

USAID/Guyana HIV/AIDS Reduction and Prevention (GHARP) Project

1. ADMINISTRATION

Administrative Services continued to be provided for a wide range of activities carried out during the period under review. The refurbishment of sites continued, contributing to the launching of PMTCT services in Regions Three, Four and Five. Refurbishment of sites in Regions Four and Ten also continued. In addition to routine administrative functions, the Administrative Services Unit provided support for the many training activities that were conducted by GHARP.

Recruitment was another major undertaking of the Administration Unit for the year under review. The recruitment of 39 additional staff enhanced the delivery of GHARP's programmes and support to partners at different levels. GHARP's partners for the past year included the Ministry of Health, the Ministry of Labour, Human Services and Social Security, UNICEF, PAHO/WHO, Peace Corps, CDC, FXB, Governmental and non governmental organisations and agencies, faith based organisations and various public and private sector entities.

2. SUB-RECIPIENT PROGRAMME

During the year in review there were many achievements in our work with Non-Governmental and Faith Based Organisations. USAID/GHARP was able to provide funding to an additional eleven (11) NGOs/FBOs, bringing its complement of NGO/FBO partners to 20. This saw the project being able to expand its services to various Most At Risk Populations (MARPS) who were not being reached. GHARP has now developed a strategy and programmes for working with this population and has been able to integrate VCT services within these programmes.

Capacity building was one of the major areas targeted. GHARP's 20 NGO and FBO partners benefited from a range of workshops, seminars and training sessions, all aimed at building their capacity to provide a wider range of high quality services. The trainings which were on and off site, saw hundreds of volunteers and staff enhancing their skills, and implementing sound systems that will enable them to better manage their programmes, and at the same time, satisfy the reporting requirements of USAID/GHARP and PEPFAR. The details of these activities are included in Section 7 of this report.

Issues pertaining to quality assurance and quality improvement were also addressed this past year. Various tools were developed, tested and implemented by GHARP's NGO/FBO partners. Please see attachments.

Communication and coordination protocols involving GHARP and Maurice Solomon Company (MSC) were discussed and a joint NGO monitoring tool has been developed. MSC is the accounting firm that was contracted to provide all of the financial support to GHARP funded NGOs and FBOs. This tool was tested and is now operational. There will now be joint GHARP/MSC quarterly reviews of NGOs and their programmes. The first review session was held during August and involved the Technical, Monitoring and Evaluation and Programme Units of GHARP, as well as Maurice Solomon Company (MSC).

The Programme, Technical and M&E officers continued the review of proposals that had been submitted by the group of 11 NGOs. Funding for these eleven was approved effective July 2005. The officers were also engaged in reviewing and strengthening proposals from the original group of 9 NGOs. It is expected that these NGOs will receive funding from October 1, 2005.

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3. SURVEILLANCE, MONITORING & EVALUATION

The activities outlined below represent the main achievements of the GHARP M&E unit for fiscal year 2005.

Finalisation and Dissemination of the findings of the Behavioral and Biological Surveillance Surveys

The final report of the Behavioral and Biological Surveillance Surveys that were conducted among a number of target groups across Guyana was submitted to and accepted by the Ministry of Health. GHARP's M&E unit also provided support to the Ministry of Health in planning the dissemination workshop that was conducted to share the findings of the report with key stakeholders in the fight against HIV/AIDS in Guyana. The draft report of the Uniformed Services survey was completed and has been circulated for review and comments. The findings of the surveys will be used to guide the implementation of targeted interventions among most at risk populations (MARPS) which is scheduled to commence in the new fiscal year.

The GHARP M&E unit in collaboration with GUYSUCO prepared a draft report on the "Survey of sexual and other health related behaviors among employees of GUYSUCO." This report is currently being reviewed by GUYSUCO staff.

Qualitative Research on the Most-at-Risk Populations

A draft report on the findings of the qualitative study conducted among the Most At Risk populations (MARPS) has been completed. The findings of this report will provide essential data that will inform targeted interventions for these sub-populations.

Supplemental Proposal

The M&E unit took the lead role in the development, finalising and submission of the supplemental proposal targeting Most-at-risk populations (MARPS). This proposal was approved for supplemental funding by PEPFAR. The unit subsequently developed, finalized and discussed with partners the outline for the intervention targeting female sex workers in regions 4 & 6. This is one of the activities to be implemented in the new fiscal year under the supplemental agreement.

Training to Non-Governmental Organisations in Strategic Information

Training was provided to members of 31 non-governmental organisations in the monitoring and evaluation of HIV/AIDS programs. These individuals were trained over the course of two training sessions held in March and June 2005. A total of 53 persons from NGOs supported by GHARP and the Ministry of Health's Health Sector Development Unit (HSDU) were trained. These and other activities represent the support the M&E unit provided to the Global Fund program over the course of the fiscal year.

Continued support was provided to GHARP supported NGOs over the course of the fiscal year to maintain and improve data quality. Site visits were made to NGOs and on-site training was conducted in the development of frontline data collection forms in an effort to streamline the data collection systems of the NGOs for various program areas. The existing systems at the organisations were reviewed and suggestions for modification were made. In instances where no established system existed a system was proposed. This approach was taken so that current systems were not disrupted or discarded. This streamlining of systems ensures that the summary monthly data provided by the NGOs accurately reflect their activities over the course of that reporting period.

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National PMTCT Feedback Sessions

Members of the Monitoring and Evaluation unit participated in a series of countrywide feedback sessions that were held with health care staff from PMTCT sites located in Regions 2,3,4,6,7,9&10. These feedback sessions were organized by the Ministry of Health's MCH department and served to provide useful feedback on the challenges encountered by health care workers assigned to PMTCT sites across the country. Issues related to data collection and reporting were addressed. These sessions served to strengthen the quality of service provided and the quality of data reported from these sites.

Establishment of Monitoring and Evaluation Systems for GHARP

Over the course of fiscal year 2005 the monitoring and evaluation unit established new systems and revised existing systems within Ministry of Health facilities in collaboration with the Ministry of Health in order to facilitate the reporting requirements of GHARP.

HIV Counselling and Testing

Through continued collaboration with the Ministry of Health, the HIV counselling and testing data collection system was revised so that additional data was collected accurately to inform the implementation of the HIV counselling and testing program nationally. This revision entailed extended consultations with relevant governmental and non-governmental stakeholders.

Strengthening the Monitoring System for the National PMTCT Program

Through extended consultation and collaboration with the Ministry of Health's Maternal and Child Health (MCH) Department, the GHARP M&E unit was successful in revising and streamlining the data collection and reporting system for the Prevention of Mother to Child Transmission Programme. This long overdue revision has resulted in the removal of unnecessary data collection tools and consequently, the reporting burden on health care workers has been significantly reduced. This reduced burden is expected to ensure greater compliance with the established data collection system and improve data quality.

Part of this revision process was the restructuring of the monthly reporting tool which will now accurately capture information on all services provided as part of the PMTCT and PMTCT- plus programs being implemented at health centers across Guyana. GHARP has provided assistance to the Ministry of Health in the mass reproduction of the reporting tools. This revised system will provide much needed national level data on the PMTCT program to both the Ministry of Health and GHARP.

Care and Treatment

Through continued consultation with Ministry of Health officials the GHARP M&E unit was able to develop and implement a reporting form to capture data on care and treatment efforts at the G.U.M clinic. It is intended that this reporting form will be introduced to other sites as GHARP begins to offer support to care and treatment activities at these facilities.

Support in Monitoring and Evaluation at the National Level

Support was provided to the Ministry of Health and other partners in the development and finalizing of the Guyana National Strategic Plan for HIV/AIDS and the National Monitoring and Evaluation Plan. During the development of the National M&E plan GHARP drafted the section of the plan containing the National M&E Framework and made significant inputs into the other sections. GHARP's monitoring and evaluation plan has been tailored to fit into the national plan.

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GHARP also assisted with the development of a one-year implementation plan for M&E for the HSDU. The roll-out of this plan is awaiting the completion of the national HIV/AIDS Strategic Plan and the National M&E Strategic Plan. Additionally continued support throughout the fiscal year was provided to the Ministry of Health for HIV/AIDS surveillance at the national level.

Support in the establishment of a National Health Care Referral System for HIV positive persons

The structure and tools to be used to facilitate the referral of HIV positive persons through the health care system in Guyana was finalized with the staff of the National AIDS Program, G.U.M Clinic and the Ministry of Health. The successful establishment of such a system is crucial to the provision of a comprehensive set of services to HIV positive persons and their families and strengthens the Ministry of Health and GHARP's ability to provide these services to persons that need them.

Provision of data for informed decision-making among national policymakers

A presentation was made to a gathering of Guyanese parliamentarians on the epidemiology of HIV/AIDS in Guyana. This technical support was provided to the UNFPA and the M.O.H which jointly hosted the meeting.

The Monitoring and Evaluation Unit facilitated discussions on the selection of priority populations for BCC targeted interventions in Guyana at a workshop held to develop the national BCC strategy.

Data Sharing

A presentation was made by the Director of the GHARP M&E unit at the PEPFAR field meeting in Ethiopia on the sampling of Most-at-Risk Populations (MARPS). This presentation was well received and served to inform key stakeholders of the work of the U.S government funded HIV/AIDS programme in Guyana.

Collaboration with USG Partners

The GHARP M&E unit participated in the HIV/AIDS Monitoring and Reporting Workshop for PEPFAR Posts in Guyana that was organized and run by the Peace Corps Guyana office. Discussions on how there can be greater collaboration between GHARP and Peace Corps Guyana in the area of training were held. Additionally, ways to avoid double counting of activities involving Peace Corps volunteers posted at GHARP supported NGOs was discussed.

Wider Collaboration

Support was provided to the Caribbean Health Research Council (CHRC) in holding their annual scientific meeting. This relationship fosters wider co-operation and collaboration with regional organisations in the fight against HIV/AIDS through enhanced access to meaningful research in the field.

Responding to Internal Information Needs

The Global Spreadsheet (GSS) is a database that stores information on a variety of programmatic indicators, including PEPFAR indicators, which was developed and is maintained by the FHI Arlington head office. Programmatic data was entered into this database for the Guyana country office for the reporting quarters for fiscal year 2005.

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Technical support was provided in the preparation of the report detailing the findings of the audit conducted among GHARP contracted NGOs on the implementation of programs disseminating information on Abstinence, Being Faithful and Condom Use (ABC).

The GHARP M&E unit participated in the quarterly audit of the GHARP supported NGOs. The unit will develop a database to store the findings of each audit so that progress over time can be easily tracked.

Streamlining GHARP reporting system to revised PEPFAR requirements

The NGO monthly monitoring tool and the Counselling and Testing monthly report were both revised further to accommodate the most recent guidance provided by PEPFAR as it relates to its reporting requirements. These revisions ensure that GHARP is able to provide accurate data in keeping with the most recent reporting requirements published by PEPFAR.

N.B. PLEASE SEE ATTACHED TARGETS AND ACHIEVEMENTS.

4. PROJECT IMPLEMENTATION

Implementation of the GHARP project continued to move ahead with increased coordination and collaboration with our partners. This saw GHARP being able to achieve and exceed many of its targets set for the reporting period.

Promotion of Services

Advertising and Promotions

An Advertising Agency Request For Proposals was published in local newspapers inviting submissions for the two (2) communication campaigns namely Stigma and Discrimination and AIDS Safe Attitudes and Practices. Astroarts International Marketing, Video Mega Productions and Harris Arts Productions were contracted to assist with various sections. Since they were brought on board, several creative design workshops, involving advertising agencies and non-governmental organizations, have been held to contribute towards the creation of the various campaigns. This has resulted in the production of three (3) television commercials on the voluntary counseling and testing component of the project. These advertisements were designed to target two consumer types: those who possessed a high perception of personal risk of HIV infection and those with a low risk perception. All of these materials have been shown in the local media. A music video on Stigma and Discrimination was also produced and will be launched in the next year.

Six media owners have also committed to showing the advertisements free on their Television channels. They are NBTV Channel 9, National Communications Network Inc. (NCN 11), Little Rock Television Station (LRTVS Channel 10), Vieira Communications Limited (VCT Channel 28), Prime News – Ms Julia Johnson of Channel 9, and R.C.A Television Channel 8 – Essequibo Coast

The creative development process for the communication campaign also took another major step forward with the production of twelve (12) television scripts and eight (8) radio scripts that focus on PMTCT, VCT, as well as the condom use and Stigma and Discrimination Campaigns. The scripts will be pre-tested during the next quarter. The respective names and related program areas that each script developed correspond is provided in the table below:

			PROGRAM AREA		
VCT	PMTCT	CONDOMS	STIGMA & DISCRIMINATION	FAITHFULNESS	ABSTINENCE

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(1) "Walking Couple"(TVC)	(4)"Friends Advice"(TVC)*	(6)"Rewind"(TVC)	(8)"The Dentist"(TVC)	(10)"Homecoming"(TVC)	(12) "Loser"(TVC)
(2)"Newscast"(TVC)	(5)"Check Up"(TVC)	(7)"The Proposal"(TVC)	(9)"Changing Room"(TVC)	(11)"Bedazzled"(TVC)	
(3) "The Love Doctor"(TVC)	(b)"Friends Advice"(RDC)	(d)"The Proposal"(RDC)	(f)"The Dentist"(RDC)	(h)"Double Jeopardy"(RDC)	(i)"Candy shop"(RDC)
(a)"If Only"(RDC)	(c)"Check Up"(RDC)	(e)"Rewind"(TVC)	(g)"Changing Room"(RDC)		

*TVC: Television Commercial

*RDC: Radio Commercial

Marketing and Distribution

During this fiscal year, the Marketing and Distribution Officer was able to surpass the target set for this year (250) with the creation of 284 non-traditional retail outlets for the sale of condoms. The total number condoms sold were 13,849 pieces.

During the last quarter of this year, there were shortages in condom stock within the Public distribution network and also with Geddes Grant Ltd the largest private sector distributor of condoms. The sales promoters were able to assess the supply of condoms at various sites, look at usage patterns and facilitate the redistribution of same, based on a three month usage projection of the sites. For long term, there was an increase in consultations at the highest level to address the Public distribution problem in Guyana.

Behaviour Change Communication

During the reporting period GHARP contributed significantly towards the drafting of the National BCC Strategy for Guyana. This entailed working closely and intensely with the Health Sector Development Unit which manages the Global Fund in Guyana. The BCC National Strategy Document developed by a core group including GHARP's BCC officer, and submitted to the Health Sector Development Unit, Ministry of Health. This strategy document is intended to guide all interventions at the national and local level.

Other highlights include the production of a GHARP Brochure which is in distribution, and new client provider VCT material. The VCT material is expected to be completed during the next year.

Stigma and discrimination workshops were also held with PMTCT health care providers in Regions 2 and 6. Participants included providers from hospitals and ANC clinics. And in an effort to address the issue of stigma and discrimination through the media, a media workshop for journalists was organised by Artistes In Direct Support (AIDS). This is the second workshop for this year which was organised for journalists. In a previously held workshop the journalists had indicated the need for media guidelines for journalists to adhere to as it pertains to reporting on HIV/AIDS and related issues. At this workshop, a draft media guideline was presented to the journalists. The document was modified by the journalists in order to address Guyana's needs. This document is being circulated among other journalists and media houses. When fully modified, the final draft will be presented to the Minister of Health.

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5. PROVISION OF SERVICES

Technical Highlights

During the past year the technical service unit (TSU) was engaged in a wide range of activities which included expansion of the VCT services, quality improvement and quality assurance initiatives and the procurement and distribution of ARVs, STI and OI medications. Several consultations in the various programmatic areas were held with all key stakeholders.

Other highlights of this reporting period include GHARP's participation in the development of various other documents at the national level; as well as the conducting of an audit to assess the compliance of GHARP supported Non Governmental Organisations with the ABC Guidelines from the Office of the Global Aids Coordinator (OGAC).

PMTCT continues as an area of concern due to the lag in target achievement. Consultation with all key stake holders were held on: possible revision of targets, increasing PMTCT site access and increasing uptake at on Labour and delivery wards

All officers also contributed to the USG Core group country operational planning process by attending USG core group meetings and by responding to queries from USAID. The technical officers also supported the development of the GOG national HIV/AIDS strategic plan by advising on key meeting, documents and personnel as well as by participating in meetings called by the Ministry of Health.

Pharmaceutical Management

One of the highlights of this year's work included the arrival of IO and STI medications; the distribution of the paediatric ARVs to the GPHC and GUM clinic for dispensing; forecasting for the procurement of the second order of the paediatric ARVs; budgeting and approval of same for the needs of the ARV sites; follow up on the registration of the GHARP drugs; acquisition of a suitable database software for use with the ARVs; and entering data into the dispensing tool software and training of the pharmacists in the use of the tool at the ARV dispensing sites.

GHARP, in collaboration with the FDD and Catholic Relief Services (CRS), completed the draft Standard Operating Procedures (SOP) for drug registration, drug importation, registration of a drug importer and the customs clearance of drugs at importation. These drafts were sent to the Food & Drugs Department (FDD) for review and were presented to the stakeholders meeting for direction. The draft has been forwarded to the FDD for review. Also, new standard treatment guidelines were developed during the last quarter of the year. These should guide the future procurements of second line ARVs for the adult patients.

Community and Clinical Care

GHARP's programme looking at support to Persons Living with HIV/AIDS (PLWHA) was enhanced with various capacity building activities which took place during this year. Along with CAI, GHARP was able to provide training in the area of home based care, buddy systems, the syndromic management of STIs and HIV in women, Perinatal Transmission of HIV, and Paediatric HIV. In addition to representatives of Non Governmental and Faith based organisations, these workshops targeted doctors, nurses and other health care providers. The training has resulted in an

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additional number of PLWHA benefiting from a wider range of high quality services. The details of these trainings are included in the report of the Training Coordinator.

Significant steps were made towards having HBC training for volunteers institutionalized at the Adult Education Association and at the Institute of Distance and Continuing Education- a faculty of the University of Guyana. Both organizations have agreed to run the program and will send lecturers/trainers to the next GHARP training in HBC as a first step. HBC is one of the “newer” area of intervention for GHARP. There have been several trainings held for PLWHA and caregivers of PLWHA to build their capacity and facilitate them being able to provide a high quality of service to PLWHA. This brings us to our first success story- a story that demonstrates how USAID/GHARP has been providing support and hope through its programmes. This is the story of Millef.

Two years ago a common cold would not go away and Millef was weak and sick at home. He was having difficulty keeping food down and also had constant diarrhea. His friend Yon came by and suggested he go get tested for HIV. After a lot of persuading he decided to go see Dr. Huntley as Yon agreed to accompany him. After examining him and administering an HIV test Dr. Huntley referred Millef to Balwant Singh’s laboratory for an X-Ray. On his return to Dr. Huntley’s office she spoke with him but it wasn’t until he asked about his HIV test results that she told him he was positive. He collapsed to the floor.

Millef began to think of death and told Yon that if she told anyone about his HIV status he would kill himself. He continued to think of death and of different ways he could end his life. He went into a deep depression and was continually haunted by images of himself wasted away.

Millef lives with his mother and two adult nephews but did not reveal his status to any of his family members. They knew he was ill but did not realize how ill he was.

One day he woke up and thought “I’m alive and I want to live”. He got dressed, went out and got a haircut and decided it was time to take care of himself. Prior to being ill he would always go out to the bars and nightclubs and have a lot of fun with his friends. This time however he felt different. He kept thinking “I’m HIV+ and everyone else is negative”. These thoughts made him sad and he found himself crying constantly. He remembered his father who had died several years previously from an aid-related illness but he was so afraid he’d be rejected and feared losing his mother and other relatives.

He continued living in fear of being found out until one day he was watching television and Desiree Edghill, Director of Artistes In Direct Support, one of GHARP’s local partners, was being interviewed about the movie “Against All Odds”. Desiree had written, produced and starred in this USAID funded movie. He was touched by what she had to say and soon called her and setup an appointment to meet with her.

It had now been a year and a half since Millef had tested positive for HIV and only Dr. Huntley and his friend Yon knew. He went to Desiree’s office and for the first time in 18 months he admitted his HIV status to someone else. Desiree walked around to his side of the desk where he was sitting and held both of his hands in hers and he began to cry. After that he began to tell his story and the words wouldn’t stop coming. Desiree reassured him that everything would be fine as he continued talking. At the end of it all he felt as though she had given him life that day.

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Everything happened really quickly after that. Desiree arranged for him to meet with the folks from the Guyanese Network For Persons Living with HIV/AIDS (G+), another one of GHARP's local partners. He met with them and discussed his fears of dying. He received counseling at G+ and in record time found himself part of a GHARP PLWHA workshop facilitated by Cikatelli Associates Incorporated (CAI) – a partner on the GHARP Project. Of course he was nervous, knowing that all the other people there knew him and would know his status as they too were PLWHA but when the facilitators disclosed their status he said "Millef – you can live!" By lunchtime he was more comfortable and said "these are the people I should be around, I'm not alone in the boat". On World AIDS Day he went to the G+ Coffee Morning and shared in their observances. He and other PLWHAs can sometime even find humour in their illnesses. His interaction with the GHARP has been invaluable. He feels he has established a strong bond with them and is always happy to be in their company. "Being involved in all of the workshops has done a lot for me" he says. He feels that had he not made the connection with Artistes In Direct Support and then G+, he would be dead today. His recovery started with Desiree, it continues with GHARP. He still has not told his family but he hopes to continue gaining the strength that he will need to disclose his status to them. He has told his friends overseas and they continue to support him with their friendship. By hanging out with his peers, going to workshops, being active, he feels like he has found his family and whatever comes his way he is now committed to leading a healthy lifestyle and living!

* Name has been changed to protect the identity of the subject.

Orphans and Vulnerable Children

The OVC component of GHARP's programme was extremely successful and interventions through NGOs and FBOs saw GHARP surpassing its targets by a significant amount. This allowed GHARP to focus on quality assessment/quality improvement activities, especially during the last quarter of the year. This included on and off site training, the development of an OVC programme assessment tool, and the development of a draft OVC monitoring and evaluation tool to be used by other agencies providing financial assistance to NGOs and FBOs. As a result, these organisations have been able to expand, enhance and capture the range of services provided to OVC.

In partnership with UNICEF, GHARP provided ongoing technical support to the Ministry of Labour, Human Services and Social Security on a range of OVC related issues. These included developing a strategy for the development of a foster care system and the drafting of a national policy for OVC. This policy, which should be finalised within the next reporting period, will be used to guide the development of a National Plan of Action for OVC.

GHARP also provided technical support to the National Orphans and Vulnerable Children Strategic Plan Workshop on August 10th 2005. The workshop was coordinated for the Ministry of Health by the Pan American Health Organisation/ World Health Organisation and other partners. The workshop was part of a series of workshops that were aimed at getting national input into the Guyana National HIV/AIDS Strategic Plan for 2006-2010.

PMTCT/ L&D

The Prevention of Mother to Child Transmission Program was further extended to Regions 3,4 and 5 with the launching of PMTCT sites. All pregnant women attending Ante Natal clinic are offered counselling and testing. These additional sites bring the total number of established PMTCT sites to

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forty-nine (49). This comprises thirty –six ANC sites and 12 hospitals, of which 5 are L&D. Forty two(42) of these sites receive direct support from GHARP, while the remaining seven(7) receive technical assistance.

Achievements included the successful review of the Obstetric Charts from December 04 –June 05 at the Georgetown Public Hospital Corporation. This intervention was undertaken to validate the low uptake of HIV counselling/ testing in Labour and Delivery. The data collected will be used to improve the Counselling and Testing services in L&D at the GPHC.

GHARP was also a part of the PMTCT Strategic Planning Meeting held in August. The meeting was facilitated by PAHO/WHO. Attendees included the Director of Maternal and Child Health, Dr. Janice Woolford; Coordinator of PMTCT for the Ministry of Health, Ms. Deborah Vitalis; UNICEF Senior Programme Officer, Mr. Dennis Arends; FXB's Chief of Party, Dr. Chuka Anude; and Mrs. Edris George of USAID. Presentations were done by all the funding agencies, including GHARP. Issues raised included the need for increased access of PMTCT services to pregnant women, and the low % uptake of pregnant women at the main health facility in Guyana- the Georgetown Public Hospital Corporation (GPHC). A data review is currently being done to address this issue. Key issues requiring an action plan include referral systems, sustainability of the use Nevirapine for infants and mothers (considering the potency and toxicity of the drug), and social support for mothers in the programs.

GHARP, in collaboration with the maternal and Child health Department of the MOH, conducted feedback meetings with support staff in several regions where PMTCT services are being offered. These meeting were aimed at reviewing the activities of the past year with the aim of improving PMTCT services.

VCT

The VCT component received a boost with the recruitment of a Mobile counselling and testing team. This team has been able to offer VCT services in non-traditional areas where the service was unavailable, or difficult to access because of terrain. More recently, the Mobile team was able to work with FACT (one of the “newer” NGO s supported by GHARP) to provide Counselling and Testing services for Commercial Sex Workers(CSW), Men who have sex with men (MSMs) and other populations in Regions 3,4, and 6. This is part of GHARP's strategic plan for working with MARPS. VCT services were also launched at clinics and health centres that were already offering PMTCT services. There are now 16 fixed VCT sites and 20 sites the mobile team visits regularly. The GPHC Accident and Emergency unit and the medical out patients department are included.

Prevention and Care

Quality Improvement and Quality Assessment activities were the major focus for GHARP in the area of Prevention and Care. The need for effective and efficient systems was recognised, and a number of activities were carried out to provide for this. Several tools were developed and tested, and are being used by various sites country-wide.

Quality Assurance/Quality Improvement Interventions

GHARP was instrumental in the preparation of the first draft of the QA/QI presentation and accompanying documents for FHI's Global Management Meeting from the 25th -29th July, 2005. Project officers provided ongoing technical assistance to facilitate the completion of the documents which were presented by the USAID/GHARP Chief of Party, Mr. Kwame Asiedu. Technical

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Assistance was also provided in the preparation of the USAID/GHARP and PEPFAR Report that was presented at the Global Management Meeting (GMM) by the COP, Mr. Kwame Asiedu.

a team from GHARP met with the Chief of Party of the Centre for Disease Control, Dr. Douglas Lyons and Dr. Colin Roach and Ms. Lynette Hardy also of CDC, with the objective of collaborating in the issue of Quality Assurance/ Quality Improvement/ Quality Control (QA/QI/QC) involved in Prevention Programs (especially VCT and PMTCT). A series of activities followed, including the development of assessment tools, the piloting of the Quality Assurance/Quality Improvement tools [delete references to level unless you want to explain what the levels mean] at 3 VCT sites around Georgetown, and the implementation of a parallel assessment tool for PMTCT. In addition, a report was prepared for FHI on the Quality Assurance/Quality Improvement systems and process currently in use. This captured the standards, assessments and the data collection and usage that are in the initial stages of implementation at the country office. Please see copy of the report in attachment.

6. ENHANCING MULTI-SECTOR COLLABORATION AND INTER AGENCY COORDINATION

Private Sector Partnership

The Private Sector component of GHARP's work for this year provides us with one of our many success stories. In this report, we highlight one initiative which demonstrates the interest and commitment of Guyana's private sector to supporting the initiatives of GHARP and ultimately, supporting PLWHA in working towards economic independence. This is our second success story.

It began with an information gathering visit one sweltering hot morning back in September 2004. Following the successful bid for the USAID funded HIV/AIDS project, GHARP convened a rapid assessment team comprising technical officers from the local and overseas offices, and tasked them with assessing what the realities were in terms of the capacity of potential partners and the possibility of developing partnerships with a wide range of private sector entities and non governmental and faith based organisations. The officers responsible for OVC visited the offices of the Institute for Private Enterprise Development (IPED). They discussed the possibility of IPED providing support to PLWHA and were greeted with enthusiasm. Many months later when the Private Sector Development Manager came on board, he made follow-up contact with IPED. Again, a high level of enthusiasm was shown and discussions began in earnest. Along with the Community and Clinical Care Officer, the PSD Manager then approached the Guyana Telephone and Telegraph Company (GT&T), to lend their support to this initiative. Like IPED, the company was equally enthused. At the end of the discussions, it was agreed that GT&T would provide financial support for a full time staff person to be placed at IPED. This person would function as a business advisor to at least 200 PLWHA who are interested in starting up their own businesses. They will be provided with ongoing technical support and guidance for a year. Another major achievement during this quarter was the formalisation of the partnership between GHARP and the Institute of Private Enterprise Development (IPED) to support Persons living with HIV/AIDS (PLWHA) in business ventures. This partnership will see IPED providing on going support to PLWHA in setting up and managing

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This experience is being replicated with a wide cross section of private businesses through the interventions of the Private Sector Development Manager, the Community Care Coordinator and other technical officers within GHARP. During the reporting period, the Private Sector Manager was also able to facilitate a partnership with the Linden Economic Advancement Program (LEAP) in Region Ten (10). LEAP proposes to provide vocational skills training to PLWHA identified through Linden Care Foundation, and to support the expansion of that NGO's pharmacy into an economically viable entity. This is part of GHARP's community mobilisation initiative which seeks to link the business community with care and support activities for OVC and PLWHA. LEAP has pledged its support to the initiative and will be working with Linden Care Foundation, a GHARP supported NGO, to acquire a building that will be used as a second stage housing facility for OVC in that region. LCF has also begun to receive support from LEAP to aid the expansion of their mini-pharmacy.

Workplace Programme

The Workplace Program is another of GHARP's components which enjoyed much success immediately following its implementation with the hiring of a Workplace Programme Officer. Workplaces were invited to participate in our workplace intervention programs. The response was positive and resulted in a high demand for workplace activities which has kept the GHARP technical staff busy. A wide range of workplaces has requested activities pertaining to the infusion of HIV Awareness/Education within workplaces. Several major and smaller business enterprises, as well as public enterprises, have benefited from a range of workplace intervention activities ranging from sensitisation sessions to training workshops.

This has resulted in the facilitation of a five-day training program for twenty-eight persons representing NGOs, Guyana Trade Union Congress (GTUC), Health Sector Development Unit (HSDU) and the Ministry of Labour (MOL). The training was aimed at developing a core group of persons to provide technical assistance in workplace HIV/AIDS policy and program development to workplace program implementers. This was a collaborative effort that included the ILO/USDOL project, Focal Point of the Mol/UNAIDS Project, the Institute of Distance and Continuing Education, University of Guyana, and the Guyana Association of Women Lawyers.

Collaboration continued with our partners in the Inter-Agency Committee which is an ILO oversight committee. The Workplace Program Officer attended meetings which were held by the MOL-UNAIDS Oversight Committee. Technical assistance was given during the consultation sessions that were held in Georgetown and in Regions 2,3,4,5,6, and 10 in relation to the development of the national tripartite workplace HIV/AIDS Policy.

Guidelines and checklists for policy and program development were prepared and pre and post session interview forms were finalized for workplace interventions. Copies of the guides, checklists and forms were sent to the NGOs to support their workplace intervention activities. Please see attached forms. GHARP also produced draft curricula that the awareness of groups within the workplace. Two standard presentations for workplace executives and other staff were also created and used by presenters.

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Discussions are on going with the Institute of Distance and Continuing Education (IDCE) of the University of Guyana in relation to developing a Workplace Program training of the trainers program and a draft outline for the training curriculum has been developed by IDCE and submitted to GHARP for review.

Faith Based Initiative

GHARP's faith based programme has been gaining momentum and several workshops have been held for faith based organisations. During the past year approximately 125 persons from the Hindu, Moslem and Christian denominations have benefited from HIV/AIDS Sensitisation and Education Training and Peer Education.

GHARP conducted an ABC Audit of the nine (9) initial NGOs supported by GHARP. Prior to these visits each NGO received the O/GAC document *Guidance on Applying the ABC Approach to Preventing Sexually-Transmitted Infections Within the President's Emergency Plan for AIDS Relief*. After the conclusion of the Audit, a plan for following up and correcting all findings of the ABC Audit with the NGOs was developed. The audit also examined GHARP's internal prevention programs to ensure compliance. A plan has been put into place to ensure that any new NGOs are educated on the requirements, and monitoring for ABC compliance has been built into the quarterly NGO visits.

This brings us to our third success story.

The USAID/GHARP Project received the O/GAC document "Guidance to United States Government In-Country Staff and Implementing Partners: Applying the ABC Approach to preventing Sexually-Transmitted HIV Infections with the President's Emergency Plan for AIDS Relief (PEPFAR)."

This document is directly relevant to all countries using U.S. Government funding to implement prevention programs. This guidance was communicated to GHARP staff and implementing partners and systems were put into place to ensure that all GHARP-funded activities comply with the guidance.

USAID/GHARP was tasked with the responsibility of communicating this guidance to its staff and local partners' programs funded by USAID for direction and compliance. Ms. Tomaisha Hendricks, (FBO Program Officer) was identified to be the lead person on this task. The document was circulated internally via email to staff and later highlighted to staff in a general staff meeting.

A Team from GHARP consisting of Ms. Tomaisha Hendricks (FBO Program Officer), Mrs. Jewel Crosse (BCC Officer) and Mr. Dale Brown (Ad & Promotion Officer) visited with ten (10) NGOs to review how their organisations had been executing prevention programs as it relates to A, B & C. These visits took place during the period of 5th July – 12th July 2005.

At the time, Ms. Hendricks felt that a guidance tool should be developed for use by the NGOs. The tool would assist the NGOs in understanding the requirements in terms of compliance to the ABC regulations. As such, the initiative was taken to prepare a synopsis of President's Emergency Plan for AIDS Relief: Final Guidance and it was distributed to the

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ten (10) NGOs currently receiving support from USAID/GHARP and the additional NGOs and FBOs slated to receive support from USAID/GHARP.

Subsequent to this, an Assessment Questionnaire was developed to facilitate a productive and efficient audit. This questionnaire was tailored to ensure that the relevant information was garnered from the NGOs. It sought to get a picture of what work the NGOs has conducted in terms of disseminating the ABC information. The questionnaire covered the areas of Abstinence and Be Faithful Programs, Condom Use Programs, Community Mobilization Programs, Condom Distribution and Most – At – Risk – Populations (MARPS). Part of this questionnaire’s focus was on specific questions connected to the broad issues mentioned earlier. This allowed the Team to quickly ascertain what was being done and what needed to be changed or modified.

Both of these documents received excellent reviews from the NGOs targeted through the audit activities. Of particular significance to the NGOs was the fact that they were very enthusiastic about having a precise guidance document that they could read and comprehend without difficulty. This would help them to select the types of activities they could conduct. Additionally, they were appreciative of the Team visit as it allowed them to speak about areas in which they needed clarification.

The guidance document and questionnaire have been shared broadly with other FHI PEPFAR programs as a model.

Multi-sectoral Coordination

GHARP is working closely with the HSDU to strengthen the capacity of the line ministries to mainstream HIV/AIDS activities under a World Bank program. The proposals, which were developed with the assistance of GHARP, were submitted by the line ministries. These were reviewed and extensive feedback was given. This was followed by numerous negotiations with different ministries that led to delays in the final approval of the plans. However, to date seven ministerial plans have been approved and funding has recently been disbursed to those respective ministries. However, it is important to note that the focal persons for the ministries showed great perseverance in getting activities started before the release of the WB funding. In several cases, the ministries themselves funded meetings for upper level staff to sensitize them on key issues. These meetings were fully supported by GHARP with technical staff providing presentations. The focal persons were also active in distributing condoms, providing information through exhibitions and fairs, organizing activities with their HIV/AIDS committees and producing first draft workplace policies. The extent of these efforts has not been consistent across all ministries, but progress has been made in all of them.

In an effort to build management capacity in the line ministries, GHARP conducted a week long Project Management Course for the focal persons and members of their ministerial HIV/AIDS committees. Several NGOs also attended this training, which consisted of team building, budget analysis, communication strategies, M&E, problem identification and various project management tools. The course was also attended by the lead consultant in the Leadership Development workshops in order to create greater synergy between these activities.

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7. CAPACITY DEVELOPMENT

There was a significant amount of capacity development activities during this quarter. In addition to the various trainings, there were many sensitisation and awareness sessions held with a wide range of audiences/ beneficiaries.

Approximately 846 persons benefited from training conducted in the following areas:

- Voluntary Testing and Counselling
- Prevention of Mother to child Transmission of HIV/AIDS
- Psychosocial support for OVC (Part One and Part two)
- Home and Palliative Care (Part two)
- Community Mobilisation
- Clinical Management of Sexually Transmitted Infections/ Opportunistic Infections
- Physicians and Paediatric HIV
- Pharmacist Training
- Leadership Development
- PLWHA Mentoring Buddy Systems
- NGO Planning and Proposal Development
- Data Collection
- Monitoring and Evaluation

Participants included representatives of Non Governmental Organisations from 2,3,4,6,7,and 10, persons living with HIV/AIDS (PLWHA), Physicians, Pharmacists and Pharmacy Assistants, MOH adolescent health staff and faith based organisations (Hindu, Christians, Muslim).

In addition to the training sessions mentioned above, there were a number of “HIV and the Workplace” awareness sessions held. This area saw a significant growth in demand for awareness sessions. Some of the workplaces that benefited from the workplace programme are Vanessa Mining Company, Humanity First (a local NGO), Demerara Oxygen Company, Guyana National Shipping Corporation, the Ministry of Education, the Trades Union Youth Movement and the Trades Union Congress. The relationships were fostered by the Workplace Officer as part of GHARP’s workplace program.

The final workshops in Leadership Development for Results were conducted with representatives of several line ministries in regions 6 and 10. This concluded a series of four two-day workshops that were implemented over the course of the last five months.

An NGO planning workshop was conducted during the later part of this year. This workshop brought three leading members from each GHARP supported NGO to the GHARP office for a three day session with GHARP technical, program, M&E and finance officers. By putting the key persons together with a standardized and detailed planning methodology, it is expected that the lag time between the submission of funding proposals and their approval will be minimized. GHARP staff participated fully with the NGOs to provide guidance on best practices, GHARP project objectives and to help coordinate efforts between NGOs to minimize overlap and repetition. Follow-up meetings were conducted with all NGOs requesting assistance after the end of the formal workshop.

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The eleven newly funded NGOs also sent representatives to the Project Management Course described in the section on the Multisectoral Coordination. This course provided them with essential tools for managing the projects funded through USAID.

8. CHALLENGES AND LESSONS LEARNED

Supply chain management structure

GHARP and its partners, MOH and other USG agencies experienced teething problems with regards to the issue of supply chain management. This included the management of the distribution process for Breast Milk Substitute (BMS), Anti Retroviral drugs (ARV), Opportunistic Infections (OI), and Sexually Transmitted Infections (STI), TB medications. In order to address this issue, GHARP, in collaboration with the Ministry of Health (MOH), Centres for Disease Control (CDC) and other partners have worked out coordination mechanisms to improve distribution and other aspects of supply chain management by building on existing MOH structures. This includes the clarification of roles and responsibilities with the ultimate goal of ensuring accountability.

Condom shortage

During the later part of the year, there was a shortage in the supply of condoms in some geographical areas. Sales promoters were able to work with sites that had an excess amount of condoms and redistribute same to sites experiencing a shortage. Coordination at a national level is also being pursued to prevent a recurrence of this.

Capacity of service providers

Informal assessments were carried out in partnership with GHARP's partners at various levels. These include staff at the ANC and hospital sites, as well as staff from the NGOs and FBO being supported by GHARP. Areas for human capacity development were identified. Activities, including on site training, workshops and seminars (to address the needs of service providers) were then planned and implemented. This has resulted in the delivery of a high quality of service including PMTCT and VCT, to beneficiaries.

Financial challenges

The reduction of funds during the later part of the year necessitated the implementation of a "consolidation" period. This saw a number of activities being rescheduled. This period allowed GHARP time to assess its services, strategies and programmes. This introspection resulted in the increased focus on QA/QI/QC activities. It also allowed officers to consider and implement cost-effective ways of delivering training to NGOs/FBOs.

NGO proposal review

The finalisation of the NGO proposals continued to be a challenge. The lesson learned from this exercise speaks to the need for close collaboration and coordination at all levels in the review of the proposals; as well as an appreciation for the context within which the NGOs/FBOs work.

Production of BCC materials

Budgetary constraints threatened the completion of BCC materials for PMTCT during the period under review. However, discussions with the Directors of Technical Services, Administration and Finance, funds were reallocated. The PMTCT brochure is now in the process of being reprinted and will be available by the end of October.

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9. CONCLUSION

Though there were several challenges, the most valuable lesson learned during year 2 of the GHARP project was the importance of working together as a team and collaboration. During the past year GHARP was able to establish itself as a resource to many of its partners, particularly the Ministry of Health. Through the various units, GHARP was able to provide a wide range of technical and other assistance at the local and national levels. GHARP was able to achieve phenomenal success within most of its programme areas. Its focus for the coming year will be on achieving maximum success not only in terms of numerical targets, but ensuring that the quality of GHARP services remain optimum.