



Central America Region
Operational Plan Report
FY 2012



Operating Unit Overview

OU Executive Summary

OVERVIEW

The PEPFAR Central America team developed this Fiscal Year 12 Regional Operational Plan (ROP) through a multi-stakeholder process across seven countries. The top priorities for this year include an even stronger focus on the highest risk and most vulnerable transgender and People Living with HIV/AIDS (PLHIV) populations, a focus on comprehensive evaluation of the collective regional interagency program, and a focus on sustainability or transition planning in light of the global economic realities and the regional context.

REGIONAL CONTEXT

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

According to UNAIDS (2009), HIV prevalence in adults in Central America is highest in Belize (2.3 percent), followed by Panama (0.9 percent), El Salvador (0.8 percent), Guatemala (0.8 percent), Honduras (0.8 percent), Costa Rica (0.3 percent), and Nicaragua (0.2 percent). These relatively low national percentages mask the concentrated epidemic among the most at-risk populations (MARPs). Belize, a country which geographically, politically and culturally straddles both Central America and the Caribbean, is an exception with a prevalence rate above 1% but still has an epidemic driven by the same high risk populations.

Data continue to demonstrate that Female Sex Workers (FSWs) and Men Who Have Sex with Men (MSM) are the two populations with the highest HIV prevalence rates in the region. Results from the most recent USG supported Behavioral Surveillance Studies (BSS)+ show the prevalence for MSM was 9.8% in El Salvador, 9.9% in Honduras (both across multiple cities), and 7.5% in Managua, Nicaragua. These numbers reflect declines among MSM in all three countries suggesting that condom promotion and other prevention efforts may have had a positive impact. The transgender (male to female) data are included as MSM, which has often masked the much higher prevalence rates of this group. As a direct result of engagement and dialogue with transgender community groups, the transgender population data was also considered separately in both recent studies which revealed HIV prevalence rates in this relatively small but very high risk group of 19.7% and 23.3% in two major cities of El Salvador and 9.7% and 27.8% in



cities in Nicaragua. In the same studies, the prevalence range was 5.7% among FSWs in the capital of El Salvador (2008), 5.5% and 4.6% in the biggest cities of Honduras (2006) and 2.4% in Managua, Nicaragua (2009). For Honduras and El Salvador these numbers represent declines in FSW prevalence which at least partially reflects USG efforts focused on these populations. With the exception of the 2009 DoD supported BSS+ with the Belize Defense Force, which showed a prevalence rate of 1.14% among military personnel, there are no other country-level studies to date on militaries and HIV prevalence. The limited data available suggest that intravenous drug use is not a major factor in HIV transmission in the region.

Host country governments continue to show strong national and regional leadership in response to the epidemic and provide the majority of the resources in support of national HIV/AIDS programs. With additional support of grants from the Global Fund to Fight AIDS, Tuberculosis and Malaria, government efforts have focused on providing anti-retroviral treatment, care for PLHIV, programs to Prevent Mother-to-Child Transmission, and behavior change communication (BCC) for low and high risk groups. HIV activities supported by host governments have had notably limited coverage of most-at-risk populations and stigma and discrimination directed toward these populations continue to represent major barriers to effectively address the epidemic across the region.

Under the auspices of the Regional Partnership Framework signed by all seven Central American countries in March 2010, the USG supports host country governments to more effectively and efficiently lead the national and regional responses to the epidemic through strategic technical assistance and close coordination with all key stakeholders in the region from the Global Fund and UN organizations, to civil society and limited but increasing involvement of the private sector. A focus on most at risk populations is the strongest cross-cutting theme of the Partnership Framework and the USG team plays an essential role in keeping these populations at the forefront of the national and regional responses through community, policy and technical level dialogues. While the German government started a relatively small regional HIV program last year, the USG remains the largest bilateral donor in HIV in Central America and the only other major donor in addition to the Global Fund.

The most pervasive challenge affecting work in all sectors is the continually deteriorating security situation in the region. In the most recent UN Office on Drug and Crime's Global Study on Homicide, four Central American countries were included among the top ten countries with the world's highest homicide rates, and Honduras and El Salvador took the number one and two spots. With violent crime especially present in urban areas where at risk populations are concentrated, community outreach workers literally risk their lives to deliver needed HIV prevention messages. While the violence in many countries touches all corners of the population, MARP communities have been especially targeted and leaders from these communities have been killed for engaging in public advocacy, making empowerment of these groups



even more complex. Despite security challenges, important work continues to move forward buoyed by the courage of local leaders.

PEPFAR FOCUS IN FY 2012

In FY2012, the Central America USG team will continue to be guided by the vision of the Regional Partnership Framework and Global Health Initiative (GHI) principles with a clear commitment to country ownership and building local capacity. While most of the principles and priorities outlined in the Central America Partnership Framework already correspond to newly outlined PEPFAR global priorities, the USG has made some adjustments to better address these areas.

While a MARPs focus is not new, for FY2012 the USG team has critically analyzed new evidence coming from USG supported studies to further investigate what sub-populations are driving the epidemic. The recent BSS+ studies in El Salvador and Nicaragua, show extraordinarily high prevalence among the transgender community, and while considered MSM for epidemiological purposes, their context and gender identity need specifically tailored interventions and services. In addition, BSS+ results showed PLHIV with high rates of STIs and a recent PEPFAR Prevention Technical Working Group visit highlighted lack of programs for PLHIV. In response to this new information about our epidemic, we are able to focus our program even better. The USG team has chosen to specifically strengthen prevention and related efforts for transgender women and PLHIV or Positive Health, Dignity and Prevention in FY2012. These two populations represent the most stigmatized, the most vulnerable and those with the most risky behaviors. Through targeted programming, we feel confident that our limited resources will have a bigger impact. Ongoing activities with other identified MARP populations such as MSM and SW will also continue. In accordance with GHI principles, gender is a continuing crosscutting theme in our work with all these populations and a new priority this year includes focusing on Gender Based Violence (GBV) in relation to MARPs, especially transgender, MSM and CSW populations, who are highly vulnerable to extreme violence in this region due to engrained cultural stigma and discrimination related to gender norms and identities.

In addition to filling needed gaps in working directly with MARPs groups, the USG will continue to engage with governments on all levels and explore creative ways to foster dialogue and collaboration between national and regional leaders and the most affected and marginalized populations. USG efforts to build the technical, management, and leadership capacity of small civil society groups representing these populations improves their ability to respond to community needs but also their effectiveness in advocacy and coordination with the government.

During ROP discussions, the USG team spent time considering how to continue to ensure the best use of limited resources and the on-going mandate for monitoring and evaluation, which is highlighted as a GHI



principle. For the first time, a part of the FY2012 budget was set aside for a comprehensive independent interagency program evaluation of activities to analyze USG progress and effectiveness in achieving sustainability across programs, which is a key part of the Partnership Framework. The evaluation will assess which USG programs might serve as models in their successful approaches to institutionalizing and building long term capacity and what steps and adjustments other programs might make to ensure increased country ownership.

USG efforts to support priorities identified in the Partnership Framework will continue in FY12 as PEPFAR activities work to strengthen health systems through capacity building in laboratory, supply chain management, quality continuum of care, and improving generation, access to and use of strategic information. The USG will build on previous assistance in the policy arena to ensure HIV related policies now in place are actually implemented. Current efforts that will continue in FY12 strongly align with new PEPFAR priority areas including comprehensive prevention programming with MARPs, testing and counseling, TB/HIV and integrating capacity building into every activity. Comprehensive USG engagement with the Global Fund in each country ensures that the effective and efficient use of resources remains a top USG priority, especially as the region's future eligibility for grants seems uncertain.

PEPFAR in Central America is uniquely situated to contribute to country level GHI strategies that have been developed in Guatemala and Honduras, as both have a focus on improving access to and quality of health services for marginalized populations. PEPFAR programs build on regional lessons learned while adapting activities for specific country contexts. While development of other country strategies in the region is under discussion, the GHI principles of health system strengthening, country ownership, strategic coordination, and leveraging the investments of other key organizations form the foundation of PEPFAR activities and are incorporated into the Partnership Framework.

A major internal change for the FY12 ROP is the incorporation of all USG HIV/AIDS programs in the region for the first time. Bilateral activities in Honduras, El Salvador, Guatemala and Nicaragua were previously captured in F/Operational Plans and while coordination between regional and bilateral USG programming has always existed, the development of the FY12 ROP represents a significant and positive shift in planning USG activities in the region in one coordinated manner.

PF/PFIP MONITORING

FY2012 represents a pivotal year for the Central America region to evaluate progress on Partnership Framework (PF) goals and look with our host country and regional counterparts towards the future of a sustained and effective response.



Activities included in the FY12 ROP aim to continue to fulfill the USG commitments outlined in the PF, which includes support for national and regional responses to achieve the following four goals:

- 1) Prevention: To increase healthy behaviors among MARPS to reduce HIV transmission
- 2) Health Systems Strengthening (HSS): To build the capacity of countries to more effectively reach MARPs by coordinating efforts among implementing partners to deliver sustainable high quality HIV/AIDS services focusing in three key areas: service delivery, health workforce capacity, and timely and adequate provision of essential medical products.
- 3) Strategic Information (SI): To build the capacity of countries to monitor and use information that enhances understanding of the epidemic and enables individual countries and the region to take appropriate actions with sustainable, evidence-based, and cost effective program interventions.
- 4) Policy Environment: To improve the policy environment for reaching the ultimate goal of Universal Access to HIV/AIDS services in the Central America region.

Unlike other regions of the world, Central American governments have shown clear leadership in their response to the HIV epidemic, including government financial resources. With the Partnership Framework, Central America and the USG reaffirmed and formalized the ongoing relationship of technical collaboration and most importantly all parties demonstrated a clear commitment to focusing on the at risk populations most affected by HIV in the region, an area where government leadership has been sorely lacking.

The Regional Coordinating Mechanism (RCM), made up of all National HIV/AIDS Program Directors or their equivalents, civil society, and donors, acts as the HIV technical arm for the Central American Council of Ministries of Health (COMISCA) and represents the monitoring body for the Partnership Framework. Progress on the PF has been discussed at quarterly RCM meetings. While the Partnership Framework Implementation Plan (PFIP) was completed and signed in October 2010 upon further review, the team felt that national commitments were not adequately captured as part of the PFIP Monitoring and Evaluation plan. After discussion and input from the RCM, three additional indicators were added that better reflect the national and regional commitment, especially in terms of focus on MARPs. These include monitoring the percentage of the national prevention budget directed towards MARPs, which has been very low to date, the existence of a regional information system for monitoring a prioritized group of indicators, which is a COMISCA commitment, and the percentage of countries with a sustainable case notification system.

In FY2011, the USG also held a series of country level meetings with all USG agencies represented and



with all key national stakeholders to ensure local level awareness knowledge of the PF commitments and review USG activities in that particular country as they related to the PF. Each meeting created space for identification of coordination opportunities and set the stage for national level monitoring of PF commitments.

For 2012, the USG plans to hold a series of country specific meetings to discuss PF progress in depth, culminating in a regional meeting with RCM members and others to analyze our joint success in meeting PF goals and to identify where gaps still exist and we need to adjust efforts accordingly. The USG team hopes these meetings will also help inform the evaluation on sustainability as the overarching PF goal is a long term effective and efficient quality regional response geared towards the populations driving the epidemic and those most in need.

COUNTRY OWNERSHIP ASSESSMENT

With the majority of the USG investments in the region supporting technical assistance, country ownership is at the heart of the PEPFAR Central America program. The USG provides support to programs that are in many senses already 'owned' by countries or regions, whether USG partners are working to improve the quality of HIV related services at a public hospital or building the capacity of a MARPs oriented NGO. In FY2012 the USG team plans to be more intentional regarding country ownership and articulate what this means in the context of each and every USG supported activity. True country ownership of programs geared towards the appropriate populations is still severely lacking, although the USG has played a key role in supporting development of national and regional strategic plans in the last year that better reflect the reality of the region's concentrated epidemic. The USG is committed over the next year to developing specific plans for each technical area to better identify how all activities are enabling and supporting sustainable local ownership especially in relation to MARPs.

All USG activities are reviewed and validated and often developed jointly with host country government and civil society counterparts at different levels and all activities must clearly align with national strategic plans in each country. At the country level, discussions are held with Global Fund and other donors to ensure there is no duplication with USG supported activities. While engagement on USG planning for activities happens throughout the year, in the past when the time has come to develop USG specific documents like the ROP, the usual approach was for the USG to work on the planning separately while also carefully taking into account all the input from host country discussions. With the development of the FY12 ROP, for the first time, the USG brought stakeholders together during a series of technical meetings and later a full ROP Retreat to specifically discuss priorities and plans to intentionally design together USG HIV plans for FY12 funds.

The Partnership Framework guided the planning for the FY12 ROP, as the PF goal areas represent the



priorities jointly identified by regional host country counterparts. While those four goal areas do not neatly correspond to PEPFAR technical areas or budget codes, all discussion and planning followed the organization of the PF and then was later adapted to fit USG categories. USG team members formed technical discussion groups for each PF goal area, which consisted of USG partners, civil society, government counterparts and multilateral representatives. Each group was tasked with covering the following three areas:

1. Current Status of Technical Area/Review of the Evidence

What is the latest evidence in regards to the technical area for our region? What is best practice for our technical area? Are there any new ideas we need to consider (e.g.; new research findings we should incorporate)?

2. Current Technical Area Activities in Region (USG & Other Stakeholders)

What are we currently doing? What are others doing?

3. Identify Gaps & Recommendations for FY12 Planning

Where are gaps in our technical area that the USG should be addressing? How can USG activities be adjusted or changed to reflect the latest evidence or best practice?

While bringing together regional groups poses logistical challenges, telephone and video conferencing was used to try to ensure robust participation in these groups. The process culminated in a one day ROP retreat attended by a representative sample of external stakeholders who discussed the conclusions of each technical group and came to consensus on focus areas for FY12. The USG team then subsequently spent a full day with the Regional Coordinating Mechanism to further discuss the priorities of each technical area and crosscutting themes, such as capacity building. RCM members commented that this was the first time a donor had engaged them in their planning process in such a comprehensive way.

As all activities are in line with the PF and national plans, no major concerns were raised during this process on the part of host country counterparts. As happens throughout the year, requests came up around support for very specific activities in a certain country and where possible and when they fit the scope of existing USG projects, these requests are accommodated. Engaging governments and other stakeholders during this planning represented a learning process. The USG team looks forward to refining this process and building on this year's experience in the future.

With seven countries, the region has seven different models of country ownership and a regional sense of ownership. The following is a general overview of country ownership in the region based on the four dimensions of political ownership, institutional ownership, capabilities, and accountability.



Political Ownership

On the one hand, governments and regional entities show clear political leadership in articulating priorities and plans represented by comprehensive national and regional strategic plans developed with multi-sectoral stakeholders convened and led by government representatives. In all countries, the vast majority of stakeholders respect the government's stewardship capacity and are open and transparent regarding the details of their HIV related activities so governments are aware of who is doing what. Real government oversight of other stakeholder activities is more limited and varies greatly between countries.

Challenges arise when a government's vision is not aligned with the realities of the region's concentrated epidemic. In the past, many governments focused on the general population, with an emphasis on women and children and little to no inclusion of the most at risk populations. Civil society representing these populations was not included in dialogues at any level. With USG and other donor encouragement, this pattern has shifted over the past several years as symbolized by the signing of the Partnership Framework with a clear focus on MARPs.

The USG provides key technical assistance to national and regional bodies in support of developing national and regional visions. The USG plays a pivotal role in fostering the relationship between government and civil society in many countries and ensuring that at-risk populations remain at the center of high-level dialogue. With the Global Fund and UNAIDS sharing the same priorities and with data from USG supported epidemiological and other studies continuing to show high rates among the same groups, governments are receptive to this support. However, it often falls to donor funding to cover the parts of the national plan that address MARPs and, in countries like Costa Rica with extremely limited donor funding and no Global Fund grants, MARPs focused programming is discussed by all but only supported by relatively small USG funding. The private sector has played a limited role to date, but USG programs are engaging private sector companies in areas such as HIV workplace policies and bringing them into the fold of stakeholders.

Institutional Ownership

With the majority of financing coming from host country governments, local public institutions are managing this funding and thus are responsible for all aspects of program implementation. In countries like Guatemala, El Salvador and Nicaragua, government institutions are principal recipients of Global Fund grants and in all cases, governments and civil society participate and lead the Country Coordinating Mechanisms responsible for oversight of Global Fund funded activities. While local civil society groups work to set their own agendas, they are often highly dependent on donor funding and priorities, which means they do not have complete decision-making authority for all stages of their program development.



The USG works to build the capacity of local institutions provides direct financial support to COMISCA for work on shared priorities and, through umbrella mechanisms, provides grants to local NGOs. In an innovative arrangement in Honduras, the USG funds the Ministry of Health to use its own mechanism to fund local MARPs civil society organizations. This puts resource management in the hands of local organizations and also establishes a precedent for the government to provide grants to these NGOs.

Capabilities

The technical and management capacity of local entities vary greatly between countries, technical areas and sectors. Overall human resource capacity is relatively strong throughout the region, but specific technical and management expertise is lacking. High turnover, especially in public institutions, remains a huge challenge as individual capacity might be strengthened but institutional capacity is stagnant.

The USG continues to work to build the capacity of the public health sector, including military health systems at all levels, from community health workers to policy makers. As governments are already managing the majority of their national response, the USG provides specific and strategic technical assistance to address identified gaps in areas such as monitoring and evaluation and surveillance. The USG is also increasing efforts to build the management and administrative capacity of small community organizations that represent and work with MARPs to facilitate their ability to qualify for external funding.

Accountability

Formal structures such as National AIDS Commissions and Country Coordinating Mechanisms are functioning better in some countries than others, but all these bodies provide platforms for dialogue between government and civil society, and spaces for dialogue are a key step to accountability. There continues to be spaces at the table for civil society groups. Around certain issues, such as anti-retroviral medicine stock-outs, civil society advocacy groups and their supporters have been successful in holding the government accountable by exerting very public pressure and using the media to get their message out. Challenges remain around issues specific to at-risk populations who are socially marginalized and not considered politically important constituencies.

The USG is supporting accountability at the community level through the network of community/clinic networks where hospital leadership and patients and other community groups, such as local government, participate in discussion around quality of care issues. These groups allow the public health system to be held accountable by the community, but also work to facilitate joint problem solving. The USG also works with MARPs groups to improve their advocacy skills and with other donors to continue to ensure they have seats at the appropriate table with public sector leaders.

CENTRAL INITIATIVES



The Central America concept paper for the Gender Challenge Fund was recently accepted and the USG hopes to use these additional resources to fund ongoing work related to Gender Based Violence (GBV) in Guatemala, with a special focus on GBV and the FSW, MSM and trans populations. These groups are often targets of GBV, but usually have no recourse or access to needed services. Together with a GBV working group led by the government, USG and partners will work with service providers and MARPs groups to expand knowledge of and access to quality services for survivors of GBV. An additional country, with strong political will and institutions dealing with this issue, will be chosen to replicate the model of work already being carried out in Guatemala. The model will be shared with the RCM in order to inform all countries within the region of the process.

Central America was also chosen for a centrally funded Global Fund Liaison position due to the important role the Global Fund plays in the region and the need for better coordination. In individual countries, USG team members play important roles in their respective CCMs and the RCM, but having a dedicated person would greatly improve the USG capacity to fulfill our mandate to ensure the effectiveness of Global Fund activities and appropriate use of resources. A USG team from Washington helped design a scope of work for this position, but the challenge continues to be finding a home and mechanism for the Liaison, as USG posts are being urged to limit their footprint in the region. Discussions are ongoing with OGAC on how to resolve this issue and hopefully in FY 2012 we will fill this much-needed position.

Population and HIV Statistics Belize - Central America

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 Statistics Costa Rica

Population and HIV Statistics				Additional Sources		
	Value	Year	Source	Value	Year	Source
Adults 15+ living with HIV	9,600	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Adults 15-49 HIV Prevalence Rate	00	2009	UNAIDS Report on the global AIDS Epidemic			

			2010			
Children 0-14 living with HIV						
Deaths due to HIV/AIDS	500	2009	UNAIDS Report on the global AIDS Epidemic 2010. This mid-point estimate is calculated based on the range provided in the report.			
Estimated new HIV infections among adults						
Estimated new HIV infections among adults and children						
Estimated number of pregnant women in the last 12 months	76,000	2009	State of the World's Children 2011, UNICEF.			
Estimated number of pregnant women living with HIV needing ART for PMTCT						
Number of people living with HIV/AIDS	9,800	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Orphans 0-17 due to HIV/AIDS						

The estimated number of adults and children with advanced HIV infection (in need of ART)	5,100	2010	Global HIV/AIDS response: epidemic update and health sector progress towards universal access: progress report 2011			
Women 15+ living with HIV	2,800	2009	UNAIDS Report on the global AIDS Epidemic 2010			

Population and HIV StatisticsEI Salvador

Population and HIV Statistics				Additional Sources		
	Value	Year	Source	Value	Year	Source
Adults 15+ living with HIV	32,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Adults 15-49 HIV Prevalence Rate	01	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Children 0-14 living with HIV						
Deaths due to HIV/AIDS	1,400	2009	UNAIDS Report on the global AIDS Epidemic 2010			

Estimated new HIV infections among adults						
Estimated new HIV infections among adults and children						
Estimated number of pregnant women in the last 12 months	125,000	2009	State of the World's Children 2011, UNICEF.			
Estimated number of pregnant women living with HIV needing ART for PMTCT						
Number of people living with HIV/AIDS	34,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Orphans 0-17 due to HIV/AIDS						
The estimated number of adults and children with advanced HIV infection (in need of ART)	9,900	2010	Global HIV/AIDS response: epidemic update and health sector progress towards universal access: progress report 2011			
Women 15+ living with HIV	11,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			

Population and HIV Statistics Guatemala

Population and HIV Statistics				Additional Sources		
	Value	Year	Source	Value	Year	Source
Adults 15+ living with HIV	60,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Adults 15-49 HIV Prevalence Rate	01	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Children 0-14 living with HIV						
Deaths due to HIV/AIDS	2,600	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Estimated new HIV infections among adults						
Estimated new HIV infections among adults and children						
Estimated number of pregnant women in the last 12 months	456,000	2009	State of the World's Children 2011, UNICEF.			
Estimated number of pregnant women living with HIV						

needing ART for PMTCT						
Number of people living with HIV/AIDS	62,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Orphans 0-17 due to HIV/AIDS						
The estimated number of adults and children with advanced HIV infection (in need of ART)	23,000	2010	Global HIV/AIDS response: epidemic update and health sector progress towards universal access: progress report 2011			
Women 15+ living with HIV	20,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			

Population and HIV Statistics Honduras

Population and HIV Statistics				Additional Sources		
	Value	Year	Source	Value	Year	Source
Adults 15+ living with HIV	37,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Adults 15-49 HIV Prevalence Rate	01	2009	UNAIDS Report on the global			

			AIDS Epidemic 2010			
Children 0-14 living with HIV						
Deaths due to HIV/AIDS	2,500	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Estimated new HIV infections among adults						
Estimated new HIV infections among adults and children						
Estimated number of pregnant women in the last 12 months	202,000	2009	State of the World's Children 2011, UNICEF.			
Estimated number of pregnant women living with HIV needing ART for PMTCT						
Number of people living with HIV/AIDS	39,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Orphans 0-17 due to HIV/AIDS						
The estimated number of adults and children with advanced HIV infection (in need of	15,000	2010	Global HIV/AIDS response: epidemic update and health sector progress towards			

ART)			universal access: progress report 2011			
Women 15+ living with HIV	12,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			

Population and HIV Statistics Nicaragua

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 Statistics Panama

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

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

Partnership Framework (PF)/Strategy - Goals and Objectives

Number	Goal / Objective Description	Associated Indicator Numbers	Associated Indicator Labels
1	Prevention: To increase healthy behaviors among MARPS to reduce HIV transmission (Healthy behaviors include: Increased condom use, reduced number of sexual partners and increased access to HIV testing.)		
1.1	Develop and implement cost-effective, context appropriate and evidence-based prevention interventions for MARPs and PLHIV that address the needs of these specific groups.	P7.1.D	P7.1.D Number of People Living with HIV/AIDS (PLHIV) reached with a minimum package of 'Prevention with PLHIV (PLHIV) interventions
		P8.3.D	P8.3.D Number of MARP reached with individual and/or small group level HIV

			preventive interventions that are based on evidence and/or meet the minimum standards required
1.2	Improve the screening, diagnosis, and treatment of STIs in MARPs by building technical capacity that includes sensitization and comprehensive approaches among service providers, expanding access to laboratory services for MARPs, and linking treatment to care and prevention services.	CE.285	CE.285 Number of MARPs provided with STI diagnostic and treatment services through a second-generation surveillance strategy
1.3	Expand access to counseling and testing services for MARPs, in all levels of public and private health services and community based organizations.	P11.1.D	P11.1.D Number of individuals who received Testing and Counseling (T&C) services for HIV and received their test results
2	Health Systems Strengthening (HSS): To build the capacity of countries to more effectively reach MARPs by coordinating efforts among implementing partners to deliver sustainable high quality HIV/AIDS services focusing in three key areas: service delivery, health workforce capacity, and timely and adequate provision of essential medical products.		
2.1	Strengthen institutional capacity to improve and expand HIV/AIDS quality service delivery to MARPs including national and regional laboratories.	H1.1.D	H1.1.D Number of testing facilities (laboratories) with capacity to perform clinical laboratory tests
		CE.279	CE.279 Number of national laboratories with satisfactory performance in external quality assurance for HIV diagnosis
2.2	Develop methodologies and implement activities to improve institutional and	H2.1.D	H2.1.D Number of new health care workers who graduated

	human resource capacity to respond effectively to the HIV/AIDS epidemic among MARPs.		from a pre-service training institution within the reporting period
		H2.3.D	H2.3.D Number of health care workers who successfully completed an in-service training program within the reporting period
2.3	Strengthen the commodities and supply chain management systems to ensure minimum stock-outs, delays and increased coverage and maximize the use of cost-effective medications, technologies, services and laboratory supplies. (Please note that associated indicator H5.3.N is a national indicator and can be found at individual country level).	H2.3.D	H2.3.D Number of health care workers who successfully completed an in-service training program within the reporting period
3	Strategic Information (SI): To build the capacity of countries to monitor and use information that enhances understanding of the epidemic and enables individual countries and the region to take appropriate actions with sustainable, evidence-based, and cost effective program interventions.		
3.1	Strengthen country and regional monitoring and evaluation and promote the use of data for decision-making.	CE.278	CE.278 Annual report of regional core set of indicators
3.2	Strengthen country level strategic information by supporting the development of sustainable and harmonized information systems including new approaches suitable to concentrated HIV epidemics. (Please note that other associated indicators	CE.277	CE.277 Core set of agreed upon harmonized HIV indicators in the region

	include Number of UNGASS indicators coming from a national information system and can be found at the country level).		
3.3	Strengthen the collection, analysis, interpretation and dissemination of data at the country and regional levels to characterize the epidemic, focusing on high-risk and vulnerable populations. (Please note that other associated indicators include Availability of HIV prevalence data for relevant surveillance populations published within 12 months of preceding year which is found at each country level.)	CE.280	CE.280 Number of Strategic Information (M&E, SS, HIS) related documents (Plans and Reports) developed by the National AIDS Programs as a result of the technical assistance provided by USG Implementing Partners
4	Policy Environment: To improve the policy environment for reaching the ultimate goal of Universal Access to HIV/AIDS services in the Central America region. (Universal Access refers to a commitment of worldwide leaders to develop and implement measures to move toward "universal access" for prevention, treatment, care and support services by 2010.)		
4.1	Support the development and implementation of policies with multisectoral involvement to reduce stigma and discrimination (sexual orientation, HIV status, occupation and other), sexual violence and address gender inequities. (The team is working on a indicator for monitoring/progress the HIV policy response in addition to the Policy Tracking Tables).	CE.276	CE.276 Number of organizations that received technical assistance for the development of HIV-related policies
4.2	Strengthen the design, management and	CE.275	CE.275 Number of GFATM

	implementation of GFATM proposals and activities to ensure strategic programming of these resources.		projects and grants that are evaluated as A and B1
4.3	Promote multisectoral involvement and capacity of civil society to effectively participate in strategic planning, policy design, implementation and monitoring.	CE.276	CE.276 Number of organizations that received technical assistance for the development of HIV-related policies

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

In what way does the USG participate in the CCM?

Voting Member

What has been the frequency of contact between the Global Fund Secretariat (Fund Portfolio Manager or other Geneva-based staff) and any USG team members in the past 12 months? If there has been no contact, indicate the reason.

1-3 times

What has been the frequency of contact between the Local Fund Agent (LFA) and any USG team members in the past 12 months? If there has been no contact, indicate the reason.

None

If None why not?

Panama just signed the agreement with the Global Fund (January 1, 2012), so no meetings have taken place between LFA and the CCM. The LFA only has done the Principal Recipient pre-award assesment.

Has the USG or is the USG planning to provide support for Round 11 proposal development? Support could include staff time, a financial contribution, or technical assistance through USG-funded project.

CCM is not planning to submit proposals

Are any existing HIV grants approaching the end of their Phase 1, Phase 2, or RCC agreement in the coming 12 months?

No



In your country, what are the 2-3 primary challenges facing the Global Fund grant implementation and performance (for example, poor grant performance, procurement system issues, CCM governance/oversight issues, etc)? Are you planning to address those challenges through any activities listed in this COP?

Redacted

Did you receive funds for the Country Collaboration Initiative this year?

No

Is there currently any joint planning with the Global Fund?

No

Has the USG stepped in to prevent either treatment or service disruptions in Global Fund financed programs in the last year either during or at the end of a grant? Such assistance can take the form of providing pharmaceuticals, ensuring staff salaries are paid, using USG partners to ensure continuity of treatment, , or any other activity to prevent treatment or service disruption.

Public-Private Partnership(s)

Created	Partnership	Related Mechanism	Private-Sector Partner(s)	PEPFAR USD Planned Funds	Private-Sector USD Planned Funds	PPP Description
2012 COP	Multi-sector Alliances Program	14403:Multi-sector Alliances Program	Asociación De Azucareros De Guatemala – Asazgua, ASOCIACIÓN DE PRODUCTORES INDEPENDIENTES DE BANANO –	125,000	250,000	The Multi-sector Alliances Program (Alianzas) will leverage funds at a 2:1 ratio on the total USAID investment over the life of the award, investing the funds in high quality health and education

			APIB			<p>activities throughout Guatemala. Alianzas will negotiate and manage alliances and ensure that resources for health, education, HIV and reconstruction activities reach the ultimate beneficiaries at the community level. Our approach will coordinate with USAID flagship projects for health and education. The activities of the HIV/AIDS component will focus on the implementation of educational campaigns that prevent or mitigate HIV and help reduce stigma and discrimination. The project is a</p>
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						series of integrated activities to prevent HIV/AIDS among migrant sugar cane workers, and banana workers, who live and work in HIV high prevalence areas. These groups are considered a high priority population. The activities include BCC, STD diagnosis, and referral to HIV test.
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Surveillance and Survey Activities

Surveillance or Survey	Name	Type of Activity	Target Population	Stage	Expected Due Date
N/A	AIDS Program Effort Index (API) in Guatemala, El Salvador, Nicaragua, Belize, Costa Rica and Panama	Qualitative Research	General Population	Evaluation	N/A
N/A	Analysis of the situation of Gender based Violence/ Sexual violence/HIV identifying barriers to effective intervention access.	Qualitative Research	General Population	Evaluation	N/A

N/A	Belize BSS + MSM	Behavioral Surveillance among MARPS	Men who have Sex with Men	Publishing	N/A
N/A	Belize FSW Behavior Survey	Behavioral Surveillance among MARPS	Female Commercial Sex Workers	Publishing	N/A
N/A	Belize GSS + FSW	Behavioral Surveillance among MARPS	Female Commercial Sex Workers	Publishing	N/A
N/A	Belize MSM Behavior Survey	Behavioral Surveillance among MARPS	Men who have Sex with Men	Publishing	N/A
N/A	Belize Pop Size Estimates FSW	Population size estimates	Female Commercial Sex Workers	Publishing	N/A
N/A	Belize Pop Size Estimates MSM	Population size estimates	Men who have Sex with Men	Publishing	N/A
N/A	Belize-Evaluation of an Netbook based interface to augment post-test counseling and prevention	Evaluation	Uniformed Service Members	Planning	N/A
N/A	Central Laboratory TB situational Analysis in Guatemala, Honduras and Nicaragua	Laboratory Support	Female Commercial Sex Workers, Men who have Sex with Men	Evaluation	N/A
N/A	Cost Effectiveness Evaluation for Prevention Activities (VICITS)	Evaluation	Female Commercial Sex Workers, Men who	Planning	N/A

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

		Surveys)			
N/A	Evaluation of cost-effectiveness of health care provided to people living with AIDS (HCI)	Evaluation	General Population	Data Review	N/A
N/A	Evaluation of the effectiveness of Prevensida strategies (PrevenSida)	Evaluation	Men who have Sex with Men	Planning	N/A
N/A	Guatemala GSS + FSW	Behavioral Surveillance among MARPS	Female Commercial Sex Workers	Data Review	N/A
N/A	Guatemala GSS + MSM	Behavioral Surveillance among MARPS	Men who have Sex with Men, Other	Data Review	N/A
N/A	Guatemala Hospitals in Service Performance Assessment	Qualitative Research	General Population	Evaluation	N/A
N/A	Guatemala Military BSS+	Surveillance and Surveys in Military Populations	Uniformed Service Members	Development	N/A
N/A	Guatemala MSM Evaluation	Evaluation	Men who have Sex with Men	Development	N/A
N/A	Guatemala Pop Size Estimates FSW	Population size estimates	Female Commercial Sex Workers	Publishing	N/A
N/A	Guatemala Pop Size Estimates MSM	Population size estimates	Men who have Sex with Men	Publishing	N/A
N/A	Guatemala Sentinel Surveillance MSM	Sentinel Surveillance (e.g. ANC	Men who have Sex with Men	Implementation	N/A

		Surveys)			
N/A	Guatemala Sentinel Surveillance SW	Sentinel Surveillance (e.g. ANC Surveys)	Female Commercial Sex Workers	Implementation	N/A
N/A	Honduras BSS + FSW	Behavioral Surveillance among MARPS	Female Commercial Sex Workers	Data Review	N/A
N/A	Honduras BSS + MSM	Behavioral Surveillance among MARPS	Men who have Sex with Men	Data Review	N/A
N/A	Honduras HIV Surveillance System	Evaluation	General Population	Planning	N/A
N/A	Honduras Military BSS+	Surveillance and Surveys in Military Populations	Uniformed Service Members	Data Review	N/A
N/A	Honduras Pop Size Estimates FSW	Population size estimates	Female Commercial Sex Workers	Data Review	N/A
N/A	Honduras Pop Size Estimates MSM	Population size estimates	Men who have Sex with Men	Data Review	N/A
N/A	Honduras Sentinel Surveillance MSM	Sentinel Surveillance (e.g. ANC Surveys)	Men who have Sex with Men	Implementation	N/A
N/A	Honduras Sentinel Surveillance SW	Sentinel Surveillance (e.g. ANC Surveys)	Female Commercial Sex Workers	Implementation	N/A
N/A	Impact Study on BCC methodologies: Viviendo la	Evaluation	Men who have Sex with	Development	N/A

	Vida (Panama, Guatemala, Nicaragua)		Men		
N/A	Knowledge, Attitudes, and practice In MSM reached by USAID Projects in Honduras.	Behavioral Surveillance among MARPS	Men who have Sex with Men	Publishing	N/A
N/A	Knowledge, Attitudes, and practice In SW reached by USAID Projects in Honduras.	Behavioral Surveillance among MARPS	Female Commercial Sex Workers	Publishing	N/A
N/A	Knowledge, Attitudes, and practice in Garifuna population reached by USAID Projects in Honduras.	Behavioral Surveillance among MARPS	Other	Publishing	N/A
N/A	MAP Condom Survey FSW Belize	Behavioral Surveillance among MARPS	Female Commercial Sex Workers	Planning	N/A
N/A	MAP Condom Survey FSW El Salvador	Behavioral Surveillance among MARPS	Female Commercial Sex Workers	Planning	N/A
N/A	MAP Condom Survey FSW Panama	Behavioral Surveillance among MARPS	Female Commercial Sex Workers	Planning	N/A
N/A	MAP Condom Survey Guatemala	Behavioral Surveillance among MARPS	Female Commercial Sex Workers	Planning	N/A
N/A	MAP Condom Survey Guatemala MSM	Behavioral Surveillance among MARPS	Men who have Sex with Men	Planning	N/A
N/A	MAP Condom Survey MSM Belize	Behavioral Surveillance	Men who have Sex with	Planning	N/A

		among MARPS	Men		
N/A	MAP Condom Survey MSM El Salvador	Behavioral Surveillance among MARPS	Men who have Sex with Men	Planning	N/A
N/A	MAP Condom Survey MSM Panama	Behavioral Surveillance among MARPS	Men who have Sex with Men	Planning	N/A
N/A	MAP Condom Survey Nicaragua FSW	Behavioral Surveillance among MARPS	Female Commercial Sex Workers	Planning	N/A
N/A	MAP Condom Survey Nicaragua MSM	Behavioral Surveillance among MARPS	Men who have Sex with Men	Planning	N/A
N/A	Masculinities Study - Second Round (Belize, Costa Rica, El Salvador, Guatemala, Nicaragua, Panama)	Qualitative Research	Other	Development	N/A
N/A	National expenditures in HIV/AIDS prevention and care programs in Belize, Costa Rica, El Salvador, Nicaragua, Guatemala, and Panama	Qualitative Research	General Population	Evaluation	N/A
N/A	Nicaragua Military BSS+	Surveillance and Surveys in Military Populations	Uniformed Service Members	Other	N/A
N/A	Nicaragua Sentinel Surveillance	Sentinel Surveillance (e.g. ANC Surveys)	Female Commercial Sex Workers, Men who	Implementation	N/A

			have Sex with Men		
N/A	Panama HIV Surveillance System	Evaluation	General Population	Planning	N/A
N/A	Panama Hospitals in Service Performance Assessment	Qualitative Research	General Population	Evaluation	N/A
N/A	Panama Sentinel Surveillance for Sex Workers	Sentinel Surveillance (e.g. ANC Surveys)	Female Commercial Sex Workers	Implementation	N/A
N/A	Panama Stigma & Discrimination Survey	Qualitative Research	General Population	Planning	N/A
N/A	Progress of the HIV Policy response assessment in Guatemala, El Salvador, Nicaragua, Belize, Costa Rica and Panama	Qualitative Research	General Population	Evaluation	N/A
N/A	Systematization of research on stigma and discrimination to HIV and sexual diversity in the Atlantic Coast. (PrevenSida)	Other	Men who have Sex with Men	Development	N/A
N/A	Tracking Results Continuously (TRaC) surveys conducted at a regional level. These are population-based surveys that segment, monitor and evaluate social marketing interventions. - Men at Risk	Population-based Behavioral Surveys	Other	Planning	N/A
N/A	Tracking Results Continuously (TRaC) surveys conducted at a regional level. These are population-based surveys that segment, monitor and evaluate social	Population-based Behavioral Surveys	Other	Planning	N/A

	marketing interventions. - PLWH				
N/A	Tracking Results Continuously (TRaC) surveys conducted in all program countries. These are population-based surveys that segment, monitor and evaluate social marketing interventions. - FSW	Population-based Behavioral Surveys	Female Commercial Sex Workers	Planning	N/A
N/A	Tracking Results Continuously (TRaC) surveys conducted in all program countries. These are population-based surveys that segment, monitor and evaluate social marketing interventions. - MSM	Population-based Behavioral Surveys	Men who have Sex with Men	Planning	N/A



Budget Summary Reports

Summary of Planned Funding by Agency and Funding Source

Agency	Funding Source				Total
	Central GHP-State	GAP	GHP-State	GHP-USAID	
DOD			494,693		494,693
HHS/CDC		1,025,000	3,500,733		4,525,733
PC			313,800		313,800
State			185,000		185,000
USAID			7,703,774	8,391,000	16,094,774
Total	0	1,025,000	12,198,000	8,391,000	21,614,000

Summary of Planned Funding by Budget Code and Agency

Budget Code	Agency						Total
	State	DOD	HHS/CDC	PC	USAID	AllOther	
HBHC					1,598,454		1,598,454
HLAB		31,400	235,000		10,000		276,400
HTXS					0		0
HVAB					0		0
HVCT		59,000	376,554		1,061,798		1,497,352
HVMS	185,000	68,000	745,110	31,250	758,589		1,787,949
HVOP		240,493	251,000	282,550	3,850,511		4,624,554
HVSI		24,400	1,844,243		1,595,559		3,464,202
HVTB			510,402				510,402
OHSS		71,400	563,424		7,219,863		7,854,687
	185,000	494,693	4,525,733	313,800	16,094,774	0	21,614,000



National Level Indicators

National Level Indicators and Targets

Belize - Central America

Redacted

National Level Indicators and Targets

Costa Rica

Redacted

National Level Indicators and Targets

El Salvador

Redacted

National Level Indicators and Targets

Guatemala

Redacted

National Level Indicators and Targets

Honduras

Redacted

National Level Indicators and Targets

Nicaragua

Redacted

National Level Indicators and Targets

Panama

Redacted



National Level Indicators and Targets

Central America Region

Redacted



Policy Tracking Table

Belize - Central America

Policy Area: Access to high-quality, low-cost medications						
Policy: Addressing policies that have a impact on the availability of ARV for the care and treatment of PLWHA						
Stages:	Stage 1	Stage 2	Stage 3	Stage 4	Stage 5	Stage 6
Estimated Completion Date	Dec 30, 2010	July 30, 2011	Aug 31, 2011	Dec 31, 2011	Sep 30, 2012	Sep 30, 2013
Narrative	There are documents available that summarize identified needs or an analysis on access to medications .	There have been advocacy campaigns to promote access to medications .	There are concrete plans or proposals to eliminate operational barriers hampering access to medications .	They are official publications of policies (guidelines) that address the issue of accessing medications .	The gaps between medication-access policies and practices have been assessed.	There are specific indicators to monitor medication-access processes and impact.
Completion Date	Dec 30, 2010	June 30, 2011	June 30, 2011			
Narrative	The country developed an assessment to identify the needs pertaining to medications , this was a part of the proposal presented to the Global	The national HIV advocacy committee developed a campaign to ensure access to medications .	There is a project funded by the Global Fund to ensure access of medications in the country.	In progress		

	Fund.					
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Policy Area: Most at Risk Populations (MARP)						
Policy: Strengthening MARPs groups for participation in the HIV policy arena						
Stages:	Stage 1	Stage 2	Stage 3	Stage 4	Stage 5	Stage 6
Estimated Completion Date	June 30, 2011	June 30, 2011	June 30, 2011	Aug 31, 2011	Sep 30, 2012	Sep 30, 2013
Narrative	Relevant stakeholders identify the available assessment report as the baseline.	Strengthening MARPS groups has been identified as a target for a civil-society network or group.	There are concrete plans or proposals to eliminate operational barriers to strengthening MARPS groups.	There is a strong leadership to mobilize political support.	Dissemination activities are conducted to promote awareness and education related to actions planned in policy areas.	A body responsible for monitoring MARPS policy implementation has been identified.
Completion Date	June 30, 2011	June 30, 2011	June 30, 2011	Aug 31, 2011		
Narrative	There is a situation analysis and mapping that identify areas in which to provide technical assistance to strengthen	There is a network that works and advocates for the equality and equity of sexual diversity groups.	A sexual-diversity network submitted a proposal to the Legislative Assembly to re-formulate a law promoting equity and equality for	There are national leaders mobilizing policy support.	In progress	

	MARPS groups. There is also a national report on the situation of human rights violations related to MARPS groups.		MARPS groups.			
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Policy Area: Other Policy						
Policy: Public Funding Policy						
Stages:	Stage 1	Stage 2	Stage 3	Stage 4	Stage 5	Stage 6
Estimated Completion Date	Sep 30, 2011	Sep 30, 2012	Sep 30, 2012	Sep 30, 2013	Sep 30, 2013	Sep 30, 2014
Narrative	The problems of the country, from the perspective of HIV funding, have been documented	HIV funding has been identified as an advocacy objective of a network or civil society group.	Operational aspects of public-funding integrated policy reforms have been proposed.	There is a strong leadership to mobilize support for HIV funding.	There are accountability activities and there are public progress reports or reports on current HIV-funding status.	A body responsible for monitoring HIV-funding policy implementation has been identified.
Completion Date	Sep 30, 2011					
Narrative	A group of stakeholders was	In progress				

	<p>trained to use the Resource Needs Model to cost the HIV epidemic. There is a national report about the costing of the HIV epidemic.</p>					
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Policy Area: Stigma and Discrimination						
Policy: Reducing stigma and discrimination						
Stages:	Stage 1	Stage 2	Stage 3	Stage 4	Stage 5	Stage 6
Estimated Completion Date	June 30, 2011	Aug 31, 2011	Sep 30, 2011	Sep 30, 2012	Sep 30, 2013	Sep 30, 2014
Narrative	There have been policy analyses on stigma and discrimination.	Policy actions that require reforms have been prioritized.	Operational barriers have been identified from the perspective of stigma and discrimination	There are guidelines that address stigma and discrimination.	There is a strategy and a plan to monitor implementation of planned stigma and discrimination actions.	The gaps between stigma and discrimination policy and practice have been assessed.
Completion Date	June 30, 2011	Aug 31, 2011	Sep 30, 2011			
Narrative	Sessions to analyze the	MARPS groups	Operational barriers			

	status of stigma and discrimination were held, using data from a national study on the subject.	prioritized actions to advocate for reforms in the field of stigma and discrimination.	related to stigma and discrimination in health services for PLWHA have been identified.			
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Policy Area: Strengthening a multi-sectoral response and linkages with other health and development programs						
Policy: Strengthening the participation of Faith Based Organizations and Business Sector in the national response to HIV						
Stages:	Stage 1	Stage 2	Stage 3	Stage 4	Stage 5	Stage 6
Estimated Completion Date	Feb 15, 2011	May 31, 2011	Jun 30, 2011	Sep 30, 2011	Sep 30, 2012	Sep 30, 2013
Narrative	The problem of HIV from the perspective of multi-stakeholder participation has been documented.	There have been public information campaigns or political dialogue with multi-stakeholder participation.	There are policies and strategies relating to HIV multisectoral involvement.	There is a strong leadership mobilizing political support for multi-stakeholder participation.	Public activities are developed to show the progress of multisectoral involvement in the response to HIV.	There are plans to monitor implementation of policies pertaining to multisectoral participation.
Completion Date	Mar 15, 2011	May 31, 2011	June 30, 2011	Sep 30, 2011		
Narrative	In the country, there is a diagnosis	There was political dialogue with high	FBOs developed and applied the	A national group of FBOs promoted		

	and mapping on the participation of organizations and sectors in the national response to HIV.	level representatives of FBOs and business sector, to involve and strengthen their participation in the response to HIV.	guideline "Churches and HIV: Response from Faith-Based Communities".	activities that show their involvement in the HIV national response.		
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Policy Tracking Table

Costa Rica

Policy Area: Access to high-quality, low-cost medications						
Policy: Addressing partner country policies that have impact on the availability of drugs and other commodities essential to the care and treatment of PLWHA.						
Stages:	Stage 1	Stage 2	Stage 3	Stage 4	Stage 5	Stage 6
Estimated Completion Date	Oct 15, 2010	Oct 30, 2010	March 30, 2011	Aug 30, 2011	Sep 30, 2011	Sep 30, 2012
Narrative	Stakeholders have been involved in policy analysis and / or identification of needs.	Medication-access actions that require reform have been prioritized.	There are specific proposals to remove operative barriers from access to medications and rapid tests.	There are operational plans or policies that address access to supplies and medications.	There are specific resources for actions planned to ensure access to medications and supplies.	Gaps between medicine-access policies and practice have been assessed.
Completion Date	Oct 15, 2010	Oct 30, 2010	March 30, 2011	Aug 30, 2011	Sep 30, 2011	
Narrative	Groups of people with HIV have participated in sessions to identify their needs for timely medication supply.	The social security fund provides access to medications.	There was a specific proposal to ensure access to HIV rapid tests.	There is a specific plan to implement HIV rapid tests in all of the country's laboratories.	At present, there are specific government funds to ensure access to medications and HIV rapid tests.	In progress

Policy Area: Most at Risk Populations (MARPs)						
Policy: Strengthening MARPs groups for participation in the HIV policy arena						
Stages:	Stage 1	Stage 2	Stage 3	Stage 4	Stage 5	Stage 6

Estimated Completion Date	Jun 30, 2011	July 31, 2011	Sep 30, 2011	Jun 30, 2012	Sep 30, 2012	Sep 30, 2013
Narrative	Relevant stakeholders identify the available assessment report as the baseline.	HIV policy has been identified as an objective of a network or civil-society MARPS group.	There are proposals to reform operational aspects of gender policy.	There is strong leadership to mobilize political support.	Dissemination activities are conducted to promote awareness and education related to actions planned for policy areas.	A body responsible for monitoring implementation of MARPs policies is identified.
Completion Date	Jun 30, 2011	July 31, 2011	Sep 30, 2011			
Narrative	There is a situation analysis and mapping that identifies areas in which to provide technical assistance to strengthen MARPS groups. There is also a national	MARPS groups have identified strengthening their capabilities as a target.	There are proposals from MARPS groups on gender equity.	In progress		

	report on the status of human-rights violations related to MARPS groups.					
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Policy Area: Other Policy						
Policy: Public Funding Policy						
Stages:	Stage 1	Stage 2	Stage 3	Stage 4	Stage 5	Stage 6
Estimated Completion Date	Sep 30, 2011	Dec 30, 2011	Jan 31, 2012	June 30, 2012	Sep 30, 2012	Sep 30, 2013
Narrative	The country's HIV-funding problems have been documented.	HIV funding has been identified as a advocacy objective of a network or civil-society group.	There are policy operational reforms related to the public funding policy.	There is a strong leadership that mobilizes political support for HIV funding.	There are accountability activities and there are public reports of progress or actual status of the situation related with HIV funding	A body responsible for monitoring the implementation of HIV-funding policies is identified.
Completion Date	Sep 30, 2011					
Narrative	One group of stakeholders was trained in the use of a Resource	In progress				

	Needs Model to cost the HIV epidemic. The country is developing a national report on the costing of the HIV epidemic.					
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Policy Area: Stigma and Discrimination						
Policy: Reducing stigma and discrimination						
Stages:	Stage 1	Stage 2	Stage 3	Stage 4	Stage 5	Stage 6
Estimated Completion Date	Jan 31, 2011	Jan 31, 2011	Feb 28, 2011	May 31, 2011	Sep 30, 2012	Sep 30, 2013
Narrative	There have been policy analyses on stigma and discrimination.	Policy actions that require reforms have been prioritized.	Operational barriers have been identified from the perspective of stigma and discrimination	There are guidelines that address ??stigma and discrimination.	There is a strategy and a plan to monitor implementation of planned stigma and discrimination actions.	The gaps between stigma and discrimination on policy and practice have been assessed.
Completion Date	Jan 31, 2011	Jan 31, 2011	Feb 28, 2011	May 14, 2011		
Narrative	Sessions to analyze the status of	MARPS groups prioritized	Operational barriers pertaining	The CONODIS Network	In progress	

	stigma and discrimination were held, using data from a national study on the subject.	actions to advocate for reforms in the field of stigma and discrimination	to stigma and discrimination in health services and in the justice system, and access to equity and equality by MARPSs were identified.	prioritized modifications to the Criminal Code to include stigma and discrimination related to sexual orientation and gender identity.		
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Policy Area: Strengthening a multi-sectoral response and linkages with other health and development programs						
Policy: Strengthening the participation of Faith Base Organizations and Business Sector in the national response to HIV						
Stages:	Stage 1	Stage 2	Stage 3	Stage 4	Stage 5	Stage 6
Estimated Completion Date	Oct 15, 2010	May 30, 2011	Jun 30, 2011	Aug 30, 2011	Sep 30, 2011	Sep 30, 2012
Narrative	The problem of HIV from the perspective of multi-stakeholder participation has been documented.	There have been public information campaigns or political dialogue with multi-stakeholder participation.	There are policies and strategies relating to multisectoral involvement and HIV.	There is a strong leadership that mobilizes political support for the multi-stakeholder participation.	Public activities are held to show the progress of multisectoral involvement in the response to HIV.	There are plans to monitor implementation of policies related to multi-sectoral participation.
Completion Date	Oct 15,	May 30,	Jun 30,	Aug 30,	Sep 30,	

	2010	2011	2011	2011	2011	
Narrative	In the country there is a diagnosis and mapping on the participation of organizations and sectors in the national response to HIV	There was political dialogue with high-level FBO representatives and with the business sector to involve them and to strengthen their participation in the response to HIV.	The FBO developed and applied the guideline "Churches and HIV: Response from the Faith-Based Communities". Eleven enterprises adopted HIV policies at the workplace, most of them from the tourism sector.	Costa Rica's Ecumenical Council and the Business Sector promoted activities that show their involvement in the HIV national response.	FBOs implemented public activities to show the progress achieved in their involvement in HIV. Business sector representatives participated in a public regional forum and in a national forum about the involvement of the business sector in the HIV response.	In progress

Policy Tracking Table

El Salvador

Policy Area: Access to high-quality, low-cost medications						
Policy: Addressing partner country policies that have impact on the availability of drugs essential to the care and treatment of PLWHA.						
Stages:	Stage 1	Stage 2	Stage 3	Stage 4	Stage 5	Stage 6
Estimated Completion Date	Dec 30, 2010	Dec 30, 2010	Dec 30, 2011	June 30, 2011	July 30, 2011	Sep 30, 2011
Narrative	There is a needs assessment on access to medications .	They have prioritized actions that require reform related to access to medications .	Policy reforms have been proposed, integrating operational aspects of access to medications .	There is a strong leadership that mobilizes political support for access to medicines.	There are specific resources for planned actions to ensure access to medications .	There are specific indicators to monitor access to medicines.
Completion Date	Oct 31, 2010	Jan 30, 2011	Jan 30, 2011	Jan 30, 2011	Sep 30, 2011	Sep 30, 2011
Narrative	There is a national study on supply of ARV medications .	Groups of people with HIV have participated in political analysis on medication supplies	Groups of people with HIV develop proposals to improve access to medications .	There is a national commitment to ensure timely supply of medications .	Currently, the Global Fund through their projects, provide resources to ensure access to medications	The National Surveillance System monitors an indicator to report medication shortages.

Policy Area: Most at Risk Populations (MARP)
Policy: Strengthening MARPs groups for participation in the HIV policy arena

Stages:	Stage 1	Stage 2	Stage 3	Stage 4	Stage 5	Stage 6
Estimated Completion Date	June 30, 2011	July 31, 2011	July 31, 2011	Aug 30, 2011	Aug 30, 2011	Sep 30, 2011
Narrative	Relevant stakeholders identify the available assessment report as the baseline.	Strengthening MARPS groups has been identified as a target for a civil-society network or group.	There are concrete plans or proposals to eliminate operational barriers to strengthening MARPS groups.	There is a strong leadership to mobilize political support.	Dissemination activities are conducted to promote awareness and education related to actions planned in policy areas.	A body responsible for monitoring MARPS policy implementation has been identified.
Completion Date	Oct 31, 2010	Oct 31, 2010	Nov 10, 2010	Aug 30, 2011	Sep 30, 2011	Sep 30, 2011
Narrative	There is a situation analysis and mapping that identifies areas in which to provide technical assistance to strengthen MARPS groups. There is also a	Sexual diversity organizations and organizations of people with HIV have been identified as an advocacy objective, strengthening MARPS groups	There is a Presidential Decree against homophobia (national policy).	There are networks created to lead the participation of MARPS groups in the policy arena.	There were activities under the leadership of MARPS organizations to show their participation and involvement in the response to the epidemic.	In El Salvador, there is a government entity in charge of working closely with sexual-diversity groups (Dirección de la Diversidad Sexual), that works in surveillance with

	national report on the status of human rights violations related to MARPS groups.					MARPS groups.
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Policy Area: Other Policy						
Policy: Public Funding Policy						
Stages:	Stage 1	Stage 2	Stage 3	Stage 4	Stage 5	Stage 6
Estimated Completion Date	Oct 31, 2010	Mar 30, 2011	June 30, 2011	Aug 30, 2011	Sep 30, 2011	Sep 30, 2012
Narrative	The country's HIV-funding problems have been documented.	HIV funding has been identified as a advocacy objective of a network or civil-society group.	Operational aspects of the integrated reform to the public-funding policy have been proposed.	There is a strong leadership that mobilizes political support for HIV funding.	There are accountability activities and there are public progress reports or updated status reports on the HIV-funding situation.	A body responsible for monitoring the implementation of HIV-funding policies is identified.
Completion Date	January 31, 2011					
Narrative	Annually, the country has developed a National	In progress	In progress	In progress	In progress	

	<p>Aids Spending Assessment, NASA. This report shows funding challenges. A group of stakeholders were trained to implement the Resource Needs Model, which is used to establish the costs of the epidemic.</p>					
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Policy Area: Other Policy						
Policy: Strengthening the participation of Faith Based Organizations and Business Sector in the national response to HIV						
Stages:	Stage 1	Stage 2	Stage 3	Stage 4	Stage 5	Stage 6
Estimated Completion Date	Oct 31, 2010	July 30, 2011	Aug 30, 2011	Aug 30, 2011	Sep 30, 2011	Sep 30, 2012
Narrative	The problem of HIV from the perspective	There have been public information campaigns or political	There are policies and strategies relating to multisectora	In the country, there is a diagnosis and	Public activities are held to show the progress of	There are plans to monitor implementation of

	of multi-stakeholder participation has been documented	dialogue with multi-stakeholder participation.	l involvement and HIV.	mapping on the participation of organizations and sectors in the national response to HIV	multisectoral involvement in the response to HIV.	policies related to multi-sectoral participation.
Completion Date	Oct 31, 2010	April 30, 2011	Aug 30, 2011	Aug 30, 2011	Sep 30, 2011	
Narrative	In the country there is a diagnosis and mapping on the participation of organizations and sectors in the national response to HIV	There was political dialogue with high level representatives of FBOs and with the business sector to involve and strengthen their participation in the response to HIV.	FBOs developed and applied the guide "Churches and HIV: Response from Faith-Based Communities". Six enterprises adopted an HIV workplace policy, benefitting at least 15,000 workers.	The Group of FBOs from El Salvador and ANEP (National Business Sector Association) promoted activities that show their involvement in the national response to HIV.	FBOs implemented public activities to show the progress achieved in their HIV involvement. Business sector members participated in a public regional forum and in a national forum on the involvement of the business sector in the national response to	In progress

					HIV.	
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Policy Area: Stigma and Discrimination						
Policy: Reducing stigma and discrimination						
Stages:	Stage 1	Stage 2	Stage 3	Stage 4	Stage 5	Stage 6
Estimated Completion Date	Dec 31, 2010	Dec 31, 2010	Feb 15, 2011	Feb 15., 2011	Sep 30, 2012	Sep 30, 2013
Narrative	There have been policy analyses on stigma and discrimination.	Policy actions that require reforms have been prioritized.	Operational barriers have been identified from the perspective of stigma and discrimination	There are guidelines that address ??stigma and discrimination.	There is a strategy and a plan to monitor implementation of planned stigma and discrimination actions.	The gaps between stigma and discrimination policy and practice have been assessed.
Completion Date	Dec 31, 2010	Dec 31, 2010	Mar 28, 2011	Mar 31, 2011		
Narrative	Sessions to analyze the status of stigma and discrimination were held, using data from a national study on the subject.	A MARPS group prioritized actions to reduce stigma and discrimination.	A MARPS group identifies operational barriers in health services and in access to funding.	There is a Presidential Decree to reduce stigma, discrimination, and homophobia.	In progress	

Policy Tracking Table

Guatemala

Policy Area: Access to high-quality, low-cost medications						
Policy: Addressing partner-country policies that have impact on the availability of drugs essential to the care and treatment of PLWHA.						
Stages:	Stage 1	Stage 2	Stage 3	Stage 4	Stage 5	Stage 6
Estimated Completion Date	Nov 30, 2010	Dec 1, 2010	Dec 1, 2010	Jan 5, 2011	Jul 29, 2011	Sep 30, 2011
Narrative	Stakeholders have been involved in policy analysis and / or identification of needs.	They have prioritized medication-access actions that require reform	There are specific proposals to remove operative barriers from the perspective of access to medications	There are operational plans or policies that address the issue of access to medicines	There are specific resources for planned actions to ensure access to medications	It assesses the gaps between access to medicines policy and practice
Completion Date	Nov 30, 2010	Dec 1, 2010	Dec 1, 2010	Feb 15, 2011	Jul 29, 2011	Jul 29, 2011
Narrative	The National Alliance of People with HIV participated in sessions to analyze policy and an advocacy plan to ensure access to medicines	An advocacy plan was developed to ensure access to medications through the HIV project funded by the Global Fund.	The National Alliance of People with HIV presented a proposal to the Congress of the Republic of Guatemala to get the project funded by	The Congress of the Republic of Guatemala approved receiving the HIV grant funded by the GF. The plan for this project officially started to	The country has GF resources to purchase medications for the next 3 years.	The National Alliance of People with HIV monitors the supply and timely delivery of medications

	through a continuum of HIV projects funded by the Global Fund		the Global Fund approved, in order to ensure continuity in the delivery of medications	be implemented.		
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Policy Area: Most at Risk Populations (MARP)						
Policy: Strengthening MARPs groups for participation in the HIV policy arena						
Stages:	Stage 1	Stage 2	Stage 3	Stage 4	Stage 5	Stage 6
Estimated Completion Date	Feb 28, 2011	Feb 28, 2011	Abr 29, 2011	May 31, 2011	Sep 30, 2012	Sep 30, 2013
Narrative	Relevant stakeholders identify the assessment report available as the baseline.	An area of HIV policy has been identified as the objective of a network or civil-society MARPS group.	There are proposals for policy-reform operational aspects related to the area of gender.	There is a strong leadership that mobilizes political support.	Dissemination activities are conducted to promote awareness and education related to actions planned for policy areas.	A body responsible for monitoring implementation of MARPs policies is identified.
Completion Date	May 31, 2011	Jun 30, 2011	July 29, 2011	September 30, 2011		
Narrative	There is a situation analysis and	The National Alliance of People	A multisectoral committee is working	There are some networks working to	In progress	

	mapping that identifies areas to provide technical assistance to strengthen MARPS groups. There is also a national report on the situation of human rights violations related to MARPS groups.	Living with HIV and the Legal HIV Network defined publishing national information on MARPs indicators as their advocacy objective.	to systematically report national indicators on the MARPS situation.	mobilize political support. The National AIDS Program is participating to some extent; however, because it is an election period, they have not had a high-profile involvement.		
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Policy Area: Other Policy						
Policy: Public Funding Policy						
Stages:	Stage 1	Stage 2	Stage 3	Stage 4	Stage 5	Stage 6
Estimated Completion Date	Dec 31, 2010	May 2, 2011	May 2, 2011	May 31, 2011	Jul 29, 2011	Sep 30, 2012
Narrative	The country's HIV-funding problems have been documented.	HIV funding has been identified as a advocacy objective of a network or civil-society	Operational aspects of the integrated reform to the public-fundi	There is a strong leadership that mobilizes political support for	There are accountability activities and there are public progress reports or	A body responsible for monitoring the implementation of

		group.	ng policy have been proposed.	HIV funding.	updated status reports on the HIV-funding situation.	HIV-funding policies is identified.
Completion Date	Feb 18, 2011					
Narrative	One group of stakeholder s was trained in the use of the Resouce Needs Model to cost the HIV epidemic. There is a national report about the costing of the HIV epidemic.	In progress	In progress	In progress		

Policy Area: Other Policy						
Policy: Strengthening the participation of Faith Based Organizations and the Business Sector in the national response to HIV						
Stages:	Stage 1	Stage 2	Stage 3	Stage 4	Stage 5	Stage 6
Estimated Completion Date	Oct 31, 2010	Feb 28, 2011	April 29, 2011	May 31, 2011	Jul 29, 2011	Sep 30, 2011

Narrative	The problem of HIV from the perspective of multi-stakeholder participation has been documented	There have been public information campaigns or political dialogue with multi-stakeholder participation	There are policies and strategies relating to multisectoral involvement and HIV.	There is a strong leadership that mobilizes political support for the multi-stakeholder participation.	Public activities are held to show the progress of multisectoral involvement in the response to HIV	There are plans to monitor implementation of policies related to multi-sectoral participation.
Completion Date	Oct 31, 2011	April 6, 2011	June 29, 2011	July 30, 2011	Sep 30, 2011	Sep 30, 2011
Narrative	In the country, there is a diagnosis and mapping on the participation of organizations and sectors in the national response to HIV	There was political dialogue with high level representatives of FBOs and with the business sector to involve and strengthen their participation in the response to HIV.	FBOs developed and applied the guide "Churches and HIV: Response from Faith-Based Communities". The Independent Banana Producer (a member of CACIF) adopted a HIV policy at the workplace to benefit at least 25,000	The Guatemala Ecumenical Council and CACIF promoted activities that evidence their involvement in the HIV national response.	FBOs implemented public activities to show the progress achieved in their HIV involvement. The business sector represented by the CACIF participate in a public regional forum about the involvement of the	Independent Banana Producers, as a business-sector group, developed a plan to monitor implementation of their HIV workplace policy.



			agriculture workers.		business sector in the HIV response.	
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Policy Area: Stigma and Discrimination						
Policy: Guatemala Armed Forces Stigma and Discrimination Policy						
Stages:	Stage 1	Stage 2	Stage 3	Stage 4	Stage 5	Stage 6
Estimated Completion Date		July 2012	Devenber 2012	June 2013		
Narrative		Sensitize military leadership to the need to review certain national policies that may contribute to stigma and discrimination of HIV-positive members.	Provide technical assistance to revise the military HIV policy to guarantee a discrimination and stigma-free environment for military and partners of military personnel seeking services.	Approval of revised policy by appropriate Military and civilian authorities.		
Completion Date						
Narrative						

Policy Area: Stigma and Discrimination						
Policy: Reducing stigma and discrimination						
Stages:	Stage 1	Stage 2	Stage 3	Stage 4	Stage 5	Stage 6

Estimated Completion Date	Dic 1, 2011	Feb 28, 2011	April 29, 2011	May 31, 2011	Sep 30, 2011	Sep 30, 2012
Narrative	There have been policy analyses on stigma and discrimination.	Policy actions that require reforms have been prioritized.	Operational barriers have been identified from the perspective of stigma and discrimination	There are guidelines that address ??stigma and discrimination.	There is a strategy and a plan to monitor implementation of planned stigma and discrimination actions.	The gaps between stigma and discrimination on policy and practice have been assessed.
Completion Date	Mar 31, 2011	May 30, 2011	Aug 30, 2011	Sep 30, 2011		
Narrative	Sessions to analyze the status of stigma and discrimination were held, using data from a national study on the subject.	The MARPS group prioritized actions to reduce stigma and discrimination.	A MARPS group identified operational barriers in health services and in access to funding.	The Network Rednads prioritized modifications to the Law for Criminal Code Article 202 to include the stigma and discrimination related with sexual orientation and gender identity.	In process	In process



Policy Tracking Table

Honduras

(No data provided.)



Policy Tracking Table Nicaragua

Policy Area: Access to high-quality, low-cost medications						
Policy: Addressing partner-country policies that have impact on the availability of drugs essential to the care and treatment of PLWHA.						
Stages:	Stage 1	Stage 2	Stage 3	Stage 4	Stage 5	Stage 6
Estimated Completion Date	Oct 31, 2010	Jan 15, 2011	Jan 15, 2011	Jul 30, 2011	Aug 31, 2011	Sep 30, 2011
Narrative	There are documents summarizing analyses and/or identifying needs on access to ARVs and inputs.	Timely access to ARVs has been identified as a policy objective by a civil-society network or group.	Political reforms integrating operational aspects of medicine access have been proposed.	There are policy operative plans (guidelines) that address access to HIV medications.	There is a plan to monitor implementation of planned actions pertaining to access to HIV medications.	A body responsible for monitoring ARV-access policy implementation has been identified.
Completion Date	Oct 31, 2010	Jan 15, 2011	Jan 15, 2011	Jul 30, 2011	Aug 31, 2011	Sep 30, 2011
Narrative	There are documents estimating the needs for supplies and ARVs in the country.	At present, ARV access is ensured through Global Fund funding.	The country submitted a proposal to the Global Fund, which was funded in Round 8.	There are plans and protocols to guarantee access to HIV medications.	Compliance with plans and protocols to deliver HIV medications is monitored by means of a project funded by the Global Fund.	There are civil-society groups monitoring timely delivery of ARVs in health-service centers.

Policy Area: Most at Risk Populations (MARP)						
Policy: Strengthening MARPs groups for participation in the HIV policy arena						
Stages:	Stage 1	Stage 2	Stage 3	Stage 4	Stage 5	Stage 6
Estimated Completion Date	Mar 31, 2011	Mar 31, 2011	Jun 30, 2011	Sep 30, 2011	Sep 30, 2012	Sep 30, 2013
Narrative	Relevant stakeholders identify the assessment report available as the baseline.	An area of HIV policy has been identified as the objective of a network or civil-society MARPS group.	There are proposals for policy-reform operational aspects related to the area of gender.	There is a strong leadership that mobilizes political support.	Dissemination activities are conducted to promote awareness and education related to actions planned for policy areas.	A body responsible for monitoring implementation of MARPs policies is identified.
Completion Date	Mar 31, 2011	Mar 31, 2011		Sep 30, 2011		
Narrative	There is a situation analysis and mapping that identifies areas to provide technical assistance to strengthen MARPS groups. There is	Sexual-diversity organizations identified strengthening their groups to keep up their active participation in this epidemic as an advocacy issue.	In progress	In this country, there is a Sexual Diversity Secretariat that leads the efforts of MARPS organizations		

	also a national report on the situation of human rights violations related to MARPS groups.					
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Policy Area: Other Policy						
Policy: Public Funding Policy						
Stages:	Stage 1	Stage 2	Stage 3	Stage 4	Stage 5	Stage 6
Estimated Completion Date	Sep 30, 2011	Dec 30, 2011	Jan 30, 2012	Jun 30, 2012	Sep 30, 2012	Sep 30, 2013
Narrative	The country's HIV-funding problems have been documented.	HIV funding has been identified as a advocacy objective of a network or civil-society group.	Operational aspects of the integrated reform to the public-funding policy have been proposed.	There is a strong leadership that mobilizes political support for HIV funding.	There are accountability activities and there are public progress reports or updated status reports on the HIV-funding situation.	A body responsible for monitoring the implementation of HIV-funding policies is identified.
Completion Date	Sep 30, 2011					
Narrative	One group of stakeholders was	In progress				

	<p>trained in the use of the Resource Needs Model to cost the HIV epidemic. There is a national report about the costing of the HIV epidemic.</p>					
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Policy Area: Stigma and Discrimination						
Policy: Nicaragua Armed Forces Stigma and Discrimination Policy						
Stages:	Stage 1	Stage 2	Stage 3	Stage 4	Stage 5	Stage 6
Estimated Completion Date			August 2012	January 2013	June 2013	
Narrative			Efforts will be made to strengthen military protocols that reduce stigma and discrimination and strengthen military commitment to support	Approval of policy by appropriate Military and civilian authorities.	Dissemination of Policy to senior commanders in the Nicaraguan Armed Forces Training of unit leaders in the Nicaraguan	

			HIV-positive members and HIV programs.		Armed Forces	
Completion Date						
Narrative						

Policy Area: Stigma and Discrimination						
Policy: Reducing stigma and discrimination						
Stages:	Stage 1	Stage 2	Stage 3	Stage 4	Stage 5	Stage 6
Estimated Completion Date	Jun 30, 2011	Sep 30, 2011	Dec 30, 2011	Jun 30, 2012	Sep 30, 2012	Sep 30, 2013
Narrative	There have been policy analyses on stigma and discrimination.	Policy actions that require reforms have been prioritized.	Operational barriers have been identified from the perspective of stigma and discrimination	There are guidelines that address ??stigma and discrimination.	There is a strategy and a plan to monitor implementation of planned stigma and discrimination actions.	The gaps between stigma and discrimination on policy and practice have been assessed.
Completion Date	Jun 30, 2011	Sep 30, 2011	Sep 30, 2011			
Narrative	Sessions to analyze the status of stigma and discrimination were held, using data from a national study on the subject.	The MARPS group prioritized actions to reduce stigma and discrimination.	A MARPS group identified operational barriers in health services and in access to funding.	In progress		

Policy Area: Strengthening a multi-sectoral response and linkages with other health and development programs						
Policy: Strengthening the participation of Faith Based Organizations and the Business Sector in the national response to HIV						
Stages:	Stage 1	Stage 2	Stage 3	Stage 4	Stage 5	Stage 6
Estimated Completion Date	Oc 15, 2010	Mar 30, 2011	Aug 31, 2011	Sep 30, 2011	Sep 30, 2011	Sep 30, 2013
Narrative	The problem of HIV from the perspective of multi-stakeholder participation has been documented	There have been public information campaigns or political dialogue with multi-stakeholder participation	There are policies and strategies relating to multisectoral involvement and HIV.	There is a strong leadership that mobilizes political support for the multi-stakeholder participation.	Public activities are held to show the progress of multisectoral involvement in the response to HIV	There are plans to monitor implementation of policies related to multi-sectoral participation.
Completion Date	Oct 15, 2010	Mar 30, 2011	Aug 31, 2011	Sep 30, 2011	Sep 30, 2011	
Narrative	There are plans to monitor implementation of policies related to multi-sectoral participation.	The group of FBOs has developed an advocacy campaign to showcase its commitment to participating in the	The FBO sector published a guide that it is using to streamline its participation in the national response to HIV. The business	There are national FBO and business-sector leaders who are actively leading efforts on this issue within their sectors.	Public activities have been held to showcase FBO and business-sector commitment and participation in the response to	In progress

		<p>response to the epidemic. The business sector participated in political dialog that allowed reinforcing their commitment to the epidemic.</p>	<p>sector represented by CoSEP established an HIV commission to work with the business sector on this issue.</p>		<p>the epidemic.</p>	
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Policy Tracking Table

Panama

Policy Area: Access to high-quality, low-cost medications						
Policy: Addressing partner-country policies that have impact on the availability of drugs essential to the care and treatment of PLWHA.						
Stages:	Stage 1	Stage 2	Stage 3	Stage 4	Stage 5	Stage 6
Estimated Completion Date	Oct 15, 2010	Dec 30, 2010	Jan 30, 2011	Jul 30, 2011	Aug 30, 2011	Sep 30, 2011
Narrative	Stakeholders have been involved in policy analysis and / or identification of needs.	They have prioritized medication-access actions that require reform	There are specific proposals to remove operative barriers from the perspective of access to medications	There are operational plans or policies that address the issue of access to medicines	There are specific resources for planned actions to ensure access to medications	It assesses the gaps between access to medicines policy and practice
Completion Date	Oct 15, 2010	Dec 30, 2010	Jan 30, 2011	Jul 30, 2011	Aug 30, 2011	Sep 30, 2011
Narrative	Groups of People Living with HIV have participated in meetings to discuss the issue of accessing HIV medications	PLWH groups have prioritized actions requiring reforms in order to guarantee access to HIV medications	National agreements have been established to guarantee access to HIV medications	In the country there are plans and protocols to ensure access to HIV medications	Specific national funds are being allotted in order to guarantee access to HIV medications	PLWH groups participate, engaging in citizen's audit actions to guarantee timely access to HIV medications in health-care centers.

Policy Area: Most at Risk Populations (MARP)						
Policy: Strengthening MARPs groups for participation in the HIV policy arena						
Stages:	Stage 1	Stage 2	Stage 3	Stage 4	Stage 5	Stage 6
Estimated Completion Date	May 30, 2011	Jun 30, 2011	Aug 30, 2011	Sep 30, 2011	Sep 30, 2011	Sep 30, 2013
Narrative	Relevant stakeholder s identify the assessment report available as the baseline.	Strengtheni ng MARPS groups has been identified in the country as a priority issue in the national response to HIV.	There are proposals for policy-reform operational aspects related to the area of gender.	There is a strong leadership that mobilizes political support.	Disseminati on activities are conducted to promote awareness and education related to actions planned for policy areas.	A body responsible for monitoring implementation of MARPs policies is identified.
Completion Date	May 30, 2011	Jun 30, 2011	Aug 30, 2011	Sep 30, 2011	Sep 30, 2011	
Narrative	There is a situation analysis and mapping that identifies areas to provide technical assistance to strengthen MARPS groups.	Strengtheni ng MARPS groups has been identified as a priority issue in the response to HIV. These groups have participated in analysis meetings on	There is a bill to guarantee decreasing homophobia, stigma, and discriminati on. An advocacy campaign on this issue was executed.	There is strong leadership among civil-society organizations to foster the strengtheni ng and acknowledgment of MARPS organizations.	Disseminati on, information, and situation-an alysis activities were undertaken for those populations most vulnerable to HIV.	

		the level of their participation in policy spheres.				
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Policy Area: Other Policy						
Policy: Public Funding Policy						
Stages:	Stage 1	Stage 2	Stage 3	Stage 4	Stage 5	Stage 6
Estimated Completion Date	Dec 31, 2010	May 2, 2011	May 2, 2011	May 31, 2011	Jul 29, 2011	Sep 30, 2012
Narrative	The country's HIV-funding problems have been documented.	HIV funding has been identified as a advocacy objective of a network or civil-society group.	Operational aspects of the integrated reform to the public-funding policy have been proposed.	There is a strong leadership that mobilizes political support for HIV funding.	There are accountability activities and there are public progress reports or updated status reports on the HIV-funding situation.	A body responsible for monitoring the implementation of HIV-funding policies is identified.
Completion Date	March 30, 2011					
Narrative	One group of stakeholders was trained in the use of the Resource Needs	In progress				

	Model to cost the HIV epidemic. There is a national report about the costing of the HIV epidemic.					
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Policy Area: Stigma and Discrimination						
Policy: Reducing stigma and discrimination						
Stages:	Stage 1	Stage 2	Stage 3	Stage 4	Stage 5	Stage 6
Estimated Completion Date	Dec 30, 2010	Feb 28, 2011	May 30, 2011	Sep 30, 2011	Sep 30, 2012	Sep 30, 2013
Narrative	There have been policy analyses on stigma and discrimination.	Policy actions that require reforms have been prioritized.	Operational barriers have been identified from the perspective of stigma and discrimination	There are guidelines that address ??stigma and discrimination.	There is a strategy and a plan to monitor implementation of planned stigma and discrimination actions.	The gaps between stigma and discrimination on policy and practice have been assessed.
Completion Date	Dec 30, 2010	Feb 28, 2011	May 30, 2011	Sep 30, 2011		
Narrative	Sessions to analyze the status of stigma and discrimination were	The MARPS group prioritized actions to reduce	MARPS groups have identified barriers and have	MARPS groups have engaged in political dialog with		

	held, using data from a national study on the subject.	stigma and discrimination.	defined operative plans to eliminate them. As part of these plans, a bill has been drafted to reduce stigma and discrimination toward MARPS and HIV groups.	the Legislative Assembly, seeking to analyze a bill to reduce stigma and discrimination toward HIV.		
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Policy Area: Strengthening a multi-sectoral response and linkages with other health and development programs						
Policy: Strengthening the participation of Faith Based Organizations and the Business Sector in the national response to HIV						
Stages:	Stage 1	Stage 2	Stage 3	Stage 4	Stage 5	Stage 6
Estimated Completion Date	Oct 15, 2010	June 30, 2011	Jun 30, 2011	Sep 30, 2011	Sep 30, 2011	Sep 30, 2012
Narrative	The problem of HIV from the perspective of multi-stakeholder participation has been	There have been public information campaigns or political dialogue with multi-stakeholder participation	There are policies and strategies relating to multisectoral involvement and HIV.	There is a strong leadership that mobilizes political support for the multi-stakeholder	Public activities are held to show the progress of multisectoral involvement in the response to	There are plans to monitor implementation of policies related to multi-sectoral participation

	documented			participation	HIV	
Completion Date	Oct 15, 2010	June 30, 2011	Jun 30, 2011	Sep 30, 2011	Sep 30, 2011	
Narrative	In the country, there is a diagnosis and mapping on the participation of organizations and sectors in the national response to HIV	There was political dialogue with high level representatives of FBOs and business sector to involve and strengthen their participation in the response to HIV.	FBOs developed and applied the guide "Churches and HIV: Response from Faith-Based Communities". The business sector represented by the CONEP has foster and adopted HIV policies at the workplace. Ten enterprises have adopted HIV policies and they are benefiting approximately 50,000 workers. EI	The FBO's and CONEP promoted activities that evidence their involvement in the HIV national response.	FBOs implemented public activities to show the progress achieved in their HIV involvement. The business sector represented by the CoNEP participated in a public regional forum and in a national forum about the involvement of the business sector in the HIV response.	In progress



Policy Tracking Table

Central America Region

Policy Area: Access to high-quality, low-cost medications						
Policy: Addressing partner-country policies that have impact on the availability of drugs essential to the care and treatment of People Living With HIV/AIDS.						
Stages:	Stage 1	Stage 2	Stage 3	Stage 4	Stage 5	Stage 6
Estimated Completion Date	Oct 30, 2010	Mar 30, 2011	Sep 30, 2011	Sep 30, 2011	Sep 30, 2012	Sep 30, 2013
Narrative	Documents summarizing analyses or identified needs regarding HIV medications are available.	Actions requiring reforms to guarantee access to HIV medications have been prioritized.	There are policies guaranteeing access to HIV medications.	There are operative plans or guidelines for policies guaranteeing access to HIV medications.	There is a strategy or a plan to monitor implementation of actions regarding access to HIV medications.	There is a plan to monitor implementation of policies pertaining to access to HIV medications.
Completion Date	Oct 30, 2010	Mar 30, 2011	Sep 30, 2011	Sep 30, 2011		
Narrative	Regional analyses have been performed on HIV supplies and medications needs, with the purpose of negotiating economies of scale.	Access to HIV medications is an issue that has been included in COMISCA's and the Regional Coordinating Mechanism's regional	A course of action included in the Regional Strategic Plan 2010-2015 is aimed at guaranteeing access to HIV medications in all the	COMISCA has issued guidelines ensuring economies of scale, which have been adopted by all the countries.	In progress	



		agenda.	countries in the region.			
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Policy Area: Most at Risk Populations (MARPs)						
Policy: Strengthening MARPs groups for participation in the HIV policy arena						
Stages:	Stage 1	Stage 2	Stage 3	Stage 4	Stage 5	Stage 6
Estimated Completion Date	Jun 20, 2011	Aug 30, 2011	Sep 30, 2011	Jun 30, 2012	Sep 30, 2012	Sep 30, 2013
Narrative	Assessment report available as baseline	Specific policy issues to be addressed in policy reform or development defined	Operational barriers identified	Leadership engagement / mobilization	Accountability measures / monitoring plan for implementation determined	Implementation monitored
Completion Date	Jun 20, 2011	Aug 30, 2011	Sep 30, 2011	Jun 30, 2012		
Narrative	There is a regional report on the need to strengthen MARPS organizations and groups operating at the regional level.	Governance and communications have been identified as areas to consider in strengthening MARPS groups at the regional level.	Operative barriers to MARPS regional networks' operation and strengthening have been identified.	There is strong leadership among regional network members, who have considerable influence on MARPS groups in the region.		

Policy Area: Other Policy
Policy: Public Funding Policy

Stages:	Stage 1	Stage 2	Stage 3	Stage 4	Stage 5	Stage 6
Estimated Completion Date	Oct 30, 2010	Dec 30, 2011	Jan 30, 2011	Jun 30, 2012	Sep 30, 2012	Sep 30, 2013
Narrative	The country's HIV-funding problems have been documented.	HIV funding has been identified as a advocacy objective of a network or civil-society group.	Operational aspects of the integrated reform to the public-funding policy have been proposed.	There is a strong leadership that mobilizes political support for HIV funding.	There are accountability activities and there are public progress reports or updated status reports on the HIV-funding situation.	A body responsible for monitoring the implementation of HIV-funding policies is identified.
Completion Date	Oct 30, 2010	Jun 4, 2011				
Narrative	There are HIV spending reports by country in the Central American region.	As a result of regional advocacy efforts, COMISCA issued a resolution to develop unified NASA 2010 reports.				

Policy Area: Stigma and Discrimination						
Policy: Reducing stigma and discrimination						
Stages:	Stage 1	Stage 2	Stage 3	Stage 4	Stage 5	Stage 6
Estimated Completion Date	Sep 30, 2010	Mar 30, 2012	Jun 30, 2012	Ago 20, 2012	Sep 30, 2012	Sep 30, 2013

Narrative	There have been policy analyses on stigma and discrimination.	Policy actions that require reforms have been prioritized.	Operational barriers have been identified from the perspective of stigma and discrimination	There are guidelines that address ??stigma and discrimination.	There is a strategy and a plan to monitor implementation of planned stigma and discrimination actions.	The gaps between stigma and discrimination policy and practice have been assessed.
Completion Date	Sep 30, 2011					
Narrative	Sessions to analyze the status of stigma and discrimination were held, using consolidated regional data from national studies.					

Policy Area: Strengthening a multi-sectoral response and linkages with other health and development programs						
Policy: Strengthening the participation of Faith Based Organizations and the Business Sector in the national response to HIV						
Stages:	Stage 1	Stage 2	Stage 3	Stage 4	Stage 5	Stage 6
Estimated Completion Date	Oct 30, 2010	Oct 30, 2010	Jun 30, 2011	Aug 30, 2011	Sep 30, 2011	Sep 30, 2013
Narrative	The problem of HIV from	Specific policy issues to be	There are policies and strategies	There is a strong leadership	Public activities are held to	There are plans to monitor

	the perspective of multi-stakeholder participation has been documented	addressed in policy reform or development t defined.	relating to multisectoral involvement and HIV.	that mobilizes political support for multi-stakeholder participation .	show the progress of multisectoral involvement in the response to HIV	implementation of policies related to multi-sectoral participation .
Completion Date	Oct 30, 2010	Oct 30, 2010	Jun 30, 2011	Aug 30, 2011	Sep 30, 2011	
Narrative	Even though there is no regional mapping on multisectoral participation in HIV, there are documents in each country in which multisectoral participation is analyzed.	Sectors that need to be strengthened in order to increase their participation in the response to HIV have been identified at the regional level.	FBOs have developed a guide to strengthen the participation of this sector in the response to HIV. The business sector appointed its representative to the Regional Coordinating Mechanism.	There is strong leadership among members of FBOs and the private sector at the regional level, and they have expressed their commitment to the response to HIV.	Sectors such as FBOs and the business community have held public activities to showcase their involvement in the response to the epidemic.	In progress



Technical Areas

Technical Area Summary

Technical Area: Care

Budget Code	Budget Code Planned Amount	On Hold Amount
HBHC	1,598,454	0
HVTB	510,402	0
Total Technical Area Planned Funding:	2,108,856	0

Summary:

OVERVIEW

As a technical collaboration model program, the focus for USG support in care in Central America is on strengthening national capacity to provide quality care services, to strengthen human resources, to improve diagnostic and care related to TB/HIV and to develop and maintain strong linkages between facilities and communities for a comprehensive Continuum of Care (CoC). While the USG does not directly support service delivery, programs work to support public health institutions and civil society through building capacity as they have complete ownership and leadership over their care programs. System strengthening is the core of all care related work in the region.

While the number of HIV positive and other vulnerable children are relatively small in the region's concentrated epidemic, their care and support needs are complicated due to the high degree of stigma and discrimination that are associated with PLHIVs and MARPs populations in Central America. The direct services are comprehensively covered by government and Global Fund programs and thus are not a specific focus of USG resources. USG efforts target improving the quality of services and ensuring access to services for those groups that often have a hard time getting care. At the same time, USG efforts to strengthen quality of care and TB/HIV programs work with institutions and have clear benefits for adult as well as pediatric patients.

TB/HIV

In 2010, the prevalence of tuberculosis in Central America ranged from a high of 111 per 100,000 inhabitants in Guatemala to low of 11 per 100,000 in Costa Rica. Other countries' rates per 100,000 are: Honduras 65, Panama 54, Nicaragua 53, Belize 51, and El Salvador 33. According to the most recent WHO data from 2010, the TB/HIV burden remains significant public health problem with the following prevalence rates of HIV in incident TB cases: Belize (20%), Panama (16%), Honduras (13%), Guatemala (12%), Costa Rica (11%), El Salvador (11%), Honduras (13%), and Nicaragua (4.2%).

Although the World Health Organization (WHO) recommends that national TB and HIV/AIDS programs develop activities in a collaborative fashion, the majority of such programs in Central America do not coordinate their activities. TB/HIV activities are positioned in a "grey zone"-- that is, they lack priority relative to other TB and HIV interventions. In all Central American countries, there is a national policy to screen all TB patients for HIV and provide pre- and post-test HIV counseling. Despite these policies, HIV screening achievements for TB patients are often limited in practice, although they have seen marked improvements in some countries in recent years. The rates for HIV screening of TB patients in Central American region are mixed: Belize (99%), Costa Rica (no current data), El Salvador (96%), Guatemala



(63%), Honduras (54%), Nicaragua (56%), and Panamá (82%) (WHO, 2010). While smear microscopy is widely available in most national and sub-national health care facilities, HIV diagnostic tests are mainly centralized in specific public health establishments. Similarly, although all countries in the region have implemented the Directly Observed Therapy, Short-Course (DOTS) strategy, quality-assured coverage varies from one country to the other.

USG efforts in TB/HIV have focused on improving the capacity of the Ministries of Health in service delivery and surveillance to scale up intensified TB case-findings and TB infection control. All of the activities are led together with officers from Ministries of Health, to institutionalize and maintain long-term TB/HIV surveillance efforts, ensuring sustainability and country ownership.

Over the past year, health professionals in Guatemala and Honduras were trained in TB and TB/HIV case management and surveillance in close coordination with National TB and HIV programs. They work with the health facilities which have the highest burden of TB in their respective countries. In those same two countries the USG supported capacity building and technical support for the roll out of Provider Initiated HIV counseling which involves health facility personnel initiating and offering an HIV test to TB patients or patients with suspected cases of TB. Laboratory technicians have been trained to improve their capacity to collect, transport, and process samples for TB and HIV diagnosis. Trainings have included work to improve laboratory bio-safety measures at the selected sites and quality control procedures for TB and HIV. The USG has provided technical assistance for Global Fund Country Coordinating Mechanisms in the development of TB proposals and to ensure TB/HIV co-infection is addressed adequately in all appropriate Global Fund proposals.

With limited funding, the USG efforts in TB/HIV are focused on the Facility-based TB Program Strengthening for TB/HIV Initiative (FTBSS) that includes: 1) Strengthening the DOT's strategy in collaboration with other partners; 2) Ensuring HIV testing for all TB patients, 3) Training Health personnel, 4) Improving the time, efficiency and accuracy in data capture, transmission, analysis and availability of reports, 5) Strengthening the use and distribution of data, 6) Improving coordination and technical validity, 7) Expanding initiative coverage, and 8) Ensuring program evaluation. FTBSS efforts will focus on Guatemala, Honduras, Nicaragua and Panama.

The FTBSS initiative is designed to improve the reliability and timeliness of surveillance (and M&E) data for decision-making at different levels, particularly if captured electronically. The USG will continue to provide targeted technical assistance to Ministries of Health in the region to update TB national guidelines, and design and implement TB strategies including M&E plans, training workshops, and support of TB information System Strengthening including surveillance. USG efforts will continue to build laboratory capacity in TB and HIV. Ongoing process and program evaluation will provide a basis to improve and if possible expand the initiative to other countries.

All work in TB/HIV is done in coordination with key partners in countries (international agencies, governments, NGOs) to ensure harmonization of activities in TB/HIV surveillance and care. The USG is engaged in the promotion and updating of collaborative plans for HIV and TB to improve the quality of care for HIV/TB co- infection.

ADULT CARE & SUPPORT

In the region, clinical based care is provided at public comprehensive care centers almost always located within public hospitals. Stigma and discrimination remain significant barriers to access to care. It is a particularly significant issue for men who have sex with men (MSM) and transgendered individuals due to widespread homo- and transphobia and discrimination against these groups. Stigma and discrimination against PLHIV are common among health providers, who often have a fear of accidental HIV exposure and infection. High turn-over rates of health care workers make it difficult to establish and maintain quality of care, and good rapport and linkages between communities and health services.



Some countries are moving towards a decentralized approach for care and treatment, which requires planned task-shifting and other human resources interventions to be effective. The region, especially Belize, suffers from a general shortage of human resources for health (HRH), especially outside the capital cities. Training on HIV care during pre-service is limited and split into different courses, and some critical areas such as biosafety and reduction of stigma and discrimination are often not covered. Pre-service and in-service training are not inter-related nor do they build on each other, often failing to ensure elements of comprehensive, multidisciplinary care. In training institutions, the degrees of specialization and points of delivery for the provision of HIV related care vary among countries and include Social Security (Panama and Costa Rica), Infectious Disease Specialists (Nicaragua), HIV National Program (El Salvador) and Universities, NGOs and Clinical Experts (Guatemala).

USG activities have helped to improve the capacity of the region to deliver comprehensive HIV/AIDS care with a strong focus on creating and fostering linkages between health facilities and community and strengthening community groups for advocacy and peer support. Over the past year USG efforts have supported training for both university teachers and students in health disciplines in comprehensive HIV/AIDS care and treatment with special attention to reducing stigma and discrimination against PLHIV and against MARPs populations.

Ministry of Health staff from the Comprehensive Care Units has been trained in: HIV testing and counseling, bio-safety, gender, stigma and discrimination. USG activities have added to the significant contributions of other donors in the region through its aims to improve the skills of providers to care for PLHIV, establish QA systems, and develop policies and protocols for care together with host governments and the Global Fund. In Honduras, the USG played a key role in the development of the National Strategy for Integrated Care of STI/HIV/AIDS in the context of Health Sector Reform. In hospitals with comprehensive care units, performance assessments were carried out in each Belize, Costa Rica, El Salvador, Guatemala, Nicaragua and Panama by an integrated central level team including National AIDS Program and/or other MOH/SSI department staff and USG partner staff. On the last day, the assessment team presented the results to local authorities and hospital staff and facilitated a root cause analysis of performance gaps and developed an action plan for improvement including a comprehensive training plan in those areas that were deemed the weakest part of their service delivery for PLHIV.

The integration of treatment and care with community based support started with a pilot intervention that adapted the Continuum of Care (CoC) model in each Central American country. As a result, all countries decided to implement this model in at least three different sites and in eight different sites in the case of Guatemala. This model includes the establishment of integrated teams or working groups, consisting of key hospital staff, PLHIV leaders, and representatives from the community groups, to guide implementation. As a result strong hospital-community links are being established which will foster sustainability of the quality of care strategy as well as improve adherence to ARV treatment. These groups planned joint activities to integrate treatment and care, to ensure the complementarity of clinic services, home care, and self-support groups, and to promote prevention opportunities as part of the care and support delivery. USG partners supported the mapping of the community support network (including private providers) to help local stakeholders to develop an inventory of community resources, including referrals available to their clients and begin to build linkages between facilities and the community. The USG also continues to build the organizational capacity of national and regional associations of PLHIV and other MARPs groups to develop and lead local and national advocacy efforts to reduce stigma and discrimination, improve quality of services and guarantee access to ARV treatment.

In FY2012, the USG will continue to build on current efforts with a special emphasis on strengthening the continuum of care and strengthening key linkages. The primary purpose of the USG CoC strategy is to develop systems that provide humane, effective, high-quality comprehensive and continuous care to PLHIVs and their families. A fully developed CoC brings together five major components of an HIV response: prevention, counseling/testing (CT), care, treatment and support. The core activities of the CoC



strategy include: (a) Training and supportive supervision of institutional and community health personnel in ART compliance, home care, stigma and discrimination reduction, and gender dimensions of HIV. (b) Prevention with Positives training that will ensure the systematic application of providing prevention recommendations to HIV-positive clients, assess client adherence to ARVs and other medications, assess clients for signs and symptoms of STIs, integrate RH/FP services including condom counseling and condom provision at every visit, and referrals for community-based support. (c) M-health technology (the use of mobile phones to share health information, send prevention messages, follow up with clients, provide text reminders for ARVs and/or other medication dosing, medical appointments, and notification of members of the hospital-community integration team of upcoming meetings/events, progress on implementation of activities, and other relevant issues) to improve community-facility partnerships. (d) Referral and counter-referral networks to maximize the integration of complementary services, ensure client satisfaction and ARV adherence, and minimize client loss to follow up.

Technical assistance for local PLHIV groups will be provided to ensure their work continues to be a part of the continuum of care and that PLHIV are engaged in all levels of decision making and implementation of care programs and empowered and with skills to advocate for quality care. For example in Honduras, support will be provided to the National Association of People Living with AIDS (ASONAPVSI DAH) to implement the recently developed model of home visits and self-support groups (including terms of reference for personnel, norms, protocols, job aids, proposed training plans, and a curriculum). In Nicaragua the USG will promote the organization of peer-support groups with a focus on MARPS involvement. These groups will implement training for community counselors, educational activities for PLHIV, home visits, coordination with the MOH coordination, promotion of adherence to ARV treatment, psychological support, reduction of stigma and discrimination at community level, nutrition, family counseling and HIV prevention.

USG will also be working in collaboration with Ministries of Health to design and implement national strategies for Prevention with Positives with the aim to reduce the HIV transmission through behavioral risk reduction (increased in condom use, reduction in number of sex partners), and reduction of transmission efficiency via HAART.

POLICY

Most of the countries in the region have in the last few years made changes their legal framework to protect the rights of PLHIV, although there are varied levels of success with implementation. Stigma and discrimination towards the MARPs groups most affected by HIV remains a major challenge and policy responses to this discrimination in being explored in all countries. The transgender community is a population that has been identified by the USG as a priority population in FY2012 due to extremely high HIV rates as revealed in recent studies. Efforts specifically geared to this community have been lacking. The lack of laws and policies related to gender identity remains a huge barrier to the transgender patients receiving appropriate care. USG is supporting multi-sectoral efforts in countries like El Salvador and Guatemala to establish laws that recognize various gender identities.

KEY VULNERABLE POPULATIONS

A cross-cutting priority for all PEPFAR programs in the region, as previously mentioned with a concentrated epidemic is the emphasis on MARPs populations and addressing the stigma and discrimination barriers that impede their access to quality care programs. Across all program areas, the transgender (male to female) and PLHIV communities have been identified as priority groups for FY2012, as recent evaluations and studies have shown higher HIV prevalence rates and gaps in programming specific to these two populations. Stigma and discrimination related themes have been incorporated into all USG supported training.

GENDER

Adult Care and Support activities will seek to reduce gender related stigma and discrimination against



PLHIV and MARP groups, especially among health care providers, thereby increasing access to and the quality of HIV/AIDS services regardless of gender identity.

HUMAN RESOURCES FOR HEALTH

Strengthening human resource capacity represents a critical component of the Central America Partnership Framework and in the area of care the USG will continue to improve knowledge, increase skill levels, and improve attitudes of health personnel as a means to improve the quality of care especially for the MARP populations driving the region's concentrated epidemic. With the exception of Belize, Central America does not face the major shortage of health care workers of other regions, but does confront the major challenges of staff turnover and the fact that many staff working in HIV/AIDS lack the skills to provide high quality of care.

The USG will continue to provide specialized training to lab personnel to improve their diagnostic capacity in HIV, STI and opportunistic infections such as TB and fungal infections, and in related lab issues such as bio-safety. As part of efforts to improve quality of care, establishment of integrated teams or working groups will continue and consist of key hospital staff, PLHIV leaders, and representatives from the community groups, to guide efforts to form a strong hospital-community link and including training PLHIV to assist in providing peer support for HIV-positive clients. Efforts also include recognition for health care personnel that clearly show performance improvement in follow-up assessments. Technical assistance will continue to be provided at facility levels for the development of strategies to encourage staff retention, performance and promotion of healthcare staff providing HIV/AIDS related services. Support will be provided for continuing military to military exchanges where clinicians will be trained in the latest in comprehensive care.

The USG will continue to support pre-service curricula that address stigma and discriminatory attitudes among future health care professionals. In-service training and updates to HIV/AIDS care providers from the public, private, and NGO sectors will continue to include VCT, counseling on ART and TB-DOTS compliance, home care, stigma and discrimination reduction, gender dimensions of HIV/AIDS, and prevention with positives (PwP).

LABORATORY STRENGTHENING

Building capacity in the area of lab remains a major priority for the USG and includes working with National Laboratories to promote their leadership role in their respective countries. The USG continues to support COMISCA with the establishment of the regional lab network for HIV, STI, Fungal Opportunistic Infections & TB. The USG also will work to provide assistance for training, technology transfer and exchange within the region in the area of laboratory. To ensure adherence to international standards, the USG will continue to help countries establish external quality assurance (EQA) by providing the EQA PT panels. Training for lab staff will continue in QMS, QA/QC, shipment, procurement, HIV rapid testing, STI diagnostics and TB diagnosis in coordination with COMISCA and other USG partners with the FTBSS program.

STRATEGIC INFORMATION

USG during FY2012 will continue supporting the generation of strategic information relating to care, that will help us to better know our epidemic which is critical for on-going country planning and decision-making for implementing partners and national/regional counterparts as they consider their care activities.

All USG activities respond and adapt to strategic information and the focus for FY12 to ensure that all technical assistance focuses on the use of information for action. Recent results from USG funded BSS studies in the past two years highlighted the major barrier that stigma and discrimination play in preventing MARPs from accessing quality services and all USG programs have integrated stigma and discrimination issues into trainings for health care personnel. Results of the BSS studies also revealed the highest prevalence rates among the transgender community and the need to ensure discrimination free



services address their unique needs. The quality improvement programs involve facility assessment done with Ministry of Health and facility leadership. Interventions are then based on the results of these assessments, allowing facilities to have data on their performance at hand and they can immediately see that information being applied to the technical assistance provided.

CAPACITY BUILDING

Strengthening individual, organizational and institutional capacity remains at the center of all USG activities in care and across all technical areas. As the USG does not support the delivery of any direct care services, all activities are geared towards building the capacity of public systems, NGOs and private sector providers to provide quality care and services. Technical assistance is provided at the facility level and also at the policy level as USG works with Ministries of Health and Social Security institutions to develop and update guidelines in processes led by National HIV/AIDS programs and regional bodies.

Technical Area: Governance and Systems

Budget Code	Budget Code Planned Amount	On Hold Amount
HLAB	276,400	0
HVSI	3,464,202	0
OHSS	7,854,687	0
Total Technical Area Planned Funding:	11,595,289	0

Summary:

INTRODUCTION/BACKGROUND:

Governance and systems represents the foundation for USG work in Central America. Three of the four Partnership Framework goals fall under this area: Health System Strengthening, Strategic Information, and Policy Environment. USG investments in health system strengthening in the region are aimed at maximizing impact and reach by building capacity of host countries to lead, manage and sustain their HIV/AIDS response.

USG activities in systems strengthening will continue to support capacity development within regional institutions, national and local governments, military institutions, civil society and the private sector. A cross cutting theme for all work in the region is a focus on Most At Risk Populations (MARPs) that are most affected by HIV in Central America's concentrated epidemic. The development and signing of the Partnership Framework represented an important step for host country counterparts to commit to regional and national responses that prioritize MARPs. Nevertheless, seeing this commitment become an on-the-ground reality in public programs and services remains an ongoing challenge. The Framework guiding principle of capacity building across the region is to ensure that prevention, care and treatment services for MARPS and PLHIV are provided in a high-quality, timely, and stigma-free manner. With USG assistance and under the Framework, governments and civil society organizations working in HIV across the region will have greatly increased ability to plan, implement, monitor and evaluate programs with less need for major support from external donors. Creating an enabling environment for a quality and sustainable HIV response also includes greater involvement of stakeholders not traditionally involved from public and private sectors.

The Framework highlights important gaps in national health systems identified in stakeholder discussions and include:



1. Limited regional and national laboratory diagnostic capacity for HIV/AIDS, other STIs, TB and OIs;
2. Limited Ministry of Health (MOH) quality assurance systems regulating the quality of HIV/AIDS and TB services delivery;
3. Limited opportunities for staff training in HIV/AIDS/STI/TB and OI service delivery, as well as insufficient support for retention of health care workers;
4. Inconsistent implementation and limited human resources capacity to deliver HIV related diagnostic and care services; and
5. Weak supply chain management systems leading to frequent stock-outs of medication, reagents and other supplies, delays and inadequate coverage.

Activities in FY2012 will continue to address these identified gaps and strategically implement programs that support countries and the region to provide a continuum of response across HIV programmatic areas. The USG will build on current activities to provide targeted technical assistance to build capacity in human resource and program management, laboratory, strategic information, supply chain management and policy development and implementation, with a cross cutting emphasis of MARPs focused and friendly service delivery.

GLOBAL HEALTH INITIATIVE

Global Health Initiative (GHI) principles are interwoven throughout health system strengthening efforts. USG works to support country ownership by promoting regional and national leadership and country led processes for the development of strategic plans, technical guidelines and studies. PEPFAR programs in the region place strong emphasis on creating a culture of monitoring and evaluation, including significant efforts to build human resource capacity to use information to continually guide, adapt, and improve programming. The USG closely coordinates with other key partners in the region such as the Global Fund and UN organizations to ensure the most strategic and effective use of resources in system strengthening. First in Honduras and now in other countries in the region, the USG has worked to build national supply chains efficiently managing ARVs purchased by both the Ministry of Health and Global Fund ensuring availability and access to patients. The end goal of all PEPFAR Central America system strengthening activities is sustainability at all levels in alignment with the shared GHI principle.

While Central America does not have a regional GHI strategy to correspond with the regional PEPFAR program, individual GHI country efforts have synergies with the Partnership Framework. As a GHI plus country, Guatemala has led the region in developing a GHI Strategy that focuses on marginalized populations in the Western Highlands who lack access to quality maternal / child health and family planning and face chronic malnutrition. While PEPFAR programs work in a different geographic area, the focus is also on marginalized at risk populations. The third GHI Guatemala priority on using information for action corresponds to the Framework priority on strategic information and building capacity in the generation and analysis of information such as surveillance systems for use in programming. In Guatemala, PEPFAR supported work in supply chain strengthening and improving quality of services in health care settings that are important components of the GHI strategy. The Honduras GHI strategy has not yet been approved, but includes improving access and quality of HIV services for at risk populations as one of the proposed goals. In Honduras and other countries in the region, the USG will continue to work with the Ministries of Health and Defense to strengthen essential capacities, institutions, infrastructures and systems guided by the Partnership Framework goals and GHI principles.

LEADERSHIP, GOVERNANCE AND CAPACITY BUILDING

PEPFAR Central America considers issues around leadership and governance best through the lens of the Partnership Framework Policy goal. An enabling policy environment is vital to reaching universal access goals for the region and policy cuts across technical areas. In FY2012, the USG plans to continue build on successes in policy that include country governments and regional bodies taking clear leadership roles in the development of strategic plans and policies, including steps taken to show prioritization of



most-at-risk populations. The COMISCA Regional Strategic Plan (Plan Estrategico Regional de VIH/SIDA de Centro America y Republica Dominicana 2010-2015) was a culmination of USG and partner efforts to develop an evidence-based regional strategy for MARPs to ensure prevention, care and treatment services are available to those individuals, and provide a unified regional response to fight the epidemic. The continuing challenge is assisting governments in continuing to exert their leadership role in the implementation and operationalization of the regional and national strategic plans and policies. In a region where the majority of the HIV/AIDS response is funded with host-country public funds, governments are already taking the lead and the USG works to reinforce that leadership role in the implementation of technical strategic plans and sound policies that enable an appropriate response to the region's concentrated epidemic. The USG role includes encouraging inclusive leadership, supporting government engagement with civil society and ensuring that all stakeholder voices are present and taken into account when decisions are made.

Over the past year, the USG has played a crucial role in the development or updating of national strategic plans and ensured a multi-sectoral government led process in each country working on these plans. These new strategic plans in countries such as El Salvador represent a comprehensive and evidence based approach to the epidemic with diverse inputs from all key stakeholders and represent plans that address MARPs much more than previous plans.

USG programs have proven successful in building capacity and linkages between civil society and the public sector at the local level. In Guatemala, USG piloted a continuation of HIV prevention and care services for MARPs. The project strengthened the linkages and coordination between the local HIV prevention, care, and support services providers through two multi-sector networks of people living with HIV (PLHIV). Individual civil society affiliates received technical assistance to build local organizational capacity for a sustained response to HIV/AIDS. The networks and their affiliates also addressed social and structural factors that drive the HIV epidemic among men who have sex with men (MSM), transgender individuals, and commercial sex workers (CSWs). USG's work with these groups resulted in an increased dialogue among network members and a demonstrated increased commitment of members and local authorities to participate in planning, implementation and monitoring of activities. These activities will be expanded to all countries in the region starting in FY2012.

In Honduras, USG has been providing technical and financial assistance to thirteen local non-governmental organizations (NGOs) to strengthen organizational capacity to manage and implement effective HIV/AIDS prevention programs for MARPs. As a result, each of these NGOs developed and began to implement an action plan focused on strengthening governance, leadership and organizational procedures; strategic planning; and proposal development and funding diversification. Work to build capacity of NGOs and community based organizations continues in all the countries in the region by building organizations administrative and technical capacities.

In leveraging public and private sector investments and partnerships, USG efforts in Belize have engaged with the private sector, facilitating awareness workshops aimed at directors and middle management of business entities that are members of the Belize Chamber of Commerce and Industry. Workshops provide HIV-prevention guidelines, and policy development assistance. Similar work with the private sector happens in all countries in the region and has resulted in 15 businesses incorporating improved workplace policies for PLHIV in FY11.

In FY2012, the USG plans to continue to build on past success and to prioritize efforts to strengthen implementation and monitoring of existing regulatory frameworks and with the regional importance of the Global Fund, to prioritize work to improve effectiveness of Principal Recipients and Regional and Country Coordinating Mechanisms to adequately perform their roles, including planning, implementing, and monitoring projects, in close coordination with Global Fund Portfolio Managers. In the coming year, strengthening the capabilities of stakeholders especially MARPs and PLHIV, in key areas such as human rights, M& E, governance and advocacy have also been identified as a focus. Ongoing efforts to improve



the participation and representation of MARPs and PLHIV in the regional and national response remain a high priority.

In FY2012, the USG will continue to build technical leadership capacity within the public health, NGO sector and military health programs. The USG will also provide technical support in the development of Global Fund proposals, implementation of regional advocacy agendas, and promotion of HIV related workplace and military specific HIV policies through regional private sector entities and military partners, respectively.

STRATEGIC INFORMATION

With the aim to better know our epidemic and better know the appropriate response, the USG will continue working in the area of Strategic Information as one of the four Partnership Framework goals, strengthening regional and host country abilities to collect, analyze and utilize information in the design and implementation of interventions not only for HIV/AIDS, but STIs, TB, fungal opportunistic infections and other cross cutting public health programs. The USG aims to build individual, institutional, and organizational capacity for HIV/AIDS behavioral and biological surveillance, facility surveys, monitoring and evaluating program results, reporting results, supporting health information systems, and related analyses and data dissemination.

USG programming enables host governments to strengthen their capacities in surveillance of HIV epidemic trends to develop censuses and surveys, surveillance and vital registration systems to inform HIV prevention, case and treatment programs. Recent Behavioral Surveillance Studies Plus (BSS+) completed in El Salvador and Nicaragua were supported with significant USG technical assistance but led by Ministries of Health. These surveys were also implemented in close coordination with civil society from the design to implementation and finally dissemination stage. The need to disaggregate by gender identity was identified by the transgender community, and this disaggregation revealed extremely high rates among trans in both countries and empowered this community with scientific information on how HIV affected them. In El Salvador, the data was disseminated and analyzed across the country for service providers so they could apply the findings and adapt aspects of their service delivery accordingly. The first ever BSS+ for the military in Belize helped highlight the issue among high level officers and is leading to specific actions. These examples of joint dissemination of research results and immediate application in planning are considered a best practice. Data obtained from all these studies have already been used for strategic planning and decision-making processes in the three countries. BSS+ studies for MARPs are underway in Belize, Guatemala and Honduras and planned for the military in collaboration with Global Fund in Nicaragua, El Salvador, Guatemala and Honduras. The USG has also provided technical assistance for BSS in Costa Rica and Panama although the surveys themselves are being financed with national and other donor resources. The USG has also supported the development of standardized questionnaire that is being proposed for use for all future regional BSS.

The USG will continue supporting host governments to continue monitoring trends in the HIV epidemic in the region through the systematic collection, analysis, interpretation and dissemination of data of HIV/AIDS, TB and other opportunistic infections. The USG provides technical assistance to encourage and foster a regional culture of Monitoring and Evaluation (M&E) including the development of regional and national M&E plans and promoting the use of internationally validated monitoring tools. In Honduras, the USG supported the development of the National AIDS program M&E plan, with a new performance based format and the Honduras MOH has been monitoring HIV/AIDS internal performance indicators continuously since 2006. With substantial engagement and involvement by USG and partners, a core set of 9 regional HIV/AIDS indicators have been established in the last year in an inclusive comprehensive process with a diverse number of stakeholders at the country and regional level. The USG has recently launched a regional HIV/AIDS M&E diploma course in collaboration with the Ministries of Health and national universities. In addition, the USG supported assessments on key issues such as Stigma and discrimination against MARPs across the region, Performance Improvement in Care



Services, National AIDS Spending Assessments, and Country AIDS Progress Reports.

The USG works to strengthen the health information systems that generate information needed for monitoring and evaluation and analysis. USG has supported the MOH Guatemala and Nicaragua to implement systems that monitor HIV/STI indicators. The USG also works closely with other stakeholders and partners in the area of the health information systems, which included a Central American Workshop on HIV Case Surveillance Systems in coordination with PAHO. In Panama, the USG has assisted the Ministry of Health in the development of MONITARV (a clinical monitoring information system for PLHIV on ART) now in use across the country that included validation by not only service delivery providers but also patient groups. A web-based version of MONITARV will be piloted in a few months. USG supported trainings in epidemiological surveillance for members of the Armed Forces in Nicaragua, promoting country ownership by working in close collaboration the Military Medical Corps. Similar endeavors will be planned for El Salvador, Guatemala and Honduras. They were provided with standardized data collection tools to interpret and utilize in the development and implementation of program activities. In Costa Rica, USG support promotes evidence based decision making at both the clinical and national levels, through strengthening of the national surveillance system (SINVIH) by adapting two modules for treatment monitoring and early detection of non-adherence, respectively, and elaborating, validating and disseminating a user's manual for both. In Guatemala, the USG has provided support for an integrated tool (MANGUA), adapting and harmonizing several tools for treatment monitoring and early detection of non-adherence.

In FY2012, the USG plans to continue to prioritize a few overarching areas in strategic information: 1) increase access, analysis, dissemination and utilization of HIV data, with a focus on MARPs including epidemiological surveillance; 2) strengthen health information systems (HIV case reporting, STI sentinel surveillance and TB/HIV case reporting & management); 3) improve M&E systems and utilization, and as a cross cutting theme, 4) foster a knowledge management approach.

In addition to the finalization of BSS studies, the USG will maintain and expand support for HIV/STI surveillance sites geared towards MARPs through the VICITS programs which all take place at Ministry of Health facilities with limited USG investment for technical assistance and supplies. Activities will improve the capacity of the national surveillance and laboratory staff to implement, expand and evaluate first-and-second generation surveillance systems, and to conduct special surveillance studies to improve available information. Second-generation surveillance training courses will be held for MOH personnel and support will continue for participation in the Field Epidemiology Training Program (FETP) to develop the cadre of epidemiologists in the region. The USG will continue to promote the development of National HIV Research Agendas and epidemiological situation analyses. Evaluations of the HIV Epidemiological Surveillance System will be performed in two of the countries with a relatively high burden of HIV (Guatemala and Honduras) with the aims to evaluate performance and identify progress in implementing recommendation according to previous assessments and to develop an improvement action plan based on the evaluation performed.

While countries now have National M&E Plans in place, the focus for FY12 will be the implementation of these national plans and working with National M&E committees in order to better institutionalize M&E. capacity building on monitoring and evaluation (M&E) in Guatemala and Honduras through M&E training to health workers and other civil society partners for the analysis and use of strategic information for decision-making.

With the core set of harmonized regional indicators established, the USG will continue to support the integration of HIV/AIDS into the health regional information platform in development by COMISCA. The USG will continue to support the establishment of integrated HIV/STI/TB information systems. The USG supports efforts to synthesize and harmonize strategic information systems and work to integrate national HIV information systems into overall national information systems, including linking military health system information to Ministry of Health systems. Logistics Management Information Systems are an important



part of supply chain management work in the region and the USG will provide technical assistance to improve existing systems, many which were initially established with USG funding that focused on family planning commodities. PEPFAR is building on these earlier USG investments to ensure adequate information is available regarding HIV/AIDS related medicines and supplies.

Knowledge management goes beyond strategic information, and ensures that all information, lessons learned and best practices are shared and used and the USG will continue to support knowledge transfer and exchange in the region.

SERVICE DELIVERY

The Central American Regional HIV/AIDS program plays an important role in a multi-agency and multi stakeholder continuum of response for MARPs. As USG resources are only used for direct service delivery in prevention, the USG provides technical assistance to support Ministries of Health and other stakeholders as they provide services for a continuum of response, which is ideally a common platform that is specifically tailored to targeted MARPs groups. For our targeted MARPs groups this response will start before individuals become most at risk, for instance in the communities and rural areas where Peace Corps Volunteers are placed and are best situated to target primary prevention efforts and work to reduce stigma and discrimination related to gender norms. These early life activities will aim to reduce the number of MARPs that feel pressure to flee to cities and engage in risky behavior in order to survive. The response will then target the urban streets and communities where commercial sex workers and transgender populations as well as more open men who have sex with men are reachable with additional primary and secondary prevention messages. The response will also involve programs situated with government STI clinics and HIV/AIDS treatment sites. While governments and the Global Fund cover the costs for care and treatment, USG will support the improvements in the distribution systems and warehousing and ensure MARPs friendly services are available in care and treatment sites as well as quality services provided for PLHIV. Additional programs will assist in the adherence and support for PLHIV through support to networks and community groups of PLHIV and Prevention with Positive efforts. Specifically for men at risk, i.e. mobile populations and men in uniform, the continuum will also involve specifically tailored programs to reach those populations. For instance, the USG will collaborate with a private sector partner to work in Guatemala with sugar cane workers, who are mostly migrants from rural areas that come for a 6 month period to cut sugar cane. A continuum of services will be provided for these populations while at the factories and follow up can be made through the community networks established throughout the country.

By partnering and building capacity of both private and public sectors, the USG is expanding the type of and quality of services targeted to PLHIV and MARPs. USG assists Ministries of Health and Social Security Institutes in the region to decentralize and ensure quality HIV care and treatment from tertiary care hospitals to secondary and primary levels through the implementation of performance improvement plans, and supportive supervision approach for HIV/AIDS and TB services in health facilities across the region. USG technical assistance in Belize, Costa Rica, El Salvador and Panama utilized the Performance Improvement (PI) methodology to find the root causes of performance problems, and use that data to address service delivery deficits through specific interventions. Improving the delivery of services will also improve client retention and adherence to care and treatment. In Nicaragua, USG technical assistance helped expand and improve health services provided by the MOH and local NGOs.

Networks of HIV care, treatment and support services of existing community and facility providers have strengthened and empowered. This approach forms the foundation for service delivery and quality improvements and establishes frameworks for accountability between clients in the community and service delivery providers. As some countries look to decentralize services such as Honduras, the USG will support the development of standards and protocols for HIV/AIDS treatment and management to ensure the quality of care and support efforts for certification and licensure of services where appropriate.



In Guatemala, USG is increasing the demand for and quality of HIV and STI services in 34 health centers. The facilities will be incorporated into the referral and counter-referral systems in collaboration with local civil society organizations to ensure the continuity, quality and acceptability of the STI/VCT services for the affected populations in these areas. USG will also work in close partnership with National AIDS Programs to strengthen existing supportive supervision checklists and mentoring of health workers in 50 sites to ensure that quality is sustained as an integral component of the Performance Improvement approach. In FY12, the USG will expand this strategy to 16 additional health centers.

USG assistance will also focus on promoting quality of services, strengthening quality of laboratory diagnosis for effective patient care, and integration of services with PMTCT, MCH, FP, and TB for an enhanced package of services. The USG will work with governments in the region to more explicitly define and come to consensus on the existing continuum of response.

HUMAN RESOURCES FOR HEALTH

USG investments in Human Resources for Health (HRH) are working to improve the performance of the healthcare workforce in Central America, by providing assistance to regional and national platforms. Several gaps related to HRH in the Central America region including: (1) insufficient skilled health staff; (2) limited human resource capacity to respond to the epidemic; and (3) lack of quality control systems to ensure quality care. COMISCA has identified strengthening the management and development of health care workers as one of their strategic objectives for the next ten years and have planned to form a regional Technical Commission on Human Resources for Health Development that would help direct a regional HRH agenda and relevant policies for creation and retention of health care workers. USG HRH development efforts in the region complement COMISCA's overall strategy. They include emphasis on the use of comprehensive in-service and pre-service training for health care providers; developing new and implementing existing diploma courses for MOH and private providers on HIV, STIs/OIs and TB.

Efforts to improve HRH performance in the region include USG sponsored technical assistance in the training of university teachers and students in voluntary counseling and testing, stigma and discrimination and bio-safety in 13 universities across the region. Comprehensive care unit staff has been trained in HIV testing and counseling, bio-safety, gender, stigma and discrimination, and emotional intelligence; and improvements to the HR Information System to track workforce development. Health care professionals have also been trained in second-generation surveillance, counseling testing protocols and techniques, and the provision of services and care to MARPs.

To promote sustainability, USG assistance has incorporated the successful Performance Improvement methodology in the curriculum for training human resources for health in five universities throughout the region. Additional accomplishments include technical assistance to improve and standardized HIV-related curricula and training materials across the region for health care providers and other cadres of caregivers to diversify and strengthen the workforce in its provision of services to MARPs. Efforts in knowledge transfer and sustainability have led to initial USG supported positions within VICITS clinics in Guatemala and Honduras being transferred to MOH funded and managed positions. In addition, Honduras MOH workers are now responsible for health information data entry while providing medical attention to HIV patients, instead of non-MOH temporary workers.

Ongoing USG activities in FY 12 will include transfer of skills based on competencies, and a sound monitoring plan and capacity building to promote the development of institutional human resources plans. HRH capacity will be enhanced at both the pre-service and in-service levels through revisions and updates of curricular content and teaching methods at university health and social welfare schools and standardization of in-service curricula and methodology for performance-based training. HRH also includes building capacity of civil society in technical areas but also in financial and organizational management.



LABORATORY STRENGTHENING

Building laboratory capacity was identified as a priority area in the Partnership Framework and USG works in laboratory strengthening at regional, national and facility levels. With the 2010 closure of the World Bank supported regional HIV laboratory in Panama, the USG is working to support COMISCA in promoting a regional laboratory network in an attempt to build on the efforts of the regional lab but in a more sustainable way. Strengthening participation of national laboratories in the regional network strengthens surveillance and increases HIV diagnosis, improving clinical management throughout the region.

Among the many accomplishments of FY 11, USG coordinated with the Gorgas Memorial Institute, for managing HIV serological samples used in the External Quality Assessment Panel to Guatemala, El Salvador, Costa Rica, Honduras, Nicaragua and Panama. Purchase of new laboratory equipment, and drafts of protocols and manuals to implement laboratory techniques in HIV/STI Sentinel Surveillance (VICITS) were developed in Nicaragua. Equipment was donated for certification of biosecurity cabinets to the biomedical department of Gorgas to be used in evaluating and certifying biosecurity cabinets in national labs in Central America. Equipment for molecular STI testing was also provided to Gorgas to support BSS+ studies in the region. Lab assessments were conducted in all seven countries to assess the capacity to diagnose HIV and STIs, and plans for 2012 include enrolling these countries in the Quality External Assurance program for HIV serology, CD4 and viral load testing. All activities encourage country ownership by directly coordinating through Ministries of Health, and establishing human resource capacity in their staff.

USG investments in Laboratory Strengthening in FY 12 include the continuous improvement of the diagnostic capabilities and cooperation between countries in national reference laboratories as part of the regional network. The USG will continue further capacity building of laboratory staff in the areas of biosafety, quality management systems through regional workshops, and training in HIV diagnostic techniques. The USG and partners will support the regional referral labs network for HIV, STI, Mycotic Infections & TB and train lab staff in laboratory supply chain management (procurement, shipping, and storage), HIV rapid testing, STI diagnostics and TB diagnosis in coordination with COMISCA. Similar efforts for lab capacity building will also be done in collaboration with the Armed Forces in the region. Other efforts include technical support for accreditation, and preparing quality control and safety level standards and continued knowledge transfer between national level laboratories, and lower levels (hospitals, clinics, etc).

HEALTH EFFICIENCY AND FINANCING

In order to ensure efficient use of USG funds and achieve sustainable HIV programs in the region, host governments and donors must assess their programmatic and financial investments, and identify national and regional gaps in responding to the epidemic. The National AIDS Spending Assessment (NASA) for countries in Central America describes the financial flows and expenditures using the same categories as the globally estimated resource needs. NASA results have shown that while governments are providing resources for the majority of the national response, the national program budget allocated to MARPs are limited, and in some countries, even decreasing. Resource mobilization and allocation for MARPs is critical to ensuring support for effective, comprehensive and sustainable services for these populations. USG goal is to strategically leverage funds, to increase the impact and reach of HIV programming, while identifying other financing options to support long term sustainability and growth of programs.

The USG will work to support the regional & country authorities in appropriate financial management, the harmonization of all initiatives to ensure efficient use of ever scarcer resources for the region and facilitate compliance of international and national commitments. USG will continue to work with countries in the analysis & development of cost/effectiveness intervention models and financial scenarios to forecast program financial requirements and ensure accountability of resources through demonstration of program results and impact advocating for greater leadership and government contribution.



The USG is providing technical assistance to cost out National Strategic Plans and develop capacity for financial analysis of activities. PEPFAR is also working to promote cost-effective interventions, including cost-effectiveness analyses of USG activities. The Global Fund represents the largest external source of funding and a strong Global Fund portfolio is essential for the regional response. The USG participates in CCMs and the RCM to ensure the most efficient use of Global Fund resources and supports proposal development.

In building on the achievements made in FY11, ongoing efforts for FY 12 include the analysis and development of cost effectiveness intervention models and financial scenarios to guide regional and national program decisions. These efforts have cross cutting effects not only in HIV/AIDS programming, but throughout other government led programs.

SUPPLY CHAIN AND LOGISTICS

Supply chain management was identified as an area needed substantial support in the Partnership Framework and the USG started new activities in this area as a result, providing strategic and targeted technical assistance to ensure a consistent supply of commodities for HIV service delivery points.

USG support for supply chain strengthening in Honduras began prior to the Partnership Framework but came at the request as the Global Fund CCM as immediate improvements in the ARV supply chain were a condition of a new grant. In a unique collaboration with the Global Fund PR, the USG provided the technical assistance to update and streamline processes and the Global Fund provided support for USG recommended infrastructure improvements and as a result improved Central Medical Stores was just inaugurated. USG and other donors have invested in logistics systems in Central America in the past for other health areas and in most places, PEPFAR is able to build on those past investments for improvements in the HIV/AIDS related supply chain. In turn PEPFAR funded improvements result in positive outcomes for the entire supply chain as was the case in Honduras where initial Global Fund plans called for all resources to go to a special ARV only warehouse and instead the entire supply chain is strengthened including ARVs but also other essential medicines and supplies. In Nicaragua, a national commodity committee that was initially established to monitor and advocate for family planning commodities is now being used to do the same for HIV/AIDS related commodities. Guatemala has the weakest supply chain in the region and after USG assessments have identified multiple technical assistance needs. In close coordination with the Global Fund, the USG is responding to strengthen the entire supply chain.

USG efforts in supply chain will build country capacity through technical assistance in inventory control, quantification, logistics management information systems, warehousing and distribution of health commodities of Ministries of Health. In addition the USG supports the development and implementation of National Condom Strategies and supports COMISCA's efforts to collectively negotiate prices for medicines and laboratory commodities.

GENDER

Gender is a central element in regional programming for HIV/AIDS that is woven into all goal areas and activities. Many factors that put populations at risk for HIV in the region are directly related to gender or gender identity and not conforming to societal gender norms. USG focus on addressing harmful social norms to reduce gender based violence and reducing stigma and discrimination due to gender identity and/or sexual orientation in all policies and activities.

Technical assistance in FY 2011 continued to strengthen the skills and abilities of local organizations to advocate for integration of these policies into comprehensive interventions. The USG continued providing training, technical and financial support for BCC, policy and prevention instruments that promote safe sex negotiation skills for women, MSM, and SW. Programs target at-risk girls and women to provide them with



opportunities to develop decision-making and other life skills needed to make healthy choices. The USG promotes the incorporation of a gender perspective in all HCW pre-service education and in service training, and continues to promote healthy male norms and behaviors that address male stereotypes, reframe masculinity, and ultimately prevent HIV in Central America. With two to three times more men than women estimated to be living with HIV in the region, programs targeting at-risk men and boys will demonstrate the positive impact that changing societal expectations and traditional masculine roles can have on the health and well-being of them and their families.

The transgender (male to female) community known as trans in Latin America approached the USG regarding disaggregating data from recent BSS to reflect gender identity and to separate out trans from the MSM category as they do not identify as men. The results showed extremely high numbers among the trans population and the lack of interventions tailored specifically to their needs. Trans are a priority population in FY12 and the USG will support not only specific activities that appropriately address their gender identity but will work to support trans NGOs in their efforts to confront institutional factors that put them at risk for HIV including gender identity laws that prevent them access to health, educational and professional opportunities.

A second study on masculinities in the region will be undertaken to build on past work and to inform how to best change behavior and attitudes among men. Other programs will work with men, including educators, traditional leaders, business owners, and fathers to involve them in creating messages targeting men and young men to address the behaviors which facilitate HIV transmission, including intergenerational and transactional sexual relationships, multiple concurrent partnerships and sexual violence. With the help of the Gender Challenge Fund, the USG will continue work in first in Guatemala and then in other countries to include MARPs in responses to gender based violence.

USG will provide financial/logistical resources and technical assistance to include sexual violence prosecution as a part of HIV policy work, ensuring the participation of multi-sectoral representatives in the design, implementation and monitoring of in-country activities related to prevention, care, treatment, and palliative activities. Prosecution of sexual violence is inconsistent at best, and is seriously lacking in many countries in the region. The USG will provide TA to national and regional organizations working on HIV policy. The goal of these activities will be to initiate or strengthen advocacy activities for improved prosecution of sexual violence through the implementation of relevant laws, policies, and norms in the areas of HIV, human rights, gender, and other sectors.

While the relatively small USG team does not have a full time gender expert, a member of the team does serve as the gender focal point.

Technical Area: Management and Operations

Budget Code	Budget Code Planned Amount	On Hold Amount
HVMS	1,787,949	
Total Technical Area Planned Funding:	1,787,949	0

Summary:
(No data provided.)



Technical Area: Prevention

Budget Code	Budget Code Planned Amount	On Hold Amount
HVAB	00	
HVCT	1,497,3520	
HVOP	4,624,5540	
Total Technical Area Planned Funding:	6,121,906	0

Summary:

SECTION 1 - OVERVIEW OF THE EPIDEMIC

PREVALENCE IN THE REGION

In Central America, the HIV/AIDS epidemic is concentrated and centered in most-at-risk populations (MARPs) which include transgender (male to female), men who have sex with men (MSM), sex workers (SW), and other vulnerable populations, including mobile populations (migrants, uniformed services, including the military), prisoners, and certain ethnic groups (including Garifuna and Kuna). These key populations, along with People Living with HIV (PLHIV) are the priority groups for prevention activities. After new data released this past year and additional analysis by the USG team, the Central America USG team is increasingly focusing on transgender and PLHIV populations. Recent USG supported studies indicate that the transgender population has the highest prevalence rates of all populations. In addition, both transgender and PLHIV populations engage in highly risky behaviors. Based on this new evidence, the USG team considers these two populations to be the principal drivers of the epidemic. Currently in the region, there are approximately 6,000 transgender, 220,000 PLHIV, 100,000 SW, and 350,000 MSM. The other vulnerable populations, while still priorities, have both lower prevalence and more widely dispersed populations.

According to UNAIDS, the general population in the region has a relatively low prevalence of HIV (Belize 2.3%, Panama 0.9%, El Salvador 0.8%, Guatemala 0.8%, Honduras 0.8%, Costa Rica 0.4% and Nicaragua 0.2%). Prevalence among MARPs groups is much higher and especially higher than that of pregnant women (approximately 0.3% in the region). A 2008 USG-supported Behavioral Surveillance Survey (BSS+) in El Salvador found an HIV prevalence of 9.8% among MSM and 5.7% among FSW in San Salvador. In follow-up research done in 2010 in El Salvador, MSM prevalence was 9-11% between the two study sites with the highest prevalence among MSM ages 15-24. This suggests a trend of infections in younger MSM. In Nicaragua, results in 2010 found an HIV prevalence for MSM of 7.5 %, and for FSW of 2.4%. In Honduras, a 2006 study showed a prevalence of 9.9% among MSM and 5.5% among FSW.

In the BSS + study completed in 2008 in El Salvador, transgender population data were disaggregated for the first time and in San Salvador this group was found to have a 19.7% prevalence rate, compared to 10.8% among MSM who identified as gay. Additionally, the transgender group showed a higher prevalence of risky behaviors, including trading sex for money in the last 12 months (54% in transgender people as compared to 14% in the population identifying as gay), and higher use of alcohol and drugs when compared to the rest of the MSM population.

The latest study on MSM, conducted in 2010 in Honduras, El Salvador and Nicaragua, showed that



MSM consistently used condoms with their stable partner was 30 to 55% of the time, while with casual partners they used them 33 to 58% of the time. Between 30 and 73% of MSM participating in these studies were tested for HIV in the last twelve months, and 18-45% of them had sought consultations in STI clinics over the same period. Additionally, results from the El Salvador BSS+ and secondary analysis of behavioral surveys in the region, young MSM appear to be another important driver of the epidemic in the region. Overall, MSM reported low condom use, in particular with stable and current partners. In people living with HIV, condom use during last sexual act is reported to be about 50% in the region, which indicates an urgency to place more attention in prevention efforts with this group.

In a 2006-08 study in Honduras, SWs visiting the CDC-supported VICITS clinics reported 93.8 to 98.9% condom use with clients in their last sexual relation. However, with occasional and stable partners, they reported much lower condom use of between 25-55% and 11.9-17.8%, respectively. Additionally, higher HIV prevalence was found in mobile SWs compared to those working in bars, brothels or other fixed locations.

The majority of MARPs are located in large urban areas, including capital cities, trade centers in each country and border regions between the countries in the region. Male circumcision is not a recommended prevention method in Central America, given its concentrated epidemic.

KEY RISK FACTORS

Gender has a large influence on HIV transmission in the region. Social issues, including gender-based violence, homophobia, transphobia and stigma and discrimination, put MARPs at greater risk. According to a 2011 Cid-Gallup study by USG partner PASCA, more than half of the Central American population thinks that FSW and MSM infected with HIV deserve to be infected. Currently twice as many men than women are infected in the region. In order to better understand the role of gender and the current social norms in the region, and as a follow up to a previous male-focused masculinities study, the USG plans to conduct research examining masculinity from a female perspective.

Stigma and discrimination against MARPs and other vulnerable populations make it difficult to deliver adequate prevention services to MARPs. It also makes it hard to properly identify these groups and offer prevention services. Stigma and discrimination towards MARPs and PLVIH also enhance risk factors for transmission.

Another key risk factor in the region is poverty that influences the living conditions and behaviors of MARPs and PLHIV. Challenges include service delivery as the Ministries of Health (MOH) struggle to deliver both preventative and curative basic health services to MARPs.

ANALYSIS OF THE EPIDEMIC

Although to date, USG has not conducted a MODES exercise to determine the source of the next 1,000 infections, an interagency MODES exercise will occur in early FY12. Utilizing other experience and data, the USG team has identified transgender people, PLHIV, MSM and FSW as the major drivers of the epidemic and as the key target groups to reach to reduce the spread of infection. The evidence available confirms that Central America has a concentrated epidemic, even though calculating MARPS' population size is still a pending exercise in the region.

Most recent epidemiological information, coming from the regular epidemiological surveillance, BSS+s and other surveys conducted by Global Fund, shows a tremendous burden of disease and high level of prevalence among transgender groups in the region, reaching 19.7% HIV prevalence rates in the capital of El Salvador.



These findings were widely discussed during the technical sessions in preparation for ROP 2012 planning and funds. Additional inputs received from the countries and agencies included specific recommendations to reorient prevention efforts and place emphasis on groups with high incidence of HIV and high-risk behaviors. These discussions resulted in prioritizing transgender groups and PLHIV as a focus of activities and interventions for the new fiscal year.

MAJOR ACHIEVEMENTS IN PREVENTION

One of the USG's biggest accomplishments has been the USG-wide coordination of each agency's projects while also putting into place plans ensuring collaboration without duplication of services for target groups. The USG team also provides a minimum package of prevention services for MARPs to ensure that project participants are reached with multiple biomedical, behavioral and structural services in order to have a greater chance of changing risky behaviors.

I. Unique Identifier Code

Last year, the USG reached more than 184,000 MARPs, including MSM, FSW, Transgender people, young men at risk and PLHIV. The region is moving as a team in the right direction to count actual individuals reached rather than number of contacts with BCC interventions. In an effort to reduce double counting of participants and to improve coordination between USAID and CDC projects, a pilot project introduced a Unique Identifier Code in Guatemala and Belize leading to reducing duplications. The unique identifier code also ensures that MARPs' overall needs are met via a continuum of prevention services.

2. VICITs Clinics

Establishing VICITS (STI Sentinel Surveillance) services at public clinics offers the opportunity to improve health provider skills to offer quality attention to MARPs. The clinics are part of government public health system and have increased the capacity and coverage of local health systems. The VICITS approach includes training health care personnel to reduce stigma and discrimination towards different MARPs groups in public facilities.

3. Community Level Outreach

Peace Corps and DOD provide outreach to individuals in rural areas and to the armed services, respectively, to provide basic prevention services. The experience of each agency with these target populations has added new strength to the USG team, allowing an increase of coverage of populations not traditionally reached through urban MARPs interventions. These programs also provide unique opportunities to target the general population about stigma and discrimination towards MARPs and PLHIV. These two USG agencies are continuing to develop tools to reach MARPs populations in rural areas and the armed services and collaborate with other USG team members, local governments and civil society.

4. MARPs NGO Capacity Building

As part of the efforts to prepare the region for a broader and structural response to HIV/AIDS, USG projects are investing time and resources to strengthen local organizations to improve the technical response and the longer term viability of these local NGOs and CBOs that represent and serve MARPs groups in each country. After a series of assessments across the region, common gaps were identified and include financial management, monitoring and evaluation, human resources management, proposal writing, and other administrative areas. Through in-depth capacity building, USG programs are working to make these organizations more sustainable and better able to serve as an effective part of the response for their communities.

5. Agency Coordination

The fact that each USG agency has its own mandates and operating procedures makes adaptation of strategies and activities with target populations an evolving rather than an instantaneous process.



Nonetheless, each agency has been able to understand the complimentary roles that each plays in each country context. The USG agencies have identified different, appropriate moments and points of entry in the continuum of prevention. Each agency works on combination prevention actions to provide basic services in the region in partnership with implementing partners, local governments and civil society.

STRUCTURAL BARRIERS

Even though it is not common to find regulations or policies that explicitly promote discrimination towards MARPs, it is very common to find people who misunderstand the laws, resulting in impeding MARPs' ability to access even the most basic prevention services.

Access to basic citizenship rights is also challenging for these groups. This impacts education and work opportunities for transgender populations, bank accounts for sex workers, or housing for people living with HIV. Anecdotally, members of the transgender community share that many of them have no other viable employment option other than to engage in high-risk sex work, in part due to a lack of formal recognition of their gender identity. Even those few with professional education generally find doors to employment closed. Modifying the regulations to protect MARPs and PLHIV, especially where there is no apparent linkage between laws and discrimination, is an enormous challenge. USG programs are working to overcome this challenge by assisting transgender populations to access appropriately gendered ID cards and improving MARPs' understanding of their rights to services.

PREVENTION PRIORITIZATION

Populations and strategies included in this ROP were previously discussed and agreed upon with a wide audience, including local governments, USG partners and implementers, and civil society. A first step for identifying future actions and populations was to review the national strategic plans and the regional Partnership Framework to identify previously prioritized activities. This information was then married with the prior and current successes in USG support, epidemiological trends, current success in the field and identification of gaps by the USG team, implementing partners, government and civil society representatives. This input was then utilized to prioritize activities with specific populations. Many current activities were found to be in line with country level and regional strategic plans and addressing the key groups in the epidemic. These will continue in FY 12 without major changes. This prioritization of populations and strategies was presented to the Regional Coordinating Mechanism (the Partnership Framework monitoring body) for consensus and accepted.

COORDINATION WITH GLOBAL FUND AND UNAIDS

The largest donor in Central America is the Global Fund. In each country, the USG has developed a close coordination with Global Fund PRs via a series of meetings and shared decisions aimed at avoiding duplications of efforts. The biggest focus of GFATM projects is providing treatment. In prevention, MARPs are included more frequently as a target population within Global Fund grants in the region, a huge advance due in large part to USG collaborative planning. The challenge now is to convert many of the interventions sponsored by GFATM into permanent, sustainable, and quality programs that are part of each country's national response. The Global Fund and other regional actors have reached a consensus that Central America has a concentrated HIV epidemic. While seemingly an easy conclusion, this agreement was reached only through difficult discussions with governments and donors who were more prone to spend on general population youth and PMTCT programs. The USG team will continue to monitor the activities and priorities of the Global Fund to avoid duplication of target populations and services and ensure priority populations are covered. The USG team has focused work on transgender populations and PLHIV that are not currently included in other initiatives. MSM and FSW are included as target populations in Global Fund grants and the USG will continue to target these groups; however, the USG focus will target specific MSM and FSWs that fall outside the Global Fund activities. The USG will



augment the impact of Global Fund activities by focusing on young MSM with a social media approach and develop new ways of contacting FSW that are currently outside of the traditional network to ensure that these two sub-populations receive prevention services.

The UN system is another key player in the region, in particular through UNAIDS' leadership. In its advisor capacity, UNAIDS provides guidance to the national response in each country in the region and works hard to keep HIV as an issue on the public agenda. The USG team closely coordinates with UNAIDS representatives in each country and seeks to harmonize and complement assistance.

SECTION 2 - PREVENTION AREAS

HIV TESTING AND COUNSELING

HIV testing is one of the basic components of the region's combination prevention activities. Access to HIV testing for MARPs has represented a challenge and now in the new era of "Treatment as Prevention" an early diagnosis is crucial in order to continue to effectively work in prevention. HCT services are being supported by resources from governments, the Global Fund and USG. USG HCT services are provided by partners at different points of entry, with efforts focused on making HCT part of normal routines for MARPs. HCT services are offered to MARPs in three different locations: in the community where they live, work or socialize (including brothels, military health centers, parks, and other work places); in public health services, through referrals or personal initiative when MARPs seek out the service; and in private services, through referrals to friendly private networks offering this service to MARPs. This multi-point coverage of testing seeks to address the different entry points MARPs use to seek prevention services, and takes into account the characteristics of different groups and their access and comfort with different service providers. The USG is working with local institutions in all three spaces to improve access.

The definition and consensus of which services are included in the minimum package of services for each population has made it possible to link the other prevention services to HCT, including BCC interventions, condom distribution, STI screening and complementary services (family planning, income generation, legal support, etc.) to provide comprehensive prevention. Based on findings from the pilot of the Unique Identifier Code (UIC), there will now be an increased ability to link HTC with the minimum package of other prevention services in all countries in Central America. Coordination among agencies will be crucial for successful implementation in order to track individuals and ensure they are reached with the services they need. Preliminary experiences have shown that the UIC is an effective tool to track contacts with each individual and confirm they receive each component of the minimum package of services, even when different USG partners administer them.

Individuals who test positive for HIV, but are not yet eligible for treatment, can be followed relatively easily with the UIC, given the close relationship of the implementers working with these populations. According to latest USG sponsored behavioral surveys in each country, the number of MARPs who have been tested for HIV during the past year varies greatly between countries and populations as does the. Coverage for persons reached with BCC interventions.

CONDOMS

In Central America, USG supports the total market approach for male condoms, with a role for each sector of the market (private, public and social marketing) to promote availability, acceptability and usage. The coordination between MOH, Global Fund projects, social marketing projects and private sector is crucial for increasing condoms as a viable prevention method. In many countries, USG is promoting a National Condom Strategy, which includes the components of needs estimation, procurement,



warehousing, distribution, and monitoring. Mass media advertising generic campaigns under the slogan: "Got it? Get it!" have been aired in the region and will continue to be aired in FY12.

There are some differences in terms of the estimation of market size for condoms, due in many cases to the difficulties estimating the size of most at risk populations. With Global Fund providing many of the free condoms in the countries where they operate (everywhere in the region except Costa Rica), condom availability is less of an issue. The new challenge is the effectiveness of distribution. Overall, there are positive indicators for condom activities, according to the 2011 MAP (Measurement Access Performance) study conducted by PASMO/PSI, condom availability in high-risk outlets in hot zones is over 75%. The goal is to maintain the coverage level and explore ways to continue to expand coverage.

Despite many efforts implemented in the region, female condoms are not well accepted among female sex workers. Cost is also a barrier to distributing and using female condoms, as they are significantly more expensive than male condoms.

POSITIVE HEALTH DIGNITY AND PREVENTION

A minimum package of prevention services was defined for PLHIV, including: educational activities, condom distribution, STI screening, referrals for complimentary services, and structural interventions. Interventions occur in clinics with medical services for PLHIV and in other spaces, like NGOs' offices. As part of its combination prevention activities, projects work to improve the quality of the minimum package of services as well as the coordination for providing other services, such as family planning, psychological and legal services.

Clinic-based support groups offer one alternative for PLHIV, but are not very popular with many PLHIV in the region. To provide more resources to reach PLHIV, a website "Y Ahora Que?" (www.yahoraque.com) was designed in coordination with Central America Network of People Living with HIV (REDCA +). The website promotes online virtual support groups conducted by cyber educators in the region and with user-friendly schedules. The initial acceptance of the website has been good, and promotional materials advertising the webpage are being launched.

Coordination between USAID and CDC for referrals of PLHIV, in particular for STI issues, will be increased by expanding VICITS (Sentinel STI Surveillance) in public clinics. One identified gap is that even as PLHIV are one of the main drivers of the epidemic in the region, prevention services with this group are not recognized as a priority in many national strategic plans. The contribution of the USG's holistic approach to prevention with PLHIV in integrating care and prevention is innovative and is being promoted with local partners in civil society and government. The USG team conducted an external assessment of prevention activities for PLHIV implemented by the USG and other stakeholders. The findings were just delivered and findings and recommendations will be incorporated into ongoing projects.

MARPS

As previously noted, MARPS are the target populations for Government Strategic Plans and Global Fund Proposals. The USG team also has directed PEPFAR funds in the region to MARPs as the target populations. The definition of the minimum package for prevention services for this population has been established and will now be shared to develop a consensus with all the governments and other stakeholders in the region. The package includes behavioral and biomedical components, with additional complementary services to be added to address the specific needs of certain populations, including legal, nutritional, and family planning services.

Traditionally, prevention services targeting MARPs were restricted to educational activities. As the USG team and partners have moved away from one-time educational contacts to combination prevention; the



need to address structural factors as part of the prevention activities has emerged as a recurring priority. Some of the structural changes that need to be promoted include advocating for policies and regulations related to diminishing homophobia and stigma and discrimination across all areas of society. The synergy among USG agencies and implementers for promoting needed policy or implementation changes will be important for major achievements in this area. Many of the National AIDS Programs are aware of the importance of addressing structural barriers as part of their prevention interventions and agree and support the USG approach, including public announcements and other interventions that target machismo as a negative force in society.

HSS/HRH

USG agencies will continue to support public health services to strengthen and improve the quality of services provided to MARPs. Currently there are many efforts being put into place to expand, support and sustain the existing volunteer and non-professional prevention base. These efforts include interventions through civil society to develop capacity among MARPs and PLHIV networks to serve as peer counselors and participate in the process of defining and delivering combination prevention. The USG regional team is working to strengthen local NGOs and CBOs in organizational strategies and capacity building to allow them to deliver prevention services while also creating structural interventions that protect the rights of vulnerable populations and ensure access to prevention services. Work is also being done in rural communities to train health workers in basic HIV prevention to ensure broader coverage of prevention services.

GENDER

Gender is a cross-cutting theme for all USG programming. Key issues around gender include regional attitudes of machismo, homophobia, transphobia, violence against women and sexual diversity. These issues impact not only the ability to receive prevention services, but also vulnerability for HIV transmission. USG has conducted research on masculinity and a campaign titled "Real Men" is underway, addressing the social norms of masculinity. Soon an additional study on masculinity from a female perspective will also be completed and disseminated. Capacity building in sexually-diverse communities has been an important step toward combating existing homophobia and transphobia at a local level. Interventions include mass media and BCC. The USG will continue to offer some activities targeting the general population with anti-stigma and discrimination messages that are particularly related to transgendered and sexually-diverse populations. These will be implemented by Peace Corps in rural communities and small cities, DoD in their work with the military, CDC in their work with health care providers, and USAID in their work with health care providers, and via media campaigns and other projects that target police and others in the judicial system. The USG will continue to provide training, technical and financial support for prevention components that assist MSM, FSW and Transgender populations in safe sex negotiation, and to increase their perception of risky behaviors. Women and at-risk girls receive prevention interventions emphasizing decision-making, while men are targeted to reframe the context of masculinity in society to offer examples of healthful, responsible and positive interactions.

STRATEGIC INFORMATION

Prevention activities rely greatly on using SI to focus the team's approach to work in the region. Several studies (MAP and other including BSS+ studies) have been conducted to look at the current behaviors and challenges to providing an adequate response to the needs of MARPS in the region. This information provides a strong source of information that guides decision making (not only for USG, but for all stakeholders) on future prevention work. These studies and others were used as a key source for developing this ROP and in identifying high-priority MARPs and the behaviors that need to be targeted. As noted, the Unique Identifier Code will also assist agencies increase their ability to track individuals



receiving prevention services and understand more about their service-seeking behaviors in order to provide a more complete package of prevention.

Disease surveillance systems for military populations are under development. These will allow decentralized reporting of basic epidemiologic information as well as accommodate program monitoring data collection, storage, and retrieval.

Lastly, in order to continue to develop sustainable prevention programming in the region, the team has set aside funding in this ROP cycle to conduct a multi-agency evaluation of work to date and the level of sustainability of the various USG projects. This evaluation will provide invaluable feedback on the progress of current strategies and will be used to make key decisions in the future. The USG agencies agree that, after a long period of coordination and collaboration with the regional and national response, an interagency, multicomponent evaluation of prevention work to date is crucial. The USG team has identified funds to implement this activity.

CAPACITY BUILDING

Capacity building is at the heart of all prevention work carried out by the USG team and implementing partners. As described previously, several levels of prevention capacity building are being conducted targeting the government, the private sector, and civil society. Collaboration with the government in each country including the Ministry of Health is one of the foremost strategies to develop capacity as the strategy is guided and embraced by local governments. Additionally, efforts to increase services to MARPs have had crucial government involvement, especially in the VICITS clinics, and of civil society in strengthening CBO's and NGO's to serve the needs of these priority groups. The USG team will continue to strengthen current prevention partners.

The Partnership Framework in and of itself is a strong measure of the work in capacity building. The document was developed and agreed upon by all governments and stakeholders in the region. There have been a series of meetings to share the strategy in the last year. In the upcoming fiscal year, agencies and implementing partners will continue to seek strategies to ensure that work being done is in harmony with existing national and regional HIV plans and works toward sustainability of the response.

Technical Area: Treatment

Budget Code	Budget Code Planned Amount	On Hold Amount
HTXS	00	
Total Technical Area Planned Funding:	0	0

Summary:
OVERVIEW

Over the past five years access to ART has increased with funding provided by Governments and by the Global Fund. The total number of patients on ART currently reported by the National AIDS Programs in the region is slightly over 36,000, which includes a little over 2,100 pediatric patients. While UNGASS reports of ART coverage in the region range from 39% (Panama) to almost 100% (Nicaragua), all countries report that there are no waiting lists for treatment and ART is available for all eligible patients. However, a challenge has been early diagnosis as many of the most affected populations have limited access to testing. (Panama is the only country with estimated coverage of under 50% and new



preliminary data suggest that prevalence is lower than current UNAIDS estimate of 0.9% implying that current estimates of PLHIV are too high.)

Despite the rapid expansion of treatment coverage over the last five years, considerably more remains to be done to reduce loss-to-follow-up, increase adherence and reach difficult-to-access marginalized subgroups with high prevalence rates. PLHIV still face medical and access barriers with most treatment and care concentrated in tertiary level facilities. People often have to travel to major cities for diagnosis, treatment and follow-up where the provision of quality services is often compromised by demands of coverage, inadequate human resources and health systems and stigma and discrimination by providers.

With national and Global Fund resources covering all the direct costs for ART in Central America, PEPFAR does not provide any support for treatment related service delivery or procurement of ARVs, but the USG does support key crossing cutting areas to strengthen systems that are essential for quality treatment and address some of the on-going challenges mentioned. Performance improvement strategies are being implemented at treatment sites with USG support to improve and maintain the quality of care. The USG is working to strengthen supply chain management to ensure ARVs and other key commodities are available for treatment as well as for prevention and care. The USG is building laboratory capacity in areas such as genotyping and viral load testing to support treatment and accurately identify drug resistance and treatment failure. The USG supports pre-service training to ensure that future clinicians are properly prepared to provide quality treatment services.

With a concentrated epidemic, the USG plays a crucial role in addressing barriers specific to MARPs populations having access to treatment and the largest of those continues to be stigma and discrimination. All USG pre-service and in-service training include components of stigma and discrimination and other special needs of these at risk populations. The key initial step to getting MARPs on treatment is getting them tested and the USG continues to work to expand access to counseling and testing for MARPs, working together with Ministries of Health and civil society to offer MARPs friendly counseling and testing services with referrals to care and treatment.

ADULT & PEDIATRIC TREATMENT

Treatment is provided free of charge at public hospitals, both Ministry of Health and Social Security facilities, and in most countries care and treatment services are offered in Centros de Atencion Integral (Comprehensive Care Centers). While all Comprehensive Care Centers are physically located on hospital grounds, integration with other hospital services and structures vary widely between and within countries. Comprehensive Care Centers often have a team of interdisciplinary staff which include physicians, pharmacists, social workers, psychologists and nurses and often include nutritionists, gynecologists, and other specialists. The military health care system provides treatment in some countries as well.

With the region's concentrated epidemic, the number of pediatric ART patients is relatively small. Pediatric patients receive treatment at Comprehensive Care Centers and the centers seeing the highest numbers of pediatric patients often have dedicated areas and staff for pediatric ART. Nevertheless, the follow-up of pediatric patients needs to be improved, as recent assessments have shown that between 5 to 30% of the pediatric cases (depending on the country) are lost to follow-up and current mechanisms are not adequate to find them.

PERFORMANCE IMPROVEMENT

The Central American Regional HIV/AIDS program plays an important role in a multi-agency and multi stakeholder continuum of response for MARPs. As USG resources are only used for direct service delivery in prevention, the USG provides technical assistance to support Ministries of Health and other stakeholders as they provide services for a continuum of response, which is a common platform that is specifically tailored to targeted MARPs groups. For our targeted MARPs groups, this response will start before individuals become most at risk, for instance in the communities and rural areas where Peace Corps Volunteers are placed and are best situated to target primary prevention efforts and work to reduce



stigma and discrimination related to gender norms. These early life activities will aim to reduce the number of MARPs that feel pressure to flee to cities and engage in risky behavior in order to survive. The response will then target the urban streets and communities where commercial sex workers and transgender populations as well as more open men who have sex with men are reachable with additional primary and secondary prevention messages. Other programming works with harder to reach MARPs through virtual support groups or social media sites. The response will also involve programs situated with government STI clinics and HIV/AIDS treatment sites. While governments and the Global Fund cover the costs for care and treatment, USG will support the improvements in the distribution systems and warehousing and ensure MARPs friendly services are available in care and treatment sites as well as quality services provided for PLHIV. Additional programs will assist in the adherence and support for PLHIV through support to networks and community groups of PLHIV and Prevention with Positive efforts including a focus on pediatric cases to keep them closely connected to care centers

By partnering and building capacity of both private and public sectors, the USG is expanding the type and quality of services targeted to PLHIV and MARPs. USG assists Ministries of Health and Social Security Institutes in the region to decentralize and ensure quality HIV care and treatment from tertiary care hospitals to secondary and primary levels through the implementation of performance improvement plans, and supportive supervision approach for HIV/AIDS and TB services in health facilities across the region. USG technical assistance in Belize, Costa Rica, El Salvador, Guatemala, Nicaragua, and Panama utilized the Performance Improvement (PI) methodology to find the root causes of performance problems, and use that data to address service delivery deficits through specific interventions. Improving the delivery of services will also improve client retention and adherence to care and treatment.

Networks of HIV care, treatment and support services of existing community and facility providers have been strengthened and empowered. This approach forms the foundation for service delivery and quality improvements and establishes frameworks for accountability between clients in the community and service delivery providers. As some countries look to decentralize services such as Honduras, the USG will support the development of standards and protocols for HIV/AIDS treatment and management to ensure the quality of care and support efforts for certification and licensure of services where appropriate.

USG assistance will also focus on promoting quality of services, strengthening quality of laboratory diagnosis for effective patient care, and integration of services with PMTCT, MCH, FP, and TB for an enhanced package of services. The USG will work with governments in the region to more explicitly define and come to consensus on the existing continuum of response.

ARV DRUGS & SUPPLY CHAIN MANAGEMENT

Most countries in the region offer first, second and in most cases third lines regimens, though regimens vary per country (AZT+3TC+EFV is the most common adult first line regimen in the region). Pediatric formulations are procured accordingly for younger pediatric patients. Most countries use the PAHO Strategic Fund pooled procurement mechanism to purchase ARVs with government funding. Procurement mechanisms for Global Fund purchased ARVs vary by country and Principal Recipient but some countries have recently started using the Voluntary Pooled Procurement (VPP) mechanism. Due to poor planning or delays in deliveries, countries continue to make emergency purchases locally to cover gaps in supply which cost up to 10 times the amount charged by these pooled procurement mechanisms. Almost all treatment sites have experienced stock-out situations for at least one ARV and for commodities such as laboratory reagents.

Supply chain management was identified as an area needed substantial support in the Partnership Framework and the USG started new activities in this area as a result, providing strategic and targeted technical assistance to ensure a consistent supply of commodities for HIV service delivery points.

USG support for supply chain strengthening in Honduras began prior to the Partnership Framework but came at the request of the Global Fund CCM, as immediate improvements in the ARV supply chain were



a condition of a new grant. In a unique collaboration with the Global Fund PR, the USG provided the technical assistance to update and streamline processes and the Global Fund provided support for USG recommended infrastructure improvements. As a result, an improved Central Medical Stores was just inaugurated this past year. USG and other donors have invested in logistics systems in Central America in the past for other health areas and in most places, PEPFAR is able to build on those past investments for improvements in the HIV/AIDS related supply chain. In turn PEPFAR funded improvements result in positive outcomes for the entire supply chain, as was the case in Honduras where initial Global Fund plans called for all resources to go to a special ARV only warehouse, however, with USG support the entire supply chain was strengthened including ARVs and other essential medicines and supplies. In Nicaragua, a national commodity committee that was initially established to monitor and advocate for family planning commodities is now being used to do the same for HIV/AIDS related commodities. Guatemala has the weakest supply chain in the region and after USG assessments the country has identified multiple technical assistance needs. In close coordination with the Global Fund, the USG is responding to strengthen the entire supply chain. The USG will also provide supply TA around very specific supply chain needs in El Salvador and Panama.

USG efforts in supply chain will build country capacity through technical assistance in inventory control, quantification, logistics management information systems, warehousing and distribution of health commodities of Ministries of Health. In addition the USG supports COMISCA's efforts to collectively negotiate prices for medicines and laboratory commodities at a regional level.

LABORATORY

Building laboratory capacity was identified as a priority area in the Partnership Framework and USG works in laboratory strengthening at regional, national and facility levels. With the 2010 closure of the World Bank supported regional HIV laboratory in Panama, the USG is working to support COMISCA in promoting a regional laboratory network in an attempt to build on the efforts of the regional lab in a more sustainable way. Strengthening participation of national laboratories in the regional network strengthens surveillance and increases HIV diagnosis, improving clinical management throughout the region.

Among the many accomplishments of FY 11, USG coordinated with the Gorgas Memorial Institute, for managing HIV serological samples used in the External Quality Assessment Panel to Guatemala, El Salvador, Costa Rica, Honduras, Nicaragua and Panama. Equipment was donated for certification of biosecurity cabinets to the biomedical department of Gorgas to be used in evaluating and certifying biosecurity cabinets in national labs in Central America. Lab assessments were conducted in all seven countries to assess the capacity to diagnose HIV and STIs. Plans for 2012 include enrolling these countries in the Quality External Assurance program for HIV serology, CD4 and viral load testing. All activities encourage country ownership by directly coordinating through Ministries of Health, and establishing human resource capacity in their staff.

USG investments in Laboratory Strengthening in FY 12 include the continuous improvement of the diagnostic capabilities and cooperation between countries in national reference laboratories as part of the regional network. The USG will continue further capacity building of laboratory staff in the areas of biosafety, quality management systems through regional workshops, and training in HIV diagnostic techniques. The USG and partners will support the regional referral labs network for HIV, STI, Mycotic Infections & TB and train lab staff in laboratory supply chain management (procurement, shipping, and storage), HIV rapid testing, STI diagnostics and TB diagnosis in coordination with COMISCA. Similar efforts for lab capacity building will also be done in collaboration with the Armed Forces in the region. Other efforts include technical support for accreditation, and preparing quality control and safety level standards and continued knowledge transfer between national level laboratories, and lower levels (hospitals, clinics, etc).

GENDER



With the exception of Belize, there are twice as many men infected as women in Central America. While in most countries there are more men on treatment than women, the gender ratio for treatment does not correspond to the estimated prevalence rates, with men underrepresented. USG continues to focus efforts on providing access to counseling and testing for at-risk men and referring them to care and treatment. The USG supports efforts to ensure treatment sites are MARPs friendly which include being free from discrimination based on a gender expression or identity that differs from societal norms. This stigma and discrimination related to gender continues to be a major barrier for MARPs accessing services and USG programs work to address these issues directly with providers but also at structural levels through laws, policies and social movements to change entrenched culture norms.

STRATEGIC INFORMATION

With the aim to better know our epidemic and better know the appropriate response, the USG will continue working in the area of Strategic Information as one of the four Partnership Framework goals, strengthening regional and host country abilities to collect, analyze and utilize information in the design and implementation of interventions not only for HIV/AIDS, but STIs, TB, fungal opportunistic infections and other cross cutting public health programs. The USG aims to build individual, institutional, and organizational capacity for HIV/AIDS behavioral and biological surveillance, facility surveys, monitoring and evaluating program results, reporting results, supporting health information systems, and related analyses and data dissemination.

USG programming enables host governments to strengthen their capacities in surveillance of HIV epidemic trends to develop censuses and surveys, surveillance and vital registration systems to inform HIV treatment programs. Recent Behavioral Surveillance Studies Plus (BSS+) completed in El Salvador and Nicaragua were supported with significant USG technical assistance but led by Ministries of Health. These surveys were also implemented in close coordination with civil society from the design to implementation and finally dissemination stage. The need to disaggregate by gender identity was identified by the transgender community, and this disaggregation revealed extremely high rates among trans in both countries and empowered this community with scientific information on how HIV affected them. In El Salvador, the data was disseminated and analyzed across the country for service providers so they could apply the findings and adapt aspects of their service delivery accordingly. The first ever BSS+ for the military in Belize helped highlight the issue among high level officers and is leading to specific actions related to service delivery. These examples of joint dissemination of research results and immediate application in planning are considered a best practice. Data obtained from all these studies have already been used for strategic planning and decision-making processes in the three countries.

BSS+ studies for MARPs are underway in Belize, Guatemala and Honduras and planned for the military in collaboration with Global Fund in Nicaragua, El Salvador, Guatemala and Honduras. The USG has also provided technical assistance for BSS in Costa Rica and Panama although the surveys themselves are being financed with national and other donor resources. The USG has supported the development of standardized questionnaire that is being proposed for use for all future regional BSS.

The USG works to strengthen the health information systems that generate information needed for monitoring and evaluation and analysis of treatment. USG has supported the MOH Guatemala and Nicaragua to implement systems that monitor HIV/STI indicators. The USG also works closely with other stakeholders and partners in the area of the health information systems, which included a Central American Workshop on HIV Case Surveillance Systems in coordination with PAHO. In Panama, the USG has assisted the Ministry of Health in the development of MONITARV (a clinical monitoring information system for PLHIV on ART) now in use across the country that included validation by not only service delivery providers but also patient groups. A web-based version of MONITARV will be piloted in a few months. USG supported trainings in epidemiological surveillance for members of the Armed Forces in Nicaragua, promoting country ownership by working in close collaboration the Military Medical Corps. Similar endeavors will be planned for El Salvador, Guatemala and Honduras. They were provided with standardized data collection tools to interpret and utilize in the development and implementation of



program activities. In Costa Rica, USG support promotes evidence-based decision making at both the clinical and national levels, through strengthening of the national surveillance system (SINVIH) by adapting two modules for treatment monitoring and early detection of non-adherence, respectively, and elaborating, validating and disseminating a user's manual for both. In Guatemala, the USG has provided support for an integrated tool (MANGUA), adapting and harmonizing several tools for treatment monitoring and early detection of non-adherence.

In FY2012, the USG plans to continue to prioritize four overarching areas in strategic information: 1) increase access, analysis, dissemination and utilization of HIV data, with a focus on MARPs including epidemiological surveillance; 2) strengthen health information systems (HIV case reporting, STI sentinel surveillance and TB/HIV case reporting & management); 3) improve M&E systems and utilization, and as a cross cutting theme, 4) foster a knowledge management approach.

Second-generation surveillance training courses will be held for MOH personnel and support will continue for participation in the Field Epidemiology Training Program (FETP) to develop the cadre of epidemiologists in the region. The USG will continue to promote the development of National HIV Research Agendas and epidemiological situation analyses. Evaluations of the HIV Epidemiological Surveillance System will be performed in two of the countries with a relatively high burden of HIV (Guatemala and Honduras) with the aims to evaluate performance and identify progress in implementing recommendation according to previous assessments and to develop an improvement action plan based on the evaluation performed.

Logistics Management Information Systems are an important part of supply chain management work in the region and the USG will provide technical assistance to improve existing systems, many which were initially established with USG funding that focused on family planning commodities. PEPFAR is building on these earlier USG investments to ensure adequate information is available regarding HIV/AIDS related medicines and supplies.

HRH

USG investments in Human Resources for Health (HRH) are working to improve the performance of the healthcare workforce in Central America, by providing assistance to regional and national platforms. Several gaps related to HRH in the Central America region including: (1) insufficient skilled health staff; (2) limited human resource capacity to respond to the epidemic; and (3) lack of quality control systems to ensure quality care. COMISCA has identified strengthening the management and development of health care workers as one of their strategic objectives for the next ten years and have planned to form a regional Technical Commission on Human Resources for Health Development that would help direct a regional HRH agenda and relevant policies for creation and retention of health care workers. USG HRH development efforts in the region complement COMISCA's overall strategy. They include emphasis on the use of comprehensive in-service and pre-service training for health care providers; developing new and implementing existing diploma courses for MOH and private providers on HIV, STIs/OIs and TB.

Efforts to improve HRH performance in the region include USG sponsored technical assistance in the training of university teachers and students in voluntary counseling and testing, stigma and discrimination and bio-safety in 13 universities across the region. Comprehensive care unit staff has been trained in HIV testing and counseling, bio-safety, gender, stigma and discrimination, and emotional intelligence; and improvements to the HR Information System to track workforce development. Health care professionals have also been trained in second-generation surveillance, counseling testing protocols and techniques, and the provision of services and care to MARPs.

To promote sustainability, USG assistance has incorporated the successful Performance Improvement methodology in the curriculum for training human resources for health in five universities throughout the region. Additional accomplishments include technical assistance to improve and standardized HIV-related



curricula and training materials across the region for health care providers and other cadres of caregivers to diversify and strengthen the workforce in its provision of services to MARPs. Efforts in knowledge transfer and sustainability have led to initial USG supported positions within VICITS clinics in Guatemala and Honduras being transferred to MOH funded and managed positions. In addition, Honduras MOH workers are now responsible for health information data entry while providing medical attention to HIV patients, instead of non-MOH temporary workers.

Ongoing USG activities in FY 12 will include transfer of skills based on competencies, and a sound monitoring plan and capacity building to promote the development of institutional human resources plans. HRH capacity will be enhanced at both the pre-service and in-service levels through revisions and updates of curricular content and teaching methods at university health and social welfare schools and standardization of in-service curricula and methodology for performance-based training.

Technical Area Summary Indicators and Targets

Belize - Central America

Future fiscal year targets are redacted.

Indicator Number	Label	2012	Justification
BZ.302	Number of organizations that received technical assistance for the development of HIV-related policies	7	Redacted
P7.1.D	P7.1.D Number of People Living with HIV/AIDS (PLHIV) reached with a minimum package of 'Prevention with PLHIV (PLHIV) interventions	n/a	Redacted
	Number of People Living with HIV/AIDS reached with a minimum package of 'Prevention of People Living with HIV (PLHIV) interventions	200	
P8.3.D	P8.3.D Number of MARP reached with individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the	n/a	Redacted

	minimum standards required		
	Number of MARP reached with individual and/or small group level preventive interventions that are based on evidence and/or meet the minimum standards required	1,264	
	By MARP Type: CSW	144	
	By MARP Type: IDU	0	
	By MARP Type: MSM	120	
	Other Vulnerable Populations	1,000	
BZ.336	Number of STI diagnostic and/or treatment services provided to MARPs	1,300	Redacted
	By MARP Type: Commercial sex workers	600	
	By MARP Type: Men who have sex with men	300	
	By MARP Type: Other vulnerable populations	0	
	By MARP Type: People Living with HIV	400	
P11.1.D	Number of individuals who received T&C services for HIV and	3,300	Redacted

	received their test results during the past 12 months		
	By Age/Sex: <15 Female		
	By Age/Sex: <15 Male		
	By Age: <15	0	
	By Age/Sex: 15+ Female		
	By Age: 15+	3,300	
	By Age/Sex: 15+ Male		
	By Sex: Female	820	
	By Sex: Male	2,480	
	By Test Result: Negative		
	By Test Result: Positive		
H1.1.D	Number of testing facilities (laboratories) with capacity to perform clinical laboratory tests	0	Redacted
H2.1.D	Number of new health care workers who graduated from a pre-service training institution or program	0	Redacted
	By Cadre: Doctors	0	
	By Cadre: Midwives	0	
	By Cadre: Nurses	0	
H2.3.D	The number of health care workers who successfully completed an	255	Redacted

	in-service training program		
	By Type of Training: Male Circumcision	0	
	By Type of Training: Pediatric Treatment	0	
BZ.315	Number of Strategic Information (M&E, SS, HIS) related documents (Plans and Reports) developed by the National AIDS Programs as a result of the technical assistance provided by USG Implementing Partners	4	Redacted

Technical Area Summary Indicators and Targets

Costa Rica

Future fiscal year targets are redacted.

Indicator Number	Label	2012	Justification
CR.303	Number of organizations that received technical assistance for the development of HIV-related policies	11	Redacted
P7.1.D	P7.1.D Number of People Living with HIV/AIDS (PLHIV) reached with a minimum package of 'Prevention with PLHIV (PLHIV) interventions	n/a	Redacted
	Number of People Living with HIV/AIDS reached with a minimum package of 'Prevention of People Living with HIV (PLHIV) interventions	800	
P8.3.D	P8.3.D Number of MARP reached with individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the	n/a	Redacted

	minimum standards required		
	Number of MARP reached with individual and/or small group level preventive interventions that are based on evidence and/or meet the minimum standards required	4,350	
	By MARP Type: CSW	700	
	By MARP Type: IDU	0	
	By MARP Type: MSM	1,000	
	Other Vulnerable Populations	2,500	
CR.337	Number of STI diagnostic and/or treatment services provided to MARPs	100	Redacted
	By MARP Type: Commercial sex workers	50	
	By MARP Type: Men who have sex with men	50	
	By MARP Type: Other vulnerable populations	0	
	By MARP Type: People Living with HIV	0	
P11.1.D	Number of individuals who received T&C services for HIV and	900	Redacted

	received their test results during the past 12 months		
	By Age/Sex: <15 Female		
	By Age/Sex: <15 Male		
	By Age: <15	0	
	By Age/Sex: 15+ Female		
	By Age: 15+	900	
	By Age/Sex: 15+ Male		
	By Sex: Female	350	
	By Sex: Male	550	
	By Test Result: Negative		
	By Test Result: Positive		
H1.1.D	Number of testing facilities (laboratories) with capacity to perform clinical laboratory tests	1	Redacted
H2.1.D	Number of new health care workers who graduated from a pre-service training institution or program	0	Redacted
	By Cadre: Doctors	0	
	By Cadre: Midwives	0	
	By Cadre: Nurses	0	
H2.3.D	The number of health care workers who successfully completed an	508	Redacted

	in-service training program		
	By Type of Training: Male Circumcision	0	
	By Type of Training: Pediatric Treatment	0	
CR.316	Number of Strategic Information (M&E, SS, HIS) related documents (Plans and Reports) developed by the National AIDS Programs as a result of the technical assistance provided by USG Implementing Partners	5	Redacted

Technical Area Summary Indicators and Targets

El Salvador

Future fiscal year targets are redacted.

Indicator Number	Label	2012	Justification
SV.304	Number of organizations that received technical assistance for the development of HIV-related policies	17	Redacted
P7.1.D	P7.1.D Number of People Living with HIV/AIDS (PLHIV) reached with a minimum package of 'Prevention with PLHIV (PLHIV) interventions	n/a	Redacted
	Number of People Living with HIV/AIDS reached with a minimum package of 'Prevention of People Living with HIV (PLHIV) interventions	2,000	
P8.3.D	P8.3.D Number of MARP reached with individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the	n/a	Redacted

	minimum standards required		
	Number of MARP reached with individual and/or small group level preventive interventions that are based on evidence and/or meet the minimum standards required	9,340	
	By MARP Type: CSW	2,000	
	By MARP Type: IDU	0	
	By MARP Type: MSM	2,000	
	Other Vulnerable Populations	5,100	
SV.338	Number of STI diagnostic and/or treatment services provided to MARPs	200	Redacted
	By MARP type: Men who have sex with men	40	
	By MARP type: Commercial sex workers	160	
	By MARP type: Other vulnerable populations	0	
	By MARP type: People Living with HIV	0	
P11.1.D	Number of individuals who received T&C services for HIV and	6,550	Redacted

	received their test results during the past 12 months		
	By Age/Sex: <15 Female		
	By Age/Sex: <15 Male		
	By Age: <15	0	
	By Age/Sex: 15+ Female		
	By Age: 15+	6,550	
	By Age/Sex: 15+ Male		
	By Sex: Female	2,803	
	By Sex: Male	3,718	
	By Test Result: Negative		
	By Test Result: Positive		
H1.1.D	Number of testing facilities (laboratories) with capacity to perform clinical laboratory tests	2	Redacted
H2.1.D	Number of new health care workers who graduated from a pre-service training institution or program	0	Redacted
	By Cadre: Doctors	0	
	By Cadre: Midwives	0	
	By Cadre: Nurses	0	
H2.3.D	The number of health care workers who successfully completed an	1,988	Redacted

	in-service training program		
	By Type of Training: Male Circumcision	0	
	By Type of Training: Pediatric Treatment	0	
SV.317	Number of Strategic Information (M&E, SS, HIS) related documents (Plans and Reports) developed by the National AIDS Programs as a result of the technical assistance provided by USG Implementing Partners	5	Redacted

Technical Area Summary Indicators and Targets

Guatemala

Future fiscal year targets are redacted.

Indicator Number	Label	2012	Justification
GT.305	Number of organizations that received technical assistance for the development of HIV-related policies	17	Redacted
P7.1.D	P7.1.D Number of People Living with HIV/AIDS (PLHIV) reached with a minimum package of 'Prevention with PLHIV (PLHIV) interventions	n/a	Redacted
	Number of People Living with HIV/AIDS reached with a minimum package of 'Prevention of People Living with HIV (PLHIV) interventions	4,000	
P8.3.D	P8.3.D Number of MARP reached with individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the	n/a	Redacted

	minimum standards required		
	Number of MARP reached with individual and/or small group level preventive interventions that are based on evidence and/or meet the minimum standards required	19,270	
	By MARP Type: CSW	1,000	
	By MARP Type: IDU	0	
	By MARP Type: MSM	5,620	
	Other Vulnerable Populations	12,650	
GT.339	Number of STI diagnostic and/or treatment services provided to MARPs	2,940	Redacted
	By MARP type: Commercial sex workers	990	
	By MARP type: Men who have sex with men	300	
	By MARP type: Other vulnerable populations	0	
	By MARP type: People Living with HIV	1,650	
P11.1.D	Number of individuals who received T&C services for HIV and	11,031	Redacted

	received their test results during the past 12 months		
	By Age/Sex: <15 Female		
	By Age/Sex: <15 Male		
	By Age: <15	7	
	By Age/Sex: 15+ Female		
	By Age: 15+	11,024	
	By Age/Sex: 15+ Male		
	By Sex: Female	2,542	
	By Sex: Male	8,489	
	By Test Result: Negative		
	By Test Result: Positive		
H1.1.D	Number of testing facilities (laboratories) with capacity to perform clinical laboratory tests	2	Redacted
H2.1.D	Number of new health care workers who graduated from a pre-service training institution or program	0	Redacted
	By Cadre: Doctors	0	
	By Cadre: Midwives	0	
	By Cadre: Nurses	0	
H2.3.D	The number of health care workers who successfully completed an	3,570	Redacted

	in-service training program		
	By Type of Training: Male Circumcision	0	
	By Type of Training: Pediatric Treatment	0	
GT.318	Number of Strategic Information (M&E, SS, HIS) related documents (Plans and Reports) developed by the National AIDS Programs as a result of the technical assistance provided by USG Implementing Partners	17	Redacted

Technical Area Summary Indicators and Targets

Honduras

Future fiscal year targets are redacted.

Indicator Number	Label	2012	Justification
P7.1.D	P7.1.D Number of People Living with HIV/AIDS (PLHIV) reached with a minimum package of 'Prevention with PLHIV (PLHIV) interventions	n/a	Redacted
	Number of People Living with HIV/AIDS reached with a minimum package of 'Prevention of People Living with HIV (PLHIV) interventions	1,000	
P8.3.D	P8.3.D Number of MARP reached with individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the minimum standards required	n/a	Redacted
	Number of MARP reached with individual and/or small group level preventive	4,482	

	interventions that are based on evidence and/or meet the minimum standards required		
	By MARP Type: CSW	1,260	
	By MARP Type: IDU	0	
	By MARP Type: MSM	975	
	Other Vulnerable Populations	2,247	
HN.340	Number of STI diagnostic and/or treatment services provided to MARPs	1,389	Redacted
	By MARP type: Commercial sex workers	891	
	By MARP type: Men who have sex with men	348	
	By MARP type: Other vulnerable populations	150	
	By MARP type: People Living with HIV	0	
P11.1.D	Number of individuals who received T&C services for HIV and received their test results during the past 12 months	19,205	Redacted
	By Age/Sex: <15 Female		
	By Age/Sex: <15 Male		

	By Age: <15	7	
	By Age/Sex: 15+ Female		
	By Age: 15+	19,196	
	By Age/Sex: 15+ Male		
	By Sex: Female	9,173	
	By Sex: Male	10,032	
	By Test Result: Negative		
	By Test Result: Positive		
H1.1.D	Number of testing facilities (laboratories) with capacity to perform clinical laboratory tests	1	Redacted
H2.1.D	Number of new health care workers who graduated from a pre-service training institution or program	128	Redacted
	By Cadre: Doctors	0	
	By Cadre: Midwives	0	
	By Cadre: Nurses	0	
H2.3.D	The number of health care workers who successfully completed an in-service training program	741	Redacted
	By Type of Training: Male Circumcision	0	
	By Type of Training: Pediatric Treatment	0	

HN.319	Number of Strategic Information (M&E, SS, HIS) related documents (Plans and Reports) developed by the National AIDS Programs as a result of the technical assistance provided by USG Implementing Partners	13	Redacted
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Technical Area Summary Indicators and Targets

Nicaragua

Future fiscal year targets are redacted.

Indicator Number	Label	2012	Justification
NI.306	Number of organizations that received technical assistance for the development of HIV-related policies	18	Redacted
P7.1.D	P7.1.D Number of People Living with HIV/AIDS (PLHIV) reached with a minimum package of 'Prevention with PLHIV (PLHIV) interventions	n/a	Redacted
	Number of People Living with HIV/AIDS reached with a minimum package of 'Prevention of People Living with HIV (PLHIV) interventions	800	
P8.3.D	P8.3.D Number of MARP reached with individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the	n/a	Redacted

	minimum standards required		
	Number of MARP reached with individual and/or small group level preventive interventions that are based on evidence and/or meet the minimum standards required	48,220	
	By MARP Type: CSW	4,300	
	By MARP Type: IDU	0	
	By MARP Type: MSM	9,300	
	Other Vulnerable Populations	34,620	
NI.341	Number of STI diagnostic and/or treatment services provided to MARPs	1,000	Redacted
	By MARP type: Commercial sex workers	400	
	By MARP type: Other vulnerable populations	0	
	By MARP type: Men who have sex with men	400	
	By MARP type: People Living with HIV	200	
P11.1.D	Number of individuals who received T&C services for HIV and received their test	20,100	Redacted

	results during the past 12 months		
	By Age/Sex: <15 Female		
	By Age/Sex: <15 Male		
	By Age: <15	0	
	By Age/Sex: 15+ Female		
	By Age: 15+	20,100	
	By Age/Sex: 15+ Male		
	By Sex: Female	4,875	
	By Sex: Male	15,225	
	By Test Result: Negative		
	By Test Result: Positive		
H1.1.D	Number of testing facilities (laboratories) with capacity to perform clinical laboratory tests	8	Redacted
H2.1.D	Number of new health care workers who graduated from a pre-service training institution or program	600	Redacted
	By Cadre: Doctors	300	
	By Cadre: Midwives	0	
	By Cadre: Nurses	200	
H2.3.D	The number of health care workers who successfully completed an in-service training	1,514	Redacted

	program		
	By Type of Training: Male Circumcision	0	
	By Type of Training: Pediatric Treatment	0	
NI.320	Number of Strategic Information (M&E, SS, HIS) related documents (Plans and Reports) developed by the National AIDS Programs as a result of the technical assistance provided by USG Implementing Partners	6	Redacted

Technical Area Summary Indicators and Targets

Panama

Future fiscal year targets are redacted.

Indicator Number	Label	2012	Justification
PA.307	Number of organizations that received technical assistance for the development of HIV-related policies	12	Redacted
P7.1.D	P7.1.D Number of People Living with HIV/AIDS (PLHIV) reached with a minimum package of 'Prevention with PLHIV (PLHIV) interventions	n/a	Redacted
	Number of People Living with HIV/AIDS reached with a minimum package of 'Prevention of People Living with HIV (PLHIV) interventions	1,500	
P8.3.D	P8.3.D Number of MARP reached with individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the	n/a	Redacted

	minimum standards required		
	Number of MARP reached with individual and/or small group level preventive interventions that are based on evidence and/or meet the minimum standards required	7,500	
	By MARP Type: CSW	1,000	
	By MARP Type: IDU	0	
	By MARP Type: MSM	3,300	
	Other Vulnerable Populations	3,200	
PA.342	Number of STI diagnostic and/or treatment services provided to MARPs	330	Redacted
	By MARP type: Commercial sex workers	300	
	By MARP type: Men who have sex with men	30	
	By MARP type: Other vulnerable populations	0	
	By MARP type: People Living with HIV	0	
P11.1.D	Number of individuals who received T&C services for HIV and received their test	3,600	Redacted

	results during the past 12 months		
	By Age/Sex: <15 Female		
	By Age/Sex: <15 Male		
	By Age: <15	0	
	By Age/Sex: 15+ Female		
	By Age: 15+	3,600	
	By Age/Sex: 15+ Male		
	By Sex: Female	1,460	
	By Sex: Male	2,140	
	By Test Result: Negative		
	By Test Result: Positive		
H1.1.D	Number of testing facilities (laboratories) with capacity to perform clinical laboratory tests	2	Redacted
H2.1.D	Number of new health care workers who graduated from a pre-service training institution or program	0	Redacted
	By Cadre: Doctors	0	
	By Cadre: Midwives	0	
	By Cadre: Nurses	0	
H2.3.D	The number of health care workers who successfully completed an in-service training	853	Redacted

	program		
	By Type of Training: Male Circumcision	0	
	By Type of Training: Pediatric Treatment	0	
PA.321	Number of Strategic Information (M&E, SS, HIS) related documents (Plans and Reports) developed by the National AIDS Programs as a result of the technical assistance provided by USG Implementing Partners	11	Redacted

Technical Area Summary Indicators and Targets

Central America Region

Future fiscal year targets are redacted.

Indicator Number	Label	2012	Justification
CE.279	Number of national laboratories with satisfactory performance in external quality assurance for HIV diagnosis	9	Redacted
CE.275	Number of Global Fund projects and grants in the Central American region that are evaluated as A and B1	6	Redacted
CE.276	Number of organizations that received technical assistance for the development of HIV-related policies	82	Redacted
	Number of organizations that received technical assistance for the development of HIV-related policies	82	
CE.276	Number of organizations that received technical assistance for the	82	Redacted

	development of HIV-related policies		
	Number of organizations that received technical assistance for the development of HIV-related policies	82	
P7.1.D	P7.1.D Number of People Living with HIV/AIDS (PLHIV) reached with a minimum package of 'Prevention with PLHIV (PLHIV) interventions	n/a	Redacted
	Number of People Living with HIV/AIDS reached with a minimum package of 'Prevention of People Living with HIV (PLHIV) interventions	10,300	
P8.3.D	P8.3.D Number of MARP reached with individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the minimum standards required	n/a	Redacted
	Number of MARP reached with individual and/or small	94,426	

	group level preventive interventions that are based on evidence and/or meet the minimum standards required		
	By MARP Type: CSW	10,404	
	By MARP Type: IDU	0	
	By MARP Type: MSM	22,315	
	Other Vulnerable Populations	61,117	
CE.285	Number of STI diagnostic and/or treatment services provided to MARPs	7,259	Redacted
	By MARP Type: Commercial sex workers	3,391	
	By MARP Type: Men who have sex with men	1,468	
	By MARP Type: Other vulnerable populations	150	
	By MARP Type: People Living with HIV	2,250	
P11.1.D	Number of individuals who received T&C services for HIV and received their test results during the past 12 months	64,686	Redacted
	By Age/Sex: <15 Female		

	By Age/Sex: <15 Male		
	By Age: <15	14	
	By Age/Sex: 15+ Female		
	By Age: 15+	64,670	
	By Age/Sex: 15+ Male		
	By Sex: Female	22,023	
	By Sex: Male	42,634	
	By Test Result: Negative		
	By Test Result: Positive		
H1.1.D	Number of testing facilities (laboratories) with capacity to perform clinical laboratory tests	16	Redacted
H2.1.D	Number of new health care workers who graduated from a pre-service training institution or program	728	Redacted
	By Cadre: Doctors	300	
	By Cadre: Midwives	0	
	By Cadre: Nurses	200	
H2.3.D	The number of health care workers who successfully completed an in-service training program	9,429	Redacted
	By Type of Training: Male Circumcision	0	
	By Type of Training:	0	

	Pediatric Treatment		
CE.277	Core set of agreed upon harmonized HIV indicators in the region	1	Redacted
CE.278	Annual report of regional core set of indicators	1	Redacted
CE.280	Number of Strategic Information (M&E, SS, HIS) related documents (Plans and Reports) developed by the National AIDS Programs as a result of the technical assistance provided by USG Implementing Partners	61	Redacted



Partners and Implementing Mechanisms

Partner List

Mech ID	Partner Name	Organization Type	Agency	Funding Source	Planned Funding
12015	U.S. Peace Corps	Other USG Agency	U.S. Peace Corps	GHP-State, GHP-State, GHP-State, GHP-State, GHP-State, GHP-State, GHP-State	208,600
12016	IntraHealth International, Inc	NGO	U.S. Agency for International Development	GHP-State, GHP-USAID	1,319,850
12017	Futures Group	Private Contractor	U.S. Agency for International Development	GHP-State, GHP-USAID	1,937,130
12019	The Task Force for Global Health, Inc. /Tephinet	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	909,832
12020	UVG - UNIVERSIDAD DE VALLE DE GUATEMALA	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	963,226
12578	Partnership for Supply Chain Management	Private Contractor	U.S. Agency for International Development	GHP-State, GHP-USAID	858,000

12607	US Embassy Guatemala	Other USG Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	439,074
13067	University Research Corporation, LLC	Private Contractor	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	510,402
13082	Population Services International	NGO	U.S. Agency for International Development	GHP-State, GHP-USAID	4,007,247
13203	NICASALUD	NGO	U.S. Department of Defense	GHP-State	107,000
13381	COMISCA	Multi-lateral Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	300,000
13445	IntraHealth International, Inc	NGO	U.S. Agency for International Development	GHP-State, GHP-USAID	1,838,880
14394	John Snow, Inc.	Private Contractor	U.S. Agency for International Development	GHP-USAID	0
14396	Partnership for Supply Chain Management	Private Contractor	U.S. Agency for International Development	GHP-USAID	170,000
14400	Population	NGO	U.S. Department	GHP-State,	128,000

	Services International		of Defense	GHP-State	
14401	U.S. Department of Defense (Defense)	Other USG Agency	U.S. Department of Defense	GHP-State, GHP-State	159,693
14402	TBD	TBD	Redacted	Redacted	Redacted
14403	Research Triangle International	Private Contractor	U.S. Agency for International Development	GHP-State, GHP-USAID	125,000
14404	Management Sciences for Health	NGO	U.S. Agency for International Development	GHP-USAID	0
14406	John Snow, Inc.	Private Contractor	U.S. Agency for International Development	GHP-State	150,000
14454	Training Resources Group	Private Contractor	U.S. Agency for International Development	GHP-State	40,000
14455	TBD	TBD	Redacted	Redacted	Redacted
14457	University Research Corporation, LLC	Private Contractor	U.S. Agency for International Development	GHP-State	100,000
14462	University of North Carolina	University	U.S. Agency for International Development	GHP-USAID	0
14466	University Research Corporation, LLC	Private Contractor	U.S. Agency for International Development	GHP-State	979,946
14467	TBD	TBD	Redacted	Redacted	Redacted
14468	TBD	TBD	Redacted	Redacted	Redacted
14469	Secretariat of Health	Host Country Government Agency	U.S. Agency for International Development	GHP-USAID, GHP-State	785,000



Implementing Mechanism(s)

Implementing Mechanism Details

Mechanism ID: 12015	Mechanism Name: Peace Corps
Funding Agency: U.S. Peace Corps	Procurement Type: USG Core
Prime Partner Name: U.S. Peace Corps	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Benefiting Country	Benefiting Country Planned Amount
Belize - Central America	N/A
Guatemala	N/A
El Salvador	N/A
Honduras	N/A
Nicaragua	N/A
Costa Rica	N/A
Panama	N/A

Total Funding: 208,600	Total Mechanism Pipeline: N/A	
Managing Country	Funding Source	Funding Amount
Belize - Central America	GHP-State	0
Guatemala	GHP-State	39,200
El Salvador	GHP-State	48,600
Honduras	GHP-State	44,900
Nicaragua	GHP-State	30,900
Costa Rica	GHP-State	17,200
Panama	GHP-State	27,800

Sub Partner Name(s)



(No data provided.)

Overview Narrative

Peace Corps Central America is building upon previous years' support to expand and deepen Volunteers' work with communities to design and implement context-appropriate prevention interventions addressing the keys drivers of the epidemic, including sexual and behavioral risk, and harmful gender/cultural norms. PC promotes behavior change through use of evidence-based programs and integration of efforts with other USG agencies and implementing partners. Programs also include a cross-cutting focus on reduction of stigma and discrimination.

Peace Corps continues to strengthen its approach to development which advances country ownership of PEPFAR program efforts through placement of Volunteers in requesting local governmental and non-governmental organizations for specific assignments that are time-limited and designed from the onset to build community capacity to sustain projects. In every instance, this involves day-to-day collaboration with host country national partners and counterparts. Peace Corps has Volunteers in a variety of sectors including health, education, agriculture, youth in development and business development and is able to integrate HIV programming into these areas and reach populations that are not reached by other USG partners, especially in the rural areas of each ROP country.

Additionally Volunteers will work with local health systems to ensure their ability to strengthen health care worker capacity to provide adequate prevention education, confidential voluntary counseling and testing services, and dignified care and treatment. As long-term residents of their communities of service, they are also able on a continuing basis to model transparency, accountability and good governance/good business practices in their projects.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors

Budget Code Information

Mechanism ID: 12015			
Mechanism Name: Peace Corps			
Prime Partner Name: U.S. Peace Corps			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	208,600	0

Narrative:

In the area of prevention, funds will be used for the placement, training and support of Volunteers to work with communities to design and implement context-appropriate and evidence-based prevention interventions addressing the keys drivers of the epidemic, including sexual and behavioral risk, stigma and discrimination, and harmful gender/cultural norms. Volunteers will work to ensure that these interventions are culturally and linguistically relevant to their target audiences.

Volunteers will also work with local PLHIV associations where possible to focus on prevention and healthy living. Volunteers will aid community members and organizations in designing and implementing programs for PLHIV with a focus on support group models that can help to mitigate the effects of HIV, improve health outcomes for PLHIV, improve household nutritional status and optimize the quality of life of adults and children living with and affected by HIV.

Volunteers will work with community counterparts at the local level to offer combination prevention approaches offering the minimum package of prevention services but also targeting structural factors that impact transmission including stigma, discrimination and gender inequity. Across the region Volunteers will reach out to at-risk youth and the community members who work with them to implement prevention strategies on reducing vulnerability and increasing community capacity. In Nicaragua, Volunteers will work with most at risk populations in combination prevention helping them develop plans for development of new skills to help them reduce their social vulnerability through workshops and trainings. In



Honduras, Volunteers and their counterparts will work with self-help groups to increase their ability to provide prevention programming to HIV positive members. In Guatemala, Volunteers will work with local personnel of the Ministry of Health to train them in techniques of HIV prevention outreach and voluntary counseling and testing. In Costa Rica, El Salvador and Panama, Volunteers will provide outreach to men at risk especially in rural communities. In Belize, Peace Corps Response Volunteers will help the national AIDS response integrate best practices into their programming. All of these efforts will include cross-cutting objectives of reducing stigma and discrimination and gender inequity especially at the local level and will be carried out in partnership with local and regional government and civil society in order to increase host country capacity capacity.

Implementing Mechanism Details

Mechanism ID: 12016	Mechanism Name: Comprehensive Care in Central America
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: IntraHealth International, Inc	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Benefiting Country	Benefiting Country Planned Amount
Belize - Central America	N/A
Guatemala	N/A
El Salvador	N/A
Costa Rica	N/A
Panama	N/A

Total Funding: 1,319,850	Total Mechanism Pipeline: N/A	
Managing Country	Funding Source	Funding Amount
Guatemala	GHP-State	619,850
Guatemala	GHP-USAID	700,000



Sub Partner Name(s)

(No data provided.)

Overview Narrative

The Capacity Project, implemented by IntraHealth, works to ensure effective and efficient delivery of comprehensive care and treatment for PLHIV in Belize, Costa Rica, El Salvador, Panama and Guatemala. The project's strategic approach includes six interwoven technical strategies to increase access to high quality care for PLHIV:

1. Measure and support improvements in the quality of services provided for care and treatment of people living with HIV/AIDS in health facilities.
2. Establish strong referral networks and integrate care and treatment with community-based support to ensure complementary services and promotion of HIV prevention through facility-community partnerships.
3. Provide trainings to health service providers in the public and private sector, NGOs and government organizations and civil society.
4. Build HRH capacity at both the pre-service and in-service levels through updates of university curricular content & teaching methods and standardization of in-service curricula and methodology for performance-based training.
5. Support innovation at the health facility and community level through use of information communications technology, and appropriate training in information systems.
6. Promote the institutionalization of standards for quality improvements at national and institutional levels.

Sustainability: Social Security institutions in Costa Rica and Panama, have initiated the institutionalization of the project's Quality Assurance model, through a progressive plan to adopt the model in both outpatients and in-services care. And across the region, governments are adopting the stringent Capacity quality standards. The Capacity benchmarks remain a tool that is used by countries in the region to monitor and improve their hospitals themselves.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	205,000
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TBD Details

(No data provided.)



Motor Vehicles Details

N/A

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 12016			
Mechanism Name: Comprehensive Care in Central America			
Prime Partner Name: IntraHealth International, Inc			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	95,890	0

Narrative:

The Capacity Project began a pilot Continuum of Care (CoC) project in Guatemala and will continue to expand the work in Guatemala through the Capacity Project and across the region through the Capacity Plus project. The primary purpose of the CoC in Guatemala is to develop systems that provide humane, effective, high-quality comprehensive and continuous care to PLHIVs and their families. The CoC constitutes a package of services for PLHIVs, MARPs and indirectly the general population. These services empower a multi-sectoral local network of community groups to proactively demand high-quality services. A fully developed CoC brings together five major components of a response to HIV: care, treatment, support, counseling/testing (CT), and prevention. The core activities of the CoC strategy include: (a) Training and Supportive Supervision of institutional and community health personnel in ART compliance, home care, stigma and discrimination reduction, and gender dimensions of HIV. (b) Prevention with Positives training that will ensure the systematic application of providing prevention recommendations to HIV-positive clients, assess client adherence to ARVs and other medications, assess clients for signs and symptoms of STIs, integrate RH/FP services including condom counseling and condom provision at every visit, and referrals for community-based support. (c) M-health technology (the use of mobile phones to share health information, send prevention messages, follow up with clients, provide text reminders for when it is time to take ARVs and/or other medications or come for medical

appointments, and notify members of the hospital-community integration team of upcoming meetings, progress on implementation of activities, and other relevant issues) to improve community-facility partnerships. (d) Referral and counter-referral network to maximize the integration of complementary services, ensure client satisfaction and ARV adherence, and minimize client loss to follow up.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	136,985	0

Narrative:

The Capacity Project monitors care and treatment services by establishing a performance information system and using data for decision making. The project works closely with Ministry of Health and other stakeholders to leverage resources for improvements and needed follow-up in hospitals after the assessments.

The Performance Improvement for Quality (PIQ) strategy will build capacity of hospital and MOH/SSI authorities to implement facility performance improvement surveys. This strategy aims to build institutional capacity for a comprehensive HIV/AIDS care and support system that is fully integrated into the overall health system. The project will enable stakeholders and counterparts to dissemination lessons learned, best practices and successful interventions for both advocacy and decision-making purposes. The project will strengthen the presentation and use of information through a series of structured national forums in collaboration with the MOH and other projects and agencies. Because the most sustainable activities are those that possess strong budget forecasts and M&E plans, the project will advocate for the inclusion of performance improvement and monitoring in the annual operational plans and budgets of the MOH/SSI. This inclusion will support country ownership and the implementation of the National HIV/AIDS Strategic Plan and HIV/AIDS Monitoring and Evaluation Plan in each country.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	1,086,975	0

Narrative:

The Performance Improvement for Quality (PIQ) strategy will be implemented in 57 hospitals in 5 countries: Belize, Costa Rica, El Salvador, Guatemala and Panama. Activities will support institutional capacity-building at the national level. PIQ will be implemented through the Ministries of Health (MOH) and Social Security Institutes (SSI) of the focus countries. IntraHealth country representatives will train representatives from the HIV/AIDS Program, MOH/SSI central or regional level, and other hospitals to assess compliance with performance standards using standardized tools.



The Capacity Project will conduct assessments to help hospital authorities and staff address the gaps identified in their hospital performance. They will develop an action plan to remedy the gaps and then support, with technical assistance, the implementation of the interventions in the hospitals. The Capacity Project will develop training and learning interventions to target capacity building in skills and knowledge, one of the primary reasons for the performance gaps. They will facilitate intervention plan follow-up meetings to monitor and motivate progress on implementation of identified interventions, conduct subsequent performance assessments to see percentage change in compliance with standards and repeat any needed trainings.

One of the major challenges facing hospital workers is overcoming barriers to making improvements to health services in a resource-constrained environment. During this year, these gaps assessments and actions plans will raise awareness among MOH/SSI and HIV/AIDS Program stakeholders for the need for the systematization and the institutionalization of the performance standards and methodological process to ensure sustainability of the approach. For activities identified as targeted leveraging, the MOH and other NGOs will provide both technical and financial support.

HRH capacity will be enhanced at both the pre-service and in-service levels through revisions and updates of curricular content and teaching methods at university health and social welfare schools and standardization of in-service curricula and methodology for performance-based training.

Implementing Mechanism Details

Mechanism ID: 12017	Mechanism Name: USAID Program for Strengthening the Central American Response to HIV -PASCA- TO GPO-I-04-05-00040-00
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: Futures Group	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A



Benefiting Country	Benefiting Country Planned Amount
Belize - Central America	N/A
Guatemala	N/A
El Salvador	N/A
Nicaragua	N/A
Costa Rica	N/A
Panama	N/A

Total Funding: 1,937,130		Total Mechanism Pipeline: N/A
Managing Country	Funding Source	Funding Amount
Guatemala	GHP-State	895,130
Guatemala	GHP-USAID	1,042,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The USAID Program for Strengthening the Central America Response to HIV/AIDS (USAID/PASCA) implements specific country activities in Belize, Costa Rica, El Salvador, Guatemala, Nicaragua, and Panama, as well as regional activities that cover all of Central America, including Honduras. The focus of the project is policy and systems strengthening activities that are pillars of the Partnership Framework in the region and keys principals of GHI.

USAID/PASCA supports responses to HIV in the following strategic areas: a) planning, implementing, monitoring, and evaluating national HIV strategic plans; b) advocacy and political dialog to strengthen the response to HIV, and c) business sector’s involvement in the response to HIV, including workplace policies.

USAID/PASCA’s main activities are to provide technical assistance and training to: strengthen and evaluate information systems to respond to HIV; analyze policies, develop studies on HIV policies, and implement policies; improve institutional capabilities of governmental, non-governmental, and business-sector organizations in strategic planning, resource management, and network and alliance development; strengthen organizational capacity of MARPs NGOs; develop policy level dialogue related to sexual and gender-based violence that ensures the participation of multi-sectorial representatives in the design, implementation and monitoring of SGBV activities.

Sustainability: The USAID/PASCA project provides technical assistance to MOHs, civil society and the private sector to build the skills they need to be leaders in their programs or advocate for their own rights.



The policy field will be assessed in FY 2012 in order to determine if there is still need in these areas of work or if the programs are sustainable.

Global Fund / Programmatic Engagement Questions

1. Is the Prime Partner of this mechanism also a Global Fund principal or sub-recipient, and/or does this mechanism support Global Fund grant implementation? **Yes**
2. Is this partner also a Global Fund principal or sub-recipient? **Neither**
3. What activities does this partner undertake to support global fund implementation or governance?

Budget Code	Recipient(s) of Support	Approximate Budget	Brief Description of Activities
HVSI	CCMs in Belize, Costa Rica, El Salvador, Guatemala, Nicaragua & Panama and Regional Coordinating Mechanism	997887	Technical assistance to determinate the technical content of new proposals, to improve financial and programmatic implementation of ongoing projects and provides training to strengthen overall implementation capacities.

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	130,000
Human Resources for Health	166,315

TBD Details

(No data provided.)

Motor Vehicles Details

N/A



Key Issues

Increasing women's legal rights and protection
 Workplace Programs

Budget Code Information

Mechanism ID: 12017 Mechanism Name: USAID Program for Strengthening the Central American Response to HIV -PASCA- Prime Partner Name: TO GPO-I-04-05-00040-00 Futures Group			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	391,180	0

Narrative:

USAID/PASCA actions will be aimed at establishing the conditions needed to provide increased visibility, efficiency, sustainability, and feasibility to the monitoring and evaluation of the national response. The project will provide technical assistance and training to national actors, so that they develop plans and timelines to implement M&E Plans, which, at a minimum, will include: a) identifying those in charge of information flows and focal points for reports; identifying indicators that require continuous reporting; b) identifying funding sources for specific studies that are required; c) preparing plans for analyses, and d) developing information-dissemination mechanisms. The plans will also foster prioritizing and planning the time required to gather information for indicators, in order to perform periodic and systematic measurements and to identify those that need to be introduced progressively, due to technical or financial reasons. USAID/PASCA will update indicator-prioritization exercises to have them explicitly reflect impact and process indicators; have them be consistent with the epidemiological scenario, the national strategy, and international commitments—including UNGASS indicators and USG Partnership Framework—, and to obtain them routinely and periodically from the national HIV information systems. For M&E Plans to be feasible, information sub-systems must also be strengthened; temporary support must be provided, in order to standardize and update data collection instruments and databases, and platforms to link the various sub-systems must be updated or built in order to harmonize HIV-information sub-systems, with the aim of developing a sole national information system to generate periodic national

reports. The project will coordinate its efforts with National Monitoring and Evaluation Committees, so that they become the main actors in this process, in order to strengthen the effective leadership of this group to conduct M&E actions at the national level. USAID/PASCA will also develop training workshops on techniques to collect, manage, analyze, and use data at three different levels (basic, intermediate, and specialized).

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	1,545,950	0

Narrative:

USAID/PASCA will provide technical assistance to help partners identify implementation barriers, build a common base of knowledge about these, and prepare a corrective action plan to successfully remove the institutional, legal and normative barriers that impede evidence-based prevention and care at the regional and country level. The barriers to be addressed are related with health delivery services, human resources for health, strategic information, health finance and governance / leadership. The project will strengthen the skills of country-level stakeholders to undertake policy analysis, with a particular emphasis on operational policies and implementation barriers analysis. It will provide technical assistance to develop a baseline to identify, document and categorize current barriers. USAID/PASCA will use information from the AIDS Policy Index, policy implementation, stigma and discrimination studies, to analyze information about barriers in the legal, political, normative and operational policy arena and the current interventions to address them. Once complete, the team will assist partners to carry out a series of activities in each country (workshops, meetings, training, working groups, and dissemination of materials) designed to generate a common base of knowledge and provide a mechanism to identify key actors involved in the response, prioritize barriers to address in the short and medium term, build consensus about possible corrective actions, and establish goals and timelines. The results of the implementation analysis and consultative process will form the basis of action plans for institutions involved in prevention and treatment of HIV. Examples of possible corrective actions include protocols/algorithms, strategies, and policy and process changes.

USAID/PASCA works with groups representing Most At Risk Population (MARPs), specifically with Men who have Sex with Men, Transgender (Trans), commercial sex workers, People Living with HIV/AIDS (PLWHA) and mobile populations, to ensure their participation in the different decision-making spheres and support their inclusion in prevention, planning, and monitoring activities, as well in service delivery projects. Efforts also will be made to work with networks to address positive prevention. PASCA assistance to MARPs groups and NGOs will focus on formalizing their legal status and strengthening their organizational capacity and development. Activities will include technical assistance to strengthen their ability to participate effectively in HIV policy processes, with workshops on topics such as strategic



planning, strategic information, financial and administrative management of organizations, policy advocacy, and technical information on HIV prevention and the legal framework. To increase the political and social capital of MARPs groups, the project team will establish mechanisms at the national level for networking and communication among groups and networks, conducting a series of workshops on network formation, leadership and conflict resolution. Using a limited small grant program, the project will promote institutional strengthening of MARPs groups and organizations, providing seed funds to establish alliances with service delivery organizations; carry out advocacy, prevention, citizen monitoring, network strengthening or peer prevention activities; or train health service providers and mental health services in non-stigmatizing service delivery.

Implementing Mechanism Details

Mechanism ID: 12019	Mechanism Name: Tephinet
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: The Task Force for Global Health, Inc. /Tephinet	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Benefiting Country	Benefiting Country Planned Amount
El Salvador	N/A
Honduras	N/A
Panama	N/A

Total Funding: 909,832	Total Mechanism Pipeline: N/A	
Managing Country	Funding Source	Funding Amount
Guatemala	GHP-State	909,832

Sub Partner Name(s)

Diseño y Tecnología S.A (
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Hyperkink Corporation)		
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Overview Narrative

CDC/DGHA-CAR through its implementing partner Tephinet/TaskForce supports the Central American Ministries of Health with resources for key personnel, strategic information activities and support to the national HIV/AIDS laboratories. The Tephinet/Task Force’s mission in Central America and Panama is to provide technical and program management expertise, coupled with collaboration skills to transform public health practice and significantly improve outcomes.

Tephinet will continue supporting an STI control for HIV prevention intervention among sex workers and MSM in Honduras, El Salvador and Panama. Tephinet will continue to support the implementation of a national system to monitor the care of patients living with HIV/AIDS in Panama and Honduras. In Panama, this system initiated as a result of a country need request, and through the time, the National AIDS Program has taken the leadership for its implementation at a national level.

The STI control for HIV prevention intervention among sex workers and MSM (VICITS) in Honduras, El Salvador and Panama is a strategy that has been gradually transferred to each Ministry of Health. The country already started to pay the salary for some of the clinicians and lab staff and is expected to cover the 100% of personnel by the end of 2013, and the testing reagents are being purchased by the country directly.

Tephinet is also working in establishing an expert team through the implementation of Behavior Surveillance Study to monitor the epidemic behavior in the country and develop a strategy for surveillance.

Global Fund / Programmatic Engagement Questions

1. Is the Prime Partner of this mechanism also a Global Fund principal or sub-recipient, and/or does this mechanism support Global Fund grant implementation? **Yes**
2. Is this partner also a Global Fund principal or sub-recipient? **Neither**
3. What activities does this partner undertake to support global fund implementation or governance?

Budget Code	Recipient(s) of Support	Approximate Budget	Brief Description of Activities
HVCT	CHF Cooperative	0	Jointly coordination to implement VICITS



	Housing Foundation		strategy in Honduras
HVSI	CHF Cooperative Housing Foundation	0	CHF: Population Size Estimation in Honduras; support in the Sistema de Information en Salud in Honduras and support in KAP studies National HIV AIDS Program in El Salvador: Coordination of Behavioral Surveillance Study, provision of tests, laboratory evaluation and generation of country indicators UNDP El Salvador: Generation of Indicators obtained from the strategic information system in VICITS

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	250,000
Human Resources for Health	75,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

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

Budget Code Information

Mechanism ID: 12019



Mechanism Name:	Tephinet		
Prime Partner Name:	The Task Force for Global Health, Inc. /Tephinet		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	666,979	0

Narrative:

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

Tephinet will facilitate the implementation of regional workshops on strategic information and will also implement a strategy to facilitate the dissemination of lessons learned and best practices including meetings, bulletins and web exchanges.

In Honduras, Tephinet will continue strengthening the MOH's national HIV surveillance and M&E systems, SISAI, and national indicators.

VICITS (Vigilancia y control de VIH, ITS y comportamiento sexual en poblaciones vulnerables – HIV/STI/ surveillance and control among most at risk populations) is a comprehensive HIV and STI prevention program linked to the analysis of surveillance data in Central America. VICITS is an HIV prevention strategy that combines sexually transmitted infections (STI) diagnosis and treatment among most at risk populations, condom promotion, behavioural change and an information system to monitor the impact of the project. Tephinet assists in the control of HIV STI in most at risk populations through an information system to monitor impact of the project. The information system collects behavioral and biological information, which are key to evaluating the impact of the intervention and reporting PEPFAR indicators.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	83,213	0

Narrative:



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

Tephinet/Taskforce will participate in second generation surveillance training courses for MOH personnel.

CDC through its implementing partner will also train health care personnel to reduce stigma and discrimination towards different groups of men who have sex with men, trans population and female sex workers. Tephinet will also promote SW and MSM attendance through peer educators and health promoters and will train staff providing services to MSM and SW in data analysis.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	159,640	0

Narrative:

Governments in the region have varying levels of service for sex workers. Often these services include medical history and behavioral risk factors interviews, physical exam, basic and sporadic laboratory screening tests, treatment and condoms. STI services are not standardized, supplies are not always available and data on services and STI prevalence has never been systematically gathered and analyzed. Currently there are no STI or Voluntary Counseling and Testing (VCT) services offered methodically for the MSM population.

Through VICITS, access and quality will be improved for STI, VCT, and referral for HIV care and risk reduction counseling at public health facilities for the MSM community. This is based on the WHO/PAHO recommendations on increasing access and quality to MSM and it addresses the push towards combination prevention.

Implementing Mechanism Details

Mechanism ID: 12020	Mechanism Name: Universidad del Valle de Guatemala
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: UVG - UNIVERSIDAD DE VALLE DE GUATEMALA	



Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Benefiting Country	Benefiting Country Planned Amount
Guatemala	N/A
Nicaragua	N/A
Costa Rica	N/A
Belize - Central America	N/A

Total Funding: 963,226	Total Mechanism Pipeline: N/A	
Managing Country	Funding Source	Funding Amount
Guatemala	GHP-State	963,226

Sub Partner Name(s)

BEST (Belize Enterprise for Sustainable Technology)	CIES	
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Overview Narrative

UVG is one of CDC's primary partners. The Center for Health Studies is an academic unit within the Institute for Research at UVG. Its vision and mission is to become a center of excellence by conducting science and training contributing to the improvement of health in Guatemala and the region, in collaboration with strategic partners. During the last 29 years, CHS has developed the capacity to conduct studies in response to public health needs and to translate results into public health programs and policies. Some new areas that have been developed in the last five years include: HIV/AIDS, Tuberculosis and sexually transmitted diseases surveillance and operational research carried out in collaboration with CDC. The UVG has had the ability to integrate laboratory science into field studies. The UVG laboratory capacity includes modern equipment and personnel for entomological, parasitological, bacteriological, virological, immunological and molecular biology activities.

The STI control for HIV prevention intervention (VICITS) among MARPs in Guatemala and Nicaragua is a strategy that has been gradually being transferred to each local MOH. The countries have already started



to assume the payment of salaries for some of the clinicians and lab staff, and it is expected that MOH covers 100% of personnel by the end of FY2013. Also, diagnostic reagents & supplies are already being purchased by host countries. UVG consistently shares information with each MOH, and the prevention services, surveillance, and M&E are already integrated into the national health systems of Guatemala, Nicaragua and Costa Rica. UVG is working to establish an expert team as a part of the BSS+ implementation to monitor the epidemic in each country & develop a long term surveillance strategy.

Global Fund / Programmatic Engagement Questions

1. Is the Prime Partner of this mechanism also a Global Fund principal or sub-recipient, and/or does this mechanism support Global Fund grant implementation? **Yes**
2. Is this partner also a Global Fund principal or sub-recipient? **Neither**
3. What activities does this partner undertake to support global fund implementation or governance?

Budget Code	Recipient(s) of Support	Approximate Budget	Brief Description of Activities
HVCT	CEPRESI in Nicaragua	4000	Coordination with VICITS and BSS study
HVOP	Guatemala PRs: Programa Nacional de VIH SIDA in Guatemala & HIVOS Guatemala	36000	National AIDS Program - Coordination with VICITS HIVOS Guatemala - Coordination with Special Studies

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	250,000
Human Resources for Health	200,000

TBD Details

(No data provided.)



Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors

Increasing gender equity in HIV/AIDS activities and services

Budget Code Information

Mechanism ID:	12020		
Mechanism Name:	Universidad del Valle de Guatemala		
Prime Partner Name:	UVG - UNIVERSIDAD DE VALLE DE GUATEMALA		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	466,873	0

Narrative:

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

M&E for MSM Prevention: It is essential to monitor and evaluate the impact of the interventions being implemented in the region for the groups at highest risk of infection. The UVG will support the implementation of programmatic evaluation of coverage and impact of interventions and costing of



strategies. This programmatic evaluation will improve the programs and the health of the participants covered by the strategies.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	199,439	0

Narrative:

Health systems strengthening is a cross-cutting issue for all UVG activities. Prevention services are provided through public facilities and staff is trained, equipment provided, and infrastructure development is provided through this mechanism. Information systems developed either to monitor the impact of prevention interventions or to support surveillance, monitoring, and evaluation are integrated into the national health systems. Health services-- in general-- are mainly tailored to serve the needs of women and children. UVG will work towards equalizing access for men, and especially MSM. Prevention programs will document levels of gender-based violence and include counseling and referral services to address these problems. Data from BSS+ and other special studies will help design strategies to reduce discrimination towards MSM, male and female sex workers.

Training & Communications- CDC, through UVG, will strengthen human resources for health in the areas of HIV, STI, surveillance and reproductive health. The UVG will also support curriculum development, training materials, and technical assistance through the FELTP (Field Epidemiology and Laboratory Training Program). The Center's mission will be to expand human capacity in the region for the implementation of effective, sustainable and context-specific HIV strategic information processes which enable evidence-based development of HIV prevention, care and treatment in the region. CDC and UVG will also support the development and implementation of a communications strategy to assist in dissemination of lessons learned and best practices in the region.

CDC through its implementing partner will also train health care personnel to reduce stigma and discrimination towards different groups of men who have sex with men, trans population and female sex workers under the VICITS strategy. UVG will also promote SW and MSM attendance through peer educators and health promoters and will train staff providing services to MSM and SW in data analysis.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	216,914	0

Narrative:

Governments in the region have varying levels of service for sex workers. Often these services include medical history and behavioral risk factors interviews, physical exam, basic and sporadic laboratory screening tests, treatment and condoms. STI services are not standardized, supplies are not always



available and data on services and STI prevalence has never been systematically gathered and analyzed. Currently there are no STI or Voluntary Counseling and Testing (VCT) services offered methodically for the MSM population.

Through VICITS, access and quality will be improved for STI, VCT, and referral for HIV care and risk reduction counseling at public health facilities for the MSM community in Guatemala, Nicaragua and Costa Rica. The intervention will include strengthening STI etiologic and syndromic management through strengthening counseling for risk reduction and condom promotion, improving laboratory STI and HIV diagnostic capacity through training and provision of equipment and reagents. An information system to monitor HIV, STI and condom use trends will allow to evaluate the projects impact. The strategy is designed with the participation of the Ministry of Health and implemented in government facilities and selected NGOs.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	80,000	0

Narrative:

Early identification of HIV positives and early referral for ART: CDC in conjunction with UVG and based on the recent findings of the study HPTN 052 will be implementing a pilot study in MSM and transgender HIV-positives and their discordant couples, in Guatemala, with the aim of evaluating the feasibility of providing early treatment with ART in countries with limited resources such as Central America. The study by Dr. Mynor Cohen of the University of North Carolina found that "HIV-infected people treated with antiretroviral therapy (ART) when immune systems are still healthy led to a 96 percent reduction in HIV transmission to their partners."

Implementing Mechanism Details

Mechanism ID: 12578	Mechanism Name: Supply Chain Management System
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: Partnership for Supply Chain Management	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A



Benefiting Country	Benefiting Country Planned Amount
Guatemala	N/A
Nicaragua	N/A
El Salvador	N/A
Panama	N/A

Total Funding: 858,000		Total Mechanism Pipeline: N/A
Managing Country	Funding Source	Funding Amount
Guatemala	GHP-State	400,000
Guatemala	GHP-USAID	458,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

As part of the initial Central America Partnership Framework discussions, the USG and governments in the region identified supply chain management as a priority. Following successful work of SCMS in Honduras with bilateral funds, regional activities started in June 2010 to support the strengthening of the Guatemala supply chain. SCMS is building capacity through TA in inventory control, quantification, logistics management information systems, warehousing and distribution of MOH health commodities of the MOH, with emphasis in HIV, TB and malaria programs but also benefitting the nutrition, reproductive health and respiratory infections programs.

In FY2011 SCMS began development of similar activities in Nicaragua and Panama. Work began with a situational assessment of their supply chains. A Country Plan will be created in close coordination with the MOH and Social Security of each country. In FY2012 activities will also begin in El Salvador with a situational analysis of the supply chain for ARVs.

The SCMS work in this region provides a low-cost, country-owned solution which is a critical part of a GHI approach in general and ties to the GHI Strategy specifically in Guatemala.

Sustainability: All SCMS technical assistance is designed to empower local MOHs to manage their own supply systems. For example, after training and technical assistance in Panama, the MOH has established its own mechanism to do ARV estimation and projections for future years based on data to



avoid overstock or stockouts. The length of time it will take to build the necessary skills in each country will vary- for instance work in Guatemala and Nicaragua will be more involved while assistance in Panama and El Salvador is limited due to a more advanced system already in place.

Global Fund / Programmatic Engagement Questions

1. Is the Prime Partner of this mechanism also a Global Fund principal or sub-recipient, and/or does this mechanism support Global Fund grant implementation? **Yes**
2. Is this partner also a Global Fund principal or sub-recipient? **Neither**
3. What activities does this partner undertake to support global fund implementation or governance?

Budget Code	Recipient(s) of Support	Approximate Budget	Brief Description of Activities
HVSI	MOH	190661	MOH:M&E for HIV, Malaria and TB Programs in Guatemala, Nicaragua and Panama. MOH:LMIS Assesment for HIV, Malaria an TB in Guatemala, Nicaragua and Panama.
OHSS	Ministry of Health (MOH), HIVOS	277002	MOH:National Programs Warehouse renovation process: workshop and meetings, preliminary design, final design, evaluation of the renovation process, creation of warehouse guidelines in Guatemala, Nicaragua and Panama. MOH:Equip the National Programs Warehouse in Guatemala, Nicaragua and Panama. MOH & HIVOSIn-Service Training for HIV, Malaria and TB Programs in quantification, warehouse best practices in Guatemala, Nicaragua and Panama.

Cross-Cutting Budget Attribution(s)

Construction/Renovation	233,302
Human Resources for Health	170,203



TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Malaria (PMI)

TB

Budget Code Information

Mechanism ID:	12578		
Mechanism Name:	Supply Chain Management System		
Prime Partner Name:	Partnership for Supply Chain Management		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	100,800	0
Narrative:			
<p>In Guatemala SCMS will work to improve (LMIS) for HIV, Malaria and TB programs. SCMS supported the MOH with an LMIS assessment in November 2011. This provided the basis to harmonize the MOH LMIS across programs. The improved LMIS will benefit the quantification of commodities with more accurate data, which will lead to less stock outs and optimize the use of resources. The improvement of the LMIS will also contribute to a better inventory control. SCMS will support the MOH with supportive supervision and in service training in the LMIS and other logistic components including warehousing, distribution, quantification etc. The M&E staff will regularly visit all health levels that provide ARVs. They will work in improving the accurate capture of data and use LMIS at health regions, health centers and hospitals which provide special care for HIV patients. In 2012 SCMS will provide technical assistance to the new National Programs Warehouse in the design of a Warehouse Management System</p>			

(WMS) that will be used for all the MOH Programs that buy their commodities centrally. SCMS will provide in service training for all the users of the new WMS system for the NPW. Improved information availability at the warehouse coupled with and harmonized LMIS across programs should dramatically improve the efficiency of the supply chain.

In Nicaragua, key interventions will include supporting ongoing efforts by the USAID | DELIVER PROJECT to integrate MOH's ARVs into the existing LMIS.

Unlike its neighbors in Central America, Panama's challenges are not as extensive in Supply Chain. For this reason, it's expected that activities will focus on interventions aimed at alleviating specific problems that will have the greatest impact. Activities will improve available data for decision making as well improved quantification methods.

Keeping in line with GHI principals SCMS will work to create in house capacity for Quantification at the MOH across the region, working towards a sustainable future. SCMS will also collaborate, when appropriate, with PRSIMA a Logistics Training Institute working with both the MOH and the USAID | DELIVER PROJECT.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	757,200	0

Narrative:

In 2010 in Guatemala the Global Fund evaluated the MOH capacities to manage the HIV grant. The evaluation highlighted the need to make improvements in the processes of storage and distribution for medicines. While in recent years the Central American region has increased investment to ensure the availability of drugs for the treatment of HIV, the investment in storage facilities and operational improvements have not followed the same pace. Following the Global Fund evaluation, at the request of the MOH, SCMS conducted an assessment in Guatemala and identified different flows of information for each program within the MOH and recommended the harmonization of this information. Based on these findings SCMS will work in three strategic areas: 1. Support the MOH to improve the National Programs Warehouse (NPW) conditions and the distribution system for their health programs. The MOH will use part of its GF grant to renovate the NPW, and SCMS will donate equipment and provide technical assistance for preliminary design, final design, evaluation during the construction process, and capacity building. 2. Improve the logistics information system (LMIS) for HIV, TB and malaria medicines. To achieve this SCMS will support the MOH with an LMIS assessment and supervision visits at all health levels. 3. Improve the quantification and procurement process for medicines and rapid test kits for HIV,



TB and malaria. SCMS will conduct trainings and workshops in order to build the skills of MOH staff in this area.

Note that all SCMS activities in the country are in alignment with the GF logistics work plan for Guatemala, and are consistent with the Country Coordinating Mechanism objectives.

In Nicaragua SCMS will leverage support of the Global Fund to Malaria, TB and HIV , and work with leadership and staff of Central Medical Stores (CMS) to improve working and storage conditions. SCMS in partnership with USAID Powering Health will employ a green analysis of warehousing and distribution to reduce energy consumption at the warehouse complex. Efforts will combine an attempt to reduce temperatures as well as energy consumption in key CMS facilities.

In Panama SCMS will provide technical assistance in warehousing, information systems, distribution and conduct build on workshops in human resources, estimation of needs and best practices for supply chain.

SCMS will also begin targetted activities in El Salvador and will focus on supporting the National Aids Program needs in logistics in the coming year.

In all countries, SCMS will provide in service training on Quantification, and LMIS.

Implementing Mechanism Details

Mechanism ID: 12607	Mechanism Name: US Embassy Guatemala
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Inter-Agency Agreement
Prime Partner Name: US Embassy Guatemala	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Benefiting Country	Benefiting Country Planned Amount
Belize - Central America	N/A
Costa Rica	N/A



El Salvador	N/A
Guatemala	N/A
Honduras	N/A
Nicaragua	N/A
Panama	N/A

Total Funding: 439,074	Total Mechanism Pipeline: N/A	
Managing Country	Funding Source	Funding Amount
Guatemala	GHP-State	439,074

Sub Partner Name(s)

US Embassy Honduras		
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Overview Narrative

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

Also, CDC will increase the capacity of Ministries of Health to support, design and implement monitoring and evaluation programs in order to produce strategic information regarding the national and regional response to the HIV/AIDS epidemic and to collect, manage, analyze, and report data collected through surveillance, monitoring and evaluation systems. CDC will also strengthen TB/HIV surveillance processes in the countries of the region through strengthening laboratory, HIV counseling and testing, information systems, and analysis and use of surveillance data to implement or strengthen TB/HIV prevention strategies.

CDC through the Embassy in Guatemala is strengthening MOH's institutional and human resources capacity in order to provide high quality HIV interventions and prepare them to be able to continue establishing the second generation surveillance system, and producing strategic information regarding the HIV epidemic response.

The National Reference laboratories in the region will continue providing accurate test results to the HIV/STI/TB National Programs for surveillance as a result of the capacity building strengthening given



through trainings and workshops by CDC.

Global Fund / Programmatic Engagement Questions

1. Is the Prime Partner of this mechanism also a Global Fund principal or sub-recipient, and/or does this mechanism support Global Fund grant implementation? **Yes**
2. Is this partner also a Global Fund principal or sub-recipient? **Neither**
3. What activities does this partner undertake to support global fund implementation or governance?

Budget Code	Recipient(s) of Support	Approximate Budget	Brief Description of Activities
HVSI	Ministry of Health Guatemala & HIVOS	0	Technical assistance in strategic information and monitoring and evaluation
OHSS	Ministry of Health Honduras	0	Technical assistance in strategic information and monitoring and evaluation

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	75,000
Human Resources for Health	100,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors



Increasing gender equity in HIV/AIDS activities and services

Budget Code Information

Mechanism ID:	12607
Mechanism Name:	US Embassy Guatemala
Prime Partner Name:	US Embassy Guatemala

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	105,000	0

Narrative:

CDC will support the external quality assurance providing the EQA PT panels to the national reference laboratories and support regional referral labs network for HIV, STI, Micotics & TB and train lab staff on QMS, QA/QC, shipment, procurement, HIV rapid testing, STI diagnostics and TB diagnosis in coordination with COMISCA.

The laboratories will be guided through the “Strengthening Laboratory Management Toward WHO-AFRO Accreditation” (SLMTA) Program: First audit, gap analysis, score lab, begin implementing corrective actions.

The MOH Leadership trainings in global health to build local capacity among senior health leaders - Strengthening health systems to improve health outcomes (CDC Global Health Leadership Initiative) will continue.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	260,574	0

Narrative:

CDC will perform Cost-effectiveness assessments Sentinel Surveillance of STS activities (VICITS), and facilitate annual Workshops and biannual bulletins with the latest HIV updates and trends.

The laboratory base surveillance for micotic opportunistic infections in PLWH will be established in Guatemala, El Salvador and Honduras.

CDC will provide TA to the MOH to improve HIV, STI, TB/HIV surveillance, data analysis, dissemination



and use of strategic information for strategic planning as well as to improve routine HIV surveillance in the region.

CDC in coordination with COMISCA will be providing technical assistance to the MOH's to perform HIV Surveillance System Evaluations in the region.

CDC-DGHA in collaboration with the Ministries of Health of Guatemala and Honduras, and other civil society organizations, will be providing technical assistance to develop national strategic information documents, such as: Epidemiological analysis and response to HIV, HIV Research and Evaluation Agendas, HIV Estimates and Projections of HIV Analysis and Scenarios, and documents for decision making at political level.

CDC will continue building local capacity on monitoring and evaluation (M&E) throughout the region for the analysis and use of strategic information for decision-making. Training will also be provided in epidemiological analysis and response, HIV estimates and projections analysis and scenarios, alongside additional workshops to define national research agendas.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	73,500	0

Narrative:

CDC will continue improving and expanding HIV/AIDS quality service delivery and improve institutional and human resource capacity as it relates to HIV/AIDS/STI/TB and to build the capacity of countries to monitor and use information that enhances understanding of the epidemic and enables individual countries and the region to take appropriate actions with sustainable, evidence-based, and cost effective program interventions.

CDC will continue providing leadership trainings in global health to public health staff to build local capacity among senior health leaders. CDC will also be strengthening health systems to improve health outcomes (CDC Global Health Leadership Initiative)

Implementing Mechanism Details

Mechanism ID: 13067	Mechanism Name: URC CDC Project
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement



Prime Partner Name: University Research Corporation, LLC	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Benefiting Country	Benefiting Country Planned Amount
Guatemala	N/A
Honduras	N/A
Nicaragua	N/A
Panama	N/A

Total Funding: 510,402	Total Mechanism Pipeline: N/A	
Managing Country	Funding Source	Funding Amount
Guatemala	GHP-State	510,402

Sub Partner Name(s)

(No data provided.)

Overview Narrative

CDC DHGA with the support of University Research Co. LLC will continue strengthening the capacity of countries to more effectively reach and deliver sustainable high quality HIV/TB services focusing in the areas of service delivery, health workforce capacity and laboratory strengthening. In addition, CDC DGHA and URC will continue supporting the Central America and Panama Ministries of Health with direct expert technical assistance to assist in the development and execution of HIV/TB activities, staff development for health personnel through an specific strategy named Multi-Disciplinary Facility-Based Tb Program Strengthening For TB -Related HIV Surveillance (FTBSS).

CDC DGHA and URC will update TB national guidelines, design an implementing strategy including a M&E plan, training workshops, and support for the TB related HIV committees function and TB information System Strengthening including surveillance (design a nominal reporting systems for TB related to HIV.

FTBSS is designed based country needs and implemented under MOH lead and engagement and is



being partially funded by host governments and other donors in the region such as Global Fund.

After the intervention of the FTBSS strategy in Guatemala, Honduras, Nicaragua, and Panama the HIV/TB services will be delivered with high quality by the local personnel that URC trained and supported from each MOH. To ensure sustainability of the FTBSS strategy in the countries, URC is working on local facilities of MOH to establish capacity building.

Global Fund / Programmatic Engagement Questions

1. Is the Prime Partner of this mechanism also a Global Fund principal or sub-recipient, and/or does this mechanism support Global Fund grant implementation? **Yes**
2. Is this partner also a Global Fund principal or sub-recipient? **Neither**
3. What activities does this partner undertake to support global fund implementation or governance?

Budget Code	Recipient(s) of Support	Approximate Budget	Brief Description of Activities
HVSI	HIVOS	0	Technical support in cost effectiveness of M&E project
HVTB	HIVOS, Ministry of Health Nicaragua	0	HIVOS: Technical support in TB HIV in Guatemala Ministry of Health Nicaragua: Technical assistance and training in TB HIV

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	100,000
Human Resources for Health	150,000

TBD Details

(No data provided.)

Motor Vehicles Details



N/A

Key Issues

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

Budget Code Information

Mechanism ID: 13067			
Mechanism Name: URC CDC Project			
Prime Partner Name: University Research Corporation, LLC			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	510,402	0

Narrative:

MULTI-DISCIPLINARY FACILITY-BASED TB PROGRAM STRENGTHENING FOR TB -RELATED HIV SURVEILLANCE (FTBSS) is a program that aims to improve detection of HIV among TB patients, TB management and strategic information for TB and HIV. FTBSS was designed by the Regional Office for Central America and Panama of the Division of Global HIV AIDS Program of the Centers for Disease Control and Prevention. CDC through URC will support the implementation of the FTBSS strategy in Guatemala, Honduras, Panama, Nicaragua.

FTBSS has the potential to improve:

- 1) TB/HIV case detection
- 2) Patient diagnosis, treatment and referral to HIV-related care
- 3) The provision of reliable information for use at all levels of National TB Program
- 4) Improve communication between national HIV program and National TB Program for a better understanding about patient management

With URC, training courses will be implemented, including curricula development, preparation of training materials and implementation of courses. Based on the results of laboratory assessments, equipment and supplies will be provided to improve diagnosis of TB and HIV.



Technical assistance will be provided during initial implementation, and an eventual gradual transfer to the respective countries of the complete fiscal and management responsibility for the FTBSS program. The project will be guided by a technical working group that includes country, CDC (country and Atlanta offices), Wam Technology and partner technical experts in TB/HIV care and treatment, surveillance, data management, M&E, and laboratory. (BH)

Implementing Mechanism Details

Mechanism ID: 13082	Mechanism Name: Combination Prevention
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Population Services International	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Benefiting Country	Benefiting Country Planned Amount
Belize - Central America	N/A
Guatemala	N/A
El Salvador	N/A
Nicaragua	N/A
Costa Rica	N/A
Panama	N/A

Total Funding: 4,007,247	Total Mechanism Pipeline: N/A	
Managing Country	Funding Source	Funding Amount
Guatemala	GHP-State	1,886,247
Guatemala	GHP-USAID	2,121,000

Sub Partner Name(s)



Cicatelli Associates Inc.	IPPF	Milk & Cookies
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Overview Narrative

The Combination Prevention Program of PASMO/PSI reduces the spread of HIV among MARPs in Central America, a Partnership Framework priority. PASMO's targeted MARPs include FSWs, their clients, MSM, transgendered persons, PLHIV and their partners, Caribbean populations, and men in uniform. Within these are harder-to-reach MARPs, including bi-sexual men, MSM who do not identify as homosexual and highly mobile populations. An increased focus for FY2012 will be on transgendered and PLHIV, the two groups who appear to be the drivers of the epidemic in the region.

The overall objective is to provide cost effective, sustainable interventions designed to achieve increased access to HIV prevention interventions for MARPs. The expected results are reduced prevalence of high risk behaviors among MARPs; decrease stigma and discrimination related to sexual orientation, occupation or status; increased access by MARPs to a minimum package of essential prevention services; and strategic information obtained through research and monitoring to improve activities.

Activities work to improve gender equity through masculinities and stigma and discrimination studies based on gender norms. Results are incorporated into design and implementation of behavior change and health service activities. PASMO will be the main implementer of Gender Challenge Fund activities and will address Sexual Violence, Exploitation and TIP targeted to MARPs starting with a pilot project in Guatemala. PASMO coordinates with local NGOs and governments to maximizing funds.

Sustainability: The program uses existing NGOs and private sector health providers to implement activities and strengthens the NGO and provider capacity to deliver high quality interventions.

Global Fund / Programmatic Engagement Questions

1. Is the Prime Partner of this mechanism also a Global Fund principal or sub-recipient, and/or does this mechanism support Global Fund grant implementation? **Yes**
2. Is this partner also a Global Fund principal or sub-recipient? **Neither**
3. What activities does this partner undertake to support global fund implementation or governance?

Budget Code	Recipient(s) of Support	Approximate Budget	Brief Description of Activities
HVOP	NGOs	101290	PASMO Belize, PSI affiliate, is a Global Fund sub-recipient under the Belize Round 9 Global Fund grant: "Accelerating the Pace: Reaching Marginalized and

			Vulnerable Populations with Critical Services". PASMO specifically is responsible for 2 of the top 10 indicators under the project - BCC interventions with MSM and BCC interventions with FSW. They reach 600MSMs this year and 300SWs (contacts - not individuals). PASMO has also been asked to support (outside of the contract) the development of two campaigns (one for a 'Know Your Status' and the other for a HIV prevention campaign with Youth).
OHSS	NGOs	150000	NGOs are trained by PASMO that are Global Fund sub-recipients. PASMO provides NGOs trainings on capacity building for BCC methodologies, unique identifier code, strategic information, among other themes.

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	260,000
Human Resources for Health	150,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors

Increasing gender equity in HIV/AIDS activities and services



Increasing women's legal rights and protection
 Military Population
 Mobile Population
 Workplace Programs
 Family Planning

Budget Code Information

Mechanism ID: 13082			
Mechanism Name: Combination Prevention			
Prime Partner Name: Population Services International			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	745,246	0

Narrative:

A goal of the PASMO/PSI Combination Prevention Project is to build capacity of local NGOs, civil society groups and health service providers. The program works with other partners in this area such as the USAID/PASCA project and the Global Fund. However, all projects struggle with the high rotation of personnel, the lack of coordination across training organizations and the lack of follow up with the trainees that affect long term results. To sustain the impact of these trainings and truly build capacity, the program is developing, in conjunction with other USAID partners and the Global Fund, an integrated plan for institutionalizing these activities.

A combination of locally-available short courses and technical assistance is being used to address specific capacity gaps within the NGO partners and health professionals that PASMO/PSI works with. In addition to building local managerial and technical skills, PASMO/PSI will strengthen financial and administrative systems to ensure adherence with sound management practices. Coordination mechanisms will be established, in conjunction with other projects and institutions (UNAIDS, Global Fund, Ministry of Health) to avoid duplication and to make sure that the beneficiaries incorporate these efforts in their own plans. A variety of needs have been identified, including gender, strategic planning, writing proposals, the use of the PASMO/PSI Unique Identifier Code and financial/budgets. To complement this effort, a database of training participants is in development.

PASMO/PSI will train a total of 538 health care workers, including counselors and community workers, in outreach with MARPs and testing and counseling to improve MARP-friendly services at IPPF clinics, private laboratories and NGOs. This will result in services free of stigma and discrimination, including

homophobia. Journalists and decision makers will be sensitized. PASMO/PSI will also review existing curricula and manuals on stigma and discrimination. Cyber-educators will continue their training program, as they lead social media efforts in each country platform. Online trainings tools will be set up. PASMO/PSI will continue to carry out planning, interventions and prevention activities in close coordination with other key partners, such as USAID partners in health, other USG agencies, other donors, and regional and local working groups.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	591,150	0

Narrative:

Program target populations for VCT activities include TRANS, FSW and their partners, MSM, Men at Risk and Caribbean Populations. The average HIV prevalence rates in the region is between 2-6% for FSW, between 10-12% for MSM and around 20% for Trans. The program aims to test approximately 22,500 individuals in FY12. Studies have shown that FSW testing rates range from 68%-94% and MSM testing rates range from 52%-75% in the last 12 months in the region.

In order to increase access to VCT/STI services among MARPs, the Program will continue implementing a mobile VCT approach that includes STI screening and references for STI diagnosis and treatment. Mobile outreach services will be conducted by first generating demand through educational outreach activities at places where the target groups gather. These mobile VCT teams are part of prevention teams that will offer the minimum package of services including behavioral, biomedical and structural interventions. PASMO/PSI also supports national efforts in Guatemala and El Salvador during National Testing Week or National Testing Day (the only two countries in the region with these campaigns). A Unique Identifier Code will help track referrals and linkages and will provide evidence if the people reached with CT can complete the full combination prevention cycle.

VCT efforts includes working with private sector (private laboratories), public sector (MoH facilities), IPPF affiliates and any NGOs that offer these services; PASMO/PSI will explore how to integrate them into a network of MARP friendly service outlets. The protocols and algorithms used by the program, are approved by MOH. Training certifications will be offered in provision of VCT (approximately 90 individuals will be trained among the region) and educational materials will be developed for these trainings. The communication strategy and new materials for VCT promotion will be developed, including a variety of print materials such as VCT/STIs brochures and a list of references. When appropriate these materials will be tailored to specific target populations.

The program will also purchase rapid tests. These rapid tests will be purchased according to local guidelines and regulations for the provision of HIV testing services, in compliance with USAID Environmental Regulations for the disposal of medical waste, including needles and syringes.

Mystery client surveys and HIV service provider surveys will be used to measure quality at provider sites.

The program, through its IPPF partner, will also use client intake data to measure client satisfaction and target program activities more effectively.

VCT Working Group will continue working in Guatemala and will be established in other countries.

These are spaces where the social marketing, private and public sectors meet regularly to coordinate activities, discuss shared strategies, and analyze pertinent research related to these services.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	2,670,851	0

Narrative:

PASMO/PSI will increase access to a minimum package of prevention services for MARPs in Central America. Program target populations for are Trans, FSW and partners, MSM, PLWHA, Men at Risk and Caribbean Populations , with a focus on Trans and PLWHA. The three main components that make up the combination approach are: a) Behavioral interpersonal communication activities, correct condom and lubricants use promotion. b) Biomedical interventions that improve access to condoms and lubricants, STI screening and treatment, referrals to VCT through both the public and private sector.

Biomedical services are funded by PASMO/PSI and their sub-partner IPPF affiliates in the private sector and the in for the public sector. c) Structural interventions that will provide support to prevention actions adopted by individuals. These include family planning counseling, referral to support groups for legal support, violence, self-acceptance, nutrition, and referral to alcohol/drug treatment centers. The program further works to change social norms, reduce stigma and discrimination related to sexual orientation, occupation and serostatus, and address cultural, organizational, community, and economic factors that increase the vulnerability of MARPs. An integrated masculinity and anti-stigma/discrimination campaign will be developed. Journalists and decision makers will be sensitized.

A specific package of services with tailored materials and activities has been developed for each target population but all incorporate a minimum package of services. This package includes 3 behavior change communication activities, one HIV test or STI diagnosis and treatment and one structural level intervention. For one person to be counted as reached they must pass through this minimum package. Of the total people reached, at least 15% will be reached with the full package 3 times a year, the rest will pass through the services once a year.

Examples of specific approaches to reach MARPs include a strategy for implementing social media activities and implementation of a website for PLWHA and their family and friends, the creation and implementation of an interactive cellphone telenovela for FSW, materials to promote human rights education among MSM, and specific educational materials and methodologies for Trans populations. All activities and services will take into account gender considerations, in particular the need for a change of social norms related to male and female roles in society.

The program is going to spend \$290,952 to reach 8% of FSW population (or 5,824 women), \$484,920 to



reach 9% of MSM population (or 15,500 men), \$606,150 to reach 61% of Trans population (or 1,290 trans), \$727,380 to reach 7% of PLWHA population (or 9,500 people), \$242,460 to reach 21,015 men at risk and \$72,738 to reach 735 of the Caribbean populations targeted with the full package of services at least once. Costs are higher for Trans and PLWHA due to the program's increased focus on these two populations and the need to create new materials.

Quality Control includes monthly monitoring plans, data collection and analysis, site visits, and a vouchers referral system. A Unique Identifier Code will be implemented, allowing the program to track the number of individuals reached with the minimum package. PASMO/PSI will conduct TRaC studies with MSM and FSW in each country and with TRANS and PLWA at a regional level to monitor and evaluate the impact of the overall program.

Implementing Mechanism Details

Mechanism ID: 13203	Mechanism Name: Nicaragua - Nicasalud
Funding Agency: U.S. Department of Defense	Procurement Type: Grant
Prime Partner Name: NICASALUD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Benefiting Country	Benefiting Country Planned Amount
Nicaragua	N/A

Total Funding: 107,000	Total Mechanism Pipeline: N/A	
Managing Country	Funding Source	Funding Amount
Guatemala	GHP-State	107,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The Nicaraguan Military population is characterized as at increased risk for HIV and other STIs. Nicasalud will provide technical assistance to support sexual prevention, counseling and testing and



system strengthening activities in the Nicaraguan military. The Prevention program will emphasize expansion and enhancement of existing combination prevention activities.

Nicasalud will also support Health Strengthening in Nicaragua. Activities will expand and improve in-service training for military health care providers in a wide variety of fields, including the diagnosis and management of STIs, Opportunistic Infections, TB and mental health disorders as well as training in the provision of ARVs, and the assessment and management of care for HIV infected persons.

Primary achievements have been in the area of capacity enhancement for partner militaries. Nicasalud has provided extensive support to the Nicaraguan military in its implementation of counseling and testing and HIV prevention. With this support the military has increased its capacity to lead these vital programs. Host militaries will be called on to incrementally increase cost sharing in support for counseling and testing services.

Cost efficiency and quality will be improved by increasing the capacity of military healthcare workers to conduct trainings internally, leverage partnerships with local organizations, and share best practices across militaries in the region. The program will incrementally increase the financial and human resource contribution of the host country military.

Program monitoring and evaluation will be carried out according to national health standards, utilizing mechanisms provided by or recommended by the Ministry of Health and/or National AIDS coordinating body.

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	20,000
Human Resources for Health	16,050

TBD Details

(No data provided.)

Motor Vehicles Details



N/A

Key Issues

Addressing male norms and behaviors
 Military Population
 Mobile Population

Budget Code Information

Mechanism ID: 13203			
Mechanism Name: Nicaragua - Nicasalud			
Prime Partner Name: NICASALUD			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	18,000	0

Narrative:

This activity will strengthen the capacity of the Nicaraguan Armed Forces to plan, manage, and implement HIV programs. Referral networks and service integration will be strengthened for HIV/STI/TB care and treatment. Strategies for improving partnerships with other governmental organizations, NGO, and private entities working on HIV and health will be emphasized. Program activities will seek to secure military leadership endorsement and support of interventions addressing gender norms, substance abuse, and confidentiality, among others. TA will be provided to improve treatment adherence, psychosocial support services and diagnosis and treatment of mental health problems for the HIV + personnel and civilians receiving treatment and care at military health sites. Efforts will be made to strengthen military protocols that reduce stigma and discrimination and strengthen military commitment to support HIV-positive members and HIV programs.

Financial management mechanisms will be improved and training will be provided for military leadership in financial management for HIV programs. The development of mechanisms for leveraging resources and creating greater resource efficiencies will be encouraged.

Opportunities to strengthen in-service training will be expanded and improved for military health care providers in multidisciplinary fields, including STIs, ART management, psychosocial counseling, and substance abuse will be pursued. Service guidelines will be developed or disseminated and quality assurance mechanisms will be established. Military personnel will also be trained on HIV surveillance



and strategic information.

Opportunities for military to military exchange training programs and professional exchanges to share program best practices and foster regional collaborations will be explored. TA will be provided for the development of strategies to encourage staff retention, performance and promotion for healthcare staff providing HIV/AIDS related services.

Activities will support the retention of healthcare personnel and uptake of clients by improving the workplace environment through minor refurbishment of work sites, including counseling and testing centers, labs and clinic settings.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	39,000	0

Narrative:

Activities will strengthen the capacity of the Nicaraguan Armed Forces to provide accessible, confidential, and quality testing and counseling services. Testing and counseling will be integrated into existing medical health services and routine medical care through provider-initiated testing and counseling (PITC). TC opportunities for military personnel will be expanded (i.e. on bases, pre/post deployment, and temporary assignment) and activities will link with other prevention activities as well as provide access to other support services. TC activities will link with prevention sensitization activities to educate participants and access other support services.

As the military increase their capacity for managing TC activities, couples TC will be promoted among military personnel and their partners in order to identify serodiscordant couples and encourage safe sex practices and other preventive behaviors. Couples TC will promote gender equity and facilitate safe, mutual disclosure of HIV test results. Enhanced risk elucidation and risk reduction planning will be incorporated into post-test counseling encounters.

The Military will work with national supply chain mechanisms to ensure TC sites have sufficient supplies, adequate and secure storage facilities, as well as inventory monitoring and tracking systems for HIV test kits. TA in the provision of quality HIV TC services will be provided to military TC providers. Counseling will be performed in accordance with national guidelines and will include targeted prevention messages, emphasizing the reduction of risk behaviors, and address issues surrounding stigma and discrimination. Building on previously funded trainings, training and refresher training of counselors will begin to focus on management and supervision and advanced TC skills such as couples counseling. Mechanisms to maintain confidentiality of those tested will be established. A monitoring and evaluation system will be implemented through i.e. standardized logbooks, client data forms, monthly reporting forms, and other methods that comply with the national reporting systems and requirements.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
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Prevention	HVOP	50,000	0
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Narrative:

NicaSalud will support the Nicaraguan Armed Forces in the implementation of HIV prevention activities with military members and their families. Drivers of the Nicaraguan epidemic in military members , families and community is the focus of this program. Military members and families will be provided the necessary skills to change behaviors, engage in safe sex practices, decrease other risk behaviors and learn HIV status. By targeting military personnel, activities will support the Partnership Framework prevention goal of increasing healthy behaviors among MARPS to reduce HIV transmission. The support of prevention programs leveraging the existing military institutional structures will lay the foundation for sustainable programs. Technical assistance will build internal capacity of the partner military to direct and maintain HIV prevention efforts. Technical assistance will be provided for the provision of evidence based interventions in areas such as correct and consistent condom use (including minimizing stigma surrounding accessing condoms), promoting condom negotiation skills with partners, decreasing sexual risk behaviors, mitigating the influence of alcohol on sexual risk taking behaviors. Prevention activities will promote sexual health and reduced HIV risk by communicating the risks associated with overlapping or concurrent sexual partnerships. Health seeking behaviors and access to services will be promoted.

Interventions will be delivered through individual one on one and small group sessions, campaigns, and through trainings integrated into military institutions. Peer educators will be trained in risk reduction counseling and equipped with risk reduction supplies (i.e. penile models, condoms). Master trainers will implement and train others on how to implement educational outreach and community mobilization activities and provide supportive supervision of peer educators. Selection criteria will be established for peer educators, and retention and incentive strategies will be developed with militaries to encourage sustainable programs.

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

Implementing Mechanism Details

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



TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Benefiting Country	Benefiting Country Planned Amount
Guatemala	N/A
El Salvador	N/A
Honduras	N/A
Nicaragua	N/A
Costa Rica	N/A
Panama	N/A
Belize - Central America	N/A

Total Funding: 300,000	Total Mechanism Pipeline: N/A	
Managing Country	Funding Source	Funding Amount
Guatemala	GHP-State	300,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

CDC DGHA in conjunction with COMISCA is supporting the development of a regional public health surveillance and laboratory network for Central America. This project will enhance the current regional cooperation, and will create a surveillance platform to share information and support the regional implementation of the International Health Regulations (IHR).

COMISCA will support the implementation of the regional platform for information integration in health, and will specifically include HIV/AIDS. It will subsequently begin the analysis phase on indicators that cover HIV/AIDS, STI and TB (Regional Database).

SE-COMISCA is working with Ministries of Health in the region with the purpose of providing strategic information with the purpose of keeping the HIV epidemic and response as a priority in the political agenda of the countries and the region. The strategic information platform which consolidates regional information is being implemented in the information center of the each MOH of the region to ensure



update information for decision-making.

The regional public health surveillance and the regional laboratory network that SE-COMISCA is promoting will be supported by Ministries of Health throughout the region as part of their commitment to contribute for health surveillance and regional lab network sustainability.

Global Fund / Programmatic Engagement Questions

1. Is the Prime Partner of this mechanism also a Global Fund principal or sub-recipient, and/or does this mechanism support Global Fund grant implementation? **Yes**
2. Is this partner also a Global Fund principal or sub-recipient? **Neither**
3. What activities does this partner undertake to support global fund implementation or governance?

Budget Code	Recipient(s) of Support	Approximate Budget	Brief Description of Activities
OHSS	Mecanismo Coordinador Regional	0	Regional proposal for Round 11 in migrants

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

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

Budget Code Information

Mechanism ID: 13381			
Mechanism Name: COMISCA SE-COMISCA			
Prime Partner Name: COMISCA			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	130,000	0
Narrative:			
COMISCA will continue to expand the HIV/AIDS quality service delivery and improve institutional and human resource capacity as it relates to HIV/AIDS & STI. This will be conducted by supporting country's efforts to develop their lab diagnostic capacity facilitating the participation of national laboratories in the regional laboratory network and providing laboratory assistance for training, technology transfer and exchange. COMISCA's lab efforts will also focus on providing trainings to develop overall quality control in national and reference laboratories, and improving diagnosis for HIV/STIs among Most at Risk Populations (MARPS).			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	170,000	0
Narrative:			
COMISCA will continue strengthening and supporting the Ministries of Health to establish and implement the regional integrated platform to monitor the HIV epidemic in the region, and begin analysis - HIV/AIDS, STI and TB Regional Database based upon regional meetings to work with the regional set of indicators, and facilitating trainings on data analysis.			

Implementing Mechanism Details

Mechanism ID: 13445	Mechanism Name: Capacity+
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: IntraHealth International, Inc	
Agreement Start Date: Redacted	Agreement End Date: Redacted



TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Benefiting Country	Benefiting Country Planned Amount
Costa Rica	N/A
Guatemala	N/A
El Salvador	N/A
Panama	N/A
Belize - Central America	N/A

Total Funding: 1,838,880	Total Mechanism Pipeline: N/A	
Managing Country	Funding Source	Funding Amount
Guatemala	GHP-State	838,880
Guatemala	GHP-USAID	1,000,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The purpose of the CapacityPlus Project, implemented by IntraHealth, is to increase access to quality HIV/AIDS services for MARPs and PLHIVs. The project will contribute to the Partnership Framework and Guatemala GHI goals and aligns with the COMISCA Regional Strategy. The program will build the Continuum of Care (CoC) Strategy (that began in Guatemala under the Capacity Project) in Belize, Costa Rica, El Salvador and Panama and expand the CoC Strategy in Guatemala to improve quality of life for PLHIV and other vulnerable populations.

CoC is defined as linked and coordinated HIV care, treatment and support services for PLHIVs and MARPs provided by collaborating organizations or by other key stakeholders. The primary purpose of the CoC is to develop systems that provide humane, effective, high-quality comprehensive and continuous care to PLHIVs and their families. This package of services will be created and monitored by a multi-sectoral local network of community groups that proactively demand high-quality services. The project will continue to scale up its technical strategies by working closely with key stakeholders in Performance Improvement methodology which serves as an organizing framework for quality



improvement of CoC implementation in the region.

Sustainability: Central to the project is the value it places on working collaboratively with the public sector, civil society, local communities, and other international, regional and national agencies to foster local solutions and ownership. The networks will generate funds through contributions made by members to support their work. At the end of the five years of the project, the networks should be self-sufficient and continue to support the CoC without the need of additional outside support.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	164,902
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TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 13445			
Mechanism Name: Capacity+			
Prime Partner Name: IntraHealth International, Inc			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	1,072,520	0
Narrative:			
The Continuum of Care (CoC) strategy, implemented in three regions/departments in four countries			

(Belize, Costa Rica, El Salvador, and Panama) and eight areas in Guatemala in collaboration with the Capacity Project aims to build a sustainable HIV response in communities. The primary purpose of the CoC is to develop systems that provide humane, effective, high-quality comprehensive and continuous care to PLHIVs and their families. The CoC is a group of services for PLHIVs and MARPs delivered through the empowerment of a multi-sectoral local network, including community groups. A fully developed CoC brings together five major components of a response to HIV: care, treatment, support, counseling/testing (CT), and prevention. The activities to implement the CoC strategy include: (a) Training and Supportive Supervision of institutional and community health personnel in counseling on ART compliance, home care, stigma and discrimination reduction, and gender dimensions of HIV. (b) Prevention with Positives: Such training will ensure the systematic application of providing prevention recommendations to HIV-positive clients, assessing client adherence to ARVs and other medications, assessing clients for signs and symptoms of STI, integrating RH/FP services including condom counseling and condom provision at every visit, and referring for community-based support. (c) M-health technology (the use of mobile phones to share health information, send prevention messages, follow up with clients, provide text reminders for when it is time to take ARVs and/or other medications or come for medical appointments, and notify members of the hospital-community integration team of upcoming meetings, progress on implementation of activities, and other relevant issues) to improve community-facility partnerships. (d) Referral and counter-referral network to maximize integration of complementary services, ensure client satisfaction and ARV adherence and minimize client loss to follow up.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	191,590	0

Narrative:

The CapacityPlus Project will improve use of strategic information at the local level. The multi-sectoral networks will each perform a CoC needs assessment utilizing available primary and secondary data sources as part of the community-based strategic planning process. The CapacityPlus project, will work with these networks in the collection, analysis and presentation of information to inform the planning, monitoring and evaluation of the community-based interventions. Although the CapacityPlus Project emphasizes the use of information at the local level, it will closely coordinate with other entities such as the MOH, PASCA and UNAIDS working at other levels. This coordination will ensure the harmonization of concepts and indicators (under the Three Ones); the reporting to other levels of the health system and the use and dissemination of the information for advocacy and decision-making. The project will strengthen the presentation and use of information through a series of structured local and national forums in collaboration with the MOH and other projects and agencies to present and discuss analyses,



results, best practices, and lessons learned.			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	574,770	0

Narrative:

The CapacityPlus project will continue to scale up its technical strategies by working closely with key stakeholders, health facilities and institutions in: (a) In-service Performance Improvement (PI), a set of methods, procedures and strategies to find the root cause and solution of performance problems; and (b) Learning for Performance (LFP), a systematic instructional design process with practical tools that retain only essential content relevant to a learners job performance for a specific responsibility and/or work environment.

The CapacityPlus project is working in OHSS only in Guatemala, as part of the expanded work of the Capacity Project. The project will increase demand and quality for HIV and STI services in the 30 health centers in the country in all eight regions in Guatemala. The project will work with national counterparts to develop and implement a Health Center PI strategy to identify performance standards adapted for that level of care. These will identify gaps in compliance with the standards for STI services including clinical and laboratory algorithms, surveillance and information systems. Although the PI process will cover all health center facilities, project staff will specifically follow up on gaps related to STI and HIV services (including VCT) with an emphasis on increasing the quality, access and use of these services by MARPs. Performance gaps identified through the PI process that involve medical supplies, technical capacity of personnel, and/or the availability of equipment will be brought to the attention of local and national authorities and to other projects and initiatives that could provide support or technical assistance for their resolution. The CapacityPlus project will initiate a training-of-trainers (TOT) activity beginning with the elaboration of a detailed training program, manuals and training guides as well as follow up methods to maintain staff informed and updated through supportive supervision. Through this process, skills will be transferred to the trained local team now competent to implement the PI strategy themselves.

Implementing Mechanism Details

Mechanism ID: 14394	Mechanism Name: AIDS Support and Technical Project Assistance Resources (AIDSTAR One Project)
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: John Snow, Inc.	



Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Benefiting Country	Benefiting Country Planned Amount
Honduras	N/A

Total Funding: 0	Total Mechanism Pipeline: N/A	
Managing Country	Funding Source	Funding Amount
Honduras	GHP-USAID	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative

In FY12, USAID Honduras will implement activities with FY11 funds through AIDSTAR-One and will focus its efforts on providing technical assistance to the MOH to implement the new National Strategy for Integrated Care of STI/HIV/AIDS in the Context of Health Sector Reform recently launched by the MOH. This strategy promotes inter-programmatic and multi-sectoral coordination to improve access to quality services to reduce vulnerability, facilitate behavior change, and contribute to the reduction of STI/HIV/AIDS incidence and its impact on vulnerable populations. AIDSTAR-One’s technical team will support the MOH to develop costing and operational plans to implement a basic package of services to increase access to integrated HIV promotion, prevention, treatment, and care and support services. These plans will serve help the national authorities to mobilize and align their own resources, along with external resources, such from the Global Fund. Based on a needs assessment, TA will be provided to the MOH to develop service delivery protocols, norms, job aides, and a training plan.

USAID will also support The National Association of People Living with AIDS (ASONAPVSIDAH) to implement a recently developed model of home visits and self-support groups (including terms of reference for personnel, norms, protocols, job aids, proposed training plans, and a curriculum). All activities will be aligned with the MOH’s National Strategy and USAID’s objective of improving the health status of underserved and vulnerable populations in Honduras.



Expected results of this assistance include increased coverage and higher quality, efficiency, and effectiveness in provision of the prevention, promotion, treatment, and care and support services for the general population and MARPs.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

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

Budget Code Information

Mechanism ID:	14394		
Mechanism Name:	AIDS Support and Technical Project Assistance Resources (AIDSTAR		
Prime Partner Name:	One Project)		
Prime Partner Name:	John Snow, Inc.		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	0	0
Narrative:			
Strategic Area	Budget Code	Planned Amount	On Hold Amount



Governance and Systems	OHSS	0	0
Narrative:			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	0	0
Narrative:			

Implementing Mechanism Details

Mechanism ID: 14396	Mechanism Name: Supply Chain Management System Honduras
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: Partnership for Supply Chain Management	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Benefiting Country	Benefiting Country Planned Amount
Honduras	N/A

Total Funding: 170,000	Total Mechanism Pipeline: N/A	
Managing Country	Funding Source	Funding Amount
Honduras	GHP-USAID	170,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative



In FY12, USAID will provide technical assistance in supply chain management to the Ministry of Health (MOH) through the Supply Chain Management System (SCMS) project. This technical assistance will build the capacity of the National AIDS Program and the Ministry of Health Central Warehouse to achieve a continuous supply of quality antiretroviral drugs, HIV/AIDS rapid test kits, and condoms. As part of this effort, USAID will provide support to the Ministry of Health's central warehouse and five regional warehouses in priority geographical areas for the implementation of the MOH's Strategic Plan for Supply Chain Integration to strengthen the national supply chain system (best practices in storage, transportation, and distribution).

USAID will also support the implementation of the National Condom Strategy, to increase the availability, access, and promotion of condom use.

These activities will be coordinated with other donors that support supply chain management activities, such as the Global Fund and Pan American Health Organization.

Expected results of this assistance are: more efficient warehouse commodity management; more rapid product flow; improved storage conditions; lower rates of product loss due to expiration; and a reduction in the incidence of stockouts.

In addition, the availability and quality of logistics data on ARV drug consumption and stock levels will be improved, allowing for more effective monitoring and managing of the national ARV drug supply, along with implementation of standardized procedures for reporting, ordering, and distributing ARV drugs throughout the SESAL supply chain.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A



Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	14396		
Mechanism Name:	Supply Chain Management System Honduras		
Prime Partner Name:	Partnership for Supply Chain Management		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	0	0
Narrative:			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	170,000	0
Narrative:			
This project is going to train MOH staff on implementing "Good Storage Practices for Pharmaceutical Products." This will include initiating development of a logistics management and information system, such as clearly defining needed supplies and logistics, along with roles and responsibilities within the different levels of the health system.			

Implementing Mechanism Details

Mechanism ID: 14400	Mechanism Name: PASMO-DOD
Funding Agency: U.S. Department of Defense	Procurement Type: Grant
Prime Partner Name: Population Services International	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A



Benefiting Country	Benefiting Country Planned Amount
Guatemala	N/A
Honduras	N/A

Total Funding: 128,000		Total Mechanism Pipeline: N/A
Managing Country	Funding Source	Funding Amount
Guatemala	GHP-State	128,000
Honduras	GHP-State	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative

With FY12 funds, PASMO will provide technical assistance to support the Guatemalan Armed Forces (GAF) to administer HIV program activities in Sexual Prevention, Testing and Counseling and Health System Strengthening for military members and their families. Similar activities using pipeline funds will be implemented to support the program in the Honduran Armed Forces (HAF).

The prevention emphasis will be on providing military members the necessary skills to engage in safe sex practices and reduce risk behaviors. By targeting military personnel, activities will support the Partnership Framework prevention goal of increasing healthy behaviors among at risk populations to reduce HIV transmission. Results from baseline bio-behavioral surveys obtained in 2012 will inform the future planning and direction of prevention activities in the HAF and the GAF.

The support of prevention programs leverages existing military institutional structures building the foundation for sustainable programs. The implementation of military HIV policies and strategic plans addressing issues related to HIV testing. Technical assistance for systems and institutional strengthening will encourage addressing issues related to access, availability and quality of prevention, care, treatment and support programs.

Cost efficiency and quality will be improved by increasing capacity of military healthcare workers to conduct trainings internally, leveraging partnerships with local organizations, and sharing best practices across militaries in the region. The program will incrementally increase the financial and human resource responsibility of the host country militaries. Program monitoring and evaluation will be carried out to inform program planning and efficacy.



Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	35,200
Human Resources for Health	4,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors

Military Population

Mobile Population

Budget Code Information

Mechanism ID: 14400			
Mechanism Name: PASMO-DOD			
Prime Partner Name: Population Services International			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	20,000	0
Narrative:			
With FY12 funds, the institutional capacity of military health unit personnel in the Guatemalan Armed Forces (GAF) will be strengthened to implement comprehensive prevention strategies for HIV & STIs through the training of military health providers in the diagnosis and treatment of HIV, other STIs and OIs.			

Training will also include prevention with positives activities to improve health care providers' abilities to effectively counsel military members on healthy living, reduction of risk behaviors, partner notification, adherence to ART and inquiry and linkages to family planning. Efforts will be made to address stigma and discrimination by promoting accepting attitudes toward people living with HIV/AIDS as well as strengthen service integration for HIV/STI care and treatment and referral networks. Strategic partnerships with other governmental organizations, NGOs, and private entities working on HIV and health for improved program quality will be emphasized. Similar activities in Health System Strengthening to be implemented in the Honduran Armed Forces (HAF) in FY12 will use pipeline funds.

Partnership Framework activities will support the development and implementation of military HIV policies and strategic plans addressing issues related to HIV testing (recruitment and periodic), retention and promotion of identified HIV-positive individuals. Technical assistance for systems and institutional strengthening will encourage addressing issues related to access, availability and quality of prevention, care, treatment and support programs.

Military leadership sensitization, endorsement and support of interventions addressing gender norms, substance abuse, and confidentiality among others will be sought to assure greater sustainability. Financial and program management mechanisms will be improved and training will be provided related to these areas. The development of mechanisms for leveraging resources and creating greater resource efficiencies will be encouraged.

Opportunities for military-to-military exchange training programs and professional exchanges to share program best practices and foster regional collaborations will be planned. Technical assistance will be provided for the development of strategies to encourage staff retention, performance and promotion for healthcare staff providing HIV/AIDS-related services. Service guidelines will be developed and/or disseminated and quality assurance mechanisms will be established. Military personnel will also be trained on HIV and other disease surveillance and strategic information.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	20,000	0

Narrative:

Using FY 12 funds, activities will strengthen the capacity of the Guatemala Armed Forces (GAF) to provide accessible, confidential, and quality testing and counseling services. Activities will support the provision of HIV testing and counseling (HTC) services to the military members and their families. Funds for this activity will be used to train military health providers and technicians in provider-initiated HIV testing and counseling (PITC) and HTC and to support monitoring, evaluation and quality assurance programs to ensure quality service delivery through PASMO. Increasing PITC uptake in patients



presenting with STIs will be also a focus. To strengthen the capacity of the GAF, training in STI syndromic management and referral mechanisms and sensitization trainings for military health providers to reduce stigma and discrimination will be conducted. Similar HIV testing and counseling activities to be implemented in Honduras in FY12 will use pipeline funds.

HTC activities will link with prevention sensitization activities to educate participants and encourage testing especially during time periods around pre- and post-deployment. Expansion of mobile and outreach services will be explored as a means to reach military personnel working in geographic areas away from military hospitals and urban testing sites. Focus will also be on strengthening collaboration & partnerships with the Ministry of Health (MoH), and surrounding MoH treatment sites for maximum patient retention and adherence.

Technical assistance in the provision of quality HTC services will be provided to military health providers. Counseling will be performed in accordance with national guidelines and will include targeted prevention messages, emphasizing the reduction of risk behaviors, and address issues surrounding stigma and discrimination.

Soldiers who test positive will be referred for care and treatment. At all levels, attention will be given to increasing the gender equity in accessing HIV/AIDS programs and addressing stigma and discrimination as well as positive living. In collaboration with Sanidad Militar, HTC IEC materials will be developed and disseminated to all HTC centers in the military. The program will also work closely with the Supply Chain Management System (SCMS) in procuring test kits and other medical consumables.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	88,000	0

Narrative:

Partnership Framework activities will build on previously established sexual prevention initiatives with the Guatemalan Armed Forces (GAF) and the Honduran Armed Forces (HAF). With FY12 funds, PASMO will support partner militaries in Guatemala in the expansion and integration of focused HIV prevention activities for military members and their families. Similar activities to be implemented in Honduras will use pipeline funds. The overall goal is to focus on the drivers of the epidemic specific to the military and address knowledge, attitudes and practices related to HIV prevention. Technical assistance will build internal capacity of partner militaries to direct and maintain HIV prevention efforts.

FY12 BCC activities for HIV prevention and risk reduction will target recruits, enlisted soldiers, officer groups and their dependents. Technical assistance will be provided for the provision of evidence based interventions in areas such as increasing correct and consistent condom use (including minimizing the stigma surrounding accessing condoms), promoting condom negotiation skills with partners, decreasing sexual risk behaviors, mitigating the influence of alcohol on sexual risk taking behaviors, HIV testing and counseling (HTC), improving knowledge and attitudes about testing, decreasing HIV-related stigma,



addressing gender and male norms, and the influence of mental health factors on risk behaviors. Prevention activities will promote partner reduction by communicating the risks associated with overlapping or concurrent sexual partnerships. Condoms will be provided in collaboration with the Global Fund and PASMO will establish new condom retail outlets at the military bases in addition to ensuring free distribution of condoms. Prevention counseling will be integrated into testing and counseling services and will link with HIV testing and care and treatment services. Health seeking behaviors and access to services will be promoted. Analysis of structural changes that may decrease vulnerability to HIV and other STIs will be conducted with community participation to promote their adoption. Interventions will be delivered through individual one-on-one and small group sessions, campaigns, and through trainings integrated into military institutions. Specific education workshops for military officers will be implemented, in addition to troop-level education sessions will be implemented by peer educators trained in risk reduction counseling and equipped with risk reduction supplies (i.e. penile models, condoms). Master trainers will train others on how to implement educational outreach and community mobilization activities and provide supportive supervision of peer educators. Selection criteria will be established for peer educators, and retention and incentive strategies will be developed with militaries to encourage sustainable programs. Refresher trainings for peer educators will also be provided. Efforts will be made to integrate STI screening and treatment into existing medical health services and routine medical care for military personnel. Technical assistance for the diagnosis and treatment of STIs with STI awareness and incorporation into educational outreach and other prevention activities will be conducted. STI services will link with HIV testing, care and treatment services. Militaries require strong HIV prevention programs and evidence based programming is fundamental for effective interventions.

Implementing Mechanism Details

Mechanism ID: 14401	Mechanism Name: US Department of Defense
Funding Agency: U.S. Department of Defense	Procurement Type: USG Core
Prime Partner Name: U.S. Department of Defense (Defense)	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Benefiting Country	Benefiting Country Planned Amount
Guatemala	N/A



Belize - Central America	N/A
Nicaragua	N/A
Honduras	N/A

Total Funding: 159,693	Total Mechanism Pipeline: N/A	
Managing Country	Funding Source	Funding Amount
Guatemala	GHP-State	70,000
Belize - Central America	GHP-State	89,693

Sub Partner Name(s)

(No data provided.)

Overview Narrative

There is limited data on HIV prevalence rates in Central American militaries, and most of the military population falls within the vulnerable or at risk population for STIs and HIV. With FY12 funds, the DoD will support efforts in Health Systems Strengthening, Strategic Information and Policy Environment for the partner militaries in Belize, Guatemala and Nicaragua. Programs in El Salvador and Honduras will be supported utilizing pipeline funds.

Efforts in HSS will improve capacity and quality in the delivery of HIV diagnostic and laboratory services and systems. Activities will expand and improve in-service training for military health care providers in multidisciplinary fields, including the diagnosis and management of STIs, OIs, TB, as well as training in the provision of antiretroviral therapy, the assessment of alcohol use, medication adherence and provision of Positive Dignity Health and Prevention (PDHP) interventions in both clinical and non-clinical settings.

These efforts link to the PF goals by improving the capacity of Central American militaries to effectively lead, manage and sustain the delivery of quality HIV prevention, care, treatment and support services for military members and their families.

Cost efficiency and quality will be improved by increasing capacity of military healthcare workers to conduct trainings internally, leverage partnerships with local organizations, and share best practices across militaries in the region. The program will incrementally increase the financial and human resource responsibility of the host country militaries. Program monitoring and evaluation will be carried out to inform program planning and efficacy.



Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	36,000
Human Resources for Health	21,300

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

- Addressing male norms and behaviors
- Military Population
- Mobile Population

Budget Code Information

Mechanism ID: 14401			
Mechanism Name: US Department of Defense			
Prime Partner Name: U.S. Department of Defense (Defense)			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	25,000	0

Narrative:

Military laboratory capacity will be strengthened in the diagnosis of HIV in the lab, clinical and non-clinical settings, other STIs, TB and malaria and disease and program surveillance that will inform military leadership of resource requirements (training, human and material resources) and inform the program of necessary corrective measures for continuous improvement. Previous and continuing initiatives in the area of clinical laboratory enhancement have yielded significantly improved laboratory services available



for military and related civilian populations. This program has enhanced the provision of primary medical care in the areas of HIV diagnosis and treatment as well as diagnosis and treatment of STIs and TB. In addition, host militaries will be called on to incrementally increase cost sharing on provision of counseling and testing laboratory commodities.

With FY12 funds, DoD Naval Medical Research Unit NAMRU 6 will support improved technical proficiency of laboratory personnel in laboratory procedures used in HIV/AIDS-related diagnoses and treatment monitoring. Specifically, HIV rapid testing and quality evaluation and assurance measures will be emphasized in addition to training military health providers in the screening, diagnosis and treatment of STIs and opportunistic infections (OIs). A system of sustained support supervision for trainees in the implementation of accurate diagnostics and laboratory management will be strengthened. Focus will be provided on strengthening the equipment and commodities systems to support STI, TB, OI, and HIV screening and diagnostics in the militaries of Belize, Guatemala and Nicaragua. Similar activities in El Salvador and Honduras will be supported using pipeline funds.

Laboratory personnel will be trained in the development of standard operating procedures (SOP) for laboratory logistics management (i.e. laboratory specimen collection and transport), quality assurance and quality control activities, infection control materials, utilization of laboratory equipment and data management. This activity will link with HTC, TB, and care and treatment services by providing ancillary support for rapid HIV testing and diagnostics for STIs, OIs and TB. Military laboratories will be strengthened to provide referral systems to civilian sector labs where resources limit diagnostic and treatment service provision within the military health system. Funds may support minor refurbishment and infrastructure support for outlying bases supporting the military in order to facilitate service delivery. Provision of technical assistance in the areas of training and support for human resources for health (HRH) strategies and improved supply chains for the delivery of quality HIV related services will be supported.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	18,000	0

Narrative:

With FY12 funds, increased capacity building in the areas of surveillance, monitoring and evaluation (M&E), and analysis and utilization of strategic information within the militaries of Guatemala and Nicaragua will be supported. El Salvador and Honduras will be supported utilizing pipeline funds. Activities will encourage partner militaries to collect, review and utilize data to improve the military healthcare system, direct policies, and improve the quality and cost-effectiveness of HIV prevention, treatment, care and support services in militaries. Disease and program surveillance systems will be

initiated such that the Central Military Health Unit and HIV/AIDS Program office have the means necessary to analyze data from the numerous decentralized locations of military bases to inform the status of activities, and any areas of concern requiring investigation or further action. This system will be established within the military system, with the ease of sending the required reporting data to the MOH. Technical assistance will be provided for the timely and accurate collection of national HIV indicators within military HIV programs and to facilitate data flow mechanisms for linkage to national and regional systems. National resources will be leveraged to improve strategic information systems and capacity in militaries. Improvements will be made to the militaries' health information management systems enabling them to provide strategic, data-based decisions in a timely manner. Capacity will be built among defense force personnel to conduct operations research to evaluate the effectiveness of program implementations (e.g. behavioral intervention assessments).

Data from baseline bio-behavioral surveys that will be conducted in Guatemala and Nicaragua will be analyzed to improve evidence-based programming and deepen our understanding of the HIV and other STI risk factors in these populations. Data analyses and findings will be presented to military leadership and recommended for broader dissemination to inform policy and strategic decision making. Technical assistance will be provided to health providers and policymakers to analyze and use data to streamline healthcare providers' workflow in HIV services, monitor quality, and facilitate the identification of gaps in HIV services.

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

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	27,000	0

Narrative:

This activity will strengthen the capacity of partner militaries in Belize, Guatemala and Nicaragua to plan, manage, and implement HIV programs. Programs in El Salvador and Honduras will be supported utilizing pipeline funds. Continued efforts to improve the policy environment to reduce stigma and discrimination, and ensure access to HIV prevention, care and treatment services among military members will be addressed. If necessary, activities will support the retention of healthcare personnel and uptake of clients by improving the workplace environment through minor refurbishment of work sites, including

counseling and testing centers, labs and clinic settings.

With FY 12 funds, referral networks and service integration will be strengthened for HIV/STI/TB care and treatment. Strategies for improving partnerships with other governmental organizations, NGOs, and private entities working on HIV and health will be emphasized. Program activities will seek to secure military leadership endorsement and support of interventions addressing gender norms, substance abuse, and confidentiality, among others. Financial management mechanisms will be improved and training will be provided for military leadership in financial management for HIV programs. The development of mechanisms for leveraging resources and creating greater resource efficiencies will be encouraged.

Opportunities to strengthen in-service training will be expanded and improved for military health care providers in multidisciplinary fields, including STIs, ART, psychosocial counseling, and substance abuse. Technical assistance will be provided to improve treatment adherence, psychosocial support services for HIV positive personnel and civilians receiving treatment and care at military health sites. Service guidelines will be developed or disseminated and quality assurance mechanisms will be established. Military personnel will also be trained on HIV surveillance and strategic information. Support will be provided for participation of military representatives in military HIV conferences as well as in regional meetings for Central American militaries to share best practices across technical areas.

Provision of quality HIV treatment and care for HIV positive military personnel will be supported in these countries. Basic care provided by military health services to HIV-positive personnel includes clinical staging and baseline CD4 counts for all patients, CD4 cell count monitoring, prevention, diagnosis and treatment of opportunistic infections (OIs), and referrals for people living with HIV/AIDS (PLWHA) to community-based basic care and support services based on their individual needs.

The Health System Strengthening objective of the Partnership Framework is supported through the training of military health care providers and clinicians in adult HIV treatment and other clinical services, such as prevention and treatment of OIs, assessment and management of pain and other symptoms, and nutritional support. Training may also include PDHP activities to improve health care providers' ability to effectively counsel military members on healthy living, reduction of risk behaviors, partner notification, and adherence to ART.

Technical assistance will be provided for the development of strategies to encourage staff retention, performance and promotion for healthcare staff providing HIV/AIDS related services.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	89,693	0

Narrative:

With FY12 funds, DoD will support the Belize and El Salvador militaries in the implementation of HIV prevention activities with military members and their families. The goal is to focus on the drivers of the



epidemic specific to the military and addresses knowledge, attitudes and practices related to HIV prevention. Military members will be provided the necessary skills to change behaviors, engage in safe sex practices, decrease other risk behaviors and learn HIV status. By targeting military personnel, activities will support the Partnership Framework prevention goal of increasing healthy behaviors among MARPS to reduce HIV transmission. Technical assistance will build internal capacity of the partner military to direct and maintain HIV prevention efforts. Technical assistance will be provided for the provision of evidence based interventions in areas such as correct and consistent condom use (including minimizing stigma surrounding accessing condoms), promoting condom negotiation skills with partners, decreasing sexual risk behaviors, mitigating the influence of alcohol on sexual risk taking behaviors. Prevention activities will promote partner reduction by communicating the risks associated with overlapping or concurrent sexual partnerships. Health seeking behaviors and access to services will be promoted. Analysis of structural changes that may decrease vulnerability to HIV and other STIs will be conducted with community participation to promote their adoption.

Interventions will be delivered through individual one on one and small group sessions, campaigns, and through trainings integrated into military institutions. Peer educators will be trained in risk reduction counseling and equipped with risk reduction supplies (i.e. penile models, condoms). Master trainers will implement and train others on how to implement educational outreach and community mobilization activities and provide supportive supervision of peer educators. Selection criteria will be established for peer educators, and retention and incentive strategies will be developed with militaries to encourage sustainable programs. Refresher trainings will also be provided.

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

Implementing Mechanism Details

Mechanism ID: 14402	TBD: Yes
REDACTED	

Implementing Mechanism Details

Mechanism ID: 14403	Mechanism Name: Multi-sector Alliances Program
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement



Prime Partner Name: Research Triangle International	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Benefiting Country	Benefiting Country Planned Amount
Guatemala	N/A

Total Funding: 125,000		Total Mechanism Pipeline: N/A
Managing Country	Funding Source	Funding Amount
Guatemala	GHP-State	55,000
Guatemala	GHP-USAID	70,000

Sub Partner Name(s)

Asociación De Azucareros De Guatemala – Asazgua		
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Overview Narrative

The Multi-sector Alliances Program (Alianzas), implemented by RTI International, is a public private partnership in the region. In Guatemala, USAID has pooled funds from the education, family planning, maternal and child health and HIV programs for this project. Alianzas will leverage these funds at a 2:1 ratio on the total USAID investment over the life of the award. Alianzas will negotiate and manage alliances and ensure that resources for health, education, HIV reach the most vulnerable beneficiaries at the community level. The approach will permit USAID to achieve cost-savings and also coordinate with a bilateral USAID flagship project for health and education.

The HIV component of the Alianzas project will work through ASAZGUA, the association of sugar cane workers in Guatemala, to focus on the implementation of BCC campaigns that prevent or mitigate infection among migrant sugar cane workers and help reduce the stigma and discrimination associated with HIV/AIDS. RTI plans to begin negotiations with the association of banana workers next. RTI has proposed a comprehensive monitoring and evaluation plan that will provide new insights into the success of this innovative approach and allow USAID to monitor progress towards key GHI and Partnership



Framework objectives.

Sustainability: Through collaborations with the USAID policy project, PASCA, the sugar and banana industries have approved workplace policies related with HIV/AIDS. The prevention actions implemented by this Alianzas project are included in the policies. The goal of the project is after 2-3 years of assisting in one factory they will institutionalize the HIV prevention program for the workers within the factory and the industry will take on the responsibility for implementation.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors
 Mobile Population

Budget Code Information

Mechanism ID: 14403			
Mechanism Name: Multi-sector Alliances Program			
Prime Partner Name: Research Triangle International			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	45,000	0
Narrative:			

Target populations for VCT activities include mobile populations of sugar cane and eventually banana workers. The program seeks to reach approximately 5,000 target individuals during FY12.

In order to increase access to VCT/STI services among these workers, the Program will continue to implement a mobile VCT approach that includes STI screening and references for STI diagnosis and treatment. Mobile outreach services will first generate demand for such services and then reach target groups at popular gathering places. These mobile VCT teams form part of the project prevention teams and will work to offer an integrated package of services mentioned in the HVOP section. A Unique Identifier Code, developed by PASMO/PSI, will help track referrals and linkages.

The program will also purchase rapid tests. These rapid tests will be purchased according to local guidelines and regulations for the provision of HIV testing services, in compliance with USAID Environmental Regulations for the disposal of medical waste, including needles and syringes.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	80,000	0

Narrative:

The project uses an integrated package of activities to prevent HIV/AIDS , .

The Alianzas project will increase access of the mobile populations, initially targetting sugar cane workers who are considered an at-risk group in Guatemala and eventually also working with banana workers, to a minimum package of essential prevention and health services. The minimum package of services is the PASMO/PSI project model. PASMO/PSI will assist in the capacity building related to the provisions of the package of services and provide some trainers for the actual implementation. The package includes three main components:

- a) Behavioral: Supports interpersonal communication activities and promotion of the correct use of condoms and lubricants.
- b) Biomedical: Strengthens medical actions supporting HIV prevention activities, such as STI screening, treatment, viral load and other testing, etc.
- c) Structural: Contributes to the adoption of evidence-based preventive behaviors through support services, such as family planning counseling, referral to support groups, stigma & discrimination training, legal support, violence prevention training, self-acceptance, nutrition programs, referral to alcohol/drug treatment centers, among others.

In addition to working directly in the factories and mills with the workers themselves, the project will also distribute condoms in hot zones that surround these areas.

Alianzas will adapt communication materials, methodologies and approaches to reach the internal migrants, including a mass communication strategy within the mills and factories. These activities have specific gender components that are relevant to the mostly male migrant workers. These activities include working on male norms related to family planning practices and education about gender-based violence.

Quality Control and supervision includes monthly monitoring plans, data collection and analysis, site visits, and a vouchers referral system. The Unique Identifier Code, developed by PASMO/PSI, will be also implemented by the Alianzas Project, allowing the project to track the number of individuals reached through the minimum package.

Implementing Mechanism Details

Mechanism ID: 14404	Mechanism Name: AIDS Support and Technical Project Assistance Resources (AIDSTAR Two)
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: Management Sciences for Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Benefiting Country	Benefiting Country Planned Amount
Honduras	N/A

Total Funding: 0	Total Mechanism Pipeline: N/A	
Managing Country	Funding Source	Funding Amount
Honduras	GHP-USAID	0

Sub Partner Name(s)

(No data provided.)



Overview Narrative

In FY12, USAID will fund this activity with FY11 funds through AIDSTAR-Two. (This mechanism was in the FY11 Honduras F/OP.) This activity will focus on assisting NGOs and community leaders to increase their organizational and technical capacity to deliver quality HIV/STI prevention services for MARPs. USAID will focus efforts on technical and financial assistance to NGOs to strengthen their ability to provide quality, efficient, and effective BCC and VCT activities and services in the priority geographical areas of Francisco Morazán, Comayagua, Cortés, and Atlántida.

Using the results of a recent knowledge, attitudes, and practices survey, strategies and educational activities will be adapted to respond to the target populations' stage of behavior change and their needs. Samples of these activities include: client-centered risk reduction counseling; peer education; educational tools; information, education, and communication materials; confidential VCT with pre- and post-test counseling; referrals for STI screening and treatment; and referrals for HIV treatment and care services.

USAID will pilot an adapted performance-based financing model to assist local NGOs in focusing their efforts on achieving measurable results and products. This new paradigm change is aligned with: (1) "National Strategy for Integrated Care for STI/HIV/AIDS in the context of Health Sector Reform" that proposes decentralized service delivery through a results-based model and (2) USAID's objective of improving the health status of underserved and vulnerable populations in Honduras.

The expected result of these activities is a reduction in the spread of HIV/STI among MSM, transgender individuals, CSW, and the Garífuna population in the priority geographic areas.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A



Key Issues

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

Budget Code Information

Mechanism ID:	14404		
Mechanism Name:	AIDS Support and Technical Project Assistance Resources (AIDSTAR Two)		
Prime Partner Name:	Management Sciences for Health		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	0	0
Narrative:			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	0	0
Narrative:			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	0	0
Narrative:			

Implementing Mechanism Details

Mechanism ID: 14406	Mechanism Name: Deliver
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: John Snow, Inc.	
Agreement Start Date: Redacted	Agreement End Date: Redacted



TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Benefiting Country	Benefiting Country Planned Amount
Nicaragua	N/A

Total Funding: 150,000	Total Mechanism Pipeline: N/A	
Managing Country	Funding Source	Funding Amount
Nicaragua	GHP-State	150,000

Sub Partner Name(s)

Ministry of Health- Swaziland		
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Overview Narrative

In FY 12, one of Nicaragua's program goals is to increase the availability of HIV supplies (ARVs, opportunistic infections treatment, and rapid tests) for health services provided by the MOH through their health services network. This will be achieved by strengthening the advisory role of the DAIRS committee (Comite para la Disponibilidad Asegurada de Insumos de Salud Reproductiva) to advocate for HIV funds, strategic planning, forecasting, monitoring availability, reduction of stockouts, and improving procurement mechanisms. The project will also continue in-service training for pharmacy school students to improve their professional competencies in the management of the country's automatized logistic system (PASIGLIM).

The Deliver project supports the Nicaraguan Ministry of Health efforts to improve the comprehensive logistic system, which recently incorporated ARV, OI treatment, and rapid tests. Pharmaceuticals and logistic MOH personnel at national, departmental, and municipal levels have been trained in logistic chain management. Currently, the project is implementing a phase out strategy to transfer all these knowledge, skills, and methodologies to the MOH, national universities, and nursing schools. The "maleta pedagogical" (a technical and methodological educative tool for in-service and pre-service training) is being designed and validated, and will be transfer to our counterparts during 2012 and 2013. In addition, based on experiences from the family planning graduation process, the project advises the MOH (through the DAIA committee) in order to increase the procurement of HIV products.



Global Fund / Programmatic Engagement Questions

1. Is the Prime Partner of this mechanism also a Global Fund principal or sub-recipient, and/or does this mechanism support Global Fund grant implementation? **Yes**
2. Is this partner also a Global Fund principal or sub-recipient? **Neither**
3. What activities does this partner undertake to support global fund implementation or governance?

Budget Code	Recipient(s) of Support	Approximate Budget	Brief Description of Activities
OHSS	Ministry of Health Nicaragua and Instituto Nacional de Seguridad Social (National Social Security Institute)	37500	DELIVER is supporting the Ministry of Health with the national logistics institutional strengthening plan, which is a condition that GF required in order to provide funds for second phase. DELIVER also provides support to the INSS which is the Global Fund Principal Recipient.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	150,000
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TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Increasing gender equity in HIV/AIDS activities and services
Family Planning



Budget Code Information

Mechanism ID: 14406			
Mechanism Name: Deliver			
Prime Partner Name: John Snow, Inc.			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	150,000	0
Narrative:			
The program build on previous supply chain work in family planning commodities to ensure the availability of HIV related commodities and continue strengthening the national supply chain. The project will train 100 new health care workers from pre-service training institutions (100 pharmacy students) in logistic system management and 200 health care workers in an in service training in data management and logistic system.			

Implementing Mechanism Details

Mechanism ID: 14454	Mechanism Name: TEAMSTAR
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: Training Resources Group	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Benefiting Country	Benefiting Country Planned Amount
Belize - Central America	N/A
Costa Rica	N/A
El Salvador	N/A
Guatemala	N/A



Honduras	N/A
Nicaragua	N/A
Panama	N/A

Total Funding: 40,000	Total Mechanism Pipeline: N/A	
Managing Country	Funding Source	Funding Amount
Guatemala	GHP-State	40,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The USG Central America is planning to use the TEAMSTAR mechanism to assist with facilitation of regional team meetings and provide organizational development technical assistance including tools to improve USG collaboration and communication. The USG team has made great strides in working together in efficient and effective ways, but the complexity of a regional USG team with members across seven countries means that having outside expertise provide the team with creative tools will only help improve the quality of our work even more.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

(No data provided.)



Budget Code Information

Mechanism ID:	14454		
Mechanism Name:	TEAMSTAR		
Prime Partner Name:	Training Resources Group		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	40,000	0
Narrative:			
The TEAMSTAR mechanism will strengthen the operations of the USG Central America team through support in meeting facilitation for strategic planning and other team building activities. TEAMSTAR will help improve team performance and provide tools to improve organizational development.			

Implementing Mechanism Details

Mechanism ID: 14455	TBD: Yes
REDACTED	

Implementing Mechanism Details

Mechanism ID: 14457	Mechanism Name: Health Care Improvement (HCI)
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: University Research Corporation, LLC	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Benefiting Country	Benefiting Country Planned Amount
Nicaragua	N/A



Total Funding: 100,000	Total Mechanism Pipeline: N/A	
Managing Country	Funding Source	Funding Amount
Nicaragua	GHP-State	100,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

In FY12, one of Nicaragua's program goals is to increase the quality of health services provided by the MOH through the health services network. This improvement can be achieved by implementing quality improvement initiatives and in- service/pre-service training on HIV/AIDS. The program will address human resources for health by improving competencies of health workers related to HIV/AIDS in two key areas: pre-service training with medical and nurse schools and in-service training with MOH health workers.

The Health Care Improvement project supports the Nicaraguan Ministry of Health's efforts to improve the quality of HIV comprehensive care provided through public health services. Health personnel at national, departmental, and municipal levels have been trained in norms, standards, and protocols developed by the project. Currently, the project is implementing a phase out strategy to transfer all these knowledge, skills and methodologies to the MOH, national universities, and nursing schools. The "maleta pedagogical" (a technical and methodological educative tool for in-service and pre-service training) is being designed and validated, and will be transfer to our counterparts during 2012 and 2013.

Global Fund / Programmatic Engagement Questions

1. Is the Prime Partner of this mechanism also a Global Fund principal or sub-recipient, and/or does this mechanism support Global Fund grant implementation? **Yes**
2. Is this partner also a Global Fund principal or sub-recipient? **Neither**
3. What activities does this partner undertake to support global fund implementation or governance?

Budget Code	Recipient(s) of Support	Approximate Budget	Brief Description of Activities
OHSS	Ministry of Health	25000	Global Fund provides funds to MOH to improve HIV health services and HCI



			contributes to this effort through their support for the HIV quality improvement component (through in service and pre service training).
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Cross-Cutting Budget Attribution(s)

Human Resources for Health	100,000
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TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Increasing gender equity in HIV/AIDS activities and services
 Family Planning

Budget Code Information

Mechanism ID: 14457			
Mechanism Name: Health Care Improvement (HCI)			
Prime Partner Name: University Research Corporation, LLC			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	0	0
Narrative:			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and	HLAB	0	0



Systems			
Narrative:			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	0	0
Narrative:			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	100,000	0
Narrative:			
The program will work to improve the quality of HIVcare in Nicaragua' s public health system with a focus on pre-service training. The program will ltrain 500 new health care workers from pre-service training institutions (300 medical students and 200 nurse students) in clinical aspects of HIV/AIDS comprehensive care.			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	0	0
Narrative:			

Implementing Mechanism Details

Mechanism ID: 14462	Mechanism Name: MEASURE EVALUATION PROJECT
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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A



Benefiting Country	Benefiting Country Planned Amount
Honduras	N/A

Total Funding: 0	Total Mechanism Pipeline: N/A	
Managing Country	Funding Source	Funding Amount
Honduras	GHP-USAID	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative

In FY12, USAID will use FY11 funding to work through MEASURE Evaluation Phase III Monitoring and Assessments for Results (MEASURE Evaluation) to improve the collection, analysis, and presentation of data to promote better planning, policymaking, managing, monitoring, and evaluation of population, health, and nutrition programs. (This mechanism was included in the FY11 Honduras F/OP).

The project will focus on quarterly reports and compilation of the HIV indicators in the Mission's Performance Monitoring Plan (PMP). Specific activities will include the compilation of quarterly indicator reports from implementing partners and follow-up to ensure data quality and completeness for the annual PMP report to USAID/Honduras.

In addition, USAID will support the Ministry of Health via the MEASURE Evaluation project to improve the collection, analysis, and presentation of data to promote better use in planning, policymaking, managing, monitoring, and evaluating HIV programs.

The following results are expected: increased user demand for data and tools; increased individual and institutional capacity in monitoring and evaluation; increased collaboration and coordination in obtaining and sharing health sector data; improved tools, methodologies, and technical guidance; increased availability of data, methods, and tools; and increased facilitation of data use.

Cross-Cutting Budget Attribution(s)

(No data provided.)



TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 14462			
Mechanism Name: MEASURE EVALUATION PROJECT			
Prime Partner Name: University of North Carolina			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	0	0
Narrative:			

Implementing Mechanism Details

Mechanism ID: 14466		Mechanism Name: PrevenSida	
Funding Agency: U.S. Agency for International Development		Procurement Type: Cooperative Agreement	
Prime Partner Name: University Research Corporation, LLC			
Agreement Start Date: Redacted		Agreement End Date: Redacted	
TBD: No		New Mechanism: N/A	
Global Fund / Multilateral Engagement: N/A			
G2G: N/A		Managing Agency: N/A	



Benefiting Country	Benefiting Country Planned Amount
Nicaragua	N/A

Total Funding: 979,946	Total Mechanism Pipeline: N/A	
Managing Country	Funding Source	Funding Amount
Nicaragua	GHP-State	979,946

Sub Partner Name(s)

ACAHUALT	ACCION MEDICA CRISTIANA	ACCS
ACRIC	ADESENI	AHCV
ANICP+VIDA	ASART	ASOCIACION CLUB VIDA FUTURA BILWI
ASOCIACION GENTE POSITIVA BLUEFFIELDS	ASOCIACION MUJERES MARY BARREDA	ASOCIACION NICARAGUENSE DE TRANSGENEROS
ASONVIHSIDA	CENTRO MUJERES MASAYA	CEPRESI
CEPS	CIES	FADCANIC
Fiat Pax	FUNDACION SAN LUCAS	GAO
GRUPO DIVERSIDAD SEXUAL BLUEFFIELDS	IXCHEN	MOVIMIENTO DIVERSIDAD SEXUAL BILWI
MOVIMIENTO INTERMUNICIPAL JUVENIL DERECHOS HUMANOS POR LA DIVERSIDAD SEXUAL	Red Trans	TESIS

Overview Narrative

The program goal is to increase healthy behaviors in order to reduce HIV/AIDS transmission among MARPs (most-at-risk populations) and other vulnerable populations. These healthy behaviors include increased condom use, reduced number of sexual partners, and increased access to HIV testing.

The PrevenSida project was designed to increase the capacities of local (in Managua, Chinandega, Chontales, Granada, Leon, Masaya, Rivas, and Región Autónoma Atlántico Norte/Región Autónoma Atlántico Sur) NGOs working on HIV/AIDS to provide prevention services for people living with HIV



(PLHIV) and MARPs. By doing this, NGOs will be increasingly involved in the national response to HIV/AIDS. These NGOs are receiving intensive training in financial, administrative, and technical aspects to improve the quality of the services they provide to their peers. At the end of the project in 2015, at least 20 NGOs will be able to continue providing these services with high-quality technical standards and managing funds from different funding sources in a transparent and accountable way.

Other results include reducing stigma and discrimination of MARPs and PLHIV and improving access to and quality of HIV/AIDS prevention services for MARPs from NGO service providers.

Global Fund / Programmatic Engagement Questions

1. Is the Prime Partner of this mechanism also a Global Fund principal or sub-recipient, and/or does this mechanism support Global Fund grant implementation? **No**

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	50,000
Human Resources for Health	200,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

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
Family Planning

Budget Code Information

Mechanism ID:	14466		
Mechanism Name:	PrevenSida		
Prime Partner Name:	University Research Corporation, LLC		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	100,000	0
Narrative:			
<p>At the community/NGO level, the project will promote the organization of Support groups using peers and involving MARPS. These groups will work on training for community counselors, educational activities for PLWA, home visits, ARV treatment follow-up including promoting adherence to ARV treatment, coordination with the MOH, psychological support, depression prevention, reduction of stigma and discrimination at community level, behavior change communication, nutrition, family counseling and HIV prevention messages,</p>			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	10,000	0
Narrative:			
<p>Currently there are eight alternative centers that provide VCT and perform other laboratory tests. The project will support NGOs laboratories to improve their quality. They are: Fundacion Xochiquetzal, Profamilia, Si Mujer, CEPRESI, CEPS, XILONEM, Women's Center of Masaya, and IXCHEN. These alternative centers will have their capacity improved to assure quality in VCT provision.</p>			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	100,000	0
Narrative:			
<p>The NGOs that work in HIV prevention for MARPS play an important role in the decision making processes for policy development. To effectively perform this role, NGO staff require capacity building to be able to take appropriate action to bring about needed policy change or to reaffirm support of existing policies and</p>			



programs. The PrevenSida program will support NGOs to improve the quality of their involvement in national, local and departmental dialogue. This support includes: helping NGOs to network and coalesce around common objective and goals, sharing data and information, institutional strengthening, and providing financial resources.

For a national response to HIV/AIDS that is comprehensive and integrated, all actors involved must act strategically: recognizing the health-epidemiological context (status of the epidemic with its analysis, interpretation, surveillance, and monitoring and evaluation based on the management of knowledge generated by these activities), complying with the legal framework (current national laws and commitments to HIV and AIDS with a human rights approach), working with multi-sector vision (MINSAs-sector rectory-and inter-sector-CONISIDA), with greater knowledge and technical security (state of the art in best practices in AIDS prevention), and in an organized manner to strengthen their participation (coverage with active MARPS participation in strong and representative organizations). These organizations will intervene more effectively if they know what is happening in terms of the epidemic and the response at national and regional level, key players, what they do, why they do it, where and with whom they do in order to improve their opportunities to contribute, produce and receive benefits in the national response. They will more easily understand why they must work with allies and according to national plans and strategies whose activities are designed and implemented in a consensual manner and in cooperation with other partner organizations. Strategies for improving the participation of NGOs representing MARPS and PLHIV will include improvements in the processes of strategic information collection, dissemination, bridging information gaps and the establishment of an M&E system. Through sub partner CIES this project will build a critical mass of professionals and technicians in the service of national wellbeing, leading to an educated society, inclusive and egalitarian, with a propensity for solidarity which contributes to the pursuit of development and wellbeing.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	269,946	0

Narrative:
 The approach to capacity building is structured holistically to encourage an enabling environment, ensuring appropriate policies and norms and assuring that national systems and structures

are

capable of managing the local HIV prevention systems. Capacity building activities are framed around the larger goal of unlocking local skills and equipping partners to address both immediate HIV prevention needs (in terms of tools, materials and human resources) and long-term system development. Through focused training and mentorship to empower health and education managers, the PrevenSida program contributes to the continuity of the HIV prevention program through capacity building activities which bring together partners from the civil society.

The NGO personnel (100 health workers at managerial level) will receive training and mentoring on a combination of organizational fundamentals such as clear mission and vision, planning, network structure, solid financial and management practices, flexibility and adaptation to environmental changes, innovation, commitment to leadership and relationships. The project will provide the NGOs with the skills to develop the structures to strengthen their financial management processes, a necessary component for the sustainability of any organization. By providing the NGOs with the tools necessary to improve their financial tracking, budgeting, management, as well as linking them with funding sources, they will in turn be more able to attract and receive future funding from other sources, further increasing sustainability past the life of the project.

The participating NGOs will have the opportunity to gain and share abilities and competencies with high level TA providers, using methodologies and pedagogical knowledge where the participant will develop skills in technical and financial administrative management, strategic and operative planning, networking, monitoring and evaluation (M&E), knowledge of the legal framework, management change and using technology for planning, learning, implementing and management. Not only will these skills enhance their abilities to run their organizations and scale up their prevention efforts, but they will also increase their ability to report on their results achieved. This will allow the NGOs to present their efficiencies and successes more comprehensively to donors, strengthening their fundraising capabilities.

The program will also contribute to HSS by training 500 health care workers from the NGOs: 200 in outreach with MARPS, 30 in testing and counseling and 70 in adult care and support.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	100,000	0

Narrative:

Implementation activities at the NGO level include developing operating agreements that describe the roles and responsibilities of all partners in VCT services and ensuring funding mechanisms; conducting training for counselors, counseling supervisors and site staff; and procuring HIV test kits. NGO/technical partner laboratory personnel will establish an inventory, distribution and storage system for rapid HIV test kits as well as an HIV testing quality control procedure, to be implemented in collaboration with the national program.

NGOs that are conducting BCC activities or counselors and VCT site coordinators need to be trained in interpersonal skills to ensure potential clients understand the meaning of their decision to obtain VCT; assess their risk; adopt positive behavior changes; become aware of care and support services within their locality (as described for the national level but limited to the district/province/NGO catchment area). NGO monitoring and evaluation plans and tools will be developed that provide relevant information to manage VCT services that are consistent with national-level plans. Site-level monitoring activities will include measures for service performance, service use, service delivery, adherence to protocols and confidentiality, staff performance and program effectiveness. These site-level process indicators may be reported but they should also be used as a tool for service delivery management. Furthermore, NGOs must develop or adopt ongoing counseling and testing quality assurance measures. Other models to expand the reach of VCT include mobile VCT which offers temporary, rotating services for hard-to-reach groups such as injecting drug users, sex workers and truck drivers with the benefits of improved access for populations not using stand-alone services or for rural populations. The use of mobile units increases VCT access and education activities for HIV/AIDS prevention. The project will perform 10,000 VCT services to MARPS through the subgrants with NGOs.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	400,000	0

Narrative:

A key focus of the PrevenSida program is to help NGOs identify, customize, implement and scale-up the best practices in HIV prevention that are already available but under-utilized, rather than creating new materials or programs. The emphasis of HIV prevention strategies is to link to the expanding network of HIV support services and ensure that prevention messages are coordinated to facilitate the development of the broader HIV response and create linkages with services. The project will help NGOs assess existing outlets for HIV prevention information, to improve the quality and content of messages, and expand their coverage. PrevenSida will work with partners at the local level to lead the development of innovative approaches to reach target audiences, drawing on best examples from within Nicaragua as well as other HIV endemic settings. The medium and message must be gender-sensitive and chosen carefully to ensure that the correct target audience is reached, particularly when attempting to reach groups such as MSM, FSWs, or urban youth. The program will assist NGOs to explore low-cost/high-impact media initiatives and explore partnerships with the private sector. In order to sustain long-term behavior change and promote HIV prevention, it will be necessary to address the incorrect and inequitable beliefs and attitudes of men and adolescents which contribute to sexual transmission of HIV. The PrevenSida program will work with men, including educators, traditional



leaders, business owners, and fathers to involve them in creating messages targeting men and young men to address the behaviors which facilitate HIV transmission, including intergenerational and transactional sexual relationships, multiple concurrent partnerships and sexual violence. The program will work with communities to identify strong male role models from various backgrounds to support young men to adopt positive behaviors to keep themselves and their partners healthy. This component is one of the most important of the Prevensida project and it is implemented through subgrants with at least 20 NGOs that using peer approach are direct providers of these services. The basic package of preventive services includes: peer BCC, VCT, condom distribution, referral to STI services, referral to drug prevention and treatment programs, referral to other MOH services (HIV services, family planning, ARV treatment, nutrition, chronic disease programs, etc), alcohol and drugs prevention, vocational training, women's shelters, etc.

Implementing Mechanism Details

Mechanism ID: 14467	TBD: Yes
REDACTED	

Implementing Mechanism Details

Mechanism ID: 14468	TBD: Yes
REDACTED	

Implementing Mechanism Details

Mechanism ID: 14469	Mechanism Name: Secretariat of Health
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Secretariat of Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A



Benefiting Country	Benefiting Country Planned Amount
Honduras	N/A

Total Funding: 785,000		Total Mechanism Pipeline: N/A
Managing Country	Funding Source	Funding Amount
Honduras	GHP-State	85,000
Honduras	GHP-USAID	700,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

In FY 2012, USAID will provide funds to the MOH under the Assistance Agreement USAID 522-0450.

Using host-country MOH contracting and financing mechanisms, USAID will provide support to NGOs and community leaders to increase their organizational and technical capacity to deliver quality HIV/STI prevention services for MARPs. USAID will focus efforts on technical and financial assistance to the NGOs to provide quality BCC and VCT services in priority geographical areas. The MOH will use a performance-based financing model, to ensure local NGOs focus their efforts on achieving measurable results and products. This new paradigm change is aligned with: (1) "National Strategy for Integrated Care for STI/HIV/AIDS in the context of Health Sector Reform" that proposes decentralized service delivery through a results-based model and (2) USAID's objective of improving the health status of underserved and vulnerable populations in Honduras.

Using the results of a recent knowledge, attitudes and practices survey, strategies and educational activities will be adapted to respond to the target populations' stage of behavior change and their needs. Examples of these activities include: client-centered risk reduction counseling; peer education; educational tools; information, education and communication materials, confidential VCT with pre and post counseling, referrals to STI screening and treatment, and referrals to HIV treatment and care services.

The expected result of these activities is a reduction in the spread of HIV/STI among MSM, transgender individuals, CSW, and the Garífuna population in the areas of Francisco Morazán, Comayagua, Cortés y Atlántida, as well as an increase of the capacity of local institutions to implement HIV prevention projects.



Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

- Addressing male norms and behaviors
- Increasing gender equity in HIV/AIDS activities and services
- Child Survival Activities

Budget Code Information

Mechanism ID: 14469			
Mechanism Name: Secretariat of Health			
Prime Partner Name: Secretariat of Health			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	185,000	0
Narrative:			
<p>Technical Assistance will be provided to the MOH to design and develop a supervision and M&E plan for the NGOs' implementation. Technical and financial audits as well as quality control processes are some of the tools that MOH is going to use to monitor and evaluate NGO performance under the results-based contracts. USAID will be emphasis on strengthening national and local health systems and organizations by developing and testing tools and models to use community participatory processes to monitor and evaluate the HIV prevention activities implemented by the NGOs.</p>			



Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	200,000	0

Narrative:

USAID will focus efforts on technical and financial assistance to the NGOs to provide more quality, efficiency, effective voluntary counseling and testing (VCT) services for MARPS in the areas of Francisco Morazán, Comayagua, Cortés y Atlántida.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	400,000	0

Narrative:

This assistance will be focus on assisting non-governmental organizations (NGOs) and community leaders to increase their organizational and technical capacity to deliver quality HIV/STI prevention services for most at-risk populations (MARPs). USAID will focus efforts on financial assistance to the NGOs to provide more quality, efficiency, effective behavior change communication (BCC) and voluntary counseling and testing (VCT) services in the areas of Francisco Morazán, Comayagua, Cortés y Atlántida.



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	GAP	GHP-State	GHP-USAID	Central GHP-State	Cost of Doing Business Category Total
Computers/IT Services		36,230	1,000		37,230
ICASS		20,135	17,149		37,284
Management Meetings/Professional Development		52,466	3,500		55,966
Non-ICASS Administrative Costs		109,903	33,087		142,990
Staff Program Travel		109,139	10,000		119,139
USG Staff Salaries and Benefits		485,848	448,050		933,898
Total	0	813,721	512,786	0	1,326,507

U.S. Agency for International Development Other Costs Details

Category	Item	Funding Source	Description	Amount
Computers/IT Services		GHP-State		36,230

Computers/IT Services		GHP-USAID		1,000
ICASS		GHP-State		20,135
ICASS		GHP-USAID		17,149
Management Meetings/Professional Development		GHP-State	Over half these costs represent funding for USG regional team meetings and logistics for all agencies which is managed by USAID on behalf of the PEPFAR team.	52,466
Management Meetings/Professional Development		GHP-USAID		3,500
Non-ICASS Administrative Costs		GHP-State	Rent, Utilities, maintenance: \$40,293; Communications: \$1,791; Motorpool: \$1,521; Severance: \$19,497. This represents costs for USAID Guatemala & USAID Nicaragua.	109,903
Non-ICASS Administrative Costs		GHP-USAID	Office rent: \$19,602; Utilities: \$8,648; Cleaning service: \$4,310; Communications/misc: \$527. This represents costs for USAID Honduras.	33,087



U.S. Department of Defense

Agency Cost of Doing Business	GAP	GHP-State	GHP-USAID	Central GHP-State	Cost of Doing Business Category Total
ICASS		20,000			20,000
Management Meetings/Professional Development		12,000			12,000
Non-ICASS Administrative Costs		4,000			4,000
Staff Program Travel		16,000			16,000
USG Staff Salaries and Benefits		48,000			48,000
Total	0	100,000	0	0	100,000

U.S. Department of Defense Other Costs Details

Category	Item	Funding Source	Description	Amount
ICASS		GHP-State		20,000
Management Meetings/Professional Development		GHP-State		12,000
Non-ICASS Administrative Costs		GHP-State	Telephone/bby/internet: \$2,000; reproduction/fax/courier services: \$800; miscellaneous supplies and materials: \$400 ; miscellaneous services: \$800	4,000

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

Prevention

Agency Cost of Doing Business	GAP	GHP-State	GHP-USAID	Central GHP-State	Cost of Doing Business Category Total
Computers/IT Services		40,000			40,000
ICASS		178,199			178,199
Management Meetings/Professional Development		25,000			25,000
Non-ICASS Administrative Costs		20,000			20,000
Staff Program Travel	55,000	115,000			170,000
USG Staff Salaries and Benefits	970,000				970,000
Total	1,025,000	378,199	0	0	1,403,199

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

Category	Item	Funding Source	Description	Amount
Computers/IT Services		GHP-State		40,000
ICASS		GHP-State		178,199
Management Meetings/Professional Development		GHP-State		25,000
Non-ICASS Administrative Costs		GHP-State	PEPFAR funds directed towards activities at Post (i.e., \$ categorized as Post Held Funds) will be needed to support the activities/personnel	20,000

			<p>associated with various administrative needs for programmatic success including: facilities/communications (4600), financial/admin management (2700), travel arrangements (1350), procurement/personnel actions (2700), printing (900), generating contracts and associated SoWs (900), motor pool (1100), supplies(1350) and equipment/vehicle/s oftware(4400).</p>	
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U.S. Department of State

Agency Cost of Doing Business	GAP	GHP-State	GHP-USAID	Central GHP-State	Cost of Doing Business Category Total
Computers/IT Services		2,000			2,000
ICASS		3,000			3,000
Staff Program Travel		25,000			25,000
USG Staff Salaries		155,000			155,000



and Benefits					
Total	0	185,000	0	0	185,000

U.S. Department of State Other Costs Details

Category	Item	Funding Source	Description	Amount
Computers/IT Services		GHP-State		2,000
ICASS		GHP-State		3,000

U.S. Peace Corps

Agency Cost of Doing Business	GAP	GHP-State	GHP-USAID	Central GHP-State	Cost of Doing Business Category Total
Management Meetings/Professional Development		4,400			4,400
Non-ICASS Administrative Costs		1,900			1,900
Peace Corps Volunteer Costs		49,000			49,000
Staff Program Travel		13,100			13,100
USG Staff Salaries and Benefits		36,800			36,800
Total	0	105,200	0	0	105,200

U.S. Peace Corps Other Costs Details

Category	Item	Funding Source	Description	Amount
Management Meetings/Professional Development		GHP-State		4,400
Non-ICASS Administrative Costs		GHP-State	Non-ICASS Administrative costs	1,900



			are for printing of manuals (\$1600) and communications costs (\$300).	
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