

# **USAID/Guyana HIV/AIDS Reduction and Prevention (GHARP) Project Annual Report 2005-2006**

## **1. EXECUTIVE SUMMARY**

The Guyana HIV/AIDS Reduction and Prevention Project (GHARP) is a five year joint Government of Guyana- United States Government project that is being funded through the United States Agency for International Development (USAID). The mandate of the GHARP project includes initiatives to reduce the spread of HIV and mitigate the impact of AIDS through the support of essential services along the prevention to care continuum. Despite human resources and other challenges during the period October 1<sup>st</sup> 2005 to September 30<sup>th</sup> 2006, GHARP achieved all of its' qualitative objectives and most of its' numerical targets. GHARP provided national leadership in all of its' areas of technical responsibility to the Government of Guyana (GOG), United States Government (USG) partners, and other partners, as well as to its' 18 Non Governmental and Faith Based implementing agencies.

The past year saw GHARP establish partnership and provide a range of support to seven line ministries including the Ministry of Health. Support included the development of work plans and accompanying budgets, the development and implementation of monitoring and evaluation systems, policy development, human resources, infrastructural development and human capacity development. This included the provision of over 60 staff to support the work of the Ministry of Health at various MOH clinical sites throughout the country. GHARP also worked with other USG partners to maximise the range of support being made available to Guyanese infected and/or affected by HIV/AIDS. This included partnering with Peace Corp Guyana in the replication and distribution of IEC materials (addressing the stigma and discrimination), partnering with FXB and Catholic Relief Services (CRS) in the provision of care and treatment services to HIV positive persons and their families, and collaborating with Centres for Disease Control (CDC) to support the development of policies to guide implementation for Prevention of Mother to Child Transmission of HIV/AIDS (PMTCT) and Voluntary Counselling and Testing (VCT).

The rapid expansion of the Private Sector and workplace programs in Guyana has earned GHARP and it's partnership with the International Labour Organization the national leadership in HIV/AIDS workplace program development, implementation and private sector engagement. The targets for this area have all been achieved. GHARP's private sector partners grew from 20 - brought on board with a formal ceremony in December 2005 - to 22 formal and 4 informal partners by the end of the year under review. An additional 15 private sector companies are waiting to come on board as formal partners. Significant work has been accomplished with existing partners. This has resulted in regional demand from Caribbean countries for collaboration and support in the development of their own workplace/private sector programs.

The development of the National BCC strategy was led by the Ministry of Health and technically spear-headed by GHARP, in support of the Ministry of Health. This saw the establishment of a framework for all local BCC initiatives. Most of the targets for this area have been achieved. As part of its comprehensive approach to providing support and services in the area of HIV/AIDS, GHARP launched its' anti-stigma and discrimination campaign in December 2005. Over 12,000 persons witnessed the premiere of GHARP's music video and advertisements that addressed the importance of support for those infected and affected by HIV/AIDS. Although the effect of the concert may not be quantifiable, it was noted that there was a subsequent increase in uptake VCT services. Over 25,000 persons attended subsequent concerts held across the country and in a similar manner, uptake at VCT sites was increased in those regions. (Please see details in the BCC section of this report)

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The palliative/ home based care program, an essential component of the prevention to care continuum, was established in partnership with 11 of the 18 Non-Governmental and Faith Based Organisations receiving support from USAID/GHARP. Led by GHARP, the implementing partners established a system that utilizes a cadre of volunteers and family members. Working with the Ministry of Health and other partners, GHARP has also led the process that resulted in the development of an HBC curriculum and program guidelines that are being used countrywide. Despite the late start of its HBC program, GHARP was able to achieve its HBC targets for the year.

Even in the absence of an OVC officer GHARP continued to provide guidance and leadership to Implementing Agencies as well as to the GOG and local partners in issues related to OVC. Most of the targets for this area have been achieved.

GHARP continues to be the national leader on the implementation of VCT and PMTCT services and has led strategic and operational planning sessions in collaboration with the MOH. GHARP's approach to VCT and PMTCT has been to integrate these services within the existing Ministry of Health system. This has been a deliberate strategy in an effort to normalise the availability of these services, avoid the establishment of a stand alone system, and ensure program continuity long after GHARP has ended. The targets for VCT have all been achieved. Though most of the targets for PMTCT have been achieved, the integration of these services into the existing systems has not been without its' challenges. However, the systems to achieve the outstanding targets have been put in place.

GHARP has reorganized the technical unit to have separate officers addressing PMTCT and VCT. . It supports community outreach workers to follow up HIV positive pregnant women and increase partner counseling, testing and referral into services. Furthermore, GHARP works with the MOH and partners to strengthen the referral of HIV positive pregnant women into ART and other services.

GHARP continued to support MOH through the national PMTCT steering committee and through support I-TECH in the rollout of timely relevant in-service training to ANC, L&D and other relevant staff and for those issues which have national policy and other implications such as the need for maintenance of confidentiality, the assurance of informed consent, and the coordination of training through I-TECH. Further, through its quality assurance and quality improvement mechanisms, GHARP will continue to perform structured assessment of PMTCT and promote relevant improvements. The PLUS up funds will provide for additional focused training at ANC and L&D sites. The MOU already signed with GPHC will be adapted for other hospitals. This will expedite the rollout of trainings in support of the MOH and I-TECH.

GHARP will also continue to support the expanded role of health professionals in keeping with the safe motherhood guidelines of the MOH.

We anticipate that the new ART guidelines, which provide for the treatment of HIV positive pregnant women at designated ART sites, will greatly reduce the number of HIV positive women arriving at the L&D ward who had no prior treatment. We have had a positive response from the GPHC administration for the refurbishment of rooms for the administration of ARVs and for supportive counseling for women and families.

### **GHARP's Strategic Plan**

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GHARP has therefore been able to work with USAID within existing local structures with the aim of strengthening them and ensuring the long term existence of services and supporting structures for the people of Guyana. In recognition of the needs of the Ministry of Health, GHARP, through innovative approaches has been able to move the program forward. More specifically, GHARP's approach has been to:

- Build programs or strengthen existing structures and programs, thus promoting cost effectiveness and sustainability. This is evident in PMTCT, VCT, Palliative care and BCC initiatives since all of these programs occur within pre-existing Ministry or NGO structures. GHARP worked to incorporate Prevention of Mother-to-Child Transmission (PMTCT) into MCH services and safe motherhood initiatives at ANC) and labour wards. Thus assuring sustainability and strengthening of the pre-existing system.
- Implement rapid scale-up and a sustainable response for workplace/private sector initiatives through innovative learning and by working with non-traditional private sector partners. This approach is a model which is being emulated in the Caribbean and international community.
- Demonstrate a comprehensive approach that strengthens synergies between prevention, treatment, care, and support through the strengthening of referral systems at the national, regional and site levels.
- Focus on high-prevalence communities for counseling and testing, while building effective and sustainable support structures which include microfinance support. It has also, through mobile service provision, and engaging of the private sector partners, increased access to services for vulnerable families
- Actively promoted the participation of PLHA in service delivery through interactions with NGOs, support groups and private sector entities
- Engage with local private businesses and provide essential services along the prevention-care-treatment continuum. Various initiatives contributed to averting new infections by using a targeted implementation approach and to immediately provide care for people already infected and affected, while simultaneously building sustainable systems.
- Promote and facilitate community participation through empowerment (community mobilization) and improved access to resources (private sector initiatives)
- Address cross-cutting issues such as youth, gender, and S&D in the implementation, and monitoring and evaluation (M&E) of all program activities
- Contribute to the building of local capacity in PMTCT, VCT, prevention interventions( that emphasize abstinence, faithfulness condoms and initiatives), Palliative care/ HBC, workplace programs/ private sector initiatives as well as Faith-based Initiatives.
- To use creative approaches to quickly establish services and leverage all opportunities to link with programs and organizations working in HIV/AIDS prevention, care, and treatment in Guyana. GHARP worked within the existing service sites and established new ones as needed.

## 2. ADMINISTRATION

GHARP's Administration Unit focused on the enhancement of existing systems and structure with the aim of maximizing support to the project, and ensuring maximum performance of staff. This process included a review of the GHARP Human Resources Manual, and the internal restructuring of staff with the aim of promoting efficiency in its operations. Changes included the reassignment

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of several staff, the redundancy of one position (training Coordinator) and the introduction of a new position- the Director of Prevention and Mitigation.

Staff Changes included the recruitment of twelve community counselors to support the PMTCT program; the Director of Prevention- who is expected to come on board shortly; and three consultants – the Referral Manager, the Community Coordinator and an OVC consultant.

The Unit provided support to the Supply Chain Management Team in the establishment of their office in country and also facilitated the procurement of various items for their office. Support given included the identifying of an appropriate office space and the ensuing negotiations with the land lord, assisting with the recruitment of staff for the project; providing logistical and other support in the necessary infrastructural improvements that needed to be done to the identified building; procurement of furniture, computers and other necessary office supplies and commodities; and support in the development of scopes of work, terms of reference and contracts for staff. Support was also provided to USG partners including CDC and FXB in the procurement of various commodities and hardware to support the establishment of the drug storage warehouse annex

Support continued to be provided to GHARP's partners in the facilitation of Technical assistance visits to Guyana. They are family Health International, Cicatelli Associates Incorporated, Howard Delafield international, Management Sciences for Health, and the Caribbean Conference of Churches.

GHARP's officers worked along with GHARP partners in the development of the work plan for April 31 to March 31<sup>st</sup>. Partners came in country to facilitate close collaboration in the process. The plan was submitted to USAID in March 2006. The preparation of the work plan was guided by the Country Operating Plan 06-07. This activity was done in collaboration with the partners.

The Administrative Unit also significant support to several Ministry of Health clinical sites including the West Demerara Regional Hospital, Parika Health Centre, Georgetown Public Hospital Corporation, Campbellville Health Centre, Plaisance Health Centre, Melanie Damishana Health Centre, Skeldon Health Centre, Amelia's Ward Health Centre, One Mile Health Centre, Christianburg Health Centre, Linden Hospital Complex, and the Upper Demerara Hospital. Lifeline Counselling Services, an NGO, was also supported. Support provided included the provision of office furniture, rehabilitation works and stationary.

### **3. SUB-RECIPIENT PROGRAMME**

In an effort to maximise support to its' Non Governmental and Faith Based partners, GHARP developed and implemented a number of systems. This included the institution of quarterly assessment visits, the establishment of core teams and the introduction of a more structured approach to the provision of technical assistance and support to NGO/FBO partners. (See details below)

#### **Core Teams**

GHARP developed and introduced the concept of the core team approach to the provision of support to NGOs/FBOs, with the aim to having a coordinated approach to working with these partners. The core teams comprise representatives of the Technical Services Unit, the Monitoring and Evaluation Unit, and the Program Unit. These teams are responsible for ensuring that

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NGOs/FBOs receive the technical assistance needed for the provision of quality programs to their target groups. The teams also monitor adherence to guidelines given by GHARP, and based on information provided by OGAC and FHI; data collection, storage, verification and reporting; as well as encourage development within and by the NGOs.

### **Quarterly Assessments**

GHARP developed appropriate tools to track the qualitative progress and identify areas for the provision of technical assistance to its sub recipient partners at quarterly intervals. All field visits were recorded and relevant feedback on the visits were provided to the NGOs on site as well as in the form of a field report. During the period under review, three assessments were conducted with each of the 18 sub recipients under the USAID/GHARP project. These assessments were joint initiatives involving representatives from USAID, Maurice Solomon Company and GHARP. This joint exercise is aimed at ensuring a seamless delivery of services to NGOs/FBOs by the three agencies.

### **Sub Recipients New Year**

GHARP's core teams, along with USAID and MSC, completed the review of proposal documents from the 18 NGOs for the new year beginning October 1<sup>st</sup>, 2006. The eighteen NGOs were approved to provide a range of services in the areas of Home Based Care (HBC), Voluntary Testing and Counselling (VCT), Prevention of Mother to Child Transition (PMTCT), Orphans and Vulnerable Children (OVC), Behaviour Change Communication (BCC) and other preventions including Faith Based interventions and interventions targeting the most at risk populations (MARPS). The NGOs will be working in all ten administrative regions of Guyana.

### **Audits**

Three audits were conducted with GHARP over the past year. The first audit was conducted January 8-14<sup>th</sup>, 2006 by a four member team from the Institute of Medicine/PEPFAR. The Audit was aimed at finding out about program implementation and challenges/limitations to achieving results.

The second audit was conducted by the Office of the Auditor General and was carried out by a team of three persons. The Program Performance Audit was conducted from February 2<sup>nd</sup> to February 10<sup>th</sup> 2006. This audit was more detailed and looked at all aspects of GHARP's program, as well as those of GHARP's NGO/FBO partners.

The third audit was a financial audit conducted by Family Health International.

## **4. SURVEILLANCE, MONITORING & EVALUATION (S, M&E)**

Over the course of fiscal year 2006, the GHARP M&E unit sought to strengthen the monitoring and reporting systems of its implementing agencies, enhance local capacity for monitoring and evaluation at the national level, and provide data for program planning, monitoring and evaluation. The achievements outlined below represent the major accomplishments of the unit during fiscal year 2006.

### ***Strengthening the monitoring and reporting systems of implementing agencies***

The GHARP M&E Unit worked assiduously over the course of the fiscal year to improve the capacity of implementing agencies to effectively monitor their program activities and ensure that the

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data reported as achievements are accurate and consistent with records on site. To this end work was conducted with GHARP funded NGOs as well as Ministry of Health sites.

### *GHARP funded NGOs*

An initial assessment of the monitoring systems of all GHARP funded NGOs was conducted with the intention of identifying gaps and making recommendations for revision of these systems and providing data collection tools where necessary. Subsequently, a one-day training was conducted with key staff members from these organizations to discuss the results of the assessment and provide training and clear guidance on the monitoring (and reporting to GHARP) of their projects. Standardized M&E guidelines for the various program areas were developed and disseminated to all of the NGOs. Follow-up field visits were conducted to assess progress in the implementation of these systems and provide necessary support where relevant as well as to validate data reported.

### ***Provision of Data for Program Planning, Monitoring and Evaluation***

Presentations made on the progress of the project over the course of fiscal year 2005 and mid-year progress during fiscal year 2006 served to inform the work planning process for fiscal year 2007. The unit also prepared, on a monthly basis, reports on the monthly progress of the project in the various program areas listed. These reports serve as a major source of information for program planning and implementation since it informs the decision-making process for the various program areas. Additionally, data was compiled and submitted to USAID for inclusion in the PEPFAR semi-annual report.

### *Quality Assurance/Quality Improvement*

The M&E Unit has been tasked with the mandate of coordinating GHARP's Quality Assurance/Quality Improvement (QA/QI) efforts. To this end, Dr. Shellon Henry, who worked previously within the Technical Services Unit, joined the M&E Unit to coordinate QA/QI efforts on behalf of the project. A draft QA/QI plan was developed for review and feedback from directors. Subsequently, a meeting was held with all programmatic, technical and M&E staff of GHARP to discuss quality assurance (QA) and quality improvement (QI) issues related to the project's implementation. The ensuing discussions highlighted the gaps that exist. A report on the recommendations and next steps agreed upon at the meeting was prepared along with a detailed timeline of activities to be implemented in order to enhance GHARP's QA/QI system. A detailed work plan will be developed to outline specific deliverables related to enhancing QA/QI.

### ***Strengthening local capacity for monitoring and evaluation at the national level***

Support was provided to the Ministry of Health as well as other agencies in the area of monitoring and reporting over the course of the fiscal year.

### *Ministry of Health – Health Sector Development Unit (HSDU)*

Training was provided to the HSDU line ministry focal points in monitoring and evaluation. The focal points were also provided with technical assistance in the development of their M&E Plan and monitoring tool. These efforts are part of the continued collaboration between GHARP and the HSDU.

### *Ministry of Health – PMTCT*

The M&E unit was integrally involved in the planning and execution of five PMTCT feedback sessions for sites in regions 2,3,4,5,6,7,9 &10. Challenges and difficulties facing the PMTCT program were discussed and solutions were provided. The opportunity was also taken at these

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meetings to introduce and train staff in the use of the revised reporting forms for the PMTCT program. This revised form has led to a significant reduction in reporting burden on health care workers implementing the PMTCT Program. The unit provided training throughout the fiscal year to health care workers in the use of PMTCT monitoring and reporting tools at various training sessions and meetings. The mass reproduction of these monitoring tools was coordinated by the unit.

A Microsoft Access based PMTCT database was provided by GHARP to the PMTCT coordinator at the Ministry of Health. She was trained in the use of the database by GHARP. GHARP's M&E Unit also provided follow-up support to the National Coordinator in the use of the database.

### *Ministry of Health – VCT*

The unit provided support to the newly appointed National VCT Coordinator to help orient her to the existing national VCT program and the support GHARP has been providing to the program's expansion and implementation as well as the monitoring of the program's outputs.

The M&E unit is represented on the National VCT Steering Committee. Through this committee the unit has facilitated national buy-in of the reporting system and the nation-wide dissemination of reporting tools for the program. Training was provided by the unit on data collection and reporting for HIV counselling and testing activities to counsellor/testers trained by the Ministry of Health and GHARP. The M&E unit also coordinated the reproduction and dissemination to the Ministry of Health of VCT monitoring and reporting tools. The unit also provided the National VCT Coordinator of the MOH with a database to manage electronically, VCT service data. Continuous follow-up support has been provided in the use of the database.

### *Ministry of Health – Care and Treatment*

Through a collaborative effort between GHARP's M&E unit and the National AIDS Programme Secretariat (N.A.P.S), the national ARV register was finalized and reproduced for use at treatment sites. This register is expected to capture monthly data for all persons who are enrolled in the national ARV treatment program and will provide the basis for the monitoring of the national program. An electronic version of the care and treatment register, which is to be placed at each treatment site, was developed by GHARP through a partnership with the Pfizer Corporation, which provided the project with a technical expert in database development, Mr. David Johnson. The care and treatment database was set up at the G.U.M Clinic and the staff was provided with training in the use of the database. Additionally training was provided to persons that will have responsibility for managing data at care and treatment sites across Guyana. This training was intended to strengthen the Ministry of Health's capacity to use electronic databases for the management of programmatic data.

### *UNAIDS*

Technical assistance was provided to UNAIDS for data collection and preparation of the UNGASS report for Guyana for the period 2003 – 2005.

### ***Sharing of research findings regionally and internationally***

In an effort to share regionally as well as internationally the work of the GHARP project and the findings of research conducted in Guyana, presentations were made at regional and international Conferences.

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### *Caribbean Health Research Council (CHRC) Annual Meeting*

Some of the findings of the Behavioural Surveillance Survey (BSS) were shared regionally at the Caribbean Health Research Council's 51<sup>st</sup> annual council and scientific meetings held from April 27<sup>th</sup> – 29<sup>th</sup>, 2006 in St. Kitts. A research paper on the factors that influence high risk sexual behaviour among Guyanese youth was presented to the gathering of Caribbean researchers.

### *XVI International AIDS Conference*

A poster presentation was made by Family Health International (FHI) on the factors influencing high risk sexual behaviour among youth and the socio-cultural context within which youth in Guyana engage in sex was made at the XVI International AIDS Conference in Toronto, Canada. This presentation was part of an effort to share internationally the findings of HIV/AIDS research conducted in Guyana. A number of other abstracts were accepted by the International AIDS Society for presentation at the conference; however, these could not be presented.

### ***Interventions among Most at Risk Populations (MARPS)***

The GHARP M&E Unit was given the mandate to develop and implement interventions among Most-at-Risk Populations (MARPS), outlined below is the progress made in the implementation of these interventions over the course of the fiscal year.

### *Commercial Sex Worker Project – “Keeping the Lights on”*

This innovative project designed to reach Most At-Risk Populations (MARPS) of commercial sex workers (CSWs) and their clients was designed and implemented over the course of the fiscal year. The project was designed with input from CSWs from Regions 4& 6 to ensure appropriateness and acceptability. Mrs. Florence Olatunji was hired as the project coordinator. A steering committee consisting of members of the National AIDS Programme Secretariat, GHARP and other Ministry of Health officials was established. The steering committee facilitated the involvement and buy-in of all relevant stakeholders.

Monitoring tools to measure the number of persons reached through the project were developed and the relevant staff trained in their use. A peer education manual was developed to guarantee the quality and consistency of information provided to peer educators. Medical staff at treatment and care sites to which the target group would be referred were also sensitized and trained on issues of stigma and discrimination to facilitate smooth implementation.

The project is currently being implemented in Regions 4 & 6 through five GHARP funded NGOs and through collaboration with Ministry of Health sites. Regular quality assurance assessments have been made to assess the work of the community outreach workers and peer educators and to ensure that the quality of the program is of an acceptable standard. Currently work is being done to finalize cue cards and a serial drama to be used as part of the intervention.

### **Sex Worker Intervention “The Keep the Light on Project”**

*The last biological and behavioral survey that was conducted among female sex workers in Guyana in 2004/2005 found that 26.6% of the participants were HIV-infected and a significant proportion were exposed to one or more of the traditional sexually transmitted infections. The survey also found a low level of consistent condom use. In response to these*

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*findings, the “Keep the Light on Project,” an intervention targeting members of this population who work in regions 4 & 6 was developed. This project was designed through the joint efforts of USAID/GHARP, the Ministry of Health, selected NGOs and members of the population. Actual outreach and education work began in February with consultations with members of the target population. A group of sixteen persons, selected from the CSW population, were trained as peer educators for the project. In addition, arrangements were put in place for the women to visit selected health facilities on a regular basis where they receive individualized counselling, screening and treatment, if necessary, for sexually transmitted infections. The peer educators visit sex workers, at the sites where they recruit clients, at least twice weekly and provide information on, HIV and other STIs, safer sex practices, genital hygiene and emphasize the risks of being involved in this profession. All of this is guided by a CSW peer education manual which was developed specially by the project for this population.*

*The outcomes of the project have been very encouraging, as to date almost all of the peer educators and a few of the other women have stopped working as sex workers and are actively pursuing other forms of employment. One of the persons whose life was touched by this project was a teenage sex worker who, after being informed of the risks associated with sex work, has decided to moved back home from the brothel and has begun making plans to return to school. In addition, the project has referred 150 Commercial Sex Workers, clients and partners for screening and treatment for STIs, and 33,938 condoms were distributed to members of the population. It has also been observed that a greater number of members of the CSW population and their clients are becoming more conscious of the need for prevention and are accessing the services that are available to them. Some of the sex workers who have children have invited members of the outreach team to teach their (the CSW) children about HIV and to provide them with A&B messages.*

### Planning of the Special Intervention among Men who have Sex with Men (MSM)

An intervention among MSM is currently being developed by the unit. In order to ensure the intervention is appropriate to the needs of the target group, a series of discussions were held with Men who have Sex with Men (MSM) to, discuss the findings of the BSS among them, gather additional insights into the context within which they operate and jointly design the targeted intervention for this population. During these discussions, areas for intervention were jointly identified and the objectives of the intervention were agreed upon. Subsequently a draft of the education manual for MSM was completed. This manual will be used by the Outreach Officers and peer educators.

## 5. PROJECT IMPLEMENTATION

Project targets were achieved in most program areas despite some constraints. Close collaboration continued within GHARP and with external strategic partners to achieve project targets. The Technical Services Unit struggled to function without an officer responsible for OVC throughout the year and although targets were achieved, minimal training was done. GHARP's profile as a major HIV/AIDS entity was further enhanced through technical assistance to national and international partners. All officers worked to facilitate the technical guidance of NGOs and FBOs with the refinement of guidance documents; and improved mechanisms for interaction with these organizations. Please see details of this below.

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## Promotion of Services Behaviour Change Communication

The overarching vision for the GHARP BCC program is based on reduction of stigma and discrimination and the overall role of Behavior Change Communication (BCC) for GHARP is to promote and sustain risk reduction behavior in individuals and communities by distributing tailored health messages in a variety of communication channels. The goals of the program were to among others; see a reduction of stigma and discrimination among the Most at Risk Populations (MARPS) and at the same time to increase prevention and risk reduction and condom social marketing among the MARPS.

### Major Achievements

- GHARP sought to address one of Most at Risk Populations, (MARPS)- the Female Commercial Sex Workers-, through a special programme aimed at reducing HIV and STI risk. For this project, part one of a peer education manual for Commercial Sex Workers was developed pre-tested and field tested with the target audience. Client provider materials (cue cards), were also developed to be used by the project's community outreach officers and peer educators. This is the first time in Guyana that there is a structured programme for this population. The materials are the first of its' kind for Guyana. A draft manual for the Men who have sex with men (MSM) has been developed and will be pre-tested in the New Year.
- GHARP provided technical leadership in the development and finalization of the BCC National Strategy document. This process had begun the previous year and was led by the MOH and technically spearheaded by GHARP, who brought in a consultant from Family Health International (FHI). GHARP also provided the necessary technical assistance to the Ministry of Health on an on-going basis to have this activity completed. GHARP continues to build the capacity of the National BCC Coordinator by giving ongoing technical assistance in this field.
- Creative workshops were conducted for the programme areas, Home Based Care (HBC) and the workplace Program which resulted in client provider material, brochures and poster being developed and printed. The client provider material will be providing counseling in a structured standardized way. Previously Guyana had no client provider materials to support the HBC programme.
- The first draft of a brochure for the workplace initiative was developed by GHARP. This is part of a wider initiative that involves collaboration with the International Labour Organisation (ILO), which has undertaken to produce posters. Previously, there were no handouts addressing pertinent issues related to HIV/AIDS and the workplace.
- GHARP developed and produced client provider materials for VCT. This includes brochures and cue cards. The cue cards are being used by health care providers at clinics, health centres and hospitals. The BCC Officer continued to provide technical assistance and support to the various program areas in making presentations at workshops and at conducting stigma and discrimination workshops with health providers and other audiences.
- FHI has assumed the responsibility of community mobilization (CM) in March 2006 from Ciatelli Associates International (CAI), one of the GHARP partners. CAI did not wish to continue their leadership in this area. As a result of this, FHI assumed leadership and the BCC officer has conducted coaching in CM for some of the 'newer' NGOs and has provided follow-up coaching and mentoring in this area. These communities are now in a

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better position to mobilize the different groups within their community to respond to HIV and AIDS.

### **Projections for the new year**

- One BCC Unit approach to all future interventions
- Coordination of all BCC activities including mass media component.
- Continued support for the NGOs
- Coaching in community mobilization for the NGOs
- Written guidelines for Peer Education and Community Mobilisation
- Community Mobilisation manual for NGOs

### **Marketing and Distribution**

Prior to the establishment of GHARP there was no comprehensive communication strategic approach to influence behavior change among MARPS. Condom distribution was seen primarily as a public health function and private sector involvement was limited to working with the traditional retail network to increase accessibility of condoms for MARPS.

The first step to sustained behavior change is dialogue. Therefore, most of the activities undertaken in COP 06 were intended to initiate dialogue –dialogue between GHARP and the Private sector, GHARP and MARPs, GHARP and the General Public, and GHARP and Service Providers. In order to reach a maximum number of potential target audiences, and to create the desired enabling environment GHARP looked at innovative ways to address this through the utilization community outreach initiatives supported by media agencies and community based organizations. This was complemented by events at national and regional levels. In addition, Below the Line materials were created and disseminated to facilitate a greater level of exposure, comprehension and inter-personal communication.

### **Major Achievements**

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- The GHARP Marketing and Distribution response, which commenced April 2005, has managed to successfully executed its' strategy of creating demand for products and services provided by GHARP and its' partners. . GHARP has thus successfully launched its' Anti-Stigma & Discrimination campaign under the theme "Don't Dis Me" which kicked off December 17<sup>th</sup> 2005 at the National Park. Over 12,000 persons attended. Subsequently concerts were held in five regions where GHARP, through its' NGO partners Comforting Hearts, St. Francis Community Developers, Hope Foundation, Hope for All and Linden Care Foundation, successfully hosted seven (7) community shows under the same theme in Regions 2, 5, 6, 7 and 10. Approximately 25,000 persons attended.
- The table above presents a comparative analysis of the incremental increase in the number of persons tested by specific NGOs pivotal in the regional expansion implementation. Note that there is a dramatic increase in the numbers recorded for Comforting Hearts and St. Francis Community Developers during and after the regional expansion program. However, due to difficulties experienced by the remaining agencies involved in the events towards preparing to offer C&T services at the various venues, an increase in demand is not reflected.
- GHARP Marketing and Distribution team also established strong relationships with all stakeholders including the Private Sector Distributors, NAPS and the non-traditional retailers. A network for the regional distribution of condoms is now in place with a total of 807 non-traditional outlets now stocking and selling condoms.
- Despite challenges of not being allowed use conventional advertising methods of communication to create demand for condoms, due to program restrictions imposed by OGAC, GHARP was able to adjust its strategy and effectively utilized merchandizing materials and its Sales Promoters to capture the interest of the non-traditional retail sector to be a part of the prevention drive against HIV/AIDS.
- Other significant accomplishments included GHARP's VCT community mobilization program and the innovative use of the Condom Sales Promoters to support the mobile team testing teams by mobilizing communities (within their condom sales catchment areas to

Number of Persons Tested	Month			
	April	May	June	Grand Total
Agency				
Comforting Hearts	37	27	31	95
Hope For All	50	51	98	199
Hope Foundation	132	201	104	437
Linden Care Foundation	55	58	50	163
St. Francis Community Developers	27	12	126	165
<b>Grand Total</b>	<b>301</b>	<b>349</b>	<b>409</b>	<b>1059</b>
	Month			
Agency	July	August	September	Grand Total
Comforting Hearts	62	92	115	269
Hope For All	22	12	52	86
Hope Foundation	133	86	96	315
Linden Care Foundation	61	46	59	166
St. Francis Community Developers	125	140	94	359
<b>Grand Total</b>	<b>403</b>	<b>376</b>	<b>416</b>	<b>1195</b>

**ANNUAL REPORT**  
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mobilize communities to be counseled and tested.

- Targeted materials development realized vast progress with the aim of promoting awareness, and encouraging dialogue to support program areas such as VCT, PMTCT, Abstinence, Faithfulness and targeted posters for condoms. The following list of materials were developed and produced:
  - a) HVCT – 4 TV Spots, 2 Posters, 1 Brochure
  - b) PMTCT - 1 TV Spot and Radio Spot, 1 Poster, 1 Brochure
  - c) HVAB -Abstinence – 1 TV and Radio Spot, 2 Billboards (proposed locations are Sheriff St Seawall section and the Harbor Bridge West Coast end), 1 Poster, 1 Comic Book, 1 POP Cool Kit (includes DVD, Brochure), 3 Mini bus stickers and 2 Billboards
  - d) HVAB - Faithfulness – 2 TV & Radio Spot, 2 Billboards (proposed location is Mandela Avenue by Texaco Service Station), 1 Brochure
  - e) HVOP - Condoms- 2 Posters

The launch of some materials mainly related to the Abstinence program area is pending revision by the GHARP Technical Team prior to USAID approval.

- Behaviour change communication creative materials for Stigma & Discrimination have been produced and distribution commenced on delivery. These were as follow: Two (2) 17”x22” posters titled “AIDS can Happen To Anyone” and “My Friends” and one (1) 8¾”x4” Brochure titled “Window”.
- Distribution of the S & D posters and brochures were channelled through NGO’s, GHARP’s Sales Promoters through their retail outlets, Barber Shops, Service stations, Utility offices, Private Clinics and the various Post offices along the respective sales promotion routes. A quantity of these materials was also sent to the Line Ministries, National Aids Secretariat and the Ministry of Health for dissemination to the Health Centres. Additionally, printed materials produced for VCT, PMTCT, Faithfulness were distributed through the same channels. Conservative estimates of the totals distributed amount to 98,690 units for the reporting period. These units comprised of Flyers, brochures and posters.
- GHARP marketing team held a debriefing session with representatives of the FBO Community for the purpose of orienting them about the Faithfulness creative materials, primarily the brochure titled “Making Your Marriage Sizzle”. Representatives from the three major religious groups were represented and gave their views on the content of the materials. The general feeling was that the materials were acceptable; however some suggested some minor modifications to make more consistent with their respective faiths.
- An agreement was reached between IPED and GHARP to replicate Stigma & Discrimination materials produced by GHARP for distribution among their staff and customers.
- From a position of a year ago where they were only 75 active non-traditional retail outlets inherited from the previous program managed by Population Services International (PSI), GHARP has now expanded this distribution network for condoms to 807 non-traditional retail outlets using a unique Private Sector market approach rather than the traditional commodity subsidized Social Marketing approach. This has resulted in increased accessibility of condoms for MARPS and other groups within six of the ten administrative regions of Guyana.
- The production and distribution of point-of –purchase materials to support non-traditional retail outlets to stock and sell condoms were done by GHARP’s Sales Promoters. These included condom display dispensers, shop signs and posters.

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## Challenges and responses

- Frequent shortfalls in the supply of condoms from Geddes Grant Ltd, International Pharmaceutical Agency and National Aids Program Secretariat. Forged new partnerships with other distributors to offset shortfalls in supply. GHARP managed to procure a supply of condoms from Kojac Marketing to service some retail outlets.
- In the early part of the year there were delays in the production of the condom promotional materials, also reductions as to quantity and variety of materials as a result of reallocation of funding from Other Prevention to care and treatment which affected plans made as part of the prevention strategy of ensuring easy access to condoms by sexually active adults. This was also a cause of concern among retailers; some potential retailers indicated that they would not purchase condoms until they receive adequate quantities of materials.
- Heavy rainfalls and flooding directly affected the number of sales calls to some areas on the East Coast and West Berbice. Another, external factor was the political situation that pervaded during the period of August and the early part of September.
- Reduction of mass media exposure (placement) of TV and radio commercials due to previously planned allocation of funding being shifted away from BCC to other program areas. This challenge was overcome through collaboration with US Peace Corps and HSDU to reproduce BCC materials and assist with placement cost.

## Projections and Plans for next year:

- Strengthen the reach of the communication campaigns through increased exposure and frequency. This will involve reprinting of materials, higher frequency of TV and Radio spots, improving distribution mechanisms for materials. (PMTCT, HVAB, HVOP, HVCT)
- Building on the efficacy of creative ideas by taking forward the same ideas developed for mass media into more interactive channels such as street theatre, IPC, mobile vans, localized events, etc. with a greater emphasis on focused communication for targeted populations.
- Motivating healthcare providers through incentives and improved social value by acknowledging their additional services through “gift bags” and reward programs.
- Building the capacity of partner NGOs to develop communication materials of the same efficacy standard and quality that have been developed by GHARP. This will be a critical step in ensuring long term sustainability of the HIV/AIDS mitigation program in Guyana and is a critical element of an exit strategy.
- Developing new communication materials for areas that have not been targeted earlier through any of the communication campaigns launched by GHARP. As per the original strategic framework developed by HDI/GHARP there are two areas that have not yet been targeted for the development of communication material: support for OVC and promotion of Home Based Care (HBC).

## 6. PROVISION OF SERVICES

### Community and Clinical Care

The Objectives set for HBC under the Technical unit strategic plan for 2005-2006 were all met. Before 2005 there was no Home Based Care Program in existence at the Ministry of Health and therefore, there was no template on which to pattern the creation of NGO home care programs. This required innovative thinking on the part of GHARP and its' and partners for the development

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of a training curriculum for volunteers, the design of front line tools, reporting forms, registers, log books, monitoring tools, standards of care, guidelines, list of HBC kit contents for volunteers, referral forms, confidentiality contracts and memoranda of understanding between NGOs and clinical sites. All of this was successfully achieved.

An analysis of past programs in home visiting implemented by churches and one NGO was done by the community and clinical care officer and it was found that these programs failed due to lack of resources, volunteer burn out and poor preparation and training of volunteers. These findings played a significant role in the design of the GHARP Community Home Based Care Program and thus stipends were factored in for volunteer travel and support, and, nurse supervisors were employed either on a part time or full time basis to ensure adequate volunteer feedback and support. A comprehensive training program was designed and implemented over the course of the year and includes a three-part training programme including skills training. Over 90 persons, including the National Home Based Care coordinator, were trained in Home Based Care over the reporting period. All the Ministry of Health Nurse supervisors were also trained under GHARP as part of on going support to their start up efforts. GHARP was instrumental in sharing all information, guidelines, HBC forms, kit contents etc. with the National AIDS program for them to take guidance from. In addition to its collaboration with NAPS, GHARP also worked closely with CRS with the provision of Home Care Services through two NGO, with the sharing of all HBC forms which were then modified by CRS for their use. GHARP also actively participated in monthly HBC meetings held at CRS to review client progress after referral to GHARP NGOs and to give input on strategies to improve referrals and care.

Where there were no Home Care Programs, 11 were started and supported at NGOs in seven of the ten administrative regions of Guyana in 2005-2006. All 11 programs were staffed with nurses and or HBC coordinators. NGOs were encouraged to work closely with the regional hospitals and clinics in their respective areas to ensure referrals to and from the health sector. NGOs were urged to look for nurses with a stake in VCT or PMTCT at clinical sites to ensure the free flow of referrals from those institutions. This worked very well as a strategy to reach targets in some regions.

### **Major Achievements**

Other specific achievements of the HBC programme are as follows:

- Draft templates of Memoranda of understanding were shared with each NGO and feedback incorporated before these were modified and signed by both NGOs and Clinical sites.
- In an effort to ensure quality of services and uniformity of care across regions, guidelines and standards were developed and circulated amongst the NGOs. A questionnaire was developed to assess the theoretical knowledge of volunteers. A skills assessment form was devised to measure competencies in various relevant skills. These were shared with each nurse supervisor along with guidance on their use and application. These questionnaires were also shared with the National AIDS Program Secretariat.
- The HBC curriculum was made available at the University of Guyana (at the Institute of Distance and Continuing Education) after an officer from that institution was trained through GHARP. The first training in Home Based Care was offered by that institution in May 2006. The American University of Peace Studies has since also started to offer a home Care program that it is understood was mostly patterned after the GHARP model. The HBC curriculum was shared with the National Aids Program Secretariat. Ministry of Health, and with the ITECH/CHART group with the hope that one national curriculum for the training of volunteers can then be finalized. HBC guidelines and all forms being used by the

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GHARP program were shared with Global Fund, CSIH and CRS. These documents were then adapted for their use. Plans are ahead to create one universal set of forms for HBC that all institutions will use. Dr Boyle will play a pivotal role at the request of Dr Singh, in spearheading that process. HBC training was provided to all Global Fund HBC Nurse Supervisors and to some of their volunteers.

- An effective referral system was designed and received buy-in from the MOH and other stakeholders. Referral forms were developed, Referral system workshops held bringing stakeholders from all regions of Guyana together to ensure cooperation. Referral forms were produced and distributed by GHARP to NGOs and clinical sites. Clinical sites and NGOs at the NCC meeting were sensitized on the need for referrals and use of the new referral forms.
- In an unprecedented arrangement, Persons living with HIV/AIDS (PLWHA) are now able to access loans for micro enterprise development through the Institute of Private Enterprise Development (IPED), the Guyana Telephone and Telegraph Company (GT&T) and the Guyana Lotto Company. IPED, GT&T, and the Lotto Company, came on board as partners with GHARP to address social issues such as the need for micro enterprise development for PLWHA. These projects were initiated to support the NGOs in their efforts to cater to the social and financial needs of PLWHA. The C&CC Officer designed forms that assessed the clinical stability of clients, their discipline as far as attending clinic, their social support system, base line income, and business ideas. This was done in an effort to ensure no undue risk was posed to the financial institution and to provide a baseline against which to measure progress in one year. To date 66 persons have been screened personally by the C&CC Officer and referred to IPED for loans. Unfortunately only 19 have been successful in receiving them. Reasons for not receiving loans range from incompleteness of application process due to disillusionment to lack of guarantor, lack of letters of recommendation and lack of any collateral. No one was able to access the Lotto funds despite its' availability. This was due to a misunderstanding of the purpose of the funds by IPED. This issue is being addressed by GHARP with IPED.
- In another innovative GHARP project, local business, Liana Cane Interiors has been providing apprenticeships to 30 women living with HIV/AIDS. The project, called Attitudes, was designed to change attitudes to life through the empowerment of the women. The project provided vocational skills building, job opportunities, and small business development. Built into the program were self awareness sessions that focused on topics such as you, your life goals, parenting, healthy low cost food preparation and yoga meditation exercises. Women were taught basketry, weaving, leather craft, fabric design and upholstery. The arrangement made with Liana Cane was to also provide overseas markets for produce made by the women and to assist with the marketing of the goods with the setting up of the Attitudes web site.
- Citizen's Bank came on Board in response to a request from PLWHA in Bartica to have treatment for the TB/HIV co-infected made available locally as the cost to travel to Georgetown was often out of their reach. This often resulted in poor adherence to medications with a resultant increase in risk for the development of resistant strains of the HIV virus. At the request of GHARP to GHARP's Private Sector Partnership Manager, Citizens Bank was approached to provide the financial backing to send a team from the Chest Clinic into Bartica once per month. This has been happening on an on going basis since April of 2006. So far 32 persons have benefited from this initiative in Bartica.
- Public and clinical staff awareness of HBC services were raised through Inter Personal Communication (IPC) interventions on the part of HBC volunteers, staff, and MOH advertisements. BCC materials were designed by the Community and Clinical Care officer

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in collaboration with Miss Jewel Crosse, HBC stakeholders and graphic design artists. The theme for the HBC BCC materials was “Making a Difference with Care”. Cue cards to give structure to volunteer teaching within the home were developed along with brochures on Home Care and posters to be placed at clinical sites. Three workshops were held to design the HBC BCC materials, NAPS and other stakeholders were invited to give their input. These should be made available in the upcoming year.

- A quality assurance system was developed through the creation of guidelines and standards for NGOs providing HBC services. A system of supervision was incorporated through the hiring of nurse supervisors at each HBC service station. Each NGO was required to hold monthly training sessions and updates with their volunteers. Nurse supervisors were required to review notes from the log books of volunteers on a weekly basis and to use that opportunity to provide feedback and future care plans for clients.
- Multidisciplinary teams were established at CRS with G+, Life Line Counselling, and FXB on the Male Medical Ward of the Georgetown Hospital. G+ will also work with Road Side Baptist and FACT Swing Star with the FXB physician in region 6 Corriverton, and Hope for All will work with the Suddie Hospital. These are NGOs that managed to get a doctor and nurse to be part of the team not only to review some clients at the NGO or at home, but also to provide training for volunteers and referrals for their services.
- The Target for HBC was to reach 500 clients by the end of this fiscal year. Though this target was met, it was an unduly arduous task as NGOs had an on going battle to receive referrals from hospital and other clinical sites, especially Comforting Hearts, Hope Foundation and G+. The ideal model was practiced at Hope for All where the doctor at the hospital, Dr Nags, not only referred clients to the NGO but also assisted the NGO with the training of volunteers. Hope for All was given a room on site at the Suddie Hospital in which to process referrals of positive clients. This proved to be invaluable in reducing delay of client uptake of referrals.
- PLWHA were supported further with the provision of clinical support group training in craft. The training was aimed at encouraging new members to come out and join the support groups that exist. Plus Ultra support group for HIV positive women was formed at the Gum clinic with support from GHARP. Training in fabric design was provided and assistance in preparations for World AIDS Day 2005 was also given. 30 PLWHA were selected for training at the YWCA on Brick dam. This training was paid for by GHARP and all materials provided. PLWHA also received training in the Buddy system, leadership development and team work through GHARP’s partner, Cicatelli Associates. This training prepared PLWHA and others to be a source of support and mentors to newly diagnosed persons.

### **Challenges encountered and the processes to overcome them**

- Despite measures to include the MOH each step of the way, it was still a struggle to get MOH staff to refer clients to NGOs. Reasons given included, breach of confidentiality, client reluctance to be referred, ignorance of when to refer clients for HBC services and which clients qualified for referral. Efforts continue to work with the MOH to resolve the issues. To circumvent this challenge, NGOs were encouraged to recruit on a part time basis the nurses located at PMTCT and VCT sites to ensure they could provide a flow of referrals. Not all NGOs were successful in getting nurses from such clinical sites.

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- As far as internal referrals, the NGOs were advised to ensure that clients were referred to their own services and this practice was significantly improved over the course of the year. This was circumvented with NGOs budgeting for kits themselves.

### **Projections and plans for next period**

- Focus for the upcoming year will be on expansion of HBC services to regions 1 and 9.
- Expansion of the scope of HBC services to include access to low cost housing
- Empowerment of women through job and small business creation
- Further empowerment through vocational skills training of PLWHA
- The launching of the Attitudes Project and the holding of the two exhibitions.
- Participation of PLWHA in craft sales for World Cup Cricket 2007
- Training of PLWHA in small business management through IPED.
- The development of policies to guide referrals to support PMTCT, VCT, OVC and HBC programs at NGOs.
- Quality improvement of HBC services
- Palliative Care service provision at NGOs
- Support to clinical site support group development through the provision of group training and buddies from older NGO support groups.
- Strengthening and expansion of Multidisciplinary teams to other NGOs and clinics
- Further integration of NGOs into the MOH program. Plans are afoot to have greater collaboration between MOH and NGOs in the next fiscal year. Starting with a joint retreat where the volunteer of the year will be acknowledged and joint planning done between GHARP and NAPS.

### **Orphans and Vulnerable Children**

The Technical Services Unit struggled to function without an officer responsible for OVC throughout the year and although targets were achieved, minimal training was done. Through technical assistance to its NGO/FBO partners, GHARP was able to provide services to 778 children, exceeding the target of 750 children. Services provided to children included psychosocial support, nutritional information and guidance, mentorship, after school care, remedial classes and skills training in electrical installation, carpentry and plumbing among others. Other details of GHARP's support to OVC are as follows:

- Despite the lack of an OVC officer, GHARP was able to provide support to the Ministry of Labour, Human Services and Social Security (MHLSSS) and UNICEF in the development of a draft national Plan of Action for Orphans and Vulnerable Children in Guyana.
- GHARP provided technical assistance to the MHLSSS in the development of a draft minimum standards for Foster Care in Guyana
- Technical assistance was provided to Every Child Guyana as part of that organisation's Management Committee.

### **Projections and Plans for the Next Period**

GHARP is in the process of bringing an OVC officer on board in the new year. This person will fill an existing vacancy. This will see the availability of consistent support being provided to its' NGO/FBO and other partners. Activities will include the development of a grief counselling manual for working with OVC, training in the use of the manual,

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## **Prevention of Mother To Child Transmission (PMTCT) / Labour and Delivery (L&D)**

GHARP's approach to Prevention of Mother to Child Transmission of HIV (PMTCT) and labour and Delivery (L&D) services takes into account processes that reach women who are pregnant and may or may not be aware of their HIV status. It aims to encourage male involvement at Antenatal Clinics, increase Anti-Retroviral treatment uptake to HIV-positive persons, increase the number of persons referred for Anti-Retroviral treatment, Improve the skills of health workers to provide Counselling/Testing services in clinical care settings; and to provide technical leadership, advocacy, and support to Counselling/Testing programs nationally.

In an effort to see this approach entrenched within the existing Ministry of Health system, GHARP has worked closely, and always in collaboration with the Ministry of Health. This has led to significant successes being achieved through this partnership. There are now 45 PMTCT sites that are supported by GHARP. This support includes support staff, infrastructural works, equipment, furniture and stationary (M&E tools, including ledgers, forms and data base).

GHARP also advocated the testing of HIV exposed babies and collaborated with the MOH, CDC and FXB to develop the protocol to guide this. A draft document has been developed.

GHARP does provide direct support to all PMTCT sites nationally through its support for training materials development, supervisory structures, national reporting systems and over all QA/QI system development and maintenance.

## **Major Achievements**

- The PMTCT community outreach pilot project commenced after the employment of ten community workers. These workers are employed by GHARP to follow up the HIV+ pregnant women in three health centres- Dorothy Bailey, Festival City and Albouystown, and the Georgetown Public Hospital Corporation.
- The PMTCT refresher training in regions 3, 4, 6, & 10 was completed. Sixty one (61) health Care providers participated in the training. The training was aimed at providing trainees with knowledge and skills in counselling, strategies for antiretroviral Treatment and prophylaxis safer delivery practices and safer infant feeding practices. This target group consisted of Nurses (Midwives), and other health care providers at Ante Natal Clinic and Labour and Delivery sites who were trained in PMTCT between the period September 2001 –December 2004. The training was facilitated by GHARP, CDC, MOH and the Guyana Safe Needles Injection Project (GSIP).
- GHARP has been collaborating with the MOH/Maternal and Child health Unit, UNICEF Plans by UNICEF for BCC interventions in the PMTCT program were discussed. GHARP BCC materials for PMTCT and plans for L and D were shared with MCH in an effort to keep them abreast of all recent strategies for the development of BCC materials. UNICEF, GHARP and MOH/MCH will collaborate on BCC efforts for PMTCT. Presently UNICEF has funding for this activity which will focus on the involvement of men in ANC clinics, making Clinics male friendly. It was decided that GHARP will give technical guidance to this process.
- Members of the OGAC Film Crew Ryan Hill and Jose Swantek visited the Dorothy Bailey Health Centre where PMTCT activities are conducted. Here the crew interviewed and filmed the Nurses, Counsellor /Testers, Pregnant women, members of the Support group & the retired nurses working in the PMTCT program. Most of the individuals were very happy to

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participate in this activity The VCT/ PMTCT officer made arrangements and accompanied the auditors on field visits to the VCT sites at the Accident & Emergency, Medical outpatients department of the Georgetown Public Hospital Corporation, West Demerara Regional Hospital Ante Natal Clinic and the Labour and delivery PMTCT site at the Georgetown Public Hospital Corporation. The audit inspection was successfully completed

### **Challenges: responses**

Shortage of Phlebotomist in all regions where the PMTCT services are available

A training program for Phlebotomist will be conducted by GHARP

Two mobile team Counsellor/Testers (trained in PMTCT & phlebotomy) were identified to work at Ante Natal Clinics at Herstelling and Soesdyke Health Centres on Mondays. Logistics for this activity was clarified with the PMTCT coordinator MOH

### **Plans for the next Period:**

- A qualitative study among PMTCT clients has given even greater insight to the strengths and weaknesses of the program at its' initiation. There will continue to be increased support given to the five major labour and delivery wards to increase their capacity to effectively serve the high patient load experienced currently, and also look to extend to at least one additional L&D ward in coordination with the MOH planning. GHARP will provide assistance for infrastructure, increased staff coverage, and more mentoring and oversight of the monitoring and evaluation of the program implementation.
- Through interpersonal communication, GHARP will address the issues of lack of education and behaviour change through sensitisation, training and supporting the building of a broader environment that encourages early care during pregnancy and delivery. This follows the acknowledgement of the effects of poor delivery preparation by expectant mothers.
- GHARP will continue the roll out of PMTCT and VCT sites in collaboration with the Ministry of Health. It will also continue to provide the necessary technical assistance including the review of the VCT guidelines, curriculum and protocols.
- Quality Assurance/ Quality Improvement support will continue.

### **VCT**

VCT is regarded as a prevention effort as well as an entry point into treatment and care services. Through the leadership from GHARP, the MOH rolled-out VCT services across the country. GHARP also continued to strengthen the linkage between VCT and MCH clinics sites through the use of mobile VCT counsellor testers who were trained in PMTCT. This intervention was undertaken to extend the entry points for testing, focusing on the needs of non pregnant women, MARPS and men. These services were extended to Health Centres in regions 3 and 10 to further strengthen the counselling services in these regions. The sites in Region 10 are Christian Health Centre, One Mile Health Centre, Upper Demerara Hospital and Amelia's Ward Health Centre. In Region 3, there is the Parika Health Centre.

To improve the effective roll out of VCT at the MOH, technical assistance was given to the National AIDS Program Secretariat in areas such as supplies management, Quality Assurance and Quality improvement, Training of counsellor /Testers, referral system, formation of support groups and supervision of counselling and testing services.

The Ministry of Health Adolescent Health Program also benefited from technical guidance and Training from GHARP. The Program was established to give comprehensive Health Care to

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adolescents where they can also access counselling and Testing. GHARP supported sites in region 6 and 10 have benefited from this initiative.

### **Major Achievements**

- GHARP mobile Counselling and Testing team continues to provide services to health centres and communities in regions 3 and 4. The outreach activities by the mobile team were extended to the hard to reach communities in region 8. The roles and functions of the mobile team was extended to provide support to the Faith Based Organisations (FBO) and Non Governmental Organisations through Awareness /Sensitization sessions in the form of drama brochures, general information on HIV and AIDS, and counselling and testing Services. The Most at risk Populations (MSM/ CSW & miners) also benefited from C/T services and education session. They also supported the workplace/private/ public sector interventions by conducting counselling and testing services. The VCT Mobile members were engaged in a training session with the Guyana Defence Force Credit Union approximately 30 GDF Officers attended these sessions. Love and Faith Outreach Ministries Faith Based Organisation (FBO) were also supported by the mobile teams when they performed their HIV Awareness skits and conducted counselling and testing at the FBO's concert at their Sophia Office.
- Members of the mobile team facilitated peer education training for NGOs and work places. The content of these workshops covered basic information on HIV/AIDS STIs modes of transmission, ways of reducing transmission and stigma and discrimination. These topics also covered communication skills and self examination.
- Counselling training for HIV/AIDS was conducted from 15<sup>th</sup> – 19<sup>th</sup> May, 2006. Twelve participants were trained in a concentrated 5 day session that was facilitated by GHARP. Participants were drawn from the Guyana Association of Medical Laboratory Professionals (GAMLAP); Reslocare and Help and Shelter. GHARP collaborated with GAMLAP to facilitate the training of lab technologist/technicians from private and public labs.
- During the week of June 12<sup>th</sup> – 16<sup>th</sup> 2006 counselling training for HIV/AIDS was conducted for the National AIDS Programme Secretariat. Thirty (30) participants, ten males and twenty females, representing regions, 2, 3, 4, 6, and 10, were trained to perform the skills in HIV/AIDS counselling.

### **Plans for the next period**

- The planning for FY06 in counselling and testing is to begin to transfer the majority of the service delivery to indigenous organizations (public sector, private sector, FBO and NGO). In FY07, the goal will be to transfer the responsibility of operating the mobile testing teams to indigenous organizations as well. In order to do such, procurement for vehicles, boats, motorbikes, commodities storage, and basic supplies will be needed. Plus-up funds have been dedicated to procuring these necessities in order for the indigenous organizations to build their capacity to seamlessly take over the mobile counselling and testing program that is currently run out of the GHARP office.
- Training on increasing community mobilization and implementation of counselling and testing (including prevention education and behaviour change interventions) among high risk groups will be provided. GHARP will at the same time be responsible for giving technical assistance to the NGOs to increase their technical and administrative capabilities to take on this responsibility, build QA/QI systems and strengthen the link to the MOH, as the first

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steps in building a sustainable partnership between NGO and public sector in the delivery of health care services.

### Pharmaceutical Management

- GHARP's responsibility for pharmaceutical management was transitioned to the new Supply Chain Management Systems (SCMS) contract as of April 1, 2006. GHARP's Multi-Sectoral Advisor continued to oversee the initial developments of the SCMS project until mid-May, when a full-time SCMS Lead Technical Advisor was able to assume her duties in Guyana. Therefore this section of the report covers only the first two quarters of FY2006.
- During these two quarters, substantial progress was made in several areas. The new Material Management Unit (MMU) Annex Warehouse of the Ministry of Health was conceived and designed primarily under GHARP and subsequently opened by SCMS shortly after the transition period. Preparations for this opening involved the MOH/MMU, Centres for Disease Control (CDC), John Snow International (JSI) and USAID.
- In order to facilitate the smooth operations and clarify expectations between partners, detailed work plans were agreed upon, Standard Operational Procedures (SOPs) were drafted and a detailed Memorandum of Understanding (MOU) was circulated for feedback. In addition, GHARP participated in a JSI led exercise to develop an organizational chart and job descriptions for new personnel to staff the annex warehouse. The positions were advertised and recommendations were made to FHI for hiring the new staff. These staff began work in January and February. Extensive orientation and training was conducted by combined teams from MSH, JSI and FHI. MSH consultant Andy Marsden has drafted a report on lessons learned from the warehouse start-up.
- Forecasting was conducted for paediatric and second line adult ARVs and forecasting assistance provided to the Global Fund project for adult first line ARVs. This required a national inventory of ARVs for both projects and clarifications of changes in treatment protocols, importation and registration requirements, and collaboration with the Clinton HIV/AIDS Initiative (CHAI), who imported paediatric ARVs for 130 children for one year. During the year, all drugs under GHARP's responsibility were ordered, received, warehoused and distributed to the appropriate sites. These include first line paediatric ARVs; second line adult ARVs and OI/STI medications. GHARP's local pharmacist, Cecil Jacques conducted weekly monitoring of GUM clinic consumption and stock on hand. In addition, a complete forecasting for first line adult ARVs was conducted for the GF project.
- In order to enhance local capacity, a workshop on consumption reporting and forecasting was organized and held in October for all the pharmacists from the six ARV distribution sites. Follow-up trainings were conducted in February for staff at the local distribution sites as well as national institutions. The latter received specialized training in the QuantiMed forecasting tool, which is designed for national level forecasting needs.
- Quarterly drug stakeholders meetings were organized with Dr. Rudolph Cummings, the Chief Medical Officer from the Ministry of Health, serving as the chairman. Routine weekly monitoring of consumption and the supply of paediatric drugs to GUM clinic also continued throughout this period.

### Geographical Information Systems (GIS) Training

GHARP organized GIS training for selected GHARP staff to promote the use of basic mapping as a tool for planning and reporting activities. GHARP contracted a local Guyanese GIS trainer with assistance from the M&E Unit.

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## 7. ENHANCING MULTI-SECTOR COLLABORATION AND INTER AGENCY COORDINATION

### **Multisectoral Coordination**

Multisectoral activities have continued to emphasize mainstreaming HIV/AIDS activities into the line ministries. This year, the primary focus has been on developing the capacities of the ministerial Focal Point persons (FPs) to implement sub-projects under the World Bank grant. This work has been conducted in collaboration with the Line Ministry Coordinator for the project, Mr. Patrick Mentore and the Director of the HSDU, Dr. Frank Anthony. A secondary target of these efforts has been on the ministerial HIV/AIDS committees. However, committee member attendance at organized events has varied greatly across ministries.

### **Major Achievements**

- Work planning and proposal development was conducted. The Planning Tool that was successfully used for the NGOs has been adapted for the line ministries and the planning process has been revised to better suit ministerial conditions. A workshop was conducted in September and the Focal Points are currently in the process of planning with their respective committees.
- It was hoped that seven additional line ministries would be brought on stream during 2006. However, some of the ministries have been slow to respond and the WB has refused some of the proposed candidates for Focal Points. A list of current and anticipated ministries is included in Appendix 1.
- GHARP has also conducted several sessions on mainstreaming to senior level officials, e.g. Local Government, Labour, Agriculture, and Education. Contacts with the Public Service Ministry has resulted in HIV/AIDS training being integrated in their series of standard training for civil servants, although they have yet to be funded through the WB project. Integrating HIV/AIDS training into the orientation sessions provided by all new government employees is an essential step towards sustainability of HIV/AIDS education and an important aspect of a successful exit strategy for GHARP.

### **Private Sector Partnership**

Following the development of USAID/GHARP's first Annual Strategy and Work plan in early 2005, the Private Sector Partnership Program has evolved into a robust coalition of private sector organizations that are actively engaged in helping USAID/GHARP reach its goals of preventing and reducing HIV/AIDS in Guyana in the following focus areas:

- 1) Leveraging USAID/GHARP funds and resources through support for media, campaigns, events, workplace and community programs that help to prevent and reduce HIV/AIDS.
- 2) Linking the private sector and its' employees to products, programs and services, such as VCT, PMPCT, prevention and awareness campaigns, anti-stigma and discrimination efforts, and support for PLWHA and orphans and vulnerable children, etc.
- 3) Engaging the private sector in a variety of events and new initiatives that will strengthen their support to help prevent and reduce HIV/AIDS in the workplace and community.
- 4) Organizing the private sector with an approach that will help build sustainability for their efforts beyond the involvement of the USAID/GHARP project.

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By engaging the Chief Executive Officer's (CEO) of Guyana's private sector organizations, the USAID/GHARP Private Sector Partnership Program, with the strong support of the MOH, USAID and the American Ambassador, the GHARP private sector initiative has rapidly and effectively established itself as one of the largest and most powerful business coalitions in the Pan Caribbean region.

### Major Accomplishments

- Launch of the first USAID/GHARP Private Sector Partner Recognition Event, which formalized the partnerships with 20 private/public sector organizations in manufacturing, shipping, forestry, tourism, etc. The partnerships are designed to promote workplace programs and policies, leverage financial and in-kind support from private sector organizations to help scale up USAID/GHARP efforts including assisting orphans and vulnerable children and persons living with HIV/AIDS; and link private sector organizations to VCT, prevention and treatment, and PMTCT services. The Private Sector Recognition event was held on December 20, 2005 under the patronage of US Ambassador to Guyana, HE Roland W. Bullen. The event was attended by approximately 300 National Leaders, including Cabinet Ministers, CEOs and Senior Executives of private sector organizations, partner organizations, the press, and the diplomatic corp.
- In cooperation with the CDC, helped facilitate a half-day workshop on Dec. 18, 2005 to provide local writers/journalist an opportunity to upgrade their skills in developing radio dramas related to HIV/AIDS. This has resulted in the development and design of a Radio serial to be launched by the March Project/CDC. Guest speaker for the GHARP event, Mr. Trevor Rhone, provided technical assistance to the radio serial project.
- On Tuesday May 30, 2006 USAID-GHARP launched the **USAID/GHARP Public/Private Sector Partnership Advisory Committee**. The event held under the patronage of US Ambassador to Guyana, Roland W. Bullen, included the CEO's and Human Resource Executives of USAID/GHARP Private Sector Partners. The goals of the Advisory Committee are to:

1) Establish and build a sustainable coalition of private sector organizations engaged in HIV/AIDS prevention and reduction activities in anticipation a of post GHARP scenario. By bringing together GHARP's first set of private sector partners, the goal is to help plant the seeds for establishing a sustainable and broader coalition of private sector organizations in Guyana who are engaged in efforts to help reduce and prevent HIV/AIDS in the workplace, community, and nation.

2) Provide GHARP private sector partners an opportunity to share best practices with each other (such as in-house education and training, peer education programs, workplace policies, communication programs that promote sensitivity towards people living with HIV/AIDS, and training programs/material).

3) Provide the opportunity for the committee to link with and learn from other regional and global organizations who are leading the way in private sector activities and programs that help reduce HIV/AIDS in the workplace and community and to provide Guyana's business leaders the opportunity to showcase its own efforts on the regional and international levels.

4) Establish an Annual Awards Program that will recognize achievements of the private sector's efforts to help reduce and prevent HIV/AIDS in the workplace and community.

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5) Serve as a conduit for GHARP's private sector partners to support a variety of efforts to reduce and prevent HIV/AIDS in Guyana, such as support for HIV/AIDS media and events, orphans and vulnerable children, persons living with HIV/AIDS, etc.

A Coordinating Committee and three Work Groups focusing on workplace programs, private sector awards and membership/sustainability were established to implement the work program of the Advisory Committee. Since this launch event, the coordinating Committee and the Work Groups have met on a regular basis.

- **Participation in Regional Workplace Policy Meeting, held in conjunction with the ILO and the Pan Caribbean Business Coalition on HIV/AIDS** in late September 2006 to introduce Guyana's response in engaging the private sector in efforts to prevent and reduce HIV/AIDS. The primary goal is to link the Guyana USAID/GHARP Private Sector Advisory Committee to the Regional Coalition and seek lessons learned from other regional efforts.

### **Key Projections and Plans for next period:**

- Strengthen existing private sector partnerships and develop new partnerships through increased communication and networking with senior executives within the private sector, including members of the USAID/GHARP Private Sector Advisory Committee, including the Organizing Committee, Membership Committee, and Awards Committee. Seek to establish at least 15 new private sector partnerships for the next program year that will reach approximately 6000 workers through the establishment of workplace programs.
- Continue to serve as the Secretary of the USAID/GHARP Private Sector Advisory Committee and its subcommittees.
- Coordinate USAID/GHARP Private Sector Advisory activities and continue to leverage support for GHARP's products and services.
- In cooperation with USAID/GHARP Workplace Coordinator and the ILO, continue to strengthen private sector linkages to VCT, prevention and treatment, PMTCP, etc.
- In cooperation with the USAID/GHARP Private Sector Advisory Committee and USAID/GHARP's Private Sector Advisor, coordinate USAID/GHARP's first Annual Private Sector Events Ceremony, tentatively scheduled for early/mid 2007.
- Attend the next Pan Caribbean Business Coalition on HIV/AIDS Event in 2007 (date and location to be determined) to continue to link Guyana to regional efforts to engage the private sector in the prevention and reduction of HIV/AIDS.
- Work in partnership with GHARP Private Sector Advisor and the USAID/GHARP Private Sector Advisory Committee in applying for membership in the Global Business Coalition on HIV/AIDS National Partners Program, which provides support for existing country-level business coalitions on HIV/AIDS.
- Seek out opportunities to learn additional models and approaches from other South-South Private Sector Programs and initiatives.
- Strengthen linkages to Marketing to increase access and distribution of communications marketing materials produced by USAID/GHARP – as well as access to condoms for workers, with a special focus on MARPS.

### **Workplace Programme**

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The Workplace Program was instituted to develop national capacity to design, implement monitor and evaluate workplace HIV/AIDS programs. During the first year of the program, several companies in the public and private sectors expressed interest in partnering with GHARP. As such, basic intervention activities were done. In addition, NGOs received initial training as technical assistance providers to workplace program implementers, draft curricula were developed and collaboration was established with partner agencies, including the International Labour Organisation (ILO). These activities laid the foundation for the continuation of the program and the achievements in the subsequent reporting period.

For the year under review, the workplace program expanded its' activities to firmly establish itself as the only program of its' kind that offers a comprehensive approach that supports a continuum of prevention, care and treatment services to workplaces. This was possible because of the linkages with the other technical areas within GHARP such as the Mobile VCT Unit and the Private Sector Partnership Program and BCC. These linkages had a positive impact on the program and contributed significantly to its achievements. Through the Private Sector Partnership Program twenty – two (22) companies were assigned to the workplace program and activities ranging from awareness sessions to peer education training, Voluntary Counselling and Testing, capacity strengthening of focal persons and the drafting of workplace policies were completed much success. Curriculum and draft outline was finalized and the process was commenced for the preparation of a workplace HIV/AIDS tool kit that will be used for the education of four groups within the workplace. Finally, standards were developed to guide the implementation of peer education activities in the workplace and a tool was developed to link technical assistance providers to workplace program implementers.

### **Major Achievements**

- Approximately two thousand three hundred workers from fifteen companies participated in awareness sessions of two to three hours duration and were sensitized to the basics of HIV/AIDS. They were also encouraged to know their status. Consequently Voluntary Counselling and testing were done at four workplaces while an additional two had twenty-five workers trained as peer educators. The workplace program in partnership with the NGOs supported five (5) “Dress down day activities” of Scotia Bank that were held during the period May-September 2006 at the bank’s five locations. This activity was done as an outreach to clients on a monthly basis to highlight HIV/AIDS and will continue into the New Year.
- Technical assistance was provided on workplace policy development to sixteen (16) companies. As a result nine (9) companies have drafted workplace policies that will be finalized during the next reporting period. Assistance was also received from FHI’s Senior Technical Officer for Workplace Programs. FHI. This provided for the development of draft knowledge and activity standards for workplace peer education activities. Two workshops for technical assistance providers and human resource/focal persons were also facilitated.
- Capacity was strengthened for Technical Assistance Providers from the NGOs and HR/focal Persons from GHARP’s Public/Private Sector Partners. One follow-up workshop was held for the TA Providers, while one training program and a follow-up workshop were completed for the HR/Focal persons. The Workshops were facilitated by a consultant from FHI, Arlington, Ms. Theresa Patterson. It focused on the practical aspects of intervention programs and was aimed at strengthening the NGOs to provide quality TA to workplace

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implementers, HR/Focal Persons to take the lead role in the development and implementation of sustainable workplace programs and for both groups to work in synchrony with each other. A draft tool to link NGOs/TA providers to workplace program implementers was also finalized with inputs from the NGOs and focal persons.

- Collaboration was continued with the MOL/UNAIDS and ILO/USDOL Projects and the NGOs. This Collaboration provided a forum for the development of standard approaches to Workplace HIV/AIDS program implementation and the building of capacity for senior professional staff in the Ministry of Labour. Meetings and discussions were held with the National Project Coordinator of the ILO/USDOL Project in relation to one workplace strategy and a draft proposal was finalized.
- The Workplace Program Officer along with the Private Sector Partnership Manager participated in the Joint Meeting of Regional Manufacturers Associations and Chambers that was held in St. Georges, Grenada. GHARP'S private Sector Workplace strategies, achievements and advertisements were shared and this opened the door to linkages with the rest of the Caribbean.

### **Challenges**

Challenges were experienced during this reporting period and they included the following:

- How to get some of the companies that were committed to workplace policies and programs to move the process forward and keep their commitments to GHARP.
- How to address the issue of “No HIV/AIDS Screening” for employment in the development of the workplace policy when it was a requirement by some insurance companies as a criteria for workplace health insurance coverage.
- How to get NGOs to go beyond their commitment to provide TA to workplace program implementers and actually get the job done.

In response to the challenges, assistance was sought from the Private Sector Partnership Manager in relation to the first challenge and this worked to some extent. Training was also provided for the HIV/AIDS focal persons within the companies. “No HIV screening” remained a challenge and the Private Sector Advisory body was asked to take this on board with the Insurance companies. Finally the third challenge was addressed by mentoring, coaching and training for the NGOs on how to provide TA and the strategies that should be employed. Programming for workplace intervention activities was also recommended during the NGO proposal preparation period.

### **5. Projections for the next reporting period.**

There would be a continuation of the activities that commenced during the period under review. The main targets for action will continue to be the companies that have signed partnership agreements with GHARP and the fifteen prospective partners. The development of comprehensive workplace programs will continue to be the primary focus and the mechanisms to enable this will be enhanced. Greater emphasis will be placed on strengthening the capacity of the NGOs to deliver quality TA to workplace Program implementers. Focus will also be placed on strengthening the capacity of the Focal Persons, peer education training and activities in the workplace and the deepening of collaboration with the International Labour Organization and other partner agencies.

### **Faith Based Initiative**

The GHARP project has the support and ongoing coordination of FBO action as part of its strategy to prevent the spread of HIV and to mitigate the impact of AIDS. Recognizing that FBOs represent a major resource in the effort to prevent the spread of HIV and AIDS in Guyana and that they, by

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their very nature, are well placed to engage their various congregations in the fight against HIV and AIDS and the issues surrounding this pandemic, such as the reduction of stigma and discrimination, GHARP has engaged the FBOs and have placed emphasis on their roles in contributing to creating that enabling environment for PLWHA.

Prior to GHARP's initiative, there was no organised effort to directly involved faith based organisation to contribute to the fight against HIV/AIDS. Further, the FBOs were not engaged in any targeted training sessions that would address issues within the organisation such as stigma and discrimination and other related issues.

The objectives for this period were to:

- a) build the capacity of the faith based organisations that are supported by GHARP to respond to HIV/AIDS
  - b) assist in the creation of materials that will assist the FBOs in their response to HIV/AIDS within their religious communities
  - c) Provide technical assistance and other forms of support to FBO, including those not receiving financial support from USAID/GHARP
- **Major achievements** Based of feedback from religious organisations it was recognized that there was a need to develop a peer education manual that would include religious sensitivity of the various faiths that exist in Guyana and at the same time respond to HIV/AIDS within these religious communities. "Faith Matters" is a faith-based manual was developed through an interfaith encounter with leaders and members of the three major religions. The manual was produced for teachers, trainers and peer educators and is guided and informed by BCC strategies, spiritual insights and teachings. It is self-teaching and the content and process – that is, what to teach and how to teach it – have been fully covered in step-by-step guidance and notes and it incorporates the doctrines of Hinduism, Christianity and Islam and to a lesser extent other religions practiced in Guyana. In order to ensure that the manual incorporated the needs of the three major religions in Guyana, the FBO Program Officer held a consultation meeting with the key FBO stakeholders on the GHARP Project so that a draft review could be done of work completed to date by Bonita Harris. Present at the meeting was two representatives from each religion – one male and one female. Each attendee was asked to prepare and give to the consultant scriptural references on sex; respect for human body, women, men & children; relationships between men & women; stigma & discrimination; compassion, care & support; and; sick, orphan & vulnerable people.
  - The Officer arranged and facilitated a Debriefing Session with the Faith Based Organisations, Harris Arts and GHARP. The rationale behind this session was to update the FBOs on what was occurring as it relates to the A&B Campaign. Present were religious representation from Love & Faith, CIOG, Guyana Central Arya Sansad and Guyana Harijan Sansad. Mr. Dale Brown – Ad & Promotion Officer, shared with the FBOs the brochure created to promote marital faithfulness. Several concerns were raised by the individuals present. The Team from Harris Arts acknowledged the comments made by the FBOs and stated that as much as possible they will try to make changes.
  - The FBO Program Officer supervised the "Faith Matters" Peer Education Training of Trainers, which took place during the period of 7 – 15 June 2005 and was facilitated by Bonita Harris. The sessions were held at the GHARP Conference Room and each group session lasted for three days. Of the thirty five persons, five were from 2 Hindu organisations, eleven were from 2 Muslim organisations, and nineteen were from the

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different Christian denominations such as 7<sup>th</sup> Day Adventist, Catholic, Assembly of God, Methodist and Baptist.

- As a direct feedback from the FBOs it was recognized that there was the need to have training which will provide the FBOs with the skills to teach abstinence and refusals skills to their young people was identified as a priority. The services of two trainers from Cicatelli was contracted to come to Guyana to train workers from FBOs. The Manual contains activities that can be utilized not only to teach abstinence and refusal skills to young people but also to encourage those who have already initiated sexual activity to opt for secondary abstinence. The manual also contains activities that will engage parents and guardians of young people to assist them in developing a supporting environment to motivate their children to abstain. A total of thirty four persons were trained from Muslim, Hindu and Christian organisations over a three day period. Due to religion sensitivity the religious groups were trained separately and they were also separated in order to ensure that each groups benefited from targeted interventions.
- Another major achievement for the FBO program was its ability to attract participants from organisations outside of the group of NGOs/FBOs supported by GHARP. The majority of the participants that attended both training sessions organised and executed were from FBOs that are not supported by GHARP and are doing great work within their memberships and the communities they serve.
- Even though some work had commenced in the area of abstinence, and peer education within the FBO community there was no specific tool that could have been utilized as a guide to be followed and further, no tool existed to teach refusal skills. With the introduction of both the “Faith Matters” and “Abstinence & Refusal Skills” Manuals to the FBOs they have gained two invaluable resources that will contribute tremendously in their work.

### **The major challenges were:**

- (1) One of the challenges encountered during this period was trying to work within the Hindu population when there is no Hindu group supported by GHARP. Much time and effort had to be spent trying to engage groups that had no formal arrangement with GHARP in order to ensure that the Hindu groups benefit from all activities and training being implemented by GHARP
- (2) Another challenge encountered occurred when trying to work with CIOG which is an FBO supported by GHARP. This organisation has been experiencing major internal issues that have hampered the ability of the Project Coordinator to implement the project. Several attempts have been made by Senior GHARP Officers to intervene however because of the structure of this organisation; GHARP could not make a head in assisting to resolve the issues. As a result of these issues the Project Coordinator has resigned since June and to date no one has been hired to fill the vacant position. Needless to say this has left a huge gap in the ability of the organisation to function and to respond to the epidemic within the Muslim community. GHARP continues to offer support to CIOG in an attempt to assist them implement a quality service to their recipients.

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## Projections for 2007/2006

- To provide follow up training and capacity building sessions for the FBOs and NGOs that are implementing A&B activities under the GHARP Project
- To produce and disseminate a guidance document for abstinence and faithfulness activities to the FBOs/NGOs supported by GHARP
- To continue to give technical assistance and one-on-one mentorship and coaching to the FBOs and NGOs that are implementing A&B activities
- To assist in the creation of BCC materials that will be developed by GHARP for the abstinence and faithfulness
- To continue giving technical assistance to FBOs that are not supported by GHARP by involving them in training sessions and other activities implemented by GHARP under A&B. Specifically, the Hindu organisations will be targeted with this activity.

## 8. CAPACITY DEVELOPMENT

GHARP provided capacity development support not only to its external partners, but also to staff within the project. Members of the VCT Mobile team were supported in the upgrading and expansion of their skills in the provision of testing and counselling. Partners within the Ministry of Health, Catholic Relief Services, and other agencies received support for their various programmes. Please see the details below.

### Human Capacity Development: Leadership and Management

- Two series of “Leadership for Results” workshops were completed for regions 4 and 5 & 6. The Leadership for Results program consists of a series of four two-day workshops with an interval of 4-6 weeks. Each workshop team is given ‘homework’ assignments and visited at least once by a team member (consultant) between each session. For this year, it was decided to add a third day to the first workshop as it was felt that more background was needed to get the workshop teams off the right start. Greater emphasis has also placed on getting results consistent with GHARP goals.

### NGO Capacity Development

- GHARP introduced an enhanced proposal template and planning tool for the 18 NGOs/FBOs receiving support from GHARP. This tool was designed to enable the NGOs to draft detailed budgeted plans that provide relevant information in a manner that is uniform across NGOs and assured the strictest accountability between activities and budgets. It was also designed to be easily accessible to reviewers to expedite the proposal approval process. Technical areas were aligned with reporting requirements and technical areas in the COP.
- GHARP has revised its structural framework for providing support to its’ NGOs/FBOs partners. This includes the introduction of core teams. Each NGO was assigned a core team consisting of one member of each of the following units: program, technical and M&E. The Terms of Reference (TOR) for these core teams were subsequently drafted and are currently in the final stages of approval.
- In the first quarter of the year, a governance workshop was facilitated for NGO participants including directors, board members and chief financial officers (or their equivalent) of the nine original USAID funded NGOs. Follow-up to the governance workshop was to have been taken on by a local capacity building NGO. However, this arrangement did not

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materialise. A team consisting of USAID, MSC and GHARP is currently drafting TOR for local consultants to take on much of the work originally intended for the capacity building NGO.

- Discussions during the NCC meeting revealed that the NGOs were quite interested in receiving additional information about activities and global developments occurring in the field of HIV/AIDS. An email distribution list was set up for the NGOs and current news updates related to HIV/AIDS are now being forwarded to them on a regular basis.
- Assistance to the NGO capacity building was provided by Melissa Lichte, who spent three months in Guyana after being awarded an MSH fellowship to work in this area. Besides providing general support, , Melissa also worked with two small NGOs, Silver Lining Association and Families United Support Group, to increase their capacity to provide support to PLWHAs.
- Finally, it is worth noting that the Leadership for Results training reported on elsewhere in this document has included several USAID funded NGOs and will be a reinforcing element to the capacity building activities. Methodologies from this training are consistent with planning and other capacity building activities undertaken with the NGOs.

### **9. CONCLUSION**

Though there were several challenges, the most valuable lesson learned during year 3 of the GHARP project was the importance of working together as a team. Through team efforts GHARP was able to see significant progress in the establishment of new initiatives and the strengthening of existing ones. Our partnership with the Ministry of Health and support from Management Sciences for Health, Cicatelli Associates Inc. , Howard Delafield International and the Caribbean Conference of Churches, along with the continuous support from USAID, GHARP was able to overcome its' challenges and support others in achieving this as well. 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.

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## Appendix One

### Line Ministries supported by GHARP

#### A. Ministries receiving funding in 2006

1. Ministry of Education
2. Ministry of Agriculture
3. Ministry of Labour and Social Services
4. Ministry of Local Government and Regional Development
5. Ministry of Home Affairs
6. Ministry of Amerindian Affairs
7. Ministry of Culture, Youth and Sports

#### B. Anticipated future ministries

1. Ministry of Public Works & Communications
2. Ministry of Housing and Water
3. Office of the President
4. Office of the Prime Minister
5. Ministry of Legal Affairs
6. Public Service Ministry
7. Ministry of Finance

### Attendance for the leadership workshops:

- Region 4
  - Guyana Safe Injection Project
  - Youth Challenge Guyana
  - Guyana Responsible Parenthood Association
  - Enmore Health Centre
  - Beterverwagting Health Centre
  - Campbellville Health Centre
  - David Rose Health Centre
- Region 6
  - Comforting Hearts
  - St. Francis Community Developers
  - Mibicuri Youth Development Group
  - FACT/Swing Star
  - Roadside Baptist Church
  - PMTCT workers from Health Centres from region 5 (Woodley Park, Bush Lot, Rosignol, Ithaca, Fort Wellington Hospital)

### Current

Blood Bank, GUM Clinic, G+, Lifeline Counselling Services, GHARP Mobile Team, Ministry of Education HIV/AIDS committee and Health Centres form the upper East Coast of Demerara in region 4.

## GHARP/FHI

Focal person: Navindra Persaud

EP Annual Report 2006 (Reporting Period 1 Oct 05 to 30 Sep 06)				
	Total for reporting period	FY06 Target	%FY06 Target	Notes
<b>Section 2: Prevention, Care and Treatment Accomplishments</b>				
<b>Prevention</b>				
Total number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	11,011	10000	110.1%	7667 (ANC) + 3344 (L&D) = 11,011
Number of pregnant women provided with a complete course of antiretroviral prophylaxis for PMTCT	123	170	72.4%	
<b>Care</b>				
Number of OVC served by an OVC program during the reporting period	849	750	113.2%	
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)	608	500	121.6%	
Number of individuals who received counseling and testing for HIV and received their test results during the reporting period	20,379	11672	174.6%	Data from 96% of sites were received. Report from one low yield site, Upper Demerara Hospital, is still outstanding
<b>Section 3. Program Level Indicators - Direct Counts</b>				
<b>3.1 Prevention</b>				
<b>Prevention program totals</b>				
Total number of service outlets/programs providing prevention services	877	n/a		Prevention Outlets: Condom sales outlets (816) + NGOs with Prevention Prog. (16) + PMTCT sites (45) =877
Total number of people trained to provide prevention services	821	n/a		Prevention Training: PMTCT (50) + Comm. Outreach "Other" (440) + Comm. Outreach "A&B" (331) = 821
<b>Prevention/Abstinence and Be Faithful Programs</b>				
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	13	n/a		
Number of community outreach HIV/AIDS prevention programs that promote abstinence (subset of AB)	7	n/a		
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	3	n/a		
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	8404	5000	168.1%	5093 (A&B) + 3311 (A only) = 8404
	Males	3793	-	2392 (A&B) + 1401 (A only) = 3793
	Females	4611	-	2710 (A&B) + 1910 (A only) =4611
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)	3311	4000	82.8%	
	Males	1401	-	
	Females	1910	-	
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	331	100	331.0%	A&B Training (182) + A only Training (149) = 331
Number of individuals trained to promote HIV/AIDS prevention through programs that promote abstinence (subset of AB)	149	n/a		
<b>Prevention/Other Behavior Change</b>				
Number of targeted condom service outlets	816	500	163.2%	
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	16	n/a		
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	24,950	1000	2495.0%	
	Males	11,845	-	
	Females	13,105	-	
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	440	90	488.9%	
<b>Prevention of Mother-to-Child Transmission</b>				
Number of service outlets providing the minimum package of PMTCT services according to national and international standards	45	45	100.0%	
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test result	11,011	10000	110.1%	
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	123	170	72.4%	
Number of health workers trained in the provision of PMTCT services according to national or international standards	50	150	33.3%	

<b>3.2 Care</b>				
<b>Orphans and Vulnerable Children</b>				
Number of OVC served by OVC programs	849	<b>750</b>	113.2%	Complete data disaggregation by gender not available for all months
	Males	315	-	
	Females	357	-	
Number of providers/caretakers trained in caring for OVC	15	<b>90</b>	16.7%	
<b>Counseling and Testing</b>				
Number of service outlets providing counseling and testing according to national and international standards	26	<b>20</b>	130.0%	
Number of individuals who received counseling and testing for HIV and received their test results	20,379	<b>9800</b>	207.9%	
	Males	7,984	-	
	Females	12,395	-	
Number of individuals trained in counseling and testing according to national and international standards	52	<b>50</b>	104.0%	
<b>3.4 Other</b>				
<b>Strategic Information</b>				
Number of local organizations provided with technical assistance for strategic information activities	31	<b>20</b>	155.0%	
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	82	<b>70</b>	117.1%	
<b>Other/policy development and system strengthening</b>				
Number of local organizations provided with technical assistance for HIV-related policy development	20	<b>20</b>	100.0%	
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	26	<b>20</b>	130.0%	
Number of individuals trained in HIV-related policy development	45	<b>10</b>	450.0%	
Number of individuals trained in HIV-related institutional capacity building	198	<b>10</b>	1980.0%	Participants from the following trainings: Referral Training (40) + Forecasting Training (12) + Governance Training (28) + Leadership Training (91) + Pharmaceutical Management Training (27)= <b>198</b>
Number of individuals trained in HIV-related stigma and discrimination reduction	30	<b>60</b>	50.0%	
Number of individuals trained in HIV-related community mobilization for prevention care and/or treatment	36	<b>70</b>	51.4%	