Central America Region

Operational Plan Report

FY 2011

Operating Unit Overview

OU Executive Summary

Background

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 (MARPs). Although availability of quality data on the epidemic among these hard to reach populations is limited, earlier 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.

Results from the 2008 USG supported Behavioral Surveillance Study (BSS)+ for MARPs in El Salvador presented this year showed a decline in HIV prevalence with a rate of 9.8% for MSM and 4.1% among FSW. Data from a 2006 survey in Honduras has also shown 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. With the exception of the recently completed DoD supported BSS+ with the Belize Defense Force which is pending the final public report, there are no other country-level studies to date on militaries and HIV prevalence. Data is limited to assess the potential role of drug use 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 and more recently in 2008 El Salvador BSS+ where 0% of MSM and FSW reported injection drug use. 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 (Honduras) to 94 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

[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 and new Ministry of Health data for Belize, suggest that the overall prevalence is probably lower than 2.1% but these have also not been incorporated into the latest UNAIDS figures.

of most-at-risk populations (MARPs). In addition, stigma and discrimination directed toward these populations continue to represent major barriers to effectively address the epidemic across the region.

Sustainability and Country Ownership

On March 3, 2010, the USG, represented by the U.S. Ambassador to Costa Rica, and the Ministers of Health or their official designees from all seven countries of Central America signed the Partnership Framework (PF) in Support of Central America's Regional Response to HIV/AIDS. The Framework aims to reduce new HIV infections and morbidity and mortality due to HIV and AIDS, as well as to improve quality of life for those affected by HIV and AIDS. The PF 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. The Framework emphasizes capacity building at all levels, with the expectation that at the end of five years, the Governments of Central America should be better equipped to manage a targeted and sustainable response to the HIV and AIDS epidemic, with concomitant benefits to broader public health systems. Currently the governments in the region support an approximate average of 67 % of the costs for HIV services; the anticipation is that this high level of financial support will continue, with national support gradually shifting to have more of a focus on programming for MARPs.

Activities supported through USG Central America Fiscal Year (FY) 2011 Regional Operational Plan (COP) aim to fulfill the USG commitments outlined in the PF, which includes support to the governments and regional bodies of Central America to achieve the following four goals:

1) **Prevention:** To increase healthy behaviors among MARPS to reduce HIV transmission[2]

2) **Health Systems Strengthening (HSS):** To build the capacity of countries to more effectively reach MARPs by coordinating efforts among implementing partners to deliver sustainable high quality HIV/AIDS services focusing in three key areas: service delivery, health workforce capacity, and timely and adequate provision of essential medical products.

3) **Strategic Information (SI):** To build the capacity of countries to monitor and use information that enhances understanding of the epidemic and enables individual countries and the region to take appropriate actions with sustainable, evidence-based, and cost effective program interventions.

4) **Policy Environment:** To improve the policy environment for reaching the ultimate goal of Universal Access[3] to HIV/AIDS services in the Central America region.

The Partnership Framework Implementation Plan (PFIP) describes in more detail the specific activities to be undertaken by partners for each of the four goal areas and was developed with stakeholders in each of the seven countries. The PFIP also includes a Monitoring and Evaluation Plan for the PF. In early October 2010, the PFIP was signed with the Regional Coordinating Mechanism (RCM) which is COMISCA's designated technical arm for HIV/AIDS, and the USG team will continue in dialogue with all stakeholders to continue improving coordination and collaboration to effectively implement and monitor progress for

[2] Healthy behaviors include: Increased condom use, reduced number of sexual partners and increased access to HIV testing.
[3] Universal Access refers to a commitment of worldwide leaders to develop and implement measures to move toward "universal access" for prevention, treatment, care and support services by 2010

each of the PF goal areas.

Integration across the USG

The regional PEPFAR Central America program is led by an interagency management team made up of a PEPFAR Coordinator, USAID, CDC, Peace Corps and DOD. A unique element of this regional program is the relationship with bilateral USAID HIV programs in Guatemala, Honduras, El Salvador, and Nicaragua, which program their FY11 funds through their respective F/OPs, and with the PEPFAR Caribbean Regional Program in Belize. In order to ensure effective planning and implementation; and minimize duplication of effort with the bilateral programs, the entire regional team including regional and bilateral USG team members has regular meetings and calls. Redacted. The team also regularly communicates with the Caribbean Regional Team about Belize activities to assure they are complementing activities being undertaken through that Framework.

Another important factor for coordination among USG health programs is the selection of Guatemala as a GHI plus country. The increased focus on programming across health elements will ensure coordination between other USG health programs in Guatemala. The country GHI strategy is currently in draft, but includes participation of all agencies with health programs. Although GHI will impact primarily the bilateral programs, there will be spillover effects to the Regional PEPFAR program activities in Guatemala with an enhanced programming across USG programs and elements.

Health Systems Strengthening and Human Resources for Health

USG activities in systems strengthening will continue to develop skills, expertise and programs within regional institutions, national and local governments and civil society. A large part of the regional portfolio focuses on developing and implementing effective policy to support programming for MARPS, training MOH and NGO staff that provide services to MARPS, and building systems capacity in support of service delivery such as human resource and program management, laboratory, strategic information, and supply chain management. Three of the four PF goals focus on building systems capacity. The PF goal of capacity building across the region is to ensure that prevention and care services for MARPS are provided in a high-quality, appropriate, timely, and stigma-free manner. At the end of the five years of the PF, it is anticipated that the governments and civil society organizations working in HIV across the region will have greatly increased their ability to plan, implement and evaluate programs with less need for major support from external donors. Also a better involvement of stakeholders not traditionally involved as part of the national response is expected as a result of PF implementation.

Under PF Goal 2 to deliver sustainable high quality HIV/AIDS services focusing on service delivery, health workforce capacity, and timely and adequate provision of essential medical products, the USG will build the capacity of countries to more effectively respond to their national epidemics. The USG efforts will support improvements in laboratory capacity, health workforce capacity, 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.

Under PF Goal 3, to build capacity of countries to monitor and use information that enhances understanding of the epidemic and enables individual countries and the region to take appropriate actions, the USG will strengthen national and regional abilities to collect information on the epidemic and use that information to enhance the understanding and enable individual countries and the region to design and implement evidence-based, sustainable and cost effective program interventions. This support will include training and analysis workshops among stakeholders to improve their skills to make strategic decisions based on evidence.

Under PF Goal 4, to improve policy environment for reaching Universal Access to HIV/AIDS services, FY11 activities will center on promoting and encouraging the adoption and implementation 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. USG and partners will continue working to 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 with an additional focus on gender based violence.

Coordination with Other Donors and the Private Sector

While Central American governments are funding the majority of their respective countries' response to the epidemic with country funding, the Global Fund to Fight AIDS, Tuberculosis, and Malaria (Global Fund) plays a significant role in the region. A number of GF grants are currently functioning in the individual countries and at a regional level.

Central America HIV/AIDS Global Fund Grants

Country	Approved Amount	Comment/ Principal Recipient
Round 9		
Regional LAC Military - COPRECOS	US $17.6 million	*Not yet finalized*
Honduras	US $9.4 million	*Not yet signed*
Belize	US $ 2. 2 million	*Beginning Nov-2010*
Round 8		
Nicaragua	US $23.3m	*Nicaraguan Social Security Institute*
Round 7		
El Salvador	US $8.1million	*UNDP*
REDCA	US $1.7 million	*REDCA is network of PLWHA*
El Salvador	US $ 5.7 million	*MoH*
Round 4		
Mesoamerica mobile pops	US $4 million	*Ending*
Round 3		
Belize	US $2.4million	
Guatemala	US $42.6 million	*PR World Vision ending/ MoH taking over*
Round 2		
Nicaragua	US $10.1millon	*Ending*
El Salvador	US $ 5.3 million	*MoH*
Costa Rica	US $1.8 million	*Ended*
El Salvador	US $27.5 million	*UNDP*
Costa Rica	US $1.8 million	*Ended*
Round 1		
Honduras	US $ 26.6 million	*Ended*
Honduras	US $25.1 million	*CHF*

In addition, El Salvador, Honduras, Nicaragua and Guatemala receive TB grants, and Guatemala,

Nicaragua and Honduras receive Malaria grants. USG representatives participate in the Regional Coordinating Mechanism and on the Country Coordinating Mechanisms in Guatemala, El Salvador, Honduras and Nicaragua. USG team members communicate regularly and have close coordination with the respective Global Fund Portfolio Managers in Geneva to monitor the implementation of the approved proposals, to identify gaps and TA needs.

Under COMISCA, the Regional Coordinating Mechanism (RCM) was created to monitor implementation of Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) activities throughout the region. The RCM has since been delegated authority to review and advise COMISCA on all STI and HIV/AIDS technical issues in the region. The RCM can propose protocols, policies and other initiatives to be endorsed by COMISCA, something that can facilitate policy change and implementation via this regional matrix. The RCM includes the heads of the National HIV/AIDS programs from each country, donor agencies, representatives from vulnerable populations, and civil society. USAID and CDC are non-voting members of the RCM.

The USG also coordinates closely and supports the National AIDS Commissions in each country or CONASIDAs. The functioning and relative strengths of the CONASIDAs vary greatly throughout the region.

Other major development partners working in HIV/AIDS in Central America are UNAIDS and other UN organizations, the Pan American Health Organization (PAHO), the World Bank, and the Clinton Foundation HIV/AIDS Initiative. The USG team and bilateral missions coordinate with these other partners to ensure that USG and other donor efforts are coordinate and not duplicative. The USG has coordinated regional donor meetings on specific issues and hopes to continue more formal regional donor coordination in the upcoming year. The PF requires periodic meetings with COMISCA and other partners to review program progress, and includes an annual review of progress toward PF goals to ensure programs are on track and to make adjustments where needed.

The regional program also works with private sector health providers as a way to increase access and improve quality of care for MSM and other vulnerable populations to HIV related services. Also, by partnering with both private and public sectors, the USG will help to expand the type and quality of services targeted to PLWHA. In condom promotion the private sector is also a key partner to ensure access to and availability of condoms for MARPS in places that convenient and acceptable.

Programmatic Focus

As previously described, the Central America PF focuses on four key areas to address the region's epidemic: prevention, health system strengthening, strategic information and policy. USG efforts and resources in FY11 will continue to be directed toward these priority areas as described below:

Prevention

Prevention activities seek to increase healthy behaviors among MARPs, including 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 target groups for activities are selected as appropriate for each country's epidemic, although there is much similarity across the region. 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; expanded access to and use of prevention services; and technical assistance (TA) to address structural factors that affect MARPs vulnerability such as the adoption and

implementation of policies at the national, local and institutional levels to reduce stigma and discrimination.

In 2011, USG-supported programs are expected to reach more than 113,000 MARPs in the region with comprehensive behavior change activities, including 17,925 commercial sex workers, 11,996 MSM and 83,207 individuals from other vulnerable groups such as clients of sex workers. Prevention approaches will be regularly reviewed and revised as appropriate to adjust to new data and information, including the results of the recent behavioral surveys, to ensure that messages and programs are relevant to identified target groups. Innovative methodologies that are demonstrated to be effective will be incorporated into the prevention program to ensure activities meet the needs of MARPs and are addressing the behaviors that are driving the epidemic including the use of social media to promote healthy behaviors and change social norms. Where there is USG presence at the community level, prevention programs will target MARPs groups through behavior change educational activities and workshops.

Ensuring condom availability for MARPs is a critical component of the prevention program. Under the new regional prevention program, distribution sites and plans will be developed to ensure that condoms are available where MARPS need them in the quantity and variety that they need. To ensure sustained availability of condoms in high-risk outlets, strategic linkages with Ministries of Health, NGOs, the commercial private sector and other projects will be 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 and STI diagnostic and treatment services by at-risk populations. The USG will provide technical assistance to and coordinate with existing MOH and private or NGO sector counseling and testing facilities to ensure they provide quality services that cater to the special needs of the region's most vulnerable populations. This will include training and sensitization to reduce stigma and discrimination among both private and public providers as a part of addressing the structural issues related to prevention.

To promote greater access of MSM and other vulnerable populations to HIV-related services, the USG will continue to provide training and technical assistance to private health providers in private practice and in NGOs/CBOs with the goal of increasing quality of services and reducing stigma against MARPs. At the same time, the USG will continue to build technical and management capacity in specified public sector facilities to enable them to better reach and serve at-risk populations. In both the private and public sectors, TA will continue to be provided to expand the availability of and quality of care and support services for PLWHA.

In FY11, prevention programs that have been shown to be effective will be expanded to additional areas in the region. Selection of new sites will be based on HIV prevalence, the concentration of at-risk populations, and on the availability of HIV-related services currently available. Decisions will be make in coordination with CBOs, FBOs, NGOs, host government entities, and other donors' projects.

Health Systems Strengthening

In FY11, Health System Strengthening (HSS) activities will continue to build national and regional capacity to effectively and sustainably reach MARPs with high quality HIV/AIDS services. USG efforts will continue to support improvements in laboratory capacity, in health workforce capacity with a focus on quality of care, and in supply chain management. TA will be provided to Ministries of Health, private sector health care providers, the military health care system and NGO partners.

With of the end of the World Bank project which funds the HIV regional laboratory in Panama, the USG is working with regional stakeholders, including PAHO, to continue to improve regional diagnostic HIV, STI

and TB capabilities, including strengthening a regional laboratory network. Assistance will focus on facilitating the participation of the national laboratories in the regional laboratory network, strengthening TB/HIV surveillance, increasing HIV diagnoses among TB patients, and improving clinical management of HIV and other sexually transmitted infections (STIs), TB and opportunistic infections (OIs).

The USG will continue to implement existing and develop new diploma courses for MOH and private providers on HIV/STIs/OIs and TB; second-generation surveillance; counseling and testing protocols/techniques; and the provision of services and care to MARPs. Efforts will continue to improve and standardize HIV-related curricula and training materials across the region for health care providers and other cadres of caregivers (PLWHA, NGOs, etc.) to diversify and strengthen the workforce in its provision of services to MARPs. Human Resources development efforts include provision of comprehensive in-service and pre-service training for health care providers.

Supply chain management of essential medicines and supplies for HIV/AIDS programs remains a challenge across the region. The USG will support efforts to leverage economies of scale for commodities procurement and coordination at both regional and national levels to ensure a consistent supply of commodities and medicine for HIV service delivery points. Intensive USG support to supply chain strengthening will take place in Guatemala, Nicaragua and a pending third country.

Strategic Information

Strategic Information (SI) activities continuing in FY11 will strengthen national and regional abilities to monitor and use information to enhance understanding of the epidemic and enable individual countries and the region to design and implement evidence-based, sustainable and cost-effective program interventions.

In FY11 technical assistance will continue to be provided to the Regional Coordinating Mechanism (RCM) of COMISCA to establish and support a regional M&E committee and regional surveillance system. Support will be provided to select and harmonize national core indicators. Activities will continue to strengthen SI capacity in the region by providing support for developing and implementing plans and strategies, including national strategic plans, regional and national surveillance strategies, and M & E plans.

The USG will continue to provide TA to support the regional five-year M&E strategy developed by the RCM that is 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.

Support will continue towards the establishment of HIV/STI/TB Health Management Information Systems (HMIS) in countries with identified gaps in these areas. This includes systems to monitor HIV-positive patients on ART using electronic software (MONITAR) in Panama and Honduras. After a successful piloting, the system will be expanded. 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 Guatemala. An HMIS for laboratories continues to be supported that will include other global health priority programs such as Influenza and Tuberculosis. Support for electronic HMIS systems will allow for the calculation of critical HIV and STI/OI/TB data. All USG-supported HMIS activities will focus on integration with existing systems so that sustainability can be ensured.

Behavior Surveillance Surveys with biomarkers (BSS+) for MARPS will be continued in the region. In FY 11, BSS+ will start in Guatemala and Honduras, and preparations for BSS+ for the militaries in El Salvador, Nicaragua and Guatemala will continue. To ensure use of the data once collected, training in

analytic interpretation of BSS+ and other M&E instruments for program planning will be provided. Work to establish the regional repository of HIV survey data will continue, eventually leading to improved data quality and integration in the region. In 2011, preparation for the next round of the National Composite Policy Index studies (due to be conducted in 2012) will take place in all Central American countries to measure the policy environment, including national expenditure data. This information will contribute to a more coordinated, strategic and sustainable regional approach to confronting the HIV epidemic.

Policy Environment

Improving policy and the policy environment is one of the PF goals, and is found across all technical areas. An enabling policy environment is key to reaching universal access goals for the region. In FY 11, policy support will continue through TA to the RCM to promote and encourage the adoption of favorable policies and environment for prevention, care and treatment. Work will continue to develop an evidence-based regional prevention policy for MARPs, HIV/AIDS workplace policies, and a regional policy for mobile populations to ensure prevention, care and treatment services are available to individuals that move across national borders.

In spite of established legal and regulatory frameworks in the region, there is no way to ensure implementation of and compliance with existing policies, including the prohibition of stigma and discrimination. The USG will continue to support needed policy changes and policy implementation to reduce gender-based violence, and stigma and discrimination due to HIV serostatus and/or sexual orientation. Technical assistance will continue to be provided to strengthen the skills and abilities of local organizations to advocate for integration of these policies into comprehensive interventions.

Gender

There is also a cross cutting focus on gender within the regional program that is woven into all goal areas and activities. In order to increase gender equity in HIV/AIDS services, the USG will continue to provide training, technical and financial support for BCC, policy and prevention instruments that promote safe sex negotiation skills for women, MSM, and SW. In addition, USG-funded activities will integrate a gender-focused approach to HIV prevention, by implementing programs that address gender power imbalances. Programs targeting at-risk girls and women will seek to provide them with opportunities to develop decision-making and other life skills needed to make healthy choices. The USG will promote the incorporation of a gender perspective in all HCW pre-service education and in-service training, and will continue to promote healthy male norms and behaviors though activities such as the second phase of the "Real Men Campaign" that aims to address male stereotypes, reframe masculinity, and ultimately, prevent HIV in Central America. With two to three times more men than women estimated to be living with HIV in the region, programs targeting at-risk men and boys will demonstrate the positive impact that changing societal expectations and traditional masculine roles can have on the health and well-being of them and their families. In response to civil society requests, USG will also tailor activities to the address the transgender community which is of especially high risk and subject to significant stigma and discrimination based on social norms around established gender roles. USG activities will also focus on reduction and prevention of gender-based violence.

Other program areas: Redacted.

New Partners/Activities

Redacted.

Program Contact: Heidi Mihm, Regional PEPFAR Coordinator

(hmihm@gt.cdc.gov or hmihm@usaid.gov)

Time Frame: October 2011 to September 2012

Population and HIV StatisticsBelize - Central America

Population and HIV Statistics				Additional Sources		
	Value	Year	Source	Value	Year	Source
Adults 15+ living with HIV	4,400	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Adults 15-49 HIV Prevalence Rate	02	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Children 0-14 living with HIV						
Deaths due to HIV/AIDS	500	2009	UNAIDS Report on the global AIDS Epidemic 2010. This mid-point estimate is calculated based on the range provided in the report.			
Estimated new HIV infections among adults						
Estimated new HIV infections among adults and children						
Estimated number of pregnant women in the last 12 months	7,000	2007	UNICEF State of the World's Children 2009. Used "Annual			

			number of births (thousands) as a proxy for number of pregnant women.			
Estimated number of pregnant women living with HIV needing ART for PMTCT						
Number of people living with HIV/AIDS	4,800	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Orphans 0-17 due to HIV/AIDS						
The estimated number of adults and children with advanced HIV infection (in need of ART)	2,100	2009	Towards Universal Access. Scaling up priority HIV/AIDS Intervention in the health sector. Progress Report, 2010.			
Women 15+ living with HIV	2,600	2009	UNAIDS Report on the global AIDS Epidemic 2010			

Population and HIV StatisticsCosta Rica

Population and HIV Statistics				Additional Sources		
	Value	Year	Source	Value	Year	Source
Adults 15+ living	9,600	2009	UNAIDS Report			

with HIV			on the global AIDS Epidemic 2010			
Adults 15-49 HIV Prevalence Rate	00	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Children 0-14 living with HIV						
Deaths due to HIV/AIDS	500	2009	UNAIDS Report on the global AIDS Epidemic 2010. This mid-point estimate is calculated based on the range provided in the report.			
Estimated new HIV infections among adults						
Estimated new HIV infections among adults and children						
Estimated number of pregnant women in the last 12 months	80,000	2007	UNICEF State of the World's Children 2009. Used "Annual number of births (thousands) as a proxy for number of pregnant women.			
Estimated number of pregnant women living with HIV needing ART for	150	2009	Towards Universal Access. Scaling up priority			

PMTCT			HIV/AIDS Intervention in the health sector. Progress Report, 2010. This mid-point estimate is calculated based on the range provided in the report.			
Number of people living with HIV/AIDS	9,800	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Orphans 0-17 due to HIV/AIDS						
The estimated number of adults and children with advanced HIV infection (in need of ART)	4,500	2009	Towards Universal Access. Scaling up priority HIV/AIDS Intervention in the health sector. Progress Report, 2010.			
Women 15+ living with HIV	2,800	2009	UNAIDS Report on the global AIDS Epidemic 2010			

Population and HIV StatisticsEl Salvador

Population and HIV Statistics				Additional Sources		
	Value	Year	Source	Value	Year	Source
Adults 15+ living	32,000	2009	UNAIDS Report			

with HIV			on the global AIDS Epidemic 2010			
Adults 15-49 HIV Prevalence Rate	01	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Children 0-14 living with HIV						
Deaths due to HIV/AIDS	1,400	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Estimated new HIV infections among adults						
Estimated new HIV infections among adults and children						
Estimated number of pregnant women in the last 12 months	158,000	2007	UNICEF State of the World's Children 2009. Used "Annual number of births (thousands) as a proxy for number of pregnant women.			
Estimated number of pregnant women living with HIV needing ART for PMTCT	750	2009	Towards Universal Access. Scaling up priority HIV/AIDS Intervention in the health sector. Progress Report, 2010. This mid-			

			point estimate is calculated based on the range provided in the report.			
Number of people living with HIV/AIDS	34,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Orphans 0-17 due to HIV/AIDS						
The estimated number of adults and children with advanced HIV infection (in need of ART)	16,000	2009	Towards Universal Access. Scaling up priority HIV/AIDS Intervention in the health sector. Progress Report, 2010.			
Women 15+ living with HIV	11,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			

Population and HIV StatisticsGuatemala

Population and HIV Statistics				Additional Sources		
	Value	Year	Source	Value	Year	Source
Adults 15+ living with HIV	60,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Adults 15-49 HIV Prevalence Rate	01	2009	UNAIDS Report on the global			

			AIDS Epidemic 2010			
Children 0-14 living with HIV						
Deaths due to HIV/AIDS	2,600	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Estimated new HIV infections among adults						
Estimated new HIV infections among adults and children						
Estimated number of pregnant women in the last 12 months	449,000	2007	UNICEF State of the World's Children 2009. Used "Annual number of births (thousands) as a proxy for number of pregnant women.			
Estimated number of pregnant women living with HIV needing ART for PMTCT	1,950	2009	Towards Universal Access. Scaling up priority HIV/AIDS Intervention in the health sector. Progress Report, 2010. This mid-point estimate is calculated based on the range provided in the report.			

Number of people living with HIV/AIDS	62,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Orphans 0-17 due to HIV/AIDS						
The estimated number of adults and children with advanced HIV infection (in need of ART)	24,000	2009	Towards Universal Access. Scaling up priority HIV/AIDS Intervention in the health sector. Progress Report, 2010.			
Women 15+ living with HIV	20,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			

Population and HIV StatisticsHonduras

Population and HIV Statistics				Additional Sources		
	Value	Year	Source	Value	Year	Source
Adults 15+ living with HIV	37,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Adults 15-49 HIV Prevalence Rate	01	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Children 0-14 living with HIV						
Deaths due to	2,500	2009	UNAIDS Report			

HIV/AIDS			on the global AIDS Epidemic 2010			
Estimated new HIV infections among adults						
Estimated new HIV infections among adults and children						
Estimated number of pregnant women in the last 12 months	200,000	2007	UNICEF State of the World's Children 2009. Used "Annual number of births (thousands) as a proxy for number of pregnant women.			
Estimated number of pregnant women living with HIV needing ART for PMTCT	900	2009	Towards Universal Access. Scaling up priority HIV/AIDS Intervention in the health sector. Progress Report, 2010. This mid-point estimate is calculated based on the range provided in the report.			
Number of people living with HIV/AIDS	39,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Orphans 0-17 due to						

HIV/AIDS						
The estimated number of adults and children with advanced HIV infection (in need of ART)	21,000	2009	Towards Universal Access. Scaling up priority HIV/AIDS Intervention in the health sector. Progress Report, 2010.			
Women 15+ living with HIV	12,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			

Population and HIV StatisticsNicaragua

Population and HIV Statistics				Additional Sources		
	Value	Year	Source	Value	Year	Source
Adults 15+ living with HIV	6,700	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Adults 15-49 HIV Prevalence Rate	00	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Children 0-14 living with HIV						
Deaths due to HIV/AIDS	500	2009	UNAIDS Report on the global AIDS Epidemic 2010. This mid-point estimate is calculated based			

			on the range provided in the report.			
Estimated new HIV infections among adults						
Estimated new HIV infections among adults and children						
Estimated number of pregnant women in the last 12 months	140,000	2007	UNICEF State of the World's Children 2009. Used "Annual number of births (thousands) as a proxy for number of pregnant women.			
Estimated number of pregnant women living with HIV needing ART for PMTCT	300	2009	Towards Universal Access. Scaling up priority HIV/AIDS Intervention in the health sector. Progress Report, 2010. This mid-point estimate is calculated based on the range provided in the report.			
Number of people living with HIV/AIDS	6,900	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Orphans 0-17 due to						

HIV/AIDS						
The estimated number of adults and children with advanced HIV infection (in need of ART)	2,600	2009	Towards Universal Access. Scaling up priority HIV/AIDS Intervention in the health sector. Progress Report, 2010.			
Women 15+ living with HIV	2,100	2009	UNAIDS Report on the global AIDS Epidemic 2010			

Population and HIV StatisticsPanama

Population and HIV Statistics				Additional Sources		
	Value	Year	Source	Value	Year	Source
Adults 15+ living with HIV	20,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Adults 15-49 HIV Prevalence Rate	01	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Children 0-14 living with HIV						
Deaths due to HIV/AIDS	1,500	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Estimated new HIV infections among						

adults						
Estimated new HIV infections among adults and children						
Estimated number of pregnant women in the last 12 months	70,000	2007	UNICEF State of the World's Children 2009. Used "Annual number of births (thousands) as a proxy for number of pregnant women.			
Estimated number of pregnant women living with HIV needing ART for PMTCT	600	2009	Towards Universal Access. Scaling up priority HIV/AIDS Intervention in the health sector. Progress Report, 2010. This mid-point estimate is calculated based on the range provided in the report.			
Number of people living with HIV/AIDS	20,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Orphans 0-17 due to HIV/AIDS						
The estimated number of adults and children with advanced HIV	12,000	2009	Towards Universal Access. Scaling up priority			

infection (in need of ART)			HIV/AIDS Intervention in the health sector. Progress Report, 2010.			
Women 15+ living with HIV	6,300	2009	UNAIDS Report on the global AIDS Epidemic 2010			

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
Belize-Evaluation of an Netbook based interface to augment post-test counseling and prevention	Evaluation	Uniformed Service Members	Development
Central Laboratory TB situational Analysis in Guatemala, Honduras and Nicaragua	Laboratory Support	Female Commercial Sex Workers, Men who have Sex with Men	Implementation
Cost Effectiveness Evaluation for Prevention Activities (VICITS)	Evaluation	Female Commercial Sex Workers, Men who have Sex with Men	Planning
Costa Rica Attitudes Towards MARPS	Qualitative	General Population	Publishing

Survey	Research		
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 Surveys in Military Populations	Uniformed Service Members	Planning
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 HIV Surveillance System	Evaluation	Female Commercial Sex Workers, Male Commercial Sex Workers, Men who have Sex with Men	Planning
Honduras Military BSS+	Surveillance and Surveys in Military Populations	Uniformed Service Members	Development
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
Impact Study on BCC methodologies: Viviendo la Vida (Panama, Guatemala, Nicaragua)	Evaluation	Men who have Sex with Men	Development
MAP Condom Survey FSW Belize	Behavioral Surveillance among	Female Commercial Sex Workers	Planning

	MARPS		
MAP Condom Survey FSW El Salvador	Behavioral Surveillance among MARPS	Female Commercial Sex Workers	Planning
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
Masculinities Study - Second Round (Belize, Costa Rica, El Salvador, Guatemala, Nicaragua, Panama)	Qualitative Research	Other	Development
Nicaragua Military BSS+	Surveillance and Surveys in Military Populations	Uniformed Service Members	Development
Nicaragua Sentinel Surveillance	Sentinel	Female Commercial	Implementation

	Surveillance (e.g. ANC Surveys)	Sex Workers, Men who have Sex with Men	
Panama HIV Surveillance System	Evaluation	Female Commercial Sex Workers, Male Commercial Sex Workers, Men who have Sex with Men	Planning
Panama Sentinel Surveillance for Sex Workers	Sentinel Surveillance (e.g. ANC Surveys)	Female Commercial Sex Workers	Planning
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			911,300		**911,300**
HHS/CDC		1,025,000	2,417,234		**3,442,234**
PC			142,000		**142,000**
USAID			2,700,466	5,391,000	**8,091,466**
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	76,250			470,725		**546,975**
HKID		0				**0**
HLAB	78,750	480,000				**558,750**
HVCT	120,750			723,215		**843,965**
HVMS	153,800	1,025,000		500,000		**1,678,800**
HVOP	143,750	315,000	142,000	1,362,218		**1,962,968**
HVSI	141,750	1,051,250		693,410		**1,886,410**
HVTB	71,000	387,234				**458,234**
OHSS	125,250	183,750		4,341,898		**4,650,898**
	911,300	**3,442,234**	**142,000**	**8,091,466**	**0**	**12,587,000**

Budgetary Requirements Worksheet

(No data provided.)

National Level Indicators

National Level Indicators and Targets
Belize - Central America
Redacted.

National Level Indicators and Targets
Costa Rica
Redacted.

National Level Indicators and Targets
El Salvador
Redacted.

National Level Indicators and Targets
Guatemala
Redacted.

National Level Indicators and Targets
Honduras
Redacted.

National Level Indicators and Targets
Nicaragua
Redacted.

National Level Indicators and Targets
Panama
Redacted.

Policy Tracking Table

Belize - Central America

(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	546,975	
Total Technical Area Planned Funding:	**546,975**	**0**

Summary:
(No data provided.)

Technical Area: Counseling and Testing

Budget Code	Budget Code Planned Amount	On Hold Amount
HVCT	843,965	
Total Technical Area Planned Funding:	**843,965**	**0**

Summary:
(No data provided.)

Technical Area: Health Systems Strengthening

Budget Code	Budget Code Planned Amount	On Hold Amount
OHSS	4,650,898	
Total Technical Area Planned Funding:	**4,650,898**	**0**

Summary:
(No data provided.)

Technical Area: Laboratory Infrastructure

Budget Code	Budget Code Planned Amount	On Hold Amount
HLAB	558,750	
Total Technical Area Planned Funding:	**558,750**	**0**

Summary:
(No data provided.)

Technical Area: Management and Operations

Budget Code	Budget Code Planned Amount	On Hold Amount
HVMS	1,678,800	
Total Technical Area Planned Funding:	**1,678,800**	**0**

Summary:
(No data provided.)

Technical Area: OVC

Budget Code	Budget Code Planned Amount	On Hold Amount
HKID	0	
Total Technical Area Planned Funding:	**0**	**0**

Summary:
(No data provided.)

Technical Area: Sexual Prevention

Budget Code	Budget Code Planned Amount	On Hold Amount
HVOP	1,962,968	
Total Technical Area Planned Funding:	**1,962,968**	**0**

Summary:
(No data provided.)

Technical Area: Strategic Information

Budget Code	Budget Code Planned Amount	On Hold Amount
HVSI	1,886,410	
Total Technical Area Planned Funding:	**1,886,410**	**0**

Summary:
(No data provided.)

Technical Area: TB/HIV

Budget Code	Budget Code Planned Amount	On Hold Amount
HVTB	458,234	
Total Technical Area Planned Funding:	**458,234**	**0**

Summary:
(No data provided.)

Technical Area Summary Indicators and Targets
Belize - Central America

Redacted.

Technical Area Summary Indicators and Targets
Costa Rica

Redacted.

Technical Area Summary Indicators and Targets
El Salvador

Redacted.

Technical Area Summary Indicators and Targets
Guatemala

Redacted.

Technical Area Summary Indicators and Targets
Honduras

Redacted.

Technical Area Summary Indicators and Targets
Nicaragua

Redacted.

Technical Area Summary Indicators and Targets
Panama

Redacted.

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
12015	U.S. Peace Corps	Implementing Agency	U.S. Peace Corps	GHCS (State)	142,000
12017	PASCA	Implementing Agency	U.S. Agency for International Development	GHCS (State), GHCS (USAID)	3,306,863
12019	Tephinet	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	355,000
12020	UVG - UNIVERSIDAD DE VALLE DE GUATEMALA	Parastatal	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	485,000
12578	Partnership for Supply Chain Management	Private Contractor	U.S. Agency for International Development	GHCS (State), GHCS (USAID)	544,210
12607	US Embassy Guatemala	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	275,000
12651	UNAIDS	Multi-lateral	U.S. Department	GHCS (State)	275,000

		Agency	of Health and Human Services/Centers for Disease Control and Prevention		
13012	TBD	TBD	U.S. Department of Defense	Redacted	Redacted
13067	University Research Corporation, LLC	Private Contractor	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	727,234
13082	Population Services International	NGO	U.S. Agency for International Development	GHCS (State), GHCS (USAID)	1,637,077
13195	TBD	TBD	U.S. Department of Defense	Redacted	Redacted
13203	NICASALUD	Implementing Agency	U.S. Department of Defense	GHCS (State)	230,000
13381	COMISCA	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	300,000
13445	IntraHealth International, Inc	NGO	U.S. Agency for International Development	GHCS (State), GHCS (USAID)	649,280
13472	IntraHealth International, Inc	NGO	U.S. Agency for International Development	GHCS (State), GHCS (USAID)	1,454,036
13494	TBD	TBD	U.S. Department	Redacted	Redacted

			of Defense		

Implementing Mechanism(s)

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: 142,000	
Funding Source	**Funding Amount**
GHCS (State)	142,000

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 Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua, and Panama. (FY11 activities in Honduras will be funded and for El Salvador and Nicaragua partially 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	30,000
Gender: Reducing Violence and Coercion	30,000

Key Issues

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

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	142,000	
Narrative:			
The break down of the Peace Corps budget by country is as follows: PC Costa Rica - $20,000 (GHCS-State) PC El Salvador - $42,000 (GHCS-State)			

PC Guatemala - $40,000 (GHCS-State)
PC Nicaragua - $20,000 (GHCS-State)
PC Panama - $20,000 (GHCS-State)

Peace Corps in 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 Honduras will be funded through the F/Op in those countries.)

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: None.

Total Funding: 3,306,863	
Funding Source	**Funding Amount**
GHCS (State)	621,803
GHCS (USAID)	2,685,060

Sub Partner Name(s)

Alianza Estrategia de Panama	Consejo Nacional de Mujeres Salvadoreñas	TBD
The Futures Group International		

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	200,000
Human Resources for Health	400,000

Key Issues

Impact/End-of-Program Evaluation

Increasing gender equity in HIV/AIDS activities and services

Workplace Programs

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	158,520	
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	225,720	
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	2,636,405	

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	286,218	

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: 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: 355,000	
Funding Source	**Funding Amount**
GHCS (State)	355,000

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. 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	40,000
Human Resources for Health	100,000

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**
Other	HVSI	200,000	
Narrative:			
BSS+ and Special Studies Tephinet will continue to support the implementation of a BSS+ study in Honduras. 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
Other	OHSS	15,000	

Narrative:

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	140,000	

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.

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 - UNIVERSIDAD DE VALLE DE GUATEMALA	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Benefitting Countries: Belize - Central America, Costa Rica, Guatemala, Nicaragua

Total Funding: 485,000	
Funding Source	**Funding Amount**
GHCS (State)	485,000

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	100,000
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:	**12020**
Mechanism Name:	**UVG**
Prime Partner Name:	**UVG - UNIVERSIDAD DE VALLE DE GUATEMALA**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	250,000	

Narrative:

BSS+ in Guatemala The UVG will provide technical assistance for the preparation for and implementation of the BSS+ study in Guatemala and Panama. 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	15,000	

Narrative:

Training & Communications- CDC, through UVG, will strengthen human resources for health in the areas of HIV, STI, TB, surveillance and reproductive health through the Field Epidemiology Training Program (FETP).

If there is regional stakeholder interest and commitment in a Regional Training Center, UVG will contribute 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.

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	175,000	

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, 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.

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). 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 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.

EVALUATION OF AN MSM COMBINATION PREVENTION INTERVENTION

CDC and UVG 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. Year one activities will mainly include development of the protocol and obtaining IRB approval 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.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	45,000	

Narrative:

None

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12578	**Mechanism Name: Supply Chain Management System**

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

Benefitting Countries: None.

Total Funding: 544,210	
Funding Source	**Funding Amount**
GHCS (State)	503,730
GHCS (USAID)	40,480

Sub Partner Name(s)

John Snow, Inc.	Management Sciences for Health	

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. SCMS will carry out activities in Guatemala, and Nicaragua and may also in the future conduct some activities in Costa Rica, Panama and Belize.

SCMS 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 SCMS 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 (~$160,000) will be utilized to cover activities in Guatemala and bridge the gap in funding for FY10.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	100,000

Key Issues

Impact/End-of-Program Evaluation
TB

Budget Code Information

Mechanism ID:	**12578**		
Mechanism Name:	**Supply Chain Management System**		
Prime Partner Name:	**Partnership for Supply Chain Management**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	HVSI	144,210	
Narrative:			
SCMS 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 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 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	400,000	

Narrative:

SCMS 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: 12607	Mechanism Name: US Embassy Guatemala

Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Inter-Agency Agreement
Prime Partner Name: US Embassy Guatemala	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Benefitting Countries: Belize - Central America, Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua, Panama

Total Funding: 275,000	
Funding Source	**Funding Amount**
GHCS (State)	275,000

Sub Partner Name(s)

TBD		

Overview Narrative

CDC/GAP-CAP will use the US Embassy mechansim to 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 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 the Embassy, 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	46,750

Key Issues

Increasing gender equity in HIV/AIDS activities and services

Budget Code Information

Mechanism ID:	**12607**		
Mechanism Name:	**US Embassy Guatemala**		
Prime Partner Name:	**US Embassy Guatemala**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	OHSS	55,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HLAB	110,000	
Narrative:			
Pending COMISCA, World Bank and other stakeholder decisions and support for a regional laboratory in HIV and STI/TB, CDC will work through the Embassy will 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. Through the Embassy, CDC 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	110,000	
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 selected government facilities and will be based on Ministry of Health personnel. Through the Embassy, 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: 12651	**Mechanism Name: UNAIDS**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: UNAIDS	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Benefitting Countries: None.

Total Funding: 275,000	
Funding Source	**Funding Amount**
GHCS (State)	275,000

Sub Partner Name(s)

CONASIDA Honduras	Gorgas Commemorative Institute of Health Studies, Ministry of Health	Ministerio de Salud Costa Rica

PAHO	Secretaria General de Planificacion	United Nations Children's Fund
Universidad Rafael Landivar Guatemala		

Overview Narrative

CDC Gap in conjunction with UNAIDS will continue strengtheningthe 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 UNAIDS will continue supporting the Costa Rica, Honduras, Guatemala and Panama Ministries of Health with direct expert technical assistance to assist in the development and execution of HIV/STI/TB activities, strengthening technical capacities of institutional human resources, update country profiles and some special studies in each country.

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	72,000
Human Resources for Health	100,000

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:	**12651**		
Mechanism Name:	**UNAIDS**		
Prime Partner Name:	**UNAIDS**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	HVSI	206,250	
Narrative:			

Epidemiologic HIV/AIDS Country Profiles Epidemiologic HIV/AIDS Country Profile will be disseminated in Honduras. 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 finalized and disseminated in Honduras and Guatemala to support findings from the EPI Profiles.

UNAIDS will also continue working on strengthening a unique and evidence based M&E system in conjunction with CONASIDA M&E Unit (the National AIDS authority in Honduras)

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	68,750	

Narrative:

Training & Communications CDC through UNAIDS will continue strengthening human resources for health in the areas of HIV, STI, TB, surveillance and reproductive health. In Costa Rica, UNAIDS through PAHO and Ministry of Health will disseminate HIV Modules of Patients Monitoring and Early Warning to non-adherence in the HIV National Surveillance System and will also finalize strengthening technical capacities of institutional human resources in Costa Rica.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13012	**Mechanism Name: TBD - Belize**
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: Belize - Central America

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

Key Issues

Addressing male norms and behaviors
Military Population
Workplace Programs

Budget Code Information

Mechanism ID:	**13012**		
Mechanism Name:	**TBD - Belize**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	Redacted	Redacted
Narrative:			
None			
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
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.)

Implementing Mechanism Details

Mechanism ID: 13067	Mechanism Name: University Research Co. LLC
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: University Research Corporation, LLC	

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

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

Total Funding: 727,234	
Funding Source	**Funding Amount**
GHCS (State)	727,234

Sub Partner Name(s)

(No data provided.)

Overview Narrative

CDC Gap with the support of the TBD partner will continue strengthening 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 continue supporting 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 strengthening of a Regional HIV/STI/TB Lab if there is regional stakeholder commitment.

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	100,000
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
TB

Budget Code Information

Mechanism ID:	**13067**		
Mechanism Name:	**University Research Co. LLC**		
Prime Partner Name:	**University Research Corporation, LLC**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	HVSI	200,000	

Narrative:

SI Capacity Building The TBD partner will strengthen the capacity in the Central American region through provision of technical assistance, capacity building and coordination. The TBD partner 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.

HIV/AIDS Regional Database Through a TBD partner CDC will continue supporting the 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.

TBD partner will also continue developing and implementing special studies and evaluations as needed.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	250,000	

Narrative:

Pending COMISCA, World Bank and other stakeholder decisions and support for a regional laboratory in STI/TB, CDC will assist in the strengthening of a regional laboratory for STI/TB. The regional STI/TB Lab will be providing 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.

TBD partner will 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.

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: continue conducting 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. Per the above, all activities related to a regional STI/TB laboratory will only take place when there is multi-stakeholder support and commitments.

CDC will support the establishment/strengthening of a network for regional and national STI reference laboratories, which are technologically equipped to provide STI laboratory training, technical assistance and reference functions required to enhance STI surveillance, program improvement, and monitoring and evaluation.

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	277,234	

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 continue supporting the implementation of the PROVIT strategy in Guatemala, Honduras and Nicaragua, as needed. TBD partner will also be working on the ETR.net database system.

With a TBD partner, training courses will be 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: 13082	**Mechanism Name: Combination Prevention**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Population Services International	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Benefitting Countries: None.

Total Funding: 1,637,077	
Funding Source	**Funding Amount**

GHCS (State)	1,104,340
GHCS (USAID)	532,737

Sub Partner Name(s)

Cicatelli Associates Inc.	IPPF	Milk & Cookies

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)

Gender: Reducing Violence and Coercion	150,000
Human Resources for Health	20,000

Key Issues

Addressing male norms and behaviors

Increasing gender equity in HIV/AIDS activities and services
Mobile Population

Budget Code Information

Mechanism ID:	**13082**		
Mechanism Name:	**Combination Prevention**		
Prime Partner Name:	**Population Services International**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVCT	315,480	

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	204,200	

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	41,397	

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	1,076,000	

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.

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.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13195	**Mechanism Name: TBD - El Salvador**
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: None.

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:	**13195**		
Mechanism Name:	**TBD - El Salvador**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	Redacted	Redacted
Narrative:			
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.)

Implementing Mechanism Details

Mechanism ID: 13203	**Mechanism Name: Nicaragua- NicaSalud**
Funding Agency: U.S. Department of Defense	Procurement Type: USG Core
Prime Partner Name: NICASALUD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Benefitting Countries: Nicaragua

Total Funding: 230,000	
Funding Source	**Funding Amount**
GHCS (State)	230,000

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	4,500
Human Resources for Health	8,625

Key Issues

Addressing male norms and behaviors
Military Population
Workplace Programs

Budget Code Information

Mechanism ID:	**13203**		
Mechanism Name:	**Nicaragua- NicaSalud**		
Prime Partner Name:	**NICASALUD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	18,750	
Narrative:			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**

Care	HVCT	47,000	

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	51,750	

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	31,750	

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	45,000	

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	18,750	

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	17,000	

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.)

Implementing Mechanism Details

Mechanism ID: 13381	**Mechanism Name: COMISCA SE-COMISCA**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: COMISCA	
Agreement Start Date: Redacted	Agreement End Date: Redacted

TBD: No	Global Fund / Multilateral Engagement: No

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

Total Funding: 300,000	
Funding Source	**Funding Amount**
GHCS (State)	300,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The purpose of this Cooperative Agreement is to develop a regional public health surveillance and laboratory network in Central America. This project will enhance and strengthen already ongoing regional cooperation related to the creation of a shared surveillance information platform and support regional implementation of the International Health Regulations (IHR). It will also strengthen regional HIV/AIDS prevention and control activities through improved surveillance; contribute to improved regional laboratory capacity and efficiencies by creating networks of reference laboratories; develop and implement regional guidelines for biosafety and other guidelines as appropriate. It will strengthen the network of epidemiologists and provide regional epidemiological training and strengthen regional communication and capacity to respond in a coordinated manner to epidemiological and public health threats. Priority areas for this cooperative agreement include: 1) implementation of proven disease prevention and control interventions; 2) application of proven public health tools; 3) identification of potential global initiatives for disease control; and 4) public health training and capacity building. This agreement includes other CDC funds with PEPFAR funding targeted towards the HIV/AIDS-related activities.

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	50,000
Human Resources for Health	75,000

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:	13381		
Mechanism Name:	COMISCA SE-COMISCA		
Prime Partner Name:	COMISCA		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	0	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	HVSI	195,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	OHSS	30,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HLAB	75,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13445	**Mechanism Name: Capacity+**

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: None.

Total Funding: 649,280	
Funding Source	**Funding Amount**
GHCS (State)	77,867
GHCS (USAID)	571,413

Sub Partner Name(s)

(No data provided.)

Overview Narrative

A new USAID award in ROP 11 will be to the Capacity Plus Leader with Associates Award. This mechanism will be used to strengthen the Quality of Care and Improve the Quality of Life for People living with HIV (PLWHA) and Most at Risk Populations, by implementing the Continuum of Care model in the region. This will build on and complement related efforts in the Capacity project, expanding to new regions in four countries. The activity will strengthen the quality of services offered at the HIV Health Centers and fortify the relationship between these centers and the communities they serve by improving follow-up of patients and assuring treatment adherence, thereby improving the quality of life for PLWHA. To date, the results show increased acceptance of PLWHA by clinic providers and their communities and increased demand for HIV/AIDS services. Strengthen the link between clinical services for PLWHA and MARPs and the people and communities they serve, and increase capacity within the public sector and community network. Activities will focus on expanding efforts begun under the Capacity Project in four countries in Central America (El Salvador, Costa Rica, Belize and Panama). The continuum of Care model will be implemented in at least three regions/departments in four countries (El Salvador, Costa Rica, Belize and Panama), and there will be improved use of strategic information at the local level. The country with the most focus for these activities will be Guatemala but funded with USAID Guatemala bilateral funds through the FY11 F/OP.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	75,000

Key Issues

Increasing gender equity in HIV/AIDS activities and services

Budget Code Information

Mechanism ID:	**13445**		
Mechanism Name:	**Capacity+**		
Prime Partner Name:	**IntraHealth International, Inc**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	180,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	HVSI	49,280	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	OHSS	420,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13472	**Mechanism Name: Capacity Project**

	CA No. 596-A-00-09-0106-00
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: None.

Total Funding: 1,454,036	
Funding Source	**Funding Amount**
GHCS (State)	392,726
GHCS (USAID)	1,061,310

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)

Human Resources for Health	350,000

Key Issues

Impact/End-of-Program Evaluation
Increasing gender equity in HIV/AIDS activities and services

Budget Code Information

Mechanism ID:	**13472**		
Mechanism Name:	**Capacity Project**		
Prime Partner Name:	**CA No. 596-A-00-09-0106-00**		
	IntraHealth International, Inc		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	290,725	

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	249,215	

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	70,000	

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	844,096	

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.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13494	**Mechanism Name: TBD - Guatemala**
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: Guatemala

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:	**13494**		
Mechanism Name:	**TBD - Guatemala**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	Redacted	Redacted
Narrative:			
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					36,494	36,494
ICASS					7,558	7,558
Management Meetings/Professional Developement					15,000	15,000
Non-ICASS Administrative Costs					128,542	128,542
Staff Program Travel					30,000	30,000
USG Staff Salaries and Benefits					282,406	282,406
Total	**0**	**0**	**0**	**0**	**500,000**	**500,000**

U.S. Agency for International Development Other Costs Details

Category	Item	Funding Source	Description	Amount
Computers/IT Services		GHCS (USAID)		36,494
ICASS		GHCS (USAID)		7,558
Management Meetings/Professional Developement		GHCS (USAID)		15,000
Non-ICASS Administrative Costs		GHCS (USAID)		128,542

U.S. Department of Defense

Agency Cost of Doing Business	Central GHCS (State)	DHAPP	GAP	GHCS (State)	GHCS (USAID)	Cost of Doing Business Category Total
Computers/IT Services				3,800		3,800
ICASS				22,800		22,800
Management Meetings/Professional Developement				19,000		19,000
Non-ICASS Administrative Costs				3,800		3,800
Staff Program Travel				34,400		34,400
USG Staff Salaries and Benefits				70,000		70,000
Total	**0**	**0**	**0**	**153,800**	**0**	**153,800**

U.S. Department of Defense Other Costs Details

Category	Item	Funding Source	Description	Amount
Computers/IT Services		GHCS (State)		3,800
ICASS		GHCS (State)		22,800
Management Meetings/Professional Developement		GHCS (State)		19,000
Non-ICASS Administrative Costs		GHCS (State)		3,800

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

Agency Cost of Doing Business	Central GHCS (State)	DHAPP	GAP	GHCS (State)	GHCS (USAID)	Cost of Doing Business Category Total
Capital Security Cost Sharing			25,000			25,000
ICASS			75,495			75,495
Management Meetings/Professional Developement			9,920			9,920
Non-ICASS Administrative Costs			110,000			110,000
Staff Program Travel			49,464			49,464
USG Renovation			755,121			755,121
Total	**0**	**0**	**1,025,000**	**0**	**0**	**1,025,000**

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

Prevention Other Costs Details

Category	Item	Funding Source	Description	Amount
Capital Security Cost Sharing		GAP		25,000
ICASS		GAP		75,495
Management Meetings/Professional Developement		GAP		9,920
Non-ICASS Administrative Costs		GAP		110,000
USG Renovation		GAP		755,121