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2009

Guyana

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## Table 1: Overview

### Executive Summary

File Name	Content Type	Date Uploaded	Description	Uploaded By
FY09 Executive Summary Guyana.doc	application/msword	11/12/2008		JRehwinkel

### Country Program Strategic Overview

Will you be submitting changes to your country's 5-Year Strategy this year? If so, please briefly describe the changes you will be submitting.

Yes  No

Description:

### Ambassador Letter

File Name	Content Type	Date Uploaded	Description	Uploaded By
Ambassador Cover Signed.pdf	application/pdf	11/10/2008		JRehwinkel

### Country Contacts

Contact Type	First Name	Last Name	Title	Email
PEPFAR Coordinator	TBD	TBD	PEPFAR Coordinator	TBD@state.gov
DOD In-Country Contact	Stephen	Stanley	Military Liaison Officer	Steven.Stanley@tcsc.southcom.mil
HHS/CDC In-Country Contact	La Mar	Hasbrouck	COP HHS/CDC	HasbrouckL@gy.cdc.gov
Peace Corps In-Country Contact	Jim	Geenen	Director	JGeenen@gy.peacecorps.gov
USAID In-Country Contact	Peter	Hubbard	Mission Director	phubbard@usaid.gov
U.S. Embassy In-Country Contact	John	Jones	Ambassador	JonesJM@state.gov
Global Fund In-Country Representative	TBD	TBD	TBD	TBD@tbd.gov

### Global Fund

What is the planned funding for Global Fund Technical Assistance in FY 2009?	\$100000
Does the USG assist GFATM proposal writing?	Yes
Does the USG participate on the CCM?	Yes

**Table 2: Prevention, Care, and Treatment Targets**

**2.1 Targets for Reporting Period Ending September 30, 2009**

	National 2-7-10	USG Downstream (Direct) Target End FY2009	USG Upstream (Indirect) Target End FY2009	USG Total Target End FY2009
<b>Prevention</b>				
<b>End of Plan Goal</b>	14,352			
1.2 - Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	0	12,500	0	12,500
1.3 - Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	0	175	0	175
<b>Care (1)</b>				
<b>End of Plan Goal</b>	9,000			
6.2 - Total number of individuals provided with HIV-related palliative care (including TB/HIV)	0	4,585	0	4,585
***7.2 - Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease (a subset of indicator 6.2)	0	180	0	180
8.1 - Number of OVC served by OVC programs	0	1,400	0	1,400
9.2 - Number of individuals who received counseling and testing for HIV and received their test results (including TB)	0	45,000	0	45,000
<b>Treatment</b>				
<b>End of Plan Goal</b>	1,800			
11.4 - Number of individuals receiving antiretroviral therapy at the end of the reporting period	0	2,980	0	2,980
<b>Human Resources for Health</b>				
<b>End of Plan Goal</b>	0			
Number of new health care workers who graduated from a pre-service training institution within the reporting period.	0	16	0	16

## 2.2 Targets for Reporting Period Ending September 30, 2010

	USG Downstream (Direct) Target End FY2010	USG Upstream (Indirect) Target End FY2010	USG Total Target End FY2010
<b>Prevention</b>			
<b>End of Plan Goal</b>			
1.2 - Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	13,000	0	13,000
1.3 - Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	180	0	180
<b>Care (1)</b>			
<b>End of Plan Goal</b>			
6.2 - Total number of individuals provided with HIV-related palliative care (including TB/HIV)	5,400	0	5,400
***7.2 - Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease (a subset of indicator 6.2)	185	0	185
8.1 - Number of OVC served by OVC programs	1,600	0	1,600
9.2 - Number of individuals who received counseling and testing for HIV and received their test results (including TB)	48,000	0	48,000
<b>Treatment</b>			
<b>End of Plan Goal</b>			
11.4 - Number of individuals receiving antiretroviral therapy at the end of the reporting period	3,500	0	3,500
<b>Human Resources for Health</b>			
<b>End of Plan Goal</b>			
Number of new health care workers who graduated from a pre-service training institution within the reporting period.	25	0	25

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(1) Total Care represents number of OVC served by an OVC program during the reporting period and the number of individuals provided with facility-based, community-based and/or home-based HIV-related palliative care, including those HIV-infected individuals who received clinical prophylaxis and/or treatment for tuberculosis(TB).



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**Table 3.1: Funding Mechanisms and Source**



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**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name: AIDSTAR**

**Mechanism Type:** HQ - Headquarters procured, country funded

**Mechanism ID:** 9752.09

**System ID:** 9752

**Planned Funding(\$):** [REDACTED]

**Procurement/Assistance Instrument:** Contract

**Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Prime Partner:** To Be Determined

**New Partner:** Yes

## Early Funding Activities

Program Budget Code	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
01-MTCT	3156.22652.09	<p>The activities are currently implemented through the GHARP consortium whose contract implementation period ends in December, 2008. Critical programs will require a smooth transition to a new contractor that will need to be in place as close to December as possible to ensure no gap in service delivery. Currently there is no pipeline funding available to initiate this new contract and hence Early Funding will be required to contract.</p> <p>The RFP SOW has been completed and a new contractor will be selected through a competitive selection process in Oct/Nov for continued technical assistance in priority areas such as prevention (with a focus on high risk populations), care and support for PLWHA and OVC, system strengthening, PMTCT, VCT, HIV/AIDS Business Coalition, and public/private partnerships; along with support for the GFATM programming/reporting and secretariat support.</p>	\$100,000	\$200,000
08-HBHC	8200.22655.09	<p>The activities are currently implemented through the GHARP consortium whose contract implementation period ends in December, 2008. Critical programs will require a smooth transition to a new contractor that will need to be in place as close to December as possible to ensure no gap in service delivery. Currently there is no pipeline funding available to initiate this new contract and hence Early Funding will be required to contract.</p> <p>The RFP SOW has been completed and a new contractor will be selected through a competitive selection process in Oct/Nov for continued technical assistance in priority areas such as prevention (with a focus on high risk populations), care and support for PLWHA and OVC, system strengthening, PMTCT, VCT, HIV/AIDS Business Coalition, and public/private partnerships; along with support for the GFATM programming/reporting and secretariat support.</p>	\$150,000	\$300,000

13-HKID	3160.22656.09	<p>The activities are currently implemented through the GHARP consortium whose contract implementation period ends in December, 2008. Critical programs will require a smooth transition to a new contractor that will need to be in place as close to December as possible to ensure no gap in service delivery. Currently there is no pipeline funding available to initiate this new contract and hence Early Funding will be required to contract.</p>	\$50,000	\$100,000
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The RFP SOW has been completed and a new contractor will be selected through a competitive selection process in Oct/Nov for continued technical assistance in priority areas such as prevention (with a focus on high risk populations), care and support for PLWHA and OVC, system strengthening, PMTCT, VCT, HIV/AIDS Business Coalition, and public/private partnerships; along with support for the GFATM programming/reporting and secretariat support.

14-HVCT	3161.22657.09	<p>The activities are currently implemented through the GHARP consortium whose contract implementation period ends in December, 2008. Critical programs will require a smooth transition to a new contractor that will need to be in place as close to December as possible to ensure no gap in service delivery. Currently there is no pipeline funding available to initiate this new contract and hence Early Funding will be required to contract.</p>	\$150,000	\$300,000
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The RFP SOW has been completed and a new contractor will be selected through a competitive selection process in Oct/Nov for continued technical assistance in priority areas such as prevention (with a focus on high risk populations), care and support for PLWHA and OVC, system strengthening, PMTCT, VCT, HIV/AIDS Business Coalition, and public/private partnerships; along with support for the GFATM programming/reporting and secretariat support.

18-OHSS	3155.22658.09	<p>The activities are currently implemented through the GHARP consortium whose contract implementation period ends in December, 2008. Critical programs will require a smooth transition to a new contractor that will need to be in place as close to December as possible to ensure no gap in service delivery. Currently there is no pipeline funding available to initiate this new contract and hence Early Funding will be required to contract.</p> <p>The RFP SOW has been completed and a new contractor will be selected through a competitive selection process in Oct/Nov for continued technical assistance in priority areas such as prevention (with a focus on high risk populations), care and support for PLWHA and OVC, system strengthening, PMTCT, VCT, HIV/AIDS Business Coalition, and public/private partnerships; along with support for the GFATM programming/reporting and secretariat support.</p>	\$375,000	\$750,000
03-HVOP	7877.22654.09	<p>The activities are currently implemented through the GHARP consortium whose contract implementation period ends in December, 2008. Critical programs will require a smooth transition to a new contractor that will need to be in place as close to December as possible to ensure no gap in service delivery. Currently there is no pipeline funding available to initiate this new contract and hence Early Funding will be required to contract.</p> <p>The RFP SOW has been completed and a new contractor will be selected through a competitive selection process in Oct/Nov for continued technical assistance in priority areas such as prevention (with a focus on high risk populations), care and support for PLWHA and OVC, system strengthening, PMTCT, VCT, HIV/AIDS Business Coalition, and public/private partnerships; along with support for the GFATM programming/reporting and secretariat support.</p>	\$200,000	\$400,000

05-HMIN	22692.09	<p>The activities are currently implemented through the GHARP consortium whose contract implementation period ends in December, 2008. Critical programs will require a smooth transition to a new contractor that will need to be in place as close to December as possible to ensure no gap in service delivery. Currently there is no pipeline funding available to initiate this new contract and hence Early Funding will be required to contract.</p> <p>The RFP SOW has been completed and a new contractor will be selected through a competitive selection process in Oct/Nov for continued technical assistance in priority areas such as prevention (with a focus on high risk populations), care and support for PLWHA and OVC, system strengthening, PMTCT, VCT, HIV/AIDS Business Coalition, and public/private partnerships; along with support for the GFATM programming/reporting and secretariat support.</p>	\$50,000	\$100,000
02-HVAB	3157.22653.09	<p>The activities are currently implemented through the GHARP consortium whose contract implementation period ends in December, 2008. Critical programs will require a smooth transition to a new contractor that will need to be in place as close to December as possible to ensure no gap in service delivery. Currently there is no pipeline funding available to initiate this new contract and hence Early Funding will be required to contract.</p> <p>The RFP SOW has been completed and a new contractor will be selected through a competitive selection process in Oct/Nov for continued technical assistance in priority areas such as prevention (with a focus on high risk populations), care and support for PLWHA and OVC, system strengthening, PMTCT, VCT, HIV/AIDS Business Coalition, and public/private partnerships; along with support for the GFATM programming/reporting and secretariat support.</p>	\$50,000	\$100,000

**Mechanism Name: Hinterland Initiative**

**Mechanism Type:** HQ - Headquarters procured, country funded

**Mechanism ID:** 10693.09

**System ID:** 10693

**Planned Funding(\$):** ██████████

**Procurement/Assistance Instrument:** Contract

**Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Prime Partner:** To Be Determined

**New Partner:** Yes

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name: H/A Prev & Prgm Dev & TA Collab**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 8667.09  
**System ID:** 10683  
**Planned Funding(\$):** \$100,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State)  
**Prime Partner:** American Public Health Laboratories  
**New Partner:** No

**Mechanism Name: Guyana Red Cross**

**Mechanism Type:** Central - Headquarters procured, centrally funded  
**Mechanism ID:** 5278.09  
**System ID:** 10662  
**Planned Funding(\$):** \$366,715  
**Procurement/Assistance Instrument:** Contract  
**Agency:** U.S. Agency for International Development  
**Funding Source:** Central GHCS (State)  
**Prime Partner:** American Red Cross  
**New Partner:** No

**Mechanism Name: ASPH Fellow**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 7436.09  
**System ID:** 10684  
**Planned Funding(\$):** \$85,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State)  
**Prime Partner:** Association of Schools of Public Health  
**New Partner:** No

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name: Track 1 AIDS Relief**

**Mechanism Type:** Central - Headquarters procured, centrally funded

**Mechanism ID:** 5247.09

**System ID:** 11247

**Planned Funding(\$):** \$156,360

**Procurement/Assistance Instrument:** Cooperative Agreement

**Agency:** HHS/Health Resources Services Administration

**Funding Source:** Central GHCS (State)

**Prime Partner:** Catholic Relief Services

**New Partner:** No

**Early Funding Activities**

Program Budget Code	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
09-HTXS	8773.27052.09	Early funding is being requested for this ongoing activity in the Treatment/ARV Services program area. This activity allows AIDSRelief to support HIV care and treatment services in both the private and public sector. Funds for this activity are provided through a cooperative agreement with CDC; these agreements are funded after the Notice of Award on April 1st and delays in processing can result in funding gaps. Early funding is necessary to support staffing and program operations for AIDSRelief to ensure that there is no interruption of crucial services.	\$25,384	\$128,528

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name: AIDSRelief**

**Mechanism Type:** HQ - Headquarters procured, country funded

**Mechanism ID:** 2765.09

**System ID:** 10667

**Planned Funding(\$):** \$1,700,000

**Procurement/Assistance Instrument:** Cooperative Agreement

**Agency:** HHS/Health Resources Services Administration

**Funding Source:** GHCS (State)

**Prime Partner:** Catholic Relief Services

**New Partner:** No

**Early Funding Activities**

Program Budget Code	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
09-HTXS	3191.25112.09	Early funding is being requested for this ongoing activity in the Treatment/ARV Services program area. This activity allows AIDSRelief to support HIV care and treatment services in both the private and public sector as well as continuing to build local HIV technical capacity with increasing attention to pediatric and adolescent HIV treatment. Funds for this activity are provided through a cooperative agreement with CDC; these agreements are funded after the Notice of Award on April 1st and delays in processing can result in funding gaps. Early funding is necessary to support staffing and program operations for AIDSRelief to ensure that there is no interruption of crucial services.	\$279,583	\$1,201,415

**Mechanism Name: Community Support and Development Services**

**Mechanism Type:** Local - Locally procured, country funded

**Mechanism ID:** 7264.09

**System ID:** 10982

**Planned Funding(\$):** \$2,899,213

**Procurement/Assistance Instrument:** Contract

**Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Prime Partner:** Community Support & Development Services

**New Partner:** No

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name: Track One Blood Safety**

**Mechanism Type:** Central - Headquarters procured, centrally funded  
**Mechanism ID:** 7534.09  
**System ID:** 11245  
**Planned Funding(\$):** \$150,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** Central GHCS (State)  
**Prime Partner:** CORE International  
**New Partner:** No

**Mechanism Name: Treatment-PHE-Adherence**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 11914.09  
**System ID:** 11914  
**Planned Funding(\$):** \$0  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State)  
**Prime Partner:** Francois Xavier Bagnoud Center  
**New Partner:** No

**Mechanism Name: Center of Excellence**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 6278.09  
**System ID:** 10689  
**Planned Funding(\$):** \$100,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State)  
**Prime Partner:** Georgetown Public Hospital Corporation  
**New Partner:** No

**Early Funding Activities**

Program Budget Code	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
09-HTXS	12737.25156.09	Early funding is being requested for this ongoing activity in the Treatment/ARV Services program area. This activity supports GPHC who will support the continued improvement of quality of care and treatment for in-patient care of PLWAs. Funds for this activity are provided through a cooperative agreement with CDC; these agreements are funded after the Notice of Award on April 1st and delays in processing can result in funding gaps. Early funding is necessary to support staffing and program operations for a TBD provider to ensure that there is no interruption of crucial services.	\$30,000	\$100,000

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name: Safe Medical Injections**

**Mechanism Type:** Central - Headquarters procured, centrally funded  
**Mechanism ID:** 2804.09  
**System ID:** 10616  
**Planned Funding(\$):** \$0  
**Procurement/Assistance Instrument:** Contract  
**Agency:** U.S. Agency for International Development  
**Funding Source:** Central GHCS (State)  
**Prime Partner:** Initiatives, Inc.  
**New Partner:** No

Sub-Partner: John Snow, Inc.  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes: HMIN - Biomedical Prevention: Injection

Sub-Partner: Pathfinder International  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes: HMIN - Biomedical Prevention: Injection

Sub-Partner: Academy for Educational Development  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes: HMIN - Biomedical Prevention: Injection

**Mechanism Name: Department of Labor**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 2762.09  
**System ID:** 10553  
**Planned Funding(\$):** \$190,000  
**Procurement/Assistance Instrument:** USG Core  
**Agency:** Department of Labor  
**Funding Source:** GHCS (State)  
**Prime Partner:** International Labor Organization  
**New Partner:** No

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name: JHPIEGO OmniMed**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 7145.09  
**System ID:** 10580  
**Planned Funding(\$):** \$325,000  
**Procurement/Assistance Instrument:** Contract  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** JHPIEGO  
**New Partner:** No

**Mechanism Name: Measure DHS Phase II**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 10552.09  
**System ID:** 10552  
**Planned Funding(\$):** \$0  
**Procurement/Assistance Instrument:** Contract  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** Macro International  
**New Partner:** No

**Mechanism Name: Track 1 Blood Safety NBTS**

**Mechanism Type:** Central - Headquarters procured, centrally funded  
**Mechanism ID:** 5275.09  
**System ID:** 10690  
**Planned Funding(\$):** \$300,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** Central GHCS (State)  
**Prime Partner:** Ministry of Health, Guyana  
**New Partner:** No

**Early Funding Activities**

Program Budget Code	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
04-HMBL	3185.25157.09	Early funding is being requested for this ongoing activity in the Blood Safety program area. This activity supports The Partnership for Supply Chain Management (SCMS) and the Guyana National Blood Transfusion Service (NBTS) with the procurement of laboratory materials, supplies and equipment. Early funding will be used to ensure the adequate supply of medications.	\$75,000	\$300,000

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name: Ministry of Health, Guyana**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 2246.09  
**System ID:** 10685  
**Planned Funding(\$):** \$1,006,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State)  
**Prime Partner:** Ministry of Health, Guyana  
**New Partner:** No

**Mechanism Name: HIV/QUAL International**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 9373.09  
**System ID:** 10686  
**Planned Funding(\$):** \$100,000  
**Procurement/Assistance Instrument:** Contract  
**Agency:** HHS/Health Resources Services Administration  
**Funding Source:** GHCS (State)  
**Prime Partner:** New York AIDS Institute  
**New Partner:** No

**Mechanism Name: Pan American Health Organization**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 11130.09  
**System ID:** 11130  
**Planned Funding(\$):** \$515,000  
**Procurement/Assistance Instrument:** Grant  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** Pan American Health Organization  
**New Partner:** No

**Mechanism Name: Track 1 Blood Safety SCMS**

**Mechanism Type:** Central - Headquarters procured, centrally funded  
**Mechanism ID:** 5277.09  
**System ID:** 10742  
**Planned Funding(\$):** \$300,000  
**Procurement/Assistance Instrument:** Contract  
**Agency:** U.S. Agency for International Development  
**Funding Source:** Central GHCS (State)  
**Prime Partner:** Partnership for Supply Chain Management  
**New Partner:** No

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name: Supply Chain Management System**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 6703.09  
**System ID:** 9740  
**Planned Funding(\$):** \$2,862,000  
**Procurement/Assistance Instrument:** Contract  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** Partnership for Supply Chain Management  
**New Partner:** No

**Mechanism Name: UNICEF**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 2741.09  
**System ID:** 11004  
**Planned Funding(\$):** \$570,000  
**Procurement/Assistance Instrument:** Grant  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** United Nations Children's Fund  
**New Partner:** No

**Mechanism Name: FXB**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 6276.09  
**System ID:** 10694  
**Planned Funding(\$):** \$1,688,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State)  
**Prime Partner:** University of Medicine and Dentistry, New Jersey - Francois-Xavier Bagnoud Center  
**New Partner:** No

## Early Funding Activities

Program Budget Code	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
16-HLAB	16456.25163.09	<p>Early funding is being requested for this ongoing activity in the Laboratory Infrastructure program area. This activity supports FXB who will provide laboratory support and conduct ongoing activities with emphasis on increasing coverage and scope of laboratory services available to PLWHA, ensuring quality and accuracy of laboratory test results through continuous quality improvement initiatives and staff training, and ongoing provision of technical assistance, to the National Public Health Reference Laboratory. Funds for this activity are provided through a cooperative agreement with CDC; these agreements are funded after the Notice of Award on April 1st and delays in processing can result in funding gaps. Early funding is necessary to support staffing and program operations for FXB to ensure that there is no interruption of crucial services.</p>	\$59,250	\$100,000
12-HVTB	12756.25161.09	<p>Early funding is being requested for this ongoing activity in the Palliative Care: TB/HIV program area and Treatment/ARV Services program area. These activities supports FXB who will serve as the primary partner of the Ministry of Health in the development of a standard care package, the expansion of adult and pediatric HIV care and treatment, the development of care and treatment guidelines and protocols, and the design and implementation of adherence monitoring and TB/HIV-related interventions will focus on providing expertise on the diagnosis, treatment, and management of TB/HIV co-infected patients to the Guyana National TB Program. Funds for this activity are provided through a cooperative agreement with CDC; these agreements are funded after the Notice of Award on April 1st and delays in processing can result in funding gaps. Early funding is necessary to support staffing and program operations for FXB to ensure that there is no interruption of crucial services.</p>	\$39,500	\$200,000

09-HTXS	12736.25162.09	<p>Early funding is being requested for this ongoing activity in the Palliative Care: TB/HIV program area and Treatment/ARV Services program area. These activities supports FXB who will serve as the primary partner of the Ministry of Health in the development of a standard care package, the expansion of adult and pediatric HIV care and treatment, the development of care and treatment guidelines and protocols, and the design and implementation of adherence monitoring and TB/HIV-related interventions will focus on providing expertise on the diagnosis, treatment, and management of TB/HIV co-infected patients to the Guyana National TB Program. Funds for this activity are provided through a cooperative agreement with CDC; these agreements are funded after the Notice of Award on April 1st and delays in processing can result in funding gaps. Early funding is necessary to support staffing and program operations for FXB to ensure that there is no interruption of crucial services.</p>	\$227,125	\$1,198,000
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**Mechanism Name: Measure Phase III**

**Mechanism Type:** HQ - Headquarters procured, country funded

**Mechanism ID:** 10549.09

**System ID:** 10549

**Planned Funding(\$):** \$570,000

**Procurement/Assistance Instrument:** Contract

**Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Prime Partner:** University of North Carolina

**New Partner:** Yes

**Early Funding Activities**

Program Budget Code	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
17-HVSI	24766.09	Continue support for the joint Monitoring & Evaluation Operational Plan through the placement of a resident advisor.	\$150,000	\$570,000

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name: ITECH**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 4792.09  
**System ID:** 10687  
**Planned Funding(\$):** \$295,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Health Resources Services Administration  
**Funding Source:** GHCS (State)  
**Prime Partner:** University of Washington  
**New Partner:** No

**Early Funding Activities**

Program Budget Code	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
18-OHSS	8492.25155.09	Early funding is being requested for this ongoing activity, this activity ensures that ITECH continue to operate smoothly for the first quarter of the fiscal year until the budget is approved. Early funding will be used to support salaries and benefits, the continuing development of curriculum and training, will continue to support the national HIV/AIDS website, lease services, travel and security.	\$58,156	\$295,000

**Mechanism Name: USAID Program Management**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 134.09  
**System ID:** 10311  
**Planned Funding(\$):** \$555,000  
**Procurement/Assistance Instrument:** USG Core  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** US Agency for International Development  
**New Partner:** No

**Mechanism Name: Blood Safety-PHE**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 11915.09  
**System ID:** 11915  
**Planned Funding(\$):** \$0  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State)  
**Prime Partner:** US Centers for Disease Control and Prevention  
**New Partner:** No

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name: CDC Program Management**

**Mechanism Type:** HQ - Headquarters procured, country funded

**Mechanism ID:** 3828.09

**System ID:** 10677

**Planned Funding(\$):** \$1,000,000

**Procurement/Assistance Instrument:** USG Core

**Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GAP

**Prime Partner:** US Centers for Disease Control and Prevention

**New Partner:** No

**Early Funding Activities**

Program Budget Code	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
19-HVMS	3216.25139.09	Early funding is being requested for this ongoing activity, this activity ensures that the CDC/GAP Office continue to operate smoothly for the first quarter of the fiscal year until the budget approved. Early funding will be used to support LES Staff, FTEs salaries and benefits, purchase of supplies, lease services, travel and security.	\$250,000	\$1,000,000

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name: CDC Program Support**

**Mechanism Type:** HQ - Headquarters procured, country funded

**Mechanism ID:** 135.09

**System ID:** 10743

**Planned Funding(\$):** \$1,106,315

**Procurement/Assistance Instrument:** USG Core

**Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Prime Partner:** US Centers for Disease Control and Prevention

**New Partner:** No

**Early Funding Activities**

Program Budget Code	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
16-HLAB	8110.25366.09	Early funding is being requested for this ongoing activity, this activity ensures that the CDC/GAP Office continue to operate smoothly for the first quarter of the fiscal year until the budget is approved. Early funding will be used for the Senior Laboratory advisor position to renew the contract. This activity allows CDC, through a Personal Service Contract (PSC), to provide a senior laboratory advisor to the MOH to assist the MOH to establish procedures and policies and set up the initial operation of the National Public Health Reference Laboratory.	\$90,000	\$167,125
19-HVMS	9359.25368.09	Early funding is being requested for this ongoing activity, this activity ensures that the CDC/GAP Office continue to operate smoothly for the first quarter of the fiscal year until the budget is approved. Early funding will be used for LES Staff salaries and benefits and travel and first quarter invoice for ICASS. Early funding will be used to support ICASS first invoices and other expenditures.	\$61,750	\$437,263

**Mechanism Name: Department of Defense**

**Mechanism Type:** HQ - Headquarters procured, country funded

**Mechanism ID:** 3717.09

**System ID:** 10663

**Planned Funding(\$):** \$338,000

**Procurement/Assistance Instrument:** Contract

**Agency:** Department of Defense

**Funding Source:** GHCS (State)

**Prime Partner:** US Department of Defense

**New Partner:** No

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name: Department of State**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 4993.09  
**System ID:** 9741  
**Planned Funding(\$):** \$112,500  
**Procurement/Assistance Instrument:** USG Core  
**Agency:** Department of State / Western Hemisphere Affairs  
**Funding Source:** GHCS (State)  
**Prime Partner:** US Department of State  
**New Partner:** No

**Mechanism Name: Peace Corps**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 102.09  
**System ID:** 10658  
**Planned Funding(\$):** \$141,472  
**Procurement/Assistance Instrument:** USG Core  
**Agency:** Peace Corps  
**Funding Source:** GHCS (State)  
**Prime Partner:** US Peace Corps  
**New Partner:** No

**Mechanism Name: WHO/PAHO Blood Safety**

**Mechanism Type:** Central - Headquarters procured, centrally funded  
**Mechanism ID:** 6277.09  
**System ID:** 10691  
**Planned Funding(\$):** \$500,000  
**Procurement/Assistance Instrument:** Grant  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** Central GHCS (State)  
**Prime Partner:** World Health Organization  
**New Partner:** No  
  
Sub-Partner: Pan American Health Organization  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

**Table 3.2: Sub-Partners List**

<b>Mech ID</b>	<b>System ID</b>	<b>Prime Partner</b>	<b>Agency</b>	<b>Funding Source</b>	<b>Sub-Partner</b>	<b>TBD Funding</b>	<b>Planned Funding</b>
2804.09	10616	Initiatives, Inc.	U.S. Agency for International Development	Central GHCS (State)	Academy for Educational Development	N	\$0
2804.09	10616	Initiatives, Inc.	U.S. Agency for International Development	Central GHCS (State)	John Snow, Inc.	N	\$0
2804.09	10616	Initiatives, Inc.	U.S. Agency for International Development	Central GHCS (State)	Pathfinder International	N	\$0
6277.09	10691	World Health Organization	HHS/Centers for Disease Control & Prevention	Central GHCS (State)	Pan American Health Organization	N	\$0

### Table 3.3: Program Budget Code and Program Narrative Planning Table of Contents

Program Budget Code: 01 - MTCT Prevention: PMTCT

**Total Planned Funding for Program Budget Code: \$596,488**

#### Program Area Narrative:

Based on the 2006 ANC survey, the adjusted HIV prevalence among ANC attendees was 1.5%. The age group with the highest prevalence (3.08%) was 40-44 year olds (small sample size). Prevalence among the urban population was 2.8% and rural was 1.1%. The 2007 PEPFAR Annual report indicated that 184 (against the annual target of 170) women had received a complete course of anti-retro viral prophylaxis in a PMTCT setting. Also, by the time of the Semi-Annual report for FY2008, 56 pregnant had initiated ART during pregnancy.

PEPFAR Guyana is currently on target to reach our FY08 goal of counseling and testing 12,200 pregnant women through PMTCT; with 97.8% of all women offered services accepting testing. Nationally there are over 110 PMTCT sites (public and private) that are reaching nearly 90% of all pregnant women (MOH Statistic). ANC and L&D services are currently available in all 10 administrative regions. PMTCT is an integral part of the Maternal and Child Health Services and is not treated as a vertical/stand alone service.

In FY09, the program will support the National PMTCT program, not just the 45 sites established through the GHARP program during the first five years of PEPFAR implementation. CDC and USAID will continue to provide support for training, technical assistance, monitoring and evaluation, QA/QI, equipment, transportation, and personnel. Collectively with the MOH, PEPFAR has already initiated program support for four private hospital PMTCT programs. This expansion will ensure that there is national access to PMTCT services. It is estimated that for FY09, based on an estimated 14,000 births (lowered MCH projection) and a HIV prevalence rate of 1.5%, a projected 210 HIV+ women will deliver. Of these about 90% (189) will deliver in a hospital and will have access to ARVs. Data from the first ten months of fiscal year 2008 shows that 68% of HIV+ pregnant women delivering in hospital were on/given ARVs, prophylactic or treatment (current information not disaggregated) as compared to 71% during FY07. It is reasonable to expect that by 2009 at least 80% of women who deliver in a hospital setting will receive ARVs. It is estimated that with ARV treatment there will be only about 4% transmission rate i.e. about 7 infected infants. Without treatment, infection transmission would be about 30%--or 56 children. Therefore an estimated 49 (87%) infections will be averted due to PMTCT programming.

All infants born of HIV+ mothers are offered breast milk substitute (BMS) for a period of 18 months. Data from the first half of 2007 show that 91% of women accepted substitute feeding. The PMTCT Office within MOH, tracks the number of infants under six months of age, and the number of infants over six months of age on BMS. Negative health outcomes experienced by infants on BMS are reported and followed up. Diagnostic testing was carried out at 18 months previously with only 2 positive cases amongst 60 infants. DNA PCR then began in December 2007 and will now be housed at the newly established National Public Health Reference Laboratory (NPHRL); testing at six weeks as per protocol.

Women are encouraged to bring their partners to clinic and partner testing is offered for all STIs including HIV. When discordant couples are identified, nurses are trained to counsel couples on the importance of condom use to prevent transmission to both mother and child. New initiatives are planned to reach such partners for testing outside the PMTCT programming through targeted counseling and testing activities given low turnout of partners in the PMTCT setting. Positive cases are referred for care and treatment and social workers are employed to navigate HIV+ women to access the continuum of care. There are currently limited programs that address gender-based violence--which are currently supported by the Ministry of Human Services and Social Security, and to some extent UNFPA. Stigma and discrimination is dealt with through the general BCC program. There are currently 15 fixed treatment sites and a mobile unit to serve the interior areas. HAART treatment is initiated when the CD4 count is below 350, but prophylaxis (Truvada & Kaletra) is offered to HIV+ pregnant women with CD4 counts above 350. Once women begin treatment they are tracked through the Patient Monitoring System (PMS). HIV+ women will also be offered cervical cancer screening (visual inspection with acetic acid) and treatment after delivery (cryo-therapy or a loop electro-excision process) along with direct referrals to family planning clinics. NVP plus short-course AZT is currently being offered to all babies born to HIV+ mothers. Circumcision is already a service offered at delivery, but nurses will be trained to counsel new mothers on this option, and advocate for increase uptake of the service. At six weeks each infant is also treated with Cotrimoxazole (CTX). As previously mentioned, all infants are referred for post-natal follow with 95% accessing these services to date. These services include growth monitoring, nutrition education, provision of BMS as indicated, treatment of inter current infection, referral for further care.

In 2008, PEPFAR successfully transitioned the full PMTCT database for monitoring activities to the Ministry of Health, having provided technical guidance and system support to ensure a smooth transition. This followed a two-year period of time where parallel systems were managed in order to allow time to build MOH capacity and provide for a data quality comparison. These having been achieved, the transition is finalized. PEPFAR will now direct all support for monitoring and evaluation directly to the MOH.

The PMTCT program is an example of partnership and cooperation among US government partners and sub-partners and the

government of Guyana. In 2008 MOH trained new PMTCT counselor/testers in all regions. Follow-up meetings with staff are integrated into the quarterly MCH meetings in each region where cases are discussed, challenges are presented, solutions are identified and refresher courses are offered. In 2009 CDC, through their cooperative agreement with the MOH, will provide: rapid-testing kits, tubes, and syringes with safety glides (through SCMS); quality assurance laboratory supplies; breast milk substitute; personnel, including outreach workers; support for transportation (boats, vehicles, fuel, etc.) and technical guidance, including quality assurance, support for training, and linkages to care and treatment. USAID will provide technical assistance and training support to the MOH. A USG/GOG common goal is for the complete integration of all counselor/tester training and curricula. Such cross-training would develop personnel with the capability to implement counseling and testing (including provider-initiated) with no differentiation between a VCT, PMTCT, or youth-friendly setting as well as include approaches for couples counseling, home-based testing, etc. This will call for a revision in curriculum as well as refresher training for all current employees. A shared, longer-term vision is for the revision of MOH Job Descriptions where each tier of health worker has HIV/AIDS services incorporated as base responsibilities rather than being classified or viewed as special/extra duties.

Based on the revised MOH policy on HIV testing, opt-out rapid testing is now being used at labor and delivery sites. The significance of such labor and delivery wards is evident from the perspective that over 80% of all deliveries occur in the five largest of such facilities. For the non-L&D PMTCT sites, HIV rapid testing is conducted at part of the routine antenatal clinic (ANC) blood screening process—at a central site. Because of delays that occur in reporting results back to ANC facilities; a second common goal for USG/GOG partnership will be for the phased assessment and scale-up of PMCT programming to include rapid testing on-site. Facilities will be staged according to their supply chain and personnel capacity as well as the client volume needed to implement this service. This will need to be done very strategically so that it does not undermine the systems already operating for routine ANC testing, but aim to reduce the number of women tested in the PMTCT program who are not receiving their results and also to increase the number of eligible women accessing HAART at an earlier stage.

Historically, tracking mother-baby pairs lost to follow-up and a weak link between delivery and care and support programs. Great strides have been made through the hard work of outreach workers supported through the CDC cooperative agreement with the MOH and those supported under the GHARP program. In 2009, transition of GHARP case navigators and outreach officers to the MOH will occur in a process similar to the previous successfully implemented transition of 65 nurses, social workers, and clerks from GHARP to the MOH in FY07/08. These social workers will continue to reach out to identify women who are not accessing ANC services and link them to the PMTCT program, as well as screen women for possible cases of gender-based violence. Strengthening the quality of services (counseling, testing, and adherence) and information management at PMTCT sites will continue to be a key focus of the Guyana PEPFAR team in FY09. Technical assistance is also planned for strengthening the vital registry data for both birth (ascertain the annual number of births) and mortality data.

Note: Positions supported by PEPFAR through the CDC/MOH Cooperative agreement follow PEPFAR Guidance by “Providing funds to hire temporary workers on behalf of the MOH or other government body, to fill in critical gaps in anticipation of assignment of government employees.”

**Table 3.3.01: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 2246.09	<b>Mechanism:</b> Ministry of Health, Guyana
<b>Prime Partner:</b> Ministry of Health, Guyana	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Prevention: PMTCT
<b>Budget Code:</b> MTCT	<b>Program Budget Code:</b> 01
<b>Activity ID:</b> 15958.25147.09	<b>Planned Funds:</b> \$345,000
<b>Activity System ID:</b> 25147	

**Activity Narrative:** Under its cooperative agreement the CDC will continue to support the strengthening of the PMTCT program to effectively screen patients and prevent the transmission of HIV, and provide adequate care and support. HIV screening is integrated into the ante-natal care system which also includes screening for other STIs. Currently there are 45 PMTCT sites (public and private) and in FY09 it is expected to increase to 110 PMTCT sites, the program will support the entire program, not just the 45 sites established through the GHARP program during the first five years of PEPFAR implementation.

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

In 2009, transition of GHARP case navigators and outreach officers to the MOH will occur in a process similar to the previous successfully implemented transition of nurses from GHARP to the MOH in FY07/08. These social workers will continue to reach out to identify women who are not accessing ANC services and link them to the PMTCT program, as well as screen women for possible cases of gender-based violence. Strengthening the quality of services (counseling, and testing)

Appropriate infant feeding methods will continue to be promoted at PMTCT sites including the provision of breast milk substitutes where appropriate.

Through the Cooperative agreement CDC will continue to provide rapid test kits, laboratory supplies, counseling and referrals for family planning services, contract staff support, technical guidance, quality assurance and strong links to care and treatment. Supported areas will include MOH data collection and utilization, supervision of field implementation, educational materials and programs, and contract nurses for providing and supervising services, including counseling at health facilities. Funds will also support related staff training and travel and the development of IEC material. Psychological support will be provided for PMTCT counselors.

CDC/GAP will also continue to support the MCH Unit and the MOH Strategic Information Unit for data collection and utilization (including data entry staff and computers), supervision of activities at the field level, and quality assurance. To improve the environment of HIV services in small health centers, CDC will continue to support upgrades to ensure areas for confidential counseling and testing and adequate facilities for family counseling and education

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 15958

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15958	15958.08	HHS/Centers for Disease Control & Prevention	Ministry of Health, Guyana	6269	2246.08	Ministry of Health, Guyana	\$246,000

### Emphasis Areas

Health-related Wraparound Programs

- \* Child Survival Activities
- \* Family Planning
- \* Safe Motherhood

### Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$270,000

### Public Health Evaluation

### Food and Nutrition: Policy, Tools, and Service Delivery

### Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$75,000

### Economic Strengthening

### Education

### Water

**Table 3.3.01: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 2765.09	<b>Mechanism:</b> AIDSRelief
<b>Prime Partner:</b> Catholic Relief Services	<b>USG Agency:</b> HHS/Health Resources Services Administration
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Prevention: PMTCT
<b>Budget Code:</b> MTCT	<b>Program Budget Code:</b> 01
<b>Activity ID:</b> 12740.25107.09	<b>Planned Funds:</b> \$1,580
<b>Activity System ID:</b> 25107	

**Activity Narrative:** AIDSRelief strives to provide comprehensive family centered care which has been built upon our PMTCT program. In keeping with Guyana's National Guidelines, all pregnant HIV+ women are counseled and started on ART- for medical treatment or prophylaxis. AIDSRelief's sites have had 51 pregnant women on combination ART (since the changes in Guyana's National Guidelines) for both prophylaxis and treatment. Patients are counseled to have their partners/spouses tested as well as other children in the household. All infants born into the PMTCT program receive close follow up care and monitoring, as well as free replacement feeding supplied to sites by the Maternal Child Health department of the Ministry of Health. Moreover, children born into our PMTCT program that are diagnosed HIV negative will continue to receive a minimum package of primary care until the age of five. In the coming year, AIDSRelief will continue to strengthen the PMTCT programs at our LPTFs by providing increasing training opportunities for physicians at our private LPTFs. We will continue to monitor the number of pregnant patients being referred and those that enroll into our sites' care and treatment programs. Our goal will be to have at least 80% of HIV+ pregnant women started on ARV prophylaxis at a minimum and at least 80% of HIV exposed children in regular follow up care. In addition we will continue to work closely with MOH in tracking infants born to HIV+ women and providing early testing with dried blood spot testing.

In addition to providing general counseling, counselors and clinicians must also address issues such as of domestic violence and substance abuse. In the coming year, AIDSRelief will increase linkages with local NGOs (such as Help & Shelter) that support survivors of gender based violence in order to ensure that both medical and psychosocial needs are met.

In FY2009, AIDSRelief will continue to provide on-site technical assistance to clinicians and counselors in addressing the needs of pregnant HIV+ women.

Targets:

- 2 service outlets providing the minimum package of PMTCT services according to national and international standards
- 400 pregnant women who received HIV counseling and testing for PMTCT and received their results
- 30 pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting.
- 10 health care workers trained in the provision of PMTCT according to international standards

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 12740

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12740	12740.08	HHS/Health Resources Services Administration	Catholic Relief Services	6266	2765.08	AIDSRelief	\$2,000

**Emphasis Areas**

Health-related Wraparound Programs

\* Child Survival Activities

**Human Capacity Development**

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.01: Activities by Funding Mechanism**

**Mechanism ID:** 135.09

**Mechanism:** CDC Program Support

**Prime Partner:** US Centers for Disease Control and Prevention

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Prevention: PMTCT

**Budget Code:** MTCT

**Program Budget Code:** 01

**Activity ID:** 12742.25361.09

**Planned Funds:** \$49,908

**Activity System ID:** 25361

**Activity Narrative:** The PMTCT national program continues to scale up not only in number of sites but also scope of services. During FY09, PMTCT will be fully integrated into ante-natal care and also the number of sites is expected increase from 45 sites to 110 sites. Additionally, to address the increased demands in M&E as the program is scaled up, the CDC will provide support for data entry and training in statistics to MOH staff, and support for the senior program officer at CDC to oversee the PMTCT activities and the MOH cooperative agreement and coordinate with other partners in country for the overall PMTCT program. Support for this activity will also be provided with funds remaining from the previous fiscal year.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 12742

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12742	12742.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	6273	135.08	CDC Program Support	\$6,830

**Emphasis Areas**

Health-related Wraparound Programs

- \* Child Survival Activities
- \* Family Planning
- \* Safe Motherhood

**Human Capacity Development**

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.01: Activities by Funding Mechanism**

**Mechanism ID:** 9752.09

**Mechanism:** AIDSTAR

**Prime Partner:** To Be Determined

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** Prevention: PMTCT

**Budget Code:** MTCT

**Program Budget Code:** 01

**Activity ID:** 3156.22652.09

**Planned Funds:** [REDACTED]

**Activity System ID:** 22652

**Activity Narrative:** The new Contractor awarded through the AIDSTAR mechanism will replace the work of the Guyana HIV/AIDS Reduction and Prevention Project (Prime: FHI) that ends in December 2008. The activities and technical support previously offered through GHARP will be continued under AIDSTAR.

They will support the GoG's ongoing HIV prevention, care and treatment program by helping to establish the necessary health infrastructure systems and improving provider skills so they can safely and effectively provide PMTCT with appropriate links to follow-up services. FY09 will continue to focus on reaching male partners, but will also seek to decrease the gap between those women tested and those that receive their results prior to delivery. This will be done by continuing the communication strategy that encourage women to access services early in pregnancy, but also in staging health centers, and supporting those sites with current capacity to provide on-site, rapid testing to do so. The management information system, developed through GHARP, with the MOH is now fully managed by the MOH, but will require technical assistance to ensure data quality, resolve any systems issues that may arise, and integrate with broader MOH HMIS when operational.

The Contractor will support the technical assistance needs of the MOH and its MCH department as outlined:

**Priorities:**

- Provide technical assistance for MOH to promote quality assurance, ensure routine PMTCT data system function in order to track service delivery/prevalence; and
- Provide support for training, equipment, transportation, and critical commodities needed to expand PMTCT services nationally.

**Illustrative Activities:**

- Short and Long-term technical assistance, training and reporting/evaluation provided to the MOH in order to expand programming, increase coverage, and strengthen the quality of services provided;
- Provide technical assistance to the Ministry of Health in updating and revising National Guidelines, service standards, and curriculum as needed.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13884

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13884	3156.08	U.S. Agency for International Development	Family Health International	6641	4.08	GHARP	\$200,000
7466	3156.07	U.S. Agency for International Development	Family Health International	4612	4.07	GHARP	\$300,000
3156	3156.06	U.S. Agency for International Development	Family Health International	2737	4.06	GHARP	\$700,000

## Emphasis Areas

Gender

- \* Addressing male norms and behaviors

Health-related Wraparound Programs

- \* Child Survival Activities
- \* Family Planning

## Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development

## Public Health Evaluation

## Food and Nutrition: Policy, Tools, and Service Delivery

## Food and Nutrition: Commodities

## Economic Strengthening

## Education

## Water

Program Budget Code: 02 - HVAB Sexual Prevention: AB

**Total Planned Funding for Program Budget Code: \$1,257,735**

### Program Area Narrative:

Guyana faces a low-level generalized HIV epidemic. A cumulative total of 4,502 AIDS cases had been officially reported to the MOH by the end of 2004. At that time, UNAIDS estimated that the prevalence of HIV infection among adults in Guyana was 2.5%.

The 2005 Guyana AIDS Indicator Survey showed that 98% of adults in the general population have heard of AIDS and that 76% of women and 81% of men know the two most important ways to avoid HIV transmission, using condoms and limiting sex to one uninfected partner. Nine percent of men and 1% of women reported having had more than one sexual partner in the last 12 months. Only about 1% of Guyanese men and women who have ever had sex reported having an STI in the past 12 months.

A biological and behavioral survey of 334 men who have sex with men (MSM) was conducted in 2004. Twenty-four percent of MSM agreed to provide blood samples, which were tested for HIV and syphilis. Among the participants who provided blood for serologic testing, 21% tested positive for HIV and 10% for syphilis. The risk behaviors in the MSM population may also affect levels of heterosexual transmission. Considering the high HIV prevalence and fluctuation of sexual partners, MSM are at high-risk for HIV in Guyana. Like MSM, all female sex workers surveyed had heard of HIV and 76% knew someone infected with or dead of HIV/AIDS. According to the latest sero-prevalence survey among FSW in Guyana, HIV prevalence for this group is 27%.

Guyana employs thousands of men in hundreds of mines in remote interior regions, so gold and diamond miners were surveyed. Less than half (47%) were married or living maritally and 50% were migrant workers. Eighty-nine percent reported sexual activity in the last year; 50% reported having had sex with only one partner and 15% had had sex with commercial sex partners. In 2004, HIV prevalence was 4% among miners, down from 7% in 2002.

Tuberculosis is the most common opportunistic infection and the leading cause of death among people living with HIV/AIDS (PLWHA). Only seventy-nine persons (31%) reported knowing their HIV-infection status before starting TB treatment and were not retested for HIV. Of the 79 (84%) reported a positive HIV status. Of the remaining 174 patients with unknown HIV status before diagnosis of TB, 73% were offered HIV counseling and testing, and 91% of those agreed to be tested. Ten percent of those tested were HIV-positive. Guyana has a TB/HIV prevalence of 14%.

Drug users constitute an important risk group for HIV. The 2006 Canadian Society for International Health conducted a study

regarding the relationship between drug use behavior and HIV prevalence. The study was conducted among 172 cocaine users in Georgetown during October and November 2006. Over half the participants (61%) reported a history of sexually transmitted infections and 18.2% had previously had TB. Of the 172 participants, 17% tested positive for HIV. 79% of HIV+ drug users already knew their HIV status before the study.

Collectively this strategic data has identified key Most-At-Risk Populations (MARPs) as sex workers and their clients, men who have sex with men, PLWHA, and "mobile" persons such as miners, loggers, sugar-cane workers, transport industry workers, and those persons living with TB. These populations therefore continue to be the main target for focused interventions. In addition, youth who are transitioning into sexual activity and women who often lack empowerment to control sexual relationships in the familial structure will be reached as important populations.

Great strides have been made in the past five years of the PEPFAR/MOH collaboration. The USG program priorities continue to be directly linked to and include the Guyana National HIV/AIDS Strategies for 2007-2011. Currently, the MoH and USAID supported NGOs are directing efforts at risk elimination and risk reduction for MARPS. Female sex workers and MSM are also being reached with combined targeted outreach and referrals to friendly clinical care and treatment services. This program is implemented in Regions Four and Six with plans for expansion in Regions Two, Three, Seven and Eight. Interventions to reduce the risk among miners and loggers have also commenced. Significant expansion of these programs, together with quality assurance programming in FY09 and beyond are essential.

To date, the Private Sector Partnership Program developed in 2005 has evolved into a robust coalition of private sector organizations that are actively engaged in helping the GoG reach its goals of preventing and reducing HIV in Guyana. Forty-six (46) local private sector companies are currently collaborating with the Public/Private Sector Partnership Program in an effort to protect the workforce against HIV and ensure the viability of private enterprise in Guyana.

Successes in the area of community outreach to promote behavior change include the large number of NGOs supported to implement structured behavior change interventions and some progress was made to reach most at risk populations, especially Female Sex Workers. Interventions to reach MSM remain a challenge. However, this sub-population will continue to be a priority in FY 09. Non-traditional condom outlets were supported by the Condom Social Marketing Program through private sector partnerships. The cost effectiveness of the CSM program in reaching places where high risk behaviors occur is a possible success that should be evaluated further.

In addition, GHARP focused on creating an enabling environment for positive behavior change. Activities included promotion of the benefits of partner reduction, increased family time, pre- and post marital counseling, and the promotion of individual, familial and societal responsibilities. Training also focused on cultural norms, gender issues, substance abuse, human sexuality and domestic violence. FBOs are integral partners in promoting this prevention strategy as well as counseling their members to access pre-marital counseling and testing.

Specific Milestones Include:

- Over 11,000 persons were reached with other behavior change messages beyond abstinence and/or being faithful.
- More than 1400 Army recruits received Abstinence and Be Faithful messages and an additional 2400 Army Ranks received abstinence/be faithful/safer sex messages from trained peer educators.
- The Modeling and Reinforcement to Combat HIV and AIDS (MARCH) radio serial drama, Merundoi, continues to broadcast twice weekly plus weekend editions. The MARCH program has scaled up reinforcement activities in partnership with the Ministries of Health and Education, and has transitioned from administration by the US-based Manila Consulting Company to a free-standing NGO with administration and management through Community Support Development Services Inc, an indigenous organization.
- Mobile and fixed youth friendly services in several regions;
- USG/GOG supported jointly development of IEC materials following the National HIV/AIDS Communication Strategy and disseminated nationally;
- NGO and MoH Peer educators actively working in all regions;
- Community awareness competition, HIV/STI Web game production;
- Over 2 million condoms per year were distributed via NAPS, maternal/child health clinics, and NGO sites.
- Condom sales in less than a year have exceeded over 100,000 pieces sold through non-traditional outlets regionally.
- Peace Corps Volunteers and community counterparts were able to complete 6 small projects that integrated literacy, information technology and HIV/AIDS awareness.
- Peace Corps Response Volunteers have worked with local organizations including the Merundoi Project, Help & Shelter, and Guyana Geology and Mines Commission on positive behavior change communication and HIV prevention education among vulnerable populations.

In FY09, communication and public information programs that include the development of a comprehensive marketing strategy to facilitate greater uptake of HIV/AIDS related prevention goods and services will be undertaken. These programs will target all priority populations.

Development and implementation of a national condom distribution policy that includes and expands upon existing programs will be a priority. Expansion of private sector condom sales model in conjunction with a free, national condom distribution system will be supported; all under one umbrella social marketing campaign. Consideration will also be given for female condoms.

A continued increase of involvement of NGO, civil and private sectors will be fostered to increase coverage of all prevention programming and as part of a sustainability strategy. These efforts should span all programs for at-risk populations. Special consideration will be given to the reduction of gender-based sexual coercion and violence, including cross-generational sex. Programs will also continue to address alcohol and substance abuse-related behavior as it contributes to HIV risk for all targeted populations.

Individuals who are identified through AB outreach will continue to be referred to NGO and MoH VCT sites and other care, support, and treatment services. One example is model built by the Guyana Defense Force project with the armed services, where a mobile van provides GDF members and their families with AB, OP, VCT, and referral services. Sexually active youth are reached through Life Skills and Peer Leader Education programs and Youth-Friendly Health Services. Referrals between USG/Guyana's ABY and OVC program areas enable young persons engaging in risky behaviors to obtain needed HIV/STI counseling and testing and other HIV prevention services. USG works with local partners such as the Salvation Army when necessary to link HIV clients such as substance abusers to available services.

The program will work to finalize the prevention principles, standards and guidelines that will address prevention interventions. Development of a condom policy that increases access for those at risk will be considered. Persons living with HIV will be integrated further into prevention programs both at the national and community levels to reach more PLHIV as well as the general population).

**Table 3.3.02: Activities by Funding Mechansim**

**Mechanism ID:** 9752.09 **Mechanism:** AIDSTAR  
**Prime Partner:** To Be Determined **USG Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State) **Program Area:** Sexual Prevention: AB  
**Budget Code:** HVAB **Program Budget Code:** 02  
**Activity ID:** 3157.22653.09 **Planned Funds:** ██████████

**Activity System ID:** 22653

**Activity Narrative:** The new Contractor awarded through the AIDSTAR mechanism will replace the work of the Guyana HIV/AIDS Reduction and Prevention Project (Prime: FHI) that ends in December 2008. The activities and technical support previously offered through GHARP will be continued under AIDSTAR.

Technical assistance will be provided to NGOs and MOH with a focus on reinforcing the National Communication Strategy and the Merundoi program as well as the continued Body Works peer education program. Oversight and support will also be given to increase the quality of services provided and the partners' ability to link clients with testing, support, and condom programs when needed.

**Priorities:**  
 •Provide technical assistance to develop strategies, training, and mentoring of MOH and NGO partners implement AB programming;  
 •Provide training and technical guidance/mentoring to NGO and MOH partners as they continue to implement Abstinence & Be Faithful programs and communication.

**Illustrative Activities:**  
 •Short and Long-term technical assistance provided to a team of colleagues from the National AIDS Programme and NGOs working with high risk populations in order to expand programming, increase coverage, and strengthen the quality of services provided; and  
 •Short and Long-term technical assistance provided to a team of colleagues from the National AIDS Programme and NGOs providing prevention programming that falls under AB in order to expand programming, increase coverage, and strengthen the quality of services provided.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13886

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13886	3157.08	U.S. Agency for International Development	Family Health International	6641	4.08	GHARP	\$400,000
7865	3157.07	U.S. Agency for International Development	Family Health International	4612	4.07	GHARP	\$350,000
3157	3157.06	U.S. Agency for International Development	Family Health International	2737	4.06	GHARP	\$450,000

**Emphasis Areas**

Gender

- \* Addressing male norms and behaviors
- \* Reducing violence and coercion

Workplace Programs

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development ██████████

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.02: Activities by Funding Mechansim**

**Mechanism ID:** 2762.09

**Mechanism:** Department of Labor

**Prime Partner:** International Labor Organization

**USG Agency:** Department of Labor

**Funding Source:** GHCS (State)

**Program Area:** Sexual Prevention: AB

**Budget Code:** HVAB

**Program Budget Code:** 02

**Activity ID:** 14601.24768.09

**Planned Funds:** \$0

**Activity System ID:** 24768

**Activity Narrative:** Continuing Activity using Pipeline Funds

The thrust of this proposal is to expand world of work opportunities that have opened up as a result of the ILO's collaboration, experience and achievements with USDOL/PEPFAR and the GHARP Project. This project will continue to work with the 57 enterprises and expand the reach of the program by including mobile workers in mining and logging areas with prevention/abstinence and being faithful messages. The ILO/FHI Behaviour Change Communication (BCC) Toolkit will be used to develop materials that specifically target workers in these sectors while BodyWork III-On the Job, (a manual for trainers and workplace peer educators that was developed by the project) will be utilized for training managers and workers in the areas of abstinence and being faithful. The project will build on its links with the Geology and Mines Commission, Miners Association, Forestry Commission and the Forestry Products Association to achieve its goals and objectives. In this regard, the project will support capacity building for workers from these organizations that are integrally involved in the operations of the sectors. The existing and well functioning collaborative arrangements with the Ministry of Labour, Human Services and Social Security, the employers' and workers' organizations and the network of nongovernmental organizations (NGO) will also continue to be utilized to reach the target groups.

The ILO Code of Practice on HIV/AIDS and the World of Work will continue to be the principle guide and framework for action. The Code contains practical guidelines for programming, implementation and monitoring at the enterprise and community levels in the critical areas of prevention and behavior change.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 14601

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14601	14601.08	Department of Labor	International Labor Organization	6643	2762.08	Department of Labor	\$125,000

**Emphasis Areas**

Gender

- \* Addressing male norms and behaviors
- \* Increasing gender equity in HIV/AIDS programs
- \* Reducing violence and coercion

Workplace Programs

**Human Capacity Development**

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.02: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 2765.09	<b>Mechanism:</b> AIDSRelief
<b>Prime Partner:</b> Catholic Relief Services	<b>USG Agency:</b> HHS/Health Resources Services Administration
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Sexual Prevention: AB
<b>Budget Code:</b> HVAB	<b>Program Budget Code:</b> 02
<b>Activity ID:</b> 7982.25108.09	<b>Planned Funds:</b> \$17,949

**Activity System ID:** 25108

**Activity Narrative:** In FY2009 AIDSRelief and the Roman Catholic Youth Office (RCYO) will continue to provide follow-up support to the activities of the youth clubs established in all ten regions throughout Guyana. In addition to training an additional 120 peer educators, RCYO will provide leadership training to active youth club participants. RCYO will also directly conduct value-based HIV prevention activities through conventions, conferences, a summer camp, and an STI awareness day. RCYO will incorporate a gendered approach to HIV prevention and life skills promotion by addressing male norms and behaviors and by supporting the empowerment of women in interpersonal situations.

Targets:

- 1200 individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or be being faithful
- 120 individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 12713

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12713	7982.08	HHS/Health Resources Services Administration	Catholic Relief Services	6266	2765.08	AIDSRelief	\$22,721
7982	7982.07	HHS/Health Resources Services Administration	Catholic Relief Services	4450	2765.07	AIDSRelief	\$20,000

**Emphasis Areas**

Gender

- \* Addressing male norms and behaviors
- \* Increasing gender equity in HIV/AIDS programs

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$10,000

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$1,000

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.02: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 3717.09	<b>Mechanism:</b> Department of Defense
<b>Prime Partner:</b> US Department of Defense	<b>USG Agency:</b> Department of Defense
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Sexual Prevention: AB
<b>Budget Code:</b> HVAB	<b>Program Budget Code:</b> 02
<b>Activity ID:</b> 5413.25092.09	<b>Planned Funds:</b> \$40,000
<b>Activity System ID:</b> 25092	

**Activity Narrative:** Continuing Activity

The HIV prevalence rate in Guyana's general population is estimated at 2.4%, with approximately 12,000 individuals living with HIV/AIDS. It has the second highest HIV prevalence rate in Latin America and the Caribbean, and AIDS is currently the leading cause of death among the 20-49 age group. Heterosexual sexual transmission accounts for approximately 80% of HIV/AIDS cases. The Guyana Defense Force (GDF) is estimated at 2,000 troops.

This activity consists of prevention activities promoting abstinence, delay of sexual activity, fidelity and partner reduction, and related social and community norms. In FY08, 94 ranks from various units participated in HIV/AIDS awareness and prevention sessions presented by GDF peer educators at Base Camp Ayanganna. Prevention activities engaging military leadership through HIV/AIDS sensitization trainings included training of eleven (11) Platoon Commanders by Youth Challenge, Guyana. In order to capture and engage large numbers of military members and their friends and families, in FY08 a soccer event will be scheduled as part of the Guyana Defence Force's Anniversary events where HIV/AIDS prevention activities, including peer educator presentations of AB messages and distribution of IEC materials, will be held.

FY09 activities will target recruits, ranks deploying overseas, officer cadets, reservists and military dependents. Initial and refresher trainings on AB messages will be carried out for medical personnel and peer educators throughout the GDF. Activities, including training-of-trainer programs, will extend beyond Georgetown to outlying military posts. The integration of HIV/AIDS education into military training at all levels will be promoted. Peer education will be supplemented through the distribution of HIV/AIDS prevention literature adapted for the military context. Peer education trainers will be supported in recruiting and training new peer educators. An HIV/AIDS awareness day will be organized, coinciding with a national HIV/AIDS prevention activity. A health fair will promote prevention messages and HIV counseling and testing, and provide information on other health-related topics. In FY09, a drama group will use edutainment events, such as sporting and drama activities, to reach out to military personnel and their families with messages promoting abstinence until marriage and partner fidelity. Educational presentations will also address male norms and issues of gender-based violence. Peer educator activities will link with VCT activities to encourage testing and promote other referral support services.

To strengthen education activities across AB and other prevention, supplies will be procured to support HIV/AIDS information management and distribution.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13877

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13877	5413.08	Department of Defense	US Department of Defense	6640	3717.08	Department of Defense	\$0
7863	5413.07	Department of Defense	Center for Disaster and Humanitarian Assistance Medicine	4451	3717.07	Department of Defense	\$45,000
5413	5413.06	Department of Defense	Center for Disaster and Humanitarian Assistance Medicine	3717	3717.06	Department of Defense	\$35,000

## Emphasis Areas

Gender

- \* Addressing male norms and behaviors
- \* Increasing gender equity in HIV/AIDS programs

Military Populations

## Human Capacity Development

## Public Health Evaluation

## Food and Nutrition: Policy, Tools, and Service Delivery

## Food and Nutrition: Commodities

## Economic Strengthening

## Education

## Water

Table 3.3.02: Activities by Funding Mechanism

**Mechanism ID:** 2246.09

**Mechanism:** Ministry of Health, Guyana

**Prime Partner:** Ministry of Health, Guyana

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Sexual Prevention: AB

**Budget Code:** HVAB

**Program Budget Code:** 02

**Activity ID:** 15834.25148.09

**Planned Funds:** \$100,000

**Activity System ID:** 25148

**Activity Narrative:** The Ministry of Health through its Adolescent Health Program have been targeting young people in and out of school on the coastland and in the more remote areas using the secondary school system and health clubs to educate young people about HIV prevention and the value of VCT. It is clear that there will be great benefit to extend this program to the primary school level so as to encourage delay in sexual initiation. This program embarked on during FY07 continued during FY08 and will continue into FY09. It is aimed at increasing the knowledge of primary school children about HIV prevention by supporting the HIV component of the Health Promoting Schools Strategy (HPS) and designing child-friendly and age sensitive HIV/AIDS materials for that program. Primary school teachers will be taught how to use the materials and there will be periodic evaluation to ensure the effectiveness of the program. Community support will be garnered for the school based activities to ensure that behaviors taught at school are reinforced in the home. The MoH Co-Ag will also include funds to carry on work to expand youth-friendly health services and health club programs that emphasize AB education, counseling, and inter-personal communication sessions. This activity was previously funded through the Global Health Fellows Program/CSDS transitioned to MoH in July 2008. These activities complement those being undertaken through the MARCH initiative. USAID has been supporting the unit technically and financially for several years through grants and the placement of a prevention fellow in the Ministry of Health. In FY08 the program graduated to financial support alone, allocated through the CDC cooperative agreement to the MOH.

The MOH Co Ag will include funds to carry on work to expand youth-friendly health services and health programs that emphasize OP education for high risk youths, counseling, and interpersonal communication sessions and the distribution of condoms will continue through NAPS and the MCH services.

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

Targets include youth reached through the youth friendly health services initiative.

**New/Continuing Activity:** Continuing Activity

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15834	15834.08	HHS/Centers for Disease Control & Prevention	Ministry of Health, Guyana	6269	2246.08	Ministry of Health, Guyana	\$100,000

**Emphasis Areas**

Gender

- \* Addressing male norms and behaviors

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$60,000

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

Estimated amount of funding that is planned for Education \$30,000

**Water**

**Table 3.3.02: Activities by Funding Mechanism**

**Mechanism ID:** 102.09

**Prime Partner:** US Peace Corps

**Funding Source:** GHCS (State)

**Budget Code:** HVAB

**Activity ID:** 3799.25086.09

**Activity System ID:** 25086

**Mechanism:** Peace Corps

**USG Agency:** Peace Corps

**Program Area:** Sexual Prevention: AB

**Program Budget Code:** 02

**Planned Funds:** \$37,500

**Activity Narrative:** Continuing Activity

With a population of approximately 700,000 people, Guyana is categorized by UNAIDS as having a generalized AIDS epidemic, with an estimated HIV prevalence in the general population of 3 - 7% and significantly higher rates among male patients of sexually transmitted infection clinics (17.3%) and female commercial sex workers (16.9%) (UNGASS, 2005). According to the National AIDS Program Secretariat approximately 70% of all HIV and AIDS cases were detected in Region 4, with 75% of infections occurring among people between 19 and 35 years of age (NAPS, 2002). The number of children estimated to have lost one or both parents to AIDS is 4,200 (UNICEF, 2004).

In an effort to address HIV/AIDS in Guyana, Peace Corps/Guyana (PC/GY) collaborates with other United States Government (USG) agencies to carry out the President's Emergency Plan for AIDS Relief (PEPFAR). Peace Corps' comparative advantage at the grassroots level is recognized by the partner agencies as adding value to their national programs focused on prevention and care.

Currently, 53 Health and Education Peace Corps Volunteers (PCVs) and three Peace Corps Response Volunteers (PCRVs) serve in eight of Guyana's ten regions. Health Volunteers work directly with health centers and communities to identify local and national resources, facilitate community health assessments, design and implement health education projects, and train health center staff and community leaders. The health project also addresses the country's high HIV/ AIDS rates and focuses its efforts on Guyanese youth. Education Volunteers work with youth organizations and the Ministry of Education to provide at-risk youth with educational, personal and life skills development opportunities. Through teacher-training activities, Volunteers also work with educators on non-traditional teaching methods and life-skills training methodologies. PCRVs are assigned to local NGOs to increase their capacity in providing HIV prevention services.

In FY08, PC/GY used PEPFAR funds to support the costs of five PCRVs; enhanced prevention training for all Health and Education Volunteers; and provided grants for community-initiated projects to promote prevention among in- and out-of-school youth in communities, schools and health facilities. Training events included workshops for PCVs and their Counterparts on community needs' assessments, project design, implementation and evaluation. PC/GY also collaborated with local communities and NGOs to design a 2009 calendar focusing on abstinence education. Over six months, PCVs reached more than 2,000 youth and adults with AB messages, and over 1,800 youth and adults with OP messages through peer education training, life skills workshops, community outreach, and small community-based projects.

For FY09, PC/GY will continue the activities undertaken in FY08 including HIV/AIDS technical and project design management training for all Volunteers and their Counterparts, the recruitment and placement of one PCRV, and grants for community-initiated projects. PC/GY will also continue to formally engage partners in coordinating and focusing efforts of applying and utilizing HIV prevention resources more effectively. Additionally, PC/GY will upgrade the current Driver position to a more formidable Program and Training Specialist who will take the lead on integrating HIV/AIDS training and behavior change communication into current education and health projects.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 15962

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15962	3799.08	Peace Corps	US Peace Corps	7303	102.08	Peace Corps	\$0
7870	3799.07	Peace Corps	US Peace Corps	4430	102.07	Peace Corps	\$45,000
3799	3799.06	Peace Corps	US Peace Corps	2764	102.06	Peace Corps	\$75,000

**Emphasis Areas**

Gender

- \* Addressing male norms and behaviors
- \* Increasing gender equity in HIV/AIDS programs

**Human Capacity Development**

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.02: Activities by Funding Mechanism**

**Mechanism ID:** 5278.09

**Prime Partner:** American Red Cross

**Funding Source:** Central GHCS (State)

**Budget Code:** HVAB

**Activity ID:** 4009.25091.09

**Activity System ID:** 25091

**Mechanism:** Guyana Red Cross

**USG Agency:** U.S. Agency for International Development

**Program Area:** Sexual Prevention: AB

**Program Budget Code:** 02

**Planned Funds:** \$366,715

**Activity Narrative:** Continuing Activity

Track One Funding for Red Cross will continue to support The Together We Can (TWC) program will expand geographically into Regions 1 and 9 in FY 06. In FY08 the joint Guyana and American Red Cross Together We Can Youth Peer Education program for HIV/AIDS Prevention expects to reach an estimated 15,000 youth between the ages of 10-24 years in the promotion of positive behavior change aimed at preventing HIV/AIDS. Targeted youth will be reached via three main interventions: 1) Curriculum based TWC peer education workshops; 2) Peer to peer outreach; 3) Edutainment Events.

1) Curriculum Based interventions via 12 hour 17 activity TWC Workshops:

The highly participatory workshops are designed to help youth avoid HIV infection by providing them with knowledge and skills so they are empowered to make informed and healthy choices concerning their sexual behavior. Each workshop is facilitated by a pair of peer educators for approximately 20 youth and usually takes four weeks to complete. In FY08 the GRC expects to reach approximately 1,500 youth through TWC curriculum based workshops. For each TWC workshop the project will try and maintain a balanced 50% male - 50% female breakdown for gender, and a breakdown by age cohorts of 30% each for the 10-14, 50% for 15-19 age groups, and 20% for 20-24 year olds. The GRC estimates that nearly 60% of the total number of youths reached through TWC workshops will come from region 04, while in regions 1 and 9 the numbers will be closer to 20% of the total target. In FY08 the GRC expects that 10% -15% of youth reached through curriculum based workshops will come from non-traditional sources such as street and out of school youth, police, and religious groups versus youth from more traditional sources such as a school based programs.

2) Peer to Peer Outreach:

Peer Educators ask each participant in TWC workshops to share HIV prevention messages with 5-7 of their peers as 'take-home assignments'. This outreach strategy is referred to as the 'multiplier effect' due to the vast networking power of using youth as a vehicle for transmitting key behavior change messages to their siblings, schoolmates and friends. In this manner, youth attending TWC workshops are not passive learners, but are directly implicated in HIV prevention in their communities. In FY08 the project will strive to reach approximately 5,000 youth (3,000 from region 4, and 1,000 each from regions 01 and 09) with key project messages and information through take-home assignments. To ensure that this goal is reached the GRC will pilot new take home assignments, provide YMs with a broader number of materials with key project messages such as brochures, stickers, and calendars, initiate a new and easier to use counting/track sheet, and train PEs to re-emphasize this activity.

3) Edutainment Events:

Edutainment events (also referred to as community mobilization events) include concerts, community and public fairs and celebrations, street theater, film viewings, and sports events. They are designed to disseminate vital prevention and solidarity messages to larger groups of youth ranging from several dozen to several thousand per event. During FY 2008, project expects to reach 8,500 youth through edutainment events in Guyana. The project expects to reach about half (4,250) of the youth through edutainment events in region 4, about 30% (2,550) from region 9, and another 20% (1,700) from region 1. In addition, the project will pilot a new form of edutainment event specifically targeting youth who have already completed the TWC curriculum. Peer educators and field managers will facilitate these knowledge and skills based events for smaller numbers of youth in order to assure they are participatory in nature. These follow-up interventions will occur at 3-6 and 9-12 month marks at major project sites with 'graduates' of TWC workshops such as schools and youth centers and will use booster messages based on gaps in knowledge, attitudes and skills as identified by project specific data garnered through pre-post questionnaires as well as population level behavioral research. Through the follow-up intervention methodology the project expects to reach an additional 500 youth.

Individuals Trained to Promote HIV/AIDS Prevention:

To reach the targeted numbers of youth in this program through the TWC methodology the GRC needs to optimally maintain 40-50 active peer educators. In FY08 the GRC expects to retain approximately 25 PEs in region 04, 12 in region 09, and around 20 in region 01. Due to PE desertion the project expects that it will need to train 15 new PEs in FY08. Other PEs and project management staff will receive normal program refresher training.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 14078

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14078	4009.08	U.S. Agency for International Development	American Red Cross	6702	5278.08	Guyana Red Cross	\$184,386
7869	4009.07	U.S. Agency for International Development	American Red Cross	5278	5278.07	Guyana Red Cross	\$74,231
4009	4009.06	U.S. Agency for International Development	The Guyana Red Cross Society	3171	3171.06	American Red Cross	\$0

## Emphasis Areas

### Gender

- \* Addressing male norms and behaviors
- \* Increasing gender equity in HIV/AIDS programs

## Human Capacity Development

## Public Health Evaluation

## Food and Nutrition: Policy, Tools, and Service Delivery

## Food and Nutrition: Commodities

## Economic Strengthening

## Education

Estimated amount of funding that is planned for Education \$366,715

## Water

**Table 3.3.02: Activities by Funding Mechanism**

**Mechanism ID:** 7264.09

**Prime Partner:** Community Support & Development Services

**Funding Source:** GHCS (State)

**Budget Code:** HVAB

**Activity ID:** 15951.26272.09

**Activity System ID:** 26272

**Mechanism:** Community Support and Development Services

**USG Agency:** U.S. Agency for International Development

**Program Area:** Sexual Prevention: AB

**Program Budget Code:** 02

**Planned Funds:** \$595,571

**Activity Narrative:** Continuing Activity

An indigenous capacity building non-governmental organization, Community Support and Development Services (CSDS) Inc is contracted to disburse and monitor small grants to a network of local organizations, while strengthening their financial and administrative management capacities. Support to the NGOs include the development of financial and accounting systems to ensure these systems are compatible with project budgeting procedures and generally accepted accounting principles. Technical assistance is provided through one-on-one support while conducting monthly visits and on-site training with partner organizations. Training sessions/visits are geared to respond to the particular needs of each organization and the designated accounting staff. Organizational development services are provided through a core of local consultants to assist in strengthening the administrative capacity of each NGO partner.

In FY '08, this organization revised the NGOs financial systems to accommodate the reporting of financial information according to technical/program areas; installed Peachtree Accounting Software and training on its use; the developed Operation Manuals for nine of the eleven 'priority' NGOs/FBOs, which included orientation, mentoring and coaching of key personnel on its use; developed and operationalized Human Resource manuals for five NGOs; facilitated legal registration of four (4) NGOs/FBOs which were not legally registered; and, capacity building support to eight existing NGOs/FBOs Board of Directors.

The capacity building organization will sub-contract nine NGOs and three FBOs, as well as the M.A.R.C.H. (Modeling and Reinforcement to Combat HIV/AIDS) behavior change communication project to deliver A and B messages to youth and adults. These organizations currently work with in and out of school youth, youth groups in churches, as well as communities, focusing on awareness, knowledge and applied prevention activities. Activities include sensitization sessions with youth, adults/parents and religious leaders; a peer education program using local materials and manuals; a structured in-school and out-of-school youth program at select schools; edutainment through the performing arts; IEC radio and television programs; and, the distribution of IEC materials. Messages are age-appropriate and are geared to encourage primary and secondary abstinence, the development of skills for practicing abstinence, 'be faithful' in sexually active adults, adolescents and older youth, and, the reduction of stigma and discrimination. The target audience is also informed about the risk associated with cross generational sex, alcohol and drug use, thus encouraging behavior that will reduce the risk of infection. As of March 08, over forty thousand persons were reached with A and B messages.

AIDSTAR, will provide technical assistance in all programmatic and technical aspects of the project to NGOs within the USAID HIV/AIDS strategy and will serve as a key agent in building sustainable program management and technical capacity of the NGOs. While, CSDS will be responsible for the continued capacity and system strengthening of the identified NGO/FBO partners in the key areas of financial and administrative management, through on-site technical assistance and training.

The targets for the NGO/FBOs involved in A and B activities (except the MARCH project) will be tracked by CSDS M&E unit. This unit will ensure that the highest quality data is generated by NGO data collection systems. Data quality will be ensured through the use of standardized data collection forms that were developed for each program area. NGO staff with M&E responsibility will be trained and retrained in the use of these tools when necessary. Apart from the monthly review of data collected, CSDS will conduct quarterly data quality assurance reviews to each NGO to monitor the utilization of the monitoring system and the accuracy of the data collected. CSDS will track progress toward achieving program targets by ensuring timely and accurate reporting by the twenty (20) NGOs/FBOs. Individual NGO achievements reported will be entered into a database at the central level and analysed to generate overall program achievements, this database will be managed by the organization's database administrator. Thus, CSDS will monitor progress against the total program area targets and those individually set by the NGOs, in their annual Monitoring and Evaluation plan. In order to facilitate greater use of data at the NGO level, CSDS will install databases at each NGO for internal use, this database will improve data management and report generation capabilities as well as increase data use for decision-making at the NGO level. The targets for the MARCH project will be tracked by CDC and compiled in their database, utilizing standardized data collection forms in keeping with OGAC's guidance.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 15951

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15951	15951.08	U.S. Agency for International Development	Community Support & Development Services	7264	7264.08		\$345,731

**Emphasis Areas**

Gender

- \* Addressing male norms and behaviors
- \* Increasing gender equity in HIV/AIDS programs

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$200,000

**Public Health Evaluation****Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education**

Estimated amount of funding that is planned for Education \$300,000

**Water**

Program Budget Code: 03 - HVOP Sexual Prevention: Other sexual prevention

**Total Planned Funding for Program Budget Code: \$1,777,291****Table 3.3.03: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 7264.09	<b>Mechanism:</b> Community Support and Development Services
<b>Prime Partner:</b> Community Support & Development Services	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Sexual Prevention: Other sexual prevention
<b>Budget Code:</b> HVOP	<b>Program Budget Code:</b> 03
<b>Activity ID:</b> 15953.26273.09	<b>Planned Funds:</b> \$882,189
<b>Activity System ID:</b> 26273	

**Activity Narrative:** Continuing Activity

The capacity building NGO, Community Support and Development Services Inc (CSDS) supports the NGOs in the development of financial and accounting systems, to ensure these systems are compatible with project budgeting procedures and generally accepted accounting principles, through on-site technical assistance and training. Training sessions/monthly visits are geared to respond to the particular needs of each organization and the designated accounting staff. Organizational development services are provided through a core of local consultants to assist in strengthening the administrative capacity of each NGO partner.

In FY '08, this organization revised the NGOs financial systems to accommodate the reporting of financial information according to technical/program areas; installed Peachtree Accounting Software and training on its use; the developed Operation Manuals for nine of the eleven 'priority' NGOs/FBOs, which included orientation, mentoring and coaching of key personnel on its use; developed and operationalized Human Resource manuals for five NGOs; facilitated legal registration of four (4) NGOs/FBOs which were not legally registered; and, capacity building support to eight existing NGOs/FBOs Board of Directors.

CSDS will disburse funds, manage and strengthen the financial systems of nine (9) NGOs working with MARP in Guyana's highest HIV/AIDS affected regions. The Ministry of Health and the USAID-supported NGOs are working collaboratively and directing efforts at risk elimination and risk reduction among this population.

Female sex workers and MSM are also being reached with combined targeted outreach and referrals to friendly clinical care and treatment sites. This program is implemented in Regions Four and Six with plans for expansion in Regions Two, Three, Seven and Eight. The NGOs currently work with street-based and brothel based commercial sex workers and their clients as well as men-who-have sex with men. Interventions include HIV/STI prevention education including information on assessing, reducing and eliminating one's risk of infection through behavior change, as well as substance abuse. These are conducted through one-on-one interaction by outreach workers and peer education training. Outreach workers and peer educators (FCSW/MSM) also facilitate access to screening and treatment for HIV and other STI, assistance for care and treatment referrals, as well as access to affordable condoms. One peer educator (FCSW), who is a member of Comforting Hearts, a USAID-supported NGO, attended a workshop on "Vulnerable Populations" hosted by the Caribbean Vulnerable Coalition in Trinidad, and was selected to be the regional representative for sex workers, as well as the Head of the Coalition. She also participated in the World AIDS conference in Mexico.

In FY 09, significant expansion of these programs, together with interventions to reduce the risk among miners and loggers, and youth who are transitioning into sexual activity will remain a priority.

AIDSTAR, will provide technical assistance in all programmatic and technical aspects of the project to NGOs within the USAID HIV/AIDS strategy and will serve as a key agent in building sustainable program management and technical capacity of the NGOs. While, CSDS will be responsible for the continued capacity and system strengthening of the identified NGO/FBO partners in the key areas of financial and administrative management, through on-site technical assistance and training.

The Modeling and Reinforcement to Combat HIV and AIDS (MARCH) serial drama project, supported by USAID will continue to focus on condom use, stigma and discrimination, alcohol and drug reduction, negotiation and assertiveness skills and access to HIV related services. These issues will be addressed in the listening and discussion groups, as well as two 15-minute episodes aired twice weekly on the FM and medium wave channels with two weekend omnibus editions. Reinforcement activities focus on sexually active groups with the aim of sharing information on protective measures. Reinforcement activities to the target groups include listening and discussion groups (LDGs), street theatre, and community mobilization activities in conjunction with MOH, the private sector, NGO/FBO, and Peace Corps. The MARCH project will continue to receive technical assistance and oversight by CDC Guyana.

The prevention targets for all organizations involved in Other Prevention activities (except the MARCH project) will be tracked by CSDS M&E unit. This unit will ensure that the highest quality data is generated by NGO data collection systems. Data quality will be ensured through the use of standardized data collection forms that were developed for each program area. NGO staff with M&E responsibility will be trained and retrained in the use of these tools when necessary. Apart from the monthly review of data collected, CSDS will conduct quarterly data quality assurance reviews to each NGO to monitor the utilization of the monitoring system and the accuracy of the data collected. CSDS will track progress toward achieving program targets by ensuring timely and accurate reporting by the twenty (20) NGOs/FBOs. Individual NGO achievements reported will be entered into a database at the central level and analysed to generate overall program achievements, this database will be managed by the organization's database administrator. Thus, CSDS will monitor progress against the total program area targets and those individually set by the NGOs, in their annual Monitoring and Evaluation plan. In order to facilitate greater use of data at the NGO level, CSDS will install databases at each NGO for internal use, this database will improve data management and report generation capabilities as well as increase data use for decision-making at the NGO level. The targets for the MARCH project will be tracked by CDC and compiled in their database, utilizing standardized data collection forms in keeping with OGAC's guidance.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 15953

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15953	15953.08	U.S. Agency for International Development	Community Support & Development Services	7264	7264.08		\$187,950

**Emphasis Areas**

Gender

- \* Addressing male norms and behaviors
- \* Increasing gender equity in HIV/AIDS programs

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$300,000

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

Estimated amount of funding that is planned for Education \$400,000

**Water**

**Table 3.3.03: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 10693.09	<b>Mechanism:</b> Hinterland Initiative
<b>Prime Partner:</b> To Be Determined	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Sexual Prevention: Other sexual prevention
<b>Budget Code:</b> HVOP	<b>Program Budget Code:</b> 03
<b>Activity ID:</b> 26450.09	<b>Planned Funds:</b> ██████████
<b>Activity System ID:</b> 26450	

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**Activity Narrative: Background:**

The 73,122 indigenous Amerindians of the forested hinterland regions continue to struggle with health issues including tuberculosis, malaria, parasitic infections, diarrhea and HIV infection. Like many Guyanese, Amerindians have been historically disadvantaged, affecting their ability to pay for travel to regional health facilities that are already difficult to reach or to health facilities in the capital city of Georgetown. Poor road infrastructure in areas separated from major towns by large rivers, coupled with semi-nomadic lifestyle, and cultural challenges also affect access to health services. The dominant mode of transmission is through heterosexual contact and mother to child transmission (MTCT). Blood transfusion, harmful traditional practices and unsafe injections are all recognized to be other modes of transmission that require transmission, but are a relatively small risk at present. Prevalence rates indicate that there are significantly lower levels of HIV in the hinterland communities than those found in the coastland regions. The risk for the majority of hinterland residents is through the bridging of populations, meaning people who are at higher risk providing links with other people who have lower risk behavior. Other risk factors for hinterland communities are the status of the epidemic in the coastlands, the presence of bridging populations, and the trend of both adult and youth seeking employment in mining and logging areas. In addition to these risk factors, there are numerous subgroups that contribute to the transmission of HIV/AIDS, such as construction workers, teachers, health workers, military personnel posted to hinterland camps, commercial sex workers who join mining camps, truck drivers and their assistants on overnight stops, and people attending annual seasonal celebrations. There are also specific cultural norms and practices within Amerindian communities that place people at higher risk; these include sexual intercourse in younger ages, which may be as young as 12, multiple sex partners, and high levels of alcohol consumption. With increasing HIV awareness in Guyana, Amerindians communities are becoming cognizant of HIV infection as a manageable health condition. In partnership with CDC, MOH, through Guyana's National AIDS Programme Secretariat (NAPS) and Regional Health Services (RHS), provides mobile health services including HIV/AIDS services to the Amerindian communities of regions 1, 7, 8 and 9. For example, between January and September of 2008, 1604 persons were tested for HIV in the hinterland regions by the CDC-supported mobile medical team.

The Hinterland Initiative seeks to contribute to this goal by promoting better coordination and integration of more than 20 NGOs that currently provide services in the hard to reach interior regions of the country. It is one of the few new programs planned for FY09 under USG funding. Although HIV/AIDS services are currently being offered in the hinterland regions (regions 1, 7, 8, and 9) by a roving medical team supported by PEPFAR, this initiative is an effort to bring together multiple stakeholders to coordinate HIV/AIDS service provision efforts. This initiative has a primary emphasis on building new partnerships, strengthening and expanding current partnerships, and supporting coordination of multiple organizations that can work more synergistically to provide more efficient delivery and equitable access to HIV/AIDS services. As a first step in the planning process, in October 2008 CDC GAP Guyana held a general meeting for this initiative. Numerous stakeholders from across the country were invited to begin the discussion on the challenges, possible solutions, and actors surrounding access to HIV/AIDS services in the hinterland regions. Several key organizations expressed interest to work directly with other NGOs, FBOs, and USG implementing partners to build synergistic capacity to address the HIV and health-related needs of this population through this initiative. Under the leadership of HHS/CDC in cooperation with USAID and the Peace Corps, specific activities planned for FY09 include convening meetings with the mobile team and the MOH to conduct a needs assessment to prioritize gaps in regions 1 and/or 9, developing coordinated work plans, conducting joint site visits, and performing mapping exercises. The focus for the first year of this multi-year initiative will be to address major infrastructural barriers to providing care, increasing awareness among villagers, introducing recently completed training curriculum for lower-level health providers (e.g., Medex, CHWs), expanding counseling and testing, and, where feasible, reinforcing referral networks.

**New/Continuing Activity:** New Activity

**Continuing Activity:**

## Emphasis Areas

Gender

- \* Addressing male norms and behaviors
- \* Increasing gender equity in HIV/AIDS programs

## Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development



## Public Health Evaluation

## Food and Nutrition: Policy, Tools, and Service Delivery

## Food and Nutrition: Commodities

## Economic Strengthening

## Education

Estimated amount of funding that is planned for Education



## Water

**Table 3.3.03: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 102.09	<b>Mechanism:</b> Peace Corps
<b>Prime Partner:</b> US Peace Corps	<b>USG Agency:</b> Peace Corps
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Sexual Prevention: Other sexual prevention
<b>Budget Code:</b> HVOP	<b>Program Budget Code:</b> 03
<b>Activity ID:</b> 3799.25087.09	<b>Planned Funds:</b> \$103,972
<b>Activity System ID:</b> 25087	

**Activity Narrative:** Continuing Activity

With a population of approximately 700,000 people, Guyana is categorized by UNAIDS as having a generalized AIDS epidemic, with an estimated HIV prevalence in the general population of 3 - 7% and significantly higher rates among male patients of sexually transmitted infection clinics (17.3%) and female commercial sex workers (16.9%) (UNGASS, 2005). According to the National AIDS Program Secretariat approximately 70% of all HIV and AIDS cases were detected in Region 4, with 75% of infections occurring among people between 19 and 35 years of age (NAPS, 2002). The number of children estimated to have lost one or both parents to AIDS is 4,200 (UNICEF, 2004).

In an effort to address HIV/AIDS in Guyana, Peace Corps/Guyana (PC/GY) collaborates with other United States Government (USG) agencies to carry out the President's Emergency Plan for AIDS Relief (PEPFAR). Peace Corps' comparative advantage at the grassroots level is recognized by the partner agencies as adding value to their national programs focused on prevention and care.

Currently, 53 Health and Education Peace Corps Volunteers (PCVs) and three Peace Corps Response Volunteers (PCRVs) serve in eight of Guyana's ten regions. Health Volunteers work directly with health centers and communities to identify local and national resources, facilitate community health assessments, design and implement health education projects, and train health center staff and community leaders. The health project also addresses the country's high HIV/ AIDS rates and focuses its efforts on Guyanese youth. Education Volunteers work with youth organizations and the Ministry of Education to provide at-risk youth with educational, personal and life skills development opportunities. Through teacher-training activities, Volunteers also work with educators on non-traditional teaching methods and life-skills training methodologies. PCRVs are assigned to local NGOs to increase their capacity in providing HIV prevention services.

In FY08, PC/GY used PEPFAR funds to support the costs of five PCRVs; enhanced prevention training for all Health and Education Volunteers; and provided grants for community-initiated projects to promote prevention among in- and out-of-school youth in communities, schools and health facilities. Training events included workshops for PCVs and their Counterparts on community needs' assessments, project design, implementation and evaluation. PC/GY also collaborated with local communities and NGOs to design a 2009 calendar focusing on abstinence education. Over six months, PCVs reached more than 2,000 youth and adults with AB messages, and over 1,800 youth and adults with OP messages through peer education training, life skills workshops, community outreach, and small community-based projects.

For FY09, PC/GY will continue the activities undertaken in FY08 including HIV/AIDS technical and project design management training for all Volunteers and their Counterparts, the recruitment and placement of two PCRVs, and grants for community-initiated projects. PC/GY will also continue to formally engage partners in coordinating and focusing efforts of applying and utilizing HIV prevention resources more effectively.

To effect the greatest change in behavior among young people, PEPFAR funds will provide four regional workshops to strengthen Volunteers' and Counterparts' knowledge and skills in behavior change communication. Additionally, PC/GY will continue funding one HIV/AIDS Program Coordinator.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 15962

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15962	3799.08	Peace Corps	US Peace Corps	7303	102.08	Peace Corps	\$0
7870	3799.07	Peace Corps	US Peace Corps	4430	102.07	Peace Corps	\$45,000
3799	3799.06	Peace Corps	US Peace Corps	2764	102.06	Peace Corps	\$75,000

## Emphasis Areas

Gender

- \* Addressing male norms and behaviors
- \* Increasing gender equity in HIV/AIDS programs

## Human Capacity Development

## Public Health Evaluation

## Food and Nutrition: Policy, Tools, and Service Delivery

## Food and Nutrition: Commodities

## Economic Strengthening

## Education

## Water

**Table 3.3.03: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 2246.09	<b>Mechanism:</b> Ministry of Health, Guyana
<b>Prime Partner:</b> Ministry of Health, Guyana	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Sexual Prevention: Other sexual prevention
<b>Budget Code:</b> HVOP	<b>Program Budget Code:</b> 03
<b>Activity ID:</b> 16899.25149.09	<b>Planned Funds:</b> \$25,000

**Activity System ID:** 25149

**Activity Narrative:** The Ministry of Health through its Adolescent Health Program have been targeting young people in and out of school on the coastland and in the more remote areas using the secondary school system and health clubs to educate young people about HIV prevention and the value of VCT. It is clear that there will be great benefit to extend this program to the primary school level so as to encourage delay in sexual initiation. This program embarked on during FY07 continued during FY08 and will continue into FY09. It is aimed at increasing the knowledge of primary school children about HIV prevention by supporting the HIV component of the Health Promoting Schools Strategy (HPS) and designing child-friendly and age sensitive HIV/AIDS materials for that program. Primary school teachers will be taught how to use the materials and there will be periodic evaluation to ensure the effectiveness of the program. Community support will be garnered for the school based activities to ensure that behaviors taught at school are reinforced in the home. The MoH Co-Ag will also include funds to carry on work to expand youth-friendly health services and health club programs that emphasize AB education, counseling, and inter-personal communication sessions. This activity was previously funded through the Global Health Fellows Program/CSDS transitioned to MoH in July 2008. These activities complement those being undertaken through the MARCH initiative. USAID has been supporting the unit technically and financially for several years through grants and the placement of a prevention fellow in the Ministry of Health. In FY08 the program graduated to financial support alone, allocated through the CDC cooperative agreement to the MOH.

The MOH Co Ag will include funds to carry on work to expand youth-friendly health services and health programs that emphasize OP education for high risk youths, counseling, and interpersonal communication sessions and the distribution of condoms will continue through NAPS and the MCH services.

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

Targets include youth reached through the youth friendly health services initiative.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 16899

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16899	16899.08	HHS/Centers for Disease Control & Prevention	Ministry of Health, Guyana	6269	2246.08	Ministry of Health, Guyana	\$25,000

**Emphasis Areas**

Gender

- \* Addressing male norms and behaviors
- \* Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

- \* Family Planning

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$15,000

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

Estimated amount of funding that is planned for Education \$10,000

**Water**

**Table 3.3.03: Activities by Funding Mechansim**

<b>Mechanism ID:</b> 3717.09	<b>Mechanism:</b> Department of Defense
<b>Prime Partner:</b> US Department of Defense	<b>USG Agency:</b> Department of Defense
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Sexual Prevention: Other sexual prevention
<b>Budget Code:</b> HVOP	<b>Program Budget Code:</b> 03
<b>Activity ID:</b> 5310.25094.09	<b>Planned Funds:</b> \$45,000
<b>Activity System ID:</b> 25094	

**Activity Narrative:** Continuing Activity

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

In FY09, efforts will continue with GDF leadership to increase the acceptability of condom social marketing within the GDF. Leadership will be trained and encouraged to provide HIV/AIDS prevention education to their subordinates through seminars and workshop sessions. Condom dispensaries will be procured and supplied to all bases to be positioned in key areas of congregation and traffic (e.g. mess halls, restrooms, social areas/clubs, gym facilities, etc). A drama group will use edutainment to deliver messages throughout the military regions on multiple issues to include abstinence, fidelity, partner reduction, consistent and correct condom use, correct knowledge of HIV transmission, HIV counseling and testing, sexually transmitted infections (STI), stigma reduction, and the influence of alcohol on risk behaviors. Issues of stigma and discrimination will be emphasized in educational programs such as role play and small group sessions. A contest will be carried out among military personnel for the development of prevention slogans, songs, and drama. Information, education and communication (IEC) materials promoting the above areas will be reproduced and distributed during the drama tours. Other necessary materials (e.g. projectors, screens, posters, billboards, flip charts) will be procured for prevention initiatives within the GDF. Condom pouches specifically designed for military personnel will be proposed to the GDF for implementation. Peer educator and other activities will link with VCT activities to encourage testing and promote other referral support services.

To strengthen education activities across prevention, supplies will be procured to support HIV/AIDS information management and distribution.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13879

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13879	5310.08	Department of Defense	US Department of Defense	6640	3717.08	Department of Defense	\$0
7862	5310.07	Department of Defense	Center for Disaster and Humanitarian Assistance Medicine	4451	3717.07	Department of Defense	\$25,000
5310	5310.06	Department of Defense	Center for Disaster and Humanitarian Assistance Medicine	3717	3717.06	Department of Defense	\$18,000

## Emphasis Areas

Gender

- \* Addressing male norms and behaviors
- \* Increasing gender equity in HIV/AIDS programs

Military Populations

## Human Capacity Development

## Public Health Evaluation

## Food and Nutrition: Policy, Tools, and Service Delivery

## Food and Nutrition: Commodities

## Economic Strengthening

## Education

## Water

Table 3.3.03: Activities by Funding Mechanism

<b>Mechanism ID:</b> 2762.09	<b>Mechanism:</b> Department of Labor
<b>Prime Partner:</b> International Labor Organization	<b>USG Agency:</b> Department of Labor
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Sexual Prevention: Other sexual prevention
<b>Budget Code:</b> HVOP	<b>Program Budget Code:</b> 03
<b>Activity ID:</b> 14602.24769.09	<b>Planned Funds:</b> \$25,000
<b>Activity System ID:</b> 24769	
<b>Activity Narrative:</b> Continuing Activity but will expand activity reach to include most at risk populations (MARPS) in the public transportation sector (including mini-bus, taxi and speedboat operators) promote HIV prevention through other behaviour change beyond abstinence and or being faithful. In order to support the Project to achieve its objectives, the Project will build on its links with the United Minibus Union, the Guyana Public Transportation Association and the Speed Boat Operators Association.	
<p>The thrust of this proposal is to expand world of work opportunities that have opened up as a result of the ILO's collaboration, experience and achievements with USDOL/PEPFAR and the GHARP Project. The Behavioral Surveillance and targeted prevalence survey completed by USG/Guyana in 2005 identified key most at risk populations (MARPS) including "mobile" persons such as miners, loggers and sugar cane workers. This project will continue to work with the sugar company and expand activity reach to include mobile workers in mining and logging areas and promote HIV prevention through behavior change that goes beyond abstinence or being faithful. In this regard, the National AIDS Program Secretariat (NAPS) will continue to be an essential partner in supporting the supply of condoms. Communications material supporting behavioral change will be developed and disseminated among workers, family members and others in their neighborhoods. In order to achieve its objectives, the project will build on its links with the Geology and Mines Commission, Miners Association, Forestry Commission and the Forestry Products Association. In this regard, the program will support capacity building for workers that are integrally involved in the operations of these sectors. The existing and well functioning collaborative arrangements with the Ministry of Labor, Human Services and Social Security, the employers' and workers' organizations and the network of nongovernmental organizations (NGO) will also continue to be utilized to reach the target groups.</p> <p>The ILO Code of Practice on HIV/AIDS and the World of Work will continue to be the principal guide and framework for action. The Code contains practical guidelines for programming, implementation and monitoring at the enterprise and community levels in the critical areas of prevention and behavior change.</p>	
<b>New/Continuing Activity:</b> Continuing Activity	
<b>Continuing Activity:</b> 14602	

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14602	14602.08	Department of Labor	International Labor Organization	6643	2762.08	Department of Labor	\$50,000

**Emphasis Areas**

Gender

- \* Addressing male norms and behaviors
- \* Increasing gender equity in HIV/AIDS programs

Workplace Programs

**Human Capacity Development**

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.03: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 9752.09	<b>Mechanism:</b> AIDSTAR
<b>Prime Partner:</b> To Be Determined	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Sexual Prevention: Other sexual prevention
<b>Budget Code:</b> HVOP	<b>Program Budget Code:</b> 03
<b>Activity ID:</b> 7877.22654.09	<b>Planned Funds:</b> ██████████
<b>Activity System ID:</b> 22654	

**Activity Narrative:** The new Contractor awarded through the AIDSTAR mechanism will replace the work of the Guyana HIV/AIDS Reduction and Prevention Project (Prime: FHI) that ends in December 2008. The activities and technical support previously offered through GHARP will be continued under AIDSTAR.

**Priorities:**

- Provide technical assistance to develop strategies, training, and mentoring of MOH and NGO partners to target MARP with programs that address prevention for positives, family planning, partner concurrency, sexually transmitted illness (STI) treatment, condom use, fidelity, transactional sex, cross-generational sex, and drug/alcohol use; and
- Maintain current condom distribution & sales strategy, expand further, and monitor condom sales and distribution growth over time.

**Illustrative Activities:**

- Short and Long-term technical assistance provided to a team of colleagues from the National AIDS Programme and NGOs working with high risk populations in order to expand programming, increase coverage, and strengthen the quality of services provided;
- Support sales promoters and maintain successes realized in the condom social marketing strategy;
- Work with businesses key to the condom distribution in order to support public-private partnerships with each separately, but under a common strategy, in order to increase coverage and deliver both below and above-line marketing;
- Provide technical assistance, upon request, from the Ministry of Health to assist in developing strategy, guidelines, and curriculum as well as service delivery for high risk populations; and
- Provide technical assistance and on-the-ground long-term follow-up and advocacy in order to remove the value-added tax on condoms in order to increase access and promote prevention.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13888

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13888	7877.08	U.S. Agency for International Development	Family Health International	6641	4.08	GHARP	\$400,000
7877	7877.07	U.S. Agency for International Development	Family Health International	4612	4.07	GHARP	\$300,000

## Emphasis Areas

### Gender

- \* Addressing male norms and behaviors
- \* Increasing gender equity in HIV/AIDS programs
- \* Reducing violence and coercion

### Workplace Programs

## Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development

## Public Health Evaluation

## Food and Nutrition: Policy, Tools, and Service Delivery

## Food and Nutrition: Commodities

## Economic Strengthening

## Education

Estimated amount of funding that is planned for Education

## Water

**Table 3.3.03: Activities by Funding Mechanism**

**Mechanism ID:** 135.09

**Mechanism:** CDC Program Support

**Prime Partner:** US Centers for Disease Control and Prevention

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Sexual Prevention: Other sexual prevention

**Budget Code:** HVOP

**Program Budget Code:** 03

**Activity ID:** 15950.25363.09

**Planned Funds:** \$46,130

**Activity System ID:** 25363

**Activity Narrative:** CDC will continue to support the MOH prevention activities; particularly adolescent health program being funded through the COAG as they seek to find innovative ways of communicating to prevention messages to this target group (young people). The FTE Medical Epidemiologist position is supported through this program activity.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 15950

## Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15950	15950.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	6273	135.08	CDC Program Support	\$0

## Emphasis Areas

### Gender

- \* Addressing male norms and behaviors
- \* Increasing gender equity in HIV/AIDS programs

### Health-related Wraparound Programs

- \* Safe Motherhood

## Human Capacity Development

## Public Health Evaluation

## Food and Nutrition: Policy, Tools, and Service Delivery

## Food and Nutrition: Commodities

## Economic Strengthening

## Education

## Water

Program Budget Code: 04 - HMBL Biomedical Prevention: Blood Safety

**Total Planned Funding for Program Budget Code: \$1,277,642**

### Program Area Narrative:

Blood collection and storage is currently performed at eight public and private sites in Guyana. Three private hospitals access blood for transfusion directly from the NBTS. Ten (10) public and private hospitals perform blood transfusions. These sites are located in regions 2, 3, 4 (includes the capital, Georgetown), 6, and 10. (n.b.: Regions are administrative areas similar to provinces.) All of the blood collected through the public health system, mainly NBTS, is tested at the National Blood Transfusion Service (NBTS) laboratory in the capital. Limited screening is done at regional laboratories. Screening for blood collected at private hospitals is not regulated and anecdotal reports suggest that testing is not always adequate. Of those units tested for HIV in the private sector prior to transfusion, most are screened using only a single rapid test. Based on WHO estimates, Guyana requires approximately 15,000 units of blood per year. In 2007, voluntary, non-remunerated donors (VNRD) contributed approximately 61% of 5,475 units collected, or 3,345 units. As of the end of July 2008 69.94% of units were voluntary donations. Since blood collected from VNRD has been associated with significantly lower rates of transfusion-transmitted infections (TTI), Guyana aims to collect 100% of its blood from VNRD by 2010. The prevalence of HIV in blood donors was 0.29% in 2007. With the introduction of HTLV I and II testing in 2006, there was an increase in the percentage of Infectious Markers. In 2006, the total infectious markers were 4.09% compared to 5.26% in 2007. HTLV was 0.3% in 2006 and increased to 1.6% in 2007. Since 2005 the NBTS tests 100% of all blood collected by the NBTS network for HIV, HBV, HCV, Malaria, Micro-filaria and Syphilis. It is anticipated that Chagas screening will be introduced in January 2009.

The National Strategic Plan for Blood Safety 2006–2010, established a Central Donor Recruitment Committee (CDRC) to address these barriers and to work toward the goal of 100% VNRD by 2010. The CDRC, established in June 2006, includes representatives from the GNBTS, private hospitals, and blood donor recruitment agencies. The committee also includes a recruiter, a regular blood donor, a recipient of blood and the CDC country office. The CDRC's mandate is to mobilize Guyanese to become VNRD and to coordinate the implementation of the national strategy to achieve 100% VNRD. Other committee activities include developing an annual plan for coordinated donor recruitment and blood drives, and building a secure donor database to track and recall VNRD. This committee has been somewhat dormant of late. While this committee was unable to develop an action plan, such a plan was done by the PEPFAR midterm review stakeholders.

The national blood supply is managed by the NBTS, a sub-agency of the Ministry of Health (MOH). There is a revived Hospital Transfusion Committee (HTC) at the Georgetown Public Hospital Corporation (GPHC). Suddie Hospital in Region 2 launched its HTC on September 12, 2008. It is anticipated that the other regional hospitals namely New Amsterdam and Linden Hospitals will have functioning HTCs by the end of 2008. Legislation establishing standards and oversight has been passed by Parliament in the form of the Health Facilities Licensing Act (HFLA). Institutions involved in blood banking will be hosted by the MOH in the last

quarter of 2008 to address the section of the bill pertaining to transfusion services.

The NBTS has been supported by Track 1 Emergency Plan funds since 2004. The new TA provider, PAHO/WHO, assumed responsibility in April 2007 and established an in-country presence to carry out its activities. On August 12 – 13, 2008, PAHO led the PERFAR mid-term review meeting during which a plan of action for Blood Transfusion Services 2008-2009 in Guyana was developed to guide the activities of the NBTS for the next year. SCMS will continue to procure medical supplies and equipment.

Management and prevention of STI, Safe Medical Injections and IV drug users will be addressed.

#### Action Plan

In FY09, Emergency Plan funds will be used to continue to address the structural and systemic constraints. Primary objectives for FY09 include the Voluntary Blood Donor Programme that will encompass hiring of new blood donor recruiters at NBTS, Region 6 and Region 2. The Social Mobilization Committee of the MOH will assist the NBTS to develop strategies and to promote public awareness and education among potential and current voluntary blood donors. Additionally training of new staff, collaborators and volunteers will be done during the last quarter of 2008. Blood Collection is also an area of interest. Blood donor recruiters and the management of NBTS with the support of PAHO will coordinate and schedule a number of blood drives with projected numbers of collection. Training will also be done in customer service and SOPs will be developed on procurement. With regards to Testing and Processing, during 2009, all testing for TTIs will be centralized; testing, processing and preparation of components will be done by NBTS. Needs assessment for implementation of centralization will be done and gaps will be addressed. A review of staff attrition is critical and remedial actions to be proposed. There will also be a revision of the organizational structure of the institution. Clinical Use of Blood is also an important issue; activities to address this include drafting of guidelines followed by sensitization of clinicians with the view of launching these guidelines in November 2008. Work will continue with hospital transfusion committees with the intent to pilot in all regions. This will foster and improve the implementation of haemovigilance in the institutions of interest.

#### Constraints

Despite four years of Track 1 funding and TA support, the NBTS remains a work in progress. At current collection and screening levels, the NBTS in the first six months of 2008 provided over 80% of the request for blood. The true national need for blood and blood products needs to be estimated. This shortfall, together with improper request procedures, has been responsible for cancellations of surgeries in public hospitals, mainly GPHC. The situation improved during 2008, but a number of systemic challenges remain.

Of major concern is the lack of human resource capacity at the regional level to ensure appropriate procedures for collecting, testing, and transfusing blood products. In an effort to address this challenge, identification and training of personnel in blood safety procedures is expected to be done in the first quarter of 2009.

A lack of coordinated training for physicians in the appropriate use of blood continues to affect the programme. This will be addressed through a series of CMEs beginning in November, 2008.

Lack of administrative capacity to ensure grant funds are spent efficiently and appropriately, and high turnover of staff at management level have impeded the progress of Blood Safety Programme. This challenge is intended to be corrected through training to strengthen new management.

Weak data management systems contribute to high rates of wasted blood due to an absence of adequate tracking mechanisms. An initial assessment of the data management system was done and there is a recommendation to implement the Delphyn data management system from Diamed.

In addition to these structural problems, the blood service is also hampered by significant barriers within the national healthcare system, namely the presence of multiple hospital-based blood banks that are not linked to or coordinated by the central NBTS. Through the NBTS, the MOH has used Emergency Plan funds to develop the regulatory mechanisms (and legislation) to centralize operational responsibility for the national blood supply within the NBTS.

**Table 3.3.04: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 135.09	<b>Mechanism:</b> CDC Program Support
<b>Prime Partner:</b> US Centers for Disease Control and Prevention	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Biomedical Prevention: Blood Safety
<b>Budget Code:</b> HMBL	<b>Program Budget Code:</b> 04
<b>Activity ID:</b> 12735.25362.09	<b>Planned Funds:</b> \$27,642
<b>Activity System ID:</b> 25362	

**Activity Narrative:** The role of the CDC GAP country office is understood to be “coordinating grant activity and consultants, ensuring utilization of available resources, and providing feedback to OGAC on program design and need for reorientation”. In addition the CDC Office will continue to implement priorities established in the national strategic plan. In-house program staff will work closely with TA provider, CDC Atlanta, NBTS, and other partners to support donor motivation, recruitment and retention. Additionally, CDC will support data reporting, implementation of the PEPFAR M&E tool and SOPs for NBTS, implementation of a hemovigilance system, and advocacy on policy issues such as blood safety regulatory legislation for transfusion services and structure of the national transfusion system. CDC will also monitor the management of the procurement systems by SCMS for the NBTS. CDC will liaise with the PEPFAR public affairs officer to highlight donation activities and promote a positive public image for altruistic, regular voluntary blood donation and support a social marketing initiative that will improve the quality and quantity of public education.  
This funding supports a blood safety project officer in the CDC office to implement the above activities.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 12735

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12735	12735.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	6273	135.08	CDC Program Support	\$0

**Emphasis Areas**

Health-related Wraparound Programs

- \* Child Survival Activities
- \* Safe Motherhood

**Human Capacity Development**

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.04: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 5277.09	<b>Mechanism:</b> Track 1 Blood Safety SCMS
<b>Prime Partner:</b> Partnership for Supply Chain Management	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> Central GHCS (State)	<b>Program Area:</b> Biomedical Prevention: Blood Safety
<b>Budget Code:</b> HMBL	<b>Program Budget Code:</b> 04
<b>Activity ID:</b> 8065.25360.09	<b>Planned Funds:</b> \$300,000
<b>Activity System ID:</b> 25360	

**Activity Narrative:** The Partnership for Supply Chain Management (SCMS) will continue to support the Guyana National Blood Transfusion Service (NBTS) with the procurement of laboratory materials, supplies and equipment. As in FY08, SCMS will also provide technical advice to NBTS on questions involving stock management, needs assessments and the projection of future needs.

In FY08, the relationship with SCMS has granted NBTS new autonomy to manage its Emergency Plan resources and avoid administrative delays associated with the Ministry of Health's procurement system. It has also allowed NBTS, with input from the Pan American Health Organization (PAHO) and CDC, to establish national standards for blood screening that can be consistently applied throughout the NBTS network.

These procurement and technical assistance activities launched in FY08 will continue and be expanded (to include equipment) in FY09.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 12725

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12725	8065.08	U.S. Agency for International Development	Partnership for Supply Chain Management	6271	5277.08	Track 1 Blood Safety SCMS	\$300,000
8065	8065.07	U.S. Agency for International Development	Partnership for Supply Chain Management	5277	5277.07	Track 1 Blood Safety SCMS	\$300,000

**Table 3.3.04: Activities by Funding Mechansim**

**Mechanism ID:** 6703.09

**Mechanism:** Supply Chain Management System

**Prime Partner:** Partnership for Supply Chain Management

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** Biomedical Prevention: Blood Safety

**Budget Code:** HMBL

**Program Budget Code:** 04

**Activity ID:** 24851.09

**Planned Funds:** \$0

**Activity System ID:** 24851

**Activity Narrative:** Continuing Activity

Quantification, forecasting, and procurement of those necessary lab and testing supplies needed for the Blood Safety, Track One funded program.

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Table 3.3.04: Activities by Funding Mechansim**

**Mechanism ID:** 5275.09

**Mechanism:** Track 1 Blood Safety NBTS

**Prime Partner:** Ministry of Health, Guyana

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** Central GHCS (State)

**Program Area:** Biomedical Prevention: Blood Safety

**Budget Code:** HMBL

**Program Budget Code:** 04

**Activity ID:** 3185.25157.09

**Planned Funds:** \$300,000

**Activity System ID:** 25157

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS

1. WITH MOST OF THE COUNTRY'S BLOOD SUPPLY COLLECTED FROM VOLUNTARY DONORS (60% DURING THE FIRST 6 MONTHS OF 2008) PRIMARILY FROM BLOOD MOBILE DRIVES

3. CONTINUE TO MENTOR AND GUIDE THE NEW LEADERSHIP IN EFFICIENT OPERATIONS AND MANAGEMENT OF THE NBTS. IN FY08 THERE HAS BEEN SOME CHALLENGES IN MAINTAINING THE CONSISTENCY OF LEADERSHIP AND DIRECTION FOR THE OPERATIONS OF THE BLOOD TRANSFUSION SERVICES

Blood safety activities are closely integrated with the Injection Safety and Laboratory Infrastructure program areas. Blood Safety also has linkages to maternal health aspects of the PMTCT program area; social mobilization activities in the Condoms and Other Prevention program area; patient referral systems and confidentiality issues under Counseling and Testing; and data collection and management under Strategic Information. The project's main objective is to provide a safe and adequate blood supply to people living in Guyana. All program activities are coordinated by the Ministry of Health's National Blood Transfusion Service (NBTS). Target Populations: Healthy adults, principally youth, are targeted for recruitment as blood donors. Women who hemorrhage during and after childbirth, children suffering from anemia, and surgery and trauma accident plus patients who become anemic as a result of HIV antiretroviral medication will be the primary beneficiaries of a safe blood supply. Approximately five thousand young potential donors are expected to be reached thru the give blood save lives campaign, which encompass healthy lifestyle messages.

The project's main objective is to provide a safe and adequate blood supply to people living in Guyana. All program activities are coordinated by the Ministry of Health's National Blood Transfusion Service (NBTS).

Emphasis Areas: Information, Education and Communication; Community Mobilization/Participation; Quality Assurance, Quality Improvement and Supportive Supervision; Development of Network/Linkages/Referral Systems; Commodity Procurement and Logistics and safe blood as an essential medication.

Target Populations: Healthy adults, principally youth, are targeted for recruitment as blood donors. Women and children with anemia due to malaria, complications of surgery or childbirth, will be the primary beneficiaries of a safe blood supply.

The Guyana National Blood Transfusion Service (NBTS) will continue to expand its role as the primary producer and distributor of blood and blood products in Guyana. In FY09, this expansion is expected to be underpinned for the first time by legislation outlining the formal oversight responsibilities for the NBTS as an agency of the Ministry of Health.

As noted in the Program Area Context, the blood system in Guyana is fractured between the public and private sectors, with most of the country's blood supply collected from voluntary donors (60% during the first 6 months of 2008) primarily from mobile blood drives. Efforts to strengthen laboratory capacity within the NBTS have been underway since the launch of the PEPFAR initiative. However, progress has been slowed in past years by systemic and administrative weaknesses in the MOH commodities procurement system. Bottlenecks in this system – through which the NBTS has been required to work – have led to stock-outs of test kits and reagents.

In FY08, the NBTS used Emergency Plan funds to procure reagents and other laboratory supplies through the Partnership for Supply Chain Management (SCMS). SCMS has also provided technical support to NBTS in the form of needs assessments and the development of a standardized procurement schedule.

To address inconsistencies in blood screening practices, the NBTS will stop routine blood screening at its regional centers and centralize the screening effort at the NBTS headquarters in Georgetown. The laboratory centralization policy was implemented in FY07. Also in FY08, the NBTS created three new "Coordinator" positions to ensure consistent communication between the donor recruitment department, the blood collection teams, and the laboratory. These coordinators positions were filled and the coordinators will report directly to the NBTS director, who will provide input from client hospitals on current and future blood needs.

In FY09 the NBTS will largely continue activities begun in FY07 and continued in FY08. These include:

1. Strengthen the institutional infrastructure of the NBTS. Special attention will be paid to the new centralized laboratory screening strategy to ensure that specimens are delivered to the lab and results are returned to the regions in a timely manner. This activity will be informed by the blood safety legislation which was passed thru the Health Facility Act in FY08. In addition to the foundation provided by the new legislation, NBTS will work internally to strengthen the new roles and responsibilities for NBTS employees under the new "Coordinator" system implemented in FY08. This will include specialized training for the Coordinators, where appropriate, and team building exercises ensure that communication and supervision follows the new chain of command. Specialized training will also be provided to the new Director, logistics personnel and administrators working in the capital and in the regions.

2. Continue to mentor and guide the new leadership in efficient operations and management of the NBTS, in FY08 there has been some challenges in maintaining the consistency of leadership and direction for the operations of the blood transfusion services.

3. Continue the relationship with SCMS to procure materials and consumables (e.g., test kits and reagents) used by the blood service. Working through SCMS has increased the NBTS's ability to manage its Emergency Plan resources and avoid administrative delays associated with the Ministry of Health's procurement system. Once capacity is built NBTS should be able to take over this responsibility by the end of FY09

**Activity Narrative:** 4. Concurrent with the implementation of the legislative framework for the NBTS, the Service will continue to implement the Standard Operating Procedures (SOP) for all of the technical activities undertaken by NBTS staff (e.g., donor registration and notification; phlebotomy; laboratory screening algorithms). These SOP are based on Caribbean Regional Standards and serve as the foundation for all training and technical assistance from CDC and PAHO, the TA provider.

5. Continue to strengthen physical infrastructure, where needed, with particular focus on completing the renovation of the NBTS headquarters and central laboratory, as well as strengthening the compatibility lab at the Georgetown Public Hospital.

6. Strengthen clinical oversight of the blood service at the Georgetown Public Hospital Corporation. A Transfusion Committee was established in FY07. Activities in FY09 will continue to focus on routine surveillance of transfusion activities and technical support to build the Transfusion Committee's hemovigilance data system.

7. Reduce private hospitals' dependence on hospital-based blood banks. Strengthen the NBTS system to monitor and predict private hospitals' weekly needs for blood. This will be accomplished through the development of an active surveillance system to track the use of blood and develop, with hospital directors, a calendar to predict blood needs for elective surgery and other routine procedures. This calendar will allow the NBTS to tailor its donor recruitment and collection activities to meet expected demands and to better anticipate emergency needs. This system will also establish a routine communication mechanism between NBTS and hospital directors to ensure that, in addition to routine needs, the blood supply can be effectively triaged in the case of a mass casualty emergency.

8. Build the NBTS social marketing strategy to raise public awareness about the need for blood and to recruit and retain voluntary, non-remunerated blood donors. The NBTS will receive expert advice and input from a social marketing firm. This contractual relationship was to be established in FY07, but will be done in FY09. With the social marketing partner, the NBTS will continue to develop and disseminate a national information, education and communication (IEC) campaign to address public concerns/fears about blood donation (key legislative issue: stigma and discrimination) and target low risk donor groups. This campaign will also include an incentive mechanism to encourage repeat donors to reach landmark and acknowledge first time donors to become repeat donors. With additional assistance from PAHO, the TA provider, the NBTS will ensure that the national IEC strategy is informed by the findings of the Knowledge, Attitudes and Practices (KAP) survey conducted in January 2007.

9. Continue to mobilize partner organizations, including the Guyana Red Cross, to recruit blood donors and sponsor blood drives. This activity will be coordinated by the NBTS Blood Donor Recruitment Coordinator (BDRC) who was recruited and hired in FY07. The BDRC will communicate with blood donor partners and maintain a master calendar of all blood drives scheduled in Guyana. This master calendar will promote efficiencies in the national blood collection strategy and facilitate the scheduling of blood drives in private sector offices, factories and other company sites. These partners will benefit from training and will be asked to sign a formal MOU to outline roles and responsibilities.

The NBTS will also continue to work with the CDC Guyana office to implement and monitor the results of internal performance evaluations. These evaluations will address issues such as customer satisfaction (e.g., wait times for donors), the reasons for transfusions, how blood is routed and tracked from a blood bank to a ward, and the feasibility of implementing a cost-recovery system.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 12717

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12717	3185.08	HHS/Centers for Disease Control & Prevention	Ministry of Health, Guyana	6267	5275.08	Track 1 Blood Safety NBTS	\$100,000
8063	3185.07	HHS/Centers for Disease Control & Prevention	Ministry of Health, Guyana	5275	5275.07	Track 1 Blood Safety NBTS	\$450,000
3185	3185.06	HHS/Centers for Disease Control & Prevention	Ministry of Health, Guyana	3839	3839.06	CDC to MOH Guyana	\$350,000

**Emphasis Areas**

Health-related Wraparound Programs

\* Safe Motherhood

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$173,000

**Public Health Evaluation****Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education**

Estimated amount of funding that is planned for Education \$22,000

**Water****Table 3.3.04: Activities by Funding Mechanism****Mechanism ID:** 6277.09**Prime Partner:** World Health Organization**Funding Source:** Central GHCS (State)**Budget Code:** HMBL**Activity ID:** 12734.25158.09**Activity System ID:** 25158**Mechanism:** WHO/PAHO Blood Safety**USG Agency:** HHS/Centers for Disease Control & Prevention**Program Area:** Biomedical Prevention: Blood Safety**Program Budget Code:** 04**Planned Funds:** \$500,000

**Activity Narrative:** Blood safety activities are closely integrated with the Injection Safety and Laboratory Infrastructure program areas. Blood Safety also has linkages to maternal health aspects of the PMTCT program area; social mobilization activities in the Condoms and Other Prevention program area; patient referral systems and confidentiality issues under Counseling and Testing; and data collection and management under Strategic Information. The project's main objective is to provide a safe and adequate blood supply to people living in Guyana. All program activities are coordinated by the Ministry of Health's National Blood Transfusion Service (NBTS). Target Populations: Healthy adults, principally youth, are targeted for recruitment as blood donors. Women who hemorrhage during and after childbirth, children suffering from anemia, and surgery patients will be the primary beneficiaries of a safe blood supply.

The project's main objective is to provide a safe and adequate blood supply to people living in Guyana. All program activities are coordinated by the Ministry of Health's National Blood Transfusion Service (NBTS).

Emphasis Areas: Information, Education and Communication; Community Mobilization/Participation; Quality Assurance, Quality Improvement and Supportive Supervision; Development of Network/Linkages/Referral Systems

Target Populations: Healthy adults, principally youth, are targeted for recruitment as blood donors. Women and children with anemia due to malaria, complications of surgery or childbirth, will be the primary beneficiaries of a safe blood supply.

The World Health Organization will continue to provide Technical Assistance (TA) to the Guyana National Blood Transfusion Service (NBTS) through a sub-contract to the Pan American Health Organization (PAHO). PAHO launched its blood safety TA program in Guyana on April 1, 2007 (FY07), taking over from the American Association of Blood Banks (AABB), which had provided TA to Guyana during the first two years of the Emergency Plan initiative. In FY07, PAHO has focused its support for NBTS in three areas: 1) The development of a new 12-month blood collection, screening, processing, and distribution work plan; 2) Assistance drafting a policy on clinical use of blood; and 3) Training for NBTS technical staff in quality assurance practices.

In addition to support for these three technical areas, a PAHO consultant, based in Georgetown, interacts with the NBTS director, NBTS staff, and hospital transfusion professionals on a daily basis. This interaction includes routine ward visits, assistance with the collection and analysis of monitoring and evaluation (M&E) data, and on-site mentoring for junior staff. The PAHO consultant also interacts frequently with the CDC country office and CDC Atlanta to coordinate the external technical assistance agenda.

In FY09, PAHO will continue the activities described above, with special emphasis on the following:

1. Training for physicians and other clinicians in blood utilization. The aim of this training will be to reduce the number of unnecessary transfusions and orders for blood. The NBTS estimates that up to 50% of all orders for blood and blood products are unnecessary. Furthermore about 25% of the blood issued is unused. The PAHO training will cover in-service, continuing education for practicing physicians as well as pre-service training for medical students and interns.
2. Training for NBTS donor recruitment staff and recruiters working for external partners. This training will continue work begun in FY07 to coordinate all blood donor recruitment activities through the NBTS Blood Donor Recruitment Coordinator. Training will also focus on maximizing social marketing materials based on the findings of the 2007 Knowledge, Attitudes, and Practices (KAP) survey. The goal of this training will be to ensure that all blood donor recruitment and retention activities follow the National Blood Donor Recruitment Strategy.
3. Quality assurance. PAHO will provide on-going mentoring for laboratory staff who received QA training in FY07. Additional, targeted, training sessions will be organized in this area, as necessary, to respond to weaknesses or emerging problems.
4. Mentoring. The PAHO consultant will work with the three NBTS Coordinators to provide professional guidance and mentoring in the areas of blood donor recruitment, blood drives, blood collection and storage, and laboratory screening. The PAHO consultant will also provide mentoring to a junior medical officer (JMO) if/when such a position is established by the Ministry of Health. The JMO was requested from the MOH in FY07 to receive in-depth training and mentoring in the management of the national blood transfusion service. This position was deemed necessary to create a cadre of highly trained young physicians in Guyana to ensure succession planning at the NBTS. In addition to training, the JMO will also support the NBTS M&E program.
5. Monitoring and Evaluation. As noted above, the PAHO consultant will provide routine oversight for the collection and analysis of data collected by the NBTS M&E system. This support will be coordinated with CDC Guyana and CDC Atlanta.
6. Coordination. As the lead external Technical Assistance provider for blood safety in Guyana, the PAHO consultant will serve as the central point of contact for all TA. CDC Guyana and CDC Atlanta will coordinate all major technical assistance activities through PAHO to ensure a clear line of communication with NBTS.

Lastly, as appropriate, PAHO will help the NBTS establish and/or expand professional links to blood services in neighboring countries and elsewhere in the Caribbean. These linkages will allow NBTS to share best practices throughout the region and benefit from practices, guidance and advice from other Caribbean nations.

**New/Continuing Activity:** Continuing Activity

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12734	12734.08	HHS/Centers for Disease Control & Prevention	World Health Organization	6277	6277.08	WHO/PAHO Blood Safety	\$500,000

**Emphasis Areas**

Health-related Wraparound Programs

\* Safe Motherhood

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$150,000

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

Estimated amount of funding that is planned for Education \$250,000

**Water**

**Table 3.3.04: Activities by Funding Mechansim**

<b>Mechanism ID:</b> 7534.09	<b>Mechanism:</b> Track One Blood Safety
<b>Prime Partner:</b> CORE International	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> Central GHCS (State)	<b>Program Area:</b> Biomedical Prevention: Blood Safety
<b>Budget Code:</b> HMBL	<b>Program Budget Code:</b> 04
<b>Activity ID:</b> 16755.27048.09	<b>Planned Funds:</b> \$150,000
<b>Activity System ID:</b> 27048	



**Activity System ID:** 29194

**Activity Narrative:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Emphasis Areas**

**Human Capacity Development**

**Public Health Evaluation**

Estimated amount of funding that is planned for Public Health Evaluation \$0

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

Program Budget Code: 05 - HMIN Biomedical Prevention: Injection Safety

**Total Planned Funding for Program Budget Code: \$105,000**

**Table 3.3.05: Activities by Funding Mechanism**

**Mechanism ID:** 3717.09 **Mechanism:** Department of Defense

**Prime Partner:** US Department of Defense **USG Agency:** Department of Defense

**Funding Source:** GHCS (State) **Program Area:** Biomedical Prevention: Injection Safety

**Budget Code:** HMIN **Program Budget Code:** 05

**Activity ID:** 5311.25093.09 **Planned Funds:** \$5,000

**Activity System ID:** 25093

**Activity Narrative:** Continuing Activity

The purpose of this activity is to reduce the number of unsafe and unnecessary injections through training and refresher training, and promotion of proper waste management techniques. In FY08, twenty seven (27) medics were trained in Injection Safety training, carried out in collaboration with the Guyana Safer Injection Project and the GDF Trainers.

In FY09, DoD will continue to assist implementation of universal precautions in Guyana Defense Force (GDF) healthcare settings. Through the Guyana Safer Injection Project, the GDF's health care personnel will be trained in the areas of injection safety, handling and sharp instruments, and handling and disposal of medical waste. Twenty (20) medics and lab personnel will be trained in safe blood drawing and handling techniques for sharp instruments and medical waste. Post Exposure Prophylaxis (PEP) protocols, already developed in the civilian sector through the GUM clinic, will continue to be implemented to address occupational exposures that occur in military facilities. Occupational exposures will be tracked and reported. Following training, sites will receive essential commodities and supplies to ensure implementation of improved IP/IS practices. A national logistics system for the provision of materials will be utilized.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity: 13878**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13878	5311.08	Department of Defense	US Department of Defense	6640	3717.08	Department of Defense	\$0
7515	5311.07	Department of Defense	Center for Disaster and Humanitarian Assistance Medicine	4451	3717.07	Department of Defense	\$10,000
5311	5311.06	Department of Defense	Center for Disaster and Humanitarian Assistance Medicine	3717	3717.06	Department of Defense	\$6,000

**Emphasis Areas**

Military Populations

**Human Capacity Development**

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.05: Activities by Funding Mechanism**

**Mechanism ID:** 2804.09

**Prime Partner:** Initiatives, Inc.

**Funding Source:** Central GHCS (State)

**Budget Code:** HMIN

**Activity ID:** 3312.24964.09

**Activity System ID:** 24964

**Mechanism:** Safe Medical Injections

**USG Agency:** U.S. Agency for International Development

**Program Area:** Biomedical Prevention: Injection Safety

**Program Budget Code:** 05

**Planned Funds:** \$0

**Activity Narrative:** Continuing Activity using pipeline funds.

In FY 09, GSIP is focusing on finalizing activities in region 4, the capital, and initiating activities in Region 2 and the remote hinterland regions: 1, 8 and 9. Interventions include training of staff in the areas of safe injection, waste management, commodity management and behavior change. Our efforts to support worker and patient safety concentrate on ensuring injection safety practices and systems are integrated at the facility, regional and central level. This includes commodity management, training curricula and capacity development; sharps waste management guidelines and procedures, recording systems for vaccination and needle stick injury, PEP coverage, monitoring and data analysis tools and process, and rational injection use. At the central level it means inclusion of orals as first line treatment for standard treatment guidelines, integration of IS training into pre and in-service professional and para-professional programs and building capacity to present the material and monitoring of worker safety policy adherence. This work is conducted with assistance from Ministries, PEPFAR projects, NAPS and professional training programs.

GSIP, in cooperation with MOH, completed two studies. The first was the final phase of a Prescription Record Review which, based on our interventions, found that the proportion of cases receiving one or more injections declined from the baseline 29% to 21% and prevalence of unnecessary injections declined from 34% to 30%, both statistically significant. As a corollary to the study, the training on medication counseling for improving prescription adherence will be integrated into pharmacists and pharmacy assistant training. The second was a Home Use Insulin and Safe Disposal Study designed to test out disposal options and full supply of insulin syringes through staff counseling, guidance and provision of disposal containers and full syringe supply. The results of both studies will be disseminated in FY 09 to assist MOH policy decisions.

GSIP is actively assisting the Regional Health Officers to develop strategies to implement the Health Care Worker Policy launched by the Minister in December 2007. To date two regions have issued mandatory policies for pre-exposure vaccinations and the Public Sector Union is actively encouraging workers to adhere to pre and post exposure guidance and use of protective gear. All facilities have set up procedures for documenting vaccinations and needle stick injuries. GSIP has also provided consumption data to help regions and the central Ministry use data for budgeting for injection supplies.

In the area of waste management, GSIP has partnered with HAP (US Embassy) to get funding for the construction of two DeMonfort incinerators at facilities with poor sharps management and as part of the Waste Management Oversight Committee, GSIP continues to provide technical assistance on disposal. GSIP also assists all facilities to develop waste management plans.

GSIP is also working with the Standards and Technical Service Unit to incorporate injection safety indicators into the MOH licensing process and to develop a demonstration project to certify facilities that meet injection safety standards. The strategy for the certification process will also assist the Ministry to design their licensing strategy.

GSIP completed its midterm assessment in February 2008 and will conduct a final assessment in 2009 in the two sentinel regions, 6 and 10. The results of the midterm review were quite encouraging and are being used to design, among other things, refresher training. A Behavior Change and Communication assessment was also conducted to assess the effectiveness of our current communication activities and to provide qualitative information to help us address factors that impede changes in practices and to expand on our successes.

GSIP will be designing a pilot to link factors that affect staff motivation, such as worker safety, to performance as an attempt to improve satisfaction and address retention, which challenges all public health initiatives.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13900

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13900	3312.08	U.S. Agency for International Development	Initiatives, Inc.	6642	2804.08	Safe Medical Injections	\$1,208,562
7468	3312.07	U.S. Agency for International Development	Initiatives, Inc.	4426	2804.07	Safe Medical Injections	\$692,929
3312	3312.06	U.S. Agency for International Development	Initiatives, Inc.	2804	2804.06	Safe Medical Injections	\$1,208,562

**Table 3.3.05: Activities by Funding Mechanism**

**Mechanism ID:** 9752.09

**Mechanism:** AIDSTAR

**Prime Partner:** To Be Determined

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** Biomedical Prevention: Injection Safety

**Budget Code:** HMIN

**Program Budget Code:** 05

**Activity ID:** 22692.09

**Planned Funds:** ██████████

**Activity System ID:** 22692

**Activity Narrative:** The new Contractor awarded through the AIDSTAR mechanism will replace the work of the current Track One Funded, Injection Safety Program (Prime: Initiatives) which is slated to end September, 2009, but may have a period for no-cost extension.

Given the substantial level of resources that Track One funding has made available for safe medical injection programming in Guyana, the current level of activities will not be sustainable. The Contractor will however work along with the Guyana Safer Medical Injection Program (GSIP) to identify the most critical of technical assistance needs and pursue those after the close of the GSIP project.

**New/Continuing Activity:** New Activity

**Continuing Activity:**

Program Budget Code: 06 - IDUP Biomedical Prevention: Injecting and non-Injecting Drug Use

**Total Planned Funding for Program Budget Code:** \$0

Program Budget Code: 07 - CIRC Biomedical Prevention: Male Circumcision

**Total Planned Funding for Program Budget Code:** \$0

Program Budget Code: 08 - HBHC Care: Adult Care and Support

**Total Planned Funding for Program Budget Code:** \$1,598,458

**Program Area Narrative:**

This program area responds to the care and treatment section of Guyana's National Strategic Plan for HIV/AIDS 2007-2011 which states that the objective is to "ensure access to care and treatment for all persons living with HIV/AIDS," including a supportive environment and quality home-based care services. As of April 2008, free ARVs are available at a total of 16 sites, including a mobile unit to provide service for the Hinterland regions (1, 7, 8, and 9). These sites are a mix of public and private faith-based sites supported by MOH in partnership with FXB and AIDSRelief, with the capacity to treat adult and pediatric patients. There are currently 2,185 persons on ART in Guyana, including 134 (8%) pediatric cases. A combined national cohort of all patients who started ART in June 2007 showed that 79% were alive and on ART after 12 months. In FY09, the Guyana PEPFAR team will transition more patients to treatment through linkages to PMTCT and VCT programs and provider-initiated counseling and testing for infectious disease (e.g., TB, STIs) patients at facilities. Expansion of coverage to the Hinterlands through an additional mobile unit, training mid-level providers in the basic care of non-complicated cases, and a new treatment and care initiative are planned.

In FY08, several initiatives supported enhanced treatment services. The National Public Health Reference Laboratory (NPHRL) was completed. Once fully operational, in addition to basic laboratory monitoring, this laboratory will provide reference functions, quality assurance, diagnostic capacity for OIs, STIs, and DNA PCR testing for early infant diagnosis (EID). WHO Patient Monitoring System (PMS), including facility-based ART and pre-ART registers, was implemented in all treatment sites, including private sites. This has resulted in better information for patient tracking, program management, and patient care. An initiative to improve the quality of both pediatric and adult clinical services was launched by the MOH in partnership with UNICEF, HRSA, and CDC through the HIVQUAL program, called "HealthQual." Selection of patient indicators was completed, and software development has begun. HealthQual will be piloted in the GPHC ID ward, and the MOH MCH program. Other program highlights from FY08, included strengthening the Partnership for Supply Chain Management (SCMS) for commodities management including rapid test kits, ARVs, medications for OI, and laboratory reagents. This transition minimized stock outages and delays that would have impeded the delivery of quality treatment services.

FXB continues to serve as the primary MOH partner in the provision of adult and pediatric HIV care and treatment services, the

development of guidelines and protocols, continuous quality improvement, and the design and implementation of adherence monitoring. A full-time pediatric specialist was recruited to support multiple sites. FXB currently coordinates the clinical assignments for the UN Volunteer (UNV) Physicians providing ARV services in-country. In addition, through mentoring of clinicians, clinical training, and strong collaboration with MOH, CDC, and PAHO, FXB will seek innovative solutions to the human resource shortages that threaten the advancement and sustainability of the Guyana treatment program. Significantly, FXB has decreased the number of UNVs from 10 to 5 during FY08. PEPFAR Guyana and its partners will continue to explore creative solutions to these shortages such as physician extenders, pre-service training, and alternative compensation strategies.

AIDS Relief will provide comprehensive ARV services at 3 sites, including two faith-based non-profit hospitals and one public hospital. AIDS Relief uses a family-centered care model and ensures that families of patients on ART receive support services and prevention messages. SJMH will also integrate a registered nurse into the HIV program to provide follow-up care and facilitate patient-flow and linkages with other programs (e.g. OVC, PMTCT).

In FY09, the overarching goal is to begin the transition from scaling-up services to improving quality of services, transferring technical capacity, promoting sustainability, and filling gaps in the treatment and care referral network. Specific program area priorities include, but are not limited to: (1) implementing the HealthQual program at all 16 treatment sites, selected MCH sites, and the ID ward for continual quality improvement of adult and pediatric care; (2) provide more focused TA to the ID ward, including staff recruitment, training, and necessary renovations required to develop this into a center of excellence (COE) for inpatient HIV care; (3) strengthening the National Treatment and Care Center (formerly GUM clinic) to develop into a COE for outpatient care through onsite mentoring, training, and improved linkages with other treatment and care sites; (4) integrate the national PEP program into general health sector programs (e.g., A&E departments) and non-health agencies (e.g., police departments) for improved referral and management of patients with occupational and non-occupational exposures; (5) improve services to the Hinterlands through expansion of mobile services, support task-shifting, and launching a partnership initiative to promote better coordination and integration of more than 20 NGOs that currently provide services in these areas; (6) support innovative strategies to address health worker shortages, including implementing the in-service curriculum for mid-level providers, integrating new physicians from the Guyana-Cuba government exchange program, and exploring more cost effective models; (7) broaden the national home based palliative care program to include basic care provisions such as safe water/hygiene, nutritional assessments/food supplements, access to insecticide treated nets and opioid analgesics; and, (8) provide follow up treatment for cervical cancer for HIV+ women identified in the cervical cancer screen and treat demonstration program.

Consistent with the PEPFAR guidance, the goals of the USG contribution to the National Strategy are to provide the five categories of essential palliative care services to all people infected or affected by HIV: 1) Clinical Care; 2) Psychological Care; 3) Social Services; 4) Spiritual Care; and 5) Prevention for persons living with HIV (PLHIV). These palliative care services are provided in both facility and home-based settings. The CDC's 2006 Guyana Epidemiological Profile estimated that in 2007 there would be 12,700 persons living with HIV (PLHIV) in Guyana. As of June 2008, 3523 PLHIV were receiving one (clinical care) or more of palliative care services in 22 clinical sites, of whom more than 929 clients were also receiving the full, home-based palliative care package through 10 PEPFAR-supported NGOs. In addition, 188 providers of home-based care (HBC) were trained in the first half of FY08. In FY09, the program will continue to support a comprehensive package of care services delivered in facility and home-based care settings and will strengthen linkages to PMTCT, VCT, and provider-initiated testing in health care facilities, formalize systems of referral between clinics and NGOs, monitor the delivery and quality of care services, and address stigma and disclosure to enhance the uptake of HBC services. Support will continue for supervision and training of providers with subsequent mentoring throughout service delivery by clinical partners, NGO and MOH outreach staff.

#### Services

Clinical care services that include preventive, asymptomatic, symptomatic, and end of life care (following WHO analgesic ladder) are provided through the health sector and the St. Vincent de Paul Society hospice and rehabilitative care facility, with linkages to community support organizations. At care and treatment sites, USG partners provide comprehensive, family-centered, palliative care clinical services for adults and children that include routine clinical and CD4 monitoring, prevention and treatment of OIs, including provision of co-trimoxazole, TB screening, support for adherence to ART, nutritional assessment and support, and promotion of personal and household hygiene. Clinical sites are located in 21 health care facilities (15 of which also provide treatment), including each regional facility (Regions 2,3,6,10) and the central treatment center of excellence (Region 4).

MOH Regional palliative care nurse coordinators, supported by the GFATM, are based within these facility-based settings. Community based providers work along-side these regional palliative care nurse coordinators at the treatment sites to ensure a continuum of care. Patients identified as positive through clinic-based counseling and testing and/or are receiving care at treatment sites are accompanied to the nurse supervisor's office where they enroll in the HBC aspects of the program. HBC nurse supervisors directly link patients to NGOs where they and their family can receive support in HIV palliative care services. The referral systems and networking between the MOH Clinical/treatment sites were strengthened in FY08 with the institution of monthly networking meetings that include quarterly reporting, discussion of active cases in HPC. In addition, NGOs that offer community-based VCT also offer palliative care services and as such referrals are done internally. M&E tools for reporting and referrals were standardized and are included in the National Reporting Guidelines for NGOs and Line Ministries. To increase the number of persons in HIV care that also receive HBC and enter into a treatment and care program a novel initiative was developed, the case navigator program. This program was piloted in four sites in Region 4. This program ensures that case navigators are stationed at high volume VCT sites and are equipped to navigate persons tested positive into the treatment program. A curriculum was developed and persons were trained and certified as case navigators. Forms for monitoring were developed and a formal evaluation of the program conducted in FY08. Training, referrals, and monitoring are a collaborative effort between the National AIDS Program Secretariat and PEPFAR.

Psychological care services will continue to address the non-physical suffering of the individual and their family and include support groups linked to the care and treatment sites as well as those led by FBO and NGO partners. In FY08, support groups at the various treatment sites as well as NGO sites function fully with a membership of more than four hundred and forty four

persons living with HIV Activities include the development and implementation of age-specific psychological care in collaboration with the Ministry of Labour, Human Services and Social Security, and family care and support delivered by NGOs/FBOs. Family centered approaches enable the program to identify and link OVC to specialized services, enable the children to receive immunizations, provide home-based voluntary counseling and testing for family members, referral for family planning services, links to legal services, support for disclosure of HIV status, bereavement care, as well as nutritional and hygiene counseling for the family.

Spiritual care service supports FBOs to deal with basic issues related to HIV/AIDS through sensitization, training, and counseling related to fears, guilt and forgiveness.

Prevention services for PLHIV includes case-management, age-appropriate prevention messages, partner testing, and interventions for sero-discordant couples, including community and clinic-based support groups.

In FY08, the partnership for Supply Chain Management system with the MOH ensured a steady supply of HIV related commodities through joint procurement planning for drugs for OI prophylaxis/treatment and STI treatment. In addition formation of the joint procurement planning committee which met regularly in FY 08, enhanced the coordinated procurement needed at the National Level. This process led by the Government of Guyana through the Ministry of Health and supported by SCMS, has resulted in the transfer of skills from the HSDU Global Fund procurement officers to the MMU officers. In FY09, PEPFAR will continue to work with MOH to support improved diagnostic capacity for OIs, including additional training and strengthening of regional and central labs, build capacity for cervical cancer screening, utilizing the recently established national public health reference laboratory. Additionally, PEPFAR will provide support to the HIV drug resistance monitoring in Guyana and to the strengthening of the laboratory diagnosis for other sexually transmitted infections.

#### Referrals and Wraparounds

Social care services delivered primarily by the NGO/FBO sector, include an array of services not limited to adherence support, nutritional and hygiene counseling, reproductive health counseling, creation of kitchen gardens, referrals to clinic care providers, micro-credit loan opportunities, parenting skills and employment training, and, work place internships. Partnerships with the private sector have facilitated the economic empowerment of PLHIV through establishment of their own businesses. PEPFAR will continue to explore opportunities for new partnerships for the economic empowerment of PLHIV. Nutritional support will continue to leverage other resources within the donor community, including the MOH Food Bank.

Complementing these efforts are international technical assistance, partnering with the UN Family, implementing initiatives to further strengthen referral systems for legal services, increasing access to government grants and small business loans, workforce skills-building, and continuing support for the development of an enabling environment free of stigma and discrimination.

#### Policy

In 2008, the MOH and the National AIDS Program Secretariat, in collaboration with implementing partners (FXB, CRS, and GHARP), and CDC updated sections of the national guidelines for care and treatment for both adults and HIV-infected/exposed children, on TB/HIV co-management and paediatric management. Recommendations included the earlier treatment of children and treatment for all patients with TB/HIV co-infection. The guidelines for VCT were finalized. Currently, no official policies or treatment guidelines exist for the treatment and management of pain. Opioids are only available through management by a physician in hospital settings due to high costs that exist for importation of these drugs. GHARP will support the MOH in partnership with FXB and SCMS to advocate for an enhanced legislative and policy framework so that there is increased access to opioids in the home or hospice. GHARP and FXB will be working together with the MOH and the National AIDS Program Secretariat to develop specific guidelines on pain management.

**Table 3.3.08: Activities by Funding Mechansim**

<b>Mechanism ID:</b> 135.09	<b>Mechanism:</b> CDC Program Support
<b>Prime Partner:</b> US Centers for Disease Control and Prevention	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Care: Adult Care and Support
<b>Budget Code:</b> HBHC	<b>Program Budget Code:</b> 08
<b>Activity ID:</b> 27050.09	<b>Planned Funds:</b> \$8,632
<b>Activity System ID:</b> 27050	

**Activity Narrative:** In FY08, CDC focused on capacity building for grants management and ongoing support to infrastructure development activities for the MOH as it expands its care and treatment activities. CDC will support efforts to improve care for patients with HIV/AIDS and to address treatment issues in the public sector regarding opportunistic infections and sexually transmitted diseases, and also provide coordination for treatment activities under the MOH cooperative agreement. The CDC Senior Program Development Officer supported through these funds will liaise with the MOH outpatient treatment system and other partners to ensure linkages between treatment and other services and to limit redundancies between program areas. In FY09 CDC will fill the currently vacant position for a locally-engaged staff, a medical officer. This physician will assist the Senior Program Officer as liaison to the MOH and would eventually take on these responsibilities on full time basis. This position will thus provide program support and also afford an opportunity for building the capacity of a local physician in HIV treatment programs. CDC will assist MOH to capitalize on connections to the diaspora through twinning with Guyanese physicians at universities and hospitals abroad, to allow for an exchange of clinicians and help offset Guyana's severe human resource shortages. The medical officer salary is partly funded through this program.

CDC had coordinated with CDC Atlanta to provide technical assistance for implementation of a safe water initiative as part of the package of services for basic palliative care. CDC headquarters staff with expertise in household level safe water interventions visited Guyana in December 2006 to perform an assessment funded by Rotary International on implementation of the CDC/WHO Safe Water System (SWS) for Guyana on a national level. This system combines household-level chlorination, safe storage vessels, and a program of behavior change communication (BCC) regarding water and hygiene practices. The products are sold in country using a social marketing model. The Rotary-funded assessment included water testing, identification of a local producer for the safe water vessels, disinfectant solution and bottles, and identification of a partner for social marketing of the SWS in the Guyanese context. Rotary International has funded start up and maintenance of SWS in multiple countries throughout the world. The production of BCC is sustained by continued funds from Rotary combined with cost-recovery through social marketing of the SWS in the general population. While in Guyana the consultant developed a plan for adding the SWS to the palliative care services package provided by the PEPFAR program. The SWS team worked with USG Guyana and its partners to develop a distribution plan for SWS that is appropriate for PLWHA in Guyana. The estimated cost to provide services is \$12 per household per year. CDC will support and monitor the program for 5000 households affected by HIV/AIDS. CDC Atlanta will continue to coordinate with CDC Guyana for establishment and implementation of the service program. All efforts will be closely coordinated with MOH, NAPS and PAHO. CDC would put additional funds if need be in to support this initiative.

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Table 3.3.08: Activities by Funding Mechansim**

<b>Mechanism ID:</b> 7264.09	<b>Mechanism:</b> Community Support and Development Services
<b>Prime Partner:</b> Community Support & Development Services	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Care: Adult Care and Support
<b>Budget Code:</b> HBHC	<b>Program Budget Code:</b> 08
<b>Activity ID:</b> 15955.26274.09	<b>Planned Funds:</b> \$557,200
<b>Activity System ID:</b> 26274	

## Activity Narrative: Continuing Activity

The Community Support and Development Services (CSDS) Inc is an indigenous capacity building institution, which was contracted to disburse and monitor small grants to a network of local organizations, while strengthening their financial and administrative management capacities. Support to the NGOs include the development of their financial and accounting systems to ensure these systems are compatible with project budgeting procedures and generally accepted accounting principles. Technical assistance is provided through one-on-one support while conducting monthly visits and on-site training with partner organizations. Training sessions/visits are geared to respond to the particular needs of each organization and the designated accounting staff. Organizational development services are provided through a core of local consultants to assist in strengthening the administrative capacity of each NGO partner.

In FY '08, this organization revised the NGOs financial systems to accommodate the reporting of financial information according to technical/program areas; installed Peachtree Accounting Software and training on its use; the developed Operation Manuals for nine of the eleven 'priority' NGOs/FBOs, which included orientation, mentoring and coaching of key personnel on its use; developed and operationalized Human Resource manuals for five NGOs; facilitated legal registration of four (4) NGOs/FBOs which were not legally registered; and, capacity building support to eight existing NGOs/FBOs Board of Directors

In FY 09, ten (10) key NGO/FBO partners will receive financial support from CSDS to continue to reach PLWHA and their families in their communities. To date, palliative care services have been provided to over 900 PLWHA and their families in seven regions, with 68 community health care providers/volunteers and nurse supervisors trained in community home-based care (HBC). Under this program, one of our USAID-supported NGOs, Hope for All in Region 2, occupies an office within the public hospital where a volunteer is on call to receive referrals of PLWHA from the doctors. This method, of an NGO working on site along side the formal health care team has strengthened the referral system and has greatly reduced the delay in a client's access to Home Based Care Services and support. All NGOs work closely with the MOH Regional home-based care nurse supervisors, supported by the GFATM, who refer patients identified as positive to the NGOS to ensure a continuum of care. Once a referral is received the client is registered into the program and arrangements are made to do home visits, or, if the client is sick to do home care. In the home, an assessment of the needs of both the client and family is conducted by the nurse supervisor attached to Hope for All. Based on that assessment, a plan of care is drafted by the nurse supervisor, and is communicated to the volunteer(s) assigned to the case. This process is used for all NGOs involved in HBC activities.

The package of care provided includes:

- 1.) Clinical care accompaniment, nutritional and hygiene counseling, adherence support, hospital visits to coordinate discharge planning, grief and bereavement counseling, provision of care packages, and basic nursing care in the home;
- 2.) Prevention education for family members, testing of family members and encouraging family members to be a source of support;
- 3.) Psychosocial support (Clients are invited to eventually join the NGO support groups once they have adjusted and accepted their diagnosis);
- 4.) Referral to a religious organization that is sensitive to HIV/AIDS issues;
- 5.) Linkages to social services such as welfare and legal services; and facilitating access to micro-enterprise initiatives and vocational skills training.

The program is also helping people living with HIV/AIDS (PLHA) access small loans provided through a micro financing program. These PLHA have been unable to receive loans through traditional means because of their economic status. The loans enable PLHA to expand their small businesses and support their families. As of June 2008, more than 90 loans had been completed with a cumulative value of US\$38,000. These were disbursed to HIV-positive entrepreneurs with businesses in diverse fields such as poultry, livestock, lawn maintenance, sanitation, graphic design, craft production, and internet café services.

AIDSTAR, will provide technical assistance in all programmatic and technical aspects of the project to NGOs within the USAID HIV/AIDS strategy and will serve as a key agent in building sustainable program management and technical capacity of the NGOs. While, CSDS will be responsible for the continued capacity and system strengthening of the identified NGO/FBO partners in the key areas of financial and administrative management, through on-site technical assistance and training.

The targets for the NGO/FBOs involved in Home-based care activities will be tracked by CSDS M&E unit. This unit will ensure that the highest quality data is generated by NGO data collection systems. Data quality will be ensured through the use of standardized data collection forms that were developed for each program area. NGO staff with M&E responsibility will be trained and retrained in the use of these tools when necessary. Apart from the monthly review of data collected, CSDS will conduct quarterly data quality assurance reviews to each NGO to monitor the utilization of the monitoring system and the accuracy of the data collected. CSDS will track progress toward achieving program targets by ensuring timely and accurate reporting by the twenty (20) NGOs/FBOs. Individual NGO achievements reported will be entered into a database at the central level and analysed to generate overall program achievements, this database will be managed by the organization's database administrator. Thus, CSDS will monitor progress against the total program area targets and those individually set by the NGOs, in their annual Monitoring and Evaluation plan. In order to facilitate greater use of data at the NGO level, CSDS will install databases at each NGO for internal use, this database will improve data management and report generation capabilities as well as increase data use for decision-making at the NGO level.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 15955

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15955	15955.08	U.S. Agency for International Development	Community Support & Development Services	7264	7264.08		\$540,865

**Emphasis Areas**

Gender

- \* Increasing women's access to income and productive resources
- \* Increasing women's legal rights
- \* Reducing violence and coercion

**Human Capacity Development**

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$20,000

**Food and Nutrition: Commodities**

**Economic Strengthening**

Estimated amount of funding that is planned for Economic Strengthening \$30,000

**Education**

**Water**

**Table 3.3.08: Activities by Funding Mechanism**

**Mechanism ID:** 7145.09

**Prime Partner:** JHPIEGO

**Funding Source:** GHCS (State)

**Budget Code:** HBHC

**Activity ID:** 15464.24852.09

**Activity System ID:** 24852

**Mechanism:** JHPIEGO OmniMed

**USG Agency:** U.S. Agency for International Development

**Program Area:** Care: Adult Care and Support

**Program Budget Code:** 08

**Planned Funds:** \$325,000

## Activity Narrative: Continuing Activity

Cervical cancer is a major public health problem for women in Guyana, where the incidence and mortality rates are 60% higher than the average rates for the Latin American and Caribbean (LAC) region. While cervical cancer prevention initiatives exist in Guyana, the country currently lacks an organized cervical cancer prevention program. Cervical cancer prevention services in Guyana are characterized by low coverage rates, poorly targeted services, lack of coordination and linkage of screening and treatment components, and inadequate tracking of patients for follow-up. In countries that have developed and implemented high quality organized cervical cancer prevention programs with high participation rates, the incidence of cervical cancer has decreased by 70-90%.

The situation of HIV/AIDS in Guyana, and its influence on the development of cervical cancer, poses significant risks for women's health, as well as the well-being of their families and communities. HIV-infected women are at greater risk of developing precancerous lesions of the cervix, and have more rapid progression to cancer than women who are not HIV-infected. It is within this context that cervical cancer can be considered an opportunistic disease. In addition, women receiving appropriate antiretroviral therapy (ART) are living longer, increasing the risk that precancerous lesions of the cervix progress to cancer. HIV-infected women should therefore receive cervical cancer prevention services as part of their comprehensive HIV care and treatment.

In response to these issues, the Government of Guyana (GoG), through its Ministry of Health (MoH), has prioritized cervical cancer prevention as a programmatic issue to be addressed using a single-visit approach (SVA) with visual inspection with acetic acid (VIA) and cryotherapy. SVA is a recognized alternative for low resource settings to the cytology-based model of cervical cancer prevention services. In contrast to the cytology-based program where results are available a few weeks later and the client is referred to a central site for confirmatory tests and therapy, the SVA model links testing with the offer of treatment or other management options during the same visit. This linkage is not only clinically important; it is cost-effective, as reported in two recent studies (New England Journal of Medicine, November 17; Journal of the National Cancer Institute; 94:1-15). Both studies report that once-in-a lifetime VIA testing, followed by offer of immediate cryotherapy treatment for eligible lesions, was the most cost-effective approach, defined as fewest dollars spent per life-year saved or cancers avoided. In addition, Omni Med's collaborative efforts in Guyana over the past four years have recently led to a national policy for cervical cancer prevention based on the VIA and SVA model, and the desire of the MoH to have Omni Med partner with them to provide technical assistance for the program. The GoG has also committed its own resources to pay the in-country costs of implementing a national cervical cancer prevention program.

Importantly, through this program, the GoG intends to lay the groundwork for introducing HPV testing and the HPV vaccine, when, and if, these activities become feasible and appropriate in this setting. The SVA combined with appropriate use of HPV testing and the HPV vaccine is an effective national strategy for detection; control; treatment, care and management; and prevention of an important public health problem that accounts for significant disease and death among Guyanese women. This will be achieved by using the screening program as a platform to reach young women with the vaccine when it becomes available and affordable. While this combined initiative may be many years before becoming a reality in Guyana, an initial effort to establish the screening program (the platform for launching HPV vaccine services) is a requisite first step to provide prevention services to women.

### Progress on FY 08 Activities & Targets

Working in partnership with the GoG, Jhpiego and Omni Med are collaborating to provide the needed technical assistance for this program. During FY08, the project will have conducted the following activities upon which the FY09 activities will be built:

- ? conduct a needs assessment to provide specific recommendations to refine program implementation, policy development and service delivery guidelines;
- ? conduct an information system (IS) assessment to determine existing IS needs for data collection and monitoring, pilot data collection system (electronic or paper-based) and conduct follow up
- ? establish a technical advisory group for cervical cancer;
- ? conduct stakeholder meetings to ensure broad-based support for cervical cancer prevention;
- ? support development of cervical cancer service delivery and training guidelines;
- ? conduct training of supervisors and health care providers from selected care and treatment (C&T) sites;
- ? conduct follow up and supervisory visits of trained supervisors and health care providers at C&T sites;
- ? provide limited cervical cancer screening and treatment equipment and supplies needed to start up services at selected C&T sites; and
- ? conduct an end-of-project year assessment to determine progress of project and inform Project Year 2 implementation

During FY 09, the project will support expansion from 4 HIV C&T sites providing cervical cancer prevention services to 6 additional sites. Activities will include:

- ? In collaboration with the MOH, support development of a national policy for cervical cancer treatment as part of the overall policy on cervical cancer, as well as treatment guidelines for cervical cancer.
- ? Support coordination and facilitation (as needed) of the technical advisory group for cervical cancer prevention.
- ? Conduct a training of trainers (TOT) workshop with supervisors and health care providers previously trained in VIA and cryotherapy during Project Year 1.
- ? Conduct two training workshops for a new group of supervisors and health care providers to support program expansion. These participants will be trained by the new trainers (mentioned in previous bullet) as part of their practicum to become certified trainers.
- ? Conduct a workshop on supportive supervision for selected trainers, supervisors and proficient health care providers to ensure supervisors provide effective supervision and providers receive adequate support and guidance.
- ? Provide a refresher workshop to providers at the referral site, Georgetown Public Hospital, to manage patients referred from C&T sites for advanced pre-cancerous lesions.

**Activity Narrative:** ? Support community education and awareness of cervical cancer and available services in collaboration with mechanisms that are already in place to reach women in the targeted group, including developing/adapting educational materials.  
 ? Support ongoing data collection and analysis of data, including streamlining data capture and reporting to include advanced cervical pre-cancer and cancer lesions and treatment received.

In addition, currently the Georgetown Public Hospital sees all patients referred from the C&T sites for treatment of advanced pre-cancerous lesions using the loop electrosurgical excision procedure (LEEP). LEEP is a commonly used approach to treat high grade cervical dysplasia and has many advantages, including relative low cost, high success rate, and a relatively short learning time for specific physicians. During FY 09, the project will support 1-2 C&T sites that already provide VIA to provide LEEP onsite, including training providers on LEEP and provision of LEEP machines.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 15464

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15464	15464.08	U.S. Agency for International Development	JHPIEGO	7145	7145.08	JHPIEGO OmniMed	\$315,000

**Emphasis Areas**

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$160,000

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.08: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 9752.09	<b>Mechanism:</b> AIDSTAR
<b>Prime Partner:</b> To Be Determined	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Care: Adult Care and Support
<b>Budget Code:</b> HBHC	<b>Program Budget Code:</b> 08
<b>Activity ID:</b> 8200.22655.09	<b>Planned Funds:</b> [REDACTED]
<b>Activity System ID:</b> 22655	

**Activity Narrative:** Continuing Activity

The new Contractor awarded through the AIDSTAR mechanism will replace the work of the Guyana HIV/AIDS Reduction and Prevention Project (Prime: FHI) that ends in December 2008. The activities and technical support previously offered through GHARP will be continued under AIDSTAR.

The Contractor will continue to provide technical assistance, training, and support for NGOs and the MOH in its implementation and strengthening of home-based care services, case navigation throughout the continuum of care, and monitoring and evaluation.

**Priorities:**

- Provide technical assistance to MOH and NGO partners in expanding the case navigation program whereby treatment clients are actively navigated from clinical care to home based care and supported to ensure continuity of care and treatment adherence;
- Provide technical assistance to the MOH in developing its standard package of care for PLHA, including psychosocial support, counseling, and pain management for end of life care and for monitoring the implementation of such to address quality of care;
- Provide technical assistance and training to NGO providers of adult and pediatric home-based care to improve quality, ensure a standard package of care, and expand services to more PLHA; and
- Provide technical guidance and grant support for furthering the economic advancement of PLHA.

**Illustrative Activities:**

- Short and Long-term technical assistance and training provided to a team of colleagues from the National AIDS Programme and NGOs providing care, support, and home-based care services to PLHA in order to expand programming, increase coverage, and strengthen the quality of services provided;
- Provide technical assistance to the current micro-enterprise loan program to increase access (lower interest rates, expand repayment period) etc for PLHIV, as well as exploring opportunities to engage other micro-enterprise service providers;
- Collaborate with the economic growth portfolio at USAID in order to explore opportunities to increase the economic status of PLHA; and
- Provide technical assistance to the MOH in updating and revising National Guidelines, care manuals, and curriculum as needed as it relates to care, including psychosocial support and pain management.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13890

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13890	8200.08	U.S. Agency for International Development	Family Health International	6641	4.08	GHARP	\$100,000

## Emphasis Areas

Gender

- \* Increasing gender equity in HIV/AIDS programs

## Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development

## Public Health Evaluation

## Food and Nutrition: Policy, Tools, and Service Delivery

## Food and Nutrition: Commodities

## Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening

## Education

## Water

Table 3.3.08: Activities by Funding Mechanism

**Mechanism ID:** 3717.09

**Mechanism:** Department of Defense

**Prime Partner:** US Department of Defense

**USG Agency:** Department of Defense

**Funding Source:** GHCS (State)

**Program Area:** Care: Adult Care and Support

**Budget Code:** HBHC

**Program Budget Code:** 08

**Activity ID:** 5309.25101.09

**Planned Funds:** \$5,000

**Activity System ID:** 25101

**Activity Narrative:** Continuing Activity

HIV-infected members of the GDF have access to care and treatment through the St. Joseph Mercy Hospital where HIV-infected military members receive comprehensive care and support to include medical care, provision of antiretroviral therapy, treatment of opportunistic infections, pain management, social support, nutritional vouchers and ART adherence education. Additional care services for HIV-infected military members will be provided through members in GDF units who will be trained using curriculum focusing on promotion of health and wellness, support in dealing with HIV symptoms including depression, and adherence to ART. Activities will seek the involvement of military chaplains in HIV/AIDS counseling, with emphasis on ministry skills relating to the individual and the family regarding marital relationships, parenting, and development of peer support systems.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13880

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13880	5309.08	Department of Defense	US Department of Defense	6640	3717.08	Department of Defense	\$0
8483	5309.07	Department of Defense	Center for Disaster and Humanitarian Assistance Medicine	4451	3717.07	Department of Defense	\$40,000
5309	5309.06	Department of Defense	Center for Disaster and Humanitarian Assistance Medicine	3717	3717.06	Department of Defense	\$35,000

**Emphasis Areas**

Gender

- \* Addressing male norms and behaviors
- \* Increasing gender equity in HIV/AIDS programs

Military Populations

**Human Capacity Development**

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.08: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 2765.09	<b>Mechanism:</b> AIDSRelief
<b>Prime Partner:</b> Catholic Relief Services	<b>USG Agency:</b> HHS/Health Resources Services Administration
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Care: Adult Care and Support
<b>Budget Code:</b> HBHC	<b>Program Budget Code:</b> 08
<b>Activity ID:</b> 12753.25109.09	<b>Planned Funds:</b> \$212,626
<b>Activity System ID:</b> 25109	

**Activity Narrative:** In FY2009 AIDSRelief will continue to strengthen its comprehensive palliative care program at its three ART sites and the step-down/hospice centre in order to achieve optimal quality of life for its clients and their families. AIDSRelief-supported sites will provide a basic package of care which follows OGAC guidance and includes: 1) Clinical Care (routine clinical monitoring and assessments of non-ART patients including follow-up to assist in determining the optimal time to initiate ART, including laboratory and clinical evaluations; prevention and treatment of OIs; support for adherence to ART; screening and referral for latent TB infection and active TB; nutritional counseling; pain management, promotion of good personal and household hygiene); 2) Psychological Care (counseling, home visits, disclosure support, peer support, bereavement care); 3) Social Services (home-based care and CRS-privately funded assistance programs); 4) Spiritual Care; and 5) Psychological care for caregivers.

AIDSRelief will build the capacity of clinical staff at its four palliative care service outlets through focused technical assistance (e.g. clinical preceptorships, tutorials, didactics and clinical updates) in palliative care issues. AIDSRelief will recruit an Adherence Specialist/ Community Outreach coordinator to oversee the integration of a comprehensive adherence model, which will include individual counseling, community support groups, the empowerment of PLHIV to serve as treatment partners, support for disclosure, and the integration of family members affected by HIV as care supporters.

AIDSRelief-supported palliative care services will be integrated with other clinical programs at its local partner treatment facilities such as PMTCT, CT, OVC and prevention activities as well as with complementary social support programs available at these sites (e.g. nutritional support funded by CRS-private funds). AIDSRelief will also continue to liaise with MOH and local community-based organizations to provide a seamless interface between care in the health facility and in the home/community. AIDSRelief will strengthen linkages between the step-down/hospice center and treatment facilities, community-based care providers and other potential sources of support (e.g. night shelter, Amerindian Hostel). AIDSRelief will also facilitate linkages to substance abuse treatment by training social workers in recognizing symptoms of substance abuse and by strengthening referrals for substance abuse treatment.

In FY2009 AIDSRelief will continue to integrate a gendered approach to its palliative care services to address some of the issues that may affect a woman's access to and use of PEPFAR-supported services. AIDSRelief will continue to strengthen its family-centered model of care to ensure equitable access for women to HIV care services (currently 57% of clients accessing care at AIDSRelief-supported sites are women). AIDSRelief will ensure that all women enrolled in its program have access to annual cervical cancer screening. AIDSRelief will also strengthen linkages with complementary social services to increase women's access to income and productive resources (e.g. education, vocational training, access to credit).

In FY2009, AIDSRelief will liaise with in-country partners to procure safe water solutions, which will aid in reducing the amount of diarrheal diseases. AIDSRelief will provide training to LPTF adherence staff and HBC staff to promote safe water and hygiene practices so that may communicate these messages to clients at LPTFs. Additionally, LPTF staff and HBC workers will distribute safe water solution initially to most vulnerable clients & households (i.e those with co-infected patients. Infants/children<5, and stage 3 & 4)

- Targets:
- 4 service outlets providing HIV-related palliative care (excluding TB/HIV)
  - 2400 individuals provided with HIV-related palliative care (excluding TB/HIV)
  - 30 individuals trained to provide HIV palliative care (excluding TB/HIV)

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 12753

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12753	12753.08	HHS/Health Resources Services Administration	Catholic Relief Services	6266	2765.08	AIDSRelief	\$269,147

**Emphasis Areas**

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development      \$113,000

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

Estimated amount of funding that is planned for Education      \$1,000

**Water**

**Table 3.3.08: Activities by Funding Mechanism**

**Mechanism ID:** 6276.09

**Mechanism:** FXB

**Prime Partner:** University of Medicine and  
Dentistry, New Jersey -  
Francois-Xavier Bagnoud  
Center

**USG Agency:** HHS/Centers for Disease  
Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Care: Adult Care and Support

**Budget Code:** HBHC

**Program Budget Code:** 08

**Activity ID:** 12752.25160.09

**Planned Funds:** \$190,000

**Activity System ID:** 25160

**Activity Narrative:** In FY'08 FXB provided technical assistance and human-resource support for HIV care and treatment. In FY'09 FXB will continue to serve as the Ministry of Health's primary partner in the implementation of a standard package of HIV clinical care, expansion of adult and pediatric HIV care and treatment, revision of care and treatment guidelines and protocols, and design and implementation of adherence monitoring. FXB will provide capacity for prescribing, dispensing and monitoring antiretroviral therapy (ART) at the existing and future MoH HIV treatment sites. FXB will also provide clinical support for hinterland areas in Guyana through consultative support of the Ministry of Health mobile unit lead physician, recruitment of a second physician to allow for increased frequency of mobile outreaches, and clinical support and training to task-shift ART provision from physicians to medex in some hinterland areas.

FXB's plan for long-term sustainability of ART delivery specifically emphasizes activities that build capacity in the Guyanese Ministry of Health. In FY'09, these activities will include finding innovative approaches to address the human-resource shortages that threaten the advancement and sustainability of the Guyanese treatment program, including contracting physicians to provide complete clinical coverage for all treatment sites. Particular effort will focus on the continuation of clinical mentoring of local clinicians to provide HIV care and the integration of such mentoring into the training programs for pre-service clinicians returning to Guyana from Cuba. Senior FXB clinicians will provide mentoring and consultative oversight to staff serving the GPHC Infectious Disease Ward. Senior FXB clinicians will assist with any development and/or revision of standard curricula on basic HIV care for all cadres of healthcare workers and support the development and implementation of a standard HIV care curriculum for medex working within the Guyanese MoH system. The FXB Center will also establish a formal clinical mentoring program for nurses, which will incorporate the standard curriculum on basic HIV care for nurses.

FXB will continue to strengthen linkages between the treatment program and other care sectors in Guyana, including PMTCT, home-based care, basic palliative care, psychosocial care, confidential counseling and testing, and TB diagnosis and treatment. This will include streamlining referral processes, institutionalizing coordination between outpatient ART sites and inpatient wards, and integrating ART services into primary care including PMTCT services. FXB will continue to work collaboratively with MOH oversight committees to support continuous quality improvement (CQI) efforts at ART sites, including the integration of the existing CQI program with the new national HealthQUAL CQI initiative, and the transition of ownership of CQI activities to the MOH. Ongoing CQI activities will dovetail with clinical mentoring and ongoing training for local clinicians, and these efforts will intensify as part of the strategy for creating sustainable healthcare infrastructure in Guyana. FXB will also continue to advocate for national CQI oversight to help inform CQI strategies across sites.

FXB will continue to work collaboratively with the MOH and CDC to refine and implement the exit strategy, with continued focus on sustainability of ART services in Guyana. In FY'08 FXB transitioned its laboratory staff over to the MOH. In FY'09 FXB will initiate staggered transition of additional staff positions (community outreach workers and counselor/testers) to the MOH, with the remaining staff positions (nurses and physicians) to be transitioned in FY'10, the final year of this funding cycle.

**Care Program Totals Target**

Total number of service outlets providing HIV-related palliative care (including TB/HIV) 19  
 Total number of individuals provided with HIV-related palliative care (including TB/HIV) 2600  
 Males 1170  
 Females 1430

Total number of people trained to provide HIV palliative care (including TB/HIV) 95

**Treatment Program Totals Target**

Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites) 16  
 Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites) 1900  
 Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites) 360

Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites) 2700

Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+) 20

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 12752

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12752	12752.08	HHS/Centers for Disease Control & Prevention	Francois Xavier Bagnoud Center	6276	6276.08	Tx Svcs and TA	\$200,000



**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19373	19373.08	HHS/Health Resources Services Administration	New York AIDS Institute	9373	9373.08	HIV/QUAL International	\$65,000

**Table 3.3.09: Activities by Funding Mechanism**

**Mechanism ID:** 2765.09

**Prime Partner:** Catholic Relief Services

**Funding Source:** GHCS (State)

**Budget Code:** HTXS

**Activity ID:** 3191.25112.09

**Activity System ID:** 25112

**Mechanism:** AIDSRelief

**USG Agency:** HHS/Health Resources Services Administration

**Program Area:** Treatment: Adult Treatment

**Program Budget Code:** 09

**Planned Funds:** \$1,201,415

**Activity Narrative:** AIDSRelief continues to support HIV care and treatment services in both the private and public sector through its clinical core team composed of an Infectious Disease specialist and a Community Outreach/Adherence Specialist from IHV, and clinical and counseling staff at the LPTF. In the public sector AIDSRelief continues to support Bartica Public Hospital, and continues to facilitate linkages with Mazaruni Prison and complementary HIV services (e.g. PMTCT). Frequent onsite visits are made regularly by both the AIDSRelief supported HIV physicians. AIDSRelief maintains close contact with the adherence nurse coordinator in order to discuss any problems that may have arisen.

In the private sector AIDSRelief continues to support St. Joseph Mercy Hospital (SJM) and Davis Memorial Hospital, which are both located in Region 4 and are the only faith-based hospitals in Guyana.

AIDSRelief through University of Maryland's Institute of Human Virology (UMSOM-IHV) will continue to build local HIV technical capacity with increasing attention to pediatric and adolescent HIV treatment, palliative care and diagnosing and management of opportunistic infections (OIs).

The clinical core team will continue to provide ongoing support and assistance to the LPTFs through didactics and on-site mentoring, and additionally liaises with USG in-country and MOH partners on technical issues related to HIV care and treatment. AIDSRelief will provide additional technical assistance in the areas of psychosocial support, pharmacy support, adherence, laboratory monitoring, strategic information and financial management.

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

In order to ensure that high quality care is being delivered, AIDSRelief will continue to monitor for unmet needs in the health care delivery system through the AIDSRelief Continuous Quality Assurance/Quality Improvement program. This will be implemented with six fundamental components: 1) continuous observation and measurement of standards of care delivery and program management, 2) measuring success of treatment outcomes through viral suppression, immune reconstitution, morbidity, mortality, and lost to follow up over time, 3) linking available patient health information and program characteristics as a predictor of treatment outcomes, 4) collecting information on adherence to treatment and treatment support, 5) comprehensive and useful feedback of the information, and 6) utilization of outcomes analysis to design site specific improvement activities. Through this continuous quality improvement plan, sites (with technical assistance from IHV and Constella Futures) will be able to use data to affect change in the quality of service provided.

AIDSRelief will also continue to augment capacity and services at its LPTFs and strengthen linkages with complementary services (i.e. home based care, nutritional support, family planning services) in order to provide greater access to care and treatment services.

**Targets:**

- 3 service outlets providing antiretroviral therapy.
- 273 individuals newly initiating antiretroviral therapy during the reporting period
- 1200 individual who ever received antiretroviral therapy by the end of the reporting period
- 1020 individuals receiving antiretroviral therapy at the end of the reporting period
- 60 health workers trained to deliver ART services according to national and/or international standards.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 12716

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12716	3191.08	HHS/Health Resources Services Administration	Catholic Relief Services	6266	2765.08	AIDSRelief	\$1,415,612
8067	3191.07	HHS/Health Resources Services Administration	Catholic Relief Services	4450	2765.07	AIDSRelief	\$870,000
3191	3191.06	HHS/Health Resources Services Administration	Catholic Relief Services	2765	2765.06	AIDSRelief	\$870,000

**Emphasis Areas****Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$636,750

**Public Health Evaluation****Food and Nutrition: Policy, Tools, and Service Delivery**

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$5,000

**Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.09: Activities by Funding Mechanism****Mechanism ID:** 3717.09**Mechanism:** Department of Defense**Prime Partner:** US Department of Defense**USG Agency:** Department of Defense**Funding Source:** GHCS (State)**Program Area:** Treatment: Adult Treatment**Budget Code:** HTXS**Program Budget Code:** 09**Activity ID:** 25102.09**Planned Funds:** \$15,000**Activity System ID:** 25102

**Activity Narrative:** This activity aims to enhance care and treatment services through training of providers. In FY09, one GDF clinician will be sent to the Military International HIV Training Program in San Diego, CA. Training will improve the quality of clinical services such as antiretroviral therapy, prevention and treatment of opportunistic infections (OIs), assessment and management of pain and other symptoms, and nutritional support. The curriculum focuses on advances in clinical care, in particular ART and treatment of OIs, but also includes concepts and methods of epidemiology and biostatistics, as well as database development, maintenance, and data entry. HIV diagnostics and laboratory diagnosis of parasitic diseases and OIs will also be taught. Evaluation of training will be implemented through pretests and posttests of participants.

**New/Continuing Activity:** New Activity**Continuing Activity:**



**Emphasis Areas**

Health-related Wraparound Programs

\* Safe Motherhood

**Human Capacity Development****Public Health Evaluation****Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.09: Activities by Funding Mechanism****Mechanism ID:** 6278.09**Mechanism:** Center of Excellence**Prime Partner:** Georgetown Public Hospital Corporation**USG Agency:** HHS/Centers for Disease Control & Prevention**Funding Source:** GHCS (State)**Program Area:** Treatment: Adult Treatment**Budget Code:** HTXS**Program Budget Code:** 09**Activity ID:** 12737.25156.09**Planned Funds:** \$100,000**Activity System ID:** 25156

**Activity Narrative:** Since FY08 CDC has been partnering with the Georgetown Public Hospital Corporation to support the continued improvement of quality of care and treatment for in-patient care of PLWAs. This institution is the focal point for the standardization of treatment protocols and training of medical and other professional staff in proper patient care and management of AIDS and related infectious diseases. The grantee will provide anti-retroviral (ARV) and opportunistic-infection (OI) treatment and any other treatment indicated, according to the patient's condition. It will provide a state-of-the art, in-patient treatment unit for persons with AIDS that includes appropriate staffing, equipment, supplies for treatment, and training. Having a designated ward that is adequately staffed and equipped will encourage patients to seek hospital treatment when needed, which will lead to a reduction in HIV/AIDS-related mortality. The physician director of the unit will liaise with Care and Treatment partners and the MOH outpatient treatment system to ensure linkages to care upon discharge and referral to appropriate community support services.

The grantee will develop and provide training programs and continuing-education programs for health-care professionals, including physicians, registrars, medical students, all categories of nursing personnel, and support/ancillary staff on the unit. Education of staff and adherence to best practices for infection control will produce a model unit with a positive image that diminishes health worker prejudices regarding caring for HIV-positive patients. Training will include standard operating procedures for medical care; patient monitoring and discharge; confidential, routine counseling and testing; and management of infectious and hazardous materials.

The grantee will develop an incentive package for staff aimed at improving their skills and at increasing staff retention. Such incentives will need to fall within accepted Emergency Plan guidelines and be consonant with the Emergency Plan's long-term goals regarding sustainability. The grantee will also develop and implement a system for monitoring and evaluating patient care, training outcomes, and identification of areas for improvement.

**New/Continuing Activity:** Continuing Activity**Continuing Activity:** 12737

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12737	12737.08	HHS/Centers for Disease Control & Prevention	Georgetown Public Hospital Corporation	6278	6278.08	ID Ward	\$280,000

**Emphasis Areas**

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$70,000

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.09: Activities by Funding Mechanism**

**Mechanism ID:** 6276.09

**Prime Partner:** University of Medicine and Dentistry, New Jersey - Francois-Xavier Bagnoud Center

**Funding Source:** GHCS (State)

**Budget Code:** HTXS

**Activity ID:** 12736.25162.09

**Activity System ID:** 25162

**Mechanism:** FXB

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Program Area:** Treatment: Adult Treatment

**Program Budget Code:** 09

**Planned Funds:** \$1,198,000

**Activity Narrative:** In FY'08 FXB provided technical assistance and human-resource support for HIV care and treatment. In FY'09 FXB will continue to serve as the Ministry of Health's primary partner in the implementation of a standard package of HIV clinical care, expansion of adult and pediatric HIV care and treatment, revision of care and treatment guidelines and protocols, and design and implementation of adherence monitoring. FXB will provide capacity for prescribing, dispensing and monitoring antiretroviral therapy (ART) at the existing and future MoH HIV treatment sites. FXB will also provide clinical support for hinterland areas in Guyana through consultative support of the Ministry of Health mobile unit lead physician, recruitment of a second physician to allow for increased frequency of mobile outreaches, and clinical support and training to task-shift ART provision from physicians to medex in some hinterland areas.

FXB's plan for long-term sustainability of ART delivery specifically emphasizes activities that build capacity in the Guyanese Ministry of Health. In FY'09, these activities will include finding innovative approaches to address the human-resource shortages that threaten the advancement and sustainability of the Guyanese treatment program, including contracting physicians to provide complete clinical coverage for all treatment sites. Particular effort will focus on the continuation of clinical mentoring of local clinicians to provide HIV care and the integration of such mentoring into the training programs for pre-service clinicians returning to Guyana from Cuba. Senior FXB clinicians will provide mentoring and consultative oversight to staff serving the GPHC Infectious Disease Ward. Senior FXB clinicians will assist with any development and/or revision of standard curricula on basic HIV care for all cadres of healthcare workers and support the development and implementation of a standard HIV care curriculum for medex working within the Guyanese MoH system. The FXB Center will also establish a formal clinical mentoring program for nurses, which will incorporate the standard curriculum on basic HIV care for nurses.

FXB will continue to strengthen linkages between the treatment program and other care sectors in Guyana, including PMTCT, home-based care, basic palliative care, psychosocial care, confidential counseling and testing, and TB diagnosis and treatment. This will include streamlining referral processes, institutionalizing coordination between outpatient ART sites and inpatient wards, and integrating ART services into primary care including PMTCT services. FXB will continue to work collaboratively with MOH oversight committees to support continuous quality improvement (CQI) efforts at ART sites, including the integration of the existing CQI program with the new national HealthQUAL CQI initiative, and the transition of ownership of CQI activities to the MOH. Ongoing CQI activities will dovetail with clinical mentoring and ongoing training for local clinicians, and these efforts will intensify as part of the strategy for creating sustainable healthcare infrastructure in Guyana. FXB will also continue to advocate for national CQI oversight to help inform CQI strategies across sites.

FXB will continue to work collaboratively with the MOH and CDC to refine and implement the exit strategy, with continued focus on sustainability of ART services in Guyana. In FY'08 FXB transitioned its laboratory staff over to the MOH. In FY'09 FXB will initiate staggered transition of additional staff positions (community outreach workers and counselor/testers) to the MOH, with the remaining staff positions (nurses and physicians) to be transitioned in FY'10, the final year of this funding cycle.

**Care Program Totals Target**

Total number of service outlets providing HIV-related palliative care (including TB/HIV) 19  
 Total number of individuals provided with HIV-related palliative care (including TB/HIV) 2600  
 Males 1170  
 Females 1430

Total number of people trained to provide HIV palliative care (including TB/HIV) 95

**Treatment Program Totals Target**

Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites) 16  
 Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites) 1900  
 Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites) 360  
 Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites) 2700

Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+) 20

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 12736

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12736	12736.08	HHS/Centers for Disease Control & Prevention	Francois Xavier Bagnoud Center	6276	6276.08	Tx Svcs and TA	\$1,170,000

## Emphasis Areas

Health-related Wraparound Programs

\* Safe Motherhood

\* TB

## Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$900,000

## Public Health Evaluation

## Food and Nutrition: Policy, Tools, and Service Delivery

## Food and Nutrition: Commodities

## Economic Strengthening

## Education

## Water

Table 3.3.09: Activities by Funding Mechanism

**Mechanism ID:** 135.09

**Mechanism:** CDC Program Support

**Prime Partner:** US Centers for Disease Control and Prevention

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Treatment: Adult Treatment

**Budget Code:** HTXS

**Program Budget Code:** 09

**Activity ID:** 3179.25365.09

**Planned Funds:** \$136,055

**Activity System ID:** 25365

**Activity Narrative:** CDC technical assistance in FY07 focused on systems support for treatment programs in Ministry of Health (MOH) centers and at Georgetown Public Hospital Corporation (GPHC). In FY08, CDC emphasized capacity building for grants management and ongoing support to infrastructure development activities for the MOH as it expands its care and treatment activities. CDC will support efforts to improve care for patients with HIV/AIDS and to address treatment issues in the public sector regarding opportunistic infections and sexually transmitted diseases, and also provide coordination for treatment activities under the MOH cooperative agreement. The CDC Senior Program Development Officer supported through these funds will liaise with the MOH outpatient treatment system and other partners to ensure linkages between treatment and other services and to limit redundancies between program areas. In FY09 CDC will fill the currently vacant position for a locally-engaged staff medical officer. This physician will assist the Senior Program Officer as liaison to the MOH and would eventually take on these responsibilities on full time basis. This position will thus provide program support and also afford an opportunity for building the capacity of a local physician in HIV treatment programs. CDC will assist MOH to capitalize on connections to the diaspora through twinning with Guyanese physicians at universities and hospitals abroad, to allow for an exchange of clinicians and help offset Guyana's severe human resource shortages. The CDC Guyana Office will assist MOH to organize activities around clear objectives and rigorous monitoring and evaluation to ensure best use of funds available. In FY09 CDC will continue to support the care and treatment program implemented by FXB, CRS and MOH by having CDC LES monitoring the program.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 12727

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12727	3179.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	6273	135.08	CDC Program Support	\$49,850
8678	3179.07	HHS/Centers for Disease Control & Prevention	Ministry of Health, Guyana	4720	2246.07	Ministry of Health, Guyana	\$139,530
3179	3179.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	2744	135.06	CDC Program Support	\$77,200

**Table 3.3.09: Activities by Funding Mechanism**

**Mechanism ID:** 11130.09

**Mechanism:** Pan American Health Organization

**Prime Partner:** Pan American Health Organization

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** Treatment: Adult Treatment

**Budget Code:** HTXS

**Program Budget Code:** 09

**Activity ID:** 8562.26805.09

**Planned Funds:** \$200,000

**Activity System ID:** 26805

**Activity Narrative:** Continuing Activity

Preparations are underway to train clinical teams and supervisors from 3 of the 10 regions of the country as a pilot exercise for the implementation of the IMAI. After the pilot phase, the IMAI strategy will be rolled out in remaining regions taking into account learned lessons from the pilot. The roll out of the IMAI strategy will compensate for health workers turnover and expand the number of facilities providing integrated HIV services. Limited human resources in the health sector is the greatest threat to sustainable HIV services in Guyana. The regional health model and IMAI initiative will shift tasks involved in HIV care into the overall health care system. This shift will better integrate HIV care into primary care and ease the need for specialists physicians who are in critically short supply in Guyana. Formative and integrated supervision of HIV program activities will continue to be a priority as HIV services are decentralized. In the regional health model, the regional coordinator has a crucial role in ensuring smooth functioning of public health programs such as HIV and TB. The regional HIV coordinator is most often an administrator with previous clinical training (as a doctor, clinical officer or nurse) who has the responsibility of coordinating all HIV program activities in the region. A regional HIV coordinator with clinical training is necessary to supervise HIV clinical services at health facilities in the region. All regional HIV coordinators will be trained for 1 week in HIV program management to include: planning for scale-up, coordinating region-level training, recording and reporting using the national patient monitoring system, performing site visits and identifying/solving facility-level problems. This training will precede IMAI clinical training for clinical teams in the region. PEPFAR-supported clinicians providing treatment services will also serve as a support system to mentor the MOH regional coordinators in the field. Regional coordinators will be expected to participate in the 2-week basic IMAI clinical course in order to become completely familiar with the clinical and operational protocols used at regional hospital and health centre level. Supervisory site visits will start immediately after IMAI clinical training, and will continue monthly for 3-6 months, after which the frequency will shift to quarterly. This activity covers funds for transportation to health facilities within the region and communication via phone, radio or mobile phone with facilities and regional offices. The IMAI tools for regional HIV coordination include standardized case management observation and exit interviews that will be included as part of the routine reports submitted by regional HIV coordinators to regional and national offices. Quantification of this data in a subset of regions will be done as part of an evaluation of the quality of care during scale-up of integrated HIV services in those regions. At the regional level, the HIV management team should be strengthened by additional staff whose major responsibility will be coordinating support supervision activities at the regional level: communicating with region HIV coordinators, reviewing reports, solving regional-level problems, and coordinating support for regional coordinators. Coordinators at all levels will be trained in reporting via the standardized patient monitoring system (covered in the Patient Monitoring concept paper). This activity also covers the cost of meetings that will be held quarterly in each region, to allow regional coordinators to exchange experiences with each other.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 12723

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12723	8562.08	U.S. Agency for International Development	Pan American Health Organization	6270	4774.08	Pan American Health Organization	\$200,000
8562	8562.07	U.S. Agency for International Development	Pan American Health Organization	4774	4774.07	Pan American Health Organization	\$200,000

**Emphasis Areas**

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$100,000

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

Estimated amount of funding that is planned for Education \$50,000

**Water**

**Table 3.3.09: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 5247.09	<b>Mechanism:</b> Track 1 AIDS Relief
<b>Prime Partner:</b> Catholic Relief Services	<b>USG Agency:</b> HHS/Health Resources Services Administration
<b>Funding Source:</b> Central GHCS (State)	<b>Program Area:</b> Treatment: Adult Treatment
<b>Budget Code:</b> HTXS	<b>Program Budget Code:</b> 09
<b>Activity ID:</b> 8773.27052.09	<b>Planned Funds:</b> \$128,528
<b>Activity System ID:</b> 27052	

**Activity Narrative:** AIDSRelief continues to support HIV care and treatment services in both the private and public sector through its clinical core team composed of an Infectious Disease specialist and a Community Outreach/Adherence Specialist from IHV, and clinical and counseling staff at the LPTF. In the public sector AIDSRelief continues to support Bartica Public Hospital, and continues to facilitate linkages with Mazaruni Prison and complementary HIV services (e.g. PMTCT). Frequent onsite visits are made regularly by both the AIDSRelief supported HIV physicians. AIDSRelief maintains close contact with the adherence nurse coordinator in order to discuss any problems that may have arisen.

In the private sector AIDSRelief continues to support St. Joseph Mercy Hospital (SJM) and Davis Memorial Hospital, which are both located in Region 4 and are the only faith-based hospitals in Guyana.

AIDSRelief through University of Maryland's Institute of Human Virology (UMSOM-IHV) will continue to build local HIV technical capacity with increasing attention to pediatric and adolescent HIV treatment, palliative care and diagnosing and management of opportunistic infections (OIs).

The clinical core team will continue to provide ongoing support and assistance to the LPTFs through didactics and on-site mentoring, and additionally liaises with USG in-country and MOH partners on technical issues related to HIV care and treatment. AIDSRelief will provide additional technical assistance in the areas of psychosocial support, pharmacy support, adherence, laboratory monitoring, strategic information and financial management.

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

In order to ensure that high quality care is being delivered, AIDSRelief will continue to monitor for unmet needs in the health care delivery system through the AIDSRelief Continuous Quality Assurance/Quality Improvement program. This will be implemented with six fundamental components: 1) continuous observation and measurement of standards of care delivery and program management, 2) measuring success of treatment outcomes through viral suppression, immune reconstitution, morbidity, mortality, and lost to follow up over time, 3) linking available patient health information and program characteristics as a predictor of treatment outcomes, 4) collecting information on adherence to treatment and treatment support, 5) comprehensive and useful feedback of the information, and 6) utilization of outcomes analysis to design site specific improvement activities. Through this continuous quality improvement plan, sites (with technical assistance from IHV and Constella Futures) will be able to use data to affect change in the quality of service provided.

AIDSRelief will also continue to augment capacity and services at its LPTFs and strengthen linkages with complementary services (i.e. home based care, nutritional support, family planning services) in order to provide greater access to care and treatment services.

**Targets:**

- 3 service outlets providing antiretroviral therapy.
- 273 individuals newly initiating antiretroviral therapy during the reporting period
- 1200 individual who ever received antiretroviral therapy by the end of the reporting period
- 1020 individuals receiving antiretroviral therapy at the end of the reporting period
- 60 health workers trained to deliver ART services according to national and/or international standards.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 12712

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12712	8773.08	HHS/Health Resources Services Administration	Catholic Relief Services	6265	5247.08	Track 1 AIDS Relief	\$128,528
8773	8773.07	HHS/Health Resources Services Administration	Catholic Relief Services	5247	5247.07	Track 1 AIDS Relief	\$128,528

**Table 3.3.09: Activities by Funding Mechanism**

**Mechanism ID:** 11914.09

**Mechanism:** Treatment-PHE-Adherence

**Prime Partner:** Francois Xavier Bagnoud Center

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Treatment: Adult Treatment

**Budget Code:** HTXS

**Program Budget Code:** 09

**Activity ID:** 29193.09

**Planned Funds:** \$0

**Activity System ID:** 29193

**Activity Narrative:** This PHE activity, "Assess the best method for adherence in Guyana" was approved for inclusion in the COP. The PHE tracking ID associated with this activity is GY.08.0032.

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Emphasis Areas**

**Human Capacity Development**

**Public Health Evaluation**

Estimated amount of funding that is planned for Public Health Evaluation \$0

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

Program Budget Code: 10 - PDCS Care: Pediatric Care and Support

**Total Planned Funding for Program Budget Code:** \$0

**Program Area Narrative:**

Free ART is available to all eligible adults and children in Guyana and there is no waiting list for treatment. As of September 2008, 134 children are on treatment which represents 8% of the total patients on ART (2,185).

In FY09 it is expected that DNA PCR testing for early infant diagnosis (EID) will be available at the new National Public Health Reference Laboratory. Currently dry-blood spot is used for early infant diagnosis. An initiative to improve the quality of both pediatric and adult clinical services was launched by the MOH in partnership with UNICEF, HRSA, and CDC through the HIVQUAL program, called "HealthQual." Selection of patient indicators was completed, and software development has begun. HealthQual will be piloted in the GPHC ID ward, and the MOH MCH program.

Treatment partner AIDS Relief has a special pediatric focus and will provide comprehensive ARV services at 3 sites, including two faith-based non-profit hospitals and one public hospital. AIDS Relief uses a family-centered care model and ensures that families of patients on ART also receive support services and prevention messages. In FY2009, AIDSRelief will continue to build local HIV technical capacity with increasing attention to pediatric and adolescent HIV treatment. They will support the newly formed adolescent clinic at St. Joseph Mercy Hospital with onsite didactics and mentoring, and off site training at University of Maryland's School of Medicine Adolescent HIV clinic. SJMH will also integrate a registered nurse into the HIV program to provide follow-up care and facilitate patient-flow and linkages with other programs (e.g. OVC, PMTCT). Additionally, AIDSRelief will recruit a local pediatric HIV specialist to mentor staff at all sites.

The primary MOH treatment partner FXB continues to support the provision of pediatric as well as HIV care and treatment services, the development of guidelines and protocols, continuous quality improvement, and the design and implementation of adherence monitoring. They have recruited a full-time pediatric specialist to support multiple sites.

Children who are identified through the PMTCT/MCH clinics, Government Social Services, treatment sites, PLHIV support groups and palliative care providers are referred to community-based NGOs for care and support services through the OVC program. Community based providers work alongside Regional palliative care nurse coordinators at the treatment sites to ensure a continuum of care. Care and support services include clinical, psychological, spiritual, social and prevention services.

Clinical Care services are provided through the health sector care and treatment sites. At these sites comprehensive, family-centered, palliative care clinical services for children are provided that include routine clinical and CD4 monitoring, prevention and treatment of OIs, including provision of co-trimoxazole, infant feeding counseling, growth and development monitoring, nutritional assessment and support, and linkages to broader health care services.

Psychological care services provided address the non-physical suffering of the child and their family and include support groups linked to the care and treatment sites as well as those led by FBO and NGO partners. Activities include the development and implementation of age-specific psychological care in collaboration with the Ministry of Labour, Human Services and Social Security, and family care and support delivered by NGOs/FBOs. These include support for adherence to ART, parenting support groups to address concerns and needs of caregivers, bereavement care, as well as nutritional and hygiene counseling for the family. Spiritual care service supports families to deal with basic issues related to HIV/AIDS through sensitization, training, visits by religious leaders and counseling related to fears, guilt and forgiveness.

Social services include advocating and ensuring children's stay in school and have access to the same quality of education, vocational training, medical care, targeted nutritional support, basic food support (including community gardens and leveraging other GOG and donor program resources), as well as economic opportunity/strengthening programs.

Prevention services include age-appropriate prevention messages, linkages to PMTCT clinic for all HIV exposed children, as well as home-based voluntary counseling and testing for family members.

Efforts will be coordinated with the Government and other civil society programs, to ensure continuity of care and the responsible reporting of the support provided to each child. Efforts will be made to improve the quality of services through linkages with the National AIDS Program Secretariat, the private sector, MOLHSSS and other donor agencies.

Program Budget Code: 11 - PDTX Treatment: Pediatric Treatment

**Total Planned Funding for Program Budget Code: \$0**

**Table 3.3.11: Activities by Funding Mechansim**

<b>Mechanism ID:</b> 2765.09	<b>Mechanism:</b> AIDSRelief
<b>Prime Partner:</b> Catholic Relief Services	<b>USG Agency:</b> HHS/Health Resources Services Administration
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Treatment: Pediatric Treatment

Budget Code: PDTX

Program Budget Code: 11

Activity ID: 3191.25113.09

Planned Funds: \$0

Activity System ID: 25113

**Activity Narrative:** AIDSRelief continues to support HIV care and treatment services in both the private and public sector. In the public sector AIDSRelief continues to support Bartica Public Hospital, and continues to facilitate linkages with Mazaruni Prison and complementary HIV services (e.g. PMTCT). Frequent onsite visits are made regularly by both the AIDSRelief physician and also the Pediatric HIV consultant. AIDSRelief maintains close contact with the adherence nurse coordinator in order to discuss any problems that may have arisen.

In the private sector AIDSRelief continues to support St. Joseph Mercy Hospital (SJM) and has expanded services to Davis Memorial Hospital, which is located in Region 4 and is the only other faith-based hospital in Guyana. The addition of Davis Memorial Hospital as a treatment site further expands the options and choices for those wishing to access care and treatment services for HIV in the private sector, as evidenced by the rapid scale-up at this site since October 2006.

In FY2008, AIDSRelief will continue to build local HIV technical capacity with increasing attention to pediatric and adolescent HIV treatment. AIDSRelief will support the newly formed adolescent clinic at St. Joseph Mercy Hospital with onsite didactics and mentoring, as well as, providing off site training at University of Maryland's School of Medicine Adolescent HIV clinic. In supporting the adolescent HIV clinic at SJMH, AIDSRelief is increasing the quality and spectrum of care that is provided to a very vulnerable population, those caught between childhood and adulthood. SJMH will also integrate a registered nurse into the HIV program to provide follow-up care and facilitate patient-flow and linkages with other programs (e.g. OVC, PMTCT). Additionally, to further support pediatric treatment at our LPTFs, AIDSRelief will recruit a local pediatric HIV specialist to mentor staff at all sites.

In FY2008, the in-country IHV physician will continue to provide ongoing support and assistance to the LPTFs through didactics and on-site mentoring, and additionally liaises with USG in-country and MOH partners on technical issues related to HIV care and treatment. AIDSRelief will provide additional technical assistance in the areas of psychosocial support, pharmacy support, adherence, laboratory monitoring, strategic information and financial management.

In order to ensure that high quality care is being delivered, AIDSRelief will continue to monitor for unmet needs in the health care delivery system through the AIDSRelief Continuous Quality Assurance/Quality Improvement program. This will be implemented with six fundamental components: 1) continuous observation and measurement of standards of care delivery and program management, 2) measuring success of treatment outcomes through viral suppression, immune reconstitution, morbidity, mortality, and lost to follow up over time, 3) linking available patient health information and program characteristics as a predictor of treatment outcomes, 4) collecting information on adherence to treatment and treatment support, 5) comprehensive and useful feedback of the information, and 6) utilization of outcomes analysis to design site specific improvement activities. Through this continuous quality improvement plan, sites (with technical assistance from IHV and Constella Futures) will be able to use data to affect change in the quality of service provided.

In FY2008, AIDSRelief will also continue to augment capacity and services at its LPTFs and strengthen linkages with complementary services (i.e. home based care, nutritional support, family planning services) in order to provide greater access to care and treatment services. AIDSRelief, through IHV, will also enhance its role to collaborate with in-country partners in providing training opportunities, lectures, and workshops for local HIV treatment providers, in both the public and private sector, to build the technical capacity of local clinicians and other members of the healthcare team to promote sustainability and to empower them to inform future policy and standards related to HIV care.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 12716

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12716	3191.08	HHS/Health Resources Services Administration	Catholic Relief Services	6266	2765.08	AIDSRelief	\$1,415,612
8067	3191.07	HHS/Health Resources Services Administration	Catholic Relief Services	4450	2765.07	AIDSRelief	\$870,000
3191	3191.06	HHS/Health Resources Services Administration	Catholic Relief Services	2765	2765.06	AIDSRelief	\$870,000

Program Budget Code: 12 - HVTB Care: TB/HIV

**Total Planned Funding for Program Budget Code: \$338,885**

**Program Area Narrative:**

Guyana has one of the highest tuberculosis (TB) incidence rates in the Americas. In 2006 WHO estimated that Guyana has 164 cases per 100,000 population, the third highest in the region (after Haiti and Bolivia). A 2006 study demonstrated high rates of HIV testing, HIV-related care, and co-trimoxazole preventive therapy (CPT) use among patients utilizing Guyana's MOH chest clinics. The coordination of TB and HIV care has been facilitated by the TB clinics' universal use of on-site HIV rapid testing, their geographical proximity to HIV clinics, and when possible, their utilization of clinicians trained in both TB and HIV patient care. While Guyana lacks the technology to test for multi-drug resistant (MDR) TB, at least 11 cases of MDR TB have been confirmed since 2006 and it is estimated that many more undetected cases exist.

The Guyana National Tuberculosis Control Program (NTCP) provides care and treatment for all TB cases applying the WHO recommended DOTS strategy in the country through six formal clinics operating in the more populous regions of the country, 4 of the 5 prisons and some sites in primary health care centers. All regions now have DOTS coverage through these clinics and outreach workers in more remote areas. A few patients are managed at private sites by choice and the national program supports these sites with standard guidelines and essential medication. The Georgetown Chest Clinic serves as the central referral center and operates extension programs in two prisons. ART services are now being offered to TB/HIV co-infected patients at the Georgetown Chest Clinic. Case detection of HIV/TB co-infected patients is estimated to be close to 100%.

CDC Atlanta, previously in collaboration with the Canadian Society for International Health (CSIH), has been actively engaged in support of the Ministry of Health initiative to improve TB and TB/HIV care. CSIH activities focused on improvement in TB laboratory capacity, TB diagnosis, and clinical care, but CSIH support for TB has now ended. CDC Guyana has made linkages with MOH and FXB in order to support both TB/HIV surveillance activities and stronger infection control mechanisms at outlying hospitals. A TB/HIV co-infection committee has been established and meetings are regularly held with TB/HIV programs and other stakeholders. In addition, the Global Fund continues to support TB services in Guyana and in FY07 hired laboratory technologists and DOTS-TB workers, who will also provide DOT-HAART to co-infected individuals.

Guyana continues to face several priority challenges and barriers to the provision of comprehensive HIV/TB diagnosis and care in Guyana. These challenges include: 1) human resource shortages; 2) persistence of diagnostic challenges; and 3) infection control, especially in light of MDR cases.

While FXB provides TB/HIV technical assistance, the lack of a TB/HIV coordinator represents a large gap and the USG team will plan to address this issue in FY09. An USG supported TB/HIV nurse through FXB is also recently vacant and filling this position will be a priority. In addition the human resource shortages, current and future staff need continued training in TB/HIV co-management, including MDR TB, and this will be included in FY09 PEPFAR support.

While there have been improvements in the local support of sputum smear and culture, diagnostic challenges remain, especially in the area of drug susceptibility testing (DST). Currently samples are gathered centrally and sent to the CAREC facility in Trinidad, but results have not been received in a timely manner and it is unclear if some collected samples are sent at all. To address this problem in FY09, the USG and MOH plan to send samples to the new National Public Health Reference Laboratory and explore the possibility of utilizing existing relationships with CDC Atlanta to send samples there for testing. The USG team will also look into coordinating with PEPFAR Haiti program in consolidating samples for testing.

The existence of MDR TB in Guyana presents special challenges and exacerbates the infection control problems that have resulted due to the lack of adequate infectious disease (ID) wards and isolation wards. Currently all ID patients are together including smear positive TB patients together with smear-negative TB HIVpositive patients. There is a continuing need to improve infrastructure and create separate space for TB patients.

In FY09, the USG will continue to strengthen the quality of services and information related to the TB/HIV activities in-country, with a special focus on monitoring and assessing the quality of care at regional sites. CDC will continue to fund TB/HIV activities through FXB, AIDS Relief, MOH, and provide technical assistance through the CDC Guyana Office. PAHO will continue to carry out specific activities related to in-country collaboration and training of health staff, and in partnership with FXB and MOH will promote sustainable solutions for issues related to TB/HIV programming in-country including support of contractor staff to supplement MOH staff at Georgetown Chest Clinic. This proposal is in line with the current MOH plan for TB and is part of PEPFAR Guyana's ongoing coordination with Global Fund and World Bank to find integrated solutions to strengthen diagnostics, laboratory services, and referral systems.

**Table 3.3.12: Activities by Funding Mechanism**

**Mechanism ID:** 6276.09

**Mechanism:** FXB

**Prime Partner:** University of Medicine and Dentistry, New Jersey - Francois-Xavier Bagnoud Center

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Care: TB/HIV

**Budget Code:** HVTB

**Program Budget Code:** 12

**Activity ID:** 12756.25161.09

**Planned Funds:** \$200,000

**Activity System ID:** 25161

**Activity Narrative:** The François-Xavier Bagnoud Center (FXB) provides expertise to the Guyana National TB Programme in the diagnosis, treatment, and management of TB/HIV co-infected patients. In FY'09, FXB will continue its involvement in TB/HIV co-management with emphasis on vulnerable populations at key primary, secondary and tertiary care sites.

FXB will expand TB screening for HIV-infected patients and HIV testing for TB patients. Such activities will be focused on vulnerable populations from HIV care and treatment sites, inpatient wards, local prisons and PMTCT sites. FXB will facilitate the continued integration of TB screening into HIV service delivery with particular emphasis on PMTCT sites, and will aggressively encourage access to TB diagnosis, care and treatment by strengthening the referral linkages amongst PMTCT sites, HIV treatment sites (including the National Care and Treatment Centre (NCTC), the Infectious Disease Ward at Georgetown Public Hospital Corporation (GPHC), regional hospitals and regional and Georgetown Chest Clinics. To expand screening for HIV infection among patients with TB, FXB will assign a dedicated HIV counselor/tester to the inpatient wards at GPHC and provide clinical care to TB patients on inpatient wards and in local prisons. FXB will also emphasize referrals for patients to psychosocial support services.

FXB will continue to build the Georgetown Chest Clinic as the primary referral, consultation, and treatment site for the management of TB/HIV co-infection by providing comprehensive high quality multidisciplinary clinical care, mentoring and training to clinic staff to allow for continued access to services for TB/HIV co-infected individuals in all regions of Guyana; by coordinating with DOT workers to trace patient defaulters; and by coordinating with the clinical team to provide linkages to home-based care and psychosocial support services. FXB physicians with expertise in TB and HIV care will continue to provide such specialty care for co-infected individuals at the Georgetown Chest Clinic, regional hospital inpatient wards and regional Chest Clinics, and the Infectious Diseases Ward at GPHC. To further support diagnosis and management of individuals with TB/HIV co-infection, FXB will purchase a dedicated x-ray machine to be shared by the Georgetown Chest Clinic and the NCTC.

FXB will facilitate ongoing continuous quality improvement (CQI) activities at the Georgetown Chest Clinic that will ensure that TB/HIV management follows national standards, and will support the integration of the existing CQI program with the new national HealthQUAL CQI initiative.

FXB will continue to collaborate with TB/HIV stakeholders on policy issues surrounding TB-HIV co-infection care, including assisting the MOH with improving laboratory testing to inform MDR-TB management and coordinating training activities with both CDC Atlanta and PAHO. FXB's efforts complement those of the Global Fund and World Bank programs and contribute to a comprehensive HIV response in Guyana. To ensure that duplication of effort is minimized, FXB will continue to contribute to the formulation of national policy and collaborate with the MOH, USG partners, UN partners and other bilateral and multilateral organizations to develop HIV and TB care and treatment protocol.

**Palliative Care: TB/HIV Target**

Number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting 8

Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease (a subset of all served with palliative care) 135

Males 81

Females 54

Number of registered TB patients who received HIV counseling, testing, and their results at a USG supported TB site 500

Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed) 32

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 12756

#### Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12756	12756.08	HHS/Centers for Disease Control & Prevention	Francois Xavier Bagnoud Center	6276	6276.08	Tx Svcs and TA	\$200,000

## Emphasis Areas

Health-related Wraparound Programs

\* TB

## Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$45,000

## Public Health Evaluation

## Food and Nutrition: Policy, Tools, and Service Delivery

## Food and Nutrition: Commodities

## Economic Strengthening

## Education

## Water

Table 3.3.12: Activities by Funding Mechanism

**Mechanism ID:** 3717.09

**Mechanism:** Department of Defense

**Prime Partner:** US Department of Defense

**USG Agency:** Department of Defense

**Funding Source:** GHCS (State)

**Program Area:** Care: TB/HIV

**Budget Code:** HVTB

**Program Budget Code:** 12

**Activity ID:** 5308.25095.09

**Planned Funds:** \$5,000

**Activity System ID:** 25095

**Activity Narrative:** Continuing Activity

This activity will support coordination between TB and HIV programs. Technical assistance for the development of training, educational resources, and guidelines for TB-HIV management will be provided by the Ministry of Health. The GDF medical personnel will receive training on TB case identification, diagnosis and appropriate referral for treatment. The GDF will implement HIV testing and counseling for all TB patients and TB screening of all HIV-infected personnel. Necessary equipment and laboratory supplies will be purchased to support program area activities. This activity will link with laboratory infrastructure activities to strengthen TB diagnostic capabilities.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13881

## Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13881	5308.08	Department of Defense	US Department of Defense	6640	3717.08	Department of Defense	\$0
8551	5308.07	Department of Defense	Center for Disaster and Humanitarian Assistance Medicine	4451	3717.07	Department of Defense	\$20,000
5308	5308.06	Department of Defense	Center for Disaster and Humanitarian Assistance Medicine	3717	3717.06	Department of Defense	\$12,000



## Emphasis Areas

Health-related Wraparound Programs

\* TB

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.12: Activities by Funding Mechanism

<b>Mechanism ID:</b> 11130.09	<b>Mechanism:</b> Pan American Health Organization
<b>Prime Partner:</b> Pan American Health Organization	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Care: TB/HIV
<b>Budget Code:</b> HVTB	<b>Program Budget Code:</b> 12
<b>Activity ID:</b> 8498.26804.09	<b>Planned Funds:</b> \$100,000
<b>Activity System ID:</b> 26804	
<b>Activity Narrative:</b> Continued Activity	

During FY08 PAHO provided key technical support to Guyana's National TB Program (NTP) including revision of the National TB Strategic Plan to incorporate the components of the new "Stop TB" strategy and adaptation of generic WHO Integrated Management of Adult Illness (IMAI) materials for the Guyana context. During FY08, PAHO will continue to work with national counterparts to implement the new STOP TB Strategy, expand quality DOTS services, and use the new IMAI materials to roll out the strategy in all 10 regions. PAHO will update the TB Program guidelines and provide technical assistance to implement further plans for decentralization of TB program into Primary Health Care facilities through the IMAI. PAHO will seek opportunities to improve the management skills and capabilities of the national TB leadership team as well services at the Chest Clinic in Georgetown. Technical assistance will be provided to improve the patient care flows and the information flows between the TB care sites and HIV clinics, to implement VCT in TB clinics and to strengthen the M&E (forms, data collection, reporting and analysis) for decision making. PAHO will provide assistance to the NTP to make efficient use of resources from the Global Fund project in the implementation of planned activities.

PAHO will continue to strengthen TB/HIV collaborative activities within the National Tuberculosis Program. As a part of its regional health model, which decentralizes health services to the regional level, tuberculosis nurses at all MOH regional hospitals and health centers with outpatient TB clinics will be trained in TB/HIV co-management.

TB nurses will be trained to offer HIV testing to all TB patients and suspected patients, offer cotrimoxazole prophylaxis, counsel patients on prevention, assess clinical stages for TB/HIV co-infected patients, and refer patients for ART when necessary. Regional TB coordinators will be included in IMAI training for regional HIV coordinators and will receive training and funding for site visits to facilities with out-patient TB clinics. During these visits, regional TB coordinators will offer support to TB nurses, monitor progress, and assess the need for supplementary trainings. These activities will strengthen linkages between TB and HIV treatment systems, enhance co-infection services in outer regions, and help integrate TB/HIV management into the greater healthcare system for maximum sustainability. PAHO will coordinate closely with PEPFAR Guyana partners and other stakeholders to ensure efficient, synergistic activities.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 12722

### Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12722	8498.08	U.S. Agency for International Development	Pan American Health Organization	6270	4774.08	Pan American Health Organization	\$100,000
8498	8498.07	U.S. Agency for International Development	Pan American Health Organization	4774	4774.07	Pan American Health Organization	\$100,000

### Emphasis Areas

Health-related Wraparound Programs

\* TB

### Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$20,000

### Public Health Evaluation

### Food and Nutrition: Policy, Tools, and Service Delivery

### Food and Nutrition: Commodities

### Economic Strengthening

### Education

### Water

Program Budget Code: 13 - HKID Care: OVC

**Total Planned Funding for Program Budget Code: \$1,254,536**

### Program Area Narrative:

The Government of Guyana and civil society have recognized the need to ensure greater protection and care for orphans and vulnerable children; however there is currently no differentiation of children by circumstances. In Guyana, there are an estimated 22,000 OVC, due not only to HIV/AIDS. Additionally, a 2006 survey of institutions has revealed that 600 of these children are living in child residential institutions. Given the relatively low number of children residing in institutional care, there is a joint commitment from donor agencies and the Government of Guyana to integrate these children back into a home environment, while limiting the further institutionalization of children through sound legislation and the provision of community-care options and foster care. To ensure the smooth transition from residential care to the family unit training and placement of child development specialists or persons in related field within government and non-government institutions will be undertaken. These efforts will be strengthened by measures to also target children who do not receive adequate parental care as one of the steps needed to prevent children from entering institutional care.

Over the past year, efforts to reintegrate children with their families have proven to be particularly challenging. Attempts to contact the majority of parents/guardians were futile, and those who were contacted were found to be in acute socio-economic difficulties and not in a position to provide the desired shelter. Consequently, only thirty seven (37) of the six hundred (600) children in institutional care could be reintegrated. Hence other community care and foster care options will be vigorously explored.

To date, UNICEF has worked closely with the Government through the Ministry of Human Services and Social Security and institutional care providers as partners in the solution. There is a shared vision and commitment as seen by the voluntary

“signing” of the standards to ensure compliance by all stakeholders for standardizing and monitoring care being provided within institutions, developing a foster care system as well as a community based OVC care system, and ultimately the elimination of institutional care. UNICEF is collaborating with a number of key governmental and non-governmental institutions including the Ministry of Human Services and Social Security (MHSSS), MOH, GHARP, AIDS Relief and other agencies working on OVC issues for the development and implementation of a multi-sectoral approach to OVC in Guyana. Progress to date has included, the development of a national OVC policy framework to guide programming and to protect OVC, development of a national draft Plan of Action, an approved minimum standards of care for institutions developed and distributed to orphanages, draft legislation for the protection of all children, a child protection unit established in the MHSSS, capacity building of service providers including the MHSSS, strengthening the monitoring and evaluation systems, the establishment of a National child protection Information and Monitoring database and the establishment of an OVC Inter-Agency Coordinating body whose mandate is to oversee the tabling of the NPA in Cabinet and the implementation of the NPA. The establishment of this Committee was a joint effort between the Ministries of Human Services and Health to advocate for the tabling of the outstanding NPA, the OVC policy and the Child Protection Bill. Hence UNICEF will continue to work with the Ministry of Human Services and Social Security, residential care facilities for children, community and faith based organizations to reinforce minimum standards of care for children in institutions, reintegrate children from residential institutions to their families or other community care options, and strengthen the capacity of the MHSSS, through training of social workers and child care professionals, and, the maintenance and expansion of the child database.

Birth registration will remain high on the agenda to ensure OVC access to education and health care services. However human resource shortages at the Office of the Registrar have resulted in a backlog of birth registrations. In FY 08, efforts in this regard included the incorporation of the importance of birth registration on PMTCT cards and the strengthening of the human resource capability at the Registrar.

The MHSSS, the Ministry of Health, civil society organizations through the Global Fund and World Bank projects will continue to provide OVC and their families with food items, school clothing, psychosocial support and public assistance. The continuation of implementation of these activities is crucial as is their expansion and scaling up to reach more OVC.

As defined in Guyana’s National Policy, and strengthened through PEPFAR support, a comprehensive response to orphans and other vulnerable children includes the five global OVC strategies:

1. Strengthening the capacity of families to protect and care for OVC;
2. Mobilizing and supporting community-based responses to support OVC;
3. Ensuring access for OVC to essential services (Legal, Social Welfare Support, Psychosocial, Education);
4. Protecting the most vulnerable children through improved enforceable policy and legislation (Focusing on standardizing institutional care and setting minimum standards of care.); and
5. Raising awareness, through advocacy and social mobilization, to create a supportive environment for OVC.

The policy equally emphasizes the importance of building community capacity to meet these obligations. In line with this policy and that of PEPFAR guidance, all support will seek to ensure that the basic needs of orphans and other vulnerable children for economic and food security, education, nutrition, health, and emotional well-being are met, despite the impact of HIV/AIDS. All activities of the PEPFAR supported NGOs are directly linked to the National Plan of Action for OVC and fits into the PEPFAR five (5) year strategy and align to the PEPFAR OVC guidance. While the activities done by the NGOs are aimed at the child and caregiver/family levels, the program continues to work with the Government of Guyana to advocate for strengthening of those services at the system level. The program is currently providing national level support to MHSSS, UNICEF and other partners to expedite the roll-out of the Guyana OVC NPA. USG has also taken the lead in the development of technical guidelines, SOP and training curricula which will all contribute to improving the quality of services. In an effort to scale up this effort the NGOs will be leveraging support from other partners and the private sector. Our program is presently working with forty-six (46) Private Sector Partners whom we collaborate with to support the needs of the children in the five key areas. Focus will also be made on the economic empowerment of older OVC through innovative models for public/private alliances, including Global Development Alliances.

In support of the UNGASS mandate which has identified UNICEF as the lead organization for monitoring OVC activities, UNICEF will be a strong partner in improving the policy and legislation, establishing mechanisms for monitoring and information exchange, and ensuring access to essential services. This will bridge neatly with community programs already supported by UNICEF as well as the GHARP activities. In order to scale up the community based programmes, UNICEF will work closely with the Ministry of Human Services to establish ‘OVC Village Care points’ across the country to ensure that members of the community play a greater role in the protection of children. Making use of previously trained volunteer social workers and other groups active in communities. UNICEF will support the implementation of a comprehensive care package to children at the village level. Retired professionals will also be approached to actively volunteer their time and skills to the OVC Village Care points. Personnel from within the various relevant government ministries and departments will also be an integral part of this process.

As stated in the FY 08 semi-annual report, 838 OVC were being supported by the program. GHARP will increase its coverage by concentrating on the recruitment of children, through linking closely with high probability sources for case finding. Such partners will be Government social service offices, PMTCT sites, treatment sites, PLWHA support groups, and palliative care providers. GHARP will collaborate with MOH, NAPS and other partners to formalize SOPs for referrals from the respective sites/agencies. The estimated target for FY 09 will be 950 OVC.

GHARP, through its ten NGO/ FBO partners will continue to deliver services to address the “core” needs of OVC, through interventions at the child, caregiver/family levels. These include children’s access to the same quality of education with special emphasis on ensuring that girl children have equal opportunities, vocational training, medical care, targeted nutritional support,

basic food support (including community gardens and leveraging other GOG and donor program resources), psychosocial support, and economic opportunity/strengthening. Efforts will be coordinated with the Government and other civil society programs, to ensure continuity of care and the responsible reporting of the support provided to each OVC. Efforts will be made to improve the quality of OVC services through linkages with the National AIDS Program Secretariat, the private sector, MOLHSSS and other donor agencies.

Recognizing that there is a need to sustain OVC efforts beyond the life of the project, GHARP, through its NGO network, will work in collaboration with the Ministry of Health supported NGOs to increase OVC access to community services and resources by targeting community committees as well as professionals/skilled individuals to support vulnerable families. Youth participation in national or local level planning and service delivery will be promoted and facilitated. Through community mapping exercises, areas of potential linkages with other HIV/AIDS and development programs will be identified.

AIDS Relief, as part of its family-centered approach to care and treatment, will continue to strengthen linkages with ongoing care, treatment and prevention programs at the private, public and community levels to ensure timely access to treatment services. Children in the program born to HIV+ mothers are being incorporated in the program as part of the family-centered package of care. In FY 09, focus will continue to be placed on strengthening clinical and laboratory monitoring of pediatric patients enrolled in pediatric care and/or ART programs. In addition, education seminars related to counseling children and adolescents infected with HIV, will continue with care providers and counselors.

These efforts will be coordinated with other PEPFAR partners, UNICEF and the GOG to improve the quality of life and establish sustainable income generation for orphans and their families.

**Table 3.3.13: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 2741.09	<b>Mechanism:</b> UNICEF
<b>Prime Partner:</b> United Nations Children's Fund	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Care: OVC
<b>Budget Code:</b> HKID	<b>Program Budget Code:</b> 13
<b>Activity ID:</b> 3212.26337.09	<b>Planned Funds:</b> \$570,000
<b>Activity System ID:</b> 26337	

**Activity Narrative:** Continuing Activity with Additional Sub-partner (\$170,000)

UNICEF's support with PEPFAR funds will focus on three levels, namely national level focusing on policy and legislation, regional level, focusing on community based interventions and at household level. These interventions are aimed at making a difference in the lives of vulnerable children at household level. Child protection issues will be address at all levels. The key strategies based on the global frameworks will be to strengthen the capacity of families to protect and care for OVC; ensure access for OVC to essential services; protect the most vulnerable children through improved enforceable policy and legislation; raise awareness at all levels through advocacy and social mobilization to create a supportive environment for OVC and their families.

While institutional care in Guyana normally forms one of the first level of response for children who do not have parental care for reasons of orphan-hood and other vulnerabilities, it hinders the development of sustainable solutions and often does not meet the complex needs of children. Hence, UNICEF in partnership with Children's Place International will continue to work with the Ministry of Human Services and Social Security, to establish OVC Village Care Points in all ten regions of the country. Village Care Points respond by providing a base for organized activities for communities to respond to the needs of Orphans and Vulnerable Children. The Village Care Points provide a place or point in a given community where villagers come together to provide care for children from the village. This place can be in the form of a house, a church, a community shed, a school or any other type of shelter available. The main thrust of these interventions will be to strengthen the capacity of communities to care for the orphans in their midst. At the UNICEF/Government of Guyana Mid term Review meeting which took place in August 2008, it was agreed to provide a holistic package of minimum services to Orphans and Vulnerable Children at the proposed Village Care Points. The package will include, but is not limited to the following:

Activities will include Psycho-social counseling, training of volunteer social workers, day care centres and non-formal education activities, gardening activities, nutritional enhancement support, life skills training, psycho-social support, succession planning, assistance with home work and opportunities to sing and play. Access to health care facilities for immunization and health related issues as well as access and retention to education for all school age children. In order to ensure that the VCP concept will be implemented successfully, UNICEF is proposing to partner with Children's Place International in the drafting and implementation of the following tasks:

- (1) Development of a detailed implementation plan
- (2) Development and implementation of a human resource plan to attract, train, and retain motivated community participants in the VCP concept
- (3) Development and implementation of a training program for volunteers and social workers on OVC issues, children's rights, parenting children and programming.
- (4) Assistance to develop early learning / day care programming
- (5) Assistance to create family stabilization programming potentially to include a counseling program, assistance creating peer groups, and case management type services
- (6) Identification of potential external financial resources to sustain the VCP concept
- (7) Assistance to develop and implement a monitoring and evaluation system to capture program impact , enhance the quality of services, and attract future support

Birth registration of children is another crucial activity given the disparities in access to this service especially for children in hard to reach areas in Guyana, and the attendant problems. This is an ongoing activity, needing support every year. UNICEF will therefore continue to promote a national campaign to encourage registration. The birth registration campaign will be done during the immunization campaign period to ensure parents who are coming for immunizations are also ensuring their children are registered. In addition, access to legal aid support for OVC is imperative to ensure that they are not exploited through child labor, trafficking or cheated out of inheritance. Activities will include the establishment of a legal aid system in 2 more regions to support OVC and their caregivers. With the support of UNICEF Legal Aid offices were opened in regions, 2, 4 and 6. In order to expand the services, two more Legal Aid offices will be opened during 2009. In this regard, UNICEF will continue to collaborate with the Ministries of Health; Labor; Culture, Youth and Sports; Human Services and Social Security; Legal Affairs; and Education.

UNICEF was mandated to be the lead Agency in the development of a national policy on OVC and the subsequent National Plan of Action (NPA), to ensure that children's issues are on the Agenda of policy makers. During 2008 an OVC Coordinating Committee has been established to oversee the tabling of the OVC NPA in Cabinet, as well as to coordinate the implementation of the OVC activities by various partners. To this end, UNICEF will continue to advocate for the tabling of the OVC Policy to Cabinet. Using a bottom-up approach, UNICEF will support activities at community and household level from the NPA to encourage policy Makers to adopt the NPA in Cabinet.

The response to OVC requires a multi-sectoral approach. UNICEF is therefore supporting the institutional strengthening of multiple line Ministries as well as civil society organisations, including the MoHSSS, MoH and Ministry of Education (MoE). Activities will also include enhancing the monitoring and evaluation system for OVC by improving the OVC database, strengthening an institutionalized referral system for child protection related issues and informal mediation mechanisms at the Regional and Community level. Continue building the capacity of the social sector, health sector and education sector professionals as well as community volunteers to respond to the needs of OVC.

As mentioned above, UNICEF will partner with Children's Place International, to ensure a solid foundation is laid for the implementation of the Village Care Points. The mission of Children's Place is to improve the present and secure the future for children, youth, and families affected by HIV/AIDS. The organization has over 17 years of experience in direct service delivery for families affected and infected by HIV/AIDS. In the US, Children's Place offers programmes which includes medical case management, early childhood education to children aged 3 months to 5 years old, supportive housing for formerly homeless low income families with HIV-positive heads of household, residential respite care for HIV/AIDS affected infants,

**Activity Narrative:** toddlers and children up to age 10, and summer camp for school aged children who are HIV-positive or whose parents or guardians are positive. They also offer mental health counseling, peer support groups, educational services, and referrals for legal assistance to help HIV/AIDS-affected parent(s) and guardians prepare for the time when they are no longer able to care for their family. In 2006 Children's Place launched two international programmes in Kenya and Tanzania, and in 2007 the launched another programme in Haiti. Given their experience of working at community level, UNICEF believe their expertise in providing technical assistance will contribute to a solid OVC Care Point programme.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13905

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13905	3212.08	U.S. Agency for International Development	United Nations Children's Fund	6645	2741.08	UNICEF	\$430,000
7470	3212.07	U.S. Agency for International Development	United Nations Children's Fund	4428	2741.07	UNICEF	\$430,000
3212	3212.06	U.S. Agency for International Development	United Nations Children's Fund	2741	2741.06	UNICEF	\$225,000

**Emphasis Areas**

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$100,000

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

Estimated amount of funding that is planned for Education \$50,000

**Water**

**Table 3.3.13: Activities by Funding Mechansim**

**Mechanism ID:** 7264.09

**Mechanism:** Community Support and Development Services

**Prime Partner:** Community Support & Development Services

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** Care: OVC

**Budget Code:** HKID

**Program Budget Code:** 13

**Activity ID:** 15959.26275.09

**Planned Funds:** \$551,593

**Activity System ID:** 26275

**Activity Narrative:** Continuing Activity

The Community Support and Development Services (CSDS) Inc is an indigenous capacity building institution, contracted to disburse and monitor small grants to a network of local organizations, while strengthening their financial and administrative management capacities. CSDS supports the NGOs in the development of financial and accounting systems, to ensure these systems are compatible with project budgeting procedures and generally accepted accounting principles, through on-site technical assistance and training. Training sessions/monthly visits are geared to respond to the particular needs of each organization and the designated accounting staff. Organizational development services are provided through a core of local consultants to assist in strengthening the administrative capacity of each NGO partner.

In FY 08, this organization revised the NGOs financial systems to accommodate the reporting of financial information according to technical/program areas; installed Peachtree Accounting Software and training on its use; developed Operation Manuals for nine of the eleven 'priority' NGOs/FBOs, which included orientation, mentoring and coaching of key personnel on its use; developed and operationalized Human Resource manuals for five NGOs; facilitated legal registration of four (4) NGOs/FBOs which were not legally registered; and, capacity building support to eight existing NGOs/FBOs Board of Directors.

FY 09 will see the continuation of financial and administrative assistance to nine (9) NGO/FBO partners to implement comprehensive OVC programs. Linden Care Foundation (LCF), one of the key NGO partners, is currently providing care and support services to three hundred and ninety eight (398) children who are reached through referrals from schools, members of the community and health care centres, the HBC and VCT programs. Services offered to OVC include psychosocial counseling( individual counseling with OVC as well as parent/guardian counseling), homework supervision, medical referrals, nutritional assessment and counseling, adherence support, referring caregivers to social and legal services, access to micro-enterprise initiatives and vocational skills training for older youth, age appropriate prevention education and encouraging testing for family members. Community facilitators from LCF, trained through the program, conduct visits to homes and schools to follow-up on the progress of the child. LCF has also been able to leverage resources from international and local agencies to construct a 'drop in' centre for OVC, obtain raw materials for food and the acquisition of multi-vitamins, and, other medications for pain management and the treatment of opportunistic infections. With support from UNICEF and 'Every Child Guyana' LCF also manages a mini-pharmacy. Support from the World Bank has enabled the organization to provide nutritious meals for one hundred and twenty four OVC four days weekly, as well as the Linden Diaspora provides nutritional support through its program "Adopt-A-Child. Other local private sector enterprises such as the Telecommunications and Telegraph Company, Mings Products and Services, U Mobile among others, have been aiding the program.

AIDSTAR, will provide technical assistance in all programmatic and technical aspects of the project to NGOs within the USAID HIV/AIDS strategy and will serve as a key agent in building sustainable program management and technical capacity of the NGOs. While, CSDS will be responsible for the continued capacity and system strengthening of the identified NGO/FBO partners in the key areas of financial and administrative management, through on-site technical assistance and training.

The OVC targets for these organizations will be tracked by CSDS M&E unit. This unit will ensure that the highest quality data is generated by NGO data collection systems. Data quality will be ensured through the use of standardized data collection forms that were developed for each program area. NGO staff with M&E responsibility will be trained and retrained in the use of these tools when necessary. Apart from the monthly review of data collected, CSDS will conduct quarterly data quality assurance reviews to each NGO to monitor the utilization of the monitoring system and the accuracy of the data collected. CSDS will track progress toward achieving program targets by ensuring timely and accurate reporting by the twenty (20) NGOs/FBOs. Individual NGO achievements reported will be entered into a database at the central level and analysed to generate overall program achievements, this database will be managed by the organization's database administrator. Thus, CSDS will monitor progress against the total program area targets and those individually set by the NGOs, in their annual Monitoring and Evaluation plan. In order to facilitate greater use of data at the NGO level, CSDS will install databases at each NGO for internal use, this database will improve data management and report generation capabilities as well as increase data use for decision-making at the NGO level.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 15959

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15959	15959.08	U.S. Agency for International Development	Community Support & Development Services	7264	7264.08		\$401,716

<b>Emphasis Areas</b>	
<b>Human Capacity Development</b>	
Estimated amount of funding that is planned for Human Capacity Development	\$200,000
<b>Public Health Evaluation</b>	
<b>Food and Nutrition: Policy, Tools, and Service Delivery</b>	
Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery	\$10,000
<b>Food and Nutrition: Commodities</b>	
<b>Economic Strengthening</b>	
Estimated amount of funding that is planned for Economic Strengthening	\$50,000
<b>Education</b>	
Estimated amount of funding that is planned for Education	\$100,000
<b>Water</b>	

**Table 3.3.13: Activities by Funding Mechansim**

<b>Mechanism ID:</b> 9752.09	<b>Mechanism:</b> AIDSTAR
<b>Prime Partner:</b> To Be Determined	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Care: OVC
<b>Budget Code:</b> HKID	<b>Program Budget Code:</b> 13
<b>Activity ID:</b> 3160.22656.09	<b>Planned Funds:</b> ██████████
<b>Activity System ID:</b> 22656	
<b>Activity Narrative:</b> Continuing Activity	
<p>The new Contractor awarded through the AIDSTAR mechanism will replace the work of the Guyana HIV/AIDS Reduction and Prevention Project (Prime: FHI) that ends in December 2008. The activities and technical support previously offered through GHARP will be continued under AIDSTAR.</p> <p>UNICEF is the key partner in OVC work, but the Contractor will work closely with NGOs, line ministries, and the current UNICEF program to fill in gaps, provide technical assistance and training.</p> <p>Priorities:</p> <ul style="list-style-type: none"> <li>•Provide technical assistance and training for NGOs in providing care, support the transition of those reaching adulthood, support families caring for OVC, and link children to Government support services/vouchers.</li> </ul> <p>Illustrative Activities:</p> <ul style="list-style-type: none"> <li>•Short-term technical assistance and training provided to NGOs providing support to OVC in order to expand programming, increase coverage, strengthen the quality of services provided in public and NGO sector, and strengthen the capacity of families and communities to provide care;</li> <li>•Develop a standard package of services across NGO providers;</li> <li>•Develop linkages to the UNICEF supported OVC work in order to increase their work's impact; and</li> <li>•Build partnerships with the private sector to provide support for OVC and their families.</li> </ul>	
<b>New/Continuing Activity:</b> Continuing Activity	
<b>Continuing Activity:</b> 13893	

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13893	3160.08	U.S. Agency for International Development	Family Health International	6641	4.08	GHARP	\$50,000
7467	3160.07	U.S. Agency for International Development	Family Health International	4612	4.07	GHARP	\$100,000
3160	3160.06	U.S. Agency for International Development	Family Health International	2737	4.06	GHARP	\$310,000

**Emphasis Areas**

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development



**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.13: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 102.09	<b>Mechanism:</b> Peace Corps
<b>Prime Partner:</b> US Peace Corps	<b>USG Agency:</b> Peace Corps
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Care: OVC
<b>Budget Code:</b> HKID	<b>Program Budget Code:</b> 13
<b>Activity ID:</b> 4010.25106.09	<b>Planned Funds:</b> \$0
<b>Activity System ID:</b> 25106	

**Activity Narrative:** Continuing Activity Using Pipeline Funds

Peace Corps/Guyana (PC/GY) contributes to PEPFAR and the Government of Guyana's (GOR) national response to the AIDS epidemic with focused, grassroots-level prevention and care interventions.

Currently, 40 Health and Education Peace Corps Volunteers ("Volunteers"), and two PEPFAR-funded Crisis Corps Volunteers (CCVs) serve in eight of Guyana's ten regions. Health Volunteers work directly with health centers and communities to identify local and national resources, facilitate community health assessments, design and implement health education projects, and train health center staff and community leaders. Education Volunteers work with youth organizations and the Ministry of Education to provide at-risk youth with educational, personal and life skills development opportunities. Through teacher-training activities, Volunteers also work with educators on non-traditional teaching methods and the life-skills training methodologies. CCVs strengthen the capacity of partnering organizations in providing care and support to orphans and vulnerable children (OVC) and their caretakers.

In FY 2007, PEPFAR funds supported PC/GY's efforts to increase OVCs' access to services, such as nutrition, income generation, and education, by identifying service gaps and strategizing solutions with local community partners. Post organized a variety of training events focused on capacity building and increasing the availability of OVC services. These events included a project design and management workshop for Volunteers and their counterparts and pre-service training for incoming Health and Education Volunteers on community entry and needs' assessments, community mobilization, and supporting OVC and caretakers. One PEPFAR-funded CCV worked to strengthen the capacity of local organizations providing services to OVC's. Between October 2006 and March 2007, Volunteers and their counterparts trained 37 community providers and caretakers in OVC referrals, care and support, stigma and discrimination, and community mobilization.

In FY08, PC/GY will continue the activities undertaken in FY07 including pre-service and in-service training for all Volunteers and their counterparts, the recruitment and placement of one CCV, materials development and small grants. Particular attention will be paid to providing and enhancing services for vulnerable young people in Amerindian and mining communities.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 15964

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15964	4010.08	Peace Corps	US Peace Corps	7303	102.08	Peace Corps	\$0
7473	4010.07	Peace Corps	US Peace Corps	4430	102.07	Peace Corps	\$0
4010	4010.06	Peace Corps	US Peace Corps	2764	102.06	Peace Corps	\$40,000

**Table 3.3.13: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 2765.09	<b>Mechanism:</b> AIDSRelief
<b>Prime Partner:</b> Catholic Relief Services	<b>USG Agency:</b> HHS/Health Resources Services Administration
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Care: OVC
<b>Budget Code:</b> HKID	<b>Program Budget Code:</b> 13
<b>Activity ID:</b> 7514.25110.09	<b>Planned Funds:</b> \$32,943
<b>Activity System ID:</b> 25110	

**Activity Narrative:** AIDSRelief places a strong emphasis on high quality care for HIV infected and affected children. In the coming years, we will continue to strengthen our OVC program and increase the numbers of OVCs accessing these services by continuing to identify patients through our sites' PMTCT programs, community networks, provider-initiated testing in the pediatric inpatient wards and pediatric outpatient clinic, and by encouraging patients to have their children tested.

As sites scale up the number of OVCs in their care, AIDSRelief will continue to strengthen both clinical and psychosocial services to accommodate this population. With increasing numbers of OVCs, AIDSRelief and LPTFs recognized that there were unmet needs in providing psychosocial support to HIV infected/exposed/affected children. In order to fill this need, a pediatric psychologist from University of Maryland School of Medicine/IHV provided specialized training to counseling staff at LPTFs and members from local NGOs in addressing psychosocial issues unique to children with HIV and their families (e.g. coping with trauma of death of parent, disclosing status to children, anxiety & fear). Particular emphasis was placed on tailoring ART adherence services to HIV + OVC. In FY2009, AIDSRelief will continue to further strengthen the capacity of our clinical and counseling staff to provide high quality care to Guyana's OVC population. AIDSRelief/IHV's local pediatric HIV consultant will continue on-site technical assistance with support from specialists from IHV.

In the past year, LPTF staff at SJMH recognized that there was a growing number of adolescent patients, and have established an adolescent focused clinic. Additionally, staff at SJMH has presently been working to implement pediatric and adolescent support groups. In FY2009, AIDSRelief will support the adolescent clinic by providing mentorship in adolescent medicine to staff at LPTF and will also collaborate with the Ministry of Health's Adolescent Unit in providing trainings to other providers. In supporting the adolescent HIV clinic at SJMH, AIDSRelief is increasing the quality and spectrum of care that is provided to a very vulnerable population, those caught between childhood and adulthood.

Targets:

- 76 OVC served by OVC programs (primary direct and supplemental direct support).

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 12714

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12714	7514.08	HHS/Health Resources Services Administration	Catholic Relief Services	6266	2765.08	AIDSRelief	\$41,700

**Emphasis Areas**

Health-related Wraparound Programs

- \* Child Survival Activities

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development      \$18,000

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery      \$200

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Total Planned Funding for Program Budget Code: \$1,140,524**

**Program Area Narrative:**

Results of the PEPFAR-funded Guyana HIV/AIDS Indicator Survey (GAIS) indicate that as of 2005, only 11.3% of women and 10.3% of men had been tested and received their results in the last 12 months. Over the past two years, the counseling and testing program has expanded its reach from 10,546 persons who received counseling and testing in FY05 to 48,578 nationally at the end of 2007. In FY09, PEPFAR will reach 43,000 individuals indirectly with counseling and testing. Our activities will focus on further mobilizing people to access counseling and testing (C&T), with a strong emphasis on most at-risk populations (MARP) and males, to boost prevention efforts and to identify those who need treatment. The second round of PEPFAR-funded Behavioral Surveillance Surveys (BSS) for female commercial sex workers (CSW), men having sex with men, and uniformed services to be finalized early in calendar year 2009, will serve to inform the targeted counseling and testing interventions.

Currently, our program includes ANC and labor and delivery sites supported through the PMTCT program that have begun to operationalize provider-initiated counseling and testing. Currently there is national access through 60 fixed CT public sites, and two private hospital sites with the caveat that regions 1, 7, 8, and 9 are also served through mobile teams. All services are supported by a community mobilization strategy that utilizes both interpersonal and multi-media interventions. In 2007, over 4,504 persons were tested on the National Day of Testing, so it is planned that in November 17-21st, this special day will be extended to a one-week period.

It is estimated that there are over 3,300 persons living with HIV that are ARV-eligible. In FY07, the target of providing treatment to 1,500 was exceeded with 1,949 persons on treatment at the end of FY07. To reach and exceed our FY08 target of providing ARV treatment to 2,300 persons, we will focus on continuing to increase use and access to prevention, testing, and referral services through continuing expansion of geographical coverage of C&T in clinical settings using provider-initiated protocol, VCT mobile services to hinterland areas in Regions 1, 7, 8, and 9; continued promotion for male access through targeted programs such as sports clubs, interventions for minibus drivers, male-centered group and community discussions, male clinics, and male-centered BCC messages; providing targeted services for MARP through the CSW and MSM projects, with increased focus on targeting populations based on risk-factor data; and broadening the range of services provided at VCT sites. Additionally, the DoD will support the expansion of C&T for uniformed services and their families within the Guyana Defense Force (GDF), with an emphasis on reduction of stigma and discrimination.

Community organizations that are strategically placed in hinterland areas with the largest mining and timber industry sites will operate mobile VCT and link those persons in need of care to the regional health care facility for follow-up. Cultural sensitization for mobile staff working in new communities will take place to raise the level of consciousness to tailor delivery of messages for different groups. Staff members at sites providing STI and HIV testing will be trained and monitored to ensure that these high-risk populations are able to access services in a supportive and respectful environment. Couples counseling will also continue to be emphasized in FY09 in an effort to increase the number of males who access C&T, to reduce transmission between sero-discordant couples, and to encourage faithfulness in concordant negative couples. In FY09 a common goal for USG/GOG efforts will be to expand on the currently limited implementation of home-based VCT for families of orphans and vulnerable children, persons on treatment, persons identified through the PMTCT program, and those communities mapped as most affected by the epidemic. (Using PMTCT routine program data). Careful planning and oversight will be built for this activity in both the public and civil society sector.

All training for counseling for HIV testing is implemented in collaboration with the MoH according to established national curriculum and guidelines and includes critical components on PMTCT, family planning, disclosure, domestic violence, prevention counseling on abstinence, condoms, and partner reduction. A USG/GOG common goal is for the complete integration of all counselor/tester training and curricula. Such cross-training would develop personnel with the capability to implement comprehensive counseling and testing (including provider-initiated) with no differentiation between a VCT, PMTCT, or youth-friendly setting as well as include approaches for couples counseling, home-based testing, etc. This will call for a revision in curriculum as well as refresher training for all current employees. A shared, longer-term vision is for the revision of MOH Job Descriptions where each tier of health worker has HIV/AIDS services incorporated as base responsibilities rather than being classified or viewed as special/extra duties.

All counseling and testing sites, both community and facility based, use standardized forms to routinely report HIV testing information to the national level. These forms were developed in a collaborative process between the GoG and USAID/GHARP in FY06 and have since been used at all counseling and testing sites. In FY09, a review of the reporting form will be undertaken since currently the forms are also collecting critical death and disease notification data and according to WHO recommendations such data should be reported disaggregated.

Over the last two years, the number of HIV+ clients identified was substantially higher than those entering the care and treatment program. In order to ensure the continuum of care, a pilot was initiated to serve the four highest volume treatment sites whereby case navigators were trained and hired. In the first six months of programming, over 90% of all persons testing positive accessed the care and treatment program through this case navigation program. The other treatment sites currently rely on referral cards and follow-up between tester and the treatment site. This process seldom works and when it does, it is usually at a much later

date. Hence, in FY09 a common USG/GOG goal will be for the staged expansion of the case navigation program to additional facilities with the next highest client volumes.

Finally, our FY09 strategy includes the promotion and training of providers to expand the integration of provider-initiated C&T into the formal health sector, which will be critical for the sustainability of the program and for the most efficient infection identification. To that end, and with the encouragement and support of the USG, the MOH will maintain provider-initiated C&T at sites delivering diagnosis and treatment for TB, STIs, Male and Female Wards, and the Infectious Disease Ward at Georgetown Public Hospital. In FY09, the common goal of USG/GOG is to expand provider initiated testing at critical wards at our private hospital partner sites. Additionally, there will be continued support for the referral networks for prevention, care and treatment within and between public and private service points.

The CDC cooperative agreement will support the MOH to lead the quality assurance programs to track rapid testing proficiency and training needs and offer support for the MOH VCT program in gap areas not provided for in WB/GFATM funding. Commodities management, procurement, and storage of test kits and related supplies will be implemented by SCMS and overseen by MMU and CDC/GAP. USAID will support the NGO/FBO sector for service delivery and community mobilization, as well as MOH curricula development, training, information management, and monitoring and evaluation.

**Table 3.3.14: Activities by Funding Mechansim**

<b>Mechanism ID:</b> 2765.09	<b>Mechanism:</b> AIDSRelief
<b>Prime Partner:</b> Catholic Relief Services	<b>USG Agency:</b> HHS/Health Resources Services Administration
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Prevention: Counseling and Testing
<b>Budget Code:</b> HVCT	<b>Program Budget Code:</b> 14
<b>Activity ID:</b> 8046.25111.09	<b>Planned Funds:</b> \$12,162
<b>Activity System ID:</b> 25111	

**Activity Narrative:** AIDSRelief will continue to ensure that HIV counseling and testing (CT) services at the three treatment sites it supports comply with national and international standards. As the national numbers of HIV+ persons enrolled in care continues to lag behind the numbers that test positive for HIV, AIDSRelief will also work with facility- and community-based CT providers to strengthen the referral linkage between CT and enrollment into HIV care for HIV+ clients, and between CT and prevention services for HIV- clients. AIDSRelief will increase CT outreach from its LPTFs by forging linkages with mobilized counselor/testers in community structures (e.g. churches, health posts, prisons). AIDSRelief will also target CT to higher-risk groups by introducing routine provider-initiated CT in private hospital in-patient wards and by facilitating access to CT through services targeting high-risk populations (e.g. substance abusers, prisoners).

- Targets:
- 3 service outlets providing counseling and testing according to national and international standards.
  - 3300 individuals who received counseling and testing for HIV and received their results.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 12715

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12715	8046.08	HHS/Health Resources Services Administration	Catholic Relief Services	6266	2765.08	AIDSRelief	\$15,395
8046	8046.07	HHS/Health Resources Services Administration	Catholic Relief Services	4450	2765.07	AIDSRelief	\$60,000

## Emphasis Areas

Gender

- \* Addressing male norms and behaviors
- \* Increasing gender equity in HIV/AIDS programs

## Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$7,000

## Public Health Evaluation

## Food and Nutrition: Policy, Tools, and Service Delivery

## Food and Nutrition: Commodities

## Economic Strengthening

## Education

## Water

Table 3.3.14: Activities by Funding Mechanism

<b>Mechanism ID:</b> 3717.09	<b>Mechanism:</b> Department of Defense
<b>Prime Partner:</b> US Department of Defense	<b>USG Agency:</b> Department of Defense
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Prevention: Counseling and Testing
<b>Budget Code:</b> HVCT	<b>Program Budget Code:</b> 14
<b>Activity ID:</b> 5287.25096.09	<b>Planned Funds:</b> \$60,000
<b>Activity System ID:</b> 25096	
<b>Activity Narrative:</b> Continuing Activity	

This activity will provide HIV counseling and testing for those who seek to know their HIV status. In FY08, the VCT site at Base Camp Ayanganna was refurbished, and a vehicle was purchased for mobile VCT and other prevention activities, to include the transportation of peer educators. Rapid HIV test training was carried out for twenty five (25) counselors and medics. Counselors and testers also participated in a one-week internship at Georgetown Public Hospital Corporation. The establishment of another Voluntary Counseling and Testing site at Base Camp Seweyo at the Soesdyke/Linden Highway is currently underway.

Activities planned for FY09 will continue to strengthen the capacity of the Guyanese Defense Force to provide accessible, confidential, and quality counseling and testing services. 25 individuals will undergo training in counseling and testing, and a training-of-trainers program will be developed for continued efforts to ensure adequate human resources for counseling and testing services. Counseling and testing by trained counselors will be available at all four GDF locations: Base Camps Ayanganna, Stephenson, Ruimveldt and Seweyo. Other VCT sites will be refurbished as necessary. The mobile VCT unit will continue to reach outlying bases and units, and will be equipped with education materials on HIV, ART, STIs/OIs, and other prevention materials. The VCT vehicle will target remote, underserved regions to address barriers to VCT.

In support of the MOH "Know Your Status" program, personnel in leadership positions and peer educators will encourage GDF personnel to get tested for HIV. CT activities will link with prevention sensitization activities to educate participants and encourage testing. Counseling will be performed in accordance with national guidelines and will include targeted ABC messages, and emphasize the reduction of stigma and discrimination. Mechanisms to maintain anonymity of those tested and confidentiality of their test results will be put in place. CT activities will link with Adult Care and Treatment services through a referral system with the civilian health sector for follow-up care and treatment of HIV-positive individuals. Data collection and monitoring mechanisms will be supported.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13882

### Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13882	5287.08	Department of Defense	US Department of Defense	6640	3717.08	Department of Defense	\$0
8002	5287.07	Department of Defense	Center for Disaster and Humanitarian Assistance Medicine	4451	3717.07	Department of Defense	\$20,000
5287	5287.06	Department of Defense	Center for Disaster and Humanitarian Assistance Medicine	3717	3717.06	Department of Defense	\$60,000

### Emphasis Areas

Gender

- \* Addressing male norms and behaviors
- \* Increasing gender equity in HIV/AIDS programs

Military Populations

### Human Capacity Development

### Public Health Evaluation

### Food and Nutrition: Policy, Tools, and Service Delivery

### Food and Nutrition: Commodities

### Economic Strengthening

### Education

### Water

**Table 3.3.14: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 2246.09	<b>Mechanism:</b> Ministry of Health, Guyana
<b>Prime Partner:</b> Ministry of Health, Guyana	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Prevention: Counseling and Testing
<b>Budget Code:</b> HVCT	<b>Program Budget Code:</b> 14
<b>Activity ID:</b> 8673.25150.09	<b>Planned Funds:</b> \$181,000
<b>Activity System ID:</b> 25150	

**Activity Narrative:** CDC supports counseling and testing (C&T) services in Guyana through its cooperative agreement with the Ministry of Health (MOH). This support includes counselor-testers at the MOH who serve the PMTCT program and also training for counselor-testers ; in FY09 this program will continue to emphasize couples counseling in order to increase the number of men seeking C&T. Other activities supported through the National AIDS Program Secretariat (NAPS) will include provider-initiated counseling and testing in the Family Health program and at clinical facilities. Contract staff including drivers, phlebotomists, clerks and counselor-testers will be supported. CDC-supported staff will target youth through the Adolescent Health Program; both in-school and out-of-school youth will be encouraged to know their status and to reduce risk behavior through improved access to youth friendly counseling and testing sites. NAPS will continue to provide C&T services to the hinterland areas through its mobile unit. CDC also supplies rapid test kits and quality assurance for testing as detailed under laboratory infrastructure activities.

All training for counseling for HIV testing is implemented in collaboration with the MoH according to established national curricula and guidelines and includes critical components on PMTCT, family planning, disclosure, domestic violence, prevention counseling on abstinence, condoms, and partner reduction.

1. A USG/GOG common goal is for the complete integration of all counselor/tester training and curricula. Such cross-training would develop personnel with the capability to implement comprehensive counseling and testing (including provider-initiated) with no differentiation between a VCT, PMTCT, or youth-friendly setting as well as include approaches for couples counseling, home-based testing, etc. This will call for a revision in curriculum as well as refresher training for all current employees.
2. CDC will also support minor repairs and rehabilitation to existing facilities to provide youth-friendly and family-centered integrated care to facilitate the provision of services.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 12721

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12721	8673.08	HHS/Centers for Disease Control & Prevention	Ministry of Health, Guyana	6269	2246.08	Ministry of Health, Guyana	\$136,000
8673	8673.07	HHS/Centers for Disease Control & Prevention	Ministry of Health, Guyana	4720	2246.07	Ministry of Health, Guyana	\$139,960

## Emphasis Areas

Gender

- \* Addressing male norms and behaviors
- \* Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

- \* Family Planning
- \* Safe Motherhood

Workplace Programs

## Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development      \$80,000

## Public Health Evaluation

## Food and Nutrition: Policy, Tools, and Service Delivery

## Food and Nutrition: Commodities

## Economic Strengthening

## Education

## Water

**Table 3.3.14: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 9752.09	<b>Mechanism:</b> AIDSTAR
<b>Prime Partner:</b> To Be Determined	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Prevention: Counseling and Testing
<b>Budget Code:</b> HVCT	<b>Program Budget Code:</b> 14
<b>Activity ID:</b> 3161.22657.09	<b>Planned Funds:</b> ██████████
<b>Activity System ID:</b> 22657	

**Activity Narrative:** The new Contractor awarded through the AIDSTAR mechanism will replace the work of the Guyana HIV/AIDS Reduction and Prevention Project (Prime: FHI) that ends in December 2008. The activities and technical support previously offered through GHARP will be continued under AIDSTAR.

In FY09, the Contractor will continue to provide the same level of technical guidance, quality assurance support to both the MOH and the NGOs. Additionally, as an integrated activity with PMTCT, sites will be staged according to capacity in order to increase the number of sites with rapid-testing services. For those sites that are not able to sustain such programs, support will be continued in order to increase the efficiency of mobile team visits and/or sample transport so as to increase the coverage of CT services Nationally. Technical guidance will also continue to focus on testing services for high risk populations and communities including MSM and sex workers and their clients and targeting men who currently are consistently under-utilizing the services.

**Priorities:**

- Provide technical assistance to MOH and NGOs implementing counseling and testing (CT) to ensure quality of service, expand coverage, and target those populations/communities most identified to be at highest risk in order to identify those in need of clinical care;
- Provide technical training to MOH and NGO partners to increase capacity to support persons identified as HIV+ in accessing the care continuum;
- Provide technical assistance to the MOH in updating and revising National Guidelines, service standards, and curriculum as needed; and

**Illustrative Activities:**

- Short and Long-term technical assistance and training provided to a team of colleagues from the National AIDS Programme and NGOs providing CT in order to expand programming, increase coverage, and strengthen the quality of services provided; and
- Provide technical assistance to MOH in order to adapt reporting structure/systems in order to ensure data quality.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13894

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13894	3161.08	U.S. Agency for International Development	Family Health International	6641	4.08	GHARP	\$200,000
8004	3161.07	U.S. Agency for International Development	Family Health International	4612	4.07	GHARP	\$250,000
3161	3161.06	U.S. Agency for International Development	Family Health International	2737	4.06	GHARP	\$840,000

**Emphasis Areas**

Gender

\* Addressing male norms and behaviors

Workplace Programs

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development



**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.14: Activities by Funding Mechanism**

**Mechanism ID:** 2762.09

**Mechanism:** Department of Labor

**Prime Partner:** International Labor Organization

**USG Agency:** Department of Labor

**Funding Source:** GHCS (State)

**Program Area:** Prevention: Counseling and Testing

**Budget Code:** HVCT

**Program Budget Code:** 14

**Activity ID:** 10985.24770.09

**Planned Funds:** \$0

**Activity System ID:** 24770

**Activity Narrative:** Continuing Activity with Pipeline funds

The GHARP Project developed the capacity of the NGO community to provide voluntary counseling and testing. These funds will combine the investments made in these programs and link them with communities which have received prevention and behavior change training at the workplace, to provide voluntary counseling and testing (VCT). The efforts of the ILO will build on the achievements and experience of USDOL/PEPFAR and the GHARP Project in collaborating with 57 enterprises. In particular, the objective of this proposal is to expand world of work opportunities for HIV interventions that have opened up as a result of the ILO's collaboration with its partners. In concrete terms, the aim is to increase the reach of the program by increasing access to VCT for managers and workers in the 57 enterprises. ILO's target is to provide mobile VCT services to 75% (42) of these enterprises in FY08. In addition, the project will combine VCT with the prevention programs proposed targeting mobile workers in the mining, logging and construction sectors. VCT will be provided to the targeted workers by mobile units managed by nongovernmental organizations (NGO). Collaborative agreements will be established with the NGO for providing the service. Emphasis will continue to be placed on strengthening the monitoring system to ensure that the VCT is conducted according to national and international standards. In this regard, the project will continue to collaborate with its partners including the National AIDS Program Secretariat.

The existing workplace programs provide fertile ground for increases in VCT which will also result in more people accessing care and treatment. In addition, combining the prevention messages with VCT will result in increased behavior change and reduction in risky behaviors.

In addition, action will be pursued at the enterprise and community levels to establish an effective referral system so that workers can also benefit from other health services including PMTCT, treatment, care and support.

The existing and well functioning collaborative arrangements with the Ministry of Labour, Human Services and Social Security, the employers' and workers' organizations will also continue to be utilized to reach the target groups. These arrangements will enhance sustainability of activities at the local level when program funds end.

The ILO Code of Practice on HIV/AIDS and the World of Work will continue to be the principle guide and framework for action. The Code provides practical guidelines for programming, implementation and monitoring at the enterprise and community levels in the critical areas of VCT, care, support and behaviour change.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13901

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13901	10985.08	Department of Labor	International Labor Organization	6643	2762.08	Department of Labor	\$175,000
10985	10985.07	Department of Labor	International Labor Organization	4769	2762.07	Department of Labor	\$75,000

## Emphasis Areas

Gender

- \* Addressing male norms and behaviors
- \* Increasing gender equity in HIV/AIDS programs

Workplace Programs

## Human Capacity Development

## Public Health Evaluation

## Food and Nutrition: Policy, Tools, and Service Delivery

## Food and Nutrition: Commodities

## Economic Strengthening

## Education

## Water

**Table 3.3.14: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 6703.09	<b>Mechanism:</b> Supply Chain Management System
<b>Prime Partner:</b> Partnership for Supply Chain Management	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Prevention: Counseling and Testing
<b>Budget Code:</b> HVCT	<b>Program Budget Code:</b> 14
<b>Activity ID:</b> 8497.22626.09	<b>Planned Funds:</b> \$315,562
<b>Activity System ID:</b> 22626	
<b>Activity Narrative:</b> Continuing Activity	

CDC is responsible for providing all rapid test kits (RTK) for Ministry of Health programs. In FY08, all funds for the RTK were provided to SCMS. During FY08 CDC and SCMS worked closely with the MOH to establish necessary capacity such as forecasting, consumption data, and ordering systems. Funds for procurement of RTK in FY09 will again be provided to SCMS. SCMS will continue to provide technical assistance and training in procurement systems to the MOH. SCMS and CDC will continue to work closely on forecasting and ordering to ensure that there are no stock-outs. The CDC Office will continue its responsibilities for quality assurance for rapid testing in all PEPFAR programs.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 12747

## Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12747	8497.08	U.S. Agency for International Development	Partnership for Supply Chain Management	6703	6703.08	Supply Chain Management System	\$319,500
8497	8497.07	U.S. Agency for International Development	Partnership for Supply Chain Management	4772	4025.07	Supply Chain Management System	\$200,000

**Table 3.3.14: Activities by Funding Mechanism**

**Mechanism ID:** 7264.09

**Prime Partner:** Community Support &  
Development Services

**Funding Source:** GHCS (State)

**Budget Code:** HVCT

**Activity ID:** 15960.26276.09

**Activity System ID:** 26276

**Mechanism:** Community Support and  
Development Services

**USG Agency:** U.S. Agency for International  
Development

**Program Area:** Prevention: Counseling and  
Testing

**Program Budget Code:** 14

**Planned Funds:** \$271,800

**Activity Narrative:** Continuing Activity

The Community Support and Development Services (CSDS) Inc is an indigenous capacity building institution, which was contracted to disburse and monitor small grants to a network of local organizations, while strengthening their financial and administrative management capacities. Support to the NGOs include the development of financial and accounting systems to ensure these systems are compatible with the project budgeting procedures and generally accepted accounting principles. Technical assistance is provided through one-on-one support while conducting monthly visits and on-site training with partner organizations. Training sessions/visits are geared to respond to the particular needs of each organization and the designated accounting staff. Organizational development services are provided through a core of local consultants to assist in strengthening the administrative capacity of each NGO partner.

In FY '08, this organization revised the NGOs financial systems to accommodate the reporting of financial information according to technical/program areas; installed Peachtree Accounting Software and training on its use; the developed Operation Manuals for nine of the eleven 'priority' NGOs/FBOs, which included orientation, mentoring and coaching of key personnel on its use; developed and operationalized Human Resource manuals for five NGOs; facilitated legal registration of four (4) NGOs/FBOs which were not legally registered; and, capacity building support to eight existing NGOs/FBOs Board of Directors.

The capacity building organization will continue to provide financial assistance to a regional distribution of twenty (20) NGOs/FBOs to initiate interpersonal and community dialogue, provide information, and mobilize communities to access Counseling and Testing Services, including counseling and testing through PMTCT ANC clinics.

Currently, the following seven (7) NGO/FBO partners are supported to deliver counseling and testing: Comforting Hearts, the Guyana Responsible Parenthood Association, Hope for All, Hope Foundation, Lifeline Counseling Services, Linden Care Foundation and Youth Challenge Guyana. Of those seven, there are five fixed sites and two mobile units located at the Guyana Responsible Parenthood Association and Youth Challenge Guyana. The NGOs/FBOs have been reaching high risk populations with C&T services through their walk-in service and community outreach activities, utilizing both interpersonal and multi-media intervention. Appropriate AB education has been integrated into their risk reduction counseling, and, prevention programs for high risk populations follow the ABC guidance. Persons who are tested positive through counseling and testing are referred to treatment services, home and community based programs. Emphasis is placed on male access and MARP. The NGOs are also an integral part of the MOH yearly National Day of Testing. As of July 2008, 15,962 persons were counseled and tested.

In FY 09, the NGOs/FBOs will continue to expand counseling and testing services in key communities, particularly targeting the rural and hinterland communities. Couples counseling will also continue to be emphasized in FY 09 in an effort to increase the number of males who access C&T, reduce transmission between sero-discordant couples, and encourage faithfulness in concordant negative couples.

AIDSTAR, will provide technical assistance in all programmatic and technical aspects of the project to NGOs within the USAID HIV/AIDS strategy and will serve as a key agent in building sustainable program management and technical capacity of the NGOs. While, CSDS will be responsible for the continued capacity and system strengthening of the identified NGO/FBO partners in the key areas of financial and administrative management, through on-site technical assistance and training.

The targets for the NGO/FBOs involved in counseling and testing will be tracked by CSDS M&E unit. This unit will ensure that the highest quality data is generated by NGO data collection systems. Data quality will be ensured through the use of standardized data collection forms that were developed for each program area. NGO staff with M&E responsibility will be trained and retrained in the use of these tools when necessary. Apart from the monthly review of data collected, CSDS will conduct quarterly data quality assurance reviews to each NGO to monitor the utilization of the monitoring system and the accuracy of the data collected. CSDS will track progress toward achieving program targets by ensuring timely and accurate reporting by the twenty (20) NGOs/FBOs. Individual NGO achievements reported will be entered into a database at the central level and analysed to generate overall program achievements, this database will be managed by the organization's database administrator. Thus, CSDS will monitor progress against the total program area targets and those individually set by the NGOs, in their annual Monitoring and Evaluation plan. In order to facilitate greater use of data at the NGO level, CSDS will install databases at each NGO for internal use; this database will improve data management and report generation capabilities as well as increase data use for decision-making at the NGO level.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 15960

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15960	15960.08	U.S. Agency for International Development	Community Support & Development Services	7264	7264.08		\$321,013

## Emphasis Areas

### Gender

- \* Addressing male norms and behaviors
- \* Increasing gender equity in HIV/AIDS programs

## Human Capacity Development

## Public Health Evaluation

## Food and Nutrition: Policy, Tools, and Service Delivery

## Food and Nutrition: Commodities

## Economic Strengthening

## Education

## Water

Program Budget Code: 15 - HTXD ARV Drugs

**Total Planned Funding for Program Budget Code: \$2,192,864**

### Program Area Narrative:

Treatment, care and prevention programs depend on a reliable and efficient supply of essential drugs and other commodities. Initially, supply chain management presented the greatest challenge to the USG effort to provide ARVs and other HIV/AIDS related medicines to Guyana as the MOH Materials Management Unit (MMU) lacked sufficient storage and managerial capacity to handle the increased flow of commodities. In conjunction with the Government of Guyana, the USG team discussed and developed the idea of a third-party warehouse as an intermediary solution that would address the immediate storage needs of all the HIV/AIDS commodities and serve as a model and training ground for supply chain best practices. This Annex warehouse for HIV/AIDS was established in FY07 and is operated and managed by the Partnership for Supply Chain Management in close coordination with the MOH. All HIV/AIDS related health commodities in Guyana are stored and distributed via the Annex and include ARVs, test kits and reagents from the Government of Guyana, PEPFAR, Global Fund, World Bank, CRS AIDS Relief, and the Clinton Foundation. In early FY08 the Annex was expanded to include all essential drugs and supplies using the same best practices and systems established for the management of HIV/AIDS commodities, but this is completely operated by the MOH.

During FY09, the vision of PEPFAR Guyana is to continue to strengthen and build the capacity of the MOH MMU to ensure a steady supply of drugs, laboratory supplies, rapid test kits, and other HIV/AIDS commodities through improvements to procurement systems, warehousing and inventory management, distribution and human resource capacity and retention. This vision includes a gradual integration and capacity building strategy led by the Partnership's Supply Chain Management System (SCMS). With SCMS support, last year the MOH established and approved Guyana's first donation policy for pharmaceuticals and other health commodities to ensure the quality and appropriateness of donations. The new policy is managed by the MMU procurement department and has greatly reduced the burden of unusable donations that caused a large strain on the MMU system in the past. USG Guyana is supporting the integration of the Annex and all HIV/AIDS commodities into an improved MOH supply chain system, which includes strengthening the roles and capacities of other government institutions such as the National Food & Drug Department, the National Pharmacy unit and the National Blood Transfusion Service in addition to the MMU. This coordination has also led to the establishment in March 2008 of a SCMS supported mini-lab for drug quality assurance at the MMU Annex facility run by MOH staff in collaboration with the Food & Drug department.

There are currently 2,185 persons on ART in Guyana, including 134 (8%) pediatric cases. The aggregation of ten cohorts beginning in 2006, from January through October, showed that nearly 75% of the patients were still alive and on ART after twelve months. To effectively meet the procurement needs of the ART program in Guyana, the USG has coordinated closely with the MOH and the Global Fund. In FY09 the Global Fund will purchase all adult first line ARVs and the Clinton Foundation is planning to procure pediatric first and second line ARVs. PEPFAR will continue to procure adult second line and has committed to continue covering any gaps in pediatric first and second line ARV and emergency first line ARVs as needed. The government of Guyana has facilitated the registration of all ARVs that have been purchased for the national program. The national standard treatment guidelines in Guyana were revised in FY07 and the standard first line treatment includes tenofovir, an ARV previously only used in

their second line regime. As the MOH is the Global Fund principal recipient, all procurement of Global Fund funded first line ARVs has recently transitioned to the MMU procurement department. The USG will support SCMS technical assistance to this department in international procurement processes including tendering and contract negotiation to help strengthen their capacity for the procurement of ARVs and other commodities.

With SCMS assistance the Annex warehouse continues to represent warehousing best practice and with the implementation of the MACs warehousing management system in late 2007, the MMU is the first completely automated public sector health warehouse in the region. This system has greatly increased the efficiency, responsiveness and transparency of MMU operations and with USG support an electronic requisition system that links to MACs has been successfully piloted in 2008 to six regional sites and will be rolled out to the rest in FY09. The MMU Annex has received multiple visits from international delegations, including from the Rwandan central medical stores, to share their model of public health supply chain best practices. In FY09, SCMS will continue to support the institutionalization of the warehousing system and emphasize inventory management at regional stores and sites. At the treatment sites, the inventory of ARVs is managed manually and electronically with the ARV Dispensing Tool (ADT). Treatment sites are required to reorder on a monthly basis and are guided by the data collected in ADT as per the number of patients on each ARV regimen. This reduces the chances of overstocking and incurring expiry. Working together with all key donors and treatment partners who form part of the MOH led formulary committee; SCMS has coordinated a national quantification of ARV and other commodity needs in FY08. The issuance of items or consumption correlated to number of patients treated has been used to prepare a forecast of needs based on actual usage. An inventory system and ARV dispensing tool was piloted in 06 and during 07 was introduced and is now maintained at each supported facility.

Distribution represents a challenge in Guyana, especially to the more remote hinterland facilities where roads are non-existent. ARV distribution has been more straightforward as ART sites are limited in number and the remote regions are served by mobile ART clinics. For all other HIV/AIDS commodities, the USG will work through SCMS with the MOH to identify alternative distribution mechanisms, including leveraging NGO flights to the hinterland regions and private sector distribution routes.

Human resource limitations continue to be a challenge across the health sector in Guyana and supply chain management is no exception. The USG has supported comprehensive supply chain training for MOH supply chain staff, including a course with SCMS private sector South African partner the Fuel group. Capacity building includes formal training in supply chain best practice, quantification software and day to day mentoring at the Annex facility. In FY09 the USG will continue to support capacity building in all supply chain management areas and work with the MMU to identify strategies for staff retention.

Strong government and other key stakeholder commitment to strengthening the HIV/AIDS commodity supply chain has created an enabling environment in Guyana for needed supply chain improvements. The collaboration between USG, World Bank, Global Fund and the MOH has continued over the past year as Guyana was one of the first countries selected for multi-donor coordinated procurement planning initiative. In March 2008, representatives from the World Bank, Global Fund, InterAmerican Development Bank and the USG met once again with the MOH to develop a strategy and finalize plans and donor commitment to the new MMU site and infrastructure, and coordination of procurement based on donor budget cycles. The USG is providing technical assistance including design and oversight for the construction of the new MMU facility and this support will continue in 2009 with the construction itself funded by the IADB and the World Bank.

**Table 3.3.15: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 5247.09	<b>Mechanism:</b> Track 1 AIDS Relief
<b>Prime Partner:</b> Catholic Relief Services	<b>USG Agency:</b> HHS/Health Resources Services Administration
<b>Funding Source:</b> Central GHCS (State)	<b>Program Area:</b> ARV Drugs
<b>Budget Code:</b> HTXD	<b>Program Budget Code:</b> 15
<b>Activity ID:</b> 16032.27051.09	<b>Planned Funds:</b> \$27,832
<b>Activity System ID:</b> 27051	

**Activity Narrative:** AIDSRelief continues to support HIV care and treatment services in both the private and public sector through its clinical core team composed of an Infectious Disease specialist and a Community Outreach/Adherence Specialist from IHV, and clinical and counseling staff at the LPTF. In the public sector AIDSRelief continues to support Bartica Public Hospital, and continues to facilitate linkages with Mazaruni Prison and complementary HIV services (e.g. PMTCT). Frequent onsite visits are made regularly by both the AIDSRelief supported HIV physicians. AIDSRelief maintains close contact with the adherence nurse coordinator in order to discuss any problems that may have arisen.

In the private sector AIDSRelief continues to support St. Joseph Mercy Hospital (SJM) and Davis Memorial Hospital, which are both located in Region 4 and are the only faith-based hospitals in Guyana.

AIDSRelief through University of Maryland's Institute of Human Virology (UMSOM-IHV) will continue to build local HIV technical capacity with increasing attention to pediatric and adolescent HIV treatment, palliative care and diagnosing and management of opportunistic infections (OIs).

The clinical core team will continue to provide ongoing support and assistance to the LPTFs through didactics and on-site mentoring, and additionally liaises with USG in-country and MOH partners on technical issues related to HIV care and treatment. AIDSRelief will provide additional technical assistance in the areas of psychosocial support, pharmacy support, adherence, laboratory monitoring, strategic information and financial management.

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

In order to ensure that high quality care is being delivered, AIDSRelief will continue to monitor for unmet needs in the health care delivery system through the AIDSRelief Continuous Quality Assurance/Quality Improvement program. This will be implemented with six fundamental components: 1) continuous observation and measurement of standards of care delivery and program management, 2) measuring success of treatment outcomes through viral suppression, immune reconstitution, morbidity, mortality, and lost to follow up over time, 3) linking available patient health information and program characteristics as a predictor of treatment outcomes, 4) collecting information on adherence to treatment and treatment support, 5) comprehensive and useful feedback of the information, and 6) utilization of outcomes analysis to design site specific improvement activities. Through this continuous quality improvement plan, sites (with technical assistance from IHV and Constella Futures) will be able to use data to affect change in the quality of service provided.

AIDSRelief will also continue to augment capacity and services at its LPTFs and strengthen linkages with complementary services (i.e. home based care, nutritional support, family planning services) in order to provide greater access to care and treatment services.

**Targets:**

- 3 service outlets providing antiretroviral therapy.
- 273 individuals newly initiating antiretroviral therapy during the reporting period
- 1200 individual who ever received antiretroviral therapy by the end of the reporting period
- 1020 individuals receiving antiretroviral therapy at the end of the reporting period
- 60 health workers trained to deliver ART services according to national and/or international standards.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 16032

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16032	16032.08	HHS/Health Resources Services Administration	Catholic Relief Services	6265	5247.08	Track 1 AIDS Relief	\$27,832

**Table 3.3.15: Activities by Funding Mechanism**

**Mechanism ID:** 6703.09 **Mechanism:** Supply Chain Management System  
**Prime Partner:** Partnership for Supply Chain Management **USG Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State) **Program Area:** ARV Drugs

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**Budget Code:** HTXD

**Program Budget Code:** 15

**Activity ID:** 3153.22627.09

**Planned Funds:** \$2,165,032

**Activity System ID:** 22627

## Activity Narrative: Continuing Activity

Important to note that in FY09 there will be an increased level of effort focused on the completion of a joint-donor funded warehouse facility with SCMS providing technical support and internal fittings/equipment upon completion. Also, in FY09, costs previously funded through HQ core funding have been transferred to field budgets.

### Back ground

The Supply Chain Management System (SCMS) Guyana Strategic Planning Workshop for 2008 and Beyond was held in March 2008 to identify challenges and opportunities for SCMS intervention to address some of Guyana's most pressing health commodity supply chain issues. Participants included a broad base of stakeholders and other experts from across the Guyanese health commodity supply chain infrastructure including the Ministry of Health, its operational units including its Management Information Unit, Materials Management Unit, and Food and Drug Department, as well as technical experts from SCMS. Participants then oriented their discussions around the elements of the SCMS Logistics Framework. The results of these discussions provides the basis for SCMS working planning activities for 2008 and beyond. Moving forward, activities identified have been incorporated into SCMS work planning activities. The work plan has drawn from these strategic discussions and planning process, examined each of the logistics component areas using the SCMS Logistics Framework. It also captured the long-term strategies to resolve each of the identified technical and cross-cutting issues.

### Activities

In close partnership with the MOH and with other incountry and international stakeholders and donors SCMS in its vision to transform health care delivery ensuring that quality medicines and health care commodities reach the people living with and affected by HIV/AIDS in Guyana. SCMS will strengthen the national supply chain systems and by doing so, innovative solutions will be deployed to assist the MOH to enhance their supply chain capacity in the areas of product selection, quantification, procurement, inventory control, warehousing and storage, transport and distribution, product use and MIS and to ensure that accurate supply chain information is collected, shared and used. While work on these and other activities continues, SCMS has also established an effective relationship with the MoH and works especially closely with the MMU toward the improvement of MMU capacity as well as the capacity of supply chain implementing partners across the broader Guyanese Health Commodities Logistics System. Following are the planned and continued/extended activities of SCMS Guyana based on the Strategic Review and Planning session in March 08.

**Product selection :** Defined as the processes that are followed in the selection of products that support prevention, treatment, and care. Product Selection has been identified as an essential area for support because it focused on ensuring that HIV/AIDS patients received the right medicines and therapies. SCMS will support Guyana to implement Standard Treatment Guidelines and promote rationale drug use through Education, and Monitoring and evaluation (M&E). Will also enhance drug registration capability.

**Quantification :** Ongoing national level forecasting, quantification and supply planning of ARVs, RTKs and Lab reagents represented a good opportunity for streamlining, simplifying, and thus improving the national health commodities logistics systems and effective contributions towards an integrated procurement planning. SCMS will improve the accuracy of accurate, routine national quantification of medicines and consumables for data-driven decision making to improve the accuracy of facility level requirements and orders. National level forecasting and quantification will not only provide the needs based on the actual usage but also will be able to help the donors to allocate their budgets in a more efficient and accurate manner with an understanding of what the actual ARV and related commodity needs are. SCMS plans to establish a primary and secondary data requirements for a Central Data Repository and a Service Delivery Point dispensing tool that aids quantification covering patient, morbidity and consumption data. SCMS strives to promote accurate data collection and dissemination for use in completing quantifications, building capacity to conduct quantifications and transferring skills, plans to train leaders from within the MOH and donor programs in the application of quantification tools.

**Procurement :** SCMS will continue its work in harmonizing and integrated procurement planning with all donors and with the MOH. By developing 2 years quantification and a years rolling supply plans with quarterly reviews of the forecast assure continued availability, averting imminent stockout situations and avoidance of stock outs in country. SCMS will procure medications for adult 1st and 2nd line antiretroviral (ARV) therapy (1st line procurements will be dependent on whether the supply of drugs procured through GFATM are sufficient or when supplies do not arrive timely due to several reasons) and also will be resuming procurement of both 1st. and 2nd. line Paediatrics when Clinton foundation withdraws its support in 2009. SCMS will support MMU/MOH in the area of Procurement focused on training/capacity building, harmonizing/ centralizing the procurement function. SCMS will also continue procurement of CDC funded commodities as RTKs, Labs Reagents for FXB and NBTS. Training of the clients in the order management tool ( Client Resource Manager ) will also provide better services to clients in keeping track of their orders. SCMS's collaborative efforts with CDC and MOH to establish a National standard list of medical/lab supplies and equipments also will help in the standardization of all supplies and equipments and to develop service contracts for maintaining equipments.

**Inventory Control , Warehousing and Storage :** SCMS has been providing a continuous technical support to the operations and management of MMU through both in country, external TA and trainings. SCMS strives to build capacity and develop tools and training to streamline inventory control and warehousing and storage procedures. Technical support to establish effective inventory control and warehousing processes is another major area of support SCMS has provide. With the implementation and introduction of the MACS inventory management system since October of 2007. location mapping, accuracy of all receipts, transactions, dispatches, replenishments has improved enormously. SCMS will continue to support the operations management of the annex warehouse and aim to establish a single warehousing management where ordering, receiving and updated records form part of proper inventory tracking systems and good

**Activity Narrative:** warehouse practices are demonstrated in storage and management of ARVs, and HIV commodities. The joint warehouse operations and management and an ongoing transfer of skills and cross fertilization in good warehousing practices and maintaining systems and disciplines has helped the MOH overall inventory, warehousing and storage management at the central level. SCMS has engaged in a partnership with the MMU to enhance technical skills in the areas of warehouse and inventory management, data management and procurement. SCMS has also worked closely with the MMU to increase capacity in terms of new facilities and equipment. Most recently, SCMS has worked with MMU leadership to support the design and construction of a new, consolidated warehouse and distribution center. SCMS will provide technical support, supervision and to assist in the provision of a multi donor funding partnership for the state of the art facility for warehousing of all pharmaceuticals and medical supplies in one fit for purpose facility. While building capacity, SCMS also aims to develop options for establishing total Quality Management Systems at the MMU. QMS is a set of policies, processes and procedures required for planning and execution of core functions of an organization.

**Transport and Distribution :** Distribution plans for some programs, regions and facilities are in place and in existence, but due to exist, geographic and environmental constraints there is an inefficient and ineffective use of available vehicles. SCMS will support in the area of transport and distribution focused on assessing distribution processes and rationalizing equipment used for distribution and conducting a cost/benefit analysis of transportation functions. This is important and critical as MMU wants to ensure that all health commodities are received and distributed with integrity, with routine/timely dispensing to site and that they all maintain product integrity with optimum storage for transport facilities from point of receipt to point of dispensing SCMS will complete a cost benefit analysis of in-house and out sourcing of transportation functions including collaboration with NGOs and use of marine and air options.

**Strategic Information--INCLUDED IN SI SECTION-- (Logistics Management Information System):** Improving the information system at both the central and facility level is vital in having a secure and reliable supply chain to make sure that accurate information is generated and systematically reported. SCMS provide support in the area of MIS/LMIS focused on harmonizing policy, advocacy and establishing data collection and data communication systems. The ability to collect accurate data and communicate that data through MIS systems are a key part of the overall MIS strategy and an area where SCMS has been providing support. SCMS has provided technical assistance to improve the central a level information system for supply chain management to ensure strategic information is readily available to drive decisions for key stakeholders, e.g. Ministry of Health, Ministry of Finance, donors, and implementing partners. For the remote site connectivity and in improving information transfer between central and facility level, a pilot inter based option of transferring facility level requisition for Pharmaceuticals and commodities to the central level and an IT infrastructure assessment has been completed. SCMS will develop a phase wise migration plan in discussion with the MOH for options to transfer information from facilities to central level.

**Performance Management :** The comprehensive and integrated approach of SCMS has reached a broader context in not only improving the systems nor building capacity through transfer of skills and training programs but also from the sustainability and quality assurance perspectives, SCMS will be developing a performance management strategic framework to facilitate the aggregation of M&E data from the field level to the overall project level. SCMS will provide support and assistance to MMU to develop their performance management and evaluation capacity. Establishing key performance indicators and benchmark performance metrics will help support the continued improvement of the MMU and form the basis for a sustainable monitoring and evaluation plan that the MOH can utilize over the long term.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 14080

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14080	3153.08	U.S. Agency for International Development	Partnership for Supply Chain Management	6703	6703.08	Supply Chain Management System	\$2,250,000
8209	3153.07	U.S. Agency for International Development	Partnership for Supply Chain Management	4772	4025.07	Supply Chain Management System	\$2,750,000
3153	3153.06	U.S. Agency for International Development	Partnership for Supply Chain Management	4025	4025.06	Supply Chain Management System	\$2,775,000



expanding role of NPHRL these staff numbers will not be sufficient. USG will support additional technical and some key administrative staff at NPHRL through the MOH CoAg.

CDC continues to fund laboratory support to all care and treatment programs in-country in coordination with FXB and AIDSRelief. CD4 testing is available for all treatment sites but is conducted at the NPHRL (3 FACSCounts provided by CDC). NPHRL will continue to participate in EQA for CD4 testing. Treatment centers will continue to transfer specimens to Georgetown through the existing specimen transport system. With the introduction of the NPHRL and provision of laboratory services to hinterland regions, it will be necessary to develop a stronger sample transportation and courier system. In FY09 AIDSRelief will provide CD4 testing at 3 care and treatment sites (1 Guava, 2 manual). In FY09 NPHRL will provide CD4% testing for pediatric staging. Clinton Foundation will support provision of these reagents until the end of 2009. In FY 08 CDC in collaboration with MOH established External Quality Assurance programs and proficiency testing for HIV rapid testing and for core parameters of chemistry/hematology at all regional laboratories and 10 VCT sites. Guyana National Bureau of Standards has adopted the ISO15189 standard as the basis for certification of clinical laboratories and CDC will support the certification of NPHRL and two regional laboratories in FY09. Through collaboration with ASCP, CDC will continue to provide technical assistance on routine chemistry/hematology (regional roll-out), advanced hematology (NPHRL) and lab management (NPHRL). In FY09 the twinning of NPHRL with North Carolina State Laboratory of Public Health (NCSLPH) will continue and NCSLPH will continue to provide technical assistance on all aspects of public health laboratory services. The QA department established at the MOH has transitioned to NPHRL. NPHRL will be providing EQA and training for all care and treatment related laboratory services. CDC will support funding for routine fieldwork and travel associated with EQA and regional training associated with clinical monitoring, DBS collection, and TB smear microscopy.

Hematology and chemistry profiles needed for the monitoring of patients on ARV are available at the CML and will be available at NPHRL. CDC will continue to provide 25% of chemistry /hematology reagents to the CML and all chemistry/hematology reagents to NPHRL once the latter takes over HIV-related routine clinical monitoring. Routine monitoring is hampered at the regional hospital laboratories due to the lack of reliable equipment, inadequate implementation of maintenance protocols, and recurrent shortages of reagents. CDC will continue work with SCMS and MMU, MOH to ensure a better supply chain management system for these reagents and other laboratory supplies during FY09. In FY09, CDC will support the development of laboratory infrastructure and procurement of chemistry/hematology reagents for the 4 regional laboratories. CDC will coordinate with World Bank to ensure the provision of automated Chemistry/Hematology equipment at regional labs. The ASCP, in collaboration with CDC, began providing training in chemistry and hematology testing in FY07 that will continue in FY09.

USG works closely with other agencies in Guyana to support and coordinate laboratory services. The Canadian Society for International Health (CSIH) has implemented TB culturing at the CML and TB smears at all regional laboratories. This program ended in Sep 07 and has been taken over by MOH/GF but greater support is required particularly in the areas of advanced diagnostics (drug susceptibility testing for MDR-TB). The NPHRL is a Biological Safety Level II facility designed to be easily modified to a BSL III level in the future. In FY09 CDC will support the NPHRL to develop of molecular tests for MDR-TB and implement fluorescence microscopy to enhance diagnosis of TB in the presence of HIV. The availability of fluorescence microscopy will also assist in enhancing diagnosis of other OIs and STIs by the use of direct fluorescence assays.

The Clinton Foundation did not support the purchase of equipment to conduct DNA polymerase chain reaction (PCR) for infant testing in FY08, however they have, with MOH, implemented an EID program where samples are sent to NICD in South Africa. The effectiveness of this system (specimen collection, transport, delivery, result turn around times) will be evaluated in FY09 and capacity strengthened as needed. DNA PCR equipment will be procured by GF in FY09 and EID established at NPHRL so that Guyana will no longer have to send samples overseas. CF will fund DNA PCR reagents until the end of 2009. In order to ensure continuity of this activity, USG will support this activity for the remainder of FY 09. This technology will be accessible to patients from all care and treatment sites in the non-profit sector. These specialized services will occur under the control of the NPHRL to ensure uniform coverage, minimize duplication, and enforce strong QA/QC standards. Presently there is no HIV drug resistance monitoring in Guyana. A clinical and laboratory protocol will be developed by MoH in FY09 and CDC will support linkages with certified laboratories for initial testing until drug resistance monitoring becomes available at NPHRL.

Human resource shortages remain a primary limitation for implementation and sustainability of programs in Guyana. USG will work closely with MOH on strategies for staff retention. Through both a new technologically advanced physical structure and a clear institutional vision and plan, the NPHRL will serve as an incentive for laboratory staff to stay and work in Guyana. USG will advocate for efforts to link the University of Guyana laboratory programs to the new national laboratory in order to enhance pre-service training and create segues to the public health laboratory system; through the ASCP CDC will also support the development of an approved certification program, and required courses, for lab personnel as well as for training for identified critical positions. A NPHRL training strategy will be developed and used to prioritize training for PEPFAR supported priorities. These enhancements will aid in recruitment of new graduates and provide opportunities for professional advancement in Guyana as an alternative to emigration. GOG has recognized ASCP to be sole certifying body for medical technologists in Guyana. GSCP was launched as an arm of ASCPi. This will provide an impetus for the medical technology body of Guyana in terms of professional development and international recognition for local medical technologists. A pre-service curriculum needs assessment done by ASCP.

**Table 3.3.16: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 6703.09	<b>Mechanism:</b> Supply Chain Management System
<b>Prime Partner:</b> Partnership for Supply Chain Management	<b>USG Agency:</b> U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** Laboratory Infrastructure

**Budget Code:** HLAB

**Program Budget Code:** 16

**Activity ID:** 8211.22628.09

**Planned Funds:** \$281,406

**Activity System ID:** 22628

**Activity Narrative:** Over the last four years CDC Guyana has supported laboratory functions on multiple levels including funding for laboratory supplies, supply procurement and distribution of various commodities like reagents, basic laboratory equipment and supplies and consumables such as gloves and blood tubes. In FY09 CDC will continue this support through SCMS. In FY09 SCMS will procure and distribute CD4 reagents required for CD4 enumeration for clients accessing care and treatment at all MOH care and treatment sites. CD4 enumeration will be done centrally at National Public Health Reference Laboratory. SCMS will procure and distribute 25% of all hematology and chemistry reagents used at the Central Medical Laboratory (Georgetown Public Hospital) and four regional laboratories. Routine hematology and chemistry testing for national care and treatment sites which do not have chemistry/hematology capacity (including National Care and Treatment Centre) will be done at NPHRL and SCMS will also procure the required reagents for this activity. NPHRL is expected to become a centre of excellence for diagnosis of opportunistic infections. SCMS will assist MOH with the procurement of specialized reagents and consumables required to fulfill this role. SCMS will also work closely with the MOH to identify gaps in equipment/reagent support at NPHRL and regional/district laboratories and assist in the procurement of those items required for delivery of quality laboratory services in support of HIV care and treatment programs. SCMS will continue to coordinate closely with MOH and CDC on reagent forecasting, procurement orders and auditing to ensure that there are no interruptions in service delivery.”

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 12748

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12748	8211.08	U.S. Agency for International Development	Partnership for Supply Chain Management	6703	6703.08	Supply Chain Management System	\$146,650
8211	8211.07	U.S. Agency for International Development	Partnership for Supply Chain Management	4772	4025.07	Supply Chain Management System	\$200,000

**Emphasis Areas**

Health-related Wraparound Programs

\* Safe Motherhood

**Human Capacity Development**

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.16: Activities by Funding Mechanism**

**Mechanism ID:** 135.09

**Mechanism:** CDC Program Support

**Prime Partner:** US Centers for Disease Control and Prevention

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Laboratory Infrastructure

**Budget Code:** HLAB

**Program Budget Code:** 16

**Activity ID:** 8110.25366.09

**Planned Funds:** \$167,125

**Activity System ID:** 25366

**Activity Narrative:** Over the last four years CDC provided HIV rapid test kits and consumables to all VCT and PMTCT sites, QA oversight to all HIV rapid testing sites, leadership, technical assistance, and policy support for the establishment of the NPHRL, and technical and reagent support to referral and regional laboratories. In FY07 CDC changed from purchasing and distributing directly HIV rapid test kits, consumables, and reagents for CD4, hematology and chemistry to providing funding to the SCMS for this activity. In FY09 CDC will continue to fund SCMS for these products and work closely with SCMS on reagent forecasting, procurement orders, and audits of distribution of these items at program sites. CDC will continue to provide Quality Assurance (QA) oversight for HIV rapid testing for the referral and regional hospital laboratories that support the HIV program, working in collaboration with MOH and FXB. The National Public Health Reference Laboratory building was completed and handed over to the MOH in July 2008. All HIV QA, CD4, and care and treatment monitoring activities will transition to the NPHRL in FY08 and CDC will continue to support these activities at NPHRL in FY09. In FY08 CDC provided in-country technical liaison for the NPHRL design to the CDC-Atlanta technical review team and also provided oversight of the contract for the NPHRL construction project; construction started in August 2007 and ended in July 2008. CDC will continue to provide technical and policy support to the MOH for development of the staffing structure, facility maintenance, development of new laboratory services (of early infant diagnosis, HIV viral load monitoring and TB DST) and local certification for the NPHRL. In FY09 CDC through the MOH Co-Ag will support some staffing, facility and equipment maintenance, and staff training for the NPHRL. Reagent support for HIV care and treatment related laboratory services (referral and regional sites) will be provided through SCMS. Training and technical assistance required for implementation will also be provided by laboratory Co-Ag partners APHL, ASCP, and ASM. APHL will also facilitate the twinning of NPHRL with the North Carolina State Laboratory of Public Health (NCSLPH). In FY08 CDC, through a Personal Service Contract (PSC), provided a senior laboratory advisor to assist the MOH to establish procedures and policies and set up the operation of the NPHRL (July 08 onwards). The Advisor will also provide guidance to the laboratory director in both technical and managerial areas and support training activities and provide overall technical expertise on laboratory management to the MOH. The PSC activity is funded with GHCS funds and will continue in FY09. MOH through Global Fund will procure DNA PCR equipment and CDC will continue to provide technical assist to the MOH in the implementation of early infant diagnosis at the NPHRL. Reagent support will be provided by Clinton Foundation until Dec 08. The CDC office will continue to provide coordination and support for special studies as well as assistance with planning the laboratory processes for surveillance surveys during 2009. In FY 08 MOH supported enrolment of CML, regional laboratories and VCT sites in an External Quality Assurance program. These activities will be supported by CDC and will continue in FY09 with enrollment in EQA programs extended to a greater number of sites, including NPHRL. In FY09 CDC through MOH Co-Ag will support QA managers at NPHRL to travel to regional/district laboratories and VCT sites to provide oversight, training and assessment of compliance with QA programs. All CDC lab activities are coordinated by the above mentioned senior laboratory advisor.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 12728

#### Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12728	8110.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	6273	135.08	CDC Program Support	\$65,162
8110	8110.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4727	135.07	CDC Program Support	\$145,000

**Emphasis Areas**

Health-related Wraparound Programs

\* TB

**Human Capacity Development**

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.16: Activities by Funding Mechanism**

**Mechanism ID:** 6276.09

**Mechanism:** FXB

**Prime Partner:** University of Medicine and  
Dentistry, New Jersey -  
Francois-Xavier Bagnoud  
Center

**USG Agency:** HHS/Centers for Disease  
Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Laboratory Infrastructure

**Budget Code:** HLAB

**Program Budget Code:** 16

**Activity ID:** 16456.25163.09

**Planned Funds:** \$100,000

**Activity System ID:** 25163

**Activity Narrative:** Due to the transition of the CD4 suite and staff to the NPHRL in FY'08, FXB will not have responsibility for the management of the CD4 testing suite; therefore, the targets for number of laboratories with CD4 testing capacity and for the number of tests conducted have been removed.

In FY'08 FXB continued to provide laboratory support for HIV care and treatment services in Guyana and transitioned the management and human resource support for the CD4 testing suite to the Ministry of Health (MOH) - National Public Health Reference Laboratory (NPHRL). FXB's support in FY'09 will include the provision of ongoing technical assistance with emphasis on increasing coverage and scope of laboratory services available to PLHIV, ensuring quality and accuracy of laboratory test results through maintenance of quality management systems and staff training, and continued support for NPHRL operations.

FXB will provide technical assistance for increased laboratory coverage to meet the needs of HIV-infected patients across Guyana through close collaboration with the NPHRL, American Society for Clinical Pathology (ASCP) and Central Medical Laboratory (CML) at Georgetown Public Hospital Corporation, to coordinate training on existing (ELISA, CD4, chemistry and hematology) and new laboratory assays. FXB will also provide technical support for the procurement and maintenance of adequate stock levels of the requisite laboratory equipment, reagents and consumables.

FXB will provide technical assistance for the implementation and monitoring of QA/QC/QI measures, which will include providing assistance to the NPHRL for the maintenance of "satisfactory" ratings from the external CD4 proficiency testing programs with Health Canada, CAREC and UK NEQAS. FXB will collaborate with the MOH – Department of Technical Standards to implement laboratory quality systems regionally, monitor laboratory quality systems at CML and conduct site visits to hospital laboratories and specific clinical sites to provide oversight and monitoring of HIV rapid and/or CD4 assaying. FXB will collaborate with PAHO and the MOH – National Blood Transfusion Services (NBTS) to provide oversight and monitoring for safe blood donation, screening, storage and dispensing; update SOPs for existing laboratory assays and develop SOPs for new laboratory assays.

FXB will provide technical assistance to enhance the quality and consistency of laboratory services in Guyana with primary focus on collaborating with the NPHRL, NBTS, CML and regional hospital laboratories to support ongoing training and cross-training in ELISA, CD4, hematology and chemistry assaying.

FXB will continue to work collaboratively with the MOH and CDC to refine and implement a long-term strategic plan for sustained laboratory capacity. As part of this regard FXB will continue to provide ongoing technical assistance for NPHRL operations and for the introduction of laboratory assays to support diagnosis and clinical management of HIV infection in infants (HIV DNA PCR) and adults (HIV RNA PCR), opportunistic (including TB) and sexually transmitted infections, and resistance to HIV or TB drugs. This will entail the development of protocols, validation processes and/or correlation studies, SOPs, and training packages for each such laboratory assay.

Laboratory Infrastructure Target  
Number of individuals trained in the provision of laboratory-related activities 70

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 16456

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16456	16456.08	HHS/Centers for Disease Control & Prevention	Francois Xavier Bagnoud Center	7435	7435.08	Lab TA	\$400,000

### Emphasis Areas

Gender

\* Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

\* TB

### Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development      \$50,000

### Public Health Evaluation

### Food and Nutrition: Policy, Tools, and Service Delivery

### Food and Nutrition: Commodities

### Economic Strengthening

### Education

### Water

**Table 3.3.16: Activities by Funding Mechanism**

**Mechanism ID:** 8667.09

**Mechanism:** H/A Prev & Prgm Dev & TA  
Collab

**Prime Partner:** American Public Health  
Laboratories

**USG Agency:** HHS/Centers for Disease  
Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Laboratory Infrastructure

**Budget Code:** HLAB

**Program Budget Code:** 16

**Activity ID:** 19382.25144.09

**Planned Funds:** \$100,000

**Activity System ID:** 25144

**Activity Narrative:** The National Public Health Reference Laboratory (NPHRL) (housed in the National Public Health Institute which consists of the National care and Treatment Centre and NPHRL) was handed over to the Ministry of Health, Guyana (MoH) on the 3rd of July 2008. The NPHRL will be the first reference level laboratory in Guyana with laboratory services to include HIV early infant diagnosis and viral load monitoring and TB drug sensitivity testing. These would be new techniques to Guyana and the staff of the NPHRL would require extensive technical training in the above areas (among others) and in the laboratory management skills required for a reference level public health laboratory. On-going training and mentoring of NPHRL staff will be required in order to build staff capacity to a level whereby the NPHRL could be locally and internationally certified.

In order to achieve this APHL will facilitate the twinning of the NPHRL with the North Carolina State Laboratory of Public Health (NCLSPH), a multifunctional, reference laboratory serving the population of the state of North Carolina. Approximately 200 employees function in the NCLSPH system of one central laboratory, three regional laboratories, and four regionally based technical laboratory consultants. The lab is comprised of eight organizational units that include Administration, Microbiology, Virology/Serology, Cancer Cytology, Laboratory Improvement, Newborn Screening, Laboratory Preparedness, and Environmental Sciences. The experience that NCLSPH has in laboratory techniques, organization, administration, and human resources will be of enormous benefit to the NPHRL, not only for the capacity development of the NPHRL but also for the establishment of linkages between NPHRL and local and international laboratories in order to fulfill its role as a the National Public Health Reference Laboratory of Guyana.

APHL and NCLSPH will continue to work with CDC and MoH on projects initiated in FY 08 (needs assessment, Microbiology/Immunology training at NPHRL, technical assistance on developing a laboratory network in Guyana, and technical assistance on developing NPHRL policies, standard operating procedures and quality assurance plan) and continually identify training needs and other areas of technical assistance as the NPHRL develops and initiates new laboratory services. APHL will also facilitate attachments and training at NCLSPH for key management and technical staff at NPHRL. This will expose the participants to a high complexity laboratory, the most recent methods used, and new developments in medical laboratory science and assist in developing the technical and management skills of key NPHRL personnel.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 19382

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19382	19382.08	HHS/Centers for Disease Control & Prevention	American Public Health Laboratories	8667	8667.08	New 06 - LAB 1	\$0

**Emphasis Areas**

Health-related Wraparound Programs

\* TB

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$100,000

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.16: Activities by Funding Mechanism**

**Mechanism ID:** 3717.09 **Mechanism:** Department of Defense  
**Prime Partner:** US Department of Defense **USG Agency:** Department of Defense  
**Funding Source:** GHCS (State) **Program Area:** Laboratory Infrastructure  
**Budget Code:** HLAB **Program Budget Code:** 16  
**Activity ID:** 5307.25097.09 **Planned Funds:** \$54,000

**Activity System ID:** 25097

**Activity Narrative:** Continuing Activity

This activity will support the procurement of equipment and commodities to improve the care and support of HIV-infected individuals. Laboratory personnel will be trained in the utilization of laboratory equipment and data management. This activity will link with CT, TB, and care and treatment services by providing ancillary support for rapid HIV testing and STI and TB diagnosis. Logistics mechanisms will be sought after to ensure sustainability of laboratory capabilities. GDF laboratory technicians will be trained to parallel the skills and capabilities of laboratory technicians functioning in civilian laboratories.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13883

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13883	5307.08	Department of Defense	US Department of Defense	6640	3717.08	Department of Defense	\$0
8485	5307.07	Department of Defense	Center for Disaster and Humanitarian Assistance Medicine	4451	3717.07	Department of Defense	\$50,000
5307	5307.06	Department of Defense	Center for Disaster and Humanitarian Assistance Medicine	3717	3717.06	Department of Defense	\$60,000

- Emphasis Areas**
- Military Populations
- Human Capacity Development**
- Public Health Evaluation**
- Food and Nutrition: Policy, Tools, and Service Delivery**
- Food and Nutrition: Commodities**
- Economic Strengthening**
- Education**
- Water**

**Table 3.3.16: Activities by Funding Mechanism**

**Mechanism ID:** 2246.09 **Mechanism:** Ministry of Health, Guyana

**Prime Partner:** Ministry of Health, Guyana

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Laboratory Infrastructure

**Budget Code:** HLAB

**Program Budget Code:** 16

**Activity ID:** 16055.25152.09

**Planned Funds:** \$180,000

**Activity System ID:** 25152

**Activity Narrative:** Over the last four years, MOH has implemented HIV rapid testing at PMTCT and VCT sites, provided infrastructural support for CD4 testing, provided technical, policy, human resources, and equipment support for National Public Health Reference Laboratory (NPHRL), and in collaboration with the EU laboratory strengthening project has strengthened the Quality Assurance (QA) program at central, regional and district laboratories. In FY09, MOH laboratory activities will be aligned to the objectives of the National Strategic Plan for Medical Laboratories 2008-2011. The main focus of MOH laboratory activities in FY09 will be to support laboratory services required for the delivery of HIV care and treatment programs.

The bulk of these activities will be concentrated at the NPHRL and will include CD4 enumeration, chemistry and hematology for drug toxicity monitoring and HIV rapid testing (for some VCT/PMTCT sites) and confirmatory testing for all public sector care and treatment sites (including the regional sites as required). In early FY08 CD4 enumeration for all public sector care and treatment sites was done at Central Medical Laboratory (CML), Georgetown Public Hospital Corporation. This function has now transitioned to NPHRL. HIV rapid/confirmatory testing and drug toxicity monitoring will also transition to NPHRL in late FY08 pending provision of appropriate laboratory equipment by MOH through Global Fund monies. In FY09 MOH will ensure that the NPHRL and the care and treatment sites have the appropriate equipment required for the delivery of high quality laboratory services. In FY 09 CDC will provide CD4 (NPHRL only), and chemistry and hematology reagents required for HIV care and treatment programs to NPHRL and 4 regional care and treatment sites through SCMS. MOH will ensure that these facilities are adequately equipped and have appropriate infrastructure in place for automated testing and ensure that appropriate equipment service contracts are in place.

In FY09 MOH will continue, with technical assistance from CDC, to develop laboratory services at NPHRL to include HIV early infant diagnosis, viral load monitoring, and TB drug sensitivity testing. In FY 08 MOH in collaboration with the Clinton Foundation and CDC implemented a protocol for pediatric testing that included a system for shipping of specimens to an external reference lab until DNA PCR technology became available in Guyana. The procurement of DNA PCR equipment (Global Fund) will occur by the end of FY08. In FY09, the MOH will work closely with CDC (installation, training and TA) and Clinton Foundation (reagents) to establish early infant diagnosis at NPHRL. In FY09 MOH with assistance from CDC will continue to maintain and improve the laboratory TB program developed by Canadian Society for International Health. This will involve training and procurement of reagents. MOH will expand the range of OI to PCP, HSV and Cryptococcus in FY09. Establishment of TB drug sensitivity testing in Guyana will be a major area of focus in FY09.

In FY 09 the MOH will continue to invest in the maintenance of the NPHRL by funding a facility manager position and by ensuring that the appropriate facility service contracts (e.g. cleaning, security, maintenance) are in place. In FY 09 MOH with support from CDC and other in-country partners will ensure that there are clear plans for staffing of the NPHRL in the near and far term. As the NPHRL will require staff not currently listed on the public service establishment this may require the MOH to hire contract staff to fill key positions until they can be put on the establishment. In FY09 MOH will continue to fund NPHRL staff positions funded in FY08.

In collaboration with CDC and ASCP MOH will continue to roll out training in hematology and chemistry to the regional laboratories. Additionally, MOH will be working closely with ASCP to establish local certifying board exams which will pave the way for local technologists to acquire the International ASCP certification. This will involve review of the Medical Technology curriculum at the University of Guyana which will be a continuous collaboration among ASCP, MOH and the University of Guyana. MOH will work closely with CDC, FXB, APHL, and ASCP to identify training required for NPHRL and regional/district hospital laboratory staff and facilitate local training and international training for key technical and managerial personnel.

In FY 08 MOH supported enrolment of CML, regional laboratories and VCT sites in an External Quality Assurance program. These activities will continue in FY09 with enrollment in EQA programs extended to a greater number of sites, including NPHRL. In FY09 MOH will support QA managers at NPHRL to travel to regional/district laboratories and VCT sites to provide oversight, training and assessment of compliance with QA programs. In FY09 MOH will work with CDC to attain local certification of NPHRL (Guyana National Bureau of Standards) and two regional laboratories.

In FY09 MOH will develop a sample transportation network including but not limited to HIV-related specimens (laboratory networking) with the assistance of CDC and APHL. This will ensure appropriate sample flow through the referral system and optimal utilization of limited laboratory resources, particularly in the area of high-complexity testing.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 16055

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16055	16055.08	HHS/Centers for Disease Control & Prevention	Ministry of Health, Guyana	6269	2246.08	Ministry of Health, Guyana	\$85,000

**Emphasis Areas**

Health-related Wraparound Programs

\* Safe Motherhood

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$128,000

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.16: Activities by Funding Mechansim**

<b>Mechanism ID:</b> 2765.09	<b>Mechanism:</b> AIDSRelief
<b>Prime Partner:</b> Catholic Relief Services	<b>USG Agency:</b> HHS/Health Resources Services Administration
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Laboratory Infrastructure
<b>Budget Code:</b> HLAB	<b>Program Budget Code:</b> 16
<b>Activity ID:</b> 12744.25114.09	<b>Planned Funds:</b> \$110,257
<b>Activity System ID:</b> 25114	

**Activity Narrative:** AIDSRelief laboratory personnel will work with three local treatment facilities (two private hospitals - St. Joseph Mercy Hospital, and Davis Memorial Hospital and one government owned hospital in Bartica) and the Ministry of Health's Laboratory division to strengthen the capacity of laboratory personnel and to improve infrastructure as needed. In the past, AIDSRelief has worked with the three local hospitals to increase the capacity of the laboratories, assisted in the design of new laboratory space to ensure highest functionality, implemented new technologies and provided educational opportunities both onsite and centralized for all hospital laboratory staff and non-AIDSRelief laboratory staff.

In FY2009, AIDSRelief will continue to implement the following strategies and initiatives in building local capacity: identification and training of appropriate staff; collaborating with MOH, CDC and local partners in supporting the NPHRL as a centers of excellence for standardized laboratory training and as a sustainable mechanism for continued training of local staff; collaborating with MOH, CDC and other partners to in strengthening the current certification and accreditation process as a part of external quality assurance level; and most importantly promoting professional development by participating in or facilitating local laboratory training sessions.

AIDSRelief will also continue strengthen the three hospitals capacity in forecast and procure reagents for HIV. For the two private hospitals AIDSRelief will continue support the cost of these tests. The IHV specialists will also continue to provide ongoing mentoring of all lab staff at the three treatment facilities and ensure that the following tests are being done on a routine basis or as needed CRAG, Creatinine, Liver Function Test, Hematology and CD4.

Targets:

- 3 laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests
- 10 individuals trained in the provision of laboratory-related activities
- 12,000 HIV related laboratory tests performed

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 12744

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12744	12744.08	HHS/Health Resources Services Administration	Catholic Relief Services	6266	2765.08	AIDSRelief	\$139,566

**Emphasis Areas**

Health-related Wraparound Programs

\* Child Survival Activities

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development      \$60,000

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

Program Budget Code:

17 - HVSI Strategic Information

**Total Planned Funding for Program Budget Code: \$1,245,743**

**Program Area Narrative:**

USG will continue to work in close partnership with the Government of Guyana (GoG) to ensure a coordinated approach to strategic information (SI) in Guyana's HIV/AIDS sector. The major challenges for strategic information in Guyana are insufficient human resource capacity, a lack of a centralized strategic information unit within the Ministry of Health (MoH) with a clear mandate and technical capacity and lack of integration and compatibility for various information systems in country. GoG's priorities for SI are to increase human resources, enhance technical skills, improve data quality, facilitate access to and use of accurate program monitoring and evaluation data to promote evidence-based program planning and policy development, and identify and implement sustainable strategies for SI activities.

USG will continue assisting GoG in establishing functional, integrated systems and institutions for data collection, analysis and reporting, and building human capacity to sustain these systems. All USG efforts will be executed in keeping with its strategic vision and approach of promoting SI systems strengthening that facilitates a deeper integration of HIV/AIDS SI into the wider health information system (HIS). The role of the USG team, in conjunction with prime implementing partners, is to work closely with the National AIDS Program Secretariat (NAPS), the Ministry of Health's (MoH) SI Unit, when it is established, and NGO partners, for M&E, development of HMIS, population-based surveys, surveillance activities, and public health evaluations.

Through the joint efforts of USG, MoH, and implementing partners, achievements in FY08 include: completion of phase I (planning and logistics) of Guyana's first DHS survey; implementation of the Patient Monitoring System (PMS) in all 16 national treatment sites; completion of the round two BSS among CSWs; development of National M&E Guidelines for NGOs and Line Ministries (LMs) implementing HIV/AIDS programs; training of NGOs and LMs in the National M&E Guidelines; development and finalization of the Operational Plan for the National M&E Plan; establishment of the NAPS M&E unit within the MOH; and training of NAPS M&E unit staff in M&E fundamentals.

Challenges in FY08 included the delay in getting the CDC Medical Epidemiologist in place due to administrative challenges, contractual issues related to implementation of DHS, insufficient staff to address competing SI priorities at the national level and delays in establishment of an SI unit within the MoH. In FY09, USG will support: completion of the DHS and the behavioral surveillance surveys among MSM, youth, and uniformed services; provide technical assistance to NAPS in addressing priority SI activities such as revision of data collection and reporting systems; development of an evaluation agenda for HIV/AIDS programs; and development of a centralized HIV/AIDS database housed at NAPS.

**STRATEGIC INFORMATION TEAM:** The USG SI Team is jointly coordinated by a USAID SI Officer and the CDC Medical Epidemiologist, who is anticipated to join the country office during November 2008. Although one agency is the nominal technical lead for a given specific activity activities are collaborative. In-country target setting is a collaborative process led by the USAID SI Officer (SI Liaison) with all partners. The process consists of a systematic review of past fiscal year targets and results, with a strategic examination of programmatic trends and opportunities for scaling up or down, when appropriate. In FY08, GoG established annual national targets (2007-2011) for the National M&E Plan for HIV/AIDS; these national targets will be used as point of reference in establishing targets for the partnership compact.

All USG partners report on OGAC indicators on a semi-annual and annual basis; however, individual partners also provide regular monthly and/or quarterly updates on results to USAID and CDC. USG works with all partners to ensure the compatibility of monitoring and reporting systems with both national and OGAC requirements/systems. During FY09, the USAID SI officer will work with USG partners to revise their M&E systems to facilitate PEPFAR II reporting. To ensure adequacy of monitoring and reporting systems and assess their compatibility with the national system, assessments of partner data management systems were conducted by USAID in FY08. Plans are in place for FY09, to conduct a second round of Data Quality Assessments using standardized MEASURE Evaluation tools.

In FY09, the CDC Office will continue to serve as the lead for two Public Health Evaluations (ART Adherence and Blood Safety) that were funded in FY08. All USG agencies work closely with the CDC-based SI Advisor who is a member of the Core Team and provides support for SI planning and implementation in country.

**INFORMATION SYSTEMS:** Currently, at the national level, a number of information systems are being used for HIV data collection and reporting. Data presently flows by program area from the community and facility levels to the NAPS and other units within the MoH. At these points, information is compiled and reported by program area using a number of unlinked databases. For HIV treatment, all treatment sites are using the ARV Dispensing Tool (ADT) for consumption and forecasting needs, whereas the WHO Patient Monitoring System, adapted to country needs, is being used, in its paper based form, at facilities to monitor and report to NAPS on patients receiving HIV care and treatment.

Community-based information is collected using paper-based standardized frontline tools and reporting forms, which were revised in FY08 to reflect the National M&E Guidelines for NGOs and Line Ministries implementing HIV/AIDS programs. Currently, an electronic system tailored to these guidelines is being piloted at a few USG supported NGOs. At the community level during FY09, the Community Support and Development Services (CSDS), a local NGO, will assume responsibility for the monitoring and evaluation of all USAID- supported NGOs. USAID will support capacity building for their newly established M&E unit to equip them with the necessary skills to ensure high quality data continues to be generated by these NGOs and to promote data use for

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program planning and improvement at the NGO level. The community-based information system currently being piloted will be rolled out to all USG supported NGOs during FY09 with the support of the M&E Unit at the Community Support and Development Services (CSDS).

In FY09, USG will emphasize creating sustainable capacity for SI. The current structure for HIV/AIDS strategic information is not well-defined; an electronic system to facilitate central collection and analysis of required HIV/AIDS data elements does not exist; and there is insufficient human capacity in all areas of SI. At the national level, USG will continue to work with PAHO in collaboration with MoH to strengthen the Patient Monitoring System which provides both individual patient tracking and the ability to perform facility-level and national cohort and cross-sectional analysis. In FY09, USG will support NAPS in the development of a central database that will integrate separate HIV/AIDS information systems. The process of development will include a comprehensive review of existing information systems, gaps, current needs, including staffing needs, and compatibility with the MoH HIS, and will culminate in the drafting of a database implementation plan. This system will be compatible with the MOH HIS and will improve the timeliness and quality of data available to the NAPS M&E unit. This database will be used so that all HIV/AIDS program area coordinators will be able to input data into a single database which can be managed by NAPS to view and analyze data and provide reports on all national and other indicators. A priority in the development of this database will be training all relevant parties in the use of the centralized database. Future plans need to include identifying staff to ensure routine and timely data entry.

**SURVEILLANCE AND SURVEYS:** USG will continue to support the GoG in conducting two population-based surveys in FY09. Planning for the first Demographic and Health Survey (DHS) in Guyana took place in FY08, and the implementation of the survey will be completed in FY09 and will provide information on critical health indicators. The DHS will take the place of the second round of the AIS which was conducted in 2004 and will provide information required for meeting HIV/AIDS program reporting and provide data to inform policy decisions, ensuring comparability on standard HIV/AIDS indicators across countries and over time.

In FY08, biological and behavioral surveillance surveys (BBS) were completed among CSWs. In FY09, similar surveys will be conducted among MSM, youth, and uniformed services to measure any changes in the population resulting from targeted interventions. The BSS will provide national level data on these target populations.

In past years, ANC surveillance has been the basis for tracking HIV prevalence trends through unlinked anonymous testing (UAT) of left-over blood collected during routine care for pregnant women. ANC surveys were conducted in 2004 and most recently in 2006. During the 2006 survey, HIV prevalence among pregnant women was 1.5%, surveillance guidance advises countries with HIV prevalence greater than 1% to conduct ANC surveys every two years. During FY09, USG will opt out of supporting ANC surveillance and instead use routine PMTCT program data to estimate antenatal HIV prevalence, and, by proxy HIV prevalence among the general population. The decision was made in light of the high cost of antenatal surveys coupled with high ANC attendance rates and very good HIV testing acceptance rates among pregnant women of 97.8%. Additionally, PMTCT services are offered at 110 of the 379 health facilities across the country. USG will support efforts to strengthen the quality of PMTCT data during FY09 to ensure that high quality data is collected at all sites offering PMTCT services.

**M&E:** Enhancing data quality in routine program monitoring will be central to USG support in FY09. Currently, a number of data collection and reporting systems are unable to properly measure progress made in reaching the objectives and targets of the National M&E Plan for HIV/AIDS, 2007-2011. USG will facilitate a comprehensive review of existing HIV program monitoring systems to identify strengths and weaknesses in data collection and reporting systems, including risks to data quality. This review will result in revision and streamlining of data collection and reporting formats. Relevant stakeholders will be trained in the revised data collection and reporting systems.

A priority of the MOH is to make NAPS the central location for HIV/AIDS-related data. The systematic and coordinated flow of data to NAPS will ensure proper data collection and usage. Currently, data collection at NAPS is not centralized in the M&E unit and responsibility lies with each individual coordinator. MOH will ensure to make NAPS M&E unit the central repository of HIV/AIDS data. In FY08, data quality assurance and supportive supervision began at the PMS sites. In FY09, this activity will be expanded to include additional program areas; findings from these site visits will inform data quality improvement efforts within these program areas.

CSDS M&E staff will also provide ongoing support to NGOs to ensure that community based information from their data collection and reporting systems flow to the national level via the HSDU which will then provide data to the NAPS.

Program monitoring will also be strengthened through targeted capacity building, including mentoring and supervision, for NAPS M&E staff, regional M&E officers and CSDS M&E staff, in data quality assessment, data utilization and dissemination, strategic planning, program evaluation and leadership. Additionally, to ensure routine and comprehensive reviews of the national M&E system to allow timely and relevant improvements, USG will support an M&E systems assessment.

**PROGRAM EVALUATION:** In FY09, NAPS will develop an evaluation agenda to identify and prioritize the schedule of HIV/AIDS program evaluations. USG will support this effort in addition to one program evaluation based on identified priorities. This program evaluation will be conducted along with the HIV care and treatment patient satisfaction evaluation planned by NAPS. USG will also support the development of guidelines for documenting lessons learned and best practices, these guidelines will be used by NAPS program coordinators to chronicle program successes and failures that will inform future implementation.

**HUMAN CAPACITY DEVELOPMENT:** The paucity of trained personnel to execute SI responsibilities is a significant challenge faced by the national program. The NAPS M&E unit, and when established the MoH SI unit, will need to focus on recruiting and retaining skilled persons to support SI system strengthening activities. This will include identifying feeding sources, and establishing training and capacity building in key aspects of SI. Though there is no single solution, actions can be taken now to come up with both short term and long term solutions.

To strengthen human resource capacity in SI in FY09, contract staff will be hired in SI priority areas, including regional M&E officers, through the CDC cooperative agreement as a short-term solution to the problem. To complement these initiatives and strengthen systems in the long term, USG will support the establishment of a human resource planning unit at MOH to achieve staffing recruitment goals for SI and other activities. Additionally, the GoG will work with the University of Guyana to develop a training program in M&E so that a direct feeding mechanism can be established to the MOH. In addition to this, MOH will identify training programs in the region.

LINKAGES: Success in donor collaboration for SI systems strengthening through USG support during FY08 was the development of a National Operational Plan for the National M&E plan. In FY09, this plan will serve as a blueprint for the steps to be taken to monitor the national response. A monitoring and evaluation technical work group exists that brings together all donor agencies, including the GoG and USG, however it is currently dormant. In FY09, USG will support the revival of this group and promote donor collaboration on SI matters nationally. This group will also be responsible for monitoring progress of the Operational Plan.

**Table 3.3.17: Activities by Funding Mechansim**

<b>Mechanism ID:</b> 2765.09	<b>Mechanism:</b> AIDSRelief
<b>Prime Partner:</b> Catholic Relief Services	<b>USG Agency:</b> HHS/Health Resources Services Administration
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Strategic Information
<b>Budget Code:</b> HVSI	<b>Program Budget Code:</b> 17
<b>Activity ID:</b> 12754.25115.09	<b>Planned Funds:</b> \$111,068

**Activity System ID:** 25115

**Activity Narrative:** AIDSRelief continues to support PEPFAR and local partner treatment facilities (LPTFs) in activities related to strategic information. Corresponding to AIDSRelief goal of providing high quality HIV care and treatment, Futures will continue to promote programmatic and operational decision making and planning based on quality data usage and dissemination. Systems will be integrated efficiently into facility based systems. In FY09, AIDSRelief through Futures will build capacity and provide supportive supervision in using longitudinal medical record system (electronic and paper based) so that the LPTFs can use information for quality improvement of their programs, patient management, and reporting to donors and MOH. Futures will provide technical assistance through training to treatment sites in collaboration with donor and MOH to build sustainable monitoring and evaluation (M&E) units and health management information system (HMIS).

Site data quality improvement activities will continue to be a major effort needed to sustain systems, address and reduce drop out rates and drug pick-up rates. Futures will continue to coordinated SI activities that are integrated in daily clinical care and support the QI activities to improve the quality of care and build the capacity of the LPTFs.

Proposed activities:

- Data collection, management and reporting
  - Ensure collection and compilation of HIV patient data using the National Registers and longitudinal medical records.
  - Ensure collection and analysis of required indicators requested by LPTFs, CTCT and other stakeholders and funding agencies.
  - Provide TA for LPTF to develop specific plans to enable sites to easily look at data (information) to enhance or improve program and operations.
  - Data quality improvement workshops
  - In collaboration with CRS and IHV, establishment of Continuous Quality Improvement (CQI) committee at LPTFs
  - Building data use culture at the local site
  - Training workshops (on-site/regional) on data usage
  - Training workshops (on-site/regional) on defining indicators to measure quality and success of the local program
  - System strengthening and sustainability
  - Participate in regional workshops to share experience and information
  - Participation in workshops with other partners at district level for the implementation of the National M&E System
- Targets:
- 4 local organizations provided with technical assistance for strategic information activities.
  - 15 individuals trained in strategic information (national systems, data usage and dissemination, and IQChart spread as indicated)

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 12754

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12754	12754.08	HHS/Health Resources Services Administration	Catholic Relief Services	6266	2765.08	AIDSRelief	\$140,592

**Emphasis Areas**

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$60,000

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.17: Activities by Funding Mechanism**

**Mechanism ID:** 2246.09 **Mechanism:** Ministry of Health, Guyana  
**Prime Partner:** Ministry of Health, Guyana **USG Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State) **Program Area:** Strategic Information  
**Budget Code:** HVSI **Program Budget Code:** 17  
**Activity ID:** 12750.25153.09 **Planned Funds:** \$100,000

**Activity System ID:** 25153

**Activity Narrative:** Through Atlanta and country-based technical assistance and financial assistance through a cooperative agreement, CDC will work to improve the MOH capacity for internal SI and M&E. Through the cooperative agreement funds will be obligated to provide contract staff, equipment, travel, supplies and contractual services related to SI activities.

1. Currently, data collection at NAPS is not centralized in the M&E unit and responsibility lies with each individual coordinator. A priority of the MOH is to make NAPS the central location for HIV/AIDS-related data. The systematic and coordinated flow of data to NAPS will ensure proper data collection and usage. MOH will ensure to make NAPS M&E unit the central repository of HIV/AIDS data.
2. CDC will support the Institutional Review Board in Guyana to facilitate public health evaluations, surveillance, surveys and special studies.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 12750

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12750	12750.08	HHS/Centers for Disease Control & Prevention	Ministry of Health, Guyana	6269	2246.08	Ministry of Health, Guyana	\$125,000

**Emphasis Areas**

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$99,000

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.17: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 3717.09	<b>Mechanism:</b> Department of Defense
<b>Prime Partner:</b> US Department of Defense	<b>USG Agency:</b> Department of Defense
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Strategic Information
<b>Budget Code:</b> HVSI	<b>Program Budget Code:</b> 17
<b>Activity ID:</b> 14642.25098.09	<b>Planned Funds:</b> \$15,000
<b>Activity System ID:</b> 25098	
<b>Activity Narrative:</b> Continuing Activity	

This activity will support increased capacity within the GDF in the areas of surveillance, monitoring and evaluation (M&E), and analysis and utilization of strategic information. Funding will support improvement of the GDF health information management system. Existing data regarding risk behaviors from VCT intake forms will be analyzed to understand and target behavior change and other prevention activities. The GDF and USG country team will work to align the strategic information and M&E programs of the GDF and other PEPFAR partners. Collaboration will also lead to the development of a health information management system to: 1) increase availability of HIV/AIDS information, 2) develop and manage HIV/AIDS interventions, 3) develop policies and programs and 4) assure confidentiality and appropriate referrals. Existing data will be analyzed and additional surveys planned to establish HIV/AIDS prevalence and incidence within the GDF. Human resource capacity and sustainability for M&E activities will be improved through identification of trainers and the implementation of a train-the-trainer program. The program manager will be trained in M&E to ensure proper reporting to PEPFAR. IT materials will be procured for M&E of PEPFAR initiatives within the GDF.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 14642

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14642	14642.08	Department of Defense	US Department of Defense	6640	3717.08	Department of Defense	\$0

**Emphasis Areas**

Military Populations

**Human Capacity Development**

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.17: Activities by Funding Mechanism**

**Mechanism ID:** 7436.09

**Mechanism:** ASPH Fellow

**Prime Partner:** Association of Schools of Public Health

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Strategic Information

**Budget Code:** HVSI

**Program Budget Code:** 17

**Activity ID:** 16458.25145.09

**Planned Funds:** \$85,000

**Activity System ID:** 25145

**Activity Narrative:** In FY 09, the CDC office will continue to use ASPH fellow for program support while providing mentoring to the fellow. MOH program continued to be challenged by the migration of Guyanese health professionals. The main scope of work for the fellow will include COAG management support to the Ministry of Health (MOH) as they build management and project capacity in reporting and writing their renewal application. MOH has consistently failed to report on time and therefore exposure to this environment will provide useful management tools for the ASPH fellow. The ASPH fellow will also participate in special projects. i.e the new hinterland initiative that CDC will be initiating in FY09 to reach the indigenous people and people living in the border regions.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 16458

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16458	16458.08	HHS/Centers for Disease Control & Prevention	Association of Schools of Public Health	7436	7436.08	ASPH Fellow	\$84,977

<b>Emphasis Areas</b>
<b>Human Capacity Development</b>
Estimated amount of funding that is planned for Human Capacity Development      \$85,000
<b>Public Health Evaluation</b>
<b>Food and Nutrition: Policy, Tools, and Service Delivery</b>
<b>Food and Nutrition: Commodities</b>
<b>Economic Strengthening</b>
<b>Education</b>
<b>Water</b>

**Table 3.3.17: Activities by Funding Mechansim**

<b>Mechanism ID:</b> 135.09	<b>Mechanism:</b> CDC Program Support
<b>Prime Partner:</b> US Centers for Disease Control and Prevention	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Strategic Information
<b>Budget Code:</b> HVSI	<b>Program Budget Code:</b> 17
<b>Activity ID:</b> 8089.25367.09	<b>Planned Funds:</b> \$199,675
<b>Activity System ID:</b> 25367	

**Activity Narrative:** CDC will continue to work in close collaboration with the Ministry of Health (MOH), the National Blood Transfusion Services (NBTS), and all Emergency Plan (EP) partners to strengthen and support strategic information (SI) activities including health management information systems (HMIS), surveillance, monitoring and evaluation (M&E), and programmatic research. In FY09, CDC will emphasize improving SI systems in the MOH, will work to improve coordination between the national statistics unit and various program areas, and provide technical assistance to the Government of Guyana technical committee for the Demographic and Health Survey (DHS). The CDC GAP Guyana Office will continue to work with staff at the Francois-Xavier Bagnoud (FXB) to complete public health evaluations for TB and HIV disease monitoring and control activities, and the treatment program. An locally employeeed staff (LES) Data Manager position and a portion of the CDC direct-hire Medical Epidemiologist position are supported through this program activity.

CDC will continue to support the roll-out of the National Patient Monitoring System and provide technical assistance to the MOH and other partners in utilization of the data for improving patient care and program implementation.

CDC will assist the MOH in completion of the National Epidemiologic Profile begun in FY07. In addition, CDC will collaborate with USAID and GHARP on assisting the Government of Guyana with operationalizing the National HIV/AIDS M&E Plan and National Strategic Plan (NSP) on HIV/AIDS. Specific support to the MOH include short-term technical assistance (TA) and targeted trainings in data management and surveillance. and long-term financial and technical support to the Pan American Health Organization (PAHO) to assist the MOH in implementing a sustainable and harmonized surveillance system to monitor and measure selected health care priorities.

Lastly, CDC will continue to work with all partners to strengthen routine program reporting utilizing standardized reporting systems that minimize redundant efforts for different reporting pathways. In recognition of the human resource shortages that inhibit strong SI programs in country, CDC will assist with training and mentoring of MOH staff.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 12729

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12729	8089.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	6273	135.08	CDC Program Support	\$139,491
8089	8089.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4727	135.07	CDC Program Support	\$28,000

**Table 3.3.17: Activities by Funding Mechanism**

**Mechanism ID:** 6703.09

**Mechanism:** Supply Chain Management System

**Prime Partner:** Partnership for Supply Chain Management

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** Strategic Information

**Budget Code:** HVSI

**Program Budget Code:** 17

**Activity ID:** 9105.22629.09

**Planned Funds:** \$100,000

**Activity System ID:** 22629

**Activity Narrative:** Continuing Activity:

Incredible strides have been made in FY08 with the highly successful implementation of the Warehouse Management Information System component of the LMIS plan. This system has revolutionized the warehousing and stock management systems. It is serving now as a springboard for integration of consumption reporting, site-stock taking, and the ARV Dispensing Tools, all of which are electronic at available levels

Improving the information system at both the central and facility level is vital in having a secure and reliable supply chain to make sure that accurate information is generated and systematically reported. SCMS provide support in the area of MIS/LMIS focused on harmonizing policy, advocacy and establishing data collection and data communication systems. The ability to collect accurate data and communicate that data through MIS systems are a key part of the overall MIS strategy and an area where SCMS has been providing support. SCMS has provided technical assistance to improve the central a level information system for supply chain management to ensure strategic information is readily available to drive decisions for key stakeholders, e.g. Ministry of Health, Ministry of Finance, donors, and implementing partners. For the remote site connectivity and in improving information transfer between central and facility level, a pilot inter based option of transferring facility level requisition for Pharmaceuticals and commodities to the central level and an IT infrastructure assessment has been completed. SCMS will develop a phase wise migration plan in discussion with the MOH for options to transfer information from facilities to central level.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 14082

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14082	9105.08	U.S. Agency for International Development	Partnership for Supply Chain Management	6703	6703.08	Supply Chain Management System	\$0
9105	9105.07	U.S. Agency for International Development	Partnership for Supply Chain Management	4772	4025.07	Supply Chain Management System	\$400,000

<b>Emphasis Areas</b>
<b>Human Capacity Development</b>
Estimated amount of funding that is planned for Human Capacity Development      \$75,000
<b>Public Health Evaluation</b>
<b>Food and Nutrition: Policy, Tools, and Service Delivery</b>
<b>Food and Nutrition: Commodities</b>
<b>Economic Strengthening</b>
<b>Education</b>
<b>Water</b>

**Table 3.3.17: Activities by Funding Mechansim**

<b>Mechanism ID:</b> 2762.09	<b>Mechanism:</b> Department of Labor
<b>Prime Partner:</b> International Labor Organization	<b>USG Agency:</b> Department of Labor
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Strategic Information
<b>Budget Code:</b> HVSI	<b>Program Budget Code:</b> 17
<b>Activity ID:</b> 24772.09	<b>Planned Funds:</b> \$50,000

**Activity System ID:** 24772

**Activity Narrative:** For the most at risk populations targeted by the Project for FY 09 (workers from the public transport sector), a baseline survey will be conducted to ascertain knowledge, attitudes and practices. A data tracking table will be developed from the findings of the survey to serve as a benchmark to track progress and will be a useful tool to assess impact. A formative assessment will also be undertaken to further gather qualitative data on workers behaviours and will form the basis for the behaviour change communication (BCC) strategy for the partner enterprises.

The Project will strengthen its strategic information activities and will provide technical support to partners not only in documenting targets reached (in line with PEPFAR requirements) but also for monitoring progress and assess effectiveness of the workplace programmes to allow for adjustments as the implementations progresses. In order to achieve this objective, the Project will recruit a Strategic Information Officer who will provide assistance to eighteen (18) partner enterprises and the four (4) key partners (Ministry of Labour, Consultative Association of Guyanese Industry, Guyana Trades Union Congress and Federation of Independent Trade Unions of Guyana).

**New/Continuing Activity:** New Activity

**Continuing Activity:**

### Emphasis Areas

Gender

- \* Addressing male norms and behaviors
- \* Increasing gender equity in HIV/AIDS programs

Workplace Programs

### Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development      \$25,000

### Public Health Evaluation

### Food and Nutrition: Policy, Tools, and Service Delivery

### Food and Nutrition: Commodities

### Economic Strengthening

### Education

### Water

**Table 3.3.17: Activities by Funding Mechanism**

**Mechanism ID:** 10549.09

**Prime Partner:** University of North Carolina

**Funding Source:** GHCS (State)

**Budget Code:** HVSI

**Activity ID:** 24766.09

**Activity System ID:** 24766

**Mechanism:** Measure Phase III

**USG Agency:** U.S. Agency for International Development

**Program Area:** Strategic Information

**Program Budget Code:** 17

**Planned Funds:** \$570,000

**Activity Narrative:** New Activity

In order to address the needs identified in the National HIV M&E Plan, 2007-2011 and the National M&E Operational Plan 2008-2011, John Snow Inc (JSI) through Measure Evaluation will provide technical assistance to the National AIDS Program Secretariat (NAPS) to build strategic information capabilities within the Ministry of Health both at the national and regional levels where relevant. This improved capability will enhance NAPS ability to make evidence based decisions for improved programming to better address the HIV epidemic in Guyana. Technical assistance efforts will be focused toward strengthening information systems (including revision of existing systems and development of an HIV M&E decision support system) improving program monitoring (with a focus on data quality and supportive supervision) , conducting a targeted evaluation and enhancing human resource capacity through targeted capacity building, training, mentoring and supervision.

Specifically, Measure Evaluation will establish an in-country presence in Guyana through the appointment of a senior level Resident Advisor to support and guide NAPS staff in reviewing existing HIV program monitoring data systems to identify strengths and weaknesses in data collection, data flow and reporting. The objective of this review will be to revise and streamline data flow systems as needed. Training may be needed for appropriate staff once the improved system has been decided upon by key stakeholders to ensure collection of high quality data for indicators defined in the National M&E Plan for HIV/AIDS 2007-2011. The Resident Advisor will also provide on-the-job mentoring and guidance to NAPS M&E staff in data quality assurance, data use and dissemination, strategic planning, leadership and management and the production of key information products. Dependent on the hiring of regional M&E officers, this Resident Advisor will also support NAPS M&E to conduct trainings for these individuals in M&E fundamentals and data quality assurance. This individual will also provide technical assistance for the development of guidelines for documenting best practices and 'lessons learned' for use by NAPS program coordinators.

Additional technical assistance provided through other members of the Measure Evaluation team, in collaboration with the Resident Advisor where relevant, will focus on developing an evaluation agenda including identifying and prioritizing the schedule of HIV/AIDS program evaluations; conduct of one program evaluation based on identified priorities, provision of formalized training to NAPS M&E staff in data use and dissemination, research and evaluation. Training will also be provided to Community Support and Development Services (CSDS) M&E staff in M&E fundamentals, data quality assurance and data use and dissemination. Key technical assistance will also be provided to the NAPS M&E unit in the development of an HIV M&E decision support system and training of relevant personnel in the use of that database.

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Table 3.3.17: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 10552.09	<b>Mechanism:</b> Measure DHS Phase II
<b>Prime Partner:</b> Macro International	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Strategic Information
<b>Budget Code:</b> HVSI	<b>Program Budget Code:</b> 17
<b>Activity ID:</b> 15636.24767.09	<b>Planned Funds:</b> \$0
<b>Activity System ID:</b> 24767	

**Activity Narrative:** Continuing Activity

Macro will continue implementation of Guyana’s first Demographic Health Survey (DHS) during FY09, including the AIDS Indicator Survey (AIS) module. Survey planning exercises completed during FY08 include pre-testing of the survey instrument, training of field supervisors, all arrangements related to contract negotiation and finalization. Activities to be conducted during FY09 include training of field interviewers, data collection, data entry and cleaning, report writing and report dissemination. As a nationally-representative household survey, the DHS will provide essential information on a wide range of monitoring and impact indicators including reproduction, marriage patterns, sexual behavior, condom use, experience with sexually transmitted infections (STIs), treatment of self-reported STIs, knowledge and attitudes related to HIV/AIDS, stigma and discrimination, PMTCT, coverage of HIV-testing services, and medical injections, as well as ownership and use of mosquito nets, care and support for chronically ill persons, persons who have died, and orphans and vulnerable children.

Guyana has never implemented a DHS, and the survey is a priority for the Ministry of Health (MOH) as it will provide information required for meeting HIV/AIDS program reporting requirements and will ensure comparability on standard HIV/AIDS indicators across countries and over time. The DHS has been part of the USG SI plan for the past four years, and USG continues to be encouraged by the GoG and international donor community alike to ensure that this survey is in the forefront of the SI plan for Guyana. Implementation of this survey will demonstrate strong collaboration between the USG, GoG, and donor community to the achievement of common objectives.

The DHS will take the place of the second round of the AIS, which was originally implemented in 2004. It should be noted that the cost difference between implementation of an AIS and DHS is not significant. The USAID Latin American and Caribbean Bureau has covered the cost difference between implementation of an AIS and implementation of a DHS.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 15636

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15636	15636.08	U.S. Agency for International Development	John Snow, Inc.	7208	7208.08	Global Health M&E Task Order	\$650,000

**Table 3.3.17: Activities by Funding Mechanism**

**Mechanism ID:** 11130.09

**Mechanism:** Pan American Health Organization

**Prime Partner:** Pan American Health Organization

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** Strategic Information

**Budget Code:** HVSI

**Program Budget Code:** 17

**Activity ID:** 8275.26799.09

**Planned Funds:** \$15,000

**Activity System ID:** 26799

**Activity Narrative:** Continuing Activity but reduced to level of oversight and minimal technical assistance.

In FY07, PAHO served as lead technical agency to assist the Ministry of Health to adapt the WHO format national patient tracking and monitoring system to the Guyana context. The system is being rolled out in all existing ARV treatment sites. The system is now the national monitoring system for all HIV/AIDS care in country. As part of the IMAI initiative, PAHO will provide support to the roll out of the system in all district hospitals (19) and a limited number of health centers meeting criteria to provide ARV. PAHO will also support the WHO HIV Drug Resistance (HIV-DR) tracking initiative. This includes Early Warning Indicators to be obtained from the Patient Monitoring System and cohort analysis. PAHO will continue to support and supervise the work provided by contract data entry clerks and clinic staff working on the roll out of the Patient Monitoring System.

The PAHO Surveillance Officer will continue to work closely with CDC (the SI technical lead for the USG team), USAID, and other partners to coordinate activities in support of the MOH Surveillance Unit including funding and training for backfilling of registries, mentorship for Surveillance Unit staff and technical assistance for data analysis and reporting. Site visits for ongoing monitoring will coincide with visits for monitoring other programs such as the malaria initiative. This coordination will assist in the integration of HIV care into the overall health system.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 12724

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12724	8275.08	U.S. Agency for International Development	Pan American Health Organization	6270	4774.08	Pan American Health Organization	\$125,000
8275	8275.07	U.S. Agency for International Development	Pan American Health Organization	4774	4774.07	Pan American Health Organization	\$250,000

Program Budget Code: 18 - OHSS Health Systems Strengthening

**Total Planned Funding for Program Budget Code: \$1,429,860**

**Program Area Narrative:**

The initiatives in health systems strengthening will enhance the existing foundation and continue to build on programs currently being implemented. In FY07 and 08 there was an ever-increasing focus on policy and system strengthening across the workplace, private, public, and NGO/FBO sector in order to increase these sector's capacity in leadership, administration, financial management and transparency; as well as technical strength. PEPFAR plays an important role in the 3 Ones Principle and will support the implementation of Guyana's harmonization tool to improve division of labor, coordination, maximization of resources and sustainability.

Guyana has no restrictions on migration and accepts this phenomenon as a positive value shared widely throughout society. The country is thus faced with a dilemma: on the one hand the need to provide quality health services with sufficient staff and on the other hand, the individual's right to move to different shores as a positive value. Second to this is the phenomenon of internal migration. The global initiatives (addressing specific disease oriented programs) have led to internal migration from the public to the NGO and private sectors, competing for already scarce human resources. When hiring with additional incentives occurs in service settings, this usually leads to motivation of a small number of staff and de-motivation of those not benefiting from access to additional incentives.

The most recent report by World Bank of human resource depletion globally, noted that Guyana suffers from the highest rates of out-migration or "brain drain" of any other country. The challenges cannot be solely solved by a massive scaling up of the training programs. Guyana has a small population base from which to recruit and train the health workforce and any single qualified professional leaving the public sector potentially takes years to replace, particularly in specialized treatment categories and the upper echelons of management and administration. A more concentrated effort will be made in FY09 to address the human resource depletion by collaborating with the MOH and other partners to streamline and harmonize Human Resource policies, look to task-shifting, and to integrate functions of counseling and testing into current staffing responsibilities. In addition, great strides with the staffing and training database, will allow for increased staff planning, placement, and pre and in-service training needs.

The overarching objective of PEPFAR's support to MOH, PAHO, ITECH, and AIDSTAR will be to strengthen the HIV/AIDS human resource system (within the broader ministries of the GOG and civil society organizations) and create conditions that foster retention, effective performance, and supportive supervision. For HIV/AIDS there is the TIMS (Training Information Management System) which tracks all health care workers who are involved in the HIV program, and support for the system is being provided by ITECH. ITECH will continue to collaborate with the University of Guyana, Health Sciences Education Unit to build the capacity of the GOG to monitor, evaluate and plan for the training needs of Health Sector staff. While concurrently PAHO will establish a Human Resources Planning and Development Unit within the MOH to address migration issues, as well as the retention and recruitment of health providers, with increased technical assistance from AIDSTAR who will also reach out to the NGO sector.

The Government of Guyana, donors and civil society have recognized that there is a need for a legal framework to regularize the functioning of NGOs. At the program level, PEPFAR will utilize the services of Community Support and Development Services Inc. to support the NGO and FBO community with the contracting of entities to provide targeted assistance in developing sound governance and administrative processes. It is envisaged that this assistance will enable civil society to take on an incrementally deeper responsibility, currently held by international organizations, of providing institutional capacity building assistance that will continue to be needed in Guyana in the future. AIDSTAR in partnership with CSDS will continue to facilitate the annual work and M&E plans for each of the PEPFAR supported NGOs as well as continue on-site technical assistance and supervisory visits on a quarterly basis. PEPFAR will also collaborate with UNAIDS to align reporting systems with the goal of achieving one National M&E framework.

The Ministry of Labour, as the lead Agency will be supported by the International Labor Organization and AIDSTAR for the development of policy and workplace programs within the private sector and work place settings. The goal will be to develop and implement on-site performance improvement and monitoring systems that improve specific performance outcomes, implement local solutions, strengthen relationships between supervisors and clinic managers, improve the consistency of supervisory visits and motivate clinic staff as essential partners in the monitoring and feedback mechanism.

With PEPFAR funding, UNICEF is will remain vigilant in advocating for the policy and legislation for OVC, working with the GOG through the Ministry of Labor, Human Services and Social Security to ensure that the OVC National Plan of Action and the OVC National Policy Framework are enforced. This will also be addressed in the Transitional Compact with the GOG. These documents emphasize the need for vulnerable children to have access to essential services, including HIV care and treatment. The program will continue to work with the GOG to strengthen those services at the system level. UNICEF, along with financial support from the GFATM will be addressing two policies/draft legislations: the Child Protection Law and the establishment of a foster care system from within the Ministry of Labor, Human Services, and Social Security.

In relation to both policy and setting a stage for a strong National response, is the need to focus on reduction of stigma and discrimination. Currently, as reported in the Guyana AIDS Indicator Survey of 2005 (GAIS), only 20% of men and women expressed acceptance on all four measures stigma. Hence, there is a need for stigma and discrimination to be a key part of all our programs as well as incorporated into the institutionalization/introduction of a sound policy environment. Wherever possible, the program will build on USAID's additional mandate in Guyana for increased democracy and governance, as well as gain support from our UN Family and other Caribbean partners that have invested in sound legislation as well as mitigation of the HIV/AIDS epidemic. Efforts will also be made to ensure that persons living with HIV and AIDS are involved in the development of programs and policy at all levels.

### **Table 3.3.18: Activities by Funding Mechansim**

**Mechanism ID:** 7264.09

**Mechanism:** Community Support and Development Services

**Prime Partner:** Community Support & Development Services

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** Health Systems Strengthening

**Budget Code:** OHSS

**Program Budget Code:** 18

**Activity ID:** 15961.26277.09

**Planned Funds:** \$40,860

**Activity System ID:** 26277

**Activity Narrative:** Continuing Activity

The Government of Guyana, donors and civil society have recognized that in order to scale up the HIV response and achieve Guyana's goals, non-governmental and faith-based organizations have become important partners in the national response. While the NGOs are essential to extending the delivery of HIV/AIDS prevention, care and support services throughout the country, many of them have demonstrated inadequate capacity to rapidly scale up services as a result of their limited administrative management and financial capacity. In addition, as the number of NGOs grows, it becomes increasingly necessary to identify a sustainable cost effective solution to institutional capacity building. This requires the transfer of the capacity building mandate to a local entity which can work with the NGOs in the field and maintain regular, even daily contact, to respond to emergency needs and monitor progress. This agency would also fill the gaps in the institutional memory created by the high turnover of key staff in these local NGOs. Hence, Community Support & Development Services (CSDS) Inc, an indigenous capacity building organization, was awarded the contract in May 2007 to meet the emerging needs of the NGOs. CSDS is contracted to disburse and monitor small grants to a network of USAID-supported non-governmental organizations (NGOs), faith-based organizations (FBOs), and the NGO Coordinating Committee, while strengthening their financial and administrative management (including governance) capacity. CSDS will provide continue to provide technical assistance through local consultants and a local Accounting Firm to enable the NGOs to immediately expand HIV/AIDS services while simultaneously enhancing their capacity. Assistance will be provided in a targeted manner, focusing on direct management, onsite training and mentoring and other direct support, and when warranted, other formal training in the form of workshops to ensure long-term organizational sustainability.

Thus, under the Other/Policy Analysis and System Strengthening program area, through CSDS, a core of short-term local consultants will continue to build the capacity of twenty (20) USAID-supported NGOs to fulfill critical governance and administrative tasks:

1. Review and develop customized constitutions and guidelines for NGO boards;
  - a. Train NGOs and their boards on final constitution
2. Update NGO Coordinating Committee Constitution;
  - a. Train board on final constitution
  - b. Participate in coordinating committees to oversee process
3. Develop customized staffing and volunteer policies for NGOs;
  - a. Develop management plans
  - b. Develop scopes of work for each position;
4. Develop conflict of interest policies;
5. Develop NGO guidelines for sub-contracting; and
6. Respond to NGO requests for on-site support.

CSDS will continue to sub-contract a local Accounting Firm to provide oversight to its financial management of the NGOs through the review of financial systems and practices and the conduct of audits, thereby ensuring continuous quality improvement and quality assurance.

AIDSTAR will provide technical guidance to the NGOs, and serve in a mentoring capacity to CSDS throughout the duration of the contract, with the ultimate goal of equipping them with the requisite skills to continue beyond the end date of the (international) institutional contractor.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 15961

#### Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15961	15961.08	U.S. Agency for International Development	Community Support & Development Services	7264	7264.08		\$89,773

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**Emphasis Areas****Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development      \$40,860

**Public Health Evaluation****Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water**

**Table 3.3.18: Activities by Funding Mechanism**

**Mechanism ID:** 11130.09

**Prime Partner:** Pan American Health  
Organization

**Funding Source:** GHCS (State)

**Budget Code:** OHSS

**Activity ID:** 3164.26806.09

**Activity System ID:** 26806

**Mechanism:** Pan American Health  
Organization

**USG Agency:** U.S. Agency for International  
Development

**Program Area:** Health Systems Strengthening

**Program Budget Code:** 18

**Planned Funds:** \$200,000

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**Activity Narrative:** Continuing Activity

In FY06-08 PAHO focused on strengthening the capacity of the National AIDS Program Secretariat since a 2004 assessment conducted by the Caribbean Health Research Council (CHRC) noted that insufficient human and technical ability as well as inadequate emphasis on its mandate of coordination and management weakened the national response to HIV/AIDS. Currently, PAHO continues to assist the Ministry of Health in strengthening NAPS to take the lead in implementing all health-related aspects of the National HIV/AIDS Strategic Plan, including the implementation of the GFATM project. Also, in FY07 PAHO has been able to make significant strides in the development of a human resource unit within the Ministry of Health, including staffing and initial work on strategy documents and policy positions.

A considerable amount of work was undertaken in the past to analyze workforce issues and develop a National Health Plan 2003-2007. This plan, released in March 2003, contains important recommendations on Health Services and Workforce Development Strategies. In FY07, PAHO will dedicate more effort to the MOH and its human resource unit with a primary focus on fields most relied upon by the HIV/AIDS program. PAHO will support the MOH to establish a Human Resources Planning and Development Unit (HRDU) with the following functions:

- Steer the development of an integrated Human Resources for Health Plan which matches population health needs and service delivery mandates with skills needed and appropriate budget levels for supplies, equipment and pharmaceuticals
- Provide directions to the existing training department (Dept of Health Sciences Education) with the aim to achieve synchrony between the identified service needs and the training activities
- Collect and systematize a database of stock, trends, and qualitative data on human resources that allows forecasting needs and tracking the impact of interventions
- Build a consensus mechanism involving education, finance, donors, public service and local governments in order to address this issue through a comprehensive and coordinated approach

Given the environment of out-migration and internal migration, PAHO will play a proactive role in defining and responding to the main contributing factors by:

- Conducting studies on the main flows of different types of professionals and the consequences of these flows in the health services and in the priority programs
- Implement and reinforce an "exit interview" procedure
- Facilitate international dialogues between major partner recipient countries of Guyana health staff and the Guyana health services to provide more specific support to Guyana service needs development based on staff losses
- Develop and pass regulation of contracting policies in the health sector as a way of balancing the availability of critical human resources in the MoH and the other health providers and programs
- Determine critical path to scale up the main training programs and the establishment of an inter-sectoral task force to devise a short term plan to address the ill effects of the identified bottlenecks. This will be done in collaboration with the CDC ITECH activities for health sector training coordination and planning as well as information system platform being developed currently
- Achieve consensus among development partners on incentive structures across the various priority health and education programs they support. To date, a pilot performance-based incentive program is being implemented and continuously evaluated and assessed for opportunities for strengthening the system as well as expanding it

The main issue of concern for the MOH with recruitment and retention is the inefficient procedure for filling new and vacant positions. It is too time-consuming and inefficient to guarantee adequate levels of staffing and leads to the loss of good candidates. Other concerns include the lack of career prospects (flat pay structure, poor working conditions), insufficient incentives through the current pay system, and insufficient access to continuing and post-graduate education. PAHO will develop a coherent set of interventions addressing the main factors identified:

- Design alternatives to build career paths adapted to the public health sector, rewarding performance, acquired skills and experience
- Strengthen the continuing education system so it is linked to opportunities for career advancement
- Establish a dialogue with Ministry of Finance and Public Service Ministry to discuss ways for appropriate salary grid and/or benefits packages and streamlining the appointment process
- Consult with partner community for staff, category-specific, needs, particularly in the area of incentives which do not demand immediate remuneration issues
- Promote a cabinet approved Human Resources for Health Plan as the basis for staffing needs and authorization to fill positions to avoid delays
- Determine staffing levels through workload indicators of staffing needs which should form an integral part of the Human Resources for Health Plan

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 14084

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14084	3164.08	U.S. Agency for International Development	Pan American Health Organization	6270	4774.08	Pan American Health Organization	\$250,000
8204	3164.07	U.S. Agency for International Development	Pan American Health Organization	4774	4774.07	Pan American Health Organization	\$300,000
3164	3164.06	U.S. Agency for International Development	Pan American Health Organization	2738	2397.06	Pan American Health Organization	\$400,000

**Emphasis Areas**

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$200,000

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.18: Activities by Funding Mechanism**

**Mechanism ID:** 2762.09

**Mechanism:** Department of Labor

**Prime Partner:** International Labor Organization

**USG Agency:** Department of Labor

**Funding Source:** GHCS (State)

**Program Area:** Health Systems Strengthening

**Budget Code:** OHSS

**Program Budget Code:** 18

**Activity ID:** 3203.24771.09

**Planned Funds:** \$115,000

**Activity System ID:** 24771

**Activity Narrative:** These activities will consolidate the FY 08 achievements of the tripartite constituents and the enterprises and expands world of work opportunities resulting from the prior work of the USDOL/PEPFAR Project. Specifically, the Project will continue to support the efforts of the tripartite partners and collaborating enterprises to build on their achievements, training their members, and strengthening their institutional capacity and linking to other local resources. In addition, the existing and well functioning collaborative arrangements with the Ministry of Labor, Human Services and Social Security, and the employers' and workers' organizations will continue to be utilized to reach the target groups.

In addition, this year the project will expand activity reach to include most at risk populations (MARPS) in the public transportation sector (including mini-bus, taxi and speedboat operators) through institutional capacity building and stigma and discrimination reduction. In order to support the Project to achieve its objectives, the Project will build on its links with the United Minibus Union, the Guyana Public Transportation Association and the Speed Boat Operators Association.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13902

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13902	3203.08	Department of Labor	International Labor Organization	6643	2762.08	Department of Labor	\$50,000
8201	3203.07	Department of Labor	International Labor Organization	4769	2762.07	Department of Labor	\$275,000
3203	3203.06	Department of Labor	International Labor Organization	2762	2762.06	Department of Labor	\$150,000

**Emphasis Areas**

Gender

- \* Addressing male norms and behaviors
- \* Increasing gender equity in HIV/AIDS programs

Workplace Programs

**Human Capacity Development**

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

Estimated amount of funding that is planned for Education \$115,000

**Water**

**Table 3.3.18: Activities by Funding Mechanism**

**Mechanism ID:** 9752.09

**Mechanism:** AIDSTAR

**Prime Partner:** To Be Determined

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** Health Systems Strengthening

**Budget Code:** OHSS

**Program Budget Code:** 18

**Activity ID:** 3155.22658.09

**Planned Funds:** [REDACTED]

**Activity System ID:** 22658

**Activity Narrative:** The new Contractor awarded through the AIDSTAR mechanism will replace the work of the Guyana HIV/AIDS Reduction and Prevention Project (Prime: FHI) that ends in December 2008. The activities and technical support previously offered through GHARP will be continued under AIDSTAR and expanded upon in coordination with those Health System Strengthening activities supported through PAHO. Support to the workplace programs, publi-private partnerships and the Guyana Business Coalition business plan will continue to be critical elements.

Important areas for improvement are quality improvement and systems strengthening. These areas were supported during the rapid scale up, but can be strengthened in the next program period. The objective was to strengthen the HIV/AIDS human resource system (within the broader ministries of the GOG and civil society organizations) and create conditions that foster retention, effective performance, and supportive supervision. Concurrently PAHO is establishing a Human Resources Planning and Development Unit within the MOH to address migration issues, as well as the retention and recruitment of health providers. There are still large gaps in reaching the overall institutional strengthening and administrative support. Human resources and workforce issues are much larger than the health sector or the HIV program. However, short and interim plans for Human Capacity Development in this area can be addressed with sustainability as the long term goal.

**Priorities:**

- Support to the Human Resource System at the MOH to assess recruitment, retention, and training needs and work to address those needs;
- Support to the MOH to assess administrative inefficiencies, and assist in resolving or strengthening identified weaknesses;
- Institutional Support to the GFATM CCM Secretariat;
- Technical assistance and training provided to NGO Grants Umbrella (Community Support & Development Services) in order to build its capacity to meet NGO governance, transparency, advocacy, human resource management, sustainability, budgeting and work plan development needs and direct training to NGOs on said topics while CSDS capacity is being strengthened to deliver same in the future;
- Technical and institutional assistance provided to the Guyana Business Coalition in order for them to implement their business plan effectively, recruit new partners, retain current partners, track business involvement, track businesses' success in upholding approved policies, and build work place programs within partner businesses; and
- Provide assistance in drafting and gaining support at the community level for critical MOH policy changes as needed/requested. (None identified for FY09).

**Illustrative Activities:**

- Long-term technical assistance in reviewing retention plans of the MOH and working with PS of MOH to develop possible revisions;
- Support consultant staff, office costs, and CCM constituency meetings for the CCM Secretariat and its activities;
- Provide short and long term technical assistance to the NGO Umbrella mechanism, building the capacity of their own staff to deliver support to NGOS in governance, communication, human resource and administrative management, and in building partnerships with Governmental Ministries;
- Support work plan, external technical guidance, and local consultant staff needed to implement the current HIV/AIDS Business Coalition business plan; and
- Provide technical assistance to maintain the current private sector partners, and increase the membership and their contributions to the community.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13897

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13897	3155.08	U.S. Agency for International Development	Family Health International	6641	4.08	GHARP	\$50,000
8199	3155.07	U.S. Agency for International Development	Family Health International	4612	4.07	GHARP	\$100,000
3155	3155.06	U.S. Agency for International Development	Family Health International	2737	4.06	GHARP	\$450,000



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**Emphasis Areas**

Military Populations

**Human Capacity Development**

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.18: Activities by Funding Mechanism**

**Mechanism ID:** 4792.09

**Prime Partner:** University of Washington

**Funding Source:** GHCS (State)

**Budget Code:** OHSS

**Activity ID:** 8492.25155.09

**Activity System ID:** 25155

**Mechanism:** ITECH

**USG Agency:** HHS/Health Resources  
Services Administration

**Program Area:** Health Systems Strengthening

**Program Budget Code:** 18

**Planned Funds:** \$295,000

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

- 1.Pre-service training been clearly elaborated as a priority for FY09. HIV content will be integrated into the pre-service HIV/STI core course for medical, nursing, pharmacy and medical technology students of the University of Guyana and the pre-service Medex training course.
- 2.The Ministry of Health has requested I-TECH to develop a curriculum for training of health sciences tutors.
- 3.The database tracking HIV-related training will be customized for the various training organizations.
- 4.No new in-service HIV curricula will be developed given that priority cadres have been completed.

Human resource capacity remains the single largest obstacle to establishing a stable and quality HIV/AIDS program in Guyana. Appropriate and coordinated training is essential to reduce the shortage of skilled workers in the health sector. To improve upon the quality of pre-service training of health care providers, I-TECH will continue to support the MOH and University of Guyana to integrate HIV/AIDS into pre-service training programs. I-TECH has already initiated the process of integrating the approved HIV/AIDS content into the pre-service nursing curriculum and it proposes to continue this activity by supporting the upgrade and integration of similar content into: 1) the HIV/STI core course for medical, pharmacy, medical technology and nursing students within the Faculty of Health Sciences at the University of Guyana; and 2) the pre-service Medex training program within the Health Sciences Education Unit (HSEU).

Additionally, I-TECH will work with the HSEU to develop a training program for tutors of the nursing schools and of the Medex and community health worker programs of the Ministry of Health. This is in direct response to the serious shortage of qualified HCW trainers in Guyana. I-TECH will facilitate the development of a Health Sciences Tutors curriculum to rapidly produce trained educators for the Ministry of Health's training divisions. The main objective of this initiative is to impart to new and existing pre-service tutors knowledge in educational psychology and adult learning methodology. Additionally skills in curriculum development, measurement and evaluation in education and education administration will also be developed. The six-month part-time curriculum will be created to facilitate the participation of senior nurses without adversely affecting their daily schedule. Emphasis will be on training tutors from the Linden and New Amsterdam nursing schools. I-TECH will support this work through a partnership between local and Seattle-based curriculum developers, drawing upon existing training and faculty development resources from I-TECH's global network but with the majority of the work being executed locally.

Since July of 2007, the Guyana National Training Coordination Centre (GYNTCC) is located within the Ministry of Health Annex, Liliendaal. This co-location facilitates a strong relationship between the GYNTCC and the Health Sciences Education Unit (HSEU). Through this collaboration I-TECH will build HSEU capacity to maintain a database of health care providers and their relevant training received to date. In 2008, I-TECH introduced TrainSMART, a web-based database that tracks the numbers of HIV-related training events, trainers and trainees in Guyana. It includes data from I-TECH, PEPFAR training partners and the Government of Guyana. This data can be used for various purposes including reporting, assessing coverage gaps and/or duplication of training provided to the health workforce, and supporting rational planning for training interventions. I-TECH will intensify its efforts to have the database customized to include pre-service training and the type of reports commonly required in Guyana. Finally to assure the integrity of the database across time as it transitions into the national system, I-TECH will develop protocols and paradigms for the management and use of the database that are consistent with internationally accepted standards.

I-TECH will continue to support the national HIV/AIDS website. The site, which has been operational since fall 2005, serves as a primary communication tool and a resource for health professionals, donors, implementing partners and the general public. Funding supports the Webmaster who provides continual improvement to and maintenance of the site. I-TECH through the Guyana National HIV Training and Coordination Committee (GYNTCC) will also maintain a national training calendar so events are timely, not redundant and do not overlap.

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

**Deliverables/Additional Targets:**

- HIV/AIDS content integrated into core pre-service curriculum for medical, pharmacy, medical technology and nursing students at UG and Medex at HSEU.
- Training of Health Sciences Tutors
- Training Database updated to track human resources and training and upgraded to provide customized reports for MOH and other stakeholders
- HIV/AIDS website
- Training calendar updated on a quarterly basis

**Proposed New Activities**

**1.Expanded training of Medex in the interior of Guyana in HIV/AIDS:**

Medex are critical HCWs in the remote areas of Guyana and have not been primary targets for standardized HIV training. In FY08, I-TECH developed an in-service HIV/AIDS training curriculum that was piloted with a limited number of accessible Medex. The crucial role of the Medex in the health management of several dispersed hinterland communities places many of them at a training disadvantage as they cannot readily leave their communities for long periods of time. Consequently, I-TECH proposes to work along with HSEU to provide in-service HIV training to all in-service Medex in three clusters across the 10 regions. Likewise both to promote the integration of their new knowledge and skills into clinical practice and to establish a system for sustainable clinical quality assurance, I-TECH will work with HSEU and the MOH/NAPS to develop a standardized program for mentoring Medex in the field using both on-site and distance education approaches.

**Deliverables/Additional Targets:**

**Activity Narrative:** •All Medex trained with the HIV/AIDS for Medex standard curriculum developed by I-TECH at a regional level.  
 •A program for mentoring Medex in HIV/AIDS management in the field implemented.

2. Development of standardized STI curriculum for Physicians, Nurses, and Medex.

Quality STI treatment services are an important component of HIV prevention and treatment programs. Training in STI management may lead to improved services, resulting in reduced HIV transmission in Guyana. Since being established less than two years ago, the national STI program, has been conducting training sessions for HCWs at many care and treatment sites with a single trainer. To ensure sustainability and high quality of training, the National Aids Programme Secretariat (NAPS) of the MOH has requested assistance from I-TECH with the development of an STI curriculum for in-service HCWs consistent with the standards and format of the previously-developed standardized HIV curricula for training of Nurses, Pharmacists and Medex.

Deliverables/Additional Targets:

•Standardized in-service STI curriculum for Physicians, Nurses and Medex.

3. Expanded training of Nurses and Medex in computer literacy.

There is increasing availability and use of training resources, patient management tools, such as the Guyana Health Information System (GHIS), and other systems in an electronic format. The MOH has recognized the importance of computer literacy for all its nurses and Medex and views the training of MOH staff as a priority to improve efficiency. I-TECH proposes to compliment the limited MOH resources for this training with the provision of 4 desktop computers and to fund the training costs for 100 nurses and Medex in the next year.

Deliverables/Additional Targets:

•MOH IT training room furnished with 4 additional computer systems  
 •100 computer-literate nurses and Medex

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 12726

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12726	8492.08	HHS/Health Resources Services Administration	University of Washington	6272	4792.08	ITECH	\$324,458
8492	8492.07	HHS/Health Resources Services Administration	University of Washington	4792	4792.07	ITECH	\$294,458

## Emphasis Areas

Workplace Programs

## Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$200,000

## Public Health Evaluation

## Food and Nutrition: Policy, Tools, and Service Delivery

## Food and Nutrition: Commodities

## Economic Strengthening

## Education

## Water

Program Budget Code: 19 - HVMS Management and Staffing

**Total Planned Funding for Program Budget Code: \$2,169,763**

### Program Area Narrative:

In FY09 the total Emergency Plan commitment to Guyana will be just over \$19 million with the inclusion of Track One funding. The Management and Staffing costs are close to the earmark of 7%, but exceeds this earmark by XXX% (down from 2.7% in FY07 and 1.4% in FY08). The Emergency Plan is nearly entirely staffed now, as outlined in the functional staffing chart. The PEPFAR program in Guyana is managed and staffed by an experienced group of experts in health and development. From the beginning of the PEPFAR program in Guyana the USG agencies have worked under the leadership of the Chief of Mission to collaboratively to set goals, develop strategies to achieve these, and identify the appropriate partners. The Guyana PEPFAR team continues to work in this fashion.

It was expected that in FY07 Guyana would receive a Management and Staff team visit to assess the country staffing level and assist the country to identify staffing needs and various options to meeting those. This team visit has still not occurred, but is still seen as a critical activity.

Although the formal SFR has not been conducted, the Guyana team continually assesses the staffing needs within each agency and has made changes that reflect a move to appropriate staffing and support at current and level funding. This includes the elimination of some positions at the CDC office and a change of hiring mechanism for an SI officer at USAID. CDC has also changed the focus of the PSC position to reflect the higher priority for technical assistance at the NPHRL. USAID and CDC continue to share the SI activity and have agreed that CDC is the lead agency and will support the senior SI officer while USAID will employ an SI officer; the two officers will work together as the PEPFAR Guyana SI team.

Under the leadership of the US Ambassador, the USG team meets on a bi-weekly basis to facilitate the plan's design, implementation, and monitoring and evaluation. In addition, the full USG team and all its implementing partners meets on a monthly basis with key officials from the Ministry of Health and institutional contractors to review progress and coordinate efforts. There are four USG implementing agencies making up the Country Team for Guyana's Emergency Plan: USAID, DHHS/CDC Global AIDS Program, Peace Corps and DOD. Each agency within this initiative operates from a different technical expertise and administrative system, but is committed to coordinating their efforts.

### DOS

In FY08, the PEPFAR program in Guyana will continue to follow the leadership of Ambassador Jones. The hiring of an FSN PEPFAR Coordinator is proposed. Staffing will also continue to include a part-time PEPFAR public affairs officer. Funds for the Ambassador's Fund will once again be allocated to CDC who will maintain the role as coordinator of the Ambassador Funds and will manage and coordinate the process in FY08 in collaboration with USAID and DOS.

### USAID

In FY09, the USAID will oversee approximately \$XXX million in Emergency Plan-funded programming in the following COP Program areas: 1) PMTCT; 2) AB; 3) Condoms and Other Prevention; 4) Palliative Care; 5.) Counseling and Testing; 6) OVC; 7)

ARV Drugs; 8) Strategic Information; and 9) System Strengthening. In addition, USAID will provide in-country support and oversight for the Track 1 Injection Safety and Red Cross AB initiatives which is managed out of USAID Washington and scheduled to phase out in FY09..

The USAID Mission is led by the Mission Director and includes program portfolios in Health, Democracy and Governance, and Economic Growth, where expanded teams collaborate across development sectors to increase cross-fertilization. USAID operates out of the US Embassy and relies on the USAID Regional Contracting and Controller Officers from Santo Domingo. The health portfolio underwent a program assessment in FY08 and now follows the new five-year strategic objective (2009-2013) and signs annual, bilateral strategic objective agreements with the Government of Guyana. The programmatic portfolio also follows guidance approved in the Mission Performance Plan as well as tracks program implementation and impact through the Mission Management Plan. A cognizant technical officer is assigned to each contract, and a technical lead is also assigned for each USAID-Washington contract or field support mechanism that USAID/Guyana utilizes.

#### HHS/CDC

In FY08, the CDC Guyana office will oversee approximately \$XXX million in Emergency Plan-funded programming in the following COP Program Areas: 1) HIV/AIDS Treatment: ARV Services; 2) Palliative Care: Basic Health Care and Support; 3) Strategic Information; 4) Laboratory Infrastructure; 5) Abstinence and Be Faithful Programs; 6) Condoms and Other Prevention Activities; 7) Palliative Care: TB/HIV; 8) Treatment Services. In addition, the CDC Guyana office will provide oversight for the Track 1 Blood Safety initiative (\$1,250,000) which is managed out of CDC Atlanta. CDC Guyana will also continue its direct technical support, where appropriate, to USAID, the Peace Corps and the Military Liaison Office (MLO).

#### Peace Corps

After returning to Guyana in 1995, Peace Corps has played an active role in providing volunteers for Education and Health sector. Every Peace Corps volunteer in Guyana has been trained in combating HIV/AIDS. Peace Corps has a distinctive advantage since most volunteers are in small villages and can provide one-on-one service. Currently, 67 Peace Corps volunteers are involved in ABC program, PCMTCT, OVC, and palliative care, but they are not funded under PEPFAR. However, four Crisis Corps Volunteers are funded under PEPFAR. In order to support these volunteers, it will be imperative for Peace Corps to have a core of two positions focused on facilitating efficient program implementation and oversight.

#### DOD

The Department of Defense will have its first health sector in-country presence, with continuing support from the Military Liaison Officer at the US Embassy and a DOD technical support team located in Florida at Southern Command. DOD will continue to implement directly through the partnership with the Guyana Defense Force (GDF) to strengthen human capacity, their organizational structure, and finalize a written policy to run HIV/AIDS programs.

#### DOL

The Department of Labor does not have an in-country presence, but the Department of State Economic Officer in collaboration with the PEPFAR coordinator serve as the point of contact for the involvement of DOL. Their programs are implemented directly by the International Labor Organization.

**Table 3.3.19: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 3828.09	<b>Mechanism:</b> CDC Program Management
<b>Prime Partner:</b> US Centers for Disease Control and Prevention	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GAP	<b>Program Area:</b> Management and Staffing
<b>Budget Code:</b> HVMS	<b>Program Budget Code:</b> 19
<b>Activity ID:</b> 3216.25139.09	<b>Planned Funds:</b> \$1,000,000
<b>Activity System ID:</b> 25139	

**Activity Narrative:** The CDC programs and activities for the five-year PEPFAR program and beyond are made with the intention of helping Guyana become a model for the Caribbean. Today Guyana is a leader in the region in surveillance, care, and treatment, and the integration of the rapid test into the public health system. As projects and programs mature, Guyana should be able to demonstrate that it is possible, in a resource-constrained Caribbean nation, to stem the tide of the epidemic, prevent nearly all HIV-positive mothers from passing HIV to their newborns, and ensure that life-saving ART treatment is available to all those in need. PEPFAR will contribute to Guyana's leadership in training for physicians and public health practitioners, particularly lab practitioners, in HIV/AIDS care, surveillance, program design/implementation, and services. The current staff for the CDC GAP office is a total of 15 positions including one ASPH Fellow, two fewer than last year. The positions include 3 FTE, 1 PSC, and 10 LES; 8 staffs are supported under Management and Staffing and six support specific program areas. The staffing mix for M&S in FY09 includes two US direct hire FTEs, the Director (physician) and Deputy Director for Operations (Public Health Advisor) as well as 6 Locally Engaged Staff (LES) administrative and support staff hired on Personal Service Agreements (PSAs). The LES include the following: IT specialist, financial specialist, administrative officer, secretary, receptionist, and janitor. CDC also has an American Schools of Public Health (ASPH) Fellow who provides support in various program areas. The Program staff includes one FTE Medical Epidemiologist who provides technical support primarily to SI, adult care and other prevention. The PSC position supports Laboratory Infrastructure, specifically for the National Public Health Reference Laboratory (NPHRL); this position was formally for a Monitoring and Evaluation Specialist but has been changed to a Senior Laboratory Advisor to provide guidance and technical expertise to the MOH to assist in strengthening the capacity of the NPHRL. The 4 LES program staff hired on PSAs includes a senior program advisor, a Guyanese physician epidemiologist who serves as the technical point of contact for the three cooperative agreements and provides primary technical support in all facets of Care and Treatment Services and PMTCT. Two other program officers focus on blood safety, palliative care/TB, and care & treatment services. They also provide targeted technical assistance and monitoring of the cooperative agreements. The Data Manager supports the SI activities. Staff salary and benefits by program area is: M&S: \$423,320; PMTCT: \$44,221; other prevention: \$23,100; Blood Safety 20,142; Palliative Care/TB: \$31,174; HIV/AIDS Treatment Services: \$192,395; Laboratory - \$90,000; and SI - \$78,354.

In addition to the skill sets required for operating and managing an office, the current level and mix of staff are needed to provide technical assistance and guidance to local and international partners as they develop their own capacity in technical, administrative, and management areas. The M&S staff provides a large amount of technical support in the areas of financial management, grant writing and reporting, and cooperative agreement management to the MOH. Support is also provided to other partners that include the National Blood Transfusion Service, the AIDSRelief Consortium, FXB and ITECH. During the current and expected near-term, the CDC will continue to assist the MOH and others in the development and implementation of national strategic plans as well as with strengthening internal systems to implement and monitor program activities including administration of cooperative agreements. CDC will continue to provide oversight and technical support to programs for which SCMS provides procurement services as well as work with SCMS to implement a modern supply chain management system. CDC will continue to provide oversight of the recently constructed National Public Health Reference Laboratory during the warranty phase and also the Senior Laboratory Advisor will provide technical and managerial support in capacity building.

However the COP guidance outlines several key steps to assist country teams with the process of thinking through staff positions with the team in mind rather than a particular agency. Further, the guidance from OGAC promotes rational approaches to replacing staff vacancies, reducing redundancies, and leveraging the comparative advantages of each agency. CDC, for example, conducts its business using a very different model than USAID.

As a result, CDC offices can end up with more program area technical experts (e.g., physicians, lab specialists, program development officers) compared to USAID. USAID, on the other hand, may have more portfolio and grants managers with less direct responsibility for direct program implementation. This can result in a lop-sided number of management and staff positions, often with CDC having comparatively more staff.

Here in Guyana, a relatively small program, CDC staff outnumber USAID staff by about 4 to 1. Therefore, CDC has the greatest contribution to the overall country management and staff (M&S) numbers. For FY 2008 the combined country amount budgeted for M&S was 8.6%. For FY 2009, despite the elimination of two positions by CDC, and no growth by USAID, the overall percentage for M&S actually increased to 11.5%. Staffing footprints for countries with small budgets like Guyana are particularly sensitive to funding reductions. As such, M&S reductions must accompany budgetary reductions in order to maintain budget levels within the 7% earmark. Obviously a net reduction in CDC staff by two LES was not nearly enough to compensate for a 20% decrease in the overall country budget. CDC must therefore make further reductions in staff over the next few years.

Therefore based on assessment of the CDC office, conversations with other USG agencies, the maturity of the overall program in country, and other criteria and considerations related to SFR, CDC envisions continued efforts to reduce its staffing footprint. We have mapped out a hypothetical staffing footprint by position for the CDC office, current compared to future. The actual time table for transitioning various positions will depend on program priorities, work load, training needs, and other factors. However, we anticipate that in 2 years we will be much closer to the desired staffing footprint.

The total estimated cost of doing business is budgeted for \$429,866 in 2009 which covers ICASS and CSCS and ITSO. In FY09 guidance was provided to allow these costs to be budgeted under M&S; The CSCS charge for FY09 is substantially lower than in previous years (FY07=\$240,133). Other charges include the Non-ICASS Security charge (\$75,000) and a per-workstation charge for IT support from CDC headquarters. This is a new charge implemented by the CDC Information Technology Services Office (ITSO) to cover the cost of Information Technology Infrastructure Services and Support provided by ITSO. This includes the funding to provide base level of connectivity for the primary CDC office located in each

**Activity Narrative:** country and connecting them into the CDC Global network, keeping the IT equipment located at these offices refreshed or updated on a regular cycle, funds for expanding the ITSO Global Activities Team in Atlanta as well as fully implementing the ITSO Regional Technology Services Executives in the field.

In addition to the salary, benefits and business charges, the M&S budget includes office related costs for rent, utilities, security, office supplies, office equipment maintenance and replacement, and travel. In addition to salary and benefits, M&S costs associated with two FTE staff includes residential rent, utilities, make-ready of residences, residential furniture and appliance replacement, annual R&R air fare, and expenses for a Permanent Change of Station (PCS) move for 1 FTE. Travel includes periodic trips to Atlanta or Washington DC for policy or related meetings, attendance at international and regional conferences, the annual CDC Global Health Meeting, and the annual PEPFAR Meeting as well as site visits within Guyana.

M&S Budget Overview: Salary & Benefits for 2 US FTEs and 6 LES -\$423,320; Travel-\$61,300; Office and Residential Leases and Utilities-\$164,685; Local security guard service for the office and residences-\$65,640; Building maintenance, office supplies and equipment and servicing-\$64,600; Miscellaneous costs for training, renewing licenses, support for Ambassador's Grant, and appreciation awards-\$68,885; ICASS-\$260,000; CSCS/OBO-\$61,366; ITSO-\$108,500; Non-ICASS Security - \$75,000. Total M&S \$1,437,263.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 12733

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12733	3216.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	6274	3828.08	CDC Program Management	\$910,000
8086	3216.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4689	3828.07	CDC Program Management	\$934,401
3216	3216.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	3828	3828.06	CDC Program Management-Base	\$949,334

**Table 3.3.19: Activities by Funding Mechansim**

**Mechanism ID:** 3717.09

**Mechanism:** Department of Defense

**Prime Partner:** US Department of Defense

**USG Agency:** Department of Defense

**Funding Source:** GHCS (State)

**Program Area:** Management and Staffing

**Budget Code:** HVMS

**Program Budget Code:** 19

**Activity ID:** 5435.25100.09

**Planned Funds:** \$65,000

**Activity System ID:** 25100

**Activity Narrative:** In FY09, the, the DoD full-time in country program manager will continue to oversee all DoD/PEPFAR-funded activities. Duties of the program manager include serving as the principal advisor to the Military Liaison Officer (MLO), Office of the Command Surgeon, United States Southern Command, and the DoD HIV/AIDS Prevention Program (DHAPP) on HIV/AIDS activities in Guyana. The program manager is also responsible for collaborating with other implementing partners in the country in order to share information and coordinate activities. Funds will support the hiring of an administrative assistant, travel costs, and office supplies needed for monitoring and evaluation. Funds will also cover US Embassy ICASS fees for contracts and other services.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 14644

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14644	5435.08	Department of Defense	US Department of Defense	6640	3717.08	Department of Defense	\$0
8486	5435.07	Department of Defense	Center for Disaster and Humanitarian Assistance Medicine	4451	3717.07	Department of Defense	\$90,000
5435	5435.06	Department of Defense	Center for Disaster and Humanitarian Assistance Medicine	3717	3717.06	Department of Defense	\$60,000

**Emphasis Areas**

Military Populations

**Human Capacity Development**

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.19: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 134.09	<b>Mechanism:</b> USAID Program Management
<b>Prime Partner:</b> US Agency for International Development	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Management and Staffing
<b>Budget Code:</b> HVMS	<b>Program Budget Code:</b> 19
<b>Activity ID:</b> 2861.23904.09	<b>Planned Funds:</b> \$555,000
<b>Activity System ID:</b> 23904	

**Activity Narrative:** Continuing Activity with change of the PEPFAR Coordinator Role from USAID to DOS.

USAID will transition the coordination of the Guyana PEPFAR portfolio (including the responsiveness to headquarters' reporting requirements, coordination of needed short-term technical assistance, coordination of the planning and reporting, overseeing the overall implementation of PEPFAR in Guyana, and monitoring of program progress) to a DOS support PEPFAR Coordinator.

USAID program management for FY09 includes overhead (partial payment of total USAID office costs, supplies, furniture, printers/copiers, communication facilities); one PHN/PSC/or JOPA Officer with responsibility as the Cognizant Technical Officer and HIV/AIDS Strategic Objective Team Leader; one FSN Program Advisor with key responsibility and oversight on NGO coordination and development; one FSN Strategic Information Officer; transportation (through ICASS motorpool); travel and training for PEPFAR Supported staff and key, local partners working in the interest of USAID programs, program funds (miscellaneous expenses for SO cross-cutting issues at USAID, training funds for USAID and partner staff); and ICASS fees.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 14083

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14083	2861.08	U.S. Agency for International Development	US Agency for International Development	6704	134.08	USAID Program Management	\$500,000
8273	2861.07	U.S. Agency for International Development	US Agency for International Development	4795	134.07	USAID Program Management	\$600,000
2861	2861.06	U.S. Agency for International Development	US Agency for International Development	2606	134.06	USAID Program Management	\$605,000

**Table 3.3.19: Activities by Funding Mechansim**

**Mechanism ID:** 4993.09

**Mechanism:** Department of State

**Prime Partner:** US Department of State

**USG Agency:** Department of State / Western Hemisphere Affairs

**Funding Source:** GHCS (State)

**Program Area:** Management and Staffing

**Budget Code:** HVMS

**Program Budget Code:** 19

**Activity ID:** 8949.22630.09

**Planned Funds:** \$112,500

**Activity System ID:** 22630

**Activity Narrative:** The management and staffing budget under Department of State (DOS) will include the costs to cover the positions outlined below, travel costs associated with PEPFAR regional and international conferences for the Ambassador and/or any of the staff falling under DOS, USG/GOG COP Planning sessions/workshops, and discrete, in-country PEPFAR public affairs activities (events, materials, travel, publishing, media placement).

Introduce one, FSN full-time PEPFAR Coordinator  
 Supervisor (Ambassador or DCM)  
 Physical Location (First Floor Embassy)  
 Duties (As outlined in approved, oGAC developed, PD for PEPFAR Coordinator)

Maintain one, when-actually-employed FSN PEPFAR Public Affairs Officer  
 Supervisor (PEPFAR Coordinator and DCM)  
 Physical Location (First Floor Embassy)  
 Duties:

- Coordinate the media's participation at public affairs events;
- Keep the PEPFAR.net/Guyana webpage loaded with current events, successes, and supporting documents submitted by USG/PEPFAR agencies.
- Plan and host any HIV/AIDS functions planned;
- Coordinate with media houses for the airing/printing of material;
- Facilitate the finalization and head-office clearance of remarks;
- Facilitate the finalization and head-office clearance of materials to be placed in media;
- Maintain spreadsheet of all media coverage for PEPFAR;
- Coordinate Bi-weekly Meetings with Ambassador;
- Coordinate periodic meetings with the USG and MOH;
- Plan, Implement, Take and Disseminate Minutes on USG/PEPFAR Meetings;
- Coordinate logistics for international visitors;
- Coordinate and Plan for the logistics of core team visits;
- Coordinate with USG agencies and Public Affairs units to ensure adequate program coverage, remarks are prepared well in advance.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 14072

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14072	8949.08	Department of State / Western Hemisphere Affairs	US Department of State	6699	4993.08	Department of State	\$70,000
8949	8949.07	Department of State / Western Hemisphere Affairs	US Department of State	4993	4993.07	Department of State	\$50,000

**Table 3.3.19: Activities by Funding Mechanism**

**Mechanism ID:** 135.09

**Mechanism:** CDC Program Support

**Prime Partner:** US Centers for Disease Control and Prevention

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Management and Staffing

**Budget Code:** HVMS

**Program Budget Code:** 19

**Activity ID:** 9359.25368.09

**Planned Funds:** \$437,263

**Activity System ID:** 25368

**Activity Narrative:** The CDC programs and activities for the five-year PEPFAR program and beyond are made with the intention of helping Guyana become a model for the Caribbean. Today Guyana is a leader in the region in surveillance, care, and treatment, and the integration of the rapid test into the public health system. As projects and programs mature, Guyana should be able to demonstrate that it is possible, in a resource-constrained Caribbean nation, to stem the tide of the epidemic, prevent nearly all HIV-positive mothers from passing HIV to their newborns, and ensure that life-saving ART treatment is available to all those in need. PEPFAR will contribute to Guyana's leadership in training for physicians and public health practitioners, particularly lab practitioners, in HIV/AIDS care, surveillance, program design/implementation, and services. The current staff for the CDC GAP office is a total of 15 positions including one ASPH Fellow, two fewer than last year. The positions include 3 FTE, 1 PSC, and 10 LES; 8 staffs are supported under Management and Staffing and six support specific program areas. The staffing mix for M&S in FY08 includes two US direct hire FTEs, the Director (physician) and Deputy Director for Operations (Public Health Advisor) as well as 6 Locally Engaged Staff (LES) administrative and support staff hired on Personal Service Agreements (PSAs). The LES include the following: IT specialist, financial specialist, administrative officer, secretary, receptionist, and janitor. CDC also has an American Schools of Public Health (ASPH) Fellow who provides support in various program areas and falls under M & S in the staffing plan. The Program staff includes one FTE Medical Epidemiologist who provides technical support primarily to SI, adult care and other prevention. The PSC position supports Laboratory Infrastructure, specifically for the National Public Health Reference Laboratory (NPHRL); this position was formally for a Monitoring and Evaluation Specialist but has been changed to a Senior Laboratory Advisor to provide guidance and technical expertise to the MOH to assist in strengthening the capacity of the NPHRL. The 4 LES program staff hired on PSAs includes a senior program advisor, a Guyanese physician epidemiologist who serves as the technical point of contact for the three cooperative agreements and provides primary technical support in all facets of Care and Treatment Services and PMTCT. Two other program officers focus on blood safety, palliative care/TB, and care & treatment services. They also provide targeted technical assistance and monitoring of the cooperative agreements. The Data Manager supports the SI activities. Staff salary and benefits by program area is: M&S: \$423,320; PMTCT: \$44,221; other prevention: \$23,100; Blood Safety 20,142; Palliative Care/TB: \$31,174; HIV/AIDS Treatment Services: \$192,395; Laboratory - \$90,000; and SI - \$78,354.

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**Activity Narrative:** country and connecting them into the CDC Global network, keeping the IT equipment located at these offices refreshed or updated on a regular cycle, funds for expanding the ITSO Global Activities Team in Atlanta as well as fully implementing the ITSO Regional Technology Services Executives in the field.

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M&S Budget total is \$1,437,263: Therefore \$437,263 is for ITSO\$ 108,500, ICASS \$260,000, CSCS \$61,366 and other expenditure.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 12730

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12730	9359.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	6273	135.08	CDC Program Support	\$208,987
9359	9359.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4727	135.07	CDC Program Support	\$278,800

**Table 5: Planned Data Collection**

<b>Is an AIDS indicator Survey(AIS) planned for fiscal year 2009?</b>	<b>Yes</b>	<b>X</b>	<b>No</b>
If yes, Will HIV testing be included?	Yes		No
When will preliminary data be available?			
<b>Is an Demographic and Health Survey(DHS) planned for fiscal year 2009?</b>	<b>X</b>	<b>Yes</b>	<b>No</b>
If yes, Will HIV testing be included?	Yes		No
When will preliminary data be available?		6/15/2010	
<b>Is a Health Facility Survey planned for fiscal year 2009?</b>	<b>Yes</b>	<b>X</b>	<b>No</b>
When will preliminary data be available?			
<b>Is an Anc Surveillance Study planned for fiscal year 2009?</b>	<b>Yes</b>	<b>X</b>	<b>No</b>
If yes, approximately how many service delivery sites will it cover?	Yes		No
When will preliminary data be available?			
<b>Is an analysis or updating of information about the health care workforce or the workforce requirements corresponding to EP goals for your country planned for fiscal year 2009?</b>	<b>Yes</b>	<b>X</b>	<b>No</b>

## Supporting Documents

File Name	Content Type	Date Uploaded	Description	Supporting Doc. Type	Uploaded By
Gender Narrative 2009.doc	application/msword	10/16/2008		Gender Program Area Narrative*	JRehwinkel
USAID Org Chart.doc	application/msword	10/24/2008	USAID Org Chart	Staffing Analysis	JRehwinkel
USMLO Org Chart.doc	application/msword	10/24/2008	DOD Org Chart	Staffing Analysis	JRehwinkel
Salary Table Summary Guyana.xls	application/vnd.ms-excel	10/27/2008		Health Care Worker Salary Report	JRehwinkel
PCG Org Chart.doc	application/msword	10/29/2008	Peace Corps Org Chart	Staffing Analysis	JRehwinkel
Public Private Partnerships Table.xls	application/vnd.ms-excel	10/14/2008		PPP Supplement	JRehwinkel
CDC Org Chart.doc	application/msword	10/24/2008	CDC Org Chart	Staffing Analysis	JRehwinkel
Human Capacity Development Final.doc	application/msword	10/31/2008		HRH Program Area Narrative*	JRehwinkel
2009 Functional Staffing Chart.doc	application/msword	10/24/2008	PEPFAR/Guyana Functional Staffing Chart	Staffing Analysis	JRehwinkel
2009 Global Fund Support Document.doc	application/msword	10/24/2008		Global Fund Supplemental	JRehwinkel
Target Calculation for Merundoi Using Estimation Techniques_COPFY09.doc	application/msword	10/31/2008	Merundoi Target Estimation Explanation	Other	CONoble
Management and Staffing Budget Table Guyana.xls	application/vnd.ms-excel	11/6/2008		Management and Staffing Budget Table	JRehwinkel
FY09 Budgetary Requirements Worksheet Guyana (updated for VCT policy change).xls	application/vnd.ms-excel	11/10/2008		Budgetary Requirements Worksheet*	JRehwinkel
Ambassador Cover Signed.pdf	application/pdf	11/10/2008		Ambassador Letter	JRehwinkel
FY09 Executive Summary Guyana.doc	application/msword	11/12/2008		Executive Summary	JRehwinkel
FXB Request for Waiver of 8% .doc	application/msword	11/12/2008	Justification for Partner Limit Exceeding 8%	Budgetary Requirement Justifications	JRehwinkel
AIDSRELIEF Request for Waiver of 8%.doc	application/msword	11/12/2008	Justification for Partner Limit Exceeding 8%	Budgetary Requirement Justifications	JRehwinkel
Guyana_AB_Justification.doc	application/msword	11/19/2008	Abstinence and Faithfulness Justification	Budgetary Requirement Justifications	CONoble
Guyana_Program Summary Targets and Explanations of Table 2 & 3 Target Calculations.xls	application/vnd.ms-excel	12/2/2008	Guyana Program Summary Targets and Explanations of Table 2 and Table 3 Target Calculations	Summary Targets and Explanation of Target Calculations	CONoble
Aggregated-De-duplicated Partner Level and Country Level Targets.xls	application/vnd.ms-excel	11/19/2008	This spreadsheet contains aggregated, de-duplicated partner level targets for each program area as well as summary program area targets.	Other	CONoble