Central America Region

Operational Plan Report

FY 2010

Operating Unit Overview

OU Executive Summary

HIV/AIDS Epidemic in Central America:

With the exception of Belize, the Central America region is characterized by a concentrated HIV/AIDS epidemic with low prevalence among the general population but very high prevalence among certain subgroups such as men who have sex with men (MSM); transgender, male and female sex workers; clients of sex workers and their partners; certain ethnic groups such as the Garífuna; and mobile populations.

According to UNAIDS (2008), HIV prevalence in adults in Central America is highest in Belize (2.1 percent), followed by Panama (1.0 percent), El Salvador (0.8 percent), Guatemala (0.8 percent), Honduras (0.7 percent), Costa Rica (0.4 percent), and Nicaragua (0.2 percent)[1]. These low national percentages mask the concentrated epidemic among the most at-risk populations. Although availability of quality data on the epidemic among these hard to reach populations is limited, research conducted in 2002 suggested that infection levels among MSM ranged from 9.3 percent in Nicaragua to 17.8 percent in El Salvador. High HIV prevalence has also been found among female sex workers (FSW), ranging from <1 percent in Nicaragua to 4.5 percent in Honduras.

Data from a 2006 survey in Honduras has shown encouraging signs of a decline in HIV prevalence from 9.2 percent among FSW in 2002 to 4.5 percent, and from 13 percent to 9.9 percent among MSM, paralleled with an increase in consistent condom use among these population groups, suggesting that condom promotion and other prevention efforts may have had a positive impact. There are no country-level studies to date on militaries or injecting drug users (IDU) to assess their potential role in HIV transmission, with the exception of Honduras where the 2006 survey found that 1.5 percent of MSM and 4.0 percent of FSW reported the use of injection drugs. TB surveillance varies greatly in the region with available data estimating HIV co-infection rates among TB patients in Guatemala to be around 20 percent.

Host country governments continue to show a strong response to the epidemic and with support of the Global Fund to Fight AIDS, Tuberculosis and Malaria and other partners in the region, their efforts have focused on providing anti-retroviral treatment (ART), care for people living with HIV (PLWHA), programs for the Prevention of Mother-to-Child Transmission (PMTCT), and behavior change communication (BCC) for low and high risk groups. Despite ART coverage in the region ranging from 60 percent (Guatemala and Honduras) to 100 percent (Costa Rica), significant variability and wide ranges may be attributable to incomplete uptake, limited access to available treatment services and low retention rates amongst subpopulations with the highest HIV prevalence. HIV activities supported by host governments have had notably limited coverage of most-at-risk populations (MARPs). In addition, stigma and discrimination against these populations continue to represent major barriers to effectively address the epidemic across the region.

While the USG has played a leading role in the HIV/AIDS epidemic response in the region for over 10 years through support to government and civil society, this year marks the first submission of a PEPFAR Regional Operational Plan that culminates a coordinated and consultative process between the USG and

[1] New data from the Nicaraguan Ministry of Health's Health Surveillance Department have not yet been incorporated into the UNAIDS figures, however, the new data suggest that the adult HIV prevalence rate is probably higher than the current UNAIDS figure for Nicaragua.

national and regional stakeholders to develop the Partnership Framework (PF). The Central America Partnership Framework is expected to be signed in early 2010 and represents a hallmark of collaboration between the USG and Central America Council of Ministries of Health (COMISCA), the regional body made up of all national Ministries of Health. The PF has a clear focus on MARPs and the USG will continue to provide appropriate and strategic technical assistance to the seven Central American countries to strengthen their HIV/AIDS programs and improve services for these vulnerable at-risk populations.

Program Description:

To address the region's epidemic, the Central America PF focuses on four key areas: prevention, health system strengthening, strategic information and policy. USG efforts and resources in FY10 will be directed toward these priority areas as described below:

Prevention

Prevention activities seek to increase healthy behaviors among MARPs. The specific behaviors include: increased condom use, reduced number of sexual partners and increased HIV testing. The prevention activities in Central America focus on the different sub-sets of MARPs including MSM, male and female sex workers (SW) and their clients, PLWHA, mobile populations, and the armed forces, at-risk youth and ethnic groups such as the Garifuna. The USG is supporting comprehensive/ combination prevention programming that includes: BCC interventions to reduce the prevalence of high risk sexual behaviors among MARPs and PLHIV; support to expand access to and use of prevention services; and technical assistance (TA) to adopt and implement policies at the national, local and institutional levels to reduce stigma and discrimination against MARPs.

In 2010, USG supported programs are expected to reach more than 100,000 MARPs with comprehensive behavior change activities, including 22,828 commercial sex workers, 19,880 MSM and 77,481 individuals from other vulnerable groups. BCC materials are being revised to reflect the results of the most recent behavioral surveys to better focus on relevant messaging for specific target groups, including at-risk youth. Specific prevention approaches continue to evolve to better meet the needs of MARPs, with the utilization of innovative methodologies to address the drivers and sub-populations of the epidemic. For example, the USG supported *Hombres de Verdad* ("Real Men") campaign messages targeted specific sub-groups of men, including MSM and clients of FSWs.

Ensuring condom availability for MARPs represents a critical component of the prevention program. To this end, the regional HIV prevention program is identifying and prioritizing underserved areas, distributing and promoting multiple brands of products using a mix of state-of-the-art research tools, market segmentation, and offering a mix of service delivery modalities. To ensure sustained availability of condoms in high-risk outlets, strategic linkages with Ministries of Health, NGOs, the commercial private sector and other projects are being developed. USG supported coordination efforts continue to focus on the development and finalization of national condom distribution strategies in the region.

The USG will continue to promote the uptake of HIV counseling and testing services of at-risk populations and support innovative approaches to increase accessibility of counseling and testing such as through mobile services. USG will provide technical assistance and coordinate with existing MOH and newly established counseling and testing facilities to ensure they provide quality services that cater to the special needs of the region's most vulnerable populations including stigma reduction efforts.

To promote greater access of MSM and other vulnerable populations to HIV related services, the USG will continue to work with private health providers either in private practice or through NGOs/CBOs. At the same time, USG will also continue to work with targeted public sector facilities to enable them to better

reach and serve at-risk populations. In both the private and public sectors, TA will help to expand the type and quality of services targeted to PLWHA.

Existing USG prevention programs will expand implementation to additional areas in the region in FY10. Selection of new sites will be strategically based on HIV prevalence and concentration of at-risk populations in geographic areas as well as the level of HIV related services currently available. Such decisions will be discussed in coordination meetings with CBOs, FBOs, NGOs and host government entities.

Health Systems Strengthening

Health System Strengthening (HSS) activities will build the capacity of countries to more effectively reach MARPs by delivering sustainable high quality HIV/AIDS services. The USG efforts will support improvements in laboratory capacity, health workforce capacity, including a focus on quality of care, and supply chain management. TA will be provided to Ministries of Health, private sector health care providers, the military health care system and NGO partners.

To improve regional diagnostic STI and TB capabilities, the USG will work with other regional stakeholders such as PAHO to provide technical support to the HIV regional laboratory in Panama in the establishment of a regional laboratory for STI/TB, and will facilitate the participation of the national laboratories in the regional laboratory network, strengthen TB/HIV surveillance, increase HIV diagnoses among TB patients, improve clinical management of HIV and other sexually transmitted infections (STIs), TB and opportunistic infections (OIs). The USG will develop and implement diploma courses on HIV/STIs/OIs and TB; second generation surveillance; appropriate counselling and testing protocols/techniques; and the provision of services and care to MARPs.

Improving the quality of HIV related treatment and care represents a significant focus of capacity building in the region. The USG will support capacity building efforts (standardization and development of curricula, training and other materials) for health care providers and other cadres of care givers (PLWHA, NGOs, etc.) to diversify and strengthen the workforce in its provision of services to MARPs. These human resource related efforts include both comprehensive in-service and pre-service training for health care providers. The USG will also work to develop a Gender Sensitivity Assessment Tool for providers and managers, to address gender sensitivity and equity in HIV/AIDS prevention, care and support services.

Supply chain management of essential medicines and supplies for HIV/AIDS programs remains a challenge for the region. USG will support work at the regional level to leverage economies of scale for commodities procurement and coordination at both regional and national levels to ensure a sustainable system for commodities at HIV service delivery points.

Strategic Information

Strategic Information (SI) activities will strengthen national and regional abilities to monitor and use information that enhance the understanding of the epidemic and enable individual countries and the region to design and implement evidence-based, sustainable and cost effective program interventions.

The USG will support SI activities through the provision of TA to develop a regional five-year SI strategy complementary to national strategies; to support monitoring, evaluation (M & E) and surveillance activities in the areas of HIV, TB and STIs; to assist in the development of health management information systems (HMIS); and to conduct studies in the areas of prevention, care and policy.

The USG will provide TA to the Regional Coordinating Mechanism (RCM) of COMISCA to establish and support a regional M&E committee and the regional surveillance system. Support will be provided to

select and harmonize national core indicators and establish one regional body that will be the repository of all/most M&E and surveillance information. ROP 2010 activities will strengthen SI capacity in the region by providing support for planning processes and implementation of plans, including national strategic plans, regional and national surveillance and M & E plans.

USG will provide support for the establishment of HIV/STI/TB Health Management Information Systems (HMIS) in several countries in the region. A system to monitor HIV-positive patients on ART is being developed along with electronic software (MONITAR) in Panama and Honduras. Support will be provided to pilot the electronic system in select sites and expand to additional sites. Sentinel surveillance of HIV and other STIs and behaviors among sex workers will continue in Guatemala and Honduras and will be initiated for MSM in select countries. An HMIS for laboratories will also be supported in coordination with other global health priority programs such as Influenza and Tuberculosis. Support for electronic HMIS systems will allow for the calculation of critical HIV and other STI/OI/TB indicators. Integration of systems and sustainability represent key priorities for all USG supported HMIS activities.

The USG will continue to carry our Behavior Surveillance Surveys with biomarkers (BSS+) for MARPS. Current studies in Nicaragua and Panama will be completed and preparation for BSS+ will start in Guatemala and Honduras. Preparations for BSS+ for the militaries in El Salvador, Nicaragua and Guatemala will be initiated. Capacity building for analytic interpretation of BSS+ and other M&E instruments for program planning will be provided. A regional repository of HIV survey data will be created, leading to improved data quality and integration in the region. In 2010, the USG will initiate plans for the next round of AIDS Program Effort Index (API) studies to measure the policy environment, including national expenditure data, informing a more coordinated, strategic and sustainable approach to the HIV epidemic.

Policy Environment

Policy related activities which represent a priority of the PF and are a cross-cutting area throughout different technical areas and supporting an enabling policy environment for universal access to HIV programs and services for affected populations. The USG will provide TA to the Regional Coordinating Mechanism (RCM) to promote and encourage the adoption of policies that create a favorable political environment for prevention, care and treatment. This includes support for an evidence based regional prevention policy for MARPs, policies to positively address HIV/AIDS in the workplace and contributions by each country to make available the necessary resources to reach the regional goals of universal access. Included in support for regional universal access to HIV quality services, USG and partners will develop a regional policy for mobile populations that are at risk for HIV/AIDS to ensure prevention, care and treatment services are available to individuals that move across national borders.

While there is an established legal and regulatory framework in the region, the primary gap with regard to improving the policy environment is ensuring implementation and compliance in key policy areas including stigma and discrimination. The USG will support policy changes and the implementation of existing policies that encourage the reduction of gender-based violence, stigma, and discrimination due to HIV serostatus and sexual orientation. The USG will strengthen the skills and abilities of local organizations to integrate these policies into comprehensive interventions targeting structural and behavioral components.

Other Costs:
Redacted.

Other Donors, Global Fund Activities and Coordination Mechanisms:
Host country governments provide the majority of the resources for HIV/AIDS programming in the region, but the GFATM also has a major presence in support of the government and civil society response

through regional and country level grants. The USG is a voting member of the Regional Coordinating Mechanism as well as a member, both voting and non-voting for several national Country Coordinating Mechanisms. Therefore, the USG maintains close communication and collaboration with the regional and country coordinating mechanisms for the Global Fund and with national HIV/AIDS programs in each of the seven countries.

Redacted.

Population and HIV StatisticsCosta Rica

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						

Population and HIV StatisticsEl Salvador

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						

Population and HIV StatisticsGuatemala

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						

Population and HIV StatisticsHonduras

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						

Population and HIV StatisticsNicaragua

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						

Population and HIV StatisticsPanama

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
Multi-sector Alliances Program		Asociación De Azucareros De Guatemala – Asazgua			The Multi-sector Alliances Program (Alianzas) will leverage funds at a 2:1 ratio on the total USAID investment over the life of the award, investing the funds in high quality health and education activities throughout Guatemala. Alianzas will negotiate and manage alliances and ensure that resources for health, education, HIV and reconstruction activities reach the ultimate beneficiaries at the community level. Our approach will coordinate with USAID flagship projects for health

					and education. The activities of the HIV/AIDS component will focus on the implementation of educational campaigns that prevent or mitigate HIV and help reduce stigma and discrimination. The project is a series of integrated activities to prevent HIV/AIDS among migrant sugar cane workers, considered a high priority population. Those activities include BCC, STD diagnosis, and referral to HIV test.

Surveillance and Survey Activities

Name	Type of Activity	Target Population	Stage
Belize BSS + MSM	Behavioral Surveillance among MARPS	Men who have Sex with Men	Implementation
Belize FSW Behavior Survey	Behavioral Surveillance among MARPS	Female Commercial Sex Workers	Data Review
Belize GSS + FSW	Behavioral Surveillance among MARPS	Female Commercial Sex Workers	Implementation

Belize MSM Behavior Survey	Behavioral Surveillance among MARPS	Men who have Sex with Men	Data Review
Belize Pop Size Estimates FSW	Population size estimates	Female Commercial Sex Workers	Data Review
Belize Pop Size Estimates MSM	Population size estimates	Men who have Sex with Men	Data Review
Costa Rica Attitudes Towards MARPS Survey	Qualitative Research	General Population	Publishing
Costa Rica Pop Size Estimates FSW	Population size estimates	Female Commercial Sex Workers	Planning
Costa Rica Pop Size Estimates MSM	Population size estimates	Men who have Sex with Men	Planning
El Salvador FSW Behavior Survey	Behavioral Surveillance among MARPS	Female Commercial Sex Workers	Planning
El Salvador Military BSS+	Surveillance and Surveys in Military Populations	Uniformed Service Members	Planning
El Salvador MSM Behavior Survey	Behavioral Surveillance among MARPS	Men who have Sex with Men	Planning
El Salvador Sentinel Surveillance MSM	Sentinel Surveillance (e.g. ANC Surveys)	Men who have Sex with Men	Implementation
El Salvador Sentinel Surveillance SW	Sentinel Surveillance (e.g. ANC Surveys)	Female Commercial Sex Workers	Implementation
Guatemala GSS + FSW	Behavioral Surveillance among MARPS	Female Commercial Sex Workers	Planning
Guatemala GSS + MSM	Behavioral Surveillance among MARPS	Men who have Sex with Men	Planning
Guatemala Military BSS+	Surveillance and	Uniformed Service	Planning

	Surveys in Military Populations	Members	
Guatemala MSM Evaluation	Evaluation	Men who have Sex with Men	Planning
Guatemala Pop Size Estimates FSW	Population size estimates	Female Commercial Sex Workers	Publishing
Guatemala Pop Size Estimates MSM	Population size estimates	Men who have Sex with Men	Publishing
Guatemala Sentinel Surveillance MSM	Sentinel Surveillance (e.g. ANC Surveys)	Men who have Sex with Men	Implementation
Guatemala Sentinel Surveillance SW	Sentinel Surveillance (e.g. ANC Surveys)	Female Commercial Sex Workers	Implementation
Honduras BSS + FSW	Behavioral Surveillance among MARPS	Female Commercial Sex Workers	Planning
Honduras BSS + MSM	Behavioral Surveillance among MARPS	Men who have Sex with Men	Planning
Honduras Pop Size Estimates FSW	Population size estimates	Female Commercial Sex Workers	Planning
Honduras Pop Size Estimates MSM	Population size estimates	Men who have Sex with Men	Planning
Honduras Sentinel Surveillance MSM	Sentinel Surveillance (e.g. ANC Surveys)	Men who have Sex with Men	Implementation
Honduras Sentinel Surveillance SW	Sentinel Surveillance (e.g. ANC Surveys)	Female Commercial Sex Workers	Implementation
MAP Condom Survey FSW Belize	Behavioral Surveillance among MARPS	Female Commercial Sex Workers	Planning
MAP Condom Survey FSW El Salvador	Behavioral Surveillance among	Female Commercial Sex Workers	Planning

	MARPS		
MAP Condom Survey FSW Panama	Behavioral Surveillance among MARPS	Female Commercial Sex Workers	Planning
MAP Condom Survey Guatemala	Behavioral Surveillance among MARPS	Female Commercial Sex Workers	Planning
MAP Condom Survey Guatemala MSM	Behavioral Surveillance among MARPS	Men who have Sex with Men	Planning
MAP Condom Survey MSM Belize	Behavioral Surveillance among MARPS	Men who have Sex with Men	Planning
MAP Condom Survey MSM El Salvador	Behavioral Surveillance among MARPS	Men who have Sex with Men	Planning
MAP Condom Survey MSM Panama	Behavioral Surveillance among MARPS	Men who have Sex with Men	Planning
MAP Condom Survey Nicaragua FSW	Behavioral Surveillance among MARPS	Female Commercial Sex Workers	Planning
MAP Condom Survey Nicaragua MSM	Behavioral Surveillance among MARPS	Men who have Sex with Men	Planning
Nicaragua Military BSS+	Surveillance and Surveys in Military Populations	Uniformed Service Members	Development
Nicaragua Sentinel Surveillance	Sentinel Surveillance (e.g. ANC Surveys)	Female Commercial Sex Workers, Men who have Sex with Men	Implementation
Panama Stigma & Discrimination Survey	Qualitative Research	General Population	Planning

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			730,000		**730,000**
HHS/CDC		1,025,000	2,860,000		**3,885,000**
PC			140,000		**140,000**
USAID			2,441,000	5,391,000	**7,832,000**
Total	**0**	**1,025,000**	**6,171,000**	**5,391,000**	**12,587,000**

Summary of Planned Funding by Budget Code and Agency

Budget Code	Agency					Total
	DOD	HHS/CDC	PC	USAID	AllOther	
HBHC				258,048		**258,048**
HLAB	35,000	328,500				**363,500**
HVCT	95,000	50,000		835,534		**980,534**
HVMS	125,000	1,512,000	70,000	568,000		**2,275,000**
HVOP	95,000	772,500	70,000	1,968,684		**2,906,184**
HVSI	180,000	897,000		1,839,863		**2,916,863**
HVTB	35,000	162,500				**197,500**
OHSS	165,000	162,500		2,361,871		**2,689,371**
	730,000	**3,885,000**	**140,000**	**7,832,000**	**0**	**12,587,000**

Budgetary Requirements Worksheet

(No data provided.)

National Level Indicators

National Level Indicators and Targets
Costa Rica

(No data provided.)

National Level Indicators and Targets
El Salvador

(No data provided.)

National Level Indicators and Targets
Guatemala

(No data provided.)

National Level Indicators and Targets
Honduras

(No data provided.)

National Level Indicators and Targets
Nicaragua

(No data provided.)

National Level Indicators and Targets
Panama

(No data provided.)

Policy Tracking Table

Costa Rica

(No data provided.)

Policy Tracking Table

El Salvador

(No data provided.)

Policy Tracking Table

Guatemala

(No data provided.)

Policy Tracking Table

Honduras

(No data provided.)

Policy Tracking Table

Nicaragua

(No data provided.)

Policy Tracking Table

Panama

(No data provided.)

Policy Tracking Table

Central America Region

(No data provided.)

Technical Areas

Technical Area Summary

Technical Area: Adult Care and Treatment

Budget Code	Budget Code Planned Amount	On Hold Amount
HBHC	258,048	
Total Technical Area Planned Funding:	**258,048**	**0**

Summary:
Context and background
HIV in Central America is a concentrated epidemic affecting certain vulnerable groups, with the exception of Belize where the last estimates reported a prevalence of 2.4% in the general population. Most of the countries in the region have changed their legal framework to protect the rights of PLHIV. Countries are moving towards a decentralized approach for care and treatment, which requires planned task-shifting and other human resources interventions to be effective.
Access to ART has increased recently thanks to funding provided by Governments and initiatives by the Global Fund. Reports of ART coverage in the region range from 60% (Guatemala and Honduras) to 100% (Costa Rica); the total number of patients on ART currently reported by the regional National AIDS Programs is slightly over 18,000. Despite the rapid expansion of treatment coverage over the last five years, considerably more remains to be done to reduce loss-to-follow-up, increase adherence and reach difficult-to-access marginalized subgroups with high prevalence rates. PLHIV still face medical and access barriers with most treatment and care concentrated in tertiary level facilities. People often have to travel to major cities for diagnosis, treatment and follow-up where the the provision of quality services is often compromised by demands of coverage, inadequate human resources and health systems. In addition to the barriers mentioned, the availability of testing supplies and equipment in health services is also low, limiting HIV related critical service delivery.

Stigma and discrimination are significant barriers to access to treatment and care. It is particularly a significant issue for men who have sex with men (MSM) due to widespread homophobia and discrimination against this group. Stigma and discrimination against PLHIV are common among health providers, who often have a fear of accidental HIV exposure and infection. These often unwarranted or exaggerated concerns may be the result of poor access to information and knowledge on HIV and a lack of good infection prevention practices in the workplace.
The region, especially Belize, suffers from a general shortage of human resources for health (HRH), especially outside the capital cities. High turn-over rates make it difficult to establish and maintain good rapport between communities and health services. As a result, health workers suffer from work overload and burn out. Serious labor conflicts have affected the region resulting in prolonged strikes that lead to disruptions in the provision of continuity of care. Some countries in the region have brought in doctors from other countries (i.e. Cuba and Nigeria) to address the HRH shortage. Countries lack comprehensive Human Resources Information Systems, which hamper their ability to plan, perform quality assurance (QA) and control of health services and make informed decisions, and results in a paradoxical under-utilization of the scarce resources.
Training on HIV treatment and care during pre-service is split into different courses and; some critical areas such as reduction of stigma and discrimination are often not covered. Pre-service and in-service

training are not inter-related nor do they build on each other, often failing to ensure elements of comprehensive, multidisciplinary care. In-service training is not well organized and mentoring and healthcare worker (HCW) service provision monitoring and follow-up are weak. Overall, HCWs lack updated knowledge and skills to provide comprehensive care services to PLHIV. Training institutions, degrees of specialization and points of delivery for the provision of HIV related care vary among countries and include Social Security (Panama and Costa Rica), Infectious Disease Specialists (Nicaragua), HIV National Program (El Salvador) and Universities, NGOs and Clinical Experts (Guatemala) In an attempt to address some of these issues, a six-month diploma course on HIV treatment and care was developed which offers three different training courses to doctors, non-medical health workers and non-health professionals.

Accomplishments

USG activities have helped to improve the capacity of the region's HRH to deliver comprehensive HIV/AIDS treatment and care, including tuberculosis (TB) co-infection. The countries included in these activities were Belize, Costa Rica, El Salvador, Guatemala, Nicaragua and Panama. USG partners have developed a multifaceted strategy to assist Ministries of Health (MOH) and Social Security Institutes (SSI) to decentralize HIV/AIDS services and improve:

• HRH capacity to deliver quality, comprehensive HIV/AIDS care and treatment through performance improvement (PI).
• Pre-service education on comprehensive HIV/AIDS care and treatment with special attention to reducing stigma and discrimination against PLHIV
• Nongovernmental organization (NGO) management of income generating projects to improve the quality of life for PLHIV

USG activities have added to the significant contributions of other donors in the region through its aims to improve the skills of providers to care for PLHIV, establish QA systems, and develop policies and protocols for care and together with host governments and the Global Fund, the USG

One USG partner assisted MOHs and SSIs to decentralize and ensure quality HIV care and treatment from tertiary care hospitals to secondary and primary levels through the implementation of PI and supportive supervision approaches for HIV/AIDS and TB services in 35 selected health facilities across six countries. Most of the counterpart country institutions had not implemented supportive supervision or monitored performance related to HIV care services previously.

The following other activities were implemented in FY09:

• Performance Improvement workshops for 257 participants (hospital multidisciplinary teams and local MOH/SSI and NAP authorities) in six Central American countries to orient them to the PI approach and review, adapt and validate performance standards measurement tools to be used during HIV/AIDS service delivery assessments and assist in the development or improvement of national guidelines, protocols and processes. This was the case for the Nutritional Guidelines for PLHIV in five countries, prevention of mother-to-child transmission (PMTCT) guidelines in Nicaragua, and the National Technical Guidelines on Bio-Safety and Cadaver Management in El Salvador.
• Three-day performance assessments were carried out in each country by an integrated central level team including National AIDS Program and/or other MOH/SSI department staff and USG partner staff. On the last day, the assessment team presented the results to local authorities and hospital staff and facilitated a root cause analysis of performance gaps and developed an action plan for improvement.
• While performance gaps were identified across all areas of HIV/AIDS service delivery, the four areas with the most weaknesses and therefore prioritized during the life of the project were: a) nutritional care for PLHIV; b) infection prevention; c) stigma and discrimination reduction; d) counseling and testing.
• To strengthen HRH capacity in the prioritized and other performance areas identified through the PI assessments, the USG partner supported training interventions across six countries. A total of 3,545 health workers in the region were trained.

The USG supported three main activities at selected universities in Central America:
• Updating faculty members on HIV-related information;
• Establishing a national training center for HIV counseling at the University of Belize;
• Building capacity of students as VCT peer counselors.

The USG also provided technical and financial support to five NGOs in Costa Rica, El Salvador, Guatemala, Nicaragua and Panama to build their capacity to design and manage successful income generation projects to improve the quality of life for PLHIV. A total of 116 PLHIV and their families directly benefited from the projects in Costa Rica, El Salvador, Nicaragua and Panama.

Goals and strategies for the coming year
USG partners will integrate treatment and care with community-based support. The major actions of the community-facility partnership strategy include:

• Establishment of an integrated team or working group, consisting of key hospital staff, PLHIV leaders, and representatives from the community groups, which will guide efforts to form a strong hospital-community link and further ensure sustainability of the strategy;
• Joint planning of proposed activities to integrate treatment and care as well as ensure that clinic services, home care, and self-support groups complement each other and promote prevention opportunities as part of the care and support delivery;
• Mapping of the community support network (including private providers) to help local stakeholders inventory the community resources and referrals available to their clients and begin to build linkages between the facility and community. The mapping will also include a rapid assessment to determine needed technical assistance for HIV-related institutional capacity building;
• USG will assist with HIV institutional capacity building. Examples of this support include training in relevant HIV/AIDS-related services, linkages to MOH and private health facilities and other community organizations through the community-facility partnership strategy, development and strengthening of the referral and counter-referral network in their geographical area, assessment of performance standards and assistance in improving performance gaps, and provision of technical, reference, and other training materials; and

• Holding at least two meetings per year to present performance assessment results and changes/improvements undertaken, discuss progress on strengthening the community-hospital linkages through the earlier identified plan, problem-solving, sharing of client perspectives, and other relevant issues.

In relation to community-facility partnerships, USG will examine the use of technology (e.g. text messaging) to link PLHIV and community-based groups to the hospital as well as share health information, prevention information, improve client follow up, improve adherence to ARVs and/or other medications, among others. Such a use of information sharing through technology could also notify members of the hospital-community integration team of upcoming meetings, progress on implementation of activities, and other relevant issues.

Gender
Adult Care and Support activities will seek to reduce gender related stigma and discrimination against PLHIV and MARP groups, especially among health care providers, thereby increasing access to and the quality of HIV/AIDS services.

Technical Area: Counseling and Testing

Budget Code	Budget Code Planned Amount	On Hold Amount

HVCT	980,534	
Total Technical Area Planned Funding:	**980,534**	**0**

Summary:
Context and Background

With the exception of Belize, Most Central American countries currently face a concentrated HIV/AIDS epidemic (i.e., HIV prevalence of less than one percent in the general population and greater than five percent among specific subgroups). This epidemic predominantly affects members of the Most-At-Risk-Population (MARP) including men who have sex with men (MSM); transgender, male and female sex workers (SW); SW clients and partners; certain ethnic groups (e.g. Garífuna); and mobile populations. With the support of the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), host governments, and other partners in the region have focused on providing antiretroviral (ARV) treatment, care for people living with HIV/AIDS (PLWHA), Prevention of Mother-to-Child Transmission (PMTCT) and behavior change communication for low and high risk groups.

In the concentrated epidemic in Central America, MARPs find it difficult to access counseling and testing (CT) services. According to a USG regional prevention assessment, approximately 85 percent of the HIV tests in the region tested pregnant women . While these programs lead to more access to CT services for FSWs, the programs fail to reach their clients or partners who are also in need of CT services. Although these government programs are helpful take meaningful steps in the right direction, they fail to address the at-risk population that has the greatest need for CT services. The USG is working with governments in the region to promote advocacy for CT services for MARPs.

The lack of appropriate CT services targeted to most-at-risk-populations (MARPs) is one of the most important challenges in addressing HIV in the region. Appropriate services should be defined as establishments where HIV tests are free or affordable, during times and days when MARPs can reasonably be expected to come and get tested, where health providers deliver services in an environment free of stigma and discrimination, and the results are provided in a timely manner by a well-trained counselor. Although health providers are currently trained in CT services, most services currently do not address the needs of MARPs. Without comprehensive training in assisting MARPs, health providers will continue to struggle to satisfy the needs of this important population.

Past accomplishments

Over the last two years, testing and counseling services have increasingly become a priority. With the development of a regional CT strategy, the expansion of a successful model of mobile CT clinics developed in El Salvador, and the ensuing adoption of a modified replica in Nicaragua, host country governments and partners are realizing the importance of successful CT programs. National governments have developed new promotional campaigns for CT and Sexually Transmitted Infection (STI) services. These governments have also increased investments in collaborating with and training for the provision of government run CT services. The focus for the implementation of CT strategies has been to address the specific needs of MARPs while providing quality services. Close collaboration with the Ministries of Health (MOH) and other partners remains crucial to the success of these efforts. Several countries have incorporated professionally trained counselors into this strategy. These counselors help clients develop valuable individual risk reduction plans during the pre and post counseling process. The regional program, often coordinated with USG bilateral efforts, has had impressive results in training for

CT, reaching 37 percent above the target number of individuals trained in CT for the past fiscal year. In last fiscal year in 4 countries, 235 health personnel were trained in 92 outlets as HIV testing counselors.

Interpersonal Communication Behavior Change and Communication (BCC) activities targeted to MARPs provide referral information and promote CT services to increase the awareness about the importance of CT. Promotional messages are based on the perception of benefits and barriers to getting an HIV test among MARPs.

Goals and strategies for the coming year

The USG HIV regional program will continue to promote improved access to CT among at-risk groups in the region. These efforts will primarily focus on the provision of CT services in all countries in the region and the continuation of the implementation phase of mobile CT programs in El Salvador, Guatemala and Nicaragua. Promotional activities designed to increase client uptake of CT services will further complement these existing services. In each country, TA will be provided to train professional counselors in client-centered techniques and help clients develop personalized risk-reduction plans during pre- and post-test counseling sessions. The USG implementation of CT activities will collaborate closely with local stakeholders and work within each country's regulatory framework for HIV counseling and testing services to ensure quality control in its provision of mobile CT. All three countries are implementing a simple monitoring system which allows the project to analyze data for decision making, particularly for positive cases. Technical assistance for CT will reflect a coordinated effort with the MOHs and with providers of pre- and post-test counseling. These services are provided by the MOH, and TA will seek to enhance quality of services and help the MOHs to increase their coverage.

In each country, BCC activities targeting FSWs and MSM will promote services and raise general awareness about the importance of CT. The USG program will target clients of FSWs and other high risk groups. In Belize, El Salvador, Guatemala and Nicaragua, the USG will also support the national militaries through the provision of CT and TA to strengthen linkages to support and care. Promotional messages will address the benefits and attempt to lower stigma and barriers to HIV testing among these populations, including publicizing the dates during which the mobile CT teams will be available to offer services and distribute reminder cards, where appropriate.

Given limited USG resources, the USG program will coordinate with MOHs' health centers where tests are available to address several important priorities. These priorities include the creation of demand among the target groups, the provision of pre- and post-test counseling, and the improvement of access to testing among target groups. As the public sector supply of test kits is limited (particularly for MARPs), the USG program will seek alternative providers of CT services, such as private sector providers, laboratories and NGOs. In addition, many at-risk populations are averse to utilizing public sector clinics. The USG program will continue to collaborate with local NGOs that have expertise and external resources to support CT. Through this multifaceted approach, CT services will be expanded and strengthened by leveraging inputs from local NGOs and private labs to provide HIV test kits and laboratory services. BCC activities will continue to create demand for CT, and TA will be provided to support monitoring and supervision.

In addition to counseling and testing for HIV, the USG HIV regional program will also continue to support STI counseling and referrals in response to the critical need to refer clients to STI services. While only a few centers incorporate STI diagnosis and treatment, it is important to ensure that counseling for STIs and referral to STI treatment facilities remain routine elements of CT services. Providers/counselors are also trained to identify symptoms and risk factors for the most common STIs, particularly among FSWs and MSM. Clients at risk for STIs will be referred to local health facilities to access appropriate diagnostic and treatment services.

Finally, in FY10, the USG program will continue to develop and revise a regional CT strategy. This document will examine where and what type of CT services currently exist in each country, where the gaps are, and how services can be improved and expanded. While the document will broadly examine CT across the region, countries of emphasis will include Guatemala, El Salvador and Nicaragua, and will examine the challenges of improving access to CT among MARPs. This strategy will also address the current system and necessary steps to strengthen referral systems for STI testing and treatment, as well as quality care and support services for HIV-positive clients. As details of the CT strategy are further defined, they will serve to guide the development of country-specific activities targeting MARPs.

In FY08-09, the USG coordinated a best practice in Guatemala in which a CT multisectoral working group comprised of government, NGO and donor members will be rolled out in El Salvador and Nicaragua. The working group aims to increase collaboration and coordinate CT activities to maximize resources, avoid duplication of efforts and increase coverage. These groups will also provide an arena for stakeholders to address mutual challenges and opportunities encountered around CT. As some of the key members of these working groups will be NGOs and government implementers of Global Fund activities, it will also create an opportunity to directly link CT services to planning for treatment, care and support of PLWHA. Other key discussion points will also include improved referral for support for those who test positive, and improved referral to sites for STI testing and treatment.

Gender
Gender is a central element in programming Counseling and Testing (CT) and other services for MARPs. The Central American HIV epidemic lies largely within the at-risk male populations, with an estimated prevalence of 16.1% among MSM in Latin America; however, only .6% of VCT services accounted for MSM. , USG-supported programs in Central America (e.g. PSI-PASMO) have made it a priority to expand CT among at-risk males in the region through various community outreach activities, mobile CT programs, and stigma reduction efforts. The USG also supports programming that addresses the needs of FSWs and other MARPs who are often neglected in government sponsored programs.

Technical Area: Health Systems Strengthening

Budget Code	Budget Code Planned Amount	On Hold Amount
OHSS	2,689,371	
Total Technical Area Planned Funding:	**2,689,371**	**0**

Summary:
Context and Background
Discussions with the Consejo de Ministros de Salud de Centroamérica (COMISCA)/ Regional Coordinating Mechanism and in-country partners during Partenership Framework (PF) preparations revealed important gaps in national health systems. These gaps include:

1. limited regional and national laboratory diagnostic capacity for HIV/AIDS, STIs, TB and OIs ;
2. limited and often inadequate MOH quality assurance systems regulating the quality of HIV/AIDS and TB services delivery;
3. limited opportunities for staff training in HIV/AIDS/STI/TB and OI service delivery;
4. inconsistent implementation of national HIV testing algorithms;
5. limited institutional and human resource capacity to deliver HIV related diagnostic and care services; and
6. 6) weak supply chain management systems leading to frequent stock-outs, delays and inadequate coverage.

The HIV response in Central America is highly reliant on host government funds. In 2008, 66.5% ($131.8 million) of the expenditures on HIV/AIDS came from host governments, while external donors provided the remaining 33.5% ($66.3 million). GFATM contributed 16.3% ($32.3 million) in the region, and other bilateral and multilateral donors contributed 7.5% ($15 million). The USG contributed 9.6% ($19 million).

In 2004, the Pan American Health Organization and USG performed an assessment in six Central American countries (Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua, & Panama) to determine the capacity and infrastructure of the countries' national laboratories.After comparing these possible locations to find the best site for a Regional Reference HIV Laboratory, the Gorgas Memorial Institute in Panama was selected. From 2005 to 2008, the USG and the Ministries of Health from the aforementioned seven Central American countries evaluated the Epidemiology Surveillance Systems, including the lab component, to determine their surveillance capacity and to assist them in the implementation of Second Generation Surveillance. In 2008, the USG supported a Strategic Meeting Assessment workshop in Panama to evaluate the progress of the HIV/AIDS Regional Project. Participants included leaders of national laboratories, National AIDS Programs, the World Bank, World Health Organization and the USG regional HIV program.

Accomplishments since FY 2009

USG activities have focused on improving the skills of providers to care for People Living with HIV/AIDS (PLWHA), establishing systems to ensure quality HIV related services, and developing policies and protocols for minimum standards of care. Over the past several years, host governments, the Global Fund, USG, and other donors have made significant progress in improving the quality of services, the performance of health personnel and access to care and treatment for PLWHA. Still, however, much work remains to be done. Preliminary pre-service training and voluntary counseling and testing (CT) competencies have been provided in four universities that sponsor programs in health, nursing, social work, psychology and medical studies. These programs, however, Central American countries still need to integrate and institutionalize these programs into formal curricula. A reliable supply of HIV-related commodities and strengthened logistics management systems are integral parts of a comprehensive strategy to strengthen health systems and a sustainable HIV/AIDS response. USG bilateral programs have worked to improve commodity and supply chain management to a limited extent, but the true success of such programs depends on a commitment for greater involvement from all interested stakeholders.

In order to improve local laboratory capacity, the USG HIV regional program has organized a number of specialized regional training courses focused on HIV/AIDS laboratory technologies. The USG program is expanding a panel of HIV-positive and HIV-negative samples that will eventually be used for the standardized validation of rapid test kits for the region. Additionally, the USG provided training in proper biological safety quality assurance procedures and norms for transporting infectious substances to numerous experts, including engineers and laboratory technicians.

The USG also assisted in the adoption and successful piloting of ETR.Net, a software package to facilitate follow-up of TB and TB/HIV cases. Originally developed by CDC in South Africa and funded by the US Agency for International Development (USAID), this software will be ready for implementation by interested countries in March 2010.

Goals and strategies for 2010 and 2011

In the area of health systems strengthening (HSS), the USG will assist capacity building efforts for the Ministries of Health and in-country partners. These efforts will focus on reaching most-at-risk populations (MARPs) by coordinating efforts among implementing partners to deliver sustainable high quality HIV/AIDS services. To accomplish this goal, the USG will focus in three key areas: (1) improved quality service delivery; (2) health workforce capacity; and (3) timely and adequate provision of essential medical products. The target audience for the majority of HSS activities will be the Ministries of Health (MOH),

private sector health care providers and the military health care system. The entire region will benefit from the creation and support of the regional HIV/TB laboratory. All of these efforts will address the goal of strengthening service provision for MARPSs.

The USG will integrate efforts among implementing partners to achieve the following objectives: (1) to strengthen the surveillance and diagnostic capacity at the regional and national levels to provide quality HIV/AIDS(2) to improve institutional and human resource capacity to effectively respond to the needs of MARPS; and (3) to improve commodities and supply chain management systems to ensure cost effective, timely and efficient delivery of HIV related goods and services. To achieve the HSS objectives, USG will continue to provide technical assistance (TA) to the HIV regional laboratory in Panama, and, subject to availability of funds, assist in the establishment of a regional laboratory for STI/TB. The USG will also facilitate the participation of the national laboratories' in the regional laboratory network, strengthen TB/HIV surveillance, increase HIV diagnoses among TB patients, and improve HIV, other STIs, TB and OI clinical management. The USG will develop and implement diploma courses on HIV/STIs/OIs and TB; second generation surveillance; appropriate counselling and testing protocols/techniques; and the provision of services and care to MARPs. In addition, the USG will improve the functioning of the supply chain management system to reduce stock outs of essential drugs and other commodities. The USG will support capacity building efforts (standardization of curricula, training, materials development and distribution) for health care providers and other cadres of care givers (PLWHA, NGOs, etc.) to strengthen the workforce in its provision of services to MARPs. The USG will also work to develop a Gender Sensitivity Assessment Tool for providers and managers, to address gender sensitivity and equity in HIV/AIDS prevention, care and support services. The USG will also provide TA to expand and improve pre-service and in-service training for military health care providers in HIV counseling and testing, STIs and ART management, strategic information, program monitoring and evaluation, and when feasible, training for psychosocial counseling and substance abuse.

Finance: A harmonized approach to HIV/AIDS in the region by national governments and donors includes the need to assess programmatic and financial investments and gaps made by countries responding to technical and financial priorities at the regional level and, working with the governments, establish a plan of technical and financial priorities. The Regional Coordinating Mechanism (RCM) will work with donors to include such regional priorities. The National AIDS Spending Assessment (NASA) for countries in Central America describes the financial flows and expenditures using the same categories as the globally estimated resource needs. NASA results have shown that national program budgets allocated to MARPs are limited, and in some countries, even decreasing. Resource mobilization and allocation for MARPs is critical to ensuring support for effective, comprehensive and sustainable services for these populations

Leadership/Governance: In accordance with the Three Ones, COMISCA, with support from the RCM, will solidify its role as the regional entity with the authority to coordinate and promote multisectoral activities. At the country level, the USG will work to strengthen the leadership of countries for improved implementation of technical approaches with the goals of sustainability and institutionalization. The RCM will promote and encourage the adoption of policies that create a favorable political environment for prevention, care and treatment, and include an evidence based regional prevention policy for MARPs, policies to positively address HIV/AIDS in the workplace, and contributions by each country to make available the resources necessary to reach the regional goals of universal access. The USG and partners will also support regional universal access through the development of a regional policy for mobile populations that are at risk for HIV/AIDS to ensure prevention, care and treatment services are available to these groups that move across national borders. The COMISCA Five-Year Regional Strategic Plan represents a regional strategy that was developed in 2009by the RCM, which includes the National AIDS Directors from all seven countries; regional NGO and PLWHA networks; and donors. The Regional Strategic Plan describes the following priority populations that are at most at risk for HIV in the region: FSW and MSW; MSM; migrants; other mobile populations (e.g., uniformed personnel); and other

vulnerable groups such as at-risk youth. These high risk groups are especially vulnerable as they encounter barriers to accessing services which may include poverty; low levels of education; stigma and discrimination related to occupation; sexual and/or gender identity; and immigration status.

Commodity and Procurement System Support: The COMISCA's regional platform presents an opportunity to leverage economies of scale and the consolidation of resources to support the efforts of each country to achieve universal access to HIV/AIDS services. Through the development of a regional HIV/AIDS laboratory, each country will have a regional analysis and perspective on the epidemic. In regards to the military, minor refurbishment of work sites, including counseling and testing centers, laboratories and clinic settings will be carried out to improve service delivery and access National commodity procurement will be established with harmonized regulatory policies, regional price negotiation and pooled procurement when possible. Collaboration among host governments, USG, and other partners, such as the Global Fund and the World Bank will create an environment to better leverage resources and support, improve and expand HIV prevention, care and support service delivery for MARPs.

Gender

Gender is a central element in programming for MARPs. The USG supports HSS programming that addresses the needs of FSWs, MSMs, and other MARPs who are often not included in government sponsored programs. USG activities in health systems strengthening broadly strengthen the public health and health care systems of countries in the Central American region so they can provide better services to all vulnerable populations. USG's core programs work to eliminate homophobia, discrimination, stigma, and gender-based health disparities among MARP populations, and all rely on strong health systems to achieve these goals. Specifically, USG will support the introduction of a Gender Sensitivity Assessment Tool for Providers and Managers, which will assess provider's treatment of clients and consequently access to HIV/AIDS prevention, care and support services. USG will also increase access to condoms for MARPs by conducting a 'willingness to pay' assessment and opening new service delivery outlets.

Technical Area: Laboratory Infrastructure

Budget Code	Budget Code Planned Amount	On Hold Amount
HLAB	363,500	
Total Technical Area Planned Funding:	**363,500**	**0**

Summary:

Context and Background

The CDC GAP/CAP laboratory unit works to strengthen HIV diagnostic capacity and laboratory infrastructure within the Central America and Panama National and Regional Reference HIV laboratories, and improve HIV surveillance reporting in the region. CDC GAP/CAP works in collaboration with the World Bank on the Regional HIV/AIDS Project for Central America and Panama, providing technical assistance to at Gorgas Memorial Institute for Health Studies and national laboratories to develop and provide training to laboratory personnel. MOH also established a program to improve quality standards for health care service delivery by creating regional laboratory networks. CDC GAP/CAP serves as an important scientific link between the CDC GAP Atlanta laboratory, Central America national laboratories and the Regional Reference HIV laboratory. Together, these labs facilitate consultations by technical experts to support laboratory staff training and the procurement of specific HIV diagnostic testing supplies. Through the Regional Reference HIV laboratory, the region developed a well characterized panel of HIV-positive and HIV-negative samples. These samples will enable laboratory technicians to

validate results from rapid tests kits in a standardized approach and determine the diversity of HIV subtypes circulating in the Central America region.

HIV serology testing is available at all hospitals and many health care centers in the seven countries in the Central American region. Each country has its own HIV diagnostic algorithm (a three-test diagnostic algorithm based on WHO guidelines), but national policies do not allow the use of an exclusively rapid test-based algorithm. Each country in the region possesses one to two CD4 machines and these devices are located in the same National Laboratory sites that conduct HIV viral load testing. Because of the lack of CD4 machines and the heavy burden on the available devices, patients may wait weeks for confirmation of their HIV diagnostic, CD4, and viral load test results. HIV infant diagnostic testing is performed using Roche DNA proviral assay on DBS or whole blood. The BED HIV-1 Capture EIA assay is used for HIV incidence estimation.

Accomplishments through FY 2009
The USG has provided laboratory support for other surveillance activities in Honduras, El Salvador, Nicaragua and Panama including respondent driven sampling (RDS) of MSM integrated biological and behavioral. This support included training of national laboratory staff in the monitoring and interpretation of laboratory results, as well as the supervision of laboratory staff in the field. The USG supported and provided TA for validation of a rapid HIV test algorithm in Nicaragua. The validation was completed in 2009, and results were presented to a variety of stakeholders, including the Nicaraguan MOH. Discussions on the integration of these findings into national guidelines are ongoing.

Goals and strategies for the coming year
As significant numbers of HIV labs are already in operation in each country, the building of HIV/AIDS laboratory capacity should not be a major focus of the USG's efforts in the coming year. . Instead, The USG will focus on establishing a regional STI/TB laboratory and strengthening the existing regional HIV laboratories by:
- Enhancing laboratory capacity to improve STI screening and treatment for people engaged in high-risk activity, and improving capacity for monitoring the impact of counseling and other interventions among HIV-positive persons to prevent further transmission of HIV.
- Strengthening STI surveillance, response and program monitoring and evaluation activities as recommended in WHO's Global Strategy for Prevention and Control of STIs.

Specific Objectives

- To establish a network of national STI reference laboratories, which are technologically equipped to provide STI laboratory training, technical assistance and reference functions in an effort to enhance STI surveillance, program improvement, and monitoring and evaluation.
- To develop and implement standardized STI laboratory testing approaches and quality assurance systems, which will enable the national HIV/STI/TB control programs to monitor the burden of STIs over time (trend), and to make inter-country comparisons for regional program planning purposes.
- To establish a technical collaboration platform (framework) for reference laboratories to pursue the development of new and innovative laboratory techniques (including low-cost point-of-care tests), laboratory/field validation of these tests, technology transfer, and information/specimens sharing arrangement, particularly when responding to outbreaks and the spread of emerging antimicrobial resistance among STI pathogens.
- To establish a Regional Reference Laboratory for STI/TB.
- To establish minimum standards towards best laboratory practice with goal of laboratory accreditation—including professional standards that permit staff certification.
- To improve quality assurance/quality control programs and guide the decentralization of EQA programs, Proficiency Testing (PT) and on-site supervision at the regional level to ensure national coverage.
- To strengthen laboratory human resources through training, curriculum development, and technical

assistance to countries in human resource planning and analysis.
- To conduct assessments of laboratory systems and provide technical assistant to develop and implement laboratory information system (LIS).

Gender

CDC activities in laboratory capacity building do not have an explicit gender focus, but rather broadly strengthen the health systems of countries in the Central American region so they can provide better services to all vulnerable populations. USG, through its implementing partners, provides assistance to strengthen diagnosis, testing, surveillance, training for laboratory workers, and procurement. These activities strengthen core programs in HIV/STI/TB prevention, testing, care, and referral services for MSM, sex workers, and persons living with HIV. USG's core programs work to eliminate homophobia, discrimination, stigma, and gender-based health disparities among these populations, and all rely on strong laboratory functions to achieve these goals.

Technical Area: Management and Operations

Budget Code	Budget Code Planned Amount	On Hold Amount
HVMS	2,274,997	
Total Technical Area Planned Funding:	**2,274,997**	**0**

Summary:
(No data provided.)

Technical Area: Sexual Prevention

Budget Code	Budget Code Planned Amount	On Hold Amount
HVOP	2,906,184	
Total Technical Area Planned Funding:	**2,906,184**	**0**

Summary:
Context and Background
The HIV/AIDS epidemic in Central American is concentrated among most-at-risk populations (MARP) including men who have sex with men (MSM); transgender, male and female sex workers (SW); SW clients and partners; certain ethnic groups (e.g., Garífuna); mobile populations; and at-risk youth. While the prevalence among the adult population is rather low (Belize - (2.1%, Panama-1.0%, El Salvador-0.8%, Guatemala- 0.8%, Honduras-0.7%, Costa Rica -0.4%, and Nicaragua -0.2%), much higher prevalence is found among MARPs. For example, research conducted in the region suggests infection levels among MSM range from approximately 10% to 18%.
Host governments and other partners in the region have focused on several priorities in responding to the epidemic with the support of the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM). In the area of prevention, the priorities have included Prevention of Mother-to-Child Transmission (PMTCT) and behavior change communication (BCC) for low and high risk groups. Host country government supported comprehensive prevention programs for MARPs have been limited to non-existent due to insufficient policy attention and funding.

The USG's HIV prevention activities have focused on halting new infections in MARPs. These efforts encompass BCC to reduce the risk of sexual transmission; STI screening, diagnosis, and treatment; social marketing of condoms; expansion of voluntary counseling and testing (VCT); provision of community-based information, education and communication (IEC); and improve coordination between prevention activities and other services such as VCT. The long term goal of the USG regional HIV/AIDS prevention program is to promote behaviors that decrease the risk of becoming infected with HIV. In order to achieve this goal, the USG will address several short term priorities: support HIV prevention practices and services for MARPs; encourage improvements in the HIV/AIDS policy environment; develop new and innovative HIV combination prevention strategies and foster more efficient delivery of comprehensive care and treatment for PLWHA. Past Accomplishments

The USG HIV/AIDS prevention activities in Central America stress a balanced approach. The program promotes a sub-set of "ABC plus" preventive behaviors, including correct and consistent condom use, STI treatment, and regular HIV screening based on the distinct needs and behavioral patterns of each sub-group. In Belize, with a more generalized epidemic, activities target at-risk youth promoting abstinence and delayed initiation of sexual activity. As abstinence is not always a realistic option for sexually active groups (especially those with high rates of partner change such as FSWs), the USG prevention program emphasizes partner reduction, consistent condom use, and improved access to VCT and STI services. In close coordination with the MOH in Guatemala and Honduras the USG has developed a a program in MOH health facilities that integrates STI control and HIV prevention (VICITS Program) targeting MARPs. The project seeks to prevent HIV among SW by controlling STIs. Ministry of Health professionals were trained with a focus on reducing stigma and discrimination at public facilities and treating patients with respect and quality services. Leveraging other donor and government resources, the synergy created increased the program coverage, improved the quality of services and reduced the prevalence of STI.

The USG works closely with national AIDS programs. This successful cooperation is evident in USG support for new country guidelines for STI and HIV screening and in El Salvador, Nicaragua and Guatemala, where mobile screening units have improved access to VCT services for MARPs. Although limited, the regional HIV/AIDS prevention component has engaged with Faith Based Organizations (FBOs) for community-level outreach, primarily to address stigma and discrimination that help fuel vulnerability to HIV infection and its spread. BCC activities utilize interpersonal communication (IPC) and targeted mass media to promote key behaviors. From January 2006 through September 2009, the USG regional HIV program has conducted approximately 123,000 IPC activities with over 2.25 million contacts in Belize, El Salvador, Guatemala, Nicaragua and Panama. Condom promotion is an important component of BCC campaigns. Reported condom use during the last sex act has consistently increased for MSM, and is near 100% for FSWs with clients. Additionally, the number of MSM occasional partners has in some cases decreased dramatically, but there is still low reported condom use with regular partners for both FSWs and MSM. The USG's current activities aim to increase condom availability by using market segmentation strategies, identifying and prioritizing underserved areas and distributing and promoting several product options in the target communities. The USG and partners implemented these programs in six Central American countries and Mexico (at the bilaterally-funded program). These programs have concentrated on reaching high risk outlets or establishments such as motels, hotels, pensions, and brothels where prostitution often occurs. Mapping tools assess high-risk outlets in high-risk zones to identify gaps in services and identify underserved or neglected outlets. Comprehensive programs also utilize a complementary mix of service delivery modalities to increase the likelihood of success. During the life of project, over 2,000 high risk outlets began to distribute condoms significantly increasing condom access for MARPs. In an effort to complement these innovative programs, the USG regional HIV program has worked with host governments, multilateral donors, and GF recipients to develop policies for national multisectoral condom distribution strategies. Lubricants and female condoms have also been promoted and distributed among FSWs in El Salvador, Guatemala and Nicaragua. Formative research has been conducted to identify the main obstacles to the use of female condoms. Goals and strategies for the coming year

The USG will continue to provide critical support in the region for HIV prevention. Prevention is one of the primary goals of the Partnership Framework.. The USG HIV regional program will seek to complement other efforts led by National AIDS Programs (NAP) and GF projects. The regional program will continue to focus on MARPS and engage host countries to prioritize prevention programs that target MARPs. The USG will implement an approach that contains the elements of a comprehensive/combined prevention program that includes: BCC interventions to reduce the prevalence of high risk sexual behaviors among MARPs and PLWHA; technical assistance (TA) to adopt and implement policies at the national, local and institutional levels to reduce stigma and discrimination; and provide TA to expand access to and use of prevention services (private, public, NGO/CBO).

The prevention component implemented through the USG reinforces the parameters outlined by the Central America Commission of Ministers of Health (COMISCA) and its HIV technical body, the Regional Coordinating Mechanism (RCM). Defined in the COMISCA regional HIV strategy and identified in the Central America USG Partnership Framework, these priorities identify common gaps and advocate for a collaborative approach that addresses the critical social norms and policies linked with prevention activities.

In order to implement a full range of effective prevention activities, policy changes need to encourage the reduction of gender-based violence, stigma, and discrimination due to HIV serostatus and sexual orientation. Funding agencies will strengthen the skills and abilities of local organizations to integrate these policy issues into a logical and technically sound approach that translates into comprehensive interventions targeting structural and behavioral components. While there is an established legal and regulatory framework in the region, ensuring implementation and compliance in key policy areas including stigma and discrimination issues is the major challenge. Despite the fact that many countries have public clinics that provide STI/HIV services to FSWs, USG-supported assessments reveal that MARP groups lack access to friendly and appropriate STI services. To address this, the USG supports the VICITS project which provides STI services to MARPs in public facilities and conducts STI sentinel surveillance (VICITS) in Honduras and Guatemala. In FY10, the USG will evaluate continued support for VICITS with a possibility of expanding and improving services to FSW, MSM and other MARPs. Innovative approaches in both public and private facilities will be explored.

Prevention services in 2010 supported by USG TA will include innovative approaches on HIV combination prevention for MSM and strategies to increase access to STI and VCT services for all MARPs. The USG program will involve private health providers either in private practice or through NGO/CBOs as MSM and other vulnerable populations also seek services in the private sector. To ensure sustainability throughout the system the USG will provide TA to increase access and quality of services for MSM, FSW and PLHA at public and private facilities. The program will also provide TA to expand the type of services provided at HIV clinics targeted to PLWHA.

BCC will continue to be the cornerstone of the USG regional HIV prevention program. With FY10 funding, the USG will implement over 30,000 IPC activities with MARPs across the region, which will reach an anticipated 500,000 additional contacts. Some BCC materials will be revised to reflect the results of the most recent behavioral surveys, to better focus on relevant messaging for specific target groups, including at-risk youth. As in previous years, the BCC component will continually evolve and utilize innovative methodologies. For example, the USG provided support for the Hombres de Verdad ("Real Men") campaign, which better addresses messages targeted to men with a more diverse range of sexual behaviors, including MSM and those who are clients of FSWs. While HIV prevalence rates in the Central American militaries are unknown and the complexity of risk for HIV not well understood, the military population falls within the vulnerable and at risk population for STIs and HIV. The host of factors thought to influence the risk for HIV and other STI infection among military personnel include young age, mobility and deployment, stigma and discrimination surrounding men who have sex with men, alcohol use, peer pressure and military cultural norms, transactional sex, condom availability, STI treatment as well as military HIV policies and practices. Future program goals aim to focus on the drivers of the epidemic specific to the military and address knowledge, attitudes and practices related to HIV prevention. HIV prevention and risk reduction will target recruits, enlisted and officer groups in areas such as increasing consistent and correct use of condoms (including minimizing the stigma surrounding

accessing condoms), promoting condom negotiation skills with partners, decreasing sexual risk behaviors, mitigating the influence of alcohol on sexual risk taking behavior, improving knowledge and attitudes about testing, decreasing HIV-related stigma, decreasing gender-based discrimination and violence, and addressing the influence of mental health factors on risk behaviors. Prevention counseling will be integrated into TC services and will link with HIV testing and care and treatment services. Health seeking behaviors and access to services will be promoted. Analysis of structural changes that may decrease vulnerability will also be conducted with community participation to promote their adoption. Technical assistance will build internal capacity of partner militaries to direct and maintain HIV prevention efforts. In addition to refining IPC methodologies and key messages for target audiences, the regional prevention program will prioritize and select new implementation sites. The selection of new sites will be based on: 1) prevalence of HIV by geographic areas; 2) estimated size of target groups in the geographic areas and areas of concentration (borders, etc.); and 3) areas where other NGOs and partners are not already targeting these same populations. Such decisions will be discussed in coordination meetings with C/FBOs, NGOs, including other strategic partners like the Global Fund. To ensure condom availability for MARPs, the regional HIV prevention program will identify and prioritize underserved areas. The program will distribute and promote multiple brands of products using a mix of state-of-the-art research tools, market segmentation, and offer a range of products and a mix of service delivery modalities. The project will continue to use a mix of condom distribution options – commercial, social marketing and free. Distribution strategies will be based on the feasibility, appropriateness, and cost-efficiency of each channel for each product option and outlet type. To ensure sustained availability of condoms in high-risk outlets, innovative IEC promotion as well as strategic linkages with MOH, NGOs, the commercial private sector and other projects will be developed and/or consolidated. Finally, coordination efforts will continue to focus on the development/finalization of national condom distribution strategies in the region.
Gender BCC activities will seek to reduce stigma among community members and health workers, addressing gender inequities and building the capacity of local service providers to implement HIV prevention interventions. In addition, USG will work with the private sector to effectively reach MSM/MSW populations. Prevention and policy instruments will be developed to decrease homophobia and discrimination against MSM and TG. The prevention program will build upon the on-going (FY09-10) masculinity campaign, "hombres de verdad", to address gender issues in the region by targeting men who engage in a range of sexual activities.

Technical Area: Strategic Information

Budget Code	Budget Code Planned Amount	On Hold Amount
HVSI	2,916,863	
Total Technical Area Planned Funding:	**2,916,863**	**0**

Summary:
Context and Background
HIV prevalence among the general population in Central American countries is below 1 % with the exception of Belize (2%). However, the prevalence among MSM in a study done in 2002-2003 ranged from 9.3 percent in Nicaragua to 17.8 percent in El Salvador. High HIV prevalence has also been found among female sex workers (SW), ranging from <1% in Nicaragua to 4.5% in Honduras. Data from a 2006 survey provided information on the epidemic in Honduras and indicated that there has been a decline in HIV prevalence from 9.2 percent among FSWs in 2002 to 4.5 percent, and from 13 percent to 9.9 percent among MSM. This decline parallels an increase in consistent condom use among these population groups, which suggests that condom promotion and other prevention efforts may have had a positive impact. However, contrasting data from a USG supported study in El Salvador shows an increase on HIV incidence among MSM from 3.6% in 2003 to 7.0% in 2009. Country-level studies on injecting drug users

(IDU) to assess their potential role in HIV transmission are nearly non-existent in the Central American region. Similarly, there is a paucity of health data in the national uniformed service in the region. While TB surveillance varies greatly in the region, recent data estimates HIV prevalence among TB patients in Guatemala to be approximately 20%.
Monitoring and Evaluation: The USG has supported the strategic planning process of national HIV programs and national AIDS commissions in the development of monitoring and evaluation plans and HIV surveillance plans. Nevertheless, ongoing challenges in the region include a limited culture of data use and performance M&E; insufficient data to characterize the epidemic among MARPs; limited national and regional capability to synthesize, analyze and use available data for evidence-based HIV programming; and the existence of multiple parallel systems. Countries throughout the region face the challenge of limited human resources to support SI activities, especially in Belize. Although all countries report on the UNGASS indicators, at the country and regional levels, there is lack of a consensus on a set of locally selected core indicators and absence of a unified regional M&E system. Currently, data comes from many unconnected sources, and USG's SI efforts will focus on the harmonization of these disparate data systems.

Health Management Information Systems (HMIS): HIV surveillance in the region mainly relies on passive paper-based HIV case reporting. In most countries, current national HIV information systems are separate from other health programs and this distance creates multiple parallel SI systems. The exception is El Salvador, where the MOH has developed and implemented a country-wide electronic system for priority public health programs including HIV case and laboratory results monitoring. In addition, the Belize Health Information System (BHIS) includes an HIV clinical service delivery module.

Surveillance and Surveys: Data collection on HIV prevalence remains limited, and often comes from ANC data from women who access perinatal and/or PMTCT services. Few countries have ongoing systems to monitor HIV prevalence or behaviors among MARPS including MSM, SW, TB patients, uniformed services and mobile populations. The USG complements country activities in strengthening systems to monitor HIV prevalence and behaviors among populations considered at highest risk for HIV infection.

Past accomplishments
Monitoring & Evaluation: The USG has supported the Central American M&E Network, a collaborative effort between USAID, CDC/GAP-CAP, and UNAIDS in providing regular trainings and updates in the M&E of HIV-related projects and sharing experiences and best practices.

The USG has also provided assistance for HIV national strategic planning in all seven countries in the region and for the development and implementation of monitoring and evaluation plans as well as the completion of bi-annual UNGASS reports. The USG has conducted evaluations of HIV-TB surveillance activities in Guatemala, Nicaragua, El Salvador, Costa Rica, Honduras and Panama that have led to the development of TB-HIV surveillance plans.
Health Management Information Systems (HMIS): The USG is working closely with Panama and Honduras to develop health management information systems (HMIS) to monitor HIV-positive patients on antiretroviral therapy (ART). HMIS development has included the selection of core indicators in each country; the development of data collection forms, reporting formats, and necessary software; and the purchase of hardware equipment. Implementation is still paper-based in selected pilot sites and the system is still under development.
- The USG has assisted in the development and implementation of an electronic information system designed to monitor HIV and STI prevalence and behaviors among male and female sex workers in sentinel sites in Guatemala and Honduras. Also, ETR.net, an electronic software originally developed by CDC for South Africa, has been translated and adapted for use in Central America and is being piloted in three sited in Guatemala to monitor HIV/TB.

Surveillance and surveys: Integrated behavioral and biological surveys (IBBS+) are especially important

in Central America, as HIV is primarily a concentrated epidemic in the region, and such surveys can reach sub-populations often not included in household surveys (e.g. Demographic and Health Survey). Available data demonstrate the most-at-risk populations in Central America include commercial SW, MSM, persons living with HIV/AIDS (PLH) and some ethnographic minorities (e.g. Garifuna of the Caribbean coasts of Guatemala, Honduras and Nicaragua). To make the DHS more relevant to MARPs, USG-provided TA ensured the inclusion of behavioral questions related to sexual behavior and AIDS into the DHS.

During the last year, the USG has supported studies to estimate the prevalence of HIV, STI and behaviors in vulnerable populations in Honduras in 2006 (MSM in three cities, SW in four cities and PLWHA in two cities), El Salvador in 2008 (MSM in two cities, SW in two cities, and PLWHA in one city) and Costa Rica in 2009 (MSM, capital city), and is currently supporting studies in Nicaragua (MSM in the capital city, SW in two cities, and PLWHA in one city), Panama (SW in two cities and MSM in the capital city), and Belize (Belize Defense Forces). The USG has provided technical and financial assistance to Ministries of Health and national partners in the development of BSS+ protocols. Two important components have been the use of respondent driven sampling for isolated or difficult-to-reach populations and the use of computer based interviews to increase reporting for sexual and other behaviors. The USG has also used qualitative studies have to inform the planning and development of the studies and further understand the HIV risk context for prevention activities in each country.

Population size estimates for MSM and SW have been conducted in the last year in Guatemala, El Salvador and Nicaragua. Key to monitoring the trends and impact of interventions targeting the reduction of stigma and discrimination (S&D), the USG has supported the implementation of a study to measure levels of S&D among the general population in each country in the region, with the exception of Honduras and Nicaragua. The USG has provided assistance to conduct expenditure studies, which enable stakeholders to better understand the use of funds for HIV activities. In all countries in the region (with the exception of Honduras and Nicaragua), the USG conducted API studies designed to measure the political environment that enables a national coherent response to the HIV epidemic. Program evaluation (TRAC) studies are conducted every two years by PASMO among MSM and FSW in all seven countries in the region to monitor behaviors and evaluate the impact of PASMO's outreach activities, condom access and HIV testing access. MAP studies which identify hot spots for high risk sexual activity in select cities was implemented in all seven countries in the region.

The application of results from several USG studies in the region have led to the improvement of the quality of care for HIV patients, the development of effective, population-specific behavior change materials, the identification of lessons learned from various HIV/AIDS programs, and the design of more effective interventions.

SI trainings and capacity building activities over the past years include qualitative methods in evaluation, laboratory biosafety procedures, HIV second generation surveillance, HIV-TB surveillance, data analysis, monitoring and evaluation for HIV national programs, use of data for action for community based organizations, ARV resistance surveillance, HIV rapid testing, RDS methodology, HIV incidence testing and other.

Goals and strategies for the coming year
The establishment of the PF will reinforce the USG's commitment to build capacity and sustainable SI systems in Central American countries. Regional and national strategic interventions include strengthening M&E for informed decision making, harmonizing data collection and information systems with innovative approaches suitable to concentrated HIV epidemics, and strengthening the collection, analysis, interpretation and dissemination of data to characterize the epidemic, focusing on high risk and vulnerable populations.
Aligned with the COMISCA strategy, the Central American regional PF aims to build the capacity of

countries to monitor and use information that enhances understanding of the epidemic and enables individual to the USG's partners to take appropriate actions with sustainable, evidence-based, and cost effective program interventions. The regional program aims to better leverage resources and collaborate with the support of organizations and multilateral agencies in the region, including GFATM, World Bank, UN agencies, and WHO/PAHO.

The USG will support SI activities, including TA for the development of a regional 5 year SI strategy that will complement national strategies, TA in M&E, surveillance in the areas of HIV, TB and STIs, BSS+ surveys in high risk and vulnerable populations (e.g. MSM, SW, militaries), TA for the development of health management information systems and the evaluation of outcomes and impact of interventions targeted to MARPS. TA to the DHS in each country will also continue. Technical assistance will be provided to conduct studies in the areas of prevention, care, and political environmental assessment, whose results will enable countries to develop evidence-based initiatives. The USG will promote country ownership of SI systems and surveys, production of information necessary for the design, management and implementation of HIV/AIDS programs and an environment where best practices are shared.

Monitoring & Evaluation: The PF M&E plan will include the establishment of an M&E committee and a regional surveillance system within the Regional Coordinating Mechanism (RCM) of COMISCA. The committee will establish a set of core HIV/AIDS indicators which will help monitor PF progress towards the five-year goals, objectives, and commitments via a annual joint review with PF partners and the established APR and SAPR monitoring systems. The committee will align annual and five-year targets with the PF/PFIP commitments and will assist in the revision of targets as countries in the region assume greater programmatic and financial roles.

ROP 10 activities will focus on the strengthening of SI capacity in the Central American region through the provision of TA through mentoring, capacity building and coordination. The USG will provide support for planning processes and implementation of plans, including national strategic plans, regional surveillance plan, national surveillance plans and monitoring and evaluation plans. TA to select and harmonize national core indicators will be provided, as well as for the establishment of one national body that will be the repository of all/most of M&E and surveillance information.

Health Management Information Systems (HMIS): TA for the establishment of HIV/STI/TB HMIS will be provided in several countries in the region. A system to monitor HIV-positive patients on antiretroviral therapy is being developed along with electronic software (MONITAR) in Panama and Honduras, and support will be provided to pilot the electronic system in selected sites and extension to additional sites. Sentinel surveillance of HIV, STI and behaviors among sex workers will continue in Guatemala and Honduras and will be initiated for MSM in several countries. An HMIS for laboratories will also be supported in coordination with other priority programs such as Influenza and Tuberculosis. Support for electronic HMIS systems will allow for the calculation of critical HIV and other STI/OI/TB indicators. Integration of the different systems with the national information strategy and sustainability will be key concerns in HMIS activities.

Surveillance and Surveys: BSS+ surveys in Nicaragua and Panama will be completed. Preparation for the BSS+ will start in Guatemala and Honduras. Population size estimation exercises will be linked to BSS studies for the selected populations. Preparations for BSS+ for the militaries in El Salvador, Nicaragua and Guatemala will be initiated. Capacity building for analytic interpretation of BSS+ and other M&E instruments for program planning will be provided and help increase the quality, collection, analysis and use of data. A regional repository of HIV survey data will be created, leading to improved data quality and integration in the region. Evaluations of existing and new interventions will be conducted. In 2010 we will initiate preparation for the next round of API studies to measure the political environment, including expenditure data, which enables a national coherent response to the HIV epidemic. A fourth round of Project MAP will be conducted in three Central American countries (Guatemala, El Salvador and

Nicaragua) to measure project performance and disseminate findings to key stakeholders. USG partners will conduct behavioral surveys among MARPs to identify trends in risky behaviors, and surveys to measure stigma, discrimination and attitudes towards MARPs.

As part of the activities developed to improve the comprehensive attention, also regular surveys to measure the performance improvement standards will be conducted among the clinics and hospitals for PLWHA.

Gender
USG TA will ensure that all SI activities guide and support equal access to all HIV/AIDS services implemented under the PF to men and women and all MARPs. The information generated through the SI component will increase awareness regarding gender issues in the region, and seek to reduce gender-based violence, stigma and discrimination.

Technical Area: TB/HIV

Budget Code	Budget Code Planned Amount	On Hold Amount
HVTB	197,500	
Total Technical Area Planned Funding:	**197,500**	**0**

Summary:
Context and background

Tuberculosis (TB) is currently the leading cause of morbidity and the second leading cause of mortality in HIV-infected patients worldwide, according to the Pan American Health Organization. Because of its ability to weaken a patient's immune system, HIV greatly increases a person's risk of TB infection. Tuberculosis in HIV positive people can also accelerate the diseases' clinical progression and is more likely to result in a fatal outcome.

In 2008, the incidence of tuberculosis in all forms in Central America was 31.5 per 100,000 inhabitants, and the incidence of patients with positive sputum microscopy was 19.7 per 100,000 inhabitants. Based on the 2008 UNAIDS report, estimated adult HIV prevalence is highest in Belize (2.1%), followed by Panama (1.0%), El Salvador (0.8%), Guatemala (0.8%), Honduras (0.7%), Nicaragua (0.7%) and Costa Rica (0.4%).

According to MOH data, the TB/HIV burden is a significant public health problem with the following prevalence rates of HIV in TB cases: Guatemala (19.7%), Costa Rica (16.0%), Honduras (14.0%), El Salvador (12.4%), Panama (13.1%), and Nicaragua (3.7%).

Although the World Health Organization (WHO) recommends that national TB and HIV/AIDS programs develop activities in a collaborative fashion, the majority of such programs in Central America do not coordinate their activities. TB/HIV activities are positioned in a "grey zone"-- that is, they lack priority relative to other TB and HIV interventions. In all Central American countries, there is a national policy to screen all TB patients for HIV and provide pre- and post-test HIV counselling. Despite these policies, HIV screening achievements for TB patients are limited in practice. The rates for HIV screening of TB patients in Central American region reflect this fact: El Salvador (>80%), Honduras (59%), Guatemala (80%), Nicaragua (no data), Costa Rica (45%) and Panamá (50.5%).3 Of the Central American countries, only El systems that follow HIV-positive TB cases. While smear microscopy is widely available in most national and sub-national health care facilities, but HIV diagnostic tests are mainly centralized in specific public

health establishments. Similarly, although all countries in the region have implemented the Directly Observed Therapy, Short-Course (DOTS) strategy, quality-assured coverage varies from one country to the other.

Drug resistance is also of growing concern among TB patients in Central America. While data is not available for all countries, there is available data on prevalence of drug resistant TB in Honduras (1.7% in new TB cases [primary MDR] and 12.3% in relapse cases [secondary MDR]) , Guatemala (3.0% and 26.4% of primary and secondary TB drug resistance, respectively). El Salvador (0% primary MDR among new TB cases, no data on secondary MDR), and Nicaragua (0.6% of primary MDR and 7.9% of secondary MDR).

Accomplishments since FY2006

Since 2006, the USG has:

• Assisted in the adoption and successful piloting of ETR.Net, a software package to facilitate follow-up of TB and TB/HIV cases. Originally developed by CDC in South Africa and funded by the US Agency for International Development (USAID), this software will be ready for implementation by interested countries in March 2010.
• Facilitated two Regional TB/HIV surveillance workshops, at which personnel from Guatemala, El Salvador, Honduras, Nicaragua, Costa Rica and Panamá participated and received targeted training in TB/HIV surveillance.
• Provided technical assistance to the Ministry of Health to conduct a study in El Salvador on the use of cotrimoxazol and isoniazid for TB prevention and treatment in HIV-positive patients. The study also allowed the National TB Program to strengthen TB/HIV surveillance and focus on preventive therapies in patients with advanced HIV.
• Provided technical and financial assistance for a project that evaluated TB/HIV surveillance practices at five sentinel sites in Guatemala.
• Enabled CDC GAP-CAP to provide technical assistance to monitor TB/HIV National Surveillance Plans for Guatemala, El Salvador, Honduras, Nicaragua, Costa Rica and Panama.
• Assisted MOHs and Social Security Institutes (SSIs) to decentralize and ensure quality HIV care and treatment from tertiary care hospitals to secondary and primary levels through the implementation of performance improvement and supportive supervision approaches for HIV/AIDS and TB services in 35 selected health facilities across six countries. Most of the counterpart country institutions had not implemented supportive supervision or monitored performance related to HIV care services previously.
• Trained a total of 113 Health Workers in key content areas for HIV-TB co-infection.
• Funded four universities in the region—University of Costa Rica, University of El Salvador, San Carlos University in Guatemala and the Autonomous National University of Nicaragua—to sponsor the training of faculty members from health-related schools and adapt existing courses on HIV to include information on TB-HIV co-infection such as the diagnosis, care and treatment.
• Implemented a situational analysis in Belize that examined opportunities to strengthen cooperative activities in HIV/TB co-infection.
• Implemented a shared HIV/TB technical/programmatic agenda in El Salvador., This shared agenda contributed to the submission of a TB proposal in Global Fund Round 9 and was based on the gaps identified by an analysis undertaken by the USG. Also, as part of a joint agenda between TB and HIV Programs, the USG facilitated an advocacy workshop for technical staff from these programs that stressed the importance of communication with community groups to foster support for people living with HIV and TB.
• Developed also as part of the joint programmatic (HIV/TB) agenda, TA was provided to support the defining of objectives, indicators, and a timeline for collaborative activities for both programs.
• Developed a gaps analysis to identify the most vulnerable populations to be addressed through specific interventions which included recommendations to stakeholders and CCM members in advance of the

preparation for Global Fund Round 9 Proposal.
• Developed a policy and programmatic Framework for collaborative activities in Costa Rica, including national and international commitments and a detailed implementation plan.
• Facilitated meetings on the status of the HIV epidemic in Guatemala. These meetings led to the establishment of a coordinating group of HIV-policy analysts. The National AIDS Program and the National TB Program developed a joint programmatic agenda to address HIV/TB infection. This included the establishment of an HIV/TB Technical Council, which was in charge of the review and update of the Clinic and Community Guidelines for TB/HIV Co-infection.
• Provided support to the establishment of an inter-sectoral working commission on HIV and TB in Panama, provided, which will develop an agenda to update the HIV/TB co-infection Plan.

Goals for 2010

PROVIT is a program that aims to improve detection of HIV among TB patients, TB management and strategic information for TB and HIV. PROVIT was designed by the Regional Office for Central America and Panama of the Global AIDS Program of the Centers for Disease Control and Prevention. This Program will be implemented in selected government facilities and will be based on Ministry of Health personnel. Technical assistance will be provided by CDC and Del Valle University of Guatemala.

Management of TB cases will also be improved. This will be conducted through the implementation of specific training courses driven by clinical TB/HIV experts and oriented to health personnel attending TB/HIV patients. Scholarships will be provided to train health personnel at well- recognized health facilities that treat TB and TB/HIV.

Training laboratory technicians will help improve local laboratory staff capacity to collect, transport, and process samples for TB and HIV diagnosis. Laboratory biosafety measures will also be improved at the selected sites and quality control procedures for TB and HIV will be established. Equipment and supplies will be provided to local laboratories based on needs assessment.

The traditional method for conducting HIV testing is client-initiated voluntary counseling and testing (VCT) often done in medical facilities and clinics. With the rapid and growing emergence of TB/HIV, a more effective approach to patient testing and counseling is needed. For this reason, WHO recommends using provider-initiated testing and counseling (PTC) with TB cases. Provider-initiated testing and counseling (PTC) involves health facility personnel initiating and offering an HIV test to TB patients or patients with suspected cases of TB. PTC can be extended to all individuals presenting at a health facility.

An important component of effective TB control, an element of the Stop TB Strategy, is an effective recording and reporting (R&R) system. Good recordkeeping and effective preparation and sharing of reports help each health facility to provide high-quality clinical care and also allow programs to identify areas that may need improvement. For recording, reporting, and follow-up purposes, we have focused our efforts on ETR.net, a Microsoft.net–based computer software (not currently web enabled) that uses WHO and IUATLD core surveillance variables. Epidemiological advantages of electronic TB recording and reporting systems are significant, and include: (1) time-efficient data entry and reduction in transcription errors; (2) timely data transmission; (3) real-time data quality checks and more extensive data validity testing; (4) improved data analysis capability; (5) more timely generation and availability of reports; (6) marked decrease in the laborious task of cross-referencing information between TB and HIV programs; and (7) flexibility to adapt to changing needs. This system will allow us to monitor the programs' impact on increasing detection and follow-up of TB cases and HIV testing.

TB Strategies in Central America

Considering current budget and staff limitations, the regional vision for improving TB/HIV surveillance can be outlined as follows:

1. Implementing a strategy in three countries (Guatemala, Nicaragua and Honduras) to put PROVIT-- a comprehensive TB surveillance, care, and management program-- into practice in at least 1-3 main public health facilities in each country. These facilities treat a large share (at least 25-30%) of the total number of TB and TB/HIV cases nationwide. In order to encourage the sustainability of these processes, all of the activities will be led by officers from national Ministries of Public Health. This approach will reinforce their national and sub-national leadership, will increase their empowerment to maintain or improve TB/HIV surveillance, and will strengthen their technical capacities to help achieve sustainability.

2. Assisting in the development of Country Coordination Mechanism to strengthen TB and HIV proposals for support from the Global Fund. This perspective will empower the team working on such proposal and will assure a better appreciation of results if proposals are accepted.

3. Integrating efforts with partners in the countries (international agencies, GO, NGO) for harmonization of activities in TB/HIV surveillance.
• Preparing a minimum regional budget for TB/HIV activities officially requested by the Ministries of Public Health in the region. These funds will be used to carry out some technical activities in those countries that are not being supported to implement PROVIT.
• Create and/or strengthen the bonds and cooperative agreements between the HIV TB programs
• Promote the development and/or update of collaborative plans (or HIV and TB) to provide healthcare for HIV/TB co- infection
• Increase the advocacy capacities of key actors in HIV/TB co-infection
• Develop and/or strengthen the norm for the integral healthcare provision of HIV/TB co-infection
• Strengthen the political support to respond to HIV/TB co-infection
• Generate information on the current situation of HIV/TB co-infection
• Disseminate and promote the use of information on HIV/TB Co-infection among advocacy groups
• Introduce HIV/TB co-infection approach in the GF proposals
• Identify barriers and bottlenecks for the implementation of projects financed by the GF
• Strengthen the technical and administrative capacities of current and potential recipients and implementers of GF projects.
• The USG will co-fund pre-service and in-service training activities on TB co-infection and infection prevention practices to update local staffs' knowledge and skills related to HIV services.

Gender
TB prevalence in the Central American region is higher in men than in women, therefore; the USG expects that while implementing PROVIT, approximately 60% of TB cases will be male. Despite this fact, HIV counseling and testing will be provided equally to both men and women. As part of PROVIT implementation, the program will encourage HIV counseling and testing for the partners of male and female TB/HIV cases in supported public health facilities.Salvador and Panama possess reliable information

Technical Area Summary Indicators and Targets

Costa Rica

(No data provided.)

Technical Area Summary Indicators and Targets
El Salvador

(No data provided.)

Technical Area Summary Indicators and Targets
Guatemala

(No data provided.)

Technical Area Summary Indicators and Targets
Honduras

(No data provided.)

Technical Area Summary Indicators and Targets
Nicaragua

(No data provided.)

Technical Area Summary Indicators and Targets
Panama

(No data provided.)

Technical Area Summary Indicators and Targets
Central America Region

Redacted

Partners and Implementing Mechanisms

Partner List

Mech ID	Partner Name	Organization Type	Agency	Funding Source	Planned Funding
12014	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
12015	U.S. Peace Corps	Implementing Agency	U.S. Peace Corps	GHCS (State)	70,000
12016	IntraHealth International, Inc	NGO	U.S. Agency for International Development	GHCS (State), GHCS (USAID)	1,431,168
12017	PASCA	Implementing Agency	U.S. Agency for International Development	GHCS (State), GHCS (USAID)	2,360,020
12018	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
12019	Tephinet	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	721,500
12020	UVG	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	973,000
12021	TBD	TBD	U.S. Department of Health and	Redacted	Redacted

			Human Services/Centers for Disease Control and Prevention		
12022	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
12023	TBD	TBD	U.S. Department of Defense	Redacted	Redacted

Implementing Mechanism(s)

Implementing Mechanism Details

Mechanism ID: 12014	**Mechanism Name: Combination Prevention**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Benefitting Countries: Costa Rica, El Salvador, Guatemala, Nicaragua, Panama

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

In March 2010, USAID will launch a Request for Activities (RFA) that will be awarded to start activities in September 2010. The new instrument will cover prevention activities in Central America, with additional bilateral funding to support activities to be managed by USAID/Mexico, and will have a life of 5 years. The program, through the regular budget assigned to USAID, will continue to support core activities that are being implemented through the current prevention instruments, targeting Most At-Risk Populations (MARPs). With the limited supplementary Partnership Framework (PF) funds coming from FY09 and FY10, additional activities will be included in the new instrument.

"Combination prevention- a combination of behavioral, structural, and biomedical approaches based on scientifically derived evidence with the wisdom and ownership of communities- offers the best hope for successful prevention" (Merson et al, Lancet 2008)
Due to the highly concentrated nature of the HIV epidemic in Central America and Mexico, the most effective use of regional prevention resources will be to continue focusing on reducing high risk sexual behaviors among MARPs. MARPs include Commercial Sex Workers (CSWs) and their clients, Men who

have Sex with Men (MSM), partners of People Living with HIV/AIDS (PLWHA,) and certain ethnic groups (Garifuna and other indigenous populations). Within these MARP categories are individuals who are harder-to-reach and/or have special needs, including: bi-sexual MSM, MSM who do not identify as homosexual or gay, transgender, transvestite, MSM adolescents, partners of PLWHA who do not know their status or their partner's status, and highly mobile populations.

The cost effectiveness of targeting MARPs in concentrated epidemics is well documented. The World Bank publication, "HIV/AIDS in Central America: an Overview of the Epidemic and Priorities for Prevention" shows the results of an analysis of various resource allocations using the "Allocation by Cost-effectiveness Model". The Central America analysis concluded that an investment of $1 million in MARPs interventions would yield a prevention rate of between 11%- 19% among expected primary and secondary infections at a cost of $84 -$196 per infection prevented. This is in contrast to resource allocations for prevention measures such as blood safety or prevention from Mother to Child Transmission (PMTCT), which would only "prevent a few hundred infections at a cost of several thousand US dollars per infection prevented."

In addition to being cost-effective, the Central America prevention strategy also aims to ensure a comprehensive approach including secondary vulnerable groups, defined as those who interact with high-prevalence populations and/or have increased vulnerability to infection due to their social/economic status. These groups may include: potential clients of sex workers, partners of sex workers, mobile populations, transport workers, seafarers, and persons involved in uniformed service.

In order to reach these groups effectively for maximum impact, prevention resources must focus on locations where MARPs congregate socially, where they meet as groups to advocate for favorable policies and access to services, and where they frequent health service providers/facilities. Networks of MARPs, self-help groups, and NGOs in the region are still very weak and in need of institutional strengthening in a number of areas. An effective network of MSM groups, for example, does not exist in any of the countries in the region. Regional program experience shows that sex workers do tend to frequent public sector health facilities, but that MSM are more likely to access health services through private providers and/or NGOs. PLWHA often receive their ARVs, if they are on treatment, through the public sector, but also use private providers for more comprehensive care and follow-up.

Within MARP categories, three groups have often been neglected in prevention programming (design, implementation, and monitoring): 1) PLWHA, and especially adolescent PLWHA; 2) MSM who also maintain heterosexual relations and prefer to remain anonymous; and 3) adolescent MSM. The new program will intensify efforts to design and implement prevention activities that involve these groups either directly or through more accessible MARPs and motivate them to access prevention services.

In addition to identifying and reaching MARPs through the groups and services they use, an effective HIV prevention strategy must also take into account the concept of self-preservation in the context of the individual's health and well-being. Two key challenges in promoting healthy behaviors to combat HIV/AIDS concern the amount of risk to which an individual is willing to expose him/herself and the level of vulnerability to which s/he is subject through interaction with high risk sexual partners or through social/economic factors.

To more fully understand the role that these two challenges demand and the nature in which they contribute to the epidemic, it is important to understand their definition. UNAIDS has defined risk as, "the probability that a person may acquire HIV infection. Certain behaviors create, enhance, and perpetuate risk. Examples include unprotected sex with a partner whose HIV status is unknown; multiple unprotected sexual partnerships, sharing syringes and needles among injecting drug users, etc…"

Vulnerability, on the other hand, 'results from a range of factors that reduce the ability of individuals and communities to avoid HIV infection. These may include: (i) personal factors such as the lack of knowledge and skills required to protect oneself and others; (ii) factors pertaining to the quality and coverage of services, such as inaccessibility of services due to distance, cost, and other factors (iii) societal factors such as social and cultural norms, practices, beliefs and laws that stigmatize and/or reduce the empowerment of certain populations, rendering them unable to refuse participation in high risk sexual relations. '

The overall objective of the new cooperative agreement (CA) will be to support the USG/USAID Regional Prevention Strategy that focuses on providing cost effective, sustainable interventions designed to achieve "Increased Access to HIV Prevention Interventions by Most-At-Risk Populations in Central America and Mexico". The ultimate goal is to provide universal access to these interventions by MARPs in collaboration with host governments, other donors, and civil society.

The Recipient of this CA will implement a minimum package of prevention activities designed to effectively reach MARPS, especially those groups identified above as critical to reach in stemming transmission among the highest prevalence groups. The concept of prevention with positives should be an integral part of new prevention activities as well as ensuring that PWLHA are linked to treatment, care, and support services.

The three components for prevention interventions under this CA will draw on resources to be allocated in the following areas: 1) evidenced based models for behavior change; 2) structural approaches to reduce stigma, discrimination, and homophobia that create barriers to access of services and violate human

rights of PLWHA; and 3) essential health services (voluntary testing and counseling, referrals for STI diagnosis and treatment, opportunistic infections (OIs) among PLWHA) including promotion of condom and water-based lubricant distribution.

The four main components that this project will cover are:

Component 1: Behavior Change Communication (BCC) designed to reduce high risk behaviors and vulnerability to HIV/AIDS transmission including a range of interventions addressing gender norms- male, female, and transsexual- as well as understanding the determinants of behavior and develop appropriate interpersonal communication (IPC) methodologies.

Component 2: Structural Approaches to increase the implementation of policies/laws against stigma and discrimination and address such factors as physical, social, cultural, organizational, community, economic, laws, and policies that affect HIV infection. The structural approaches to HIV prevention seek to change social, economic, political, or environmental factors determining HIV risk and vulnerability. In particular, societal norms that lead to homophobia and homophobic behaviors will be given greater attention and emphasis under the new program. A recent meeting on MARP programming (December 2009) in Antigua, Guatemala highlighted the need for understanding the role of homophobia in prevention, care, and treatment and how it affects access to services. The new program will take a step-wise approach to analyze the constraints to prevention of HIV among MARPs in light of social norms that promote homophobia, and propose strategic approaches to reaching decision makers who have a critical impact on creating an enabling environment for prevention.

Component 3: Expanding Access and use of prevention services including voluntary testing and counseling, STI diagnosis and treatment, promotion of condoms and water-based lubricants, and referrals for PLWHA requiring care and support services. The recipient will coordinate with Ministries of Health throughout the region, Global Fund grantees and other public, private, CBO and NGO partners to upgrade the quality and promote a sub-set of VCT and STI providers who are most accessible to high-risk groups. Referral linkages with sources of ARV treatment, psychosocial support, and other related services will also be strengthened.

Cross-Cutting Component 4: Monitoring and evaluation/Strategic Information will include special studies (e.g. ethnographic research on the behavior and practices of specific MARP sub-groups), formative research in the design of interventions under all three of the above components, quantitative and qualitative studies in different geographic locations for program design and implementation, as well as account for differences in prevention needs across the region. The recipient will monitor activities and carry out periodic evaluations to continually assess program efforts. Improved management systems will

be used to monitor quality as well as quantity of interpersonal BCC. The recipient will systematically interpret monitoring and evaluation findings to identify actionable program implications and revise implementation strategies accordingly.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	Redacted

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12014**		
Mechanism Name:	**Combination Prevention**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVCT	Redacted	Redacted

Narrative:

The project will improve access to VCT among at-risk groups in the region by continuing to implement mobile VCT programs in El Salvador, Guatemala and Nicaragua. These services will be complemented by promotional activities designed to increase client uptake of VCT services.

In all three countries, the implementer will work in collaboration with national Ministries of Health (MOH) and local partners to implement mobile VCT strategies that ensure the quality of services while responding to local needs. In each country, the project will engage professional counselors, trained in client-centered techniques, who help clients to develop personalized risk-reduction plans during pre- and post-test counseling sessions. Clients who test positive are referred to local health care facilities for follow-up care and support services. Additionally, the recipient will works within each country's regulatory framework for HIV counseling and testing services to ensure quality control in its provision of mobile VCT. The project's VCT provision reflects a coordinated effort between the MOH and the project. The project will provide pre- and post-test counseling, and the MOH will provide the test. As such, these services are registered as provided by the MOH, which helps the MOH to increase coverage and

motivates them to collaborate with the recipient.The project will include individuals from the network of private sector providers in relevant training workshops to build their capacity and linkages with the formal health sector, improving the number of friendly services targeted to MARPs.

In addition to counseling for HIV, the recipient will also continue support for STI counseling and referrals. USAID recognizes the critical need to refer clients to STI services. While the project will not conduct diagnosis and treatment for STIs, it does ensure that counseling for STIs and referral to STI treatment facilities are a routine part of VCT services. Counselors supported by the project are trained to identify symptoms and risk factors for the most common STIs among FSW and MSM. Clients who may be at risk for STIs are referred to local health facilities to access appropriate diagnostic and treatment services. Referrals for STIs are conducted in close collaboration with local MOH and project partners.

In each country, the project will support BCC activities targeting FSW and MSM to promote services and raise general awareness about the importance of VCT. The recipient will look into including clients of FSW and other high risk groups. Promotional messages will be based on the perceived benefits and barriers to HIV testing amongst these populations, including publicizing the dates during which the mobile VCT teams will be available to offer services and distributing reminder cards, where appropriate.

The current project has already witnessed a high demand among the target populations for counseling and testing services. However, often there are not enough HIV tests at the health centers, and those that are available are prioritized for pregnant women. While the new project will not have the resources to purchase HIV tests, it will coordinate with MOH health centers where tests are available, to create demand among the target groups, to provide pre- and post-test counseling, and to improve the access of tests to the target groups.

The role of the private sector in this objective will be essential, in particular to improve the access to services for MSM. The creation of appropriate and accessible services for MSM will be part of the core activities developed by the new instrument. Trainings and sensitization as well as promotion of the services will also be part of the specific interventions that will be needed to improve access and achieve greater demand for services for MSM.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	Redacted	Redacted

Narrative:

Following a routine research and monitoring regime, the project will conduct behavioral studies every two years with specified target groups and by country. With FY10 funds, (in 2011), the new project will carry-

out a new round of these studies. Target populations to be included in this new round of behavioral studies will be MSM, FSW and PLWHA. Specific drivers of risky and unsafe sexual behaviors will be identified based on the results of the studies. In addition, the survey will also be useful in monitoring the coverage of the program, including the mass media and IPC activities. Other key projects, like GFATM can also be monitored through this process.

Besides the quantitative research, qualitative research will also be conducted in order to identify dynamics and characteristics of the populations included in the program. Different approaches and methodologies will be used for this purpose.

The new prevention project will complete the next round, subsequent to previous rounds in the former project, of measuring and mapping access to condoms for high-risk groups for all the Central American countries covered under this program. To complete this specific study, some of the activities include:

• Develop Terms of Reference and select a research agency for data collection activities for the next round, and sign contract
• Conduct field work in the countries
• Analyze and prepare report
• Disseminate results of the study with local governmental agencies, Global Fund, NGOs and other organizations / stakeholders from private and other sectors.

A series of research dissemination meetings in each country will be organized to share the results of the surveys, specific studies and qualitative research conducted in each country.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	Redacted	Redacted

Narrative:

The project wil support the national response targeted to MARPS in the region. Due to the innovative and based evidence methodologies, the activities, materials and workshops developed by the project will be use across the region for the MOH staff as well will be adopted by GFATM projects. The activities developed by the project, will address not just issues related to behavior change, also will include topics such as gender, stigma and discrimination reduction, references to national system for STI diagnosis and treatment. In order to achieve this objective, different training sessions and workshops will be conducted for MOH staff, NGO staff and GFATM projects.

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Prevention	HVOP	Redacted	Redacted

Narrative:

In FY10, the project will implement interpersonal communication (IPC) activities with MARPs across the region; the project will focus on reaching new participants by visiting new venues and by extending the geographic reach of the prevention interventions and strengthening partner NGOs more heavily than before.

Depending on the recipient of the cooperative agreement, the project may continue to utilize existing or adapted methodologies that have demonstrated efficacy. Use of existing materials would be adapted to reflect the results of the last behavioral surveys, and to better focus on relevant messaging for specific target groups. Using mass media, the project will air some key campaigns: such as partner reduction and abstinence. The project will also work with its C/FBO partners to incorporate these promotional spots in their work where appropriate.

The course of the HIV/AIDS epidemic in Central America underscores the importance of addressing the issues of abstinence, being faithful and the issues around stigma and discrimination in Central American countries. Although C/FBOs are prevalent throughout the Central American region, they have frequently been overlooked as a potential venue through which HIV prevention messages can be provided.

C/FBOs, however, are in a unique position to encourage community awareness and mobilization against the HIV epidemic. Religious leaders have the power to shape opinions and influence behaviors in their communities. Accordingly, C/FBOs, backed by the authority of traditional leaders, churches, or other religious institutions can have a far-reaching impact on the HIV/AIDS pandemic by delivering compelling messages about prevention as well as providing spiritual and social support for those living with and affected by the virus.

The project will focus its C/FBO efforts on three primary program areas including:
1) Stimulating broad discourse on healthy social norms and risky sexual behaviors;
2) Addressing stigma and discrimination toward people living with HIV; and
3) Supporting the idea of knowing your HIV status.

One of the primary objectives to the prevention program is to reduce stigma, discrimination, and homophobia through national, local, and institutional policies that key decision makers, health care providers, and other target groups will implement as part of a multi-sectoral response to the HIV/AIDS epidemic. This objective will seek have an impact to:

- Influence policies and budgets at the national and municipal level

- Create more favorable attitudes towards behaviors conducive to health and well-being
- Increase perception of risk and confidence to take action
- Influence positively social and subjective norms related to homophobia, stigma and discrimination.
- Increase intentions to act

In addition to the efforts realized with BCC activities, the project will also support the following activities
- Maintain and expand distribution of water-based lubricants in high-risk outlets, outlining the benefits of their use with a condom for HIV/AIDS prevention, using innovative strategies
- Male condoms will continue to be distributed under social marketing techniques.
- Expand distribution in Garifuna communities in any business establishment located in these communities in Honduras
- Continue assessing and piloting the current mix of delivery channels - commercial distributors, wholesalers, and NGOs - for condoms distribution and water-based lubricants in terms of their feasibility, appropriateness and cost-efficiency.
- Continue efforts from the previous project to implement National Condom Distribution strategies by using total market approaches and involving participants from public, social marketing and private sectors. Develop a national condom strategy document. Organize a forum with all participating agencies.

In FY10, the project will implement interpersonal communication (IPC) activities with MARPs across the region; the project will focus on reaching new participants by visiting new venues and by extending the geographic reach of the prevention interventions and strengthening partner NGOs more heavily than before, through a training program to improve the technical skills of the NGOs staff.

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Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12015	**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

Benefitting Countries: None.

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

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Peace Corps' prevention activities in the Central America region support the Partnership Framework Goal 1: To increase healthy behaviors among MARPS to reduce HIV transmission, in particular, Objective 1: Increased implementation of cost-effective, context appropriate and evidence-based prevention interventions for MARPs and PLHIV. Peace Corps Volunteers' prevention activities will focus on promoting behavior change among most at risk populations, including at-risk young people, migrants, and where possible, MSM and CSW; and building the capacity of HIV-related service organizations and agencies to reach these populations. Activities will be implemented in Belize, Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua, and Panama. (FY10 activities in Honduras and Belize will be funded through the F/Op for those countries.)

Peace Corps integrates a gender-focused approach to HIV prevention, through programs that address gender power imbalances. Programs targeting at-risk girls and women seek to provide them with the opportunities to develop the decision-making and other life skills needed to make healthy choices. Programs targeting at-risk men and boys demonstrate the positive impact that changing societal expectations and traditional masculine roles can have on the health and well-being of men and boys and, in turn, the women in their lives.

Peace Corps' strategy in general focuses on empowering communities by enhancing the capacity of

individuals, service providers and organizations to identify needs and develop local solutions, which promotes sustainability of interventions after the Volunteer's 2-year assignment ends.

Volunteers report their results in a standardized report form, which is summarized for overall programmatic reporting. Volunteers and their counterparts receive training in monitoring and evaluation to ensure the quality of data reported. In-country and headquarters staff monitor Volunteers' activities through periodic site visits, stakeholder meetings and the Volunteers' reports.

Cross-Cutting Budget Attribution(s)

Education	15,000
Gender: Reducing Violence and Coercion	15,000

Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Mobile Population

Budget Code Information

Mechanism ID:	**12015**		
Mechanism Name:	**Peace Corps**		
Prime Partner Name:	**U.S. Peace Corps**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVOP	70,000	

Narrative:

Peace Corps in Belize, Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua, and Panama will support the implementation of behavior change communication (BCC) activities in the area of HIV/AIDS prevention among at-risk populations, including at-risk youth, migrants, and where possible, men who have sex with men and commercial sex workers. These BCC activities will seek to reduce stigma among community members and health workers, addressing gender inequities and building the capacity of local service providers (e.g., MOH and other ministries, C/FBOs and other local organizations) to implement

HIV prevention interventions. Specific activities to be funded include, but are not limited to: training for Peace Corps staff, Volunteers and counterparts (e.g., MOH staff, teachers, peer educators, business owners, PLHIV association members) on developing and implementing effective prevention interventions; small grants for community-initiated prevention projects (e.g., outreach to at-risk populations, stigma prevention campaigns); workshops, trainings and other events to benefit host country partners; and reproduction and dissemination of technical materials. Peace Corps Volunteers' in the region work in the areas of youth development, health, education, small business and organizational development and natural resources management and will integrate BCC activities among at-risk populations through these sectors or as secondary projects. When possible, PEPFAR-funded workshops, training events and conferences will be coordinated with other USG partners to ensure a sharing of best practices and lessons learned. To promote high quality interventions at the community level, Volunteers and their counterparts will be trained in the concept of "Knowing the Epidemic" and BCC using evidence-based curricula. (In FY10, Peace Corps' actvities in Belize and Honduras will be funded through the F/Op in those countries.)

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12016	**Mechanism Name: Comprehensive Care in Central America**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: IntraHealth International, Inc	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Benefitting Countries: Costa Rica, El Salvador, Guatemala, Panama

Total Funding: 1,431,168	
Funding Source	**Funding Amount**
GHCS (State)	281,223
GHCS (USAID)	1,149,945

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The purpose of this Leader with Associates (LWA) award is to provide technical support and assure achievement of the USAID Central American Regional HIV/AIDS Program's objectives to expand and strengthen the response to HIV/AIDS in Central American countries. The Capacity Project will carry out activities in Belize, Costa Rica, El Salvador, Guatemala, and Panama and may also, in the future, conduct some activities in Nicaragua.

The Capacity Project will work towards achieving the following results to contribute to the five-year Central America HIV/AIDS Partnership Framework: a) Best practices for a comprehensive care delivery system appropriate to locally available resources developed and applied; b) A comprehensive HIV/AIDS training and mentorship program for health professionals developed and implemented; and c) Tertiary and secondary treatment programs integrated with community-based support networks.

The strategic approach includes five interwoven technical strategies to improve the performance of health care workers and increase access to high quality care for PLWHA:

1. Improve human resources for health (HRH) performance by applying accepted performance standards, systematizing and institutionalizing the Performance Improvement (PI) strategy, and ensuring supportive supervision at secondary and tertiary level facilities;
2. Build HRH capacity at both the pre-service and in-service levels through revisions and updates of curricular content and teaching methods at university health and social welfare schools and standardization of in-service curricula and methodology for performance-based training;
3. Monitor care and treatment services by establishing a performance information system and using data for decision making;
4. Integrate care and treatment with community-based support to ensure complementary services and promotion of HIV prevention through facility-community partnerships— especially with vulnerable groups—and establishing strong referral networks; and
5. Support innovation at the health facility and community level through use of information communications technology, such as m-learning, which uses mobile phone technology, and appropriate training information systems;

Additionally, the project will address cross-cutting themes by incorporating gender equity as well as stigma and discrimination reduction across all five technical strategies.

Gender roles and norms, economic dependency, violence against women or the feminine identity, and

stigma and discrimination are drivers of the epidemic regardless of the mode of transmission. Understanding and addressing the issues of gender, stigma, and discrimination and their inter-relation with HIV/AIDS is crucial to reducing the spread of HIV infection. IntraHealth will promote the integration of gender-disaggregated data and the need to build host country counterparts' capacity for addressing gender, stigma, and discrimination dimensions in service delivery; and they will adapt tools to identify and quickly address gaps in these areas as well as raise awareness of the interrelationship between HIV and gender as well as stigma and discrimination.

To address gender inequities in HIV/AIDS, IntraHealth will promote the following actions:

a. Incorporate a gender perspective in all pre-service education and in-service training and train instructors, preceptors, and trainers;
b. Integrate gender analyses within the Performance Improvement (PI) strategy and use results to improve programming at facility and community levels and ensure equity of service provision;
c. Disseminate information and results of studies on gender and HIV to public, private, NGO, and community-based health and social care workers;
d. Increase participation of women and other vulnerable groups (MSM, PLWHA) in community-facility partnerships to define HIV/AIDS priorities, implement solutions, and demand client satisfaction and accountability of health service provision;
e. Provide linkages to economic, legal, and psychosocial resources as a part of care and support services, active outreach and education to attract women, MSM, and sex workers to services, and organize PLWHA to become active in community services to help reduce stigma and discrimination; and
f. Incorporate a 'men as partners' approach in community-based activities such as community health fairs and prevention opportunities in order to help men define masculinity and strength as acting responsibly to prevent HIV infection.

To prevent stigma and discrimination related to HIV/AIDS, IntraHealth will:

a. Increase visibility and accessibility of HIV/AIDS services so they eventually become part of an essential health service package with HIV testing considered routine;
b. Assure strict confidentiality for testing, care, and treatment services to further efforts in stigma and discrimination prevention;
c. Involve PLWHA in the HIV/AIDS response through participation in community- facility partnerships, performance improvement assessments, and review of relevant training curricula;
d. Include stigma and discrimination prevention as an important content area in pre-service and in-service training curricula; and

e. Provide public, private, and civil society sector providers with knowledge and skills to prevent stigma and discrimination related to HIV/AIDS and vulnerable groups.

The overarching framework for IntraHealth's technical support will revolve around systematization and institutionalization of the project strategies for increased ability of the MOH/SSI to sustain the quality and performance improvement approaches. IntraHealth will contribute to sustainability by increasing commitment and ownership of the host country counterparts, joint development of projects, encouraging collaborative partnerships, and close and coordinated accompaniment and coaching.

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	86,016

Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services

Budget Code Information

Mechanism ID:	**12016**		
Mechanism Name:	**Comprehensive Care in Central America**		
Prime Partner Name:	**IntraHealth International, Inc**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	258,048	

Narrative:

The project will integrate treatment and care with community-based support. The major actions of the community-facility partnership strategy include:

• Establishment of an integrated team or working group, consisting of key hospital staff, PLWHA leaders, and representatives from the community groups, which will guide efforts to form a strong hospital-community link and further ensure sustainability of the strategy;
• Joint plan with proposed activities to help integrate treatment and care as well as ensure that clinic

services, home care, and self-support groups complement each other and promote prevention opportunities as part of the care and support delivery;
• Mapping of the community support network (including private providers). IntraHealth will help local stakeholders to inventory the community resources and referrals available to their clients and begin to build linkages between the facility and community. The mapping will also include a rapid assessment to determine needed technical assistance for HIV-related institutional capacity building;
• Where the identified needs are within the mandate of the project, IntraHealth will assist with HIV institutional capacity building. Examples of this support include training in relevant HIV/AIDS-related services, linkages to MOH and private health facilities and other community organizations through the community-facility partnership strategy, development and participation in the referral and counter-referral network in their geographical area, assessment of performance standards and assistance in improving performance gaps, and provision of technical, reference, and other training materials; and
• Holding at least two meetings ("encuentros") per year to present performance assessment results and changes/improvements undertaken, discuss progress on strengthening the community-hospital linkages through the earlier identified plan, problem-solving, sharing of client perspectives, and other relevant issues.

Other illustrative examples of coordinated activities in the community-facility partnership plans may include:

• Participation of hospital staff, PLWHA associations, and/or community groups in local radio programs to promote prevention, gender equity, reduction of stigma and discrimination, and awareness-raising around care, treatment, and support services at the hospital and within the community network as well as changes made to improve HIV services at the hospital;
• IntraHealth can use media outlets to sensitize media professionals and listening audiences to the importance of gender and sexual equality and how inequalities fuel the HIV/AIDS epidemic;
• Participation in already scheduled town, community, or organization fairs to include prevention activities, awareness raising regarding services, HIV counseling and testing, gender equity, and stigma and discrimination reduction. IntraHealth will use these community forums to promote messages to involve men as partners and help men define masculinity and strength as acting responsibly to prevent HIV infection; and
• Institutional capacity building to strengthen home care and other support services in the community through participation in relevant training activities provided by IntraHealth or via linkages to other collaborating partners working in home care, psycho-social support, income generating projects, and other support areas.

In relation to community facility partnerships, IntraHealth will examine the use of text messaging to link

PLWHA and community-based groups to the hospital as well as share health information, send prevention messages, follow up with clients, provide text reminders for when it is time to take ARVs and/or other medications, or come for medical appointments. These messages could also notify members of the hospital-community integration team of upcoming meetings, progress on implementation of activities, and other relevant issues.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	229,376	

Narrative:

The project will promote VCT and early diagnosis among university student populations. IntraHealth will expand the training of university students and faculty in VCT to include nursing, psychology, social work, and other allied health schools in addition to medical schools.
IntraHealth will reach agreement with universities and their respective wellness centers to implement the VCT and early diagnosis strategy for the benefit of their student population. The strategy will consist of:

• Training of faculty members to deliver the three-day VCT course to students from medical, nursing, psychology, social work, and other allied care schools to promote sustainability and institutionalization of the training. The wellness center staff will also be updated in VCT, gender, and HIV as well as stigma and discrimination reduction;
• Selection and preparation of peer counselors, chosen from among the students trained in VCT, who show the most interest and commitment;
• Rapid assessment of the wellness center's capacity to provide HIV/AIDS services, in particular VCT, and provision of technical support for any necessary updates or improvements. Wellness center staff will be updated on the referral pathway for further care and treatment services should a student test positive;
• Strengthen the wellness center's health record system to ensure quality HIV-related data collection for monitoring of HIV services to students;
• Advocacy by the university to raise student awareness about VCT services available at the wellness facility and the benefits of HIV prevention and early diagnosis;
• Implementation of VCT services at the wellness center, carried out with support of the peer counselors; and
• Hold periodic HIV testing days at the university in collaboration with the MOH/SSI. IntraHealth will negotiate with the MOH/SSI to confirm they will continue to support these efforts and ensure sufficient quantity of HIV test kits.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	186,368	

Narrative:

To ensure the best possible care, treatment, and support for PLWHA, it is critical that all community entities, including private clinics, provide services that comply with performance standards for HIV/AIDS service delivery including ensuring confidentiality to further reduce stigma and discrimination. For example, if a community-based organization provides nutrition counseling and services, they should know and apply the standards that relate to their work and have the necessary skills and additional inputs (supplies, job aids, etc.). IntraHealth will provide technical assistance to identified community organizations and private sector providers to ensure they have a copy of the performance standards, become familiar with them, and receive capacity building, updates, and conduct performance assessments.

In order to establish a training information system, IntraHealth will assist the MOH/SSI Training Department in each country to develop a database to capture all HIV/AIDS in service training, which will allow the institutions to track which health workers have been trained, in what topics, in what year, and from which health facilities. This will permit the MOH/SSI to identify unmet training needs, the individual staff due for skills and knowledge updates, where the capacity for different service components lie, as well as be more transparent in participant selection for workshops, courses, conferences, and scholarships. The training data will be disaggregated by gender to strengthen policy advocacy at national levels and district monitoring of gender equity in access to training and learning updates and events. As in all areas, IntraHealth will work in close collaboration with the MOH/SSI Training Departments and National AIDS Programs via a stakeholder leadership group to guide the design, development, and implementation of the training information system.

At the end of every performance assessment, an electronic spreadsheet in Excel format with the results detailing the level of compliance and the performance standards will be provided to each hospital. However, the spreadsheet does not allow for easy identification of the performance gaps in skills and knowledge, logistics and supplies, and staff motivation. This is something someone with much experience in performance improvement (PI) and data analysis can do with time and effort. However, for someone new to the process or who has never been involved, making programmatic or management decisions from the data would be challenging, especially on an inexpensive and routine basis. Therefore, IntraHealth will work with the relevant MOH/SSI stakeholders to:

a. Identify needs for the information system to monitor performance standards; and
b. Review current health information systems in each country to integrate the performance monitoring indicators into the country's existing information system.

The project will develop and carry out an implementation plan for strengthening the existing systems. To

create an effective information system, IntraHealth will:

a. Establish a stakeholder leadership group (SLG) of relevant health authorities to guide the overall development and implementation process;
b. Review the current information systems used by the MOH/SSI to determine how to integrate the addition of the PI indicators into already existing health information systems;
c. Reach agreement in the SLG on the design of the performance standards monitoring component to integrate into the overall health information system;
d. Develop/field test the electronic performance monitoring component and install it in the hospitals;
e. Identify and train staff at each facility responsible for updating the system through data entry of subsequent performance assessment results;
f. Develop a dashboard tool to display longitudinal performance standards data so health workers, supervisors, and decision makers can monitor PI progress and highlight areas where greater or lesser input may be needed;
g. Train central and hospital level staff in data analysis, development of reports, and strategic use of the performance information dashboard for evidence-based management and programmatic decision-making;
h. Meet regularly with the SLG to update and analyze the data in the information system, engage in data dialogue opportunities, and ensure that the results are used strategically to address training, quality of care, management, and other decisions; and
i. Work closely with the SLG to design and develop the and institutionalize the regular use of performance standards monitoring component of the overall health information system within the hospitals to monitor care services and make appropriate management decisions.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	757,376	

Narrative:

The project will improve HIV/AIDS provider performance and integrate treatment and care with community-based support ensuring complementary and prevention promotion.

As part of the performance improvement (PI) strategy, the Capacity Project assisted doctors, nurses, auxiliary nurses, psychologists, social workers, nutritionists, and other allied health workers from 35 hospitals in Belize, Costa Rica, El Salvador, Guatemala, Nicaragua, and Panama are expected to make great strides in improving their own and the multidisciplinary team's performance in providing care and treatment to PLWHA through implementation of local changes to strengthen HIV/AIDS service delivery.

IntraHealth will facilitate and support the following activities, which encompass the PI process:

a. Conduct PI workshop to orient health authorities, managers, and health workers from newly included hospitals to the PI methodology, tools, and process prior to conducting the baseline performance assessment;
b. Assess compliance with performance standards using standardized tools, carried out by representatives from the HIV/AIDS Program, MOH/SSI central or regional level, and other hospitals while accompanied and coached by the IntraHealth country representative. The assessment is 2-3 days in length, depending on hospital size;
c. Present results to hospital authorities and staff and develop an action plan to reduce the identified gaps in performance;
d. Support implementation of the interventions in the hospital plan. In many cases the root cause for a performance gap relates to skills and knowledge. Training and learning interventions have included workshops on infection prevention and control, counseling techniques, and prevention of stigma and discrimination;
e. Facilitate intervention plan follow up meetings to monitor and motivate progress on implementation of identified interventions; and
f. Conduct subsequent performance assessments to see percentage change in compliance with standards and repeat the above steps.

In regards to training, IntraHealth will include individuals from the hospital and community support network—including private sector providers—in relevant training workshops to build capacity and linkages with the formal health sector. Training PLWHA to assist in appropriate level of service delivery, such as peer support for HIV-positive clients, allows for task shifting and reduction of the workload of the hospital care providers. Examples of training include VCT, counseling on ART and TBDOTS compliance, home care, stigma and discrimination reduction, gender dimensions of HIV/AIDS, and prevention with positives (PwP).

In order to address referral and counter-referral networks, IntraHealth in conjunction with the MOH/SSI and HIV/AIDS Programs will work with the hospital community team to clearly define and promote an effective bidirectional referral system for HIV-positive clients to maximize integration and complementarity of services, ensure client satisfaction, and minimize client loss to follow up. Each local network will serve as a nucleus to inform community members of services offered at the hospital and community-based organizations, which include private care clinics. Each hospital, private clinic, and community organization working in HIV/AIDS will receive and post the list of support entities and services available.

The project will provide in-service training and updates to HIV/AIDS care providers from the public,

private, and NGO sectors.

IntraHealth will build capacity of doctors, nurses, auxiliary nurses, social workers, nutritionists, and other allied health workers through appropriate training and learning support. IntraHealth strives to be cost effective, avoid duplication of efforts and resources, and maximize existing opportunities. IntraHealth will scan the training and learning environment to identify and inventory the existing regional and country specific educational and training opportunities in HIV/AIDS care and treatment, including TB co-infection, and associated behavioral and psycho-social aspects.

Based on a country's needs, IntraHealth will sponsor participation for HRH from the public, private, and NGO sectors to attend workshops, short courses, conferences, and diploma courses while ensuring equitable participation of women and men.

Depending on the quality and types of training workshops and courses available in each country, IntraHealth will also develop and facilitate in-service training for public, private, and NGO sector providers of HIV-related care and treatment. Illustrative examples of training include VCT, ART, TB-DOTS, PMTCT, infection prevention and control, stigma and discrimination reduction, and gender equity. Private health care providers represent a growing source of HIV/AIDS service delivery in Central America. As such, IntraHealth will make a conscious effort to include private and NGO sector HIV/AIDS care providers (many identified via community network mapping described before) in the available training workshops, distance courses, conferences, and other learning events.

The project will also have a focus on updating curricula in nursing, psychology, social work and medical schools. With a five year scope, IntraHealth will work to catalyze the inclusion of up-to-date HIV information and skills, including issues of gender, stigma and discrimination, through revision of the curricula of medical, nursing, psychology, social care, and other allied health schools of universities in the five countries. IntraHealth's pre-service strategy will include the close and coordinated involvement of the Deans/Directors of the selected health and social care schools and the university wellness centers (where students seek medical and psychological care) as well as relevant stakeholders from the MOH/SSI and HIV/AIDS Programs.

The HIV/AIDS curricular expert will analyze the content of teaching curriculum to assess the quality and type of information and skills given to students on HIV/AIDS and TB co-infection care and treatment, as well as prevention of stigma and discrimination, and make recommendations for updating them with state-of-the-art information and skills building.

Once the curricular analysis and recommendations are complete, IntraHealth will facilitate meetings with

stakeholders to discuss the results and flesh out a plan to update the curricula and define the support needed. Illustrative areas of support will include:

a. Technical assistance for curricula modifications;
b. Facilitation of working group meetings to discuss and make curricula modifications;
c. Reference materials and access to experts and best practices;
d. Printing of final curricula; and
e. Training workshops to update faculty members in new curricular content.

Development/use of information technology will be used for distance training, care and treatment conferences, information dissemination, and an information/training system. Training of the healthcare workforce should be targeted to address specific performance gaps as identified in the hospital performance assessments and via other means. Addressing these gaps can be achieved through a multitude of channels, including information and communications technologies (ICT). Effective use of these technologies can enhance efforts to strengthen the knowledge needed by the healthcare workforce at all levels.

To maximize resources, IntraHealth will analyze the ICT training and learning environment to identify existing distance learning infrastructure in the region to increase the number and type of courses offered as well as partner on other ICT-based training systems and activities. The World Bank, through its Global Development Learning Network (GDLN), has established centers with video and webconferencing facilities as well as computer banks to facilitate south to-south learning. El Salvador, Guatemala, and Costa Rica have GDLN members. IntraHealth will investigate the use of these centers to sponsor participants for video and web conferences/courses provided by regional and international organizations, such as the Pan American Health Organization and the World Bank as well as contact the GDLN for assistance in developing our own learning events. IntraHealth will also organize interactive online conferences so that health workers, faculty members, and university students can interact with experts in selected technical topics and share their experiences with and learn from each other. IntraHealth also will seek collaborations with IT networking companies and other partners to support these efforts to optimize the use of resources.

Building on IntraHealth's experience in other countries, IntraHealth will explore the use of mobile phone technology— called m-learning—to provide updated technical messages, performance support, and/or create peer networks. For instance, as a way to reinforce information learned during face-to-face or distance courses, text messages can be sent regularly to participants' cell phones as a way to review key pieces of technical information. Weekly multiple choice quiz questions could be sent as a non-threatening way to review information. Answers could either be provided immediately or participants could text their

answers to a central database (where knowledge retention statistics could be compiled) before they receive the correct answer. Prizes such as free phone airtime or other incentives could be offered as a way to encourage participation and reward those with the highest scores. Data collected from the participants' responses could be analyzed to identify knowledge gaps and topics that need additional reinforcement. The m-learning efforts will be closely monitored and their successes and challenges evaluated to inform subsequent scale up efforts and contribute to the growing literature on this important emerging method of building the professional capacity of health workers.

Performance standards will be systematized and institutionalized to monitor care services in order to ensure management decision making and continuity of PI programs.

In a past intervention, the Capacity Project built the capacity of teams of hospital providers and representatives from HIV/AIDS Programs and closely accompanied and coached them in implementing the PI process with the aim of transferring the methodology to personnel from the central level as well as the local hospital levels. More needs to be done to fully systematize and institutionalize the PI strategy as a national approach for monitoring care services and use strategic information in decision making management of HIV/AIDS service delivery.

IntraHealth will support and coach the original 29 hospitals in Belize, Costa Rica, El Salvador, Guatemala, and Panama as well as add new hospitals to carry out the PI process for up to four performance assessment rounds. Subsequent iterations should be under the aegis of the national HIV/AIDS Program with at least one complete PI process (assessment, action plan, and implementation of interventions) conducted each year. IntraHealth would continue to provide technical oversight and follow up. IntraHealth will convene working group meetings with the HIV/AIDS Programs, hospitals, and other health authorities to discuss the steps involved and commitment needed to systematize and institutionalize the use of performance standards and the PI strategy within the national HIV/AIDS service delivery response.

One of the first steps for systematization is the development of a detailed guide or manual which describes the PI strategy and provides step-by-step instructions on how to carry out the process, including a toolkit with the performance standards, data collection instruments, data analysis plan, examples of intervention action plans, and other materials. The manual will be adapted to each country context and reviewed with stakeholders. Final hard copies will be printed and distributed to the stakeholders as well as the local teams from the hospitals.

IntraHealth will ensure that as many relevant individuals have been trained in the PI methodology in order to build widespread capacity in each country to implement and monitor the approach. To this end,

IntraHealth will also facilitate training of trainers on the PI strategy and performance standards so a pool of individuals from the central, regional, district, and facility levels exists in each country capable of imparting the necessary skills and knowledge. The PI strategy will expand to include participation of civil society (including private/NGO health sectors and PLWHA), and as such, they will also be included in the PI methodology training workshops. Because the most sustainable activities are those which are measured and budgeted, IntraHealth will advocate with the MOH/SSI for inclusion of the PI strategy and performance standards monitoring in their annual operational plans and budgets, which support implementation of the National HIV/AIDS Strategic Plan and HIV/AIDS Monitoring and Evaluation Plan. IntraHealth will reach agreement with the MOH/SSI in each country to formalize the PI assessment process and certify hospitals that reach defined levels of compliance with performance standards for all hospital services, including HIV/AIDS, maternal and child health, adolescent health, internal medicine, nutrition, intensive care, and support services (laboratory, pharmacy, blood bank, laundry, etc.) Likewise, this external recognition would serve to increase community confidence and client demand as well as motivate hospital providers through friendly competition with other health facilities. Additionally, other health units/services in the hospital will benefit from the recognition and certification strategy since some of the areas measured in the PI process, such as infection prevention and control practices, client-provider interaction, and privacy and confidentiality are not exclusive to HIV/AIDS.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12017	**Mechanism Name: USAID Program for Strengthening the Central American Response to HIV -PASCA- TO GPO-I-04-05-00040-00**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: PASCA	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Benefitting Countries: Costa Rica, El Salvador, Guatemala, Nicaragua, Panama

Total Funding: 2,360,020	
Funding Source	**Funding Amount**
GHCS (State)	644,108
GHCS (USAID)	1,715,912

Sub Partner Name(s)

Alianza Estrategia de Panama	Consejo Nacional de Mujeres Salvadoreñas	Futures Institute
TBD		

Overview Narrative

The USAID Program for Strengthening the Central American Response to HIV (PASCA) is a five-year regional contract. The purpose of the Task Order (TO) is to provide technical assistance and support for achieving USAID's objectives for expanding and strengthening the response to HIV in Central America. USAID/PASCA implements specific activities in Panama, Guatemala, El Salvador, Costa Rica, Nicaragua, and Belize. Nicaragua is a new addition to the program with FY09 additional (PF) funds. Regional activities also include Honduras.

PASCA will provide technical assistance and training on the effective implementation of HIV policies. Specifically, the project will contribute to the achievement of the following results:

a) National and regional strategic HIV/AIDS and TB plans budgeted, implemented, monitored and supported;
b) National and regional advocacy plans effectively implemented;
c) Policies and activities designed to mitigate HIV/TB co-infection implemented; and
d) The Private Sector Social Responsibility initiatives promoted to increase efforts and achieve major private sector commitment to institute HIV workplace policies.

Cross-cutting issues that will be addressed include human rights, stigma and discrimination and the impact of gender roles on the epidemic.

The activities implemented through PASCA are organized around three primary programmatic areas, for which technical assistance and training is provided:

a) Strategic planning;

b) Monitoring and evaluation; and
c) The development and implementation of projects funded by the Global Fund.

PASCA will focus its support on monitoring the national and regional responses to the epidemic. This will primarily be accomplished through the promotion of implementation of appropriate operational information systems, which will standardize data collection and reporting from different actors, ensure that adequate structures are in place to produce reports, and ensure that competent personnel are in position to analyze and use information produced for public decision-making.

PASCA will promote coordination activities with other donors such as bilateral and multilateral cooperating-agencies in Central America. Issues of common interest will be identified, and technical opportunities for cooperation to leverage financial resources and areas will be sought.

Other activities to be developed by PASCA include:

a) Provide Technical Assistance and support activities in Nicaragua in policy areas such as strategic planning, monitoring and evaluation, private sector business practices, and strategic information. To date, activities under PASCA have been focused specifically in five countries (Belize, Costa Rica, El Salvador, Guatemala, and Panama), and at the request of USAID/Nicaragua, the project will now be expanded to include limited-scope activities in Nicaragua. Technical assistance will be focused on: strategic planning, application of mechanisms and tools that provide information for planning and advocacy activities, such as the National AIDS Spending Assessment (NASA), and the AIDS Policy Effort Index (API), etc.
b) Share methods, tools, and other useful information through Web pages and other tools; improve M&E skills and knowledge; and share best practices and lessons learned. The purpose of this activity is to promote the use of technology tools such as videoconferences in order to carry out planning activities, monitoring, and inquiries; sharing lessons learned and best practices; and facilitating the communication between different working groups such as Regional Monitoring and Evaluation Committee, Regional Coordinating Mechanism (RCM), etc. This will allow not only more frequent and systematic communications, but will also avoid additional expenses such as the mobilization of the different counterparts throughout the region.
c) Support legal assistance to advise MARPs groups as well as train MARPs/community-based organizations in different aspects of organizational capacity and development. MARPs, besides suffering from discrimination and stigma, have little support from other organizations/persons and limited organizational capacities. These factors prevent their participation in an appropriate manner in prevention, planning, and monitoring activities. The most vulnerable groups will be supported to strengthen their advocacy capacities at different levels (government, donors, and other groups) to ensure their

participation in the different decision-making spheres and support their inclusion in prevention and service delivery projects for this population allowing them to work with improved capacities and skills as part of the positive response to the epidemic.

d) Support USG in logistic and mobilization actions to facilitate the design, validation, and implementation of the Partnership Framework (PF) and its Implementation Plan (PFIP) as well as support the Steering Committee led by Regional Coordination Mechanism of the Central America Council of Ministries of Health (COMISCA/RCM) to monitor the PFIP. The implementation of the PF requires consultation and mobilization throughout the Central America region, as well as validation meetings and commitment ratification. The USG does not have a technical agency presence in all countries, and has decided to use the working platform that the PASCA Task Order provides in all countries to facilitate the mobilization, communication, consultation, and meeting organization to ensure that there is a mechanism by which the USG can ensure the appropriate monitoring and communication takes place under the PF with stakeholders. Additionally, it is expected that during the period of the PF, the PASCA will cover logistic, communications and mobilization assistance to the Steering Committee formed by the RCM as well as to the official and political counterpart for the PF, the Central American Council of Ministries of Health (COMISCA).

e) Expand M&E activities in the countries to harmonize the HIV strategic information subsystems in each country. In the past several years, countries in the Central American region have initiated efforts to improve monitoring of activities to contain the AIDS epidemic. It is expected that PASCA will support this effort by systematizing processes and promoting the harmonization of information sub-systems in each of the countries in order to achieve a national system for strategic information that will allow access to systematic, timely and evident-based information. This system should be built around current platforms, but will ensure that it meets the requirements of decision-makers and technical staff so that they can fulfill national and international commitments in the areas of information, indicators, and goals.

f) Promote the use of strategic information. It is necessary to increase activities to provide information to the different decision-maker levels for appropriate evidence-based decision-making. The information shall be available to high level authorities, technical staff, civil society organizations, NGOs, donors, and USG agencies. For this purpose, it is expected that the project will intensify the use of available information through different methodologies, tools, technological and printed media, to ensure that the information reaches all interested parties.

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	70,801

Key Issues

Increasing gender equity in HIV/AIDS activities and services

Increasing women's legal rights and protection

Budget Code Information

Mechanism ID:	**12017**
Mechanism Name:	**USAID Program for Strengthening the Central American Response to HIV -PASCA-**
Prime Partner Name:	**TO GPO-I-04-05-00040-00 PASCA**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	68,440	

Narrative:

PASCA will develop training activities addressed to MARP groups as well as train MARPs/community-based organizations in different prevention technical aspects such counseling and testing as part of their promotion, prevention and capacity building. The lack of technical capacity is a barrier to their effective participation in an appropriate manner in prevention, planning, and monitoring activities.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	1,014,809	

Narrative:

PASCA will support each country to develop further and implement its National M&E Plan and will strengthen national and regional capabilities to use strategic information to continue or correct the course of HIV/AIDS activities and strategies. PASCA will build the capacities and skills of members of the National and Regional M&E Committees, government officials in charge of M&E, directors of the National AIDS Programs, and key civil society actors. PASCA will develop and deliver training programs to address areas such as choosing appropriate indicators; using methodologies for measuring effects, results, and impacts; applying analysis techniques; and responding to demands for reporting. To share methods, tools, and other useful information, PASCA staff will maintain regular contact with national authorities, ministries of health (MOHs), and national and regional committees through monthly electronic communications.

PASCA will also conduct workshops to build skills in information analysis. These workshops will help to

highlight the importance of having a strong HIV M&E Unit within government structures and the need to allocate sufficient resources for the unit's operation. These M&E units are responsible for collecting information for the indicators defined in the national M&E plans and ensuring their analysis and dissemination to national and local decision-makers. PASCA will provide ongoing technical assistance to the national M&E units to enhance their capacities in appropriate data collection procedures, demonstrate how to engage the participation of data providers and how to identify and resolve bottlenecks to data acquisition and information dissemination.

To link the findings of M&E with the national response, PASCA consultants will provide TA to national M&E committees to develop reports and fact sheets that make strategic information available to key stakeholders who make decisions on resource allocation and effective intervention strategies.

Throughout, the project will be critically involved in fostering M&E plans that are implemented annually in all PASCA countries and that inform the regional response to the epidemic. PASCA will provide TA for civil society actors and other partners in the national response, to develop their capabilities to monitor and evaluate progress (or bottlenecks) in implementing the strategic plan. Additionally, PASCA's expert consultants will work with program implementers on ways to make information available and useful to civil society actors. In addition to official mechanisms to convey information about budget issues and HIV programmatic advances and challenges, PASCA will provide each country with a special site (within the PASCA website) to highlight related news, activities, and reports.

As part of the effort to foster external observation, PASCA will provide TA and training to appropriate counterparts—for example, staff from the legislative branch, civil society, professional associations, and universities— in techniques such as secondary analysis, policy and implementation mapping, decision-making criteria development, rapid assessment methodologies, and others.

PASCA will apply the Health Policy Initiative's (HPI) Policy Implementation Assessment Tool to determine the status of implementation of national HIV/AIDS policies in at least three Central American Countries. Based on the findings, PASCA will prepare country reports and organize multisectoral public forums and discussion groups with decision-makers and implementers to address challenges and improve policy implementation. PASCA will also introduce ways to assess operational barriers to program implementation. In coordination with government, civil society (including PLWHA), and cooperating agencies. PASCA will also apply their operational barrier assessment tool to look at obstacles to universal prevention, care, and mitigation interventions. National authorities and other implementers will use the results of the assessments to introduce corrective actions and strengthen interventions.

PASCA will organize and facilitate virtual meetings of the Regional M&E Committee to exchange

knowledge and experiences and facilitate replication of best practices in countries. Every two years, PASCA, in coordination with other partners (such as UNAIDS, CDC and PAHO), will support a face-to-face meeting of the Regional M&E Committee to review implementation of National M&E Plans. PASCA will analyze information from country M&E reports and prepare a comparative regional report.

To gauge the policy environment, PASCA will conduct AIDS Policy Effort Index (API) assessments in two countries, including indicators of HIV-related stigma and discrimination. PASCA will do this as it has in the past, by engaging an expert consultant in each country to help identify potential respondents and contact them, administer and collect the questionnaires, collate the results, and write a report. The PASCA project will collaborate with USG partners and other collaborating organizations, including research institutions, to further develop analytical models, projections, and socioeconomic impact studies. As appropriate, PASCA will provide TA and organize training workshops for country nationals in the use of the AIDS Impact Model, the GOALS Model, and the Resource Needs Model, in part to support the development of the national strategic plans. In coordination with UNAIDS, PASCA will continue to support National AIDS Spending Assessment (NASA) studies and analyses by helping to plan the assessments and write and review the reports. As part of the process, PASCA will help to identify lessons to improve NASA methodology and ensure timely reporting. PASCA will encourage the incorporation of a gender perspective in all aspects of research, analysis, and information dissemination.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	1,151,690	

Narrative:

PASCA will provide technical assistance and training to improve strategic plans and translate them into operational plans and guidelines in order to strengthen the technical and management skills of GFATM grant recipients and projects under the context of a country and regional approach.

In regards to national strategic planning, PASCA will support countries with either their midterm review and/or planning updates based on country advances and needs. PASCA staff and regional consultants will provide TA to multi-sectoral strategic planning committees as they develop the evaluation and/or review processes and tools. Once the reviews are underway, PASCA will facilitate meetings and workshops to share findings and package them for use in formally updating the plans. This will be a critical part of the strategic planning process designed to ensure a multisectoral and participatory approach. PASCA will work with national HIV/AIDS authorities and other key stakeholders to clearly define roles and responsibilities, share strategic information, establish and review the work of country theme groups, and strengthen mechanisms for the mobilization and allocation of country resources. In the end, all countries in the region will have an evaluation of their current plans and either a new or an

updated national strategic plan.

PASCA staff and regional consultants will coordinate directly with Ministries of Health and national HIV and STI programs to help draft, review, and disseminate the assessments and develop the next generation of strategic plans. The approach will emphasize multisectoral participation by the Ministry of Health (MOH), the National HIV/AIDS/STI Program, the National TB Program, civil society networks and organizations (including PLWHA), FBOs, and bilateral and multilateral cooperating agencies. As one of the cross-cutting themes of PASCA will be the use of strategic information for decision-making, PASCA will develop fact sheets and electronic documents as ways to share updated data and analyses, including epidemiological data, costing and expenditure information, and relevant data on gender norms and stigma-related barriers. In countries where PASCA assists with model updates (e.g., of GOALS, AIM, Resource Needs), those results will provide critical inputs for strategic planning.

PASCA will approach the operational policy environment in two different ways. First, to translate strategic plans into action, countries need to develop and budget annual or biennial operating plans. As PASCA moves the policy agenda towards implementation, PASCA will hire expert consultants to provide technical assistance on operational plans by facilitating their drafting and review, monitoring approval processes, and supporting printing and dissemination. PASCA will strengthen the capacity and leadership of national authorities and other key actors through TA and the organization and facilitation of training workshops and meetings to promote information analysis and other needed skills.

In coordination with government, civil society, and cooperating agencies, PASCA will use the Health Policy Initiative – developed operational barrier assessment tools to look at obstacles to effective implementation. The results of the assessments will be used to strengthen interventions. Realistic priority-setting based on costs and effectiveness is missing from many national strategic plans. PASCA will coordinate with World Bank, AIDS Strategy and Action Planning program, and UNAIDS to train country counterparts to apply the Resource Needs Model and the GOALS Model to estimate the overall costs of their plans, prioritize interventions, and identify budget gaps. PASCA staff and consultants will provide direct technical assistance to country nationals to apply the models. They also will develop and facilitate training workshops to strengthen the capabilities of MOH-led country teams to calculate the costs of implementing their strategic and operational plans. With new information and the skills to use the models, countries will develop more realistic and viable annual or biennial operating plans. PASCA staff and consultants will also review budgets and make recommendations for implementing existing operating plans. The outcome of these exercises will be national strategic plans that have realistic goals and identified priorities; country operational plans (annual or biennial) with estimated costs; and, finally, national assessments that identify funding gaps. The information generated under these exercises will also be used as strategic information for advocacy initiatives.

PASCA will provide technical assistance to Regional and Country Coordinating Mechanisms (RCM and CCMs), Principal Recipients, and Sub-recipients of Global Fund grants. PASCA will provide funding for key participants to attend regional Global Fund meetings in order to keep CCM members updated on the technical, financial, and eligibility changes of each round. In addition, PASCA staff and national and international consultants will support country staff to prepare new Global Fund proposals, modify pending proposals, and manage and implement approved grants. PASCA will provide grant writing advice and critical external review to CCMs in at least two countries to prepare grant proposals for the next Round, and they will also provide similar support to other countries (Guatemala and Panama, for example) to improve and resubmit proposals rejected in Round 8. For new proposals, PASCA staff and consultants will facilitate meetings and provide expert consultation to help members reach consensus, review eligibility criteria, develop proposal schedules, organize into committees to review national strategic plans to determine proposal priorities, and draft the proposal. PASCA will facilitate the participation of civil society and PLWHA in grant proposal preparation. For rejected proposals, PASCA will work with CCMs to facilitate meetings to analyze and review Global Fund recommendations to ensure that Global Fund suggestions are taken into account in preparing new proposals for Round 9 and beyond. Together with the RCM, CCMs, and Principal Recipients, PASCA will identify bottlenecks for financial and programmatic implementation of ongoing projects. Since available resources are not sufficient for full-scale evaluations of all Global Fund grants in all countries, PASCA's staff and consultants will analyze the quarterly or semi-annual reports of the Principal Recipients to identify problem areas. PASCA will then work with implementing partners and donors to prepare work plans so that actions can be taken to surmount obstacles and proceed with the timely implementation of planned activities. PASCA staff and consultants will also provide TA to implementing organizations to organize and facilitate training sessions for CCMs, Principal Recipients, and Sub-recipients to help them build institutional capabilities for designing and automating information management systems; organize effective systems for management and decision-making; and strengthen reporting capabilities and communications. PASCA technical assistance will also ensure that the most vulnerable groups will be supported to strengthen their advocacy capacities at different levels (government, donors, and other groups) in order to guarantee their participation in the different decision-making spheres and support their inclusion in prevention and service delivery projects for this population allowing them to work with improved capacities and skills as part of the positive response to the epidemic.

To foster regional efforts, PASCA will work with the RCM, in close collaboration with the World Bank, UNAIDS, the CDC, and other donors, to develop a regional strategic plan that focuses on government commitments to universal access, highlighting issues such as stigma and discrimination reduction, gender equity, mobile and vulnerable populations, and pricing of antiretroviral drugs. PASCA will participate in consultative meetings and help to draft and review the regional strategic plan. In support of

this regional agenda and within the RCM structure, PASCA will also provide TA to conceptualize, write, and review new GFATM proposals, modify pending proposals, and build RCM and recipient capacity in all management areas to ensure effective project implementation.			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVOP	125,081	
Narrative:			
PASCA will develop training activities to address MARP groups as well as train MARPs/community-based organizations in different prevention technical aspects as part of their capacity building. The lack of technical capacity is a barrier to their effective participation in an appropriate manner in prevention, planning, and monitoring activities.			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12018	**Mechanism Name: TBD**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Benefitting Countries: None.

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The purpose of this project is to provide technical support and assure achievement of the USAID Central American Regional HIV/AIDS Program's objectives to expand and strengthen the response to HIV/AIDS

in Central American countries. The project will carry out activities in El Salvador, Guatemala, and Nicaragua and may also in the future conduct some activities in Costa Rica, Panama and Belize.

The project will work towards achieving the following results to contribute to the five-year Central America HIV/AIDS Partnership Framework:
1. A HIV/AIDS Supply Chain Management system appropriate to locally available resources developed and applied;
2. A supply management training and mentorship program for health professionals developed and implemented; and
3. A multisectorial supervisory program established.

The strategic approach includes three interwoven technical strategies to improve the performance of health care workers and increase access to high quality care for PLWHA:
1. Build Supply Chain Management capacity from MOH and Social Security services to ensure a complete stock of supplies for comprehensive care and prevention activities (ARVs, OI drugs, HIV test kits, etc);
2. Improve human resources performance by applying an accepted performance standards strategy, and ensuring supportive supervision at secondary and tertiary level facilities; and
3. Integrate ARV supply chain management with the national supply system, thereby assuring sustainability of the system.

Specifically, the project will consolidate and extend the work previously carried out in the selected countries by USAID in the areas of family planning, maternal and neonatal health, and child health. The technical assistance in supply chain management related to HIV/AIDS, therefore, will leverage work already done in those countries to strengthen supply chain management. Due to a shortfall in the FY10 regional budget, USAID/Guatemala bilateral HIV funds (Redacted) will be utilized to cover activities in Guatemala and bridge the gap in funding for FY10.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12018**		
Mechanism Name:	**TBD**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	HVSI	Redacted	Redacted

Narrative:

The supply project will carry out assessments to identify the strengths and weaknesses of national systems for ARV supplies and HIV tests. Technical assistance to improve supply chain management has been provided previously, particularly for family planning commodities in Guatemala, El Salvador, and Nicaragua and for HIV/AIDS commodities with bilateral HIV/AIDS funds in Honduras. Strategic information related to monitoring national supply chain management systems will be strengthened in regards to HIV/AIDS commodities, again building upon TA already provided through current or past USAID projects. The program will also monitor the advances throughout the project. Specifically, the project will ensure that stock-out information is systematized by the governments.

In the initial year of implementation, technical assistance will be focused in Guatemala, El Salvador and Nicaragua. In addition to these countries, the new project will expand work to other countries in the region, initially through assessments and analysis. This participatory analysis will identify gaps in the countries' supply chain systems for which USAID will provide TA or leverage TA with other partners to improve supply chain management for HIV/AIDS commodities. Throughout the life of the project, monitoring and evaluation will be continuous and critical for the improvement of the information and health system.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	Redacted	Redacted

Narrative:

The Supply Chain Project will work towards achieving the following results of the HIV/AIDS Regional Plan as articulated in the five-year Central America HIV/AID Partnership Framework: a) A HIV/AIDS Supply Chain Management system appropriate to locally available resources developed and applied; b) A supply management training and mentorship program for health professionals developed and implemented; and c) A multisectorial supervisory program established.

The strategic approach includes five interwoven technical strategies to improve the performance of health

care workers and increase access to high quality care for PLWHA: 1. Build Supply Chain Management capacity from MOH and Social Security services to ensure a complete stock of supplies for comprehensive care and prevention activities (ARVs, OI drugs, HIV test kits, etc). 2. Improve human resources performance by applying an accepted performance standards strategy, and ensuring supportive supervision at secondary and tertiary level facilities; 3. Integrate ARV supply chain management with the national supply system, thereby assuring sustainability of the system.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12019	**Mechanism Name: Tephinet**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Tephinet	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Benefitting Countries: El Salvador, Honduras, Panama

Total Funding: 721,500	
Funding Source	**Funding Amount**
GHCS (State)	721,500

Sub Partner Name(s)

CIES	Fundacion Marco Antonio	TBD

Overview Narrative

The Global AIDS Program (GAP) in Central America and Panama region focuses its assistance activities primarily on improving the capacity of Central American countries to plan for, implement and evaluate surveillance programs, with a special emphasis on second-generation surveillance. Given the mix of resources available to the Program, the GAP regional office has initiated work at different levels in order

to implement its assistance activities. CDC/GAP-CAP through its implementing partner Tephinet/TaskForce, supports the Central American MOHs with resources for key personnel, strategic information activities and support to the national HIV/AIDS Laboratories. The Tephinet/Task Force's mission in Central America and Panama is to provide technical and program management expertise, coupled with collaboration skills, to transform public health practice and significantly improve outcomes. Tephinet/Task force has demonstrated its commitment to assist the CDC/GAP Central America office in meeting its goals and objectives. Tephinet/Task force has adapted well to the various needs expressed by the region, and has identified mechanisms to provide appropriate technical assistance as needed, and has efficiently mobilized to respond to the dynamic and demand-driven commitments of the regional office.

Tephinet will continue to support the implementaiton of an MSM HIV/STI multilevel combination prevention intervention in Guatemala. Tephinet will continue to support an STI control for HIV prevention intervention among sex workers and MSM in Honduras, Nicaragua and a TBD country. The pilot for provider initiated testing in Guatemala and a country TBD will be completed and results disseminated to stakeholders. Tephinet will continue to facilitate the implementation of regional (Panama, Guatemala, Honduras, Nicaragua, Costa Rica, El Salvador, Belize) workshops on strategic information and the travel of consultants and workshop attendees. Tephinet will continue to support the implementation of a BSS+ study in Honduras and Panama. Data from qualitative studies in Honduras, Nicaragua, Belize, Panama, and El Salvador will be analyzed and reports disseminated to inform prevention strategies and the BSS+ implementation. Population size estimation studies will continue in Honduras, and Panama. Tephinet will continue to support the creation and implementation of a national system to monitor the care of patients living with HIV/AIDS is in Panama and Honduras.

Health systems strengthening is a cross-cutting issue for all Tephinet activities. Treatment, counseling, laboratory, and other guidelines are prepared together with National HIV Programs. Prevention services are provided through public facilities and staff is trained, equipment provided, and infrastructure development is provided through this mechanism. Information systems developed either to monitor the impact of prevention interventions or to support surveillance, monitoring, and evaluation are integrated into the national health systems.

There is currently unequal access to primary health services for men and women in the Central American region. Health services-- in general-- are mainly tailored to serve the needs of women and children. MSM have greater barriers to accessing health facilities due to homophobia, stigma, and discrimination. Tephinet will work towards equalizing access for men, and especially MSM. Previous studies have documented high rates of gender-based violence for MSM, male and female sex workers. Prevention programs will document levels of gender-based violence and include counseling and referral services to

address these problems. Data from BSS+ and other special studies will help design strategies to reduce discrimination towards MSM, male and female sex workers.

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	80,000
Human Resources for Health	200,000

Key Issues

Addressing male norms and behaviors

Impact/End-of-Program Evaluation

Increasing gender equity in HIV/AIDS activities and services

Budget Code Information

Mechanism ID:	**12019**		
Mechanism Name:	**Tephinet**		
Prime Partner Name:	**Tephinet**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVCT	50,000	
Narrative:			
Provider-Initiated Testing Expansion of provider initiated testing to additional sites in Guatemala and a country TBD will be conducted. This strategy will assist in increasing coverage on HIV testing for the following groups: TB patients, STI patients, SW and MSM. For STI patients, SW and MSM counselling and testing will be done as part of VICITS, for TB patients it will be linked with PROVIT. Activities will include provision of needed supplies and equipment, evaluation of coverage and acceptance and expansion to other sites and countries.			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	HVSI	421,500	
Narrative:			

BSS+ and Special Studies Tephinet will continue to support the implementation of a BSS+ study in Honduras and Panama, and will provide technical assistance for BSS+ studies in Belize and Costa Rica. Several qualitative studies will be conducted to inform the BSS+ study and prevention activities such as the VICITS strategy and other prevention interventions for MSM. Population size estimation exercises will be linked to BSS studies. Capacity building for analytic interpretation of BSS+ and other M&E instruments for program planning will be provided and help increase the use quality, collection, analysis and use of data . Tephinet will also assist in evaluating different recruitment methodologies (Respondent driven sampling, time location sampling, cluster sampling, etc) in order to identify the best strategy in terms of cost, precision and feasibility and provide informed recommendations to countries. Activities will include, stakeholder meetings, protocol development, IRB approvals, data analysis and report preparation and dissemination of findings.

MoniTARV- HMIS to Monitor HIV Care Tephinet will continue to support for a national system to monitor the care of patients living with HIV/AIDS is in Panama to achieve the best possible health services for HIV-positive patients especially in the provision of antiretroviral therapy. MoniTARV is a system which will provide the necessary information to monitor compliance with standards of care at the patient, clinic, and national level. The electronic software tool that is part of the information system will be developed on OpenMRS—a community developed, open-source, enterprise electronic medical record system platform. Support for a national system for patients on HIV care will also continue in Honduras.

TA for Strategic Information Tephinet will continue facilitating the implementation of regional workshops on strategic information and the travel of consultants and workshop attendees. Tephinet will also implement a strategy to facilitate the dissemination of lessons learned and best practices including meetings, bulletins and web exchanges.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	250,000	

Narrative:

STI/HIV Prevention for SW & MSM

VICITS (Vigilancia y control de VIH, ITS y comportamiento sexual en poblaciones vulnerables – HIV/STI/ surveillance and control among most at risk populations) is a comprehensive HIV and STI prevention program linked to the analysis of surveillance data in Central America. VICITS is an HIV prevention strategy that combines sexually transmitted infections (STI) diagnosis and treatment among most at risk populations, condom promotion, behavioral change and an information system to monitor the impact of the project. Due to high infection rates and a high number of sexual partners, sex workers (SW) and men who have sex with men (MSM) have been identified as a core group in HIV transmission in Central

America. The presence of sexually transmitted diseases and difficulty in safe-sex negotiation makes this group more sensitive to acquire, and more prone to transmit, HIV. Evidence supports that timely treatment of STIs may reduce HIV transmission, especially in concentrated epidemics and in groups with a high rate of bacterial infection - such SW and MSM.

Tephinet will support an STI control and HIV prevention intervention among sex workers and MSM in Honduras, a TBD country and other countries as requested. The intervention will include strengthening STI etiologic and syndromic management through training of health personnel, strengthening counseling for risk reduction and condom promotion, improving laboratory STI and HIV diagnostic capacity through training and provision of equipment and reagents. The project will support provision of reproductive health services and outreach activities to improve coverage and compliance with follow-up visits. An information system to monitor HIV, STI and condom use trends will allow evaluation of the project's impact. The strategy was designed with the participation of the Ministry of Health and implemented in government facilities and selected NGOs.

MSM: Men traditionally do not access health services in the Central American regions, since they are mainly tailored towards women and children. MSM have greater barriers to health services due to homophobia, unfriendly service hours, and lack of standardized guidelines. Strategies in the US that combine STD and HIV prevention for MSM have achieved higher levels of condom use with casual partners and increases in HIV testing (such as Many Men, Many Voices). A qualitative study conducted in Honduras in 2009, in preparation for the HIV prevention strategy for MSM, reported that participants preferred services to be established in public facilities to ensure sustainability

Data from the 2009 Integrated Behavioral and Biological Survey (IBBS) in El Salvador showed that most MSM access STI and VCT services through public facilities, with nearly 80% of those with an HIV test in the last year having done it in a public health facility (ECVC, EL Salvador). Similarly, data from Honduras in 2006 showed that 76% of MSM had their HIV test done at a public facility. Based on OGAC guidelines on strengthening health systems and assisting Ministries of Health in planning and managing health programs effectively, prevention activities for MSM, PLHA and FSW will be implemented in close coordination with the MOH and in both public and private clinics. Working with public facilities is of utmost importance to ensure sustainability. Through VICITS, access and quality will be improved for STI, VCT, and referral for HIV care and risk reduction counseling at public health facilities for the MSM community. This is based on the WHO/PAHO recommendations on increasing access and quality to MSM and it addresses the push towards combination prevention. CDC has conducted BSS studies in Honduras, El Salvador that show that MSM are equally reaching pharmacies, public health services and private services for STI treatment. There is no objection by the MSM community to access public health services-- on the contrary a qualitative study conducted in 3 cities in Honduras, MSM showed openness

to the VICITS strategy be implemented such facilities.

EVALUATION OF AN MSM COMBINATION PREVENTION INTERVENTION

CDC and Tephinet will conduct an evaluation of a multilevel combination prevention intervention directed towards MSM. This activity will include protocol development, translation and adaptation of behavioral change materials for the Central American context, piloting of the combination prevention strategy, implementation of the evaluation, analysis of data and dissemination of results. As year one activities will mainly include development of the protocol and obtaining IRB approval, year 2 activities will include piloting of the strategy, recruitment of participants, and implementation of the evaluation. The evaluation will require an intervention and control sites and will combine biological and behavioral change interventions; and will take place at the individual group and community levels. The behavioral change strategy will be based on interventions that have been evaluated and shown to be effective for MSM and recommended by CDC as evidence-based interventions.

It will be adapted through extensive formative work to the Central American context and will employ activities at the individual, group and community levels. The evaluation will be based on the diffusion of innovations theory and the power of peer influence aimed at mobilizing the MSM community. We anticipate that this peer driven, community-building strategy will reach MSM who would otherwise not be likely to receive prevention services, by relying on social networks. Our previous work using respondent driven sampling (RDS) as part of HIV prevalence studies among MSM has shown that it is possible to reach, and sample, hidden populations such as non-gay identified MSM and men who do not attend public venues by relying on social networks to recruit participants.

The biological component will be linked to the VICITS strategy and will include STI management, diagnosis of HIV and early initiation of HIV treatment. Patients diagnosed with HIV will be referred for appropriate care and treatment. Early initiation of therapy at 350 cells/mm3 will be provided to patients referred from the project (country guidelines require initiation of ARV treatment at 200 cells/mm3). It provides training for providers to improve the quality of STI management among MSM and reduce homophobia.

This project aims to evaluate and identify a locally adapted model of combination prevention that is culturally appropriate for the Central American context and that shows impact on healthy behaviors in a controlled design. The combination prevention approach has been chosen following the IAS Mexico Conference recommendations, The Lancet Special Series on HIV Prevention recommendations, and the WHO new guidelines on HIV prevention and services for MSM. The initial phase of this project will be evaluated by the Prevention Technical Working Group to incorporate the latest recommendations on HIV

prevention for MSM and ensure that this evaluation complements current USG prevention programs.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12020	**Mechanism Name: UVG**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: UVG	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Benefitting Countries: Costa Rica, Guatemala, Nicaragua

Total Funding: 973,000	
Funding Source	**Funding Amount**
GHCS (State)	973,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Most Central American countries, with the exception of Belize, are characterized by a concentrated epidemic (i.e., HIV prevalence of less than one percent in the general population and greater than five percent among specific subgroups) focused among men who have sex with men (MSM), transgender, male and female sex workers (SW), SW clients and partners, certain ethnic groups (e.g. Garífuna), and mobile populations.

One of CDC primary partners is Del Valle University of Guatemala (UVG). The Centre for Health Studies is an academic unit within the Institute for Research at UVG. Its vision and mission is to become a center of excellence by conducting science and training contributing to the improvement of health in Guatemala and the region, in collaboration with strategic partners. During the last 29 years, CHS has developed the capacity to conduct studies in response to public health needs and to translate results into public health programs and policies. Major investments, have yielded important gains in research-based knowledge

and applied public health programs, such that it is fair to say that the program has played a critical role in the advancement of public health in Guatemala and Central America. The knowledge produced has been the basis for the improvement of the prevention and control of the major public health threats in the region. Some new areas that have been developed in the last five years include: HIV/AIDS, Tuberculosis and sexually transmitted diseases surveillance and operational research carried out in collaboration with the US Centres for Disease Control and Prevention. The UVG has had the ability to integrate laboratory science into field studies. The UVG laboratory capacity includes modern equipment and personnel for entomological, parasitological, bacteriological, virological, immunological and molecular biology activities. Currently, the UVG is recognized as a centre for excellence in research and training in health science, with more than 300 publications and the completion of over 100 grants.

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	25,000
Human Resources for Health	50,000

Key Issues

Addressing male norms and behaviors
Impact/End-of-Program Evaluation
Increasing gender equity in HIV/AIDS activities and services
TB

Budget Code Information

Mechanism ID:	**12020**		
Mechanism Name:	**UVG**		
Prime Partner Name:	**UVG**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	HVSI	323,000	
Narrative:			
SI Capacity Building The UVG will strengthen the capacity in the Central American region through provision of technical assistance, capacity building and coordination. The UVG will provide support for			

planning processes and implementation of plans, including national strategic plans, regional surveillance plan, national surveillance plans and monitoring and evaluation plans. TA to select and harmonize national core indicators will be provided, as well as TA for the establishment of one national body that will be the repository of all/most of M&E and surveillance information.

BSS+ in Guatemala The UVG will provide technical assistance for the preparation for and implementation of the BSS+ study in Guatemala. Several qualitative studies will be conducted to inform the BSS+ study and prevention activities such as the VICITS strategy and other prevention interventions for MSM. Population size estimation exercises will be linked to BSS study in Guatemala. Capacity building for analytic interpretation of BSS+ and other M&E instruments for program planning will be provided and help increase the use quality, collection, analysis and use of data .

M&E for MSM Prevention It is essential to monitor and evaluate the impact of the interventions being implemented in the region for the groups at highest risk of infection. The UVG will support the implementation of programmatic evaluation of coverage and impact of interventions and costing of strategies. This programmatic evaluation will improve the programs and the heath of the participants covered by the strategies. Protocols will be developed for the evaluation of prevention strategies for MSM in one TBD country.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	50,000	

Narrative:

Training & Communications- CDC, through UVG, will strengthen human resources for health in the areas of HIV, STI, TB, surveillance and reproductive health. UVG will contribute to a Regional Training Center with an interdisciplinary team of epidemiologists, behavioral scientists, physicians, public health specialist, economists and policy makers. The UVG will also support curriculum development, training materials, and technical assistance. The Center's mission will be to expand human capacity in the region for the implementation of effective, sustainable and context-specific HIV strategic information processes which enable evidence-based development of HIV prevention, care and treatment in the region. The Center will be implemented as a collaborative effort between the UN agencies,the University of North Carolina and Del Valle University of Guatemala (UVG) where it would be based in Guatemala City. The UVG has had a longstanding relationship with the US Centers for Disease Control (CDC), Stanford University, King's College in London, and the Institute for Tropical Diseases. The Center will assist in training of key personnel in the region to develop human capacity for the implementation of strategic information. Scholarships will be provided to a number of regional resources to fill gaps in local expertise.

CDC and UVG will also support implementation of the communications strategy to assist in dissemination of lessons learned and best practices in the region.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	522,500	

Narrative:

VICITS VICITS (Vigilancia y control de VIH, ITS y comportamiento sexual en poblaciones vulnerables – HIV/STI/ surveillance and control among most at risk populations) is a comprehensive HIV and STI prevention program linked to the analysis of surveillance data in Central America. VICITS is an HIV prevention strategy that combines sexually transmitted infections (STI) diagnosis and treatment among most at risk populations, condom promotion, bahavioural change and an information system to monitor the impact of the project. Due to high infection rates and a high number of sexual partners, sex workers (SW) and men who have sex with men (MSM) have been identified as a core group in HIV transmission in Central America. The presence of sexually transmitted diseases and difficulty in safe-sex negotiation makes this group more sensitive to acquire, and more prone to transmit, HIV. Evidence supports that timely treatment of STIs may reduce HIV transmission, especially in concentrated epidemics and in groups with a high rate of bacterial infection - such SW and MSM.

The UVG will continue to support an STI control for HIV prevention intervention among sex workers, MSM and PLHA in Guatemala known as the VICITS strategy. The intervention will include strengthening STI etiologic and syndromic management through training of health personnel, strenghthening counseling for risk reduction and condom promotion, improving laboratory STI and HIV diagnostic capacity through training and provision of equipment and reagents. The project will support provision of reproductive health services and outreach activities to improve coverage and compliance with follow-up visits. An information system to monitor HIV, STI and condom use trends will allow evaluation of the project's impact. The strategy is designed with the participation of the Ministry of Health and implemented in government facilities and selected NGOs.

UVG will also support diagnosis, treatment and control of STI among people living with HIV in two major treatment centers in Guatemala where nearly 70 percent of all PLWH are followed for ARV care.

MSM: Men traditionally do not access health services in the Central American regions, since they are mainly tailored towards women and children. MSM have greater barriers to health services due to homophobia, unfriendly service hours, and lack of standardized guidelines. Strategies in the US that combine STD and HIV prevention for MSM have achieved higher levels of condom use with casual partners and increases in HIV testing (such as Many Men, Many Voices). In Latin America, Peru has

successfully launched HIV and STI services for MSM in public facilities since the 1990`s, and in 2009 they were able to reach more than 70,000 MSM in 70 facilities (Jorge Sanchez and JL Sebastian personal communication). A qualitative study conducted in Honduras in 2009, in preparation for the HIV prevention strategy for MSM, reported that participants preferred services to be established in public facilities to ensure sustainability. The major NGOs working with MSM directed a letter to CDC in 2009 requesting that the VICITS strategy be implemented for MSM immediately.

Data from the 2009 Integrated Behavioral and Biological Survey (IBBS) in El Salvador showed that most MSM access STI and VCT services through public facilities, with nearly 80% of those with an HIV test in the last year having done it in a public health facility (ECVC, EL Salvador). Similarly, data from Honduras in 2006 showed that 76% of MSM had their HIV test done at a public facility. Based on OGAC guidelines on strengthening health systems and assisting Ministries of Health in planning and managing health programs effectively, prevention activities for MSM, PLHA and FSW will be implemented in close coordination with the MOH and in both public and private clinics. Working with public facilities is of utmost importance to ensure sustainability. Through VICITS, access and quality will be improved for STI, VCT, and referral for HIV care and risk reduction counseling at public health facilities for the MSM community. This is based on the WHO/PAHO recommendations on increasing access and quality to MSM and it addresses the push towards combination prevention. CDC has conducted BSS studies in Honduras, El Salvador that show that MSM are equally reaching pharmacies, public health services and private services for STI treatment. There is no objection by the MSM community to access public health services-- on the contrary on a qualitative study conducted in 3 cities in Honduras, MSM requested the VICITS strategy be implemented such facilities.

PLHA: Currently there is NO structured intervention for PLHA in the Central American region that aims to increase healthy behaviors. VICITS for PLHA will combine risk reduction counseling, partner testing and STI diagnosis and treatment for this population. Co-infection of HIV and other STIs has been shown to increase HIV viral load in plasma and genital secretions. Testing STIs among HIV positives can lower genital viral load and therefore reduces the risk for HIV transmission. PEPFAR I & II encourage the focus on PLHA.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	52,500	

Narrative:

Provide assistance to National laboratories for them to participate in the regional laboratory network.

CDC and UVG will assess the national laboratory infrastructure and expertise required to support the STI

and TB program improvement, monitoring and evaluation from 1 country.

CDC and UVG will provide TA to improve quality control and enable participation in external quality control programs.

CDC and UVG will enable participation of national laboratories in the global/regional HIV/STI laboratory harmonization and standardization initiatives through supporting travel and meetings

CDC and UVG will assess the national HIV algorithm in Honduras and Belize, to promote the use of rapid test for a more efficient HIV diagnosis and implement new national algorithms based on assessment findings.

HIV/TB Lab Capacity Evaluation - An assessment of the national laboratory system is the initial step toward improving laboratory services on TB/HIV to establish the strengths/weaknesses/needs of two countries. Evaluate potential sentinel sites and choose 3 per country for HIV/TB sentinel surveillance in Guatemala and Honduras and the laboratory capacity for HIV and TB diagnosis at sentinel sites. Purchase equipment and reagents to strengthen local laboratories. Train laboratory staff in biosafety, quality control and diagnostic procedures.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	25,000	

Narrative:

PROVIT is a program that aims to improve detection of HIV among TB patients, TB management and strategic information for TB and HIV. PROVIT was designed by the Regional Office for Central America and Panama of the Global AIDS Program of the Centers for Disease Control and Prevention. This Program will be implemented in at least three countries: Guatemala, Honduras and Nicaragua. Each country will have three sites. Technical assistance will be provided by CDC and Del Valle University of Guatemala.

Del Valle University will support training through the provision of technical experts. Training will include HIV and TB diagnosis, clinical management of TB/HIV, laboratory biosafety and quality control, and TB/HIV recording and reporting system. Del Valle University will help establish an information system through ETR.net, a Microsoft.net–based computer software (not currently web enabled) that uses WHO and IUATLD core surveillance variables. Epidemiological advantages of electronic TB recording and reporting systems are significant, and include: (1) time-efficient data entry and reduction in transcription errors; (2) timely data transmission; (3) real-time data quality checks and more extensive data validity

testing; (4) improved data analysis capability; (5) more timely generation and availability of reports; (6) marked decrease in the laborious task of cross-referencing information between TB and HIV programs; and (7) flexibility to adapt to changing needs. This system will allow us to monitor the programs impact on increasing detection and follow-up of TB cases and HIV testing.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12021	**Mechanism Name: TBD**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Contract
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Benefitting Countries: None.

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

CDC/GAP-CAP through TBD partner will provide technical assistance and conduct trainings to improve the capacity of the national surveillance and laboratory staff to implement, expand and evaluate first-and-second generation surveillance systems, and to conduct special surveillance studies to improve available information regarding the HIV epidemic in Central America and Panama countries.

Also, CDC and TBD will increase the capacity of Ministries of Health to support, design and implement monitoring and evaluation programs in order to produce strategic information regarding the national and regional response to the HIV/AIDS epidemic and to collect, manage, analyze, and report data collected through surveillance, monitoring and evaluation systems. CDC will also strengthen TB/HIV surveillance

processes in the countries of the region through strengthening laboratory, HIV counseling and testing, information systems, and analysis and use of surveillance data to implement or strengthen TB/HIV prevention strategies.

Through the TBD partner, CDC will hire American and local staff, organize and fund travel for local workshops, and fund travel for coordination of activities and provision of technical assistance to regional ministries of health and laboratories.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	Redacted

Key Issues

Addressing male norms and behaviors
Impact/End-of-Program Evaluation
Increasing gender equity in HIV/AIDS activities and services
TB

Budget Code Information

Mechanism ID:	**12021**		
Mechanism Name:	**TBD**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	HVSI	Redacted	Redacted
Narrative:			
HIV/AIDS Regional Database Through a TBD partner CDC will continue to support a Central American regional electronic database based at the MCR/COMISCA. The TBD partner will support the logistics to conduct national assessments and the establishment of the regional system. The GAP Central American office will work on the development of the HIV/AIDS regional information database which will allow sharing country specific information and support appropriate planning of HIV prevention and control with emphasis on cross-border issues. The aims are to create a network of database system and to develop			

systematic data collection, database and computer software related to HIV/AIDS at the country and regional levels

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	Redacted	Redacted

Narrative:

CDC through a TBD partner will continue to support the HIV regional laboratory, and assist in the establishment of a regional laboratory for STI/TB. This support will include logistical aspects of regional trainings, hiring short-term consultants, and the publication of reports, guidelines, and protocols. The regional STI/TB Lab will provide technical and scientific leadership for the network, and will provide technical support for the field laboratory training and quality assurance activities of the national reference laboratories.

CDC and TBD partner will support integrated training activities on STI laboratory techniques, TB, Quality Assurance Systems and biosafety; establish new diagnostic techniques such as Multiplex PCR diagnostic capacity to support the STI component of the behavioral surveys with biomarkers and TB genotyping and resistance testing.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	Redacted	Redacted

Narrative:

PROVIT is a program that aims to improve detection of HIV among TB patients, TB management and strategic information for TB and HIV. PROVIT was designed by the Regional Office for Central America and Panama of the Global AIDS Program of the Centers for Disease Control and Prevention. This Program will be implemented in selected government facilities and will be based on Ministry of Health personnel. Through a TBD partner, CDC will support the logistics for training workshops, hiring of short term consultants and travel of CDC personnel.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12022	**Mechanism Name: University Research Corporation. LLC**
Funding Agency: U.S. Department of Health and	Procurement Type: Cooperative Agreement

Human Services/Centers for Disease Control and Prevention	
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Benefitting Countries: Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua, Panama

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

CDC Gap with the support of the TBD partner will strengthen the capacity of countries to more effectively reach and deliver sustainable high quality HIV/AIDS/STI/TB services focusing in the areas of service delivery, health workforce capacity and laboratory strengthening. In addition, CDC GAP and the TBD partner will support the Central America and Panama Ministries of Health with direct expert technical assistance to assist in the development and execution of HIV/STI/TB activities, establishment of a regional surveillance system, staff development for health personnel, and establishment of a Regional HIV/STI/TB Lab.

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	Redacted
Human Resources for Health	Redacted

Key Issues

Addressing male norms and behaviors

Impact/End-of-Program Evaluation

Increasing gender equity in HIV/AIDS activities and services

TB

Budget Code Information

Mechanism ID:	**12022**		
Mechanism Name:	**University Research Corporation. LLC**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	HVSI	Redacted	Redacted

Narrative:

Epidemiologic HIV/AIDS Country Profiles Epidemiologic HIV/AIDS Country Profiles will be produced for El Salvador, Nicaragua and Panama. The country Epidemiology Profiles are produced to give city and county governments, community-based organizations, health care planners, and educators the data they need to plan and evaluate HIV/AIDS prevention and care activities. It also includes data from ancillary sources such as STD, TB and reproductive health. Triangulation exercises will be conducted in Panama, El Salvador, and Guatemala to support findings from the EPI Profiles. No single data source can fully explain the status and direction of the HIV epidemic. However, research studies, surveillance projects, and prevention, treatment, care and support programmes have accumulated a massive amount of data over the past decade. An analytical approach known as "triangulation" integrates multiple data sources to improve the understanding of a public health problem and to guide programmatic decision-making to address such problems.

HIV/AIDS Regional Database Through a TBD partner CDC will continue the support of a Central American regional electronic database based at the MCR/COMISCA. The GAP Central American office will work on the development of the HIV/AIDS regional information database which will allow sharing country specific information and support appropriate planning of HIV prevention and control with emphasis on cross-border issues. The aims are to create a network of database system and to develop systematic data collection, database and computer software related to HIV/AIDS at the country and regional levels. The following activities will be included: 1) Study and survey existing databases in the regional and country levels; 2) Analyze the existing working systems for example information flowing, contents, and relationship between information and reports. 3) Set up a database framework and developed computer software for data collection and processing report at the regional level. 4) Link country databases to the regional system by using the above software. 5) Evaluate the software and database network for expansion of the project. The development of database network between the different levels (country and regional) will provide timely, up-to-date, information for planning and

addressing cross-border issues. An HMIS for laboratories will also be supported in coordination with other priority programs such as Influenza and Tuberculosis.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	Redacted	Redacted

Narrative:

Training & Communications CDC through a TBD partner will strengthen human resources for health in the areas of HIV, STI, TB, surveillance and reproductive health. A regional training center on strategic information will be implemented in Guatemala that will provide trainings on second generation HIV surveillance, BSS survey planning and implementation, protocol development, interventions evaluation, TB and HIV management, Laboratory quality control, data analysis, monitoring and evaluation, sexuality and AIDS and other areas. The Regional Center will bring together an interdisciplinary strategic core group of epidemiologists, behavioral scientists, physicians, public health specialist, economists and policy makers based at the KH and it would collaborate with a network of experts from other institutions of excellence in strategic information from all over Latin America, North America and the rest of the world. The Centers mission will be to expand human capacity in the region for the implementation of effective, sustainable and context-specific HIV strategic information processes which enable evidence-based development of HIV prevention, care and treatment in the region. The Center will be implemented as a collaborative effort between the UN agencies,the University of North Carolina and Del Valle University of Guatemala (UVG) where it would be based in Guatemala City. The UVG has had a longstanding relationship with the US Centers for Disease Control (CDC), Stanford University, King's College in London, and the Institute for Tropical Diseases. The Center will assist in training of key personnel in the region to develop human capacity for the implementation of strategic information. Scholarships will be provided to a number of regional resources to fill gaps in local expertise. In addition the Center will develop and implement a communications strategy to assist in dissemination of lessons learned and best practices.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	Redacted	Redacted

Narrative:

Continue to support the HIV regional laboratory and assist in the establishment of a regional laboratory for STI/TB. The regional STI/TB Lab will provide technical and scientific leadership for the network, and will provide technical support for the field laboratory training and quality assurance activities of the national reference laboratories.

Provide technical assistance to improve quality control and enable participation in global quality

assurance activities for selective STI diagnostic methods, particularly, for in-house NAAT assays developed by global and regional reference laboratories and newly developed POC tests.

Assist the global reference center at LRRB/DSTDP to initiate and implement laboratory research studies designed to develop and validate new STI laboratory diagnostic techniques.

Collaborate with the global reference center at CDC to implement new and improved laboratory techniques for regional surveillance and response activities through technology transfer arrangements.

Assist in the dissemination of the standardized current approved protocols and manuals; and development of new protocols and manuals for standardized and harmonized STI and TB laboratory testing approaches and quality assurance systems, which will enable the national HIV/STI control programs to monitor the burden STIs and TB over time (trend), and to make inter-country comparisons for global/regional program planning purposes.

CDC and TBD partner will also: conduct integrated training activities on STI laboratory techniques, TB, Quality Assurance Systems and biosafety; establish new diagnostic techniques such as Multiplex PCR diagnostic capacity to support the STI component of the behavioral surveys with biomarkers and TB genotyping and resistance testing; and procure equipment, supplies and reagents for new diagnostic techniques for STI /TB in the Regional Laboratory

CDC will provide assistance to 2 National laboratories for them to participate in the regional laboratory network though improving diagnostic capacity for STI and TB by providing the needed equipment, supplies, and training on new techniques.

To support the engagement of the National Laboratories towards the WHO laboratory stepwise accreditation process, we will also assist with the development of SOPs and Job Aids in support of the accreditation process in the Regional laboratory.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	Redacted	Redacted

Narrative:

PROVIT is a program that aims to improve detection of HIV among TB patients, TB management and strategic information for TB and HIV. PROVIT was designed by the Regional Office for Central America and Panama of the Global AIDS Program of the Centers for Disease Control and Prevention. CDC through the TBD partner will directly support the implementation of the PROVIT strategy in Guatemala,

Honduras and Nicaragua. Each country will have three sites. Technical assistance will be provided by CDC and Del Valle University of Guatemala. Baseline assessments of TB Program activities and monitoring and evaluation to evaluate achievements will be supported. With a TBD partner, training courses will be designed and implemented, including curricula development, preparation of training materials and implementation of courses. Based on the results of laboratory assessments, equipment and supplies will be provided to improve diagnosis of TB and HIV. A strategy to improve access and coverage of HIV testing will be designed with the TBD partner. To implement the information system, needs assessment will be conducted at each site, servers, equipment and needed software will be purchased. This system will allow us to monitor the programs impact on increasing detection and follow-up of TB cases and HIV testing.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12023	**Mechanism Name: TBD**
Funding Agency: U.S. Department of Defense	Procurement Type: USG Core
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Benefitting Countries: El Salvador, Guatemala, Nicaragua

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

While HIV prevalence rates in the Central American militaries are unknown, most of the military population falls within the vulnerable or at risk population for STIs and HIV. With FY09 PF funds, DoD PEPFAR will identify TBD partners to support partner militaries in El Salvador, Guatemala and Nicaragua

in the implementation of HIV prevention activities with military members and their families.

TBD partners will provide technical assistance to support military capacity to administer and manage HIV program activities in Sexual Prevention and Testing and Counseling. Emphasis will be placed on expansion and enhancement of existing military-specific HIV prevention programs using a combination based prevention approach targeting recruits, enlisted, officer groups and their dependents, and addressing issues related to specific known and suspected stressors that influence HIV risk behaviors, such as substance abuse, mobility and prolonged deployments, as well as address issues related to gender norms, stigma and discrimination. Military members will be provided the necessary skills to change behaviors, engage in safe sex practices, decrease other risk behaviors and know one's status. By targeting military personnel, activities will support the Partnership Framework prevention goal of increasing healthy behaviors among MARPS and their clients to reduce HIV transmission. The support of prevention programs leveraging the existing military institutional structures will lay the foundation for sustainable programs in militaries in the region.

TBD partners will also support the Health Systems Strengthening, Strategic Information, and Policy Environment efforts for the partner militaries in El Salvador, Guatemala, Nicaragua and Belize. Health Systems Strengthening efforts will improve the capabilities and quality of HIV diagnostic and laboratory services and systems by strengthening the capacity of military laboratories in the diagnosis of STIs, TB and malaria, in addition to ensuring quality provision of HIV rapid diagnostics in the lab, clinical and non-clinical settings. Activities will expand and improve in-service training for military health care providers in multidisciplinary fields, including the diagnosis and management of STIs, OIs, TB, and mental health disorders, as well as training in the provision of antiretroviral therapy, the assessment and management of pain and other symptoms impacting HIV co-infected individuals.

In order to support the Partnership Framework objective of strengthening the capacity of partner countries to strategically generate, collect, interpret, disseminate, and use quality strategic information, HIV and other STI bio-behavioral surveys will be carried out in the Defense Forces of El Salvador, Guatemala and Nicaragua in order to improve evidence-based programming and the understanding of the HIV risk factors in these populations. Results from the HIV bio-behavioral survey in the Belize Defense Force (BDF) will be analyzed with specific risk factors incorporated into the design of a specific prevention program for the BDF. Military officials will be trained in HIV surveillance, data collection and analysis, and data use to improve the quality and cost-effectiveness of HIV prevention, treatment, care and support services in militaries. Technical assistance to partner militaries in El Salvador, Guatemala, Nicaragua, and Belize will strengthen monitoring and evaluation and data collection systems for health to ensure effective utilization of data for programming and policy formulation.

Partnership Framework activities will support the development and implementation of military HIV policies and strategic plans addressing issues related to HIV testing (recruit and periodic), retention and promotion of identified HIV-positive individuals. Technical assistance for systems and institutional strengthening will encourage addressing issues related to access and availability of prevention, care, treatment and support programs. These efforts will support the Partnership Framework objectives in Policy Environment and Health Systems Strengthening by improving the capacity of Caribbean militaries to effectively lead, manage and sustain the delivery of quality HIV prevention, care, treatment and support services for militaries.

Cost efficiency and quality will be improved by increasing capacity of military healthcare workers to conduct trainings internally, leverage partnerships with local organizations, and share best practices across militaries in the region.

Program monitoring and evaluation will be carried out according to national standards, utilizing mechanisms provided or recommended by the Ministries of Health, National AIDS Programs, and the regional Central America PF plan.

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	Redacted
Human Resources for Health	Redacted

Key Issues

Addressing male norms and behaviors
Military Population
Workplace Programs

Budget Code Information

Mechanism ID:	**12023**		
Mechanism Name:	**TBD**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**

Care	HVCT	Redacted	Redacted

Narrative:

PF FY10, activities will strengthen the capacity of the militaries of El Salvador, Guatemala and Nicaragua to provide accessible, confidential, and quality testing and counseling services. Activities will build on previous Defense Health Program (DHP) funded initiatives implemented through Nicasalud in Nicaragua and PASMO in El Salvador to expand as well as initiate in Guatemala HIV testing and counseling services for military personnel and their families.

Efforts will be made to integrate Testing and Counseling (TC) services into existing medical health services and routine medical care through provider-initiated testing and counseling (PITC). TC opportunities for military personnel will be expanded (i.e. on bases, pre/post deployment, temporary assignment) and activities will link with other prevention activities as well as provide access to other support services.

TC activities will link with prevention sensitization activities to educate participants and access other support services. The feasibility of mobile services will be explored as a means to reach military personnel assigned in areas away from military health facilities and urban testing sites. As militaries increase their capacity for managing TC activities, couples TC will be promoted among military personnel and their partners in order to identify serodiscordant couples and encourage safe sex practices and other preventive behaviors. Couples TC will promote gender equity and facilitate safe, mutual disclosure of HIV test results.

Militaries will work with national supply chain mechanisms to ensure TC sites have sufficient supplies, adequate and secure storage facilities, as well as inventory monitoring and tracking systems for HIV test kits.

TA in the provision of quality HIV TC services will be provided to military TC providers. Counseling will be performed in accordance with national guidelines and will include targeted prevention messages, emphasizing the reduction of risk behaviors, and address issues surrounding stigma and discrimination. Building on previously funded trainings, training and refresher training of counselors will begin to focus on management and supervision and advanced TC skills such as couples counseling. Mechanisms to maintain confidentiality of those tested will be established. A monitoring and evaluation system will be implemented through i.e. standardized logbooks, client data forms, monthly reporting forms, and other methods that comply with the national reporting systems and requirements.

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Other	HVSI	Redacted	Redacted

Narrative:

With PF FY10 funds, this activity will support increased capacity within the militaries of El Salvador, Guatemala, Nicaragua and Belize in the areas of surveillance, monitoring and evaluation (M&E), and analysis and utilization of strategic information. Activities will encourage partner militaries to review and utilize data to improve the military healthcare system, direct policies, and improve the quality and cost-effectiveness of HIV prevention, treatment, care and support services in militaries.

Activities will build on previous DHP FY09 funded SI initiatives, including a bio-behavioral survey carried out by Ciccatelli Associates with the Belize Defense Force.

When data collection for the baseline bio-behavioral surveys in El Salvador, Guatemala, and Nicaragua funded using PF FY 09 funds has been completed, data will begin to be analyzed in order to improve evidence-based programming and the understanding of the HIV risk factors in these populations. Data analyses and findings will be presented to military leadership and recommended for broader dissemination to inform policy and strategic decision making. TA will be provided to health providers and policymakers to analyze and use data to streamline healthcare providers' workflow in HIV services, monitor quality, and facilitate the identification of gaps in HIV services.

Continued support for building capacity will be provided in the areas of monitoring and evaluation and use of strategic information. Short term technical assistance and periodic on-site mentorship will be provided in data collection, utilization of program monitoring data, and complimenting the goals of the national strategic plans for HIV/AIDS. Strategic Information activities with all partner militaries will also inform policy. Military personnel will be trained in M&E of military-specific HIV operational plans to identify needs and gaps related to programs.

Improvements will be made to the militaries' health information management systems enabling them to provide strategic, data-based decisions in a timely manner. Capacity will be built among defense force personnel to conduct operations research to evaluate the effectiveness of program implementations (e.g. behavioral intervention assessments).

TA will be provided for the timely and accurate collection of national HIV indicators within military HIV programs and facilitate data flow mechanisms for linkage to national and regional systems. National resources will be leveraged to improve strategic information systems and capacity in militaries.

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Other	OHSS	Redacted	Redacted

Narrative:

This activity will strengthen the capacity of partner militaries in El Salvador, Guatemala and Nicaragua to plan, manage, and implement HIV programs. This activity will also support policy efforts in Belize. Activities will build on previous DHP FY09 funded Health Systems Strengthening efforts in Nicaragua and Belize through Charles Drew University to strengthen their leadership and capacity to manage HIV programs, improve the policy environment to reduce stigma and discrimination, and ensure access to HIV care and treatment services among military members.

With PF FY 10 funds, referral networks and service integration will be strengthened for HIV/STI/TB care and treatment. Strategies for improving partnerships with other governmental organizations, NGO, and private entities working on HIV and health will be emphasized. Program activities will seek to secure military leadership endorsement and support of interventions addressing gender norms, substance abuse, confidentiality, among others. Financial management mechanisms will be improved and training will be provided for military leadership in financial management for HIV programs. The development of mechanisms for leveraging resources and creating greater resource efficiencies will be encouraged.

Opportunities to strengthen in-service training will be expanded and improved for military health care providers in multidisciplinary fields, including STIs, ART management, psychosocial counseling, and substance abuse will be pursued. TA will be provided to improve treatment adherence, psychosocial support services and diagnosis and treatment of mental health problems for the HIV + personnel and civilians receiving treatment and care at military health sites. Service guidelines will be developed or disseminated and quality assurance mechanisms will be established. Military personnel will also be trained on HIV surveillance and strategic information.

FY 2010 funds will support the provision of quality HIV treatment and care for HIV positive military personnel in El Salvador, Guatemala and Nicaragua. Basic care provided by military health services to HIV-positive personnel includes clinical staging and baseline CD4 counts for all patients, CD4 cell count monitoring, prevention, diagnosis and treatment of opportunistic infections (OIs), psychosocial counseling, and referrals for people living with HIV/AIDS (PLWHA) to community-based basic care and support services based on their individual needs. Technical assistance will also be provided to the military to strengthen linkages to community-based HIV care services and support groups. In order to support the Health System Strengthening objective of the Partnership Framework, this activity will build the capacity of the health workforce by training military health providers at the facility level in the diagnosis and treatment of STIs, OIs, and mental health disorders. Training will also include prevention with positives activities to improve health care providers' abilities 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.

TBD partners will also support the militaries of El Salvador, Guatemala, Nicaragua and Belize with Adult HIV treatment training. This activity will support the Health System Strengthening objective of the Partnership Framework through the training of military health care providers and clinicians in clinical services, such as antiretroviral therapy, prevention and treatment of opportunistic infections (OIs), assessment and management of pain and other symptoms, and nutritional support. Training may also include prevention with positives activities to improve health care providers' 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.

Opportunities for military to military exchange training programs and professional exchanges to share program best practices and foster regional collaborations will be explored. TA will be provided for the development of strategies to encourage staff retention, performance and promotion for healthcare staff providing HIV/AIDS related services. If necessary, activities will support the retention of healthcare personnel and uptake of clients by improving the workplace environment through minor refurbishment of work sites, including counseling and testing centers, labs and clinic settings.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	Redacted	Redacted

Narrative:

With FY10 PF funds, DoD PEPFAR will identify TBD partners to support partner militaries in El Salvador, Guatemala and Nicaragua in the implementation of HIV prevention activities with military members and their families. The overall goal is to focus on the drivers of the epidemic specific to the military and address knowledge, attitudes and practices related to HIV prevention. Technical assistance will build internal capacity of partner militaries to direct and maintain HIV prevention efforts.

Partnership Framework activities will build on previously-established sexual prevention initiatives with the Salvadoran Armed Forces (SAF), the Guatemalan Armed Forces (GAF), and the National Army of Nicaragua (NAN), funded with FY 08 and/or FY 09 Defense Health Program (DHP) funds. Current programs implemented through PASMO (PSI) in El Salvador, and Nicasalud in Nicaragua focus on the training of military enlisted and officer personnel in HIV education, sensitization on the importance of partner reduction and correct and consistent use of condoms, behavior change communication activities promoting responsible behaviors among military personnel.

PF FY 10 BCC activities for HIV prevention and risk reduction will target recruits, enlisted, officer groups and their dependents. Technical assistance will be provided for the provision of evidence based interventions in areas such as increasing correct and consistent condom use (including minimizing the stigma surrounding accessing condoms), promoting condom negotiation skills with partners, decreasing sexual risk behaviors, mitigating the influence of alcohol on sexual risk taking behaviors, HIV testing and counseling (TC), improving knowledge and attitudes about testing, decreasing HIV-related stigma, decreasing gender-based discrimination and violence, and addressing the influence of mental health factors on risk behaviors. Prevention activities will promote partner reduction by communicating the risks associated with overlapping or concurrent sexual partnerships. Prevention counseling will be integrated into TC services and will link with HIV testing and care and treatment services. Health seeking behaviors and access to services will be promoted. Analysis of structural changes that may decrease vulnerability to HIV and other STIs will be conducted with community participation to promote their adoption.
Interventions will be delivered through individual one on one and small group sessions, campaigns, and through trainings integrated into military institutions. Peer educators will be trained in risk reduction counseling and equipped with risk reduction supplies (i.e. penile models, condoms). Master trainers will implement and train others on how to implement educational outreach and community mobilization activities and provide supportive supervision of peer educators. Selection criteria will be established for peer educators, and retention and incentive strategies will be developed with militaries to encourage sustainable programs. Refresher trainings will also be provided.

Efforts will be made to integrate STI screening and treatment into existing medical health services and routine medical care for military personnel. Technical assistance for the diagnosis and treatment of STIs with STI awareness and incorporation into educational outreach and other prevention activities will be conducted. STI services will link with HIV testing, care and treatment services.

Operations research will be conducted to determine the efficacy of these interventions on key behavior and health outcomes. Interventions will be compared across and between countries to refine intervention efficacy.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	Redacted	Redacted

Narrative:

With PF FY10 funds, this activity will support the training of lab personnel and necessary support for equipment and commodities to develop and strengthen laboratory systems and facilities in to support

STI, TB, OI, and HIV diagnostics and improve the capacity of the militaries of El Salvador, Guatemala and Nicaragua to provide clinical care to HIV-positive military members. Support will be provided for laboratory specimen collection and transport, including procurement of infection control materials.

FY10 PF funds will support training and support for HRH strategies and improved supply chains for the delivery of quality HIV related services. Laboratory personnel will be trained in laboratory SOP development, logistics management, QA/QC activities, 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 diagnostics for STIs, OIs and TB. Military laboratories will be strengthened to provide referral systems to civilian sector labs where resources limit diagnostic and treatment service provision within the military health system. Funds may support minor refurbishment and infrastructure support for outlying bases supporting the military in order to facilitate service delivery.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	Redacted	Redacted

Narrative:

With PF FY10 funds, this activity will support coordination between TB and HIV programs in El Salvador, Guatemala and Nicaragua. Technical assistance will support the Health System Strengthening objective of the Partnership Framework by building the capacity of the health workforce in TB services. Military medical personnel will receive training on TB case identification, diagnosis and appropriate referral for treatment. The partner militaries 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.)

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				7,299	36,494	43,793
ICASS				1,512	7,558	9,070
Management Meetings/Professional Developement				3,000	15,000	18,000
Non-ICASS Administrative Costs				16,441	82,210	98,651
Staff Program Travel					30,000	30,000
USG Staff Salaries and Benefits				39,748	328,738	368,486
Total	**0**	**0**	**0**	**68,000**	**500,000**	**568,000**

U.S. Agency for International Development Other Costs Details

Category	Item	Funding Source	Description	Amount
Computers/IT Services		GHCS (State)		7,299
Computers/IT Services		GHCS (USAID)		36,494
ICASS		GHCS (State)		1,512
ICASS		GHCS (USAID)		7,558
Management Meetings/Professional Developement		GHCS (State)		3,000
Management Meetings/Professional Developement		GHCS (USAID)		15,000
Non-ICASS Administrative Costs		GHCS (State)		16,441
Non-ICASS Administrative Costs		GHCS (USAID)		82,210

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
ICASS				30,000		30,000
Management Meetings/Professional Developement				25,000		25,000
Non-ICASS Administrative Costs				5,000		5,000
USG Staff				65,000		65,000

Salaries and Benefits						
Total	**0**	**0**	**0**	**125,000**	**0**	**125,000**

U.S. Department of Defense Other Costs Details

Category	Item	Funding Source	Description	Amount
ICASS		GHCS (State)		30,000
Management Meetings/Professional Developement		GHCS (State)		25,000
Non-ICASS Administrative Costs		GHCS (State)		5,000

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
Computers/IT Services			40,000	12,000		52,000
ICASS				45,000		45,000
Management Meetings/Professional Developement			50,000			50,000
Non-ICASS Administrative Costs				205,000		205,000
Staff Program Travel			130,000	100,000		230,000
USG Staff Salaries and			805,000	125,000		930,000

Benefits						
Total	**0**	**0**	**1,025,000**	**487,000**	**0**	**1,512,000**

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

Category	Item	Funding Source	Description	Amount
Computers/IT Services		GAP		40,000
Computers/IT Services		GHCS (State)		12,000
ICASS		GHCS (State)		45,000
Management Meetings/Professional Developement		GAP		50,000
Non-ICASS Administrative Costs		GHCS (State)		205,000

U.S. Peace Corps

Agency Cost of Doing Business	Central GHCS (State)	DHAPP	GAP	GHCS (State)	GHCS (USAID)	Cost of Doing Business Category Total
Peace Corps Volunteer Costs				70,000		70,000
Total	**0**	**0**	**0**	**70,000**	**0**	**70,000**

U.S. Peace Corps Other Costs Details