Caribbean Region

Operational Plan Report

FY 2011

Operating Unit Overview

OU Executive Summary

Background

The Caribbean continues to be more heavily affected by HIV than any region outside sub-Saharan Africa, with the second highest regional level of adult HIV prevalence (1.0 percent). [1] The AIDS epidemic is the leading cause of death among Caribbean adults 25 to 44 years of age and has orphaned approximately 250,000 Caribbean children.[2] In 2007, some 14,000 Caribbean nationals died of AIDS, and an estimated 20,000 people were newly infected with HIV. An estimated 234,000 people were living with HIV, with three-quarters of those infected living in the Dominican Republic and Haiti.[3] The HIV epidemic is shifting to younger populations, increasingly affecting the most productive segments of society.[4] There are different gender patterns across the region. For example, in 2007, HIV prevalence in young males 15 - 24 years of age in the Bahamas, Barbados, and Jamaica was twice as high as prevalence in the corresponding female cohort. The opposite was true in Trinidad and Tobago, where HIV prevalence in young females 15 - 24 years of age was at least twice as high as prevalence in the corresponding male cohort.[5] Additionally, without seriously addressing stigma and discrimination and supporting legislative efforts to protect the rights of people living with HIV/AIDS, successes in halting the epidemic could be hindered.

In many Caribbean countries the primary health services do not encompass routine HIV services. HIV prevention, testing, treatment and care are integrated only partly, or not at all, with basic primary care, and in some countries entirely parallel systems have evolved. Specialized resources are called into play unnecessarily, and stigma and discrimination are reinforced while effective treatment can be delayed or not obtained. Furthermore, the primary health systems have not developed services tailored to the needs of most-at-risk populations (MARP) and persons living with HIV/AIDS (PLWHA). The lack of health service focus on vulnerable groups is further exacerbated by the resistance of health workers. Stigma and discrimination in the health sector are supported by health service leadership, often with political backing; while public non-conformity is not openly condoned and little is done to intervene.

A number of weaknesses or gaps in the national health systems affect the outcomes of each country's response to HIV. They include inadequate training and knowledge gaps in the preparation of human resources, gaps in coverage by the network of medical and public health laboratories, and gaps in the information system, affecting monitoring and evaluation, program evaluation, and operational research capabilities. Management systems and skills are in critically short supply, restricting capacity to scale up the response in many countries. The difficulty in producing a skilled workforce is compounded by a severe brain drain from the region. Market forces continue to exert excessive pressure in favor of the exodus of health professionals to other countries and urban areas, as well as a shift to other professions. Community organizations, especially those serving MARP and PLWHA groups, have not been fully integrated into national and regional response efforts and are not well prepared to meet the challenges facing them. Many require organizational strengthening, technical capacity building, and regional networks to support training, advocacy, and improvement of service provision. There is limited multi-

[1] http://www.unaids.org/en/CountryResponses/Regions/Caribbean.asp, accessed 21 Dec. 2009
[2] USAID Caribbean HIV/AIDS Health Profile, February 2008, p.4
[3] UNAIDS Fact Sheet: Key facts by region—2007 AIDS Epidemic Update, p.2 (Caribbean)
[4] PANCAP, Caribbean Strategic Framework on HIV and AIDS (2008-2012), pgs. 9-15
[5] UNAIDS/WHO, 2008 Report on the Global AIDS Epidemic, July 2008, p. 234

sectoral mobilization (e.g., education, private sector, religious institutions and national security) to promote HIV prevention, counter stigma and discrimination, and promote treatment and care.

The primary mode of HIV transmission in the Caribbean among cases where mode of transmission is known is through unprotected sexual intercourse. Persons selling and buying sex and persons engaging in other forms of transactional sex – including tourists – are key drivers of the Caribbean HIV epidemic.[6] However, sex between men, although generally underreported and under-recognized, is also a significant factor in several national epidemics.[7] Crack cocaine use is emerging as a driver of HIV infection, with women crack users at particular risk through unprotected sex.[8] In contrast, injection drug use is rare in the Caribbean and is responsible for only a small minority of the region's HIV infections.[9] HIV prevalence among prisoners in six OECS countries ranged from two to four percent in 2004 and 2005.[10] Mobile and migrant populations, sexually transmitted infections (STI) clinic attendees, and victims of gender based violence represent vulnerable groups with higher HIV prevalence relative to the general population.

During the period 1982-2008, the accumulated total of 69,815 HIV/AIDS cases was reported in the 12 Partnership Framework (PF) countries.[11] The distribution shows that the majority (80%) of the AIDS cases are found in Jamaica, Trinidad and Tobago, and the Bahamas. PF activities provide technical assistance to national programs based on population, epidemiology, funding gaps, other donor programs, national priorities, program maturity and readiness to engage in country ownership of the program, and the scope and quality of National Strategic Plans of each country partner. Given the economic and environmental vulnerabilities of the small island nations of the eastern Caribbean, the high degree of inter-island mobility, and social factors, Caribbean Regional program activities are specifically tailored to meet unique and small country needs, while at the same time addressing HIV/AIDS as a regional problem, and support established country programs.

The PF and the activities proposed in the 2011 Regional Operational Plan (ROP) share the fundamental priorities of the PANCAP Caribbean Regional Strategic Framework (CRSF) which describes a shared vision by the region with specific emphasis on bolstering HIV prevention services and resources; improving national and regional capacity for surveillance, monitoring, and evaluation; strengthening national and regional laboratory diagnostic and monitoring capacity; developing human resources for improved healthcare service delivery; and supporting national governments' capacity to implement effective, sustainable national HIV/AIDS programs. The Caribbean Regional Program's activities focus primarily on country ownership and sustainability and technical assistance and capacity building, rather than service delivery. The PEPFAR Caribbean Regional Program will contribute to the CRSF goals by focusing on improving HIV testing and counseling, HIV Care for PLWHA, fostering behavior change in MARPs and other vulnerable groups, and improving health systems across the region. The Partnership Framework Implementation Plan (PFIP) describes the planned interventions that should provide measurable contributions to Caribbean partners' abilities to sustain effective HIV prevention services and improve efficiency and sustainability of the HIV healthcare systems by the end of the five-year period.

Sustainability and Country Ownership

The FY 2011 Caribbean ROP is linked to the PF and PFIP that were developed in close consultation with the countries and regional partners to address HIV/AIDS in the Caribbean region. Between October and

[6] CAREC/PAHO, The Caribbean HIV/AIDS Epidemic and the Situation in Member Countries of the Caribbean Epidemiology Centre (CAREC), February 2007

[7] UNAIDS/WHO, 2008 Report on the Global AIDS Epidemic, July 2008

[8] Day. M. Cocaine and the Risk of HIV Infection in Saint Lucia, October 2007, The Caribbean Drug Abuse Research Institute (CDARI) Press

[9] See footnote 4

[10] CAREC & PAHO (2007), The Caribbean HIV/AIDS Epidemic and the Situation in Member Countries of the Caribbean Epidemiology Centre (CAREC), February 2007.
OECS (2007), Behavioural and Surveillance Survey in Six Countries of the Organisation of Eastern Caribbean States (OECS) 2005-2007.

[11] 2010 UNGASS Country Reports

early December 2009 in-country consultations were conducted by teams of USG personnel with all 12 signatory countries and with the two regional agencies, PANCAP and OECS to determine how best to implement activities to achieve the PF goals and objectives. Following these meetings the technical (by goal area) teams summarized the information, prioritized the country activities, and determined budget estimates for the respective program area. The FY 2010 ROP submission in January, and approval in April 2010, led to the development of work plans for the individual countries and partners, using a comprehensive USG inter-agency approach. These work plans were shared and discussed in meetings with all country and regional partners from June through August 2010. Follow-up conference calls with the country and regional partners in September and October were conducted to provide feedback, answer questions and discuss program start-up. The FY 2011 Caribbean ROP is the result of these country partner work plan consultations and of the meetings of USG agencies with our Caribbean counterparts.

The USG is contributing to an effective sustainable response to the HIV/AIDS epidemic in the Caribbean region. Our approach continues to engage regional partners in program design and implementation as a way to foster increased capacity and strengthening of regional institutions. However, the USG has learned that working with regional organizations alone is not sufficient to close the serious gaps that remain in the Caribbean's response to its epidemic in such important areas as prevention and control of HIV infection, improved epidemiology and surveillance, and decreasing acute stigma and discrimination against persons infected with HIV. An effective response to the HIV epidemic also depends on the commitment, capacity and leadership of national authorities. The USG Caribbean Regional team has a country-centered approach, recognizing that sustainable, comprehensive and country-driven HIV programs are essential to overall regional success in reducing the spread and impact of HIV. Our success includes direct engagement of the government in each Caribbean nation where the USG is working, and working closely with the Ministries of Health and National AIDS Commissions of Barbados, Trinidad and Tobago, Jamaica, the Bahamas, Belize, Suriname, and the Eastern Caribbean Islands of Antigua and Barbuda, Dominica, St. Lucia, St. Vincent and the Grenadines, Grenada, and St. Kitts and Nevis. The Caribbean efforts are also linked with other USG PEPFAR programs in Haiti, Dominican Republic, Guyana and Central America. Given the diversity of the HIV epidemic in the region, national strategies vary from country to country, and require the development of tailored, targeted and integrated approaches to ensure the best use of limited resources for a successful comprehensive response, both nationally and at the regional level.

Integration across the USG

Successful implementation of the FY 2011 ROP is also contingent on close collaboration across all USG agencies working in the region, as well as integration of strategies to avoid duplication and to optimize the use of available resources. Budgeting is and will remain a challenge for the region. Given the number of countries to support, pre-PEPFAR funding structures, balancing country need versus burden of disease, and varying country priorities and base funds by agency makes prioritization and consensus by technical area difficult. As funding levels over the next years either straight-line or decrease, budgeting to achieve the maximum output and reach PF and PFIP goals will continue to be complex. Nevertheless, agencies have, during our most recent ROP meeting, proven their ability to negotiate through this difficult process, demonstrating the priority of close collaboration to achieve a common goal to balance the FY 2011 ROP budget through the inter-agency process.

A USG Caribbean team meeting held in Miami in February 2009 was the launching pad for the Caribbean PEPFAR team and this has been complemented by regular meetings of inter-agency technical working groups for all program areas – Prevention, Strategic Information, Laboratory and Health Systems Strengthening; weekly Caribbean team conference calls; and other appropriate inter-agency site visits and communication to support and strengthen the team approach. This integrated approach has resulted in coordinated planning and implementation of activities. The "One USG Team Approach" has not only been implemented in the interactions among the different USG Agencies in the region, but has been most

prolific in our communication and outreach to partner nations and organizations.

Health Systems Strengthening

While considerable progress has been made to improve access to HIV-related care and treatment services for PLWHA, most Caribbean nations still lack strong health systems. HIV services and support are primarily administered through a combination of public, private and NGO partners. The systems range from predominantly public sector service delivery in countries like Grenada and Dominica to a combination of public and private service provision in countries like Jamaica and Barbados. Currently, there is not sufficient capacity in the health systems throughout the region to meet the estimated need for HIV prevention, care and treatment services and PANCAP anticipates that the demand for ART will more than double between 2005 and 2015 from 58,000 to 120,000.[12]

An HIV/AIDS Service Provision Assessment (SPA) Survey for eight countries in the Caribbean (Antigua and Barbuda, Barbados, Dominica, St. Kitts and Nevis, St. Lucia, St. Vincent and the Grenadines, Suriname, Trinidad and Tobago) in 2006 identified many strengths of the HIV prevention, care and treatment systems. These included positive attitudes of providers towards PLWHA, HIV testing systems within facilities, STI service availability, generally high levels of infection control in facilities, opportunistic infection treatment, and PMTCT services. The study also revealed, however, a number of gaps that need to be addressed to strengthen the HIV/AIDS services and health systems throughout the region to adequately respond to the illness, including lack of regional clinical guidelines, poor training of non-clinical health cadres, need to upgrade laboratory standards, inclusion of private facilities in standards, improvement in HIV counseling.

Because HIV/AIDS services are administered through a combination of public, private and NGO partners, having a coordinated plan for integrating partners into the national response is essential for effective and efficient programming. Understanding weaknesses and opportunities within the different sectors working in health should facilitate coordination between National AIDS Programs and civil society partners. The private sector and civil society should be integrated into the national response to HIV/AIDS and included in advocacy for human rights and policy issues that influence HIV/AIDS. National governments have not systematically developed relationships with the private sector and civil society organizations across all 12 countries in the HIV/AIDS response.

Overall, the proposed ROP intends to leverage the expertise and resources of country and regional partners to improve or supplement existing HIV/AIDS initiatives and assist governments in the integration of services, the financing of their HIV/AIDS programs, and, through technical assistance, mobilizing of resources to make programs sustainable.

Health Finance

A fundamental objective of the PF is to move the region toward sustainability of its HIV/AIDS programs. Throughout the region, national governments provide prevention, care, treatment, and support services with financial and technical assistance primarily from donors such as the GFATM and the USG as other external donor resources have significantly declined. There is a clear need for financial coordination across the region given the dependency on external donor resources and the number of countries served by regional organizations. There is also a need for more emphasis on regional cost-sharing and cost-savings. To obtain the baseline information needed to effectively plan activities in this area at the country level, we propose a comprehensive assessment of the Caribbean Region's Health Financing situation. Working with countries' Ministries of Finance on national health accounts will help to provide vital information on support to HIV/AIDS and other health programs. The purpose of this assessment is to better understand program costs, available resources, projected gaps and trends at the country level.

[12] Based on WHO PLWHA projections. Caribbean Regional Strategic Framework, 2008-2012, p. 13

Integration of HIV services
One of the guiding principles of the PFIP is "Integration of HIV and AIDS services into other health programs such as primary healthcare, maternal and child health, reproductive health, and care for chronic non-communicable diseases". The USG plans to use examples and lessons learned in the area of strengthening service delivery and addressing policy reform from PEPFAR-funded programs in Haiti, Guyana and the DR. These include integrating HIV/AIDS testing and counseling, care and treatment into primary care services while strategically addressing policy barriers; and eliminating policies that limit MARPs' access to and use of HIV prevention-related services. ROP activities will promote integration of HIV/AIDS services into existing health care services as a way to increase access to basic HIV/AIDS services while decreasing the stigma and discrimination associated with accessing vertical HIV/AIDS programs.

Public-Private Partnerships
As the Caribbean region has a thriving private sector, under the PF the USG plans to provide long-term technical assistance to facilitate and strengthen a role for the private sector across the region by fostering greater public-private partnerships (PPP) within the national and regional HIV/AIDS responses. With ROP FY 2010 funds, USG has made positive strides towards encouraging and supporting private sector participation. ROP FY 2011 resources will build on this momentum and provide targeted technical assistance to regional and country entities for an increased role of the private sector within the national and regional HIV/AIDS responses. The ultimate goal is to strengthen the multi-sector response and improve HIV and other health outcomes via public and private sector partnerships.

Information Systems
The area of health information systems is a critical health systems component. The Caribbean Region has been lagging behind in this area for many years. Complete reliable health data for designing targeted interventions is necessary and most important when addressing population sub-groups such as MARPs in HIV/AIDS prevention interventions. Activities under the Strategic Information PF goal area include providing technical assistance in surveys and surveillance, monitoring and evaluation, training and capacity building; and in the laboratory system assistance is being provided to upgrade paper and electronic laboratory information systems. Ultimately the health information systems will be improved by increasing the availability of quality data for making informed decisions in HIV/AIDS programs, and enhancing and integrating HMIS. The USG will also provide assistance to ministries of health to increase their capacity to collect, analyze and use quality health data.

Human Resources for Health
The PF goal is to improve the capacity of Caribbean national governments and regional organizations to increase the availability and retention of trained health care providers and managers—including public sector, civil society personnel, as well as PLWHA and other HIV vulnerable populations – capable of delivering comprehensive, quality HIV-related services according to national, regional, and international standards. The USG is working to improve the capacity of Caribbean national governments and regional organizations by developing national human resources for health (HRH) strategies, establishing monitoring and evaluation systems to measure inputs and outcomes of HRH, developing competency standards and curricula, supporting the implementation of HRH strategies and improving staff preparation and quality.

Coordination with Other Donors and the Private Sector

The activities of the inter-agency Caribbean Regional program are coordinated frequently with other donors including the UN Agencies, the Pan American Health Organization, the Clinton HIV/AIDS Foundation, the Global Fund, DFID, GTZ and others. The USG inter-agency team has quarterly calls with the regional donor harmonization group and meets with them several times during the year. Global Fund grants are managed by participating Caribbean Regional PEPFAR countries (Belize, Jamaica and

Suriname) and by our regional partners in the OECS and CARICOM/PANCAP. PEPFAR coordinates work plan development and plans national and regional activities closely with these partners. Currently, private sector involvement includes close collaboration in the area of laboratory strengthening with on-going contact with Becton Dickinson and other laboratory equipment providers. The Scotia Bank has also been particularly active across the region in national testing day events and we continue to interact with them. The USG agencies have established relationships, through their programs, with other private sector partners including hotels and tourism industry, and anticipate that involvement of this sector in HIV programs will expand and grow in the coming years. All ROP planning is closely coordinated with the PANCAP activities funded by the GFATM and supports collaboration in the areas of policy reform, monitoring and evaluation, human resources for health and health finance reform, among other areas.

Programmatic Focus

In order to align the ROP activities with the PFIP, the USG Caribbean Team created technical working groups in the PFIP goal areas of Prevention, Strategic Information, Laboratory Strengthening, and Health Systems Strengthening. The strategies by program area follow.

1. Prevention: The USG Prevention Strategy for the next five years in the Caribbean region will contribute to the Caribbean Regional Strategic Framework goal of reducing the number of new HIV infections. In response to the ROP 2010 review, the USG inter-agency team conducted assessments in the Bahamas and Trinidad and Tobago to inform our prevention strategy. In FY 2011, the USG will combine technical assistance, capacity building and financial support to develop the ability of regional and national entities to plan, implement, and evaluate evidence-based, comprehensive HIV prevention programs targeting MARPs. During reprogramming several programs adjusted their focus from general population and youth to more targeted MARPs (from HVAB to HVOP). The USG will build the capacity of local, national, and regional bodies to implement a range of prevention interventions and has prioritized Jamaica, Trinidad and Tobago, and the Bahamas with targeted technical assistance to address important programmatic gaps. Additionally, the USG will continue to support the other nine countries in the region who are a part of the PF and who continue to face on-going challenges of limited technical, financial and human capacity to implement effective, comprehensive prevention strategies to mitigate HIV transmission in their concentrated epidemics.

As outlined by WHO and UNAIDS, USG will provide technical assistance centered on priority prevention interventions that countries must invest in if they are to make significant progress in reducing HIV transmission. Comprehensive HIV prevention programs include interventions based in health facilities and communities, as well as delivered through outreach, including both provider-initiated and client-initiated HIV testing and counseling, transmission prevention by persons living with HIV/AIDS, condom promotion and distribution, peer education counseling, managing STIs, and clinical management of treatment and care for people living with HIV/AIDS. Interventions will include reduction of stigma and discrimination, self-help empowerment efforts, creating enabling environments for access to services for MARPs, and policy reform to overcome barriers to service provision for MARPs. In general, USAID is supporting community based interventions through their implementing partners and CDC is supporting facility based interventions. In Trinidad and Tobago and the Bahamas, CDC is supporting Ministries of Health to train health care workers and scale-up provider initiated testing and counseling (PITC) at all MOH health care facilities. Support will be provided to encourage enabling environments and supportive policies for implementation and scale-up of PITC and Prevention with Positives (PwP). Funds will also support community-based testing and linkage to care programs to ensure most at-risk individuals are linked to appropriate care and/or treatment services.

The Caribbean Regional Program plans to use examples and lessons learned in the area of strengthening service delivery and addressing policy reform from PEPFAR-funded programs in Haiti, Guyana and the DR. Models for the integration of HIV/AIDS testing and counseling, care and treatment

into primary care services and strategically addressing policy barriers, are some areas where these country programs may be able to offer guidance and support to the regional program. Additionally, by working through both top-down and bottom-up approaches to reduce stigma and discrimination and eliminate structural barriers limiting MARPs' access to and use of HIV prevention-related services, Framework partners intend to make prevention services more accessible to those most in need without the fear of violence, loss of confidentiality, or discrimination.

In 2011 USAID/Barbados will continue to support the Eastern Caribbean Community Action Project II (EC-CAPII) program targeting most at-risk populations in seven of the PF countries, including the OECS and Barbados. This program will continue to build capacity at the local level to deliver effective behavior-change interventions through a peer education model (which includes condom promotion, education and distribution); build local capacity to deliver community-based, MARP friendly services; and continue to promote greater access to Prevention with Positive (PwP) services by strengthening linkages between facilities and community-based services. USAID will also continue to support the strengthening of civil society stakeholders to actively participate in the delivery of HIV prevention, care and support services in the countries identified above and also in Trinidad and Tobago. This is seen as an important link to enhancing access, and promoting the sustainability of HIV prevention services. USAID/Jamaica will continue to provide technical assistance for targeted comprehensive MARPs programming, capacity building for civil society, and support to improve M&E and available data in Jamaica and the Bahamas.

The Department of Defense (DOD) in close collaboration with national military authorities will continue the expansion of community and interpersonal communication activities, condom distribution and promotion, expanded testing and counseling access as well as in-service trainings and strategic information activities with uniformed services. Community events and interpersonal communication activities, with a focus on at-risk youth, will continue in some countries with the support of the Peace Corps. National and regional partners will develop the technical skills of their staff in all required aspects of prevention care and treatment for HIV. Finally, The USG will continue to support implementing agencies, such as PANCAP, with technical assistance and the implementation of advocacy activities that promote human rights, the rights of MARPs and policy reform in support of HIV/AIDS.

2. Strategic Information: The Strategic Information goal is to improve the capacity of Caribbean national governments and regional organizations to increase the availability and use of quality, timely HIV/AIDS data to better characterize the epidemic and support evidence based decision-making for improved programs, policies, and health services. There is currently an insufficient information base for planning and decision making. Epidemiology and surveillance activities will be targeted to gather accurate and reliable information on the number of individuals infected with HIV. Incidence of HIV in high risk groups for each country needs to be determined in order to effectively plan for targeted interventions and identify emerging issues in key populations. In-country technical assistance will be provided to the Ministries of Health for the collection of strategic information.

Surveys and surveillance, including behavioral survey, are being targeted to gather accurate and reliable information on the number of individuals infected with HIV. In efforts to build long-term sustainable capacity, we will provide training and support for epidemiology and monitoring and evaluation activities. In partnership with the Pan American Health Organization (PAHO) and the Caribbean Epidemiology Centre (CAREC), we are developing a regional HIV surveillance database which can be centrally accessed by all countries in the region. This will strengthen and improve the quality of data and data collection systems, as well as strengthen the overall capacity for surveillance in the Caribbean. M&E technical assistance to the 12 Partnership Framework countries will also result in the availability of high quality program monitoring reports to inform program improvement and decision-making.

3. Laboratory Strengthening: The goal of activities in this goal area is to increase the capacity of Caribbean national governments and regional organizations to improve the quality and availability of

diagnostic and clinical monitoring services and systems for HIV/AIDS and related sexually transmitted and opportunistic infections (OIs) , including Tuberculosis (TB), under a regional network of tiered laboratory services. Recent laboratory needs assessment indicate that laboratory services, systems and infrastructure needed to support planned Framework activities are still very weak throughout countries within the Caribbean Region with various populations lacking access to timely, low cost, and high quality laboratory services. Several laboratories within the region do not have capacities for confirmatory HIV, TB and other OI diagnostic services. Key HIV/AIDS clinical laboratory monitoring services such as CD4, clinical chemistry and hematology testing are weak and molecular testing for viral load and drug resistance are completely absent in the majority of the islands. There is overall deficiency of testing staff knowledge on laboratory Quality Management Systems (QMS) that incorporates aspects of Good Clinical Laboratory Practices (GCLP), Quality Assurance (QA), safety, and Laboratory Informatics System (LIS); these coupled with the absence of National Laboratory Strategic Plans and Policies have resulted in laboratories within the region not successfully completing their accreditation processes.

The USG is supporting countries within the region by offering in-country and international trainings to cover all laboratory sections including quality assurance, bio-safety, HIV rapid testing, hematology, clinical chemistry, TB, OIs and the molecular platforms. The USG is supporting the purchase of CD-4 machines for the OECS countries and Jamaica. In collaboration with PAHO and the Clinton Foundation, the USG is also supporting the strengthening of national Health Information systems (HIS) as well as customized paper and electronic based Laboratory Informatics systems (LIS). Grouping the laboratories in the form of referral and hub systems with laboratories having HIV molecular testing platforms taking the lead will help to facilitate many aspects of the testing process. REDACTED In all, the current USG supported Framework aims to implement long-term and sustainable laboratory quality management systems and accreditation in all the PEPFAR supported countries to ensure the release of timely, accurate and reliable results to support HIV surveillance, prevention, care and treatment.

4. Women and Girl Centered Approaches: While there has been progress in mainstreaming gender into National Strategic Plans, several gaps exist in fully including gender-related issues into budget and program decision-making processes. Women and girls often have less information about HIV and fewer resources to take preventive measures. They face barriers to the negotiation of safer sex, including economic dependency and unequal power relations. Data from the 2008 Jamaica Reproductive Health Survey revealed that 12% of women reported having been physically forced to have sexual intercourse at some time in their life. Sexual violence, a widespread and brutal violation of women's rights, exacerbates the risk of transmission.

Gender will be integrated into all activities in the 2011 ROP. USAID/Jamaica is supporting a three-year $4.5 million gender initiative with an overall goal to strengthen Jamaican and regional policy reform and advocacy efforts to promote gender equity while reducing sexual and gender-based violence (SGBV) and Stigma and Discrimination (S&D) in relation to HIV prevention. The additional allocation of $100,000 from the Gender Challenge Fund will be matched through the program and help expand the regional focus to improve the capacity of Caribbean national governments and regional organizations to mainstream gender in all appropriate policies and programs. A gender specialist consultant will be contracted to provide needed technical assistance in the development of gender guidelines and tools, and appropriate strategies for addressing SGBV in the Caribbean region. Materials and best practices documented in this program will be disseminated across the region.

5. Other Programs: In FY 2011, the Caribbean team will receive $500,000 of FY 09 funds for Orphans and Vulnerable Children (OVC) programming. The support to OVC activities in the region will begin with a situational analysis and recommendations for updating country stakeholders, and building capacity and skills in selected countries. The focus of support will be on building knowledge and capacity among the partners, making linkages to programs in the PEPFAR bi-lateral country programs (Haiti, Guyana and the Dominican Republic), and sharing OVC tools and resources from other regions.

New Procurements

REDACTED

Program Contact: **William Conn, PEPFAR Coordinator (wconn@usaid.gov)**

Time Frame: **October 2011 to September 2012**

Population and HIV StatisticsAntigua and Barbuda

Population and HIV Statistics				Additional Sources		
	Value	Year	Source	Value	Year	Source
Adults 15+ living with HIV						
Adults 15-49 HIV Prevalence Rate						
Children 0-14 living with HIV						
Deaths due to HIV/AIDS						
Estimated new HIV infections among adults						
Estimated new HIV infections among adults and children						
Estimated number of pregnant women in the last 12 months						
Estimated number of pregnant women living with HIV needing ART for PMTCT						
Number of people living with HIV/AIDS						
Orphans 0-17 due to						

HIV/AIDS						
The estimated number of adults and children with advanced HIV infection (in need of ART)						
Women 15+ living with HIV						

Population and HIV StatisticsBahamas

Population and HIV Statistics				Additional Sources		
	Value	Year	Source	Value	Year	Source
Adults 15+ living with HIV	6,100	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Adults 15-49 HIV Prevalence Rate	03	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	6,000	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	6,600	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)						
Women 15+ living with HIV	3,700	2009	UNAIDS Report on the global AIDS Epidemic 2010			

Population and HIV StatisticsBarbados

Population and HIV Statistics				Additional Sources		
	Value	Year	Source	Value	Year	Source
Adults 15+ living with HIV	2,100	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	100	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	3,000	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	2,100	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)						
Women 15+ living with HIV	1,000	2009	UNAIDS Report on the global AIDS Epidemic 2010. This mid-point estimate is calculated based on the range provided in the report.			

Population and HIV StatisticsBelize - Carribean

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	4,800	2009	UNAIDS Report			

living with HIV/AIDS			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 StatisticsDominica

Population and HIV Statistics				Additional Sources		
	Value	Year	Source	Value	Year	Source
Adults 15+ living with HIV						
Adults 15-49 HIV Prevalence Rate						
Children 0-14 living with HIV						
Deaths due to HIV/AIDS						
Estimated new HIV infections among adults						
Estimated new HIV						

infections among adults and children						
Estimated number of pregnant women in the last 12 months	00	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						
Orphans 0-17 due to HIV/AIDS						
The estimated number of adults and children with advanced HIV infection (in need of ART)						
Women 15+ living with HIV						

Population and HIV StatisticsGrenada

Population and HIV Statistics				Additional Sources		
	Value	Year	Source	Value	Year	Source
Adults 15+ living with HIV						

Adults 15-49 HIV Prevalence Rate						
Children 0-14 living with HIV						
Deaths due to HIV/AIDS						
Estimated new HIV infections among adults						
Estimated new HIV infections among adults and children						
Estimated number of pregnant women in the last 12 months	2,000	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						
Orphans 0-17 due to HIV/AIDS						
The estimated number of adults and children with advanced HIV infection (in need of ART)						
Women 15+ living						

with HIV						

Population and HIV StatisticsJamaica

Population and HIV Statistics				Additional Sources		
	Value	Year	Source	Value	Year	Source
Adults 15+ living with HIV	31,000	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	1,200	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	55,000	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	32,000	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	10,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			

Population and HIV StatisticsSt. Kitts and Nevis

Population and HIV Statistics				Additional Sources		
	Value	Year	Source	Value	Year	Source
Adults 15+ living with HIV						
Adults 15-49 HIV Prevalence Rate						
Children 0-14 living with HIV						
Deaths due to HIV/AIDS						
Estimated new HIV infections among adults						
Estimated new HIV infections among adults and children						
Estimated number of pregnant women in the last 12 months	1,000	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						
Orphans 0-17 due to HIV/AIDS						
The estimated number of adults						

and children with advanced HIV infection (in need of ART)						
Women 15+ living with HIV						

Population and HIV StatisticsSt. Lucia

Population and HIV Statistics				Additional Sources		
	Value	Year	Source	Value	Year	Source
Adults 15+ living with HIV						
Adults 15-49 HIV Prevalence Rate						
Children 0-14 living with HIV						
Deaths due to HIV/AIDS						
Estimated new HIV infections among adults						
Estimated new HIV infections among adults and children						
Estimated number of pregnant women in the last 12 months	3,000	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						
Orphans 0-17 due to HIV/AIDS						
The estimated number of adults and children with advanced HIV infection (in need of ART)						
Women 15+ living with HIV						

Population and HIV StatisticsSt. Vincent and the Grenadines

Population and HIV Statistics				Additional Sources		
	Value	Year	Source	Value	Year	Source
Adults 15+ living with HIV						
Adults 15-49 HIV Prevalence Rate						
Children 0-14 living with HIV						
Deaths due to HIV/AIDS						
Estimated new HIV infections among adults						
Estimated new HIV infections among adults and children						

Estimated number of pregnant women in the last 12 months	2,000	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						
Orphans 0-17 due to HIV/AIDS						
The estimated number of adults and children with advanced HIV infection (in need of ART)						
Women 15+ living with HIV						

Population and HIV StatisticsSuriname

Population and HIV Statistics				Additional Sources		
	Value	Year	Source	Value	Year	Source
Adults 15+ living with HIV	3,600	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	200	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	9,000	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	150	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	3,700	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)	1,900	2009	Towards Universal Access. Scaling up priority HIV/AIDS Intervention in the health sector. Progress Report, 2010.			
Women 15+ living with HIV	1,100	2009	UNAIDS Report on the global AIDS Epidemic 2010			

Population and HIV StatisticsTrinidad and Tobago

Population and HIV Statistics				Additional Sources		
	Value	Year	Source	Value	Year	Source
Adults 15+ living with HIV	14,000	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	1,000	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	20,000	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	15,000	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)						
Women 15+ living with HIV	4,700	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
Jamaica Business Council on HI/AIDS strenghthening		Jamaica Business Council on HIV/AIDS			The Jamaica Business Council on HIV/AIDS (JaBCHA) is finalizing the process to become a legal entity. In

					FY2010 we would provide partial support to staff someone to expand JaBCHA's focus on addressing HIV/AIDS in the private sector with a special focus on food handling, entertainment, sports and the tourism sector. In FY10 JaBCHA would continue to increase its members. (membership has grown from 21 to 38 members). In FY10 through JaBCHA's efforts strategies and activities would be developed to increase the collaboration between JaBCHA and the National HIV/STI Control Program and the National AIDS Committee which is an important component of the national strategy. USAID contribution for this activity

					would be $100,000.
TBD		TBD	REDACTED	0	In FY2011, after a thorough baseline assessment and regional dissemination of the findings (Year 1), we will develop and support 1-2 strategic partnerships that will significantly contribute to Partnership Framework goals. New partnerships would be expected to: Strengthen dialogue between sectors; Address issues in socially and culturally sensitive areas such as sexuality and stigma, which are hindering regional success; Support business and civil society leaders to become champions of change; Generate demand and improve the extent and/or quality of access for most at risk populations (MARPS); and Align with USG systems

					strengthening activities.

Surveillance and Survey Activities

Name	Type of Activity	Target Population	Stage
All Caribbean Region countries - Support for Meetings with Surveillance Technical Working Group and M&E Technical Work Groups to harmonize HIV case-reporting and MARPs Survey Methodologies	AIDS/HIV Case Surveillance	General Population	Implementation
Antigua and Barbuda - Behavioral Serological Surveillance	Surveillance and Surveys in Military Populations	Uniformed Service Members	Planning
Assessment of the National Health Information System utilizing the Health Metric Network Assessment Framework in Trinidad	AIDS/HIV Case Surveillance	General Population	Evaluation
Bahamas - Assessment of MARP Use of Social Media	Population-based Behavioral Surveys	Female Commercial Sex Workers, Male Commercial Sex Workers, Men who have Sex with Men	Planning
Bahamas - Development of HIV Case-Based Surveillance Standard Operating Procedures (SOPs) for Integration into National Disease Surveillance in Bahamas	AIDS/HIV Case Surveillance	General Population	Development
Bahamas - Stigma and Discrimmination towards Sex Workers and Men who have Sex with Men within Health Care and Social Service Settings in Jamaica	Qualitative Research	Female Commercial Sex Workers, Male Commercial Sex Workers, Men who have Sex with Men, Other	Planning
Barbados - Annual HIV Surveillance Report 2010	AIDS/HIV Case Surveillance	General Population	Implementation

Barbados - Behavioral Serological Surveillance	Surveillance and Surveys in Military Populations	Uniformed Service Members	Planning
Barbados - Popular Opinion Leaders	Surveillance and Surveys in Military Populations	Uniformed Service Members	Development
Barbados - PROTOCOL: BIOLOGICAL AND BEHAVIOURAL SURVEY Among MEN WHO HAVE SEX WITH MEN	Population-based Behavioral Surveys	Men who have Sex with Men	Implementation
Barbados -PROTOCOL: BIOLOGICAL AND BEHAVIOURAL SURVEY Among FEMALE SEX WORKERS	Population-based Behavioral Surveys	Female Commercial Sex Workers	Planning
Belize - Behavioral Serological Surveillance	Surveillance and Surveys in Military Populations	Uniformed Service Members	Publishing
Capacity Building to Support the Expansion of Routine Reporting of HIVDR EWIs and other HIV Care and Treatment Indicators in the Caribbean	AIDS/HIV Case Surveillance	General Population	Development
Caribbean Region - Advance Training Workshop on Data Analysis and Report Writing and MARPs Methodology	Other	Other	Planning
Data Elements Identification of the Health Information System in Trinidad	AIDS/HIV Case Surveillance	General Population	Planning
Development of a Framework for Conducting a Country Readiness Assessment for Strengthening National HIV Case-based Surveillance	AIDS/HIV Case Surveillance	General Population	Development
Dominica - Prison Survey II (HIV Seroprevalence Survey Among Male Prison Inmates)	Behavioral Surveillance among MARPS	Other	Development
Jamaica - Assessment of MARP Use of Social Media	Population-based Behavioral Surveys	Female Commercial Sex Workers, Male Commercial Sex Workers, Men who	Implementation

		have Sex with Men	
Jamaica - Behavioral Serological Surveillance	Surveillance and Surveys in Military Populations	Uniformed Service Members	Implementation
Jamaica - Commercial Sex Worker Survey	Population-based Behavioral Surveys	Female Commercial Sex Workers	Implementation
Jamaica - Development of HIV Case-Based Surveillance Standard Operating Procedures (SOPs) for Integration into National Disease Surveillance in Jamaica	AIDS/HIV Case Surveillance	General Population	Implementation
Jamaica - Development of Jamaica Annual Surveillance and Program Monitoring Report	Other	General Population	Development
Jamaica - Experiences of Stigma and Discrimmination among men who have sex with men (MSM in Jamaica	Qualitative Research	Female Commercial Sex Workers, Male Commercial Sex Workers, Men who have Sex with Men	Implementation
Jamaica - MARP-friendly Clinical Mapping of Public Health Facilitiesw in Jamaica	Other	Female Commercial Sex Workers, General Population, Male Commercial Sex Workers, Men who have Sex with Men	Implementation
Jamaica - MSM Survey	Population-based Behavioral Surveys	Men who have Sex with Men	Data Review
Jamaica - Stigma and Discrimmination towards Sex Workers and Men who have Sex with Men within Health Care and Social Service Settings in Jamaica	Qualitative Research	Female Commercial Sex Workers, Male Commercial Sex Workers, Men who have Sex with Men, Other	Implementation
Jamaica - Transactional	Qualitative Research	Male Commercial Sex Workers	Development

Jamaica - Understanding Cross-Generational Sexual Relationships in Jamaica	Qualitative Research	General Population, Men who have Sex with Men	Data Review
Meeting of Caribbean Technical Working Group for Surveillance: Surveillance Methodologies for MARPS	AIDS/HIV Case Surveillance	Men who have Sex with Men	Development
Meeting with CDC and PHCO to Harmonize Technical Collaboration for the Development of Health Information Systems in the Caribbean linked to HIV Case-Bases Surveillance and Patient Monitoring Systems f	AIDS/HIV Case Surveillance	General Population	Planning
Procurement of Computer Hardware and Software for Belize and Suriname	AIDS/HIV Case Surveillance	General Population	Implementation
Procurement of Computer Hardware and Software for The Bahamas	AIDS/HIV Case Surveillance	General Population	Implementation
Regional HIV Case-based Surveillance Database: High-level Information Technology Costing Model: Development, Implementation and Operations	AIDS/HIV Case Surveillance	General Population	Development
St. Kitts and Nevis - Behavioral Serological Surveillance	Surveillance and Surveys in Military Populations	Uniformed Service Members	Planning
St. Lucia - Development of HIV Case-Based Surveillance Standard Operating Procedures (SOPs) for Integration into National Disease Surveillance in St. Lucia	AIDS/HIV Case Surveillance	General Population	Planning
St. Lucia - Men's Health Survey	Population-based Behavioral Surveys	Other	Planning
Suriname - Development of HIV Case-Based Surveillance Standard Operating Procedures (SOPs) for Integration into National Disease Surveillance in Suriname	AIDS/HIV Case Surveillance	General Population	Planning

The Bahamas - Knowledge, Attitudes, and Practices	Surveillance and Surveys in Military Populations	Uniformed Service Members	Data Review
The Bahamas -2011 Annual HIV Surveillance Report and 2011 Annual HIV Monitoring Report	AIDS/HIV Case Surveillance	General Population	Development
The Bahamas -Protocol: Biological and Behavioural Surveys	Behavioral Surveillance among MARPS	Men who have Sex with Men	Planning
Training Workshop for Data Analysis and Report Writing	AIDS/HIV Case Surveillance	Other	Evaluation
Trinidad - Behavioral Serological Surveillance	Surveillance and Surveys in Military Populations	Uniformed Service Members	Implementation
Trinidad and Tobago - Biological and Behavioural Survey	Behavioral Surveillance among MARPS	Men who have Sex with Men	Planning
Trinidad and Tobago - Formative Assessment for Biological and Behavioural Survey	Behavioral Surveillance among MARPS	Men who have Sex with Men	Implementation
Trinidad and Tobago - Annual Surveillance and Program Monitoring Report	AIDS/HIV Case Surveillance	General Population	Development
Trinidad and Tobago - Development of HIV Case-Based Surveillance Standard Operating Procedures (SOPs) for Integration into National Disease Surveillance in T&T	AIDS/HIV Case Surveillance	General Population	Development
Workshop to Identify and Document Functional, Non-functional, Data and Technical Requirements for the Caribbean Regional HIV Case-based Database	AIDS/HIV Case Surveillance	General Population	Development

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			2,011,400		**2,011,400**
HHS/CDC		1,500,000	6,884,000		**8,384,000**
HHS/HRSA			1,910,000		**1,910,000**
PC			504,000		**504,000**
State/A			107,446		**107,446**
USAID			3,433,154	6,950,000	**10,383,154**
Total	**0**	**1,500,000**	**14,850,000**	**6,950,000**	**23,300,000**

Summary of Planned Funding by Budget Code and Agency

Budget Code	Agency							Total
	DOD	HHS/CDC	HHS/HRSA	PC	State/A	USAID	AllOther	
HBHC		430,000	170,000			180,000		**780,000**
HLAB	140,000	1,624,000						**1,764,000**
HTXS	108,000		110,000					**218,000**
HVCT	209,120	600,000				400,000		**1,209,120**
HVMS	225,000	2,000,000		220,000		1,610,000		**4,055,000**
HVOP	681,280			284,000	107,446	5,813,154		**6,885,880**
HVSI	460,000	2,465,000				470,000		**3,395,000**
OHSS	188,000	1,265,000	1,630,000			1,910,000		**4,993,000**
	2,011,400	**8,384,000**	**1,910,000**	**504,000**	**107,446**	**10,383,154**	**0**	**23,300,000**

Budgetary Requirements Worksheet

(No data provided.)

National Level Indicators

REDACTED

Policy Tracking Table

Antigua and Barbuda

(No data provided.)

Policy Tracking Table

Bahamas

(No data provided.)

Policy Tracking Table

Barbados

(No data provided.)

Policy Tracking Table

Belize - Carribean

(No data provided.)

Policy Tracking Table

Dominica

(No data provided.)

Policy Tracking Table

Grenada

(No data provided.)

Policy Tracking Table

Jamaica

(No data provided.)

Policy Tracking Table

St. Kitts and Nevis

(No data provided.)

Policy Tracking Table

St. Lucia

(No data provided.)

Policy Tracking Table

St. Vincent and the Grenadines

(No data provided.)

Policy Tracking Table

Suriname

(No data provided.)

Policy Tracking Table

Trinidad and Tobago

(No data provided.)

Policy Tracking Table

Caribbean 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	780,000	
HTXS	218,000	
Total Technical Area Planned Funding:	**998,000**	**0**

Summary:
(No data provided.)

Technical Area: Counseling and Testing

Budget Code	Budget Code Planned Amount	On Hold Amount
HVCT	1,209,120	
Total Technical Area Planned Funding:	**1,209,120**	**0**

Summary:
(No data provided.)

Technical Area: Health Systems Strengthening

Budget Code	Budget Code Planned Amount	On Hold Amount
OHSS	4,993,000	
Total Technical Area Planned Funding:	**4,993,000**	**0**

Summary:
(No data provided.)

Technical Area: Laboratory Infrastructure

Budget Code	Budget Code Planned Amount	On Hold Amount
HLAB	1,764,000	
Total Technical Area Planned Funding:	**1,764,000**	**0**

Summary:
(No data provided.)

Technical Area: Management and Operations

Budget Code	Budget Code Planned Amount	On Hold Amount
HVMS	4,055,000	
Total Technical Area Planned Funding:	**4,055,000**	**0**

Summary:
(No data provided.)

Technical Area: Sexual Prevention

Budget Code	Budget Code Planned Amount	On Hold Amount
HVOP	6,885,880	
Total Technical Area Planned Funding:	**6,885,880**	**0**

Summary:
(No data provided.)

Technical Area: Strategic Information

Budget Code	Budget Code Planned Amount	On Hold Amount
HVSI	3,395,000	
Total Technical Area Planned Funding:	**3,395,000**	**0**

Summary:
(No data provided.)

Technical Area Summary Indicators and Targets
REDACTED

Partners and Implementing Mechanisms

Partner List

Mech ID	Partner Name	Organization Type	Agency	Funding Source	Planned Funding
12544	Academy for Educational Development	NGO	U.S. Agency for International Development	GHCS (State), GHCS (USAID)	579,754
12570	Bahamas MoH	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	710,000
12587	US Embassies	Implementing Agency	U.S. Department of State/Bureau of Administration	GHCS (State)	107,446
12604	TBD	TBD	U.S. Department of Defense	Redacted	Redacted
12632	HRM	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	100,000
12645	World Learning	NGO	U.S. Agency for International Development	GHCS (State), GHCS (USAID)	1,220,000
12691	Abt Associates	Private Contractor	U.S. Agency for International Development	GHCS (USAID)	530,000

12948	CARIBBEAN HEALTH RESOURCE COUNCIL	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	270,000
12961	JAMAICAN MINISTRY OF LABOR AND SOCIAL SECURITY	Host Country Government Agency	U.S. Agency for International Development	GHCS (State), GHCS (USAID)	100,000
12971	U.S. Peace Corps	Implementing Agency	U.S. Peace Corps	GHCS (State)	149,000
12992	TRINIDAD AND TOBAGO MINISTRY OF HEALTH	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	780,000
12995	U.S. Peace Corps	Implementing Agency	U.S. Peace Corps	GHCS (State)	70,000
13041	Pan American Health Organization (PAHO)/PAHO HIV Caribbean Office (PHCO)	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	500,000
13054	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and	Redacted	Redacted

			Prevention		
13077	Abt Associates	Private Contractor	U.S. Agency for International Development	GHCS (USAID)	630,000
13098	U.S. Peace Corps	Implementing Agency	U.S. Peace Corps	GHCS (State)	30,000
13122	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
13162	U.S. Peace Corps	Implementing Agency	U.S. Peace Corps	GHCS (State)	35,000
13197	University of the West Indies	Parastatal	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	400,000
13319	Health Policy Project	Implementing Agency	U.S. Agency for International Development	GHCS (USAID)	290,000
13326	St Lucia MoH	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	230,000
13333	MINISTRY OF HEALTH OF JAMAICA	Host Country Government Agency	U.S. Agency for International Development	GHCS (State), GHCS (USAID)	1,473,400
13335	AFENET	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease	GHCS (State)	1,094,000

			Control and Prevention		
13376	University of Washington	University	U.S. Department of Health and Human Services/Health Resources and Services Administration	GHCS (State)	1,910,000
13397	Dominica MOH	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	130,000
13410	Caribbean Community (CARICOM) Pan Caribbean Partnership Against AIDS	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	500,000
13446	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
13451	University of North Carolina	University	U.S. Agency for International Development	GHCS (State)	170,000
13460	Barbados MOH	Host Country Government Agency	U.S. Department of Health and Human	GHCS (State)	280,000

			Services/Centers for Disease Control and Prevention		
13519	MEASURE EVALUATION PHASE III	Implementing Agency	U.S. Agency for International Development	GHCS (USAID)	300,000
13534	NASTAD	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	600,000
13535	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted

Implementing Mechanism(s)

Implementing Mechanism Details

Mechanism ID: 12544	**Mechanism Name: C-Change**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Academy for Educational Development	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Benefitting Countries: None.

Total Funding: 579,754	
Funding Source	**Funding Amount**
GHCS (State)	379,754
GHCS (USAID)	200,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

C-Change's goal is to improve the effectiveness and sustainability of social and behavior change communication applied to programs, activities, and tools. C-Change works with global, regional, and local partners to incorporate knowledge about the social determinants and underlying causes of individual behaviors and takes into account research and lessons learned from implementing and evaluating activities. Employing innovative and tested methods, C-Change works to meet the continuing challenges posed by evolving health issues that require a behavior change communication approach. C-Change also works to strengthen the capacity of local organizations to plan, implement, and manage programs, thus ensuring sustained local knowledge and skills.

C-Change will support the Partnership Framework's Strategic Objective 1 to build human, technical, and institutional capacity in Jamaica as well as in the Bahamas to effectively develop, implement, and sustain comprehensive HIV prevention strategies. The mechanism will provide technical assistance to scale-up behavior change interventions targeting PEHRB, especially MSM and CSW in Jamaica and the Bahamas. C-Change will work with local NGOs and the MOH from both countries to strengthen existing resources,

tools, and interventions.

The program will adapt PEPFAR materials and messages from other PEPFAR countries for use in the Caribbean to achieve cost-effectiveness. By providing training to local NGO staff and volunteers, the program will work closely with communities to ensure sustainability and linkages with other services. The program will begin with a baseline assessment and will collect data throughout the life of the program in order to monitor progress and measure results.

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	50,000

Key Issues

Addressing male norms and behaviors

Budget Code Information

Mechanism ID:	**12544**		
Mechanism Name:	**C-Change**		
Prime Partner Name:	**Academy for Educational Development**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVOP	579,754	

Narrative:

The C-Change program will develop and adapt materials to be used in HIV prevention and care programs targeting MSM and CSW. In addition to building the capacity of local partners and beneficiaries, the program will also pilot two new activities to reach both MSM and CSW. The pilot programs will utilize peer education and a referral system to link individuals to confidential HIV and RH services, including access to STI screening and treatment, family planning, HIV testing, and condoms. Currently, Jamaica and the Bahamas do not have a minimum package of services for specific at-risk populations. This program would work at the community and federal levels to help establish and rollout a minimum package. Other aspects of the intervention include the sensitization and involvement of bar and hotel owners as well as health care providers. The program will review all existing IEC materials and

curricula that have been developed in Jamaica and the Bahamas in order to adapt and design new peer education manuals for the pilots. The target population for the pilot programs will be young women and men ages 13-29 engaged in commercial sex work as well as men who have sex with men. The other target population in this activity will be selected local NGOs who are currently engaged in HIV prevention work targeting individuals engaged in high-risk behaviors. The geographical area and population coverage will be determined after the initial baseline assessment is conducted. Once the materials have been adapted and developed in close partnership with the MOH and local partners, the program will partner with two local partners for the pilot phase of the program. Initially, the program will aim to reach 50 CSW and 50 MSM in the initial pilot with FY08 funding. Subsequent funding from FY09 and FY2010 will be used to make program corrections and scale-up the interventions in order to reach an estimated 500 CSW and 500 MSM in FY2011 with combination prevention strategies. The estimated population size of MSM in Jamaica is a little over 300,000 and for CSW it is around 50,000. The envisioned minimum package of services would include peer education, risk reduction counseling, condoms, and referrals and payment for initial STI and RH services. The pilots will track referral slips with the local health care centers/private clinics to see how many beneficiaries receive services and what the results are in terms of STI screening and HIV testing. All individuals will receive STI treatment if needed and anyone testing HIV+ will be linked with additional care and support services. The program will promote quality assurance by providing skills training to the peer educators, health providers, and NGO staff. Supportive supervision will be integrated into both pilots.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12570	**Mechanism Name: Bahamas MOH**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Bahamas MoH	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Benefitting Countries: None.

Total Funding: 710,000

Funding Source	Funding Amount
GHCS (State)	710,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Human Resources for Health	284,000

Key Issues

Mobile Population

Budget Code Information

Mechanism ID:	**12570**		
Mechanism Name:	**Bahamas MOH**		
Prime Partner Name:	**Bahamas MoH**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	170,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVCT	250,000	
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	200,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HLAB	90,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12587	**Mechanism Name: PEPFAR Small Grants Program**
Funding Agency: U.S. Department of State/Bureau of Administration	Procurement Type: Grant
Prime Partner Name: US Embassies	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Benefitting Countries: None.

Total Funding: 107,446	
Funding Source	**Funding Amount**
GHCS (State)	107,446

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The Ambassadors' HIV Prevention Program was initiated in 2002 and all Caribbean based U.S. Ambassadors are invited to participate. The program promotes HIV/AIDS awareness and behavior

change amongst the general population. US Embassies that will receive FY10 funding to implement this program are: 1) Belize, 2) Bahamas, 3) Barbados and the OECS,4) Jamaica, 5) Trinidad and Tobago, and 6) Suriname. The Ambassadors' HIV Prevention Program supports projects at the community level often targeting difficult to reach and vulnerable populations such as MSM, CSW, youth and prison inmates. Projects are implemented in collaboration with Ministries of Health, Ministries of Education, NGOs, CSOs and faith-based organizations. Each Embassy is encouraged to select a project focus and common theme for the program's activities. Embassies are allowed discretion when soliciting and setting criteria for selection, however, all projects must be approved by the Ambassador. This program provides Ambassadors with an opportunity to use their considerable influence to increase community awareness and advocate for action at both the community level and within the national governments.

The Ambassadors' HIV Prevention Program will contribute to the Partnership Framework goal of reducing HIV incidence in the Caribbean by 25% by 2013 through community level behavior change outcomes. The program will also contribute to capacity building of local organizations by strengthening their ability to receive and track USG funds and implement activities.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12587**		
Mechanism Name:	**PEPFAR Small Grants Program**		
Prime Partner Name:	**US Embassies**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVOP	107,446	
Narrative:			
The Ambassadors' HIV Prevention Program will provide a total of $107,446 in FY10 funds to community-based organizations through small grants. US Embassies that will receive FY10 funding to implement			

this program are: 1) Belize, 2) Bahamas, 3) Barbados,4) Jamaica, 5) Trinidad and Tobago, and 6) Suriname. $160,000 will support activities focused on condom use and risk reduction. Proposals for small grant funds will be evaluated based on feasibility, organizational capacity to receive funds and implement the proposal, and projected outcomes. The target population for these OP activities will be youth and adults; further specifics of the target population and activities will depend on the proposals received and selected. Illustrative examples of the types of approaches which may be funded include: -Targeting men to proactively change harmful gender norms that support and encourage multiple partnering, concurrent partnerships, cross-generational sex, and the lack of condom use. -Encourage discordant couples to use condoms consistently and correctly to protect the HIV-negative partner from becoming infected, as well as to limit outside partners. - Encouraging the general population, including couples, to reduce their sexual risks and learn their HIV status. Programs should provide or refer to confidential counseling and testing as well as linkages to care for infected individuals.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12604	**Mechanism Name: DoD Caribbean Regional**
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

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

Budget Code Information

Mechanism ID:	**12604**		
Mechanism Name:	**DoD Caribbean Regional**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HTXS	Redacted	Redacted
Narrative:			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVCT	Redacted	Redacted
Narrative:			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	HVSI	Redacted	Redacted
Narrative:			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	OHSS	Redacted	Redacted
Narrative:			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	Redacted	Redacted
Narrative:			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HLAB	Redacted	Redacted
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12632	**Mechanism Name: Regional Laboratory Supply Chain Management System**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Contract
Prime Partner Name: HRM	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Benefitting Countries: None.

Total Funding: 100,000	
Funding Source	**Funding Amount**
GHCS (State)	100,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Human Resources for Health	100,000

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	12632		
Mechanism Name:	Regional Laboratory Supply Chain Management System		
Prime Partner Name:	HRM		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HLAB	100,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12645	**Mechanism Name: Caribbean HIV Grants, Solicitation and Management Project**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: World Learning	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Benefitting Countries: None.

Total Funding: 1,220,000	
Funding Source	**Funding Amount**
GHCS (State)	920,000
GHCS (USAID)	300,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The Grants, Solicitation, and Management program will assist USAID/Jamaica in making and managing small-sized sub-grants to local PVOs/NGOs in Jamaica and the Bahamas working in HIV Prevention. GSM in close collaboration with USAID/Jamaica will determine the scope of the solicitation and the selection criteria to be used for these procurements and the technical review process. GSM will perform cost analyses and determine whether potential grantees meet financial and other criteria to receive USAID funds and provide ongoing financial oversight of grantees. USAID will make the final determination on each award. The NGO strengthening program will involve a grants component along with targeted technical assistance and training.

The main objective of this activity is to build the financial, technical and management capacity of local PVOs/NGOs working in HIV Prevention to improve the quality and sustainability of HIV prevention services in Jamaica and the Bahamas. The Jamaican Ministry of Health has noted that the poor staffing and limited technical and administrative skills of local partners has greatly impeded the implementation of current Global Fund programs. They have requested PEPFAR's assistance in strengthening the capacity of local partners so that both Global Fund and PEPFAR resources can be better used. This activity will support a number of CRPF goals, including sustainability, human capacity development, and improved HIV prevention programming. It is anticipated that this activity will help strengthen the overall health system and social services by building the knowledge and skills of the men and women who are working on the front lines of HIV prevention and care in the community.

The target population for this activity will be the staff of the selected local NGOs, all of whom will be working with most-at risk populations and people living with HIV. The local partners will report up to GSM their accomplishments and targets reached. USAID/Jamaica will be able to more clearly define the interventions, targets, and populations once the partners are selected.

In terms of cost-effectiveness, GSM has already developed tools and mechanisms to evaluate and select grantee organizations to assure their sustainability and viability for participation in projects and beyond. One of these tools is the Participatory Institutional Analysis Instrument specifically calibrated to measure the sophistication and development-stage of the organizations.

Cross-Cutting Budget Attribution(s)

Economic Strengthening	100,000
Education	100,000
Gender: Reducing Violence and Coercion	100,000
Human Resources for Health	470,000

Key Issues

Addressing male norms and behaviors

Increasing women's access to income and productive resources

Mobile Population

Budget Code Information

Mechanism ID:	**12645**		
Mechanism Name:	**Caribbean HIV Grants, Solicitation and Management Project**		
Prime Partner Name:	**World Learning**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	OHSS	470,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVOP	750,000	
Narrative:			
GSM will use a comprehensive performance management approach to analyze performance gaps within institutions, and to provide targeted interventions to address those gaps. Often termed Human and Institutional Capacity Development (HICD), this approach addresses the complete performance environment of an organization and its performers. It is a process that focuses on the organizational and workplace environment, and recommends and implements interventions to improve organizational			

performance as well as individual performance. This approach develops sustainable capacity so that organizations can implement prevention activities more effectively.
GSM's grants management approach includes hands-on training and intensive mentoring for grantees that outline compliance strategies, procurement of essential resources and services for institutional strengthening, and support for development of appropriate management information systems (MIS) to standardize data collection and analysis. This analysis and mentoring are essential elements in assuring grantees' sustainability throughout the project and beyond and in ensuring that donor goals are met under each award while simultaneously guaranteeing the growth and development of grantee organizations.
GSM will provide supportive supervision to each of the NGOs selected and will measure performance improvements over time. It is envisioned that the grants would be for 3 years and range in size from $25,000 - $75,000 a year, but contingent on satisfactory engagement, improvement, and results. Additional NGOs will be selected as funding allows with the anticipation of supporting 10 to 15 NGOs by Year 2.
The target population for this activity will be the staff of the selected local NGOs, all of whom will be working with most-at risk populations and people living with HIV. The local partners will report up to GSM their accomplishments and targets reached. USAID/Jamaica will be able to more clearly define the interventions, targets, and populations reached once the partners have been selected. Additional indicators will be developed to track the success of this program, such as number of staff trained in financial management.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12691	**Mechanism Name: Strengthening Health Outcomes Through the Private Sector (SHOPS)**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Abt Associates	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Benefitting Countries: None.

Total Funding: 530,000

Funding Source	Funding Amount
GHCS (USAID)	530,000

Sub Partner Name(s)

TBD		

Overview Narrative

USAID/Barbados & the Eastern Caribbean (USAID/B&EC) will support the second year of a five year program that increases the participation and integration of the private and commercial sector as vital components of a sustainable multi-sectoral response to HIV/AIDS across the region. In year one, after a collaborative regional stakeholder's meeting, USAID completed an in-depth analysis of private sector gaps and opportunities. Additionally, several strategic partnerships were explored in an effort to identify high-impact partnerhsips contributing to the regional HIV/AIDS response. Lastly, USAID and their prime partner, Abt Associates, facilitated regional information exchange for state-of-the-art PPP models, approaches and tools in an effort to guide future policy and programming.

Under the PF, with ROP '11resources,USAID/B&EC seeks to build on the momentum made during year one and provide targeted technical assistance for an increased role of the private sector by fostering greater public, private partnerships (PPPs) within the national and regional HIV/AIDS responses. The ultimate goal of this five year program is to strengthen HIV and health outcomes, via private sector partnerships, through the sustainable provision and use of quality HIV and other health related information, products and services.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	12691

Mechanism Name: Prime Partner Name:	Strengthening Health Outcomes Through the Private Sector (SHOPS) Abt Associates		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	OHSS	530,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12948	**Mechanism Name: Caribbean Health Resource Council**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: CARIBBEAN HEALTH RESOURCE COUNCIL	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Benefitting Countries: None.

Total Funding: 270,000	
Funding Source	**Funding Amount**
GHCS (State)	270,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Human Resources for Health	270,000

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12948**		
Mechanism Name:	**Caribbean Health Resource Council**		
Prime Partner Name:	**CARIBBEAN HEALTH RESOURCE COUNCIL**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	HVSI	270,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12961	**Mechanism Name: Workplace program Ministry of Labor and Social Security**
Funding Agency: U.S. Agency for International Development	Procurement Type: Grant
Prime Partner Name: JAMAICAN MINISTRY OF LABOR AND SOCIAL SECURITY	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Benefitting Countries: None.

Total Funding: 100,000	
Funding Source	**Funding Amount**
GHCS (State)	50,000

GHCS (USAID)	50,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The Ministry of Labour and Social Security is a key stakeholder having the mandate for the protection of the labour force. In this endeavour the Ministry of Labour and Social Security has responsibility for the development and implementation of the National Workplace Policy on HIV and AIDS. The Ministry is pursuing the drafting of HIV Regulations that are to be placed under the proposed Occupational, Health and Safety (OSH) Act to enhance compliance and conformity. In pursuant of the above, the Ministry is seeking assistance in finalizing these instructions and procuring consultancy services to conduct public consultations and raise public awareness on the policy.

In addition, in conformance with the requirements of the National Workplace Policy on HIV and AIDS, the Ministry has also developed its own Life Threatening Illness (LTI) Policy. This policy addresses the Ministry's approach to the treatment of persons with Life Threatening Illnesses including HIV and AIDS. HIV and AIDS is one of the most recent Life threatening illnesses.

The Ministry of Labour and Social Security has created a Voluntary Compliance Programme (VCP). This programme has brought to the fore some of challenges and limitations in the deployment of the Voluntary Compliance. Assistance is being sought that will serve to raise the profile of the awards programme, as not only a management and safety tool but also as a valuable marketing tool that will increase competitive advantage and enhance production and productivity.

This activity supports the Partnership Framework by addressing legislative, regulatory, and policy changes to reduce stigma and discrimination, especially focused on enabling populations at elevated risk of infection to access and use HIV prevention-related services without fear of violence, loss of confidentiality, or discrimination. With a small amount of PEPFAR funding, the MLSS will be able to roll out the policy and strengthen the overall health system by ensuring that health care providers receive and understand this policy as well.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Workplace Programs

Budget Code Information

Mechanism ID:	**12961**		
Mechanism Name:	**Workplace program Ministry of Labor and Social Security**		
Prime Partner Name:	**JAMAICAN MINISTRY OF LABOR AND SOCIAL SECURITY**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVOP	100,000	

Narrative:

Funding will be used to i) increase public understanding and acceptance of the National Workplace Policy on HIV and AIDS ii) to document the processes for the implementation of the MLLS Life threatening Illnesses policy iii) to develop promotional materials to support the dissemination of the National Workplace Policy.

The Ministry will devise strategies for approaching suitable small and informal businesses and organizations to address the management of HIV/AIDS in their respective workplaces. The Ministry will also host awards ceremonies to showcase companies who are conforming to the workplace policy, and will train auditors who conduct audits of companies and assess compliance with respect to the workplace.

This activity will have a national coverage and can be used as an example for the rest of the Caribbean region. With PEPFAR assistance, the MLLS plans to reach at least 30 companies with the new policy. USAID will also explore with the MLLS and the private sector, the possibility of using mobile testing and counseling in the workplace setting to encourage employees to know their status. Global Fund monies can be used for such an activity.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12971	**Mechanism Name: HVOP -Prevention**

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: 149,000	
Funding Source	**Funding Amount**
GHCS (State)	149,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The implementing mechanism has the following two goals in the prevention technical area: 1) To promote behavior change, including among most at risk populations to reduce the estimated number of new infections by 2013; and 2) To support the development of institutional capacities of HIV-related service organizations and agencies to provide requisite prevention services to most at risk populations. These goals are also closely related to the Caribbean Strategic Framework objectives of "Reducing vulnerability to sexual transmission of HIV"; "Establishing comprehensive, gender sensitive and targeted prevention programs for children (9-14) and youth (15-24); " and "Strengthening health and social systems and improve infrastructure to provide comprehensive and integrated HIV services."

Peace Corps will design and implement behavior change interventions for MARP, including at-risk young people who are already sexually active and engaging in risky behaviors. Peace Corps Volunteers will actively engage youth as peer educators and partner with organizations to implement youth friendly initiatives. Small grant funding will be made available to support community-based initiatives demonstrating the potential to impact key behaviors impacting sexual vulnerability to HIV infection. Peace Corps has also developed new programs that focus on reducing the risk of HIV infection among women and girls and addressing harmful male norms. Activities will take place in small communities where Volunteers are placed in Antigua and Barbuda, Grenada, Saint Lucia, Saint Vincent and the Grenadines, Dominica, Saint Kitts and Nevis, Jamaica, Suriname and Belize.

Peace Corps activities are linked to the achievement of Goal 1, Strategic Objective 1.1 of the Partnership Framework: Build human, technical and institutional capacity in partner countries to effectively develop,

implement, scale-up and sustain comprehensive "combination" HIV prevention strategies, including behavior change interventions for PEHRBs, PwP programs and structural interventions that help address cultural, gender-specific and normative factors contributing to HIV risk.

This implementing mechanism includes as a cross-cutting issue a focus on addressing gender norms that spur gender inequality through programs openly addressing gender power imbalances. Programs targeting girls and women seek to provide them with the opportunities to develop the decision-making and leadership skills needed to make healthy choices including in the face of gender norms that place them at heightened risk for HIV infection. Programs targeting 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. The USG supports the expansion of these programs as well as provision of opportunities for host country partners to expand their capacities and programming in this area.

The strategy of Peace Corps' work is to empower communities by enhancing the capacities of individuals and institutions work toward development goals and respond to development challenges, including HIV. Peace Corps provides training to host country counterparts to build capacity that is enhanced by on-site day-to-day support from Peace Corps Volunteers. It is a cost efficient and effective way to support capacity building given low program costs and one- two year assignment of each Volunteer.

Peace Corps will leverage its established systems for monitoring and evaluating progress toward targets. The outcomes of each Volunteer at the individual community level will be recorded in the Volunteer Reporting Form and summarized annually in the Project Status Report and the Initiative Status Report as well as in reports shared with host country and other stakeholders. Data collected and analyzed will be used to monitor progress toward project goals, share achievements and challenges with host country partners during stakeholder meetings and through annual reports, and gage efficacy of the strategy.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	12971		
Mechanism Name:	HVOP -Prevention		
Prime Partner Name:	U.S. Peace Corps		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVOP	149,000	

Narrative:

Peace Corps Jamaica will support the design and launch of a program utilizing evidence-based strategies aimed at promoting behavior change among youth engaged in high-risk behaviors. The proposed program supports progress toward achievement of Goal 1 of the PEPFAR Regional Operating Plan for the Caribbean which is to "reduce the estimated number of new HIV infections by 25% by 2013." This project will be piloted September 2010 with 12 Peace Corps Response Volunteers serving for approximately 9 months. It is anticipated that in March 2011, twelve new Peace Corps Response Volunteers will arrive to be joined by 12-15 Peace Corps Volunteers who will arrive at the same time and who will serve for two years. This rotation and blend of Peace Corps Response Volunteers and Peace Corps Volunteers will continue for the length of the project, reaching annual levels of roughly 35 Volunteers per year scheduled to run for a five year period. Requested funds will cover the costs for 12 Peace Corps Volunteers serving for 9 months, training for the Volunteers, program development, production of materials and staff monitoring of program activities.

Quality of programming will be assured by oversight and supervision provided by the Peace Corps staff based in Jamaica and responsible for providing support to the Peace Corps Response Corps and two-year Volunteers, guiding their activities and monitoring outcomes. Sustainability of programs will be ensured by building capacity of community counterparts through training and on-site support provided by Peace Corps Volunteers placed in communities for 9 month and two-year assignments. Training focuses on behavior change communication, project design and management and resource mobilization (focusing on use of local resources).

Activities will take place in small communities where Volunteers are placed in Jamaica.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12992	**Mechanism Name: Trinidad and Tobago Ministry**

	of Health
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TRINIDAD AND TOBAGO MINISTRY OF HEALTH	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Benefitting Countries: None.

Total Funding: 780,000	
Funding Source	**Funding Amount**
GHCS (State)	780,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Human Resources for Health	312,000

Key Issues

Mobile Population

Budget Code Information

Mechanism ID:	**12992**
Mechanism Name:	**Trinidad and Tobago Ministry of Health**
Prime Partner Name:	**TRINIDAD AND TOBAGO MINISTRY OF HEALTH**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	260,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVCT	250,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	HVSI	180,000	
Narrative:			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HLAB	90,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12995	**Mechanism Name: HVOP -Prevention**
Funding Agency: U.S. Peace Corps	Procurement Type: USG Core
Prime Partner Name: U.S. Peace Corps	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Benefitting Countries: None.

Total Funding: 70,000	
Funding Source	**Funding Amount**

GHCS (State)	70,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The implementing mechanism has the following two goals in the prevention technical area: 1) To promote behavior change, including among most at risk populations to reduce the estimated number of new infections by 2013; and 2) To support the development of institutional capacities of HIV-related service organizations and agencies to provide requisite prevention services to most at risk populations. These goals are also closely related to the Caribbean Strategic Framework objectives of "Reducing vulnerability to sexual transmission of HIV"; "Establishing comprehensive, gender sensitive and targeted prevention programs for children (9-14) and youth (15-24); " and "Strengthening health and social systems and improve infrastructure to provide comprehensive and integrated HIV services."

Peace Corps will design and implement behavior change interventions for MARP, including at-risk young people who are already sexually active and engaging in risky behaviors. Peace Corps Volunteers will actively engage youth as peer educators and partner with organizations to implement youth friendly initiatives. Small grant funding will be made available to support community-based initiatives demonstrating the potential to impact key behaviors impacting sexual vulnerability to HIV infection. Peace Corps has also developed new programs that focus on reducing the risk of HIV infection among women and girls and addressing harmful male norms. Activities will take place in small communities where Volunteers are placed in Antigua and Barbuda, Grenada, Saint Lucia, Saint Vincent and the Grenadines, Dominica, Saint Kitts and Nevis, Jamaica, Suriname and Belize.

Peace Corps activities are linked to the achievement of Goal 1, Strategic Objective 1.1 of the Partnership Framework: Build human, technical and institutional capacity in partner countries to effectively develop, implement, scale-up and sustain comprehensive "combination" HIV prevention strategies, including behavior change interventions for PEHRBs, PwP programs and structural interventions that help address cultural, gender-specific and normative factors contributing to HIV risk.

This implementing mechanism includes as a cross-cutting issue a focus on addressing gender norms that spur gender inequality through programs openly addressing gender power imbalances. Programs targeting girls and women seek to provide them with the opportunities to develop the decision-making and leadership skills needed to make healthy choices including in the face of gender norms that place them at heightened risk for HIV infection. Programs targeting 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. The USG supports the expansion of these programs as well as provision of opportunities for host country partners to expand their capacities and programming in this area.

The strategy of Peace Corps' work is to empower communities by enhancing the capacities of individuals and institutions work toward development goals and respond to development challenges, including HIV. Peace Corps provides training to host country counterparts to build capacity that is enhanced by on-site day-to-day support from Peace Corps Volunteers. It is a cost efficient and effective way to support capacity building given low program costs and one- two year assignment of each Volunteer.

Peace Corps will leverage its established systems for monitoring and evaluating progress toward targets. The outcomes of each Volunteer at the individual community level will be recorded in the Volunteer Reporting Form and summarized annually in the Project Status Report and the Initiative Status Report as well as in reports shared with host country and other stakeholders. Data collected and analyzed will be used to monitor progress toward project goals, share achievements and challenges with host country partners during stakeholder meetings and through annual reports, and gage efficacy of the strategy.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12995**		
Mechanism Name:	**HVOP -Prevention**		
Prime Partner Name:	**U.S. Peace Corps**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVOP	70,000	
Narrative:			
Activities of the implementing mechanism include:			

1) Capacity building in design and implementation of behavior change communication and intervention strategies for PEHRBs including at-risk young people who are already sexually active and engaging in risky behaviors. Capacity building will be supported through training, followed by on-site support from the Peace Corps Volunteer and Peace Corps staff 2) Actively engaging youth as peer educators and partnering with organizations to implement youth friendly initiatives in order to reduce vulnerability to sexual transmission of HIV. Small grant funding will be made available to support community-based initiatives demonstrating the potential to impact key behaviors impacting sexual vulnerability to HIV infection. 3) Strengthening existing systems and developing new programs that focus on reducing the risk of HIV infection among women and girls and addressing harmful male norms. On-site support will be supported by targeted training, program development and small grants for community implementation. Quality of programming will be assured by oversight and supervision provided by the Peace Corps staff based in Suriname and responsible for providing support to the Peace Corps Volunteers, guiding their activities and monitoring outcomes. Sustainability of programs will be ensured by building capacity of community counterparts through training and on-site support provided by Peace Corps Volunteers placed in communities for two-year assignments. Training focuses on behavior change communication, project design and management and resource mobilization (focusing on use of local resources). Activities will take place in small communities where Volunteers are placed in Suriname.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13041	**Mechanism Name: Pan American Health Organization/ PAHO HIV Caribbean Office**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Pan American Health Organization (PAHO)/PAHO HIV Caribbean Office (PHCO)	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Benefitting Countries: None.

Total Funding: 500,000

Funding Source	Funding Amount
GHCS (State)	500,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Human Resources for Health	100,000

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: **Mechanism Name:** **Prime Partner Name:**	**13041** **Pan American Health Organization/ PAHO HIV Caribbean Office** **Pan American Health Organization (PAHO)/PAHO HIV Caribbean Office (PHCO)**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	HVSI	500,000	
Narrative:			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13054	**Mechanism Name: Headquarters Technical Assistance Task Order**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Contract
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Benefitting Countries: None.

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

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This activity will support the implementation, scale-up and monitoring of PITC and PwP services through an implementing partner in collaboration with the Bahamas and Trinidad and Tobago Ministries of Health (MOH). Through site-level monitoring, clinical supervision, and technical assistance, an implementing partner will assist the MOH clinics with integration of prevention services, partner testing, and PITC services. Strengthening of linkages into care and treatment for those HIV positive persons identified in the community and through PITC in the clinics will also be supported.

In order to build capacity and promote long-tern sustainability, the implementing partner will also assist the MOH in building in-country competencies in monitoring and evaluation and quality of services using the train-the-trainer (TOT) model. Technical support will be provided to strengthen the development and training requirements for train-the-trainer competencies. The implementing partner will work in close collaboration with Regional Training Network and the MOH to advise and support the on-going training of health care workers and peer counselors within health facilities working with PLHIV and persons at increased risk for HIV infection.

This implementing mechanism supports the USG Caribbean Regional Partnership goal for prevention (Goal1). Specifically, this activity addresses the need for capacity development and technical assistance

in the area of regional prevention expertise. Technical assistance will be used to build the Government's capacity to provide quality prevention services, to link people to HIV prevention services, and to reduce barriers that affect PLHIV and MARPs abilities to receive appropriate services. This mechanism is national in scope with emphasis on prevention and program monitoring at national (MOH) health centers and community level facilities. Health care workers and peer counselors are the main target audiences for this mechanism. Specific outcomes related to Prevention (Goal 1) include 1) increasing the number of people who learn their HIV status, 2) identifying persons who are HIV positive, and 3) ensuring linkages of HIV positive persons to care and treatment services including partner testing.

The implementing partner will be asked to develop an annual work plan with agreed-upon performance benchmarks starting in year one. The implementing partner will be required to report on progress towards the essential and outcome indicators on a semi annual and annual basis via SAPR reporting.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	~~140,000~~REDACTED

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**13054**		
Mechanism Name:	**Headquarters Technical Assistance Task Order**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVCT	Redacted	Redacted
Narrative:			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	OHSS	Redacted	Redacted
Narrative:			

None

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13077	**Mechanism Name: Health Systems 20-20**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Abt Associates	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Benefitting Countries: None.

Total Funding: 630,000	
Funding Source	**Funding Amount**
GHCS (USAID)	630,000

Sub Partner Name(s)

TBD		

Overview Narrative

A fundamental objective of the PF is to move the region toward sustainability of HIV/AIDS programs. Goal #5 of the PF is "To improve the capacity of the Caribbean national governments and regional organizations to effectively lead, finance, manage, and sustain the delivery of quality HIV prevention, care, treatment and support services" with a sub-objective being to "Improve Financial Management Capacity of National HIV Programs." Achieving measurable progress on this critical objective will require a major effort as most country governments currently provide very limited national budget resources to their own HIV and AIDS programs, relying to an alarming degree on external funding – much of which has come from the Global Fund and the World Bank, with smaller support from bilateral donors.

USAID/Barbados & the Eastern Caribbean (USAID/B&EC) will support the second year of a five year program that supports innovative strategies to sustain critical HIV/AIDS services. In general, countries need to: (1) Identify the financing gap; (2) Increase efficiency and/or prioritize high need, high impact

services; (3) Identify new sources of funding; and (4) Develop a comprehensive sustainability strategy. Under the PF, with ROP '11 resources, USAID/B&EC seeks to build on the momentum made during year one and provide targeted technical assistance for financial systems strengthening. USAID and Abt Associates will explore various options to expand and diversify domestic financing (private and public) and non-USG external financing. Among the opportunities that are under discussion: (a) increasing program efficiency (doing more with less) through changes in structure (e.g. service integration), organizational arrangements, payment systems (e.g. payments reward efficiency as well as quality), and optimizing resource allocation to the most cost-effective interventions for the country's epidemic profile; (b) improving the competence of operational-level financial management of HIV/AIDS-related programs; (c) initiating or expanding coverage (financing) of services through risk pooling/insurance both private and public; (d) increasing country capacity to mobilize and manage non-USG external resources for capital and recurrent costs; and (e) increasing the transparency and accountability of budgeting and spending to ensure that plans and commitments are carried out.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**13077**		
Mechanism Name:	**Health Systems 20-20**		
Prime Partner Name:	**Abt Associates**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	OHSS	630,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13098	**Mechanism Name: Peace Corps-Belize**
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: 30,000	
Funding Source	**Funding Amount**
GHCS (State)	30,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The implementing mechanism has the following two goals in the prevention technical area: 1) To promote behavior change, including among most at risk populations to reduce the estimated number of new infections by 2013; and 2) To support the development of institutional capacities of HIV-related service organizations and agencies to provide requisite prevention services to most at risk populations. These goals are also closely related to the Caribbean Strategic Framework objectives of "Reducing vulnerability to sexual transmission of HIV"; "Establishing comprehensive, gender sensitive and targeted prevention programs for children (9-14) and youth (15-24); " and "Strengthening health and social systems and improve infrastructure to provide comprehensive and integrated HIV services."

Peace Corps will design and implement behavior change interventions for MARP, including at-risk young people who are already sexually active and engaging in risky behaviors. Peace Corps Volunteers will actively engage youth as peer educators and partner with organizations to implement youth friendly initiatives. Small grant funding will be made available to support community-based initiatives demonstrating the potential to impact key behaviors impacting sexual vulnerability to HIV infection. Peace Corps has also developed new programs that focus on reducing the risk of HIV infection among women and girls and addressing harmful male norms. Activities will take place in small communities where Volunteers are placed in Antigua and Barbuda, Grenada, Saint Lucia, Saint Vincent and the Grenadines, Dominica, Saint Kitts and Nevis, Jamaica, Suriname and Belize.

Peace Corps activities are linked to the achievement of Goal 1, Strategic Objective 1.1 of the Partnership Framework: Build human, technical and institutional capacity in partner countries to effectively develop, implement, scale-up and sustain comprehensive "combination" HIV prevention strategies, including behavior change interventions for PEHRBs, PwP programs and structural interventions that help address cultural, gender-specific and normative factors contributing to HIV risk.

This implementing mechanism includes as a cross-cutting issue a focus on addressing gender norms that spur gender inequality through programs openly addressing gender power imbalances. Programs targeting girls and women seek to provide them with the opportunities to develop the decision-making and leadership skills needed to make healthy choices including in the face of gender norms that place them at heightened risk for HIV infection. Programs targeting 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. The USG supports the expansion of these programs as well as provision of opportunities for host country partners to expand their capacities and programming in this area.

The strategy of Peace Corps' work is to empower communities by enhancing the capacities of individuals and institutions work toward development goals and respond to development challenges, including HIV. Peace Corps provides training to host country counterparts to build capacity that is enhanced by on-site day-to-day support from Peace Corps Volunteers. It is a cost efficient and effective way to support capacity building given low program costs and one- two year assignment of each Volunteer.

Peace Corps will leverage its established systems for monitoring and evaluating progress toward targets. The outcomes of each Volunteer at the individual community level will be recorded in the Volunteer Reporting Form and summarized annually in the Project Status Report and the Initiative Status Report as well as in reports shared with host country and other stakeholders. Data collected and analyzed will be used to monitor progress toward project goals, share achievements and challenges with host country partners during stakeholder meetings and through annual reports, and gage efficacy of the strategy.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	13098		
Mechanism Name:	Peace Corps-Belize		
Prime Partner Name:	U.S. Peace Corps		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVOP	30,000	

Narrative:

Activities of the implementing mechanism include:
1) Capacity building in design and implementation of behavior change communication and intervention strategies for PEHRBs including at-risk young people who are already sexually active and engaging in risky behaviors. Capacity building will be supported through training, followed by on-site support from the Peace Corps Volunteer and Peace Corps staff 2) Actively engaging youth as peer educators and partnering with organizations to implement youth friendly initiatives in order to reduce vulnerability to sexual transmission of HIV. Small grant funding will be made available to support community-based initiatives demonstrating the potential to impact key behaviors impacting sexual vulnerability to HIV infection. 3) Strengthening existing systems and developing new programs that focus on reducing the risk of HIV infection among women and girls and addressing harmful male norms. On-site support will be supported by targeted training, program development and small grants for community implementation.

Quality of programming will be assured by oversight and supervision provided by the Peace Corps staff based in Belize and responsible for providing support to the Peace Corps Volunteers, guiding their activities and monitoring outcomes. Sustainability of programs will be ensured by building capacity of community counterparts through training and on-site support provided by Peace Corps Volunteers placed in communities for two-year assignments. Training focuses on behavior change communication, project design and management and resource mobilization (focusing on use of local resources).

Activities will take place in small communities where Volunteers are placed in Belize.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13122	**Mechanism Name: Eastern Caribbean Community Action Project II (EC-CAPII)**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Benefitting Countries: None.

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

Sub Partner Name(s)

TBD		

Overview Narrative

The Eastern Caribbean Community Action Project II (EC-CAP II) is based on the premise that access to HIV services for most at risk populations can be achieved through evidence-based programming, community and civil society involvement, stronger engagement with national programs and enhanced behavior change interventions. This model has demonstrated how key elements of a structured HIV prevention, testing and care program based upon a peer-led strategy can come together as a strong collaborative endeavor between the national authorities and civil society. This type of approach will ultimately lend itself to a much more effective and sustainable approach for small island states. EC-CAP II will engage in both direct service delivery and the provision of technical assistance.

EC-CAP-II, is designed to the follow-on to EC-CAP and will continue and build upon the successes already achieved under EC-CAP within the scope of the Partnership Framework.
The strategies that guide project implementation include: 1) A combination prevention approach ensuring a comprehensive package of services; 2) Promoting and implementing evidence-based interventions informed by strategic (qualitative) information, including special studies and focused data collection; 3) Providing small grants and related capacity building to Non-Governmental Organisations, Community-Based Organisations, Faith Based Organisations and local entities; 4) Implementing community based rapid testing and bi-directional referral systems; and 5) Promoting access to care and support, including

PWP.

The project will continue to address individual risk perception, promote individual behavior change to prevent HIV transmission, and increase individual health seeking behaviors (testing, care, treatment) through peer to peer interventions. EC-CAP-II is designed to allow for significant creativity and innovation within each activity. This is particularly important as efforts are made to expand and consolidate in the four islands which were part of the EC-CAP, while using lessons learned rolling activities in the three new countries. The project will complement and enhance the services provided by the public health care system by contributing to the implementation of following activities: community based behavior change interventions; community based HIV rapid testing; community based care and support, including Prevention with Positives; referrals to and from public clinics that provide HIV testing, care, and treatment, when appropriate.

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	REDACTED

Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Increasing women's legal rights and protection
Mobile Population

Budget Code Information

Mechanism ID:	**13122**		
Mechanism Name:	**Eastern Caribbean Community Action Project II (EC-CAPII)**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	Redacted	Redacted
Narrative:			
This will be year two of this program and it is envisioned that the implementing partner would have			

developed a strategy for strengthening prevention with positive (PwP) services and that effective models of care and support services to PLHIV that that link facility and community based services will be replicated in Barbados and the six OECS countries.

The TBD partner will build capacity of civil society through grants to community-based organizations to increase the provision of palliative care to include holistic care and support for PLWHA, hospice care to terminally ill, and home-based care that includes nutritional and psychosocial support. The implementing partner will focus on increasing the CBOs' capacity to implement the program.

• Review and update package of prevention for positives interventions.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	Redacted	Redacted

Narrative:

The implementing partner will provide technical assistance and training to MoH staff and other suitably identified persons to use HIV rapid tests and to strengthen referrals between testing services, prevention services and community care and support services. This includes training health care providers and others to provide non discriminatory, non stigmatising confidential HIV CT Services to MARPS; training community members (and animators) to deliver HIV testing, and to promote CT to MARPS.

During FY 2011 the implementing partner will continue to collaborate with the Ministries of Health to expand the network of community-based testing sites where relevant. The implementing partner will work with the CDC and will continue to collaborate with the MOH and the NAP towards the decentralization of CT and the continued roll-out CBCT using the HIV rapid test at additional sites across each of the countries that EC-CAP II will be implemented in.

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

Narrative:

The EC-CAP II project is built upon a peer outreach or Animator model and will continue to utilize and adjust the selection, training, and support of the existing and new community-based Animators and groups who provide prevention, testing, care and support services, referrals, prevention with positives and/or adherence counseling, and advocacy for PLWHA to reduce stigma and discrimination in order to increase coverage and access to services.

As EC-CAP II steadily increases the number of persons reached with behavior change interventions, and

more data are being collected including size estimation surveys, the issue of scaling up coverage and frequency of interventions will become a major concern. Different outreach approaches and different behavior change interventions will need to be tailored so that outreach and behavior change interventions can access persons who do not want to be identified as sex workers, MSM or any other high risk group due to desires for anonymity/confidentiality and concerns with stigma and discrimination. Interventions may need to focus not only at geographic sites, but also virtual sites where persons gather, such as internet chat rooms, and make use of pervasive technologies such as mobile telephony in order to facilitate follow-up and message reinforcement.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13162	**Mechanism Name: HVOP - Prevention**
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: 35,000	
Funding Source	**Funding Amount**
GHCS (State)	35,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The implementing mechanism has the following two goals in the prevention technical area: 1) To promote behavior change, including among most at risk populations to reduce the estimated number of new infections by 2013; and 2) To support the development of institutional capacities of HIV-related service organizations and agencies to provide requisite prevention services to most at risk populations. These goals are also closely related to the Caribbean Strategic Framework objectives of "Reducing vulnerability to sexual transmission of HIV"; "Establishing comprehensive, gender sensitive and targeted prevention programs for children (9-14) and youth (15-24); " and "Strengthening health and social

systems and improve infrastructure to provide comprehensive and integrated HIV services."

Peace Corps will design and implement behavior change interventions for MARP, including at-risk young people who are already sexually active and engaging in risky behaviors. Peace Corps Volunteers will actively engage youth as peer educators and partner with organizations to implement youth friendly initiatives. Small grant funding will be made available to support community-based initiatives demonstrating the potential to impact key behaviors impacting sexual vulnerability to HIV infection. Peace Corps has also developed new programs that focus on reducing the risk of HIV infection among women and girls and addressing harmful male norms. Activities will take place in small communities where Volunteers are placed in Antigua and Barbuda, Grenada, Saint Lucia, Saint Vincent and the Grenadines, Dominica, Saint Kitts and Nevis, Jamaica, Suriname and Belize.

Peace Corps activities are linked to the achievement of Goal 1, Strategic Objective 1.1 of the Partnership Framework: Build human, technical and institutional capacity in partner countries to effectively develop, implement, scale-up and sustain comprehensive "combination" HIV prevention strategies, including behavior change interventions for PEHRBs, PwP programs and structural interventions that help address cultural, gender-specific and normative factors contributing to HIV risk.

This implementing mechanism includes as a cross-cutting issue a focus on addressing gender norms that spur gender inequality through programs openly addressing gender power imbalances. Programs targeting girls and women seek to provide them with the opportunities to develop the decision-making and leadership skills needed to make healthy choices including in the face of gender norms that place them at heightened risk for HIV infection. Programs targeting 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. The USG supports the expansion of these programs as well as provision of opportunities for host country partners to expand their capacities and programming in this area.

The strategy of Peace Corps' work is to empower communities by enhancing the capacities of individuals and institutions work toward development goals and respond to development challenges, including HIV. Peace Corps provides training to host country counterparts to build capacity that is enhanced by on-site day-to-day support from Peace Corps Volunteers. It is a cost efficient and effective way to support capacity building given low program costs and one- two year assignment of each Volunteer.

Peace Corps will leverage its established systems for monitoring and evaluating progress toward targets. The outcomes of each Volunteer at the individual community level will be recorded in the Volunteer Reporting Form and summarized annually in the Project Status Report and the Initiative Status Report as

well as in reports shared with host country and other stakeholders. Data collected and analyzed will be used to monitor progress toward project goals, share achievements and challenges with host country partners during stakeholder meetings and through annual reports, and gage efficacy of the strategy.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**13162**		
Mechanism Name:	**HVOP - Prevention**		
Prime Partner Name:	**U.S. Peace Corps**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVOP	35,000	

Narrative:

Activities of the implementing mechanism include:
1) Capacity building in design and implementation of behavior change communication and intervention strategies for PEHRBs including at-risk young people who are already sexually active and engaging in risky behaviors. Capacity building will be supported through training, followed by on-site support from the Peace Corps Volunteer and Peace Corps staff 2) Actively engaging youth as peer educators and partnering with organizations to implement youth friendly initiatives in order to reduce vulnerability to sexual transmission of HIV. Small grant funding will be made available to support community-based initiatives demonstrating the potential to impact key behaviors impacting sexual vulnerability to HIV infection. 3) Strengthening existing systems and developing new programs that focus on reducing the risk of HIV infection among women and girls and addressing harmful male norms. On-site support will be supported by targeted training, program development and small grants for community implementation.

Quality of programming will be assured by oversight and supervision provided by the Peace Corps staff of the Eastern Caribbean based on each island nation and responsible for providing support to the Peace

Corps Volunteers, guiding their activities and monitoring outcomes. Sustainability of programs will be ensured by building capacity of community counterparts through training and on-site support provided by Peace Corps Volunteers placed in communities for two-year assignments. Training focuses on behavior change communication, project design and management and resource mobilization (focusing on use of local resources). Activities will take place in small communities where Volunteers are placed in Antigua and Barbuda, Grenada, Saint Vincent and the Grenadines, Dominica, Saint Kitts and Nevis and Saint Lucia.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13197	**Mechanism Name: Caribbean Health Leadership Institute/ UWI**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: University of the West Indies	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Benefitting Countries: None.

Total Funding: 400,000	
Funding Source	**Funding Amount**
GHCS (State)	400,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Human Resources for Health	400,000

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**13197**		
Mechanism Name:	**Caribbean Health Leadership Institute/ UWI**		
Prime Partner Name:	**University of the West Indies**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	OHSS	400,000	
Narrative:			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13319	**Mechanism Name: Stigma and Discrimination and PLWHA Advocacy and Leadership**
Funding Agency: U.S. Agency for International Development	Procurement Type: Umbrella Agreement
Prime Partner Name: Health Policy Project	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Benefitting Countries: None.

Total Funding: 290,000	
Funding Source	**Funding Amount**
GHCS (USAID)	290,000

Sub Partner Name(s)

TBD		

Overview Narrative

Stigma & Discrimination (S&D) have been described as key drivers of the HIV epidemic in the Caribbean. In fact, they have been identified as major barriers to the universal access to care treatment and support services, which is a critical millennium development goal for the Caribbean and particularly for persons living with HIV as well as most affected and most at risk populations. These "vulnerable groups" bear the brunt of the epidemic and often have rates of infection which are many times higher than the general population. Discrimination makes it difficult to reach these groups with the much needed services and programs which the Caribbean has already mobilized to scale up, in order to address the challenge of HIV on our small region.

The Pan Caribbean partnership against HIV/AIDS (PANCAP), regional leaders and policy makers recognized these barriers and in response have largely agreed to pursue a responsive human rights agenda. The new Caribbean Regional Strategic Framework (CRSF) 2008 – 2012 which guides the response of the region to the challenge of the HIV epidemic over the next four years, recognizes this barrier and puts an emphasis on developing and "enabling environment" which focuses on the "development of policies, programs and legislation that affirm human rights and counter deep underlying social barriers…". The need for the rights based approach was underscored in the work of PANCAP under the previous CRSF 2002-2007 which highlighted the need for "advocacy, policy development and legislation" around HIV. Research conducted in the region thus far, including national assessments of legal frameworks in several countries and explorations of the ways in which stigma and discrimination are being manifested, underscore the fact that "discrimination against PLHIV" is indeed a critical policy issue. Research also emphasizes a need for a variety of approaches to dealing with S&D.

CARICOM/PANCAP, as the leading regional entity tasked with leading the efforts on HIV/AIDS related policy reform, has embarked upon a mutli-pronged approach to addressing this issue of stigma and discrimination and has secured funding from other sources to cover some aspects of the response. This strategy involves: Legislative & Policy Reform; operationalization of Stigma & Discrimination Unit; development of national level recourse mechanisms; development of tools to measure S&D; research on S&D; development of behavior change and empowerment initiatives and the national level.

While S&D is not in and of itself a separate goal area under the PF, it has been recognized that the high incidence of S&D across this region greatly hinders the success and investments in other areas of the

response, especially the provision of prevention, care, treatment and support services. Given its cross-cutting importance, the USG has committed to addressing S&D as an overarching issue. Under the PF, the USG will work closely with CARICOM/PANCAP with the goal to pursue policy reform and behavioral change initiatives to address the pervasive reality of stigma and discrimination in the region, two areas where gaps exist in the technical assistance and financial resources needed to support the response. Efforts in this regard will be for the benefit of all PF countries, with the development of models and best practices that can be shared with all CARICOM/PANCAP member countries.

It is envisioned that by the end of the PF, the USG inputs would have assisted in enabling the countries in the region to enact many of the supporting policies and legislative changes needed to ensure that vulnerable and marginalized persons and groups become much less so and are in fact better supported as productive and valuable members of the Caribbean community. The policy reform efforts should also support simultaneous efforts to strengthen the health systems across the region as they seek to better integrate HIV care and treatment services into primary health care services. Behavior change efforts targeting health care providers, other service providers and the community at large will compliment these efforts.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**13319**		
Mechanism Name:	**Stigma and Discrimination and PLWHA Advocacy and Leadership**		
Prime Partner Name:	**Health Policy Project**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVOP	290,000	
Narrative:			
USAID Barbados will continue to provide technical assistance to enhance the regional and national			

agendas with respect to the promotion of the Human Right Agenda in support of a reduction of HIV related stigma and discrimination. Efforts will be made to leverage USG resources with other resources from the Global Fund and other donors in support of policy and legislative reform and the more meaningful engagement of PLWHA in the advocacy efforts. Efforts will be made to ensure that effective technical assistance is brought to bear on this process, drawing on lessons learned and best practices from across the world. Efforts will also be made to ensure that national level interests are also addressed.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13326	**Mechanism Name: St. Lucia Ministry of Health**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: St Lucia MoH	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Benefitting Countries: None.

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

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Human Resources for Health	92,000

Key Issues

Mobile Population

Budget Code Information

Mechanism ID: 13326 Mechanism Name: St. Lucia Ministry of Health Prime Partner Name: St Lucia MoH			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	HVSI	180,000	
Narrative:			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HLAB	50,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13333	**Mechanism Name: Strengthening Ministry of Health**
Funding Agency: U.S. Agency for International Development	Procurement Type: Grant
Prime Partner Name: MINISTRY OF HEALTH OF JAMAICA	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Benefitting Countries: None.

Total Funding: 1,473,400	
Funding Source	**Funding Amount**
GHCS (State)	1,280,000
GHCS (USAID)	193,400

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The Ministry of Health's National HIV/STI Control Programme in collaboration with the National AIDS Committee is the one authority in Jamaica and leads the national response to HIV &AIDS. It advocates for and coordinates the input of all sectors of the Jamaican society, including the private and public sectors and non-government organizations (NGOs). The Jamaica National HIV program implements strategies to achieve universal access to prevention treatment care and support. This includes scaling up prevention services, interventions for persons most at risk for HIV infection and, targeted community intervention, reduction of stigma and discrimination through sensitization and education, use of mass media, and establishment of mechanisms for monitoring and redress of cases of discrimination and the meaningful participation of PLWHIV.

USAID/Jamaica seeks to support the national HIV programs efforts to reach the most vulnerable population through existing NGOs/CBOs and faith based organizations by capitalizing on the strengths, positioning, and reach of these NGOs to these vulnerable groups. Jamaica has one of the highest prevalence rates in the region among the MSM and CSW population and this activity seeks to make an impact on reducing the new infection rates of persons contracting the disease and making an inroad into addressing the behaviors of these vulnerable populations. There will also be a focus on adolescents who practice high risk behaviors especially those who are part of the MSM and CSW community and found to be at high risk. These interventions are complimentary to the centrally funded C-Change activity that USAID/Jamaica plans to implement that seeks to provide technical support to the Government/NGO community in reaching MARPs and addressing their vulnerabilities. C-Change will transfer a mix of skills to the NGOs to ensure that they have the capacity to continue their outreach to vulnerable groups and become more sustainable when external funding declines. The GSM Project will provide support and capacity building to the MOH and local NGOs in the area of financial and administrative management.

The PEPFAR grant to the MOH will be used primarily to directly assist the MOH in scaling up their existing HIV prevention and care services for MARPs. This activity supports a key focus area of the Partnership Framework by addressing the HIV epidemic in the Caribbean which is primarily due to sexual transmission. The data shows higher prevalence among persons engaged in high risk behaviors and an

urgent need to reach these groups in various settings. USAID/Jamaica will support the HIV/STI Control programs in prevention education activities, peer to peer programming, development and dissemination of educational materials specially targeted at vulnerable groups etc. USAID and the MOH will coordinate all activities undertaken through PEPFAR and Global Fund to ensure harmonization and cost-effectiveness.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	280,000

Key Issues

Child Survival Activities
Mobile Population
Safe Motherhood
Family Planning

Budget Code Information

Mechanism ID:	**13333**		
Mechanism Name:	**Strengthening Ministry of Health**		
Prime Partner Name:	**MINISTRY OF HEALTH OF JAMAICA**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVCT	150,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	OHSS	280,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**

Prevention	HVOP	1,043,400	

Narrative:

USAID/Jamaica through a grant to the National HIV/STI Control program will increase and strengthen the National HIV/STI Prevention and Control Programme of the Ministry of Health and transfer skills and strengthen their capacity to become more sustainable. Specifically to support its coverage among the most vulnerable groups targeting MARPS and focusing on adolescents, SW and MSM population . Jamaica's submission to the Global Fund for an anticipated $17million over a 5 year period was recently rejected which will hinder the planned scale-up of activities to reach vulnerable communities.
USAID/Jamaica intends to help fill this gap through support to the national response to HIV with a major emphasis on transferring the skills to NGOs. Support will include strengthening their capacity to provide prevention education and addressing the increased vulnerability among MSM and CSW. This includes training workshops to empower participants and address risk behaviors. Educational materials will also be developed in coordination with PEPFAR and local partners. MSM and CSW will also be empowered to practice safe sex through their peers and outreach workers, skill building workshops and linkages to social services. Mapping exercises for sex worker and MSM sites will also be conducted as well as risk reduction interventions at MSM parties. Prevention education will be targeted at difficult to reach sex workers e.g. massage parlors and motels, to encourage safer sex practices and better treatment seeking behaviors. In addition there will be support through outreach activities targeting adolescents with information and skills to reduce their vulnerability to HIV/AIDS as well as engaging them reduction conversations and assessment. Athough data in Jamaica shows that there is an increase in tolerance of persons living with HIV & AIDS, high levels of stigma and discrimination exist.The Jamaica Network for Seropositive facilitates support groups that cater to the psycho-social needs of the PLHIV population. In keeping with the Partnership Frameworks thrust of addressing stigma and discrimination among MARPS and evenmoreso among the PLHIV population USAID/Jamaica would strengthen the Multisectoral Reporting and Redress Advisory Group to monitor the reporting of cases of HIV-related discrimination and redress and for continued development and implementation of a discrimination reporting and redress system and for the outreach activities of a Unit for GIPA (Greater Involvement of Persons Living with HIV and AIDS). USAID will also support work place and faith based programs addressing stigma and discrimination. Organizations will be provided with technical assistance to integrate HIV/AIDS workplace issues into the operations of selected small and medium sized businesses, along with the appropriate resources to carry out interventions. This workplace component will be spearheaded by the MOLSS with involvement from the MOH.
Supportive supervision and quality assurance will be the responsibility of the MOH who will play a key role in establishing a national minimum package of service for MARPs in order to ensure quality.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13335	**Mechanism Name: Regional Laboratory Accreditation**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: AFENET	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Benefitting Countries: None.

Total Funding: 1,094,000	
Funding Source	**Funding Amount**
GHCS (State)	1,094,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Human Resources for Health	208,000

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	13335		
Mechanism Name:	Regional Laboratory Accreditation		
Prime Partner Name:	AFENET		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HLAB	1,094,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13376	**Mechanism Name: ITECH**
Funding Agency: U.S. Department of Health and Human Services/Health Resources and Services Administration	Procurement Type: Cooperative Agreement
Prime Partner Name: University of Washington	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Benefitting Countries: None.

Total Funding: 1,910,000	
Funding Source	**Funding Amount**
GHCS (State)	1,910,000

Sub Partner Name(s)

CHART		

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**13376**		
Mechanism Name:	**ITECH**		
Prime Partner Name:	**University of Washington**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	170,000	
Narrative:			
TA for ongoing delivery and expansion of basic health care in-service training for health care workers (current activity). Training of CSO members on mome/community based care and support for PLHIV. (current activity)			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HTXS	110,000	
Narrative:			
TA for the ongoing delivery and expansion of ART in-service training for health care workers. CHART will continue to provide training related to the atiretroviral management of patients living with HIV and AIDS in support of the decentralization of care in each of their countries. As more primary care providers begin to assume responsibility for HIV-infected patients the need for ART training will grow. Expanded use of distance learning training methodologies will assist the training centres in providing cost-effective and accessible ART training to a wider group of clinicians with varying levels of HIV knowledge and skill.			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	OHSS	1,630,000	
Narrative:			
TA to support the completion of HRH assessments in 12 countries (new). Training or TA related to HRIS			

to ensure evidence based HRH decision making at the country level (current). TA to develop a training plan based on the HRH assessment and HRH plan (current).TA to develop competency standards for HIV-related service delivery at all levels (current activity). TA to link tracking of health care workers via TrainSMART with a national HRIS (current activity). TA to update and standardize training curricula. TA to develop strategies for staff recruitment and retention (New activity). Strengthen the capacity of CHART training centers to conduct outcome evaluations (current activity). TA to CHART/RCU to adapt TrainSMART as the national training database in 12 countries and transition hosting of TrainSMART to CHART and/or to national governments (current activity). TA for the expansion of pre-service curriculum development and training (current activity).TA to develop training for mid-level management professionals (current activity). TA to establish and provide a structured clinical mentoring programme for physicians, pharmacists and nurses (current activity)

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13397	**Mechanism Name: Dominica Ministry of Health**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Dominica MOH	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Benefitting Countries: None.

Total Funding: 130,000	
Funding Source	**Funding Amount**
GHCS (State)	130,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Human Resources for Health	52,000

Key Issues

Mobile Population

Budget Code Information

Mechanism ID:	**13397**		
Mechanism Name:	**Dominica Ministry of Health**		
Prime Partner Name:	**Dominica MOH**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	HVSI	80,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HLAB	50,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13410	**Mechanism Name: PANCAP**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement

Prime Partner Name: Caribbean Community (CARICOM) Pan Caribbean Partnership Against AIDS	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Benefitting Countries: None.

Total Funding: 500,000	
Funding Source	**Funding Amount**
GHCS (State)	500,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Human Resources for Health	400,000

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: **Mechanism Name:** **Prime Partner Name:**	**13410** **PANCAP** **Caribbean Community (CARICOM) Pan Caribbean Partnership Against AIDS**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	OHSS	500,000	
Narrative:			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13446	**Mechanism Name: RELTP**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Benefitting Countries: None.

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

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Human Resources for Health	REDACTED

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**13446**
Mechanism Name:	**RELTP**
Prime Partner Name:	**TBD**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	Redacted	Redacted
Narrative:			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	OHSS	Redacted	Redacted
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13451	**Mechanism Name: Data collection and Analysis Measure Evaluation Phase III**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: University of North Carolina	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Benefitting Countries: None.

Total Funding: 170,000	
Funding Source	**Funding Amount**
GHCS (State)	170,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Measure Evaluation Phase III continues the MEASURE program's 10 year initiative to improve the collection, analysis and presentation of data to promote better use in planning, policy making, managing,

monitoring and evaluating of population health and nutrition programs. The program aims to accomplish this through achieving the following six results: (1) increased user demand for data and tools;(2) increased individual and institutional capacity in monitoring and evaluation: (3) increased collaboration and coordination in obtaining and sharing health sector data; (4) improved tools, methodologies and technical guidance; (5) increased availability of data methods and tools; and (6) increased facilitation of data use. MEASURE Evaluation Phase III is the Global Health Bureau's primary vehicle for supporting improvements in monitoring and evaluation in population, health and nutrition world wide.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**13451**		
Mechanism Name:	**Data collection and Analysis Measure Evaluation Phase III**		
Prime Partner Name:	**University of North Carolina**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	HVSI	170,000	

Narrative:

MEASURE Evaluation has provided technical assistance in facilitation of information and program monitoring and evaluation to the Jamaica Ministry of Health National HIV/STI Control & Prevention Program (NHSCP Program) and the Healthy Lifestyles Project activities during the strategy period (2005-2009). Activities included strengthening the National M&E System, surveys on HIV/AIDS Marginalized populations particularly focusing on the MSM and CSW population, adolescent healthy lifestyle risk and resiliency surveys as well as the design and conduct of the PLACE Randomized control trial. In addition MEASURE has provided technical assistance to USAID/Jamaica for PEPFAR Reporting.

USAID Jamaica would continue its support to MEASURE Evaluation to strengthen the M&E Framework of the national program, conduct special behavioral studies on high risk populations and to integrate M&E

among key partners.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13460	**Mechanism Name: Barbados Ministry of Health**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Barbados MOH	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Benefitting Countries: None.

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

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Human Resources for Health	112,000

Key Issues

Mobile Population

Budget Code Information

Mechanism ID:	13460		
Mechanism Name:	Barbados Ministry of Health		
Prime Partner Name:	Barbados MOH		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	HVSI	130,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HLAB	150,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13519	**Mechanism Name: Measure Evaluation III**
Funding Agency: U.S. Agency for International Development	Procurement Type: Umbrella Agreement
Prime Partner Name: MEASURE EVALUATION PHASE III	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Benefitting Countries: None.

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

Sub Partner Name(s)

(No data provided.)

Overview Narrative

USAID/ Barbados is partnering with the University of North Carolina Chapel Hill- Measure Evaluation phase III Project to assist the Organization of Eastern Caribbean States (OECS) to improve their monitoring and evaluation systems and processes. USAID/Barbados though MEIII will work closely with the CDC, the OECS Secretariat and PAHO to synergize approaches and inputs to the benefit of the countries of the OECS.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**13519**		
Mechanism Name:	**Measure Evaluation III**		
Prime Partner Name:	**MEASURE EVALUATION PHASE III**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	HVSI	300,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13534	**Mechanism Name: Surveys & Surveillance MARPS**
Funding Agency: U.S. Department of Health and	Procurement Type: Cooperative Agreement

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

Benefitting Countries: None.

Total Funding: 600,000	
Funding Source	**Funding Amount**
GHCS (State)	600,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Human Resources for Health	60,000

Key Issues

Mobile Population

Budget Code Information

Mechanism ID:	**13534**		
Mechanism Name:	**Surveys & Surveillance MARPS**		
Prime Partner Name:	**NASTAD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**

Other	HVSI	600,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13535	**Mechanism Name: Civil Society Capacity Building in Support of MARPS Prevention Trinidad**
Funding Agency: U.S. Agency for International Development	Procurement Type: Umbrella Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Benefitting Countries: None.

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

Sub Partner Name(s)

TBD		

Overview Narrative

Active and sustained civil society engagement has been higlighted as a critical and limited component of the HIV/AIDS response across the Caribbean Region. This issue was higlighted during a recent assessment of Trinidad and Tobago which suggested that there was substantial potential for effective collaborations between the national authorities and the civil society partners in the delivery of services and commodities to most at risk populations (MARPs). While these community-based, non-governmental and faith-based organization are in a position to reach and engage vulnerable populations and individuals, there are recognizable limitations in their institutional and technical capacity. Efforts are

therefore needed to strengthen the capacity of civil society partners to facilitate their effective and sustained involvement in the national HIV/AIDS response.

USAID has the institutional capacity and implementing mechanisms to effectively address this level of capacity development. Providing technical assistance to local civil society partners will help to: to improve on their capacity to manage fiscal resources; enhance their ability to develop technically sound programs or activities through a participatory process of partner engagement; develop grant applications to fund activities; monitor and report on programs and funding; and faciltate linkages to other services. Building the capacity of these partners in the area of advocacy will also be beneficial to effort to reduce HIV related stigma and discrimination.

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	REDACTED

Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Increasing women's legal rights and protection
Mobile Population

Budget Code Information

Mechanism ID: **Mechanism Name:** **Prime Partner Name:**	**13535** **Civil Society Capacity Building in Support of MARPS Prevention** **Trinidad** **TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVOP	Redacted	Redacted
Narrative:			
USAID will seek to strengthen the institutional and technical capacity of civil society partners to actively engage in the delivery of HIV prevention services and commodities to most-at-risk persons (MARPs).			

Efforts will be made to build capacity for sustained civil society involvement as a vital component of the national HIV/AIDS response.

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				23,000	33,780	56,780
ICASS				115,000	205,800	320,800
Management Meetings/Professional Developement				50,000	33,050	83,050
Non-ICASS Administrative Costs				42,000	35,508	77,508
Peace Corps Volunteer Costs					15,000	15,000
Staff Program Travel				89,442	90,782	180,224
USG Staff Salaries and Benefits				313,958	562,680	876,638

Total	**0**	**0**	**0**	**633,400**	**976,600**	**1,610,000**

U.S. Agency for International Development Other Costs Details

Category	Item	Funding Source	Description	Amount
Computers/IT Services		GHCS (State)		23,000
Computers/IT Services		GHCS (USAID)		33,780
ICASS		GHCS (State)		115,000
ICASS		GHCS (USAID)		205,800
Management Meetings/Professional Developement		GHCS (State)		50,000
Management Meetings/Professional Developement		GHCS (USAID)		33,050
Non-ICASS Administrative Costs		GHCS (State)		42,000
Non-ICASS Administrative Costs		GHCS (USAID)		35,508

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				5,000		5,000
ICASS				20,000		20,000
Management Meetings/Professional Developement				40,000		40,000

Non-ICASS Administrative Costs				10,000		10,000
Staff Program Travel				80,000		80,000
USG Staff Salaries and Benefits				70,000		70,000
Total	**0**	**0**	**0**	**225,000**	**0**	**225,000**

U.S. Department of Defense Other Costs Details

Category	Item	Funding Source	Description	Amount
Computers/IT Services		GHCS (State)		5,000
ICASS		GHCS (State)		20,000
Management Meetings/Professional Developement		GHCS (State)		40,000
Non-ICASS Administrative Costs		GHCS (State)		10,000

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

Agency Cost of Doing Business	Central GHCS (State)	DHAPP	GAP	GHCS (State)	GHCS (USAID)	Cost of Doing Business Category Total
Capital Security Cost Sharing			103,075			103,075
Computers/IT Services			30,000			30,000
ICASS			73,000	230,000		303,000
Non-ICASS			84,600			84,600

Administrative Costs						
Staff Program Travel			170,000			170,000
USG Staff Salaries and Benefits			1,039,325	270,000		1,309,325
Total	**0**	**0**	**1,500,000**	**500,000**	**0**	**2,000,000**

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		103,075
Computers/IT Services		GAP		30,000
ICASS		GAP		73,000
ICASS		GHCS (State)		230,000
Non-ICASS Administrative Costs		GAP		84,600

U.S. Peace Corps

Agency Cost of Doing Business	Central GHCS (State)	DHAPP	GAP	GHCS (State)	GHCS (USAID)	Cost of Doing Business Category Total
Peace Corps Volunteer Costs				160,000		160,000
Staff Program Travel				60,000		60,000
Total	**0**	**0**	**0**	**220,000**	**0**	**220,000**