Program.

Voluntary Counseling and Testing (VCT) skills continue to be a challenge within the TB/HIV service settings, therefore in order to enhance and expand the TB/HIV program into all regions, staff will be trained in HIV counseling and testing particularly where permanent VCT sites are not established and existing TB staff can conduct testing. Technical support for Counseling and Testing within TB treatment facilities will also include support for monitoring and evaluation and surveillance to enhance the data collection and reporting processes within the TB program. To this end, the clinic monthly report will be assessed and revised where necessary and registers will be printed in order to document critical TB/HIV information and enhance program planning and management as well as reporting.

The National TB program has received funding under the Round eight Global Fund grant and implementation will begin in January 2010, and PAHO will continue to provide support for implementation.

Implementing Mechanism Indicator Information



(No data provided.)

Implementing Mechanism Details

Mechanism ID: 11621	Mechanism Name: Department of Labour
Funding Agency: U.S. Department of Labor	Procurement Type: Contract
Prime Partner Name: International Labor Organization	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 200,000	
Funding Source	Funding Amount
Central GHCS (State)	200,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

1. ILO Goals and Objectives

The International Labour Organization is currently in its sixth year of HIV/AIDS Workplace project activities. The tri-partite collaboration with the Ministry of Labour Human Services and Social Security, the Consultative Association of Guyanese Enterprises (CAGI), the Guyana Trades Union Congress (GTUC) and the Federation of Independent Trades Unions in Guyana (FITUG), has been very effective in addressing HIV/AIDS in the world of work.

The overall strategy of the project is to increase the capacity of the tripartite constituents and partnering enterprises to design and implement workplace HIV/AIDS prevention policies and programmes. This strategy will continue to build upon the ILO's comparative advantage in advocacy and policy development particularly drawing on the Code of Practice on HIV/AIDS and the World of Work. The recently introduced National HIV/AIDS Workplace Policy will also be a vital tool in policy and programme development.

The project's ultimate goal is to develop a sustainable national programme on HIV/AIDS and the world of work integrated into the appropriate programmes of the collaborating partners. Continued effort will be made to sensitize and mobilize the tripartite constituents, specific target groups, both in the formal and informal economy, with tailored training and behaviour change communication programmes. A key component of the project is its built-in evaluation programme to monitor progress and identify strengths and weaknesses so that remedial action is taken towards re-planning and finalizing the sustainability plan.



The project will be carried out in consultation with UNAIDS and members of the UN theme group on HIV/AIDS as well as USAID.

2. Geographic Coverage

The International Labour Organization will be supporting the Ministry of Labour and the other tri-partite constituents to implement project activities that will reach all 10 regions of Guyana. The project aims to target vulnerable youth (15+ years), miners and loggers who form part of the most at risk population (MARP) and the general population of workers from participating enterprises. The intent is to reach these populations with BCC messages that address risk, stigma and discrimination. In addition, VCT and institutional strengthening of enterprises to tackle and sustain HIV/AIDS programmes and policies will continue to be key components. This is in view of encouraging enterprises towards the mainstreaming of these components into existing programmes including those addressing Occupational Health Safety and Health, Human Resource Training and Workers' Welfare.

3. Strategy towards costs efficiency

The International Labour Organization, through PEPFAR continues to fund critical components in the HIV/AIDS Workplace Education Project particularly in the areas of institutional strengthening and policy and programme development for both tripartite constituents and partnering enterprises.

The Project however has introduced and will continue to promote cost sharing ventures with tripartite members and enterprises where parties involved will continue to provide necessary service and material support to ongoing project activities. In addition, enterprises will continue to be strengthened so that they can individually maintain and sustain peer education and other training needs so that the Project has less of an obligation to provide continuous financial assistance for training of workers in peer education and other skills needed to carry out enterprise level activities. Enterprises will also be encouraged to continue to forge partnerships with other health and community based organizations, so that many of the necessary services can be sourced elsewhere at minimal costs.

4. Monitoring and Evaluation

The Project has a built-in monitoring and evaluation plan as well as several databases that it utilises to monitor programme activities. This plan will be reviewed in light of the changed indicators and will be upgraded to capture all relevant data and information.

The Project intends to continue building the capacity and effectiveness of both its tripartite constituents and beneficiaries in monitoring and evaluation requirements, so that challenges and gaps in the system can be alleviated.



5. Continuation Activities for FY 2010

PEPFAR support to ILO during 2010 will focus on three broad areas: (1) BCC activities in sexual and other risk prevention for Most at Risk Population (MARP) and general populations (2) Promotion and provision of Voluntary Counselling and Testing Services and (3) Institutional Strengthening and Capacity Building for the introduction and implementation of effective HIV/AIDS Workplace Policies and Programmes

Cross-Cutting Budget Attribution(s)

Education	10,000
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Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	11621		
Mechanism Name:	Department of Labour		
Prime Partner Name:	International Labor Organization		

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	70,000	

Narrative:

This is a Continuation Activity

In 2010, the project intends to expand its coverage and increase access to VCT services to thirty-three (33) enterprises and their communities primarily through on-site mobile testing utilizing mobile units provided by Youth Challenge-Guyana, a non-governmental organization. Behaviour change communication and preventive education will continue to be a feature of the VCT services provided by YCG as well as those provided by the enterprises through their peer education programmes. The project aims to provide one thousand, two hundred (1,200) workers and surrounding community members with mobile VCT services in 2010. There will also be capacity building for enterprises in order for them to



provide accompanying and complimentary health services including PMTCT, treatment, care and support.

The Ministry of Labour, Human Services and Social Security, the employers' and workers' organizations will continue to be assisted in furthering VCT arrangements and services to their constituents in order to enhance continuity and sustainability.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	100,000	

Narrative:

Institutional Strengthening and Capacity Building for the introduction and implementation of effective HIV/AIDS Workplace Policies and Programmes

This is a Continuation Activity

Over the life of the HIV/AIDS Workplace Project, local enterprises have shown increased interest in introducing and sustaining HIV/AIDS programmes that promote healthy behaviours. This has ultimately created a healthier working environment which in turn has helped to bring about normative practices within the world of work.

Enterprises, however, still need to promote comprehensive as well as targeted workplace programmes that provide benefits to HIV+ workers and their families and the workforce in general. In this regard, the Project intends to strengthen the capacity of thirty-three (33) enterprises to develop and implement policies and programmes that will see the mainstreaming of HIV/AIDS into existing health and human resource training programmes. This will include the development of peer education programmes, training of key staff to address workplace stigma and discrimination and training in formulation of effective workplace policies and programmes on HIV/AIDSs. A total of nine thousand and forty (9,040) workers are targeted to be reached in 2010 with institutional capacity building and strengthening as well as outreach activities.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	30,000	

Narrative:

Programming responding to yellow-lit activities- Guyana PEPFAR Interagency team has adopted OGAC Prevention Technical Working Group recommendations for the sexual prevention portfolio.



This is a Continuation Activity

This proposal consolidates the efforts of the Project, the tripartite constituents and partnering enterprises to expand the reach to most at risk populations (MARPs) in the mining and logging sectors and vulnerable youth, fifteen years and over, through individual and small group level preventive interventions that examine risk for HIV/STI as well as behaviour change issues. These interventions will include sensitization on HIV/AIDS risk, stigma and discrimination issues in the workplace and community, and training where necessary. The project intends to reach one hundred (100) vulnerable youth with messages on abstinence and sexual health issues. The existing and well functioning collaborative arrangements with the Ministry of Labor, Human Services and Social Security will be fully utilized to achieve this target. The Ministry of Labour, through the Board of Industrial Training has a programme to offer life skills to early school leavers. This is the primary target population of vulnerable youth. The Guyana Sugar Corporation's Training School, however, also has a population of vulnerable youth, who will be targeted.

Proposed intervention with hard to reach populations like miners and loggers in the hinterlands of Guyana will be better reached in 2010 with the increased collaboration with the tripartite constituents and partnering enterprises. In this regard the project intends to reach two-hundred and fifty (250) miners and loggers with BCC messages that go beyond abstinence and faithfulness. In addition, one hundred (100) members of surrounding enterprise communities will be reached with these messages.

It is also the aim of the project to increase the number of enterprises who offer condom services at their worksites to twenty-six (26).

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 11639	Mechanism Name: Peace Corps
Funding Agency: U.S. Peace Corps	Procurement Type: USG Core
Prime Partner Name: U.S. Peace Corps	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 12,000	
Funding Source	Funding Amount



GHCS (State)	12,000
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Sub Partner Name(s)

(No data provided.)

Overview Narrative

Peace Corps Guyana supports Guyana National HIV/AIDS Strategy 2007-2011 and the Mission's PEPFAR goals. This is achieved through close collaboration with the Mission's PEPFAR team, International agencies, Government agencies and local organizations. HIV and AIDS education continues to be an integral part of Peace Corps Guyana's Community Health and Basic Education Initiative Projects. As such, HIV prevention and AIDS education falls within specific objectives of each of these projects.

Within the Community Health Project Plan Goal 1 focuses on youth developing and practicing healthier lifestyles through health education/awareness sessions, training of peer educators to work with groups in their communities and creating alternative activities for youth. Community Health Goal 2 is aimed at improving adults' knowledge, attitude, and practices pertaining to personal and family health through health education sessions and other educational activities, which will boost their quality of life. Several organizations, most recently including Guyana's Ministry of Health, have begun to use edutainment methodology in their programming. Edutainment has proven to be an effective way to gain attention of Guyanese audiences young and old in schools, public spaces or community meetings and give them messages that will stay with them. Volunteers will involve drama and song into their health clubs, science curriculum, life skills sessions and HIV-related literacy into their work.

The Basic Education Initiative Project Plan's Goal 1 similarly focuses on empowering youth, but mainly through life skills education sessions. Volunteers work with school administration and teachers to ensure the Health and Family Life curriculum, designed by Guyana's Ministry of Education, is added to the academic timetable. Goal 3 of the Basic Education Initiative Project Plan assists with the promotion of efficient and effective access to learning resources, which will allow youth to make healthy choices and be involved in alternative activities. Additionally, volunteers often work with out-of-school youth using the out-of-school youth manual, developed by USAID-funded Guyana HIV/AIDS Reduction and Prevention (GHARP) Project. This manual is used by many non-governmental organizations and peer education groups and has proven to be an effective and culturally-appropriate intervention.

PEPFAR Programming at Peace Corps Guyana main goals are 1.) Continue to develop better Peace Corps Response volunteer sites that further the organization and national response goals. 2.) Provide comprehensive, practical training in HIV/AIDS-related topics, gender norms and other relevant Peer



Education skills during Pre-Service and In -service Training 3.) Supply guidance and resources, through technical assistance, proposal writing assistance, financial resources and technical resources that equip volunteers to implement sustainable HIV-related projects. Continued PEPFAR funding will greatly assists Volunteers and moreover, their communities in providing necessary HIV prevention activities in underserved and low resource areas throughout all ten administrative regions of Guyana.

Peace Corps Guyana's PEPFAR programming involves the key issue of Gender, namely equal access for all to services, raising awareness about male norms and behaviors and skills training with women to increase access to income-producing activities. The volunteers work with women's shelters, drug rehabilitation facilities, community-based gender groups and with in-school and out-of-school youth.

Peace Corps Guyana is testing and may adopt several cost efficient strategies such as, providing 'add-on' PEPFAR training days to Post-established conferences and implementing regional workshops to reduce the cost of volunteer transportation. PEPFAR team at Peace Corps Guyana is planning trainings with the long-term vision of their full integration into the continuum of training, e.g. Behavior Change and Peer Education training sessions.

Peace Corps Guyana will ensure that activities are implemented as planned through site visits, meetings with partner organizations and careful review of Volunteers' trimester reports. Work continues to improve the data collection systems and monitoring and reporting mechanisms for Volunteers to insure accurate, quality data is captured. Volunteers are also involved with M & E systems strengthening activities in the health sector and non-governmental organizations.

Cross-Cutting Budget Attribution(s)

Economic Strengthening	2,000
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Key Issues

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

Budget Code Information



Mechanism ID: 11639			
Mechanism Name: Peace Corps			
Prime Partner Name: U.S. Peace Corps			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	5,000	

Narrative:

Programming responding to yellow-lit activities- Guyana PEPFAR Interagency team has adopted OGAC Prevention Technical Working Group recommendations for the sexual prevention portfolio.

Peace Corps/Guyana supports the National AIDS strategy in the area of sexual prevention and capacity building of local organizations. Volunteers are assigned to community health, primary literacy education, and information technology projects in 9 of Guyana's 10 regions and place a particular emphasis on targeting young people. Through these projects, Volunteers target in and out-of-school youth between the ages of 8 to 18 years, and women and men in settings such as church groups and health centers with AB prevention messages. Volunteers and their counterparts receive pre and in-service training to mobilize and train youth and other "connectors" in their communities to conduct peer education, one-on-one talks, small group discussions and public awareness campaigns. Trainings focus on developing life skills, promoting behavior change and addressing gender roles and norms. Peace Corps uses materials developed through the USAID-funded Guyana HIV/AIDS Reduction and Prevention (GHARP) Project, the Peace Corps Life Skills manual, the Health and Family Life (HFLE) curriculum and other evidenced-based curricula. Volunteers also facilitate listening discussion groups through the Merundoi Modeling and Reinforcement to Combat HIV/AIDS (MARCH) project.

In addition, Volunteers build the capacity of local NGOs, CBOs, FBOs, schools and public ministries to develop and implement HIV prevention activities through staff training and systems strengthening. One Peace Corps Response Volunteer (Volunteers who have completed a full term of service and return for 6-12 month assignments) will be recruited specifically to build the capacity of a local NGO that provides support for in-school youth.

Volunteers and their community counterpart have access to funds for community-based projects through the Volunteer Activity Support and Training (VAST) program.

Volunteers submit trimester reports on their activities to Peace Corps/Guyana. Peace Corps/Guyana staff also conducts site visits to monitor the progress of activities conducted by Volunteers and their counterparts



Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	7,000	

Narrative:

Programming responding to yellow-lit activities- Guyana PEPFAR Interagency team has adopted OGAC Prevention Technical Working Group recommendations for the sexual prevention portfolio.

Peace Corps/Guyana supports the National AIDS strategy in the area of sexual prevention and capacity building of local organizations. Volunteers are assigned to community health, primary literacy education, and information technology projects in 9 of Guyana's 10 regions and place a particular emphasis on targeting young people. In Guyana, 73% of out-of-school and 63% of in-school youth are sexually active (AIDS Indicator Survey 2005). Poverty, illiteracy, and lack of legitimate employment place many young women at risk for early sexual activity as a way of earning a living. To address these issues, Volunteers target vulnerable groups with small-group behavior change interventions integrated into existing community structures, such as women's groups, men's groups, church groups, workplace programs, women's shelters, drug rehabilitation facilities, and programs for out-of-school youth. With these community partners, Volunteers work to strengthen life skills, address male norms and behaviors, and provide income-generating skills training for women and at-risk youth. Volunteers leverage existing successful interventions, such as the Out-Of-School Youth Manual and curriculum developed by the GHARP Project, the Merundoi Modeling and Reinforcement to Combat HIV/AIDS (MARCH) radio program, and the Ministry of Health's HIV/AIDS through Edutainment model. If monetary resources are needed, Volunteers and their communities have access to a small grants fund to support community-focused activities.

In addition, Volunteers work with government organizations, local NGOs, CBOs, and FBOs to build their organizational capacity to target most at risk populations. Specifically, three Peace Corps Response Volunteers (Volunteers who have completed a full term of service and return for 6-12 month assignments) will be recruited to work with a female drug rehabilitation centre, local NGO and the Guyana HIV/AIDS Reduction Program. These Volunteers will strengthen staff's capacity to implement small-group behavior change interventions with high risk populations as well as provide organizational capacity building support to the organizations.

Volunteers and their community counterpart have access to funds for community-based projects through the Volunteer Activity Support and Training (VAST) program.

Volunteers submit trimester reports on their activities to Peace Corps/Guyana. Peace Corps/Guyana staff also conduct site visits to monitor the progress of activities conducted by Volunteers and their



counterparts

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12334	Mechanism Name: Hinterlan Initiative
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Remote Area Medical	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 65,000	
Funding Source	Funding Amount
GHCS (State)	65,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Remote Area Medical (RAM) was founded in 1985 to assist Region 9 of Guyana (often called the Rupununi District) and was first invited, under the authority and guidance of the Ministries of Health and Amerindian Affairs, to provide medical services to Region 9 in 1994. Presently, RAM Guyana is administered by a local board of directors that provide guidance and sustainability and are based in Lethem, Region 9. While the region continues to struggle with a wide variety of serious health issues, RAM has incrementally come a long way particularly in areas such as immunization coverage and malaria control. In 2001 RAM added a specially equipped aircraft which has since been active providing on-call emergency evacuations and medical outreach programs to the many remote communities throughout the hinterland. In region 9, there are health facilities in 57 communities. A staff of medexes and CHW provide vital services and are the backbone of care delivery in the villages. RAM has repeatedly found ways to fill the gaps and responded to the needs of the Ministry and of regional health authorities. RAM has a well known history of providing a variety of interventions including health education, dental care, surgery, ophthalmology, optometry, women's health services, and others. Most of all, a close collaboration and



sharing of critical resources is needed to address the immense logistical challenges in service delivery and skills training.

The Rupununi Partnerships for Health (RPH) project seeks to combine the proposed HIV and AIDS prevention, testing, and counseling activities together with existing and proven health outreach programs for the mutual benefit of both. In other words: on one hand the high cost of transportation would be offset allowing robust medical outreach programs involving dental care, eye care, TB testing, and blood sugar screening, while on the other hand HIV testing, counseling, and care would be more effectively provided when held in concert with these and other critical services. Not only would the HIV and AIDS related work be enhanced and the capacity of health workers built, but money spent on transportation would be used to provide multiple services and reduce overlap. Instead of a traditional and one dimensional "AIDS team" arriving in a village to provide a single stigmatized service, a "Health team" would pull in and generate an enthusiastic and positive response.

Goals and Objectives:

RAM Guyana as a partner in the Hinterland Initiative will take a regional approach to the HIV/AIDS response (focusing on Region 9) with a "one stop shop" methodology incorporating HIV/AIDS services with other health services in order to maximize efficiency and reduce stigmatization of HIV/AIDS services. With the goal of achieving primary prevention of HIV infection in Region 9 of Guyana, the objectives of the RPH project are to: scale up counseling and testing services through establishment of fixed site (Lethem Eye Clinic/RAM office) as well as an extensive mobile program; to improve upon and utilize existing transportation and infrastructure required for services and activities such as VCT and education; to educate vulnerable populations' delay of sexual debut, safe sexual practices, and reduction in alcohol use. With the goal of improving care and treatment of HIV/AIDS in the remote areas of Region 9, the objectives are to: improve upon and make better use of existing referral network through the CDC/MOH mobile care and treatment team; to inform and engage residents of Region 9 at the local level about the need for care and psychosocial support and the effects that stigmatization and discrimination have on care and treatment. With the goal of strengthening the capacity of regionally-based structures and organizations to respond to the epidemic in a coordinate and informed manner, the objectives are: to coordinate and collaborate with a wide range of stakeholders to foster local ownership of, and participation in activities; to reduce overlap and cover gaps in services provided through active information sharing and promotion of regional coordination mechanisms; and to improve strategic information activities and develop materials that are demographically and geographically relevant and beneficial to both regional and national decision makers alike.



Cross-Cutting Budget Attribution(s)

Construction/Renovation	REDACTED
Human Resources for Health	52,200

Key Issues

Increasing gender equity in HIV/AIDS activities and services
 Malaria (PMI)
 Mobile Population
 TB

Budget Code Information

Mechanism ID: 12334			
Mechanism Name: Hinterlan Initiative			
Prime Partner Name: Remote Area Medical			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	65,000	

Narrative:

Programming responding to yellow-lit activities- Guyana PEPFAR Interagency team has adopted OGAC Prevention Technical Working Group recommendations for the sexual prevention portfolio.

Continuing Activity: Three partners were stated under TBD/Hinterland Mechanism ID 10693 in FY09, we are now treating each partner under a new mechanism.

Activities to be undertaken by RAM Guyana through the RPH project under the Hinterland Initiative will include, in close collaboration with the CDC Guyana office: meeting with the CDC Guyana office for guidance, monitoring, and ongoing review of programs; meeting with the National AIDS Program Secretariat/Ministry of Health and national stakeholders to plan for VCT expansion, training, and follow up; continuing Regional AIDS Committee meetings to generate and continue support for project and to identify areas of collaboration; continuing to recruit and develop volunteers to support the RPH project; continuing to set up the main RAM office in Lethem including purchase and delivery of equipment and supplies; to train an additional three persons to function as trained and certified counselors and testers by



the VCT program and to provide refresher training to those counselor-testors who require it; to continue to engage and sensitize indigenous village-level groups (ie Village Health Committees) regarding issues of Stigma and discrimination, psychosocial support, VCT mobilization, community feedback, and program ownership; to continue collaborative expeditions of Mobile Health Truck including VCT and Edutainment modules to work with community groups and partners to build local capacity; to hold a Region 9 VCT and HIV referral meeting with all VCT providers (MOH, NAPS, Youth Challenge Guyana) and MOH/NAPS counseling and testing team; to complete first draft of collaboratively written Region 9 document detailing HIV case referral practices to maximize effectiveness; and to open the second fixed VCT site in region 9.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12335	Mechanism Name: Hinterland Initiative
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Bina Hill Institute for Research, Development, and Training	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 65,000	
Funding Source	Funding Amount
GHCS (State)	65,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Background of Hinterland Initiative:

The Hinterland regions of Guyana (regions 1, 7, 8, and 9) are home to some of the most significant health and development challenges that Guyana faces. Those communities inhabiting the hinterlands of Guyana - mostly indigenous Amerindians but other races as well - continue to struggle with health issues including tuberculosis, malaria, parasitic infections, diarrhea, chronic diseases, and HIV infection.



However, challenges go beyond the health sector and include problems such as lack of food security and safe water, lack of access to economic markets, and lack of access to education. Physical infrastructure, such as roads, water and energy supply, is underdeveloped and most hinterland inhabitants are without adequate transportation to basic social services. The poor physical infrastructure coupled with semi-nomadic lifestyle and cultural and occupational challenges also affect access to health services in these communities.

Prevalence rates indicate that there are significantly lower levels of HIV in the hinterland communities than those found in the coastland regions. However, hinterland communities are home to pockets of high risk groups, such as miners, loggers, commercial sex workers, and military personnel posted to hinterland camps, among others. The dominant mode of transmission is through heterosexual contact and mother to child transmission. The risk for the majority of Hinterland residents is through the bridging of populations, meaning people who are at higher risk providing links with other people who have lower risk behavior. In addition to these occupational risk factors, there are also specific cultural norms and practices within Amerindian communities that place this group at higher risk; these include sexual intercourse in younger ages, multiple sex partners, and high levels of alcohol consumption.

Institutions from various sectors of Guyana have implemented and are currently implementing projects addressing some of these health and development challenges in the hinterland regions, one at a time. These entities include various Government of Guyana bodies such as the Ministry of Health, Ministry of Amerindian Affairs, Ministry of Education, and Ministry of Local Government; various international organizations such as UNDP, UNICEF, IDB, and the World Bank; and numerous NGOs, CBOs, FBOs that have undertaken work to address some of these risk factors, including some specifically focused on HIV/AIDS. In partnership with CDC, the Ministry of Health (MOH), through Guyana's National AIDS Programme Secretariat (NAPS) and Regional Health Services (RHS), provides mobile health services including HIV/AIDS services to the hinterland communities, including those in regions 1 and 9. The roving medical team currently supported by CDC/PEPFAR provides counseling and testing, and care and treatment services.

The mission of the Hinterland Initiative is to expand health services, specifically HIV/AIDS services, to the Hinterland regions of Guyana (regions 1 and 9) by strengthening existing partnerships, and building new partnerships to curb the HIV epidemic in remote regions of the country. The Hinterland Initiative seeks to realize Guyana's goal of making access to HIV/AIDS services universal and equitable by promoting better coordination and integration of multiple partners and NGOs that currently provide clinical and non-clinical services in the hard to reach interior regions of the country. By expanding HIV/AIDS services to the remote regions of Guyana through synergistic and coordinated efforts, the Hinterland Initiative seeks to realize an opportunity to strengthen the local capacity of the Hinterland communities to deliver sustainable



health care services and to build platforms for the delivery of other health services.

Background of Bina Hill Institute for Research, Development, and Training

The Bina Hill Institute, established in 2001, works with several partners under the umbrella of the North Rupununi District Development Board (NRDDB) of Region 9, including Pronatura and Iwokrama, to develop training, research and other resources in the North Rupununi. The NRDDB, established in 1996, is a locally formed Amerindian community-based organization composed of village leaders and other community representatives. The NRDDB is an NGO that represents 16 communities in the North Rupununi by taking responsibility for the planning and coordination of many educational, developmental, cultural and research programmes, and facilitates the management and development of these communities. The Bina Hill Institute is in the forefront as a centre for Amerindian cultural initiatives in Guyana. The mission of Bina Hill is to facilitate local development initiatives offering contacts and networking with all other local leadership, other local and international development organizations and ensuring future development of the North Rupununi District and Region 9. Over the next five years, Bina Hill Institute will expand its training efforts significantly. The major areas identified by local people are in natural resource management, traditional knowledge systems, and building capacity for both occupational and economic development include: Agricultural training including veterinary science, plant science, horticulture, and pest control; Understanding laws and resource mapping for the development of sustainable businesses involving timber, tourism, medicinal plants, aquarium fish and honey; Professional skills development such as in carpentry, masonry, boat and other vehicle operation and mechanics, cooking, sewing, microscopy and computer use, as well as training for guides, rangers, community environmental workers, teachers and nurses, and; Organisational development skills such as household and village financial management, governance and leadership.

Bina Hill also operates Radio Paiwomak (FM 97.1), the first hinterland community-managed radio station, which began broadcasting in 2000. The station is located within the Bina Hill Institute and operates under the umbrella of the NRDDB. The station affirms the culture and traditions of the Makushi. Radio Paiwomak serves 9 of the area communities.

Goals and Objectives:

Bina Hill as a partner in the Hinterland Initiative in FY10 (year 2) will continue to implement the project "Stemming the flow of HIV/AIDS in Region 9, Guyana, through educational and community based activities and services that utilize technological tools and the cultural strengths of the indigenous peoples in sustainable ways" focusing on the South Pakaraimas. The project targets HIV/AIDS prevention in the



50 communities of Region 9 with a population of approximately 30,000 people. These communities consist mainly of indigenous peoples of the Makushi, Wapishana, and Wai Wai tribes living in remote hinterland communities in the Southern Guyana approximately 500 kilometers away from the coastal and capital of Guyana.

The objectives of the project are: to tool the communities and local organizations in Region 9 in strategic ways such as professional staffing and improved communication, transportation, and infrastructure, to strengthen the fight against HIV/AIDS; to lessen the incidence of HIV infections among the indigenous population in region 9 through education and culturally friendly methodologies and interventions; to facilitate the formation of community-based, sub-district, and regional committees to give ownership to the local people and allow sustainability of the project inputs, and; to strengthen partnerships with the involvement of local organizations such as Bina Hill Institute, other NGOs, Village Councils, with the Ministry of Health and active groups such as Peace Corps and other PEPFAR partners.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 12335			
Mechanism Name: Hinterland Initiative			
Prime Partner Name: Bina Hill Institute for Research, Development, and Training			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	65,000	
Narrative:			
Programming responding to yellow-lit activities- Guyana PEPFAR Interagency team has adopted OGAC Prevention Technical Working Group recommendations for the sexual prevention portfolio.			
Continuing Activity: Three partners were stated under TBD/Hinterland Mechanism ID 10693 in FY09, we			



are now treating each partner under a new mechanism.

Activities to be undertaken by Bina Hill will be guided by technical assistance from CDC. An evidence-based intervention such as the CDC-supported Popular Opinion Leader, if adaptable to local context, will be implemented in FY10 with support from CDC. In addition, partnerships with existing Government of Guyana bodies, including the Ministry of Amerindian Affairs, as well with other PEPFAR partners such as Merundoi, Inc will continue to be explored. Prevention interventions will continue to be adapted to be more culturally appropriate and locally relevant; local languages will be used in all aspects of project implementation, existing culturally appropriate publications in the indigenous languages will be printed and disseminated, new culturally appropriate materials will be produced and utilized for dissemination to communities.

Bina Hill will continue its education program in FY10 to educate the indigenous population about STIs and related OIs so that they may utilize the services available for their own good. It will also continue to collaborate with existing NGOs such as the Deep South Toshao's Council, South Central Peoples Association, South Pakaraimas Area Council, and the 50Village Councils. Community health committees will continue to be supported to coordinate health activities, including HIV/AIDS, in their communities. In order to do this, ten youth groups will undergo Peer Education training and four women's groups will be sensitized about mother-to-child transmission. Additionally, large community level events will be utilized to deliver IEC materials, such as the ARC games in South Rupununi, football championship in the South Pakaraimas, Heritage activities in the South Pakaraimas, as well as the Rupununi Rodeo, Rupununi Day, and Amerindian Heritage Day. To improve transportation facilities, a motorcycle will be purchased for the sub-district coordinator of the South Pakaraimas.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12336	Mechanism Name: Initiatives Incorporated
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: Initiatives, Inc.	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 300,000



Funding Source	Funding Amount
GHCS (State)	300,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The Track 1.0 centrally managed agreement for Injection Safety (IS) administered by Initiatives Incorporated under the Guyana Safer Injection Project (GSIP) which commenced in October 2004, ended on March 31st, 2010. This project sought to prevent biomedical transmission of HIV (and other blood-borne pathogens) through sharp and other medical waste by promoting the implementation of safe injection practices and environmentally friendly medical waste disposal throughout Guyana. To date, Initiatives Inc has developed national strategies, policies, standards and guidelines related to reducing unsafe and unnecessary injections; improved provider skills in prevention infections and health care management; developed and implemented an advocacy and social mobilization strategy for increased awareness of health providers and clients, communities and managers regarding the rational use of injections; universal precautions, and appropriate waste management; forecasting and procurement of safety supplies; establishing a monitoring and evaluation system to name a few.

Despite these successes a number of challenges remain to be addressed including monitoring and supervision of facilities, access to final waste disposal options for all health facilities country-wide, addressing unnecessary injections and rational drug use among foreign doctors as well as local doctors, increasing accessibility of post exposure prophylaxis for remote health facilities, institutionalizing commodity procurement (bin liners etc.) within regional budgets and systems and ensuring sustainability of pre-service and in-service training programs.

Additional funding for this activity will enable Guyana to continue injection safety activities in a more robust way, building on the successes of the Track 1.0 program, while strengthening a smoother transition to a more country owned program that can be sustained by Guyana. This program will reinforce country ownership and strengthen the capacity and sustainability of partners to manage injection safety and infection promotion programs by strengthening quality assurance controls and improving the MOH coordination with stakeholders. This will result in significant improvements in the quality and safety of health services and a measurable reduction in the risk of transmission of infectious disease in health care settings and communities.



Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Increasing gender equity in HIV/AIDS activities and services

Child Survival Activities

Safe Motherhood

Family Planning

Budget Code Information

Mechanism ID: 12336			
Mechanism Name: Initiatives Incorporated			
Prime Partner Name: Initiatives, Inc.			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMIN	300,000	
Narrative:			
<p>In FY 10, Initiatives will therefore implement an injection-safety and infection control program that establishes sustainable injection practices through the following components: (1) Training, support and capacity-building of health care providers as well as program and facility managers to improve safer injection practices; (2) reducing the frequency of unnecessary injections through advocacy and behavior change targeting health care workers and community members to develop safe injection practices; (3) management of sharps waste to reduce the disease transmission hazards associated with sharps (4) protecting health facility staff from needle stick injuries (5) promotion of injection safety and infection prevention and control standards; and (6) development of quality management systems to ensure compliance with standards.</p> <p>1. Training, Support and Capacity-building</p> <p>a. Train and educate public and private facility health care workers in safer medical practices, including safe injection practices, universal precautions, selection appropriate waste-management options and decreasing unnecessary medical injections.</p> <p>b. Develop and or update institutional service-delivery policies, standards, guidelines, job descriptions, monitoring tools, etc., to reflect management practices in safe injections and in the waste management of</p>			

- sharps waste (in accordance with national or international standards).
- c. Assist and train health care workers (HCWs), phlebotomists and logisticians in safe-injection commodity forecasting, financing, procurement, logistics and supply management to ensure that both sterile, single-use injection devices for injection and reconstitution and safety boxes are available in health care facilities in sufficient quantities for the number of injections administered.
 - d. Advise and assist program managers and facility administrators to direct, supervise and monitor activities to improve injection and worker safety within their areas.
2. Reducing Unnecessary Injections Through Advocacy and Behavior Change
- a. Working with the MOH Communications Unit, increase public support for injection safety among the main target audiences, which include: program managers, health facility administrators, professional associations, health workers, pharmacies, training institutions including medical schools and the general public.
 - b. Promote the use of oral formulations among prescribers and providers and patients.
 - c. Increase public awareness of Injection Safe health facilities
3. Sharps Waste Management
- a. Develop and strengthen systems to support proper disposal of sharps. Provide technical assistance in assessment, planning and leveraging support from external agencies for items such as incinerators.
 - b. Support the development and roll-out and implementation of the National Health Care Waste Management Plan that ensures safe handling of medical waste from generation to final disposal with minimal risk of HIV/other disease transmission;
 - c. Engage the private sector to leverage resources in support of waste management in public-private-partnerships;
 - d. Train waste handlers and incinerator operators on waste management and safety
 - e. Train biomedical engineers in maintenance of incinerators across the health sector; and
 - f. Pilot and evaluate a waste management system that promotes pooled waste management across several health facilities within the same locality to share a single incinerator or other final disposal options that meets WHO standards.
4. Protecting health workers from needle stick Injury
- a. Assist the MOH with roll-out and monitoring of post-exposure prophylaxis (PEP)
 - b. Assist the MOH to monitor and maintain the health worker vaccination program for Hepatitis B and tetanus.
5. Implementing standards for management of injection safety and infection prevention
- a. Collaborate with the Ministry of Health and other PEPFAR partners, as appropriate, to develop and/or update national and institutional service-delivery policies, standards, guidelines, job descriptions,



monitoring tools, etc., to reflect management practices in safe injections and in the management of medical waste (in accordance with national or international standards).

b. Advice and assist program managers and facility administrators to direct, supervise and monitor activities to improve bio-safety and medical waste management within their areas.

d. Scale up the Injection Safety certification process to all health facilities.

e. Develop the capacity of health facility staff and regional managers/supervisors to monitor quality, problem solve and maintain high performance standards.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12337	Mechanism Name: American Society for Microbiology
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: American Society for Microbiology	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 55,000	
Funding Source	Funding Amount
GHCS (State)	55,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

- Goals & objectives under the Award

The American Society for Microbiology (ASM), in coordination with the Centers for Disease Control and Prevention (CDC)-Guyana, the Guyana Ministry of Health (MOH), the National Tuberculosis Programme (NTP), and other local partners, will continue and expand its technical assistance (TA) to the Guyanese public health laboratory network, with emphasis on tuberculosis (TB) and other microbial opportunistic



infections (OI).

The specific objectives for FY10 are:

1. Improve human resources and laboratory infrastructure (including biosafety) for diagnosis of TB at National Public Health Reference Laboratory (NPHRL) and select peripheral laboratories.
2. Support the introduction of new TB diagnostic tools

- Geographic coverage

ASM's TA will continue to concentrate primarily on the NPHRL. However, during the annual visit by ASM Program Manager, a plan will be developed to expand assistance to other TB laboratories in Guyana, taking into consideration the lessons learned during the previous year at the NPHL.

- Key issues

The key issues remain addressing biosafety shortcomings, in preparation for the introduction of liquid culture, at NPHRL TB laboratory; improving human capacity, infrastructure, and QA/QC at NPHRL and other select TB laboratories in the country; and finally, the introduction of new technology for TB diagnosis, including rapid tests (fluorescence microscopy, Capillia, line probe assay) and automated liquid culture.

- Strategy towards costs efficiency

To make better use of the scarce resources allocated to this program, ASM will coordinate its efforts with other partners, such as PAHO, to avoid duplication of activities; and also build on the lessons learned from FY09 activities. ASM will also continue to pull from its multiple in-house programs (fellowships, professorships etc) and resources (books etc) to help build local scientific capacity.

- Monitoring & Evaluation (M&E)

ASM will continue to emphasize M&E as a means of routinely tracking the key elements of program performance and proposes to optimize efforts by developing more standardized and harmonized tools for data collection and reporting, which should be aligned with Guyana's existing data collection systems. This would minimize parallel M&E efforts and diminish reporting burden. These activities will be overseen by a staff M&E specialist.

Cross-Cutting Budget Attribution(s)

Construction/Renovation	REDACTED
Human Resources for Health	35,000



Key Issues

TB

Budget Code Information

Mechanism ID: 12337			
Mechanism Name: American Society for Microbiology			
Prime Partner Name: American Society for Microbiology			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	55,000	

Narrative:

For FY10 ASM consultant will continue to train NPHRL laboratorians in TB solid culture, and newly implement Mtb identification and drug susceptibility testing (DST); and expand this training to other labs in the country. S/he will also assist with the introduction of new diagnostic methods, such as Capillia and line probe assays . ASM consultants will also continue to train NPHRL and regional laboratorians on novel OI diagnostic techniques indentified as being needed by the national HIV care and treatment program in FY09.

The Biosafety engineer that worked closely with CDC and the National TB program in FY09 on the biosafety level 3 (BSL-3) upgrade of the TB laboratory at the NPHRL will return to Guyana in FY10 to evaluate progress on the BSL-3 upgrade and make recommendations on the TB lab infrastructure at the NPHRL and selected regional laboratories.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12338	Mechanism Name: UNAIDS
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: UNAIDS	



Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 15,000	
Funding Source	Funding Amount
GHCS (State)	15,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The Joint United Nations Programme on HIV/AIDS (UNAIDS) Secretariat for Guyana and Suriname, based in Guyana, has been supporting the National AIDS Program Secretariat of Guyana since 2003 in building its capacity to effectively respond to the HIV/AIDS epidemic. As the main advocate for global action on the epidemic, UNAIDS leads, strengthens and supports the expanded response aimed at preventing transmission of HIV, providing care and support, reducing the vulnerability of individuals and communities to HIV/AIDS, and alleviating the impact of the epidemic. The UNAIDS Corporate Objectives are: Leadership & Advocacy for effective action; Civil society engagement & partnership development; Strategic information to guide efforts of partners; Tracking, Monitoring & Evaluation of the epidemic and actions; and Financial, technical and political resource mobilization.

The Guyana Joint UN Programme of Support 2009-2011 to support the Guyana National HIV/AIDS Strategy include the collection, generation, analysis, dissemination, and use of strategic information; integration of HIV prevention, treatment, care and support in adolescent sexual and reproductive health services; greater involvement of the Faith Leadership in Guyana towards universal access; moving towards universal access to HIV prevention and support for sexual minorities; and UN Learning on HIV in the UN workplace. UNAIDS and the USG Guyana team have a history of collaborating on various HIV/AIDS activities in Guyana, specifically surrounding strategic information and health systems strengthening. In FY10, CDC established a cooperative agreement with UNAIDS to jointly provide technical assistance in strategic information to the Ministry of Health/National AIDS Program Secretariat and to collaborate in building the public health capacity of Guyana.

Goals and Objectives:

The overall goal of the CDC-UNAIDS cooperative agreement is to leverage the technical strengths of both agencies in responding to the HIV/AIDS epidemic in Guyana and provide a means for collaboration in



support to the national response and the There Ones' Principle. The objective of this cooperative agreement is strengthening public health strategic information system of Guyana. This work supports the UNAIDS global objectives that are outlined in Joint Action for Results, the UNAIDS Outcome Framework 2009-2011.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 12338			
Mechanism Name: UNAIDS			
Prime Partner Name: UNAIDS			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	15,000	

Narrative:

UNAIDS, in collaboration with CDC Guyana, will undertake a range of activities in line with the National Strategic Plan for HIV/AIDS 2007-2011 and based on immediate national priorities in order to reach this objective. The scope of activities may include the following in FY10: Updating of the national HIV epidemiological profile for Guyana; Development of a 5-year HIV surveillance strategy; Use of PMTCT data for surveillance purposes; Size estimates workshop for most at risk populations; Undertaking of a Modes-of-Transmission analysis; and Participation in regional surveillance activities (consensus meetings, prevalence estimation workshops)

In addition, UNAIDS, in collaboration with CDC Guyana, will provide technical Support for analysis of national data. By mid FY 2010, Guyana will have newly available population-based data from various sources; namely the 2008 round of BBSS and the first round of DHS. Information from these two exercises are to be analyzed in conjunction with other selected data sources (ie: routine and program evaluation) to inform development of Guyana's next National Strategic Plan. To assist the National AIDS Program to make most effective use of available data to inform strategy and policy directions, a data



triangulation workshop will be held in Guyana. Triangulation is an approach to data analysis that synthesizes data from multiple sources. Triangulation seeks to examine existing data quickly to strengthen interpretations and improve policy and programs. By examining information collected by different methods, by different groups and in different populations, findings can be corroborated across data sets, reducing the effect of potential biases that can exist in a single study. Through these efforts, UNAIDS and CDC hope to jointly build the Ministry of Health Guyana's capacity to lead, monitor and implement activities that strengthen the national strategic information section.

Implementing Mechanism Indicator Information

(No data provided.)



USG Management and Operations

1.
Redacted
2.
Redacted
3.
Redacted
4.
Redacted
5.
Redacted

Agency Information - Costs of Doing Business U.S. Agency for International Development

Agency Cost of Doing Business	Central GHCS (State)	DHAPP	GAP	GHCS (State)	GHCS (USAID)	Cost of Doing Business Category Total
Computers/IT Services				19,000		19,000
ICASS				53,000		53,000
Non-ICASS Administrative Costs				192,000		192,000
Staff Program Travel				54,000		54,000
USG Staff Salaries and Benefits				272,000		272,000
Total	0	0	0	590,000	0	590,000

U.S. Agency for International Development Other Costs Details

Category	Item	Funding Source	Description	Amount
Computers/IT Services		GHCS (State)		19,000



ICASS		GHCS (State)		53,000
Non-ICASS Administrative Costs		GHCS (State)		192,000

U.S. Department of Defense

Agency Cost of Doing Business	Central GHCS (State)	DHAPP	GAP	GHCS (State)	GHCS (USAID)	Cost of Doing Business Category Total
Computers/IT Services				1,000		1,000
ICASS				18,000		18,000
Management Meetings/Professional Development				1,000		1,000
Non-ICASS Administrative Costs				8,500		8,500
Staff Program Travel				8,000		8,000
USG Staff Salaries and Benefits				28,500		28,500
Total	0	0	0	65,000	0	65,000

U.S. Department of Defense Other Costs Details

Category	Item	Funding Source	Description	Amount
Computers/IT Services		GHCS (State)		1,000
ICASS		GHCS (State)		18,000
Management Meetings/Profession		GHCS (State)		1,000



al Development				
Non-ICASS Administrative Costs		GHCS (State)		8,500

U.S. Department of Health and Human Services/Centers for Disease Control and Prevention

Agency Cost of Doing Business	Central GHCS (State)	DHAPP	GAP	GHCS (State)	GHCS (USAID)	Cost of Doing Business Category Total
Capital Security Cost Sharing			160,226	141,774		302,000
Computers/IT Services			110,000	94,000		204,000
ICASS			200,000			200,000
Management Meetings/Professional Development			15,000			15,000
Non-ICASS Administrative Costs			253,298	302,690		555,988
Staff Program Travel			50,000	56,402		106,402
USG Staff Salaries and Benefits			411,476	352,959		764,435
Total	0	0	1,200,000	947,825	0	2,147,825

U.S. Department of Health and Human Services/Centers for Disease Control and Prevention Other Costs Details

Category	Item	Funding Source	Description	Amount
Capital Security Cost Sharing		GAP		160,226



Capital Security Cost Sharing		GHCS (State)		141,774
Computers/IT Services		GAP		110,000
Computers/IT Services		GHCS (State)		94,000
ICASS		GAP		200,000
Management Meetings/Professional Development		GAP		15,000
Non-ICASS Administrative Costs		GAP		253,298
Non-ICASS Administrative Costs		GHCS (State)		302,690

U.S. Department of State

Agency Cost of Doing Business	Central GHCS (State)	DHAPP	GAP	GHCS (State)	GHCS (USAID)	Cost of Doing Business Category Total
Management Meetings/Professional Development				8,000		8,000
Non-ICASS Administrative Costs				2,000		2,000
Staff Program Travel				12,259		12,259
USG Staff Salaries and Benefits				52,741		52,741
Total	0	0	0	75,000	0	75,000



U.S. Department of State Other Costs Details

Category	Item	Funding Source	Description	Amount
Management Meetings/Professional Development		GHCS (State)		8,000
Non-ICASS Administrative Costs		GHCS (State)		2,000

U.S. Peace Corps

Agency Cost of Doing Business	Central GHCS (State)	DHAPP	GAP	GHCS (State)	GHCS (USAID)	Cost of Doing Business Category Total
Non-ICASS Administrative Costs				2,200		2,200
Peace Corps Volunteer Costs				56,800		56,800
Staff Program Travel				4,800		4,800
USG Staff Salaries and Benefits				23,500		23,500
Total	0	0	0	87,300	0	87,300

U.S. Peace Corps Other Costs Details

Category	Item	Funding Source	Description	Amount
Non-ICASS Administrative Costs		GHCS (State)		2,200