GUINEA FINAL REPORT

June 2001–September 2007

USAID'S IMPLEMENTING AIDS PREVENTION AND CARE (IMPACT) PROJECT

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Impact Implementing AIDS Prevention and Care Project

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Submitted to USAID
By Family Health International

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In partnership with

Institute for Tropical Medicine (ITM)
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Population Services International (PSI)
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GLOSSARY OF ACRONYMS

AIDS	Acquired immunodeficiency syndrome
ART	Antiretroviral therapy
BSS	Behavioral surveillance survey
BBSS	Biological and behavioral surveillance survey
BCC	Behavior change communication
CCM	Country coordinating mechanism
CNLS	Comité National de Lutte Contre le SIDA (National AIDS Control Body)
CNTS	Centre National de Transfusion Sanguine (National Blood Transfusion Center)
CO	Country office
CT	Counseling and testing
ESSIDAGUI	Enquête Nationale sur la Séroprévalence de VIH/SIDA en Guinée (National Survey of HIV Prevalence in Guinea)
FHI	Family Health International
FP	Family planning
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GoG	Government of Guinea
GTZ	German Development Bank
HBC	Home-based care
HDI	Human development index
HIV	Human immunodeficiency virus
IA	Implementing agency
IMPACT	Implementing AIDS Prevention and Care Project
IR	Intermediate result
KAP	Knowledge, attitudes, and practices
LOP	Life of project
M&E	Monitoring and evaluation
MCH	Maternal and child health
NGO	Nongovernmental organization
OI	Opportunistic infection
PLHA	People living with HIV/AIDS
PMTCT	Prevention of mother-to-child transmission
PNPCSP	Programme National de Prise en Charge Sanitaire et Prévention des IST/VIH/SIDA (National STI/HIV/AIDS Management and Prevention Program)
SBC	Strategic behavioral communication
STI	Sexually transmitted infection
TA	Technical assistance
UNAIDS	The Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
USAID	US Agency for International Development
VCT	Voluntary counseling and testing

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For the enthusiasm with which the Implementing AIDS Prevention and Care (IMPACT) Project has been welcomed and supported in the Republic of Guinea, Family Health International (FHI) would like to sincerely thank the representatives of US Agency for International Development (USAID) in Washington and Guinea for their valuable contributions and guidance, without which the project could not have been implemented. FHI staff at headquarters, in regional offices, and within the Conakry and N'Zérékoré offices of Guinea also deserve a tremendous thanks for their tireless dedication to project results.

Government personnel, in particular those within the Ministry of Health, the National AIDS Control Committee (CNLS), the National STI/HIV/AIDS Management and Prevention Program (PNPCSP), the National Blood Transfusion Center (CNTS), and the prefectoral/subprefectoral health departments and health facility staff deserve special thanks for welcoming FHI's input and for their commitment to establishing sustainable national policies and programs.

FHI would also like to thank those members of subgrantee implementing partners who energetically participated to improve awareness and services in the field related to prevention, HIV testing, care, and support, or to conduct surveillance efforts nationwide.

Additional thanks to all individual workers, community leaders, volunteers, and families—including those within VCT sites, peer educators and community mobilizers, journalists and other media representatives—whose dedication to and desire for knowledge about HIV-related prevention and care was admirable and very encouraging.

Finally, FHI would like to thank the numerous other collaborative partners—Médecins Sans Frontières/Belgium (MSF/Belge), Population Services International (PSI), the German Technical Cooperation (GTZ), the United Nations Children's Fund (UNICEF), the Joint United Nations Program on HIV/AIDS (UNAIDS), and others. FHI is grateful to have had the opportunity to work with them to achieve the common goal of reducing the burden of HIV/AIDS in Guinea.

The commitment and collaboration of IMPACT/Guinea's stakeholders played a big role in the accomplishments of this important program. We commend them for the significant results they helped us achieve on HIV/STI-related behavior change and stigma reduction, voluntary counseling and testing (VCT), home-based care (HBC) services, access to antiretroviral therapy (ART), and second-generation surveillance.

I. EXECUTIVE SUMMARY

The US Agency for International Development (USAID) awarded the 10-year global Implementing AIDS Prevention and Care (IMPACT) Project to Family Health International (FHI) and its core partners in 1997 as the agency's flagship program to improve HIV/AIDS prevention and care. Between June 2001 and September 2007, funding for IMPACT activities in the Republic of Guinea totaled US$5,630,000.

Located in a relatively volatile region of West Africa, Guinea is bordered by the Atlantic Ocean and the countries of Senegal, Mali, Côte d'Ivoire, Liberia, and Sierra Leone, and has a population of slightly less than 10 million. In 2006, the United Nations Development Programme (UNDP) ranked Guinea's human development index (HDI) at 160 out of 177 countries worldwide. At the time FHI commenced public health interventions in Guinea in 2001, the national HIV prevalence rate was at 2.8 percent; in some regions of the country it exceeded 4 percent. Higher prevalence was reported in urban centers, within the politically unstable Forest Region, and among specific at-risk target populations nationwide.

When the IMPACT/Guinea project began, the body of surveillance data on the HIV/AIDS epidemic was minimal. There were less than a handful of sites offering HIV counseling and testing, and systems and infrastructure required for effective diagnosis and provision of anti-retroviral therapy (ART) were almost nonexistent.

This six-year USAID-funded project made great strides in addressing these and other HIV/AIDS-related needs in the country. Over the life of the project (LOP), IMPACT's key accomplishments included

- strengthening national second-generation surveillance systems and enabling the completion of two biological and/or behavioral surveillance surveys
- implementing behavior change interventions aimed at increasing demand for essential HIV-related services, such as voluntary counseling and testing (VCT)
- reducing stigma and discrimination toward people living with HIV/AIDS (PLHA)
- preventing transmission of sexually transmitted infections (STIs) among youth and other at-risk groups
- establishing much-needed VCT sites and prevention of mother-to-child transmission of HIV (PMTCT) services by integrating them within public health facilities in areas where HIV prevalence is highest
- improving referral networks for the treatment of STIs and opportunistic infections (OIs)
- providing assistance to PLHA support groups for home-based care (HBC)
- contributing to national blood safety efforts by improving infrastructure of the National Blood Transfusion Lab and conducting media campaigns to increase blood donations.

Those working on the IMPACT Project developed a strong relationship with the government of Guinea (GoG) and other stakeholders. As such, IMPACT participated actively in national task forces, contributed to the development of national guidelines and tools for PLHA support, and procured much-needed CD4 count machines for the national AIDS control body (CNLS) for use

in public hospitals and the national lab. When IMPACT ended in 2007 and FHI's Guinea offices closed, some of the most significant results that IMPACT left behind included

- an increased body of surveillance data
- the largest number of VCT sites established by the government or any other donors in Guinea
- numerous national guidelines and tools promoting PLHA support and antidiscrimination
- enhanced awareness, personal-risk perception, and skills among counselors, health workers, community-based organizations, peer educator groups, journalists, and other target groups.

II. PROGRAM OBJECTIVES, STRATEGIES, AND RESULTS

A. INTRODUCTION

In June 2001, the US Agency for International Development (USAID) provided funding to the Implementing AIDS Prevention and Care (IMPACT) Project, managed by Family Health International (FHI), to provide technical assistance (TA) in the design and implementation of a national HIV prevalence study (ESSIDAGUI) in the Republic of Guinea. Results from this survey led USAID to provide additional funding to FHI for the implementation of a comprehensive prevention program that lasted until September 2007 and for which life of project (LOP) funding totaled US$5,630,000.

The scope of work focused on: (1) provision of ongoing technical support to national efforts to mount surveillance on the epidemic in the country; (2) development and support of behavior change communication (BCC) programs for youth and other at-risk groups; (3) establishment of VCT centers and PMTCT sites in regions with the highest HIV prevalence; (4) the strengthening of referral networks for the treatment of STIs and OIs; and (5) support of HBC and stigma-reduction efforts conducted by support groups of PLHA.

Strong relationships forged with the GoG enabled FHI to make a significant mark on national-level interventions, as well. For instance, FHI participated actively in national task forces and committees related to HIV/AIDS programming, including serving as a member of the Country Coordinating Mechanism (CCM) for the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM); contributed to the development of national guidelines and tools for PLHA care and support; assisted with national blood safety efforts by providing infrastructural and technical support to the National Blood Transfusion Lab; and conducted training in the use of CD4 count machines after procuring this much-needed equipment for the national AIDS control body (CNLS) for use in public hospitals and the national lab. In brief, FHI played a major role in national prevention and care programming, and was seen as one of the most prominent stakeholders in the field of HIV/AIDS in Guinea during its six-year presence there. The project significantly advanced HIV counseling and testing services in the country and laid the foundation for increased access to antiretroviral therapy (ART) while increasing support of PLHA and decreasing stigma and discrimination.

B. COUNTRY CONTEXT

A relatively small West African nation, Guinea covers just 245,857 square kilometers and is bordered by Senegal, Mali, Côte d'Ivoire, Liberia, Sierra Leone, and the Atlantic Ocean. By the end of 2001, the population was estimated at 8.2 million, of which 47 percent were between ages 15 and 49. The infant mortality rate was estimated at 127 deaths per 1,000 live births, and

average life expectancy was 46 years. Approximately 33 percent of the population live in urban centers.

By the launch of IMPACT activities in Guinea, the 2001 HIV/STI surveillance survey revealed that the national HIV prevalence rate had reached 2.8 percent, with higher prevalence reported in urban centers (5 percent in the capital, Conakry), in the Forest Region bordering conflict-zones (4.6 percent), and among specific at-risk populations (42 percent among female sex workers, 16.7 percent among tuberculosis patients, 7.3 percent among truck drivers, 9.4 percent among Conakry-based soldiers, 5.7 percent among soldiers up-country, 4.7 percent among mining workers, and 2.5 percent among adolescents nationwide).

Low perception of risk, multiple sexual partners, early start of sexual relations, and low and/or inconsistent condom use were often reported as reasons for the spread of HIV infection in Guinea. The epidemiological situation was accentuated by a higher HIV prevalence in the southeastern Forest Region that borders Sierra Leone, Liberia, and Côte d'Ivoire. In the Forest Region, certain at-risk groups exhibited HIV prevalence that was two to three times the national prevalence, due to political instability in the region caused by its proximity to several post-conflict or war-torn nations. The movement of both internally displaced and refugee populations, caused by regional and national instabilities, further contributed to the elevated HIV prevalence in the Forest Region.

As more funding became available, political support for HIV/AIDS programming improved and a National AIDS Control Committee (CNLS) was established at the prime ministerial level. This move enabled the GoG to develop and implement a multisectoral approach to the HIV/AIDS epidemic. This response was reinforced by public commitments made by the president and first lady, who actively promoted HIV/AIDS prevention as a national priority.

Since 1991, USAID has been an important public health partner of the GoG. Under the 1998–2005 Country Strategic Plan, the mission's health program aimed to increase the use of essential maternal and child health (MCH), family planning (FP), and STI and HIV/AIDS services and products by increasing their access, quality, and demand. USAID worked to improve coordination among partners and donors to help achieve this goal.

Beyond USAID, the GFATM, the German Development Bank (GTZ), the French Cooperation Agency, and several UN agencies were the major donors addressing HIV/AIDS in Guinea.

C. IMPLEMENTATION AND MANAGEMENT

1. Implementation

Launched in June 2001, IMPACT activities in Guinea immediately focused on building national capacity to monitor and disseminate crucial HIV epidemiological information to national and international program implementers. This included the first round of a biological and behavioral surveillance survey (BBSS). By November 2003, IMPACT's portfolio had expanded to include support for comprehensive HIV prevention and care programs. The aim of this program was to contribute to national efforts to prevent the spread of HIV and develop national capacity to provide care and support to those affected by HIV/AIDS. Its primary focus was the establishment of integrated VCT sites within public health facilities, complemented by behavior

change interventions (BCI) aimed at demand-creation and behavior change messages and, eventually, support to PLHA groups for HBC and stigma-reduction efforts.

Responding to data from the HIV seroprevalence study that showed higher HIV prevalence among populations in certain regions, IMPACT HIV prevention and care activities were concentrated primarily in Conakry and the Forest Region. In addition, IMPACT activities targeted primarily sex workers, transporters, uniformed service personnel, and youth—groups found to have a higher HIV prevalence than the general population.

2. Management

From June 2001 to March 2003, IMPACT provided support to CNLS and local partners through consultancies and short- and long-term TA because FHI did not yet have an office in Guinea. A subagreement with a local research organization was signed during this period for the implementation of the HIV seroprevalence study. Results from this study led USAID to provide additional funding that allowed IMPACT to establish an in-country office in Conakry in November 2003. IMPACT hired an expatriate country director who provided overall program direction and managed several locally hired program and technical staff, with oversight and support from FHI/Arlington and some regional staff based in Nairobi. In addition to local staff, an expatriate senior BCC technical adviser from PATH was positioned in Guinea to provide part-time (50 percent) technical support to the program for close to two years.

Over the life of the project, IMPACT signed subagreement contracts with more than 40 local implementing agencies (IAs) and provided small grants to seven local organizations. These subagreements, contracts, and small grants (Rapid Response Funds) were developed in close collaboration with each IA and were managed by local IMPACT staff, with program and technical support from specialists based at FHI/Arlington and FHI/Nairobi. The country director and the local IMPACT finance and administration officer, with support from finance specialists based at FHI/Arlington and FHI/Nairobi, provided financial oversight for these contractual mechanisms.

To better support subgrantee IAs working in the Forest Region, IMPACT established a small satellite office in N'Zérékoré in May 2004. IMPACT staff based at this office included administrative, program, and technical officers. Daily management of this office was assured by an office coordinator who reported directly to the Conakry-based country director.

The N'Zerekore satellite office closed in April 2007, and the main office in Conakry closed in May 2007. However, FHI's regional and headquarters staff continued to offer technical and financial support to the second round of national surveillance through September 2007 and are expected to continue this assistance up to the dissemination of the final BBSS report. These IMPACT inputs complemented the World Bank-funded activities conducted by CNLS and Stat View International, a local research organization based in Conakry.

D. GUINEA PROGRAM TIMELINE

Fiscal Year →	2001				2002				2003				2004				2005				2006				2007			
Planning and Management																												
Office (CO) start up																												
Placement of country director and senior BCC technical adviser																												
Recruitment and orientation/training of local staff																												
Provision of TA to implementing agencies																												
Provision of TA to national government																												
Office (CO) closure																												
National Interventions																												
HIV seroprevalence survey and retesting activity (round-one surveillance)																												
Biobehavioral surveillance (round-two surveillance)																												
Participation in national task forces and CCM																												
Blood transfusion safety/donation activities																												
HBC guidelines finalized																												
CD4 count machine procurement and training																												
Community/Service-Delivery Interventions																												
Community-based BCC activities																												
Radio program and media-based BCC																												
Integrated HIV VCT services																												
Integrated PMTCT services																												
Community-based care and support for PLHA (HBC)																												
Organizational capacity development																												

E. PROGRAM OBJECTIVES, STRATEGIES, AND ACTIVITIES

In collaboration with more than 40 local nongovernmental organizations (NGOs) and national government partners, IMPACT activities in Guinea were designed to contribute to USAID/Guinea's Strategic Objective 2 (SO2), *Increased use of essential Family Planning (FP), Maternal and Child Health (MCH),* and *STI/HIV/AIDS services, products, and practices*, through the following intermediate results (IR):

- IR 2.1—Increased access to essential FP, MCH, and STI/HIV/AIDS-prevention services and practices
- IR 2.2—Improved quality of FP, MCH, and STI/HIV/AIDS prevention services, products, and practices
- IR 2.3—Increased behavior change and demand for FP, MCH, and STI/HIV/AIDS preventions services, products, and practices

IMPACT's activities in Guinea included five complementary intervention domains:

1. BCC programs targeting in- and out-of-school youth, uniformed service personnel, sex workers, long-distance truck drivers, and associated populations
2. Integrated HIV counseling and testing services targeting the general population and at-risk populations
3. Care and support activities targeting PLHA
4. Biobehavioral HIV surveillance
5. Organizational capacity development

From 2001 to 2007, IMPACT provided financial and technical support to more than 40 partners throughout Guinea to support subprojects in

- peer facilitation for HIV/STI prevention among youth, sex workers, uniformed service personnel, and transporters
- mass media campaigns for prevention of HIV/STI transmission among at-risk groups
- referral networks for the treatment of STIs
- preventive therapy for OIs
- VCT services
- HBC services for PLHA
- peer support groups for PLHA
- behavioral surveillance
- biological surveillance

IMPACT also supported several activities that were designed and implemented by IMPACT and FHI technical and program specialists in response to requests by GoG and/or USAID/Guinea. These activities included

- development of standardized national policies, norms, and procedures for VCT
- development of training manuals for HIV counselors and laboratory technicians
- development of national HBC guidelines
- development of an HBC provider manual
- development and production of educational and promotional materials for VCT, PMTCT, and HIV prevention

- development and dissemination of provider guides for VCT, PMTCT, HIV prevention, and STI diagnosis and treatment
- elaboration of a national behavior change communication strategy
- development of a peer facilitator guide
- development of a training manual for training of trainers and peer facilitation
- development of a referral system to ensure medical care and psychosocial support for PLHA
- development of a referral system for the treatment of STIs among at-risk groups
- provision of technical assistance to conduct behavioral and biological surveillance and strengthen second-generation surveillance system at the national level
- assessments of STI diagnosis and treatment practices
- feasibility survey for ART in the Forest Region
- training health practitioners in counseling for PLHA, STI diagnosis and treatment, preventative therapy, universal precautions, medical waste treatment, and data management
- training of journalists in appropriate reporting of HIV/AIDS epidemic and use of mass media for BCC
- design and broadcasting of a Radio Programs in local languages, featuring community-based "listening clubs"
- training of laboratory technicians in HIV diagnostic testing
- infrastructural support to the National Blood Transfusion Center (CNTS)
- promotion of blood donation services involving VCT, including the creation of blood donor recruiter clubs in Conakry, Kissidougou and N'Zérékoré
- training of peer educators in HIV prevention, communication, and community mobilization
- procurement of CD4 counting machines for the CNLS and national hospitals
- training of CD4 technicians.

For all activities, IMPACT collaborated closely with Guinea's Ministry of Health, Ministry of Youth, Ministry of Communication, and key government structures such as the CNLS. USAID also provided ongoing guidance and support of programming.

F. PROGRAM RESULTS

1. Program inputs/outputs

- Standardized national policies, norms, and procedures for VCT
- Training manuals for HIV counselors and laboratory technicians
- National HBC guidelines and HBC provider manual produced and disseminated
- Educational and promotional materials for VCT, PMTCT, and HIV prevention
- Provider guides for VCT, PMTCT, HIV prevention, and STI diagnosis and treatment
- National behavior change communication strategy
- Peer facilitator guide
- Training manual for training of trainers and peer facilitation
- Strengthening of referral systems to ensure medical care and psychosocial support, and for the treatment of STIs among at-risk groups

- Assessments of STI diagnosis and treatment practices
- One report on feasibility of ART in Forest Region
- Two national surveillance surveys conducted and results disseminated
- One report on the second-generation sentinel surveillance system in Guinea
- 34 trainers trained in BCC (two trainers per collaborating implementing agency)
- 570 peer facilitators and supervisors trained in HIV prevention messages and communication techniques
- 74 healthcare providers trained in strategies to reduce stigma and discrimination toward PLHA
- 18 leaders and 30 peer facilitators from microfinancing organizations trained in HIV-prevention messages and communication techniques
- 61 journalists trained in accurate reporting for issues involving HIV/AIDS
- Design and broadcasting of radio programs in local languages, featuring community-based "listening clubs"
- 536 Muslim leaders reached with prevention messages, including 234 women, through five national conferences on HIV prevention
- 14 new VCT centers integrated into existing health facilities
- 110 healthcare providers trained as HIV counselors
- 57 laboratory technicians trained in HIV diagnostic testing
- 155 healthcare providers trained in universal precautions
- 41 healthcare providers trained in post-exposure prophylaxis for HIV
- 34 healthcare providers trained in the treatment of opportunistic infections
- 30 healthcare providers and PLHA training in home-based care
- 50 blood donation recruiters trained in the promotion of blood donation services
- Two blood donor clubs formed (one in Kissidougou and one in N'Zerekore) and several others 'revived' in Conakry
- 1,000 test kits supplied to provide HIV testing services to blood donors
- Seven technicians trained to assure supervision of blood transfusion in all three regions
- 707 home visits provided for PLHA
- Seven technicians trained in CD4 count machine use, of which two may be used as supervisors.

2. Program outcomes and impact

- Slightly more than 400,000 people reached with HIV prevention messages through interpersonal communication, of which more than 345,000 were youth. More specifically, 222,898 men were reached with HIV prevention messages through interpersonal communication including 191,301 young men ages 15–24, and 178,223 women were including 154,768 ages 15–24
- 15,478 individuals provided with HIV counseling and testing services, of which 1,744 tested positive for HIV
- 4,958 pregnant women were tested for HIV, of which 267 tested positive
- 671 individuals treated for OIs
- 70 individuals referred for treatment of OIs

As demonstrated by these process and outcome indicators, FHI facilitated increased access to quality services for VCT and OI/STI management, improved support for PLHA in terms of enabling HBC visits and empowering PLHA support groups, worked to decrease stigma and discrimination through media and community-based SBC interventions, and promoted safer sexual behaviors through peer education. It is difficult to determine at this point in time the real effect of the program on the population, particularly since neither the final evaluation nor the BBSS reports are available. However, both anecdotal information and data from ongoing monitoring suggest that the IMPACT Project produced many positive results in Guinea.

Before IMPACT began, the country had less than a handful of VCT centers, and few of them offered high-quality services. Great strides were made in demystifying counseling and testing nationwide and expanding VCT services. More specifically, IMPACT enabled the creation of 14 quality VCT sites and established a core group of counselors and health workers with increased skills in HIV-related counseling and use of rapid test kits.

Before IMPACT began, there had not been extensive interventions aiming to reduce stigma and discrimination. As a result of IMPACT's presence, the government placed a larger priority on this component of the national HIV/AIDS response, and eventually produced national guidelines for HBC and PLHA support. This, in addition to the radio programs and training of the strongest union in the country in peer facilitation, greatly contributed to sensitization efforts in Guinea.

As a secondary effect of implementing activities in collaboration with local community-based organizations, IMPACT strengthened the capacity of local NGOs to write proposals, design projects, and implement and monitor quality activities.

IMPACT not only contributed to an expanded body of knowledge on the epidemic through surveillance and studies examining ART feasibility and STI diagnosis and treatment practices, but also contributed significantly to national efforts in the fight against HIV/AIDS. For example, as a select member of the Country Coordinating Mechanism (CCM) for the GFATM, IMPACT played a major role in advising the CCM, especially during the elaboration of the proposal for the 5th round of funding. In addition, when GFATM suspended the malaria activities, IMPACT was asked to help the CCM intervene, and the decision was ultimately reversed. IMPACT's successful interventions were so widely recognized that the government requested that FHI lead the organization of national World AIDS Day events for three consecutive years.

III. LESSONS LEARNED AND RECOMMENDATIONS

A. Supervision is indispensable but requires a significant time commitment, especially in difficult-to-reach zones.

Throughout the life of the IMPACT Project in Guinea, supervision played a key role in determining the success of program activities. Those sites that were easiest to access tended to produce the most dramatic results, and the capacity of the implementing agencies improved dramatically. Conversely, those sites that were most difficult to access, especially those in the Forest Region, did not benefit from the same level or consistency of supervision. To ensure project success, future programs should invest significant time and resources into

supervision. Particularly in zones that are difficult to access, site-appropriate staffing and time allotments must be considered and budgeted.

B. Effective model VCT centers are those that meet *all* quality-of-service indicators.
Among the 14 VCT centers that IMPACT established in Guinea to provide high-quality services in two regions of the country, the "model centers" were those that met all the criteria for quality VCT, with engaged staff and adequate space being the most important criteria.

C. Providing appropriate incentives to implementing partners (both public and private) continues to pose a serious challenge to subproject implementation.
At various points during the project, NGOs and government implementing partners demanded changes to the agreed-upon incentive schema. This demand for such "motivation" by the IAs was due largely to the economic and currency crises that affected Guinea throughout the project. Timely implementation of subagreement contract activities was sometimes affected by these issues. Such potential delays should be accounted for and anticipated early in program development, especially in fragile countries with less stable economies, such as Guinea.

D. Integrated HIV services at public health facilities require consideration of insufficient government resources and poor infrastructure.
Throughout the project, public sector partners faced problems related to insufficient resources provided by the government. This lack of resources resulted in weak infrastructure and a general lack of commodities, particularly pharmaceutical products for ART and STI treatment. This posed a serious hindrance to the delivery of IMPACT-supported HIV services—mainly because health center personnel were difficult to motivate and patient referrals to public facilities for ART and STI treatment could not be honored. Plans should be developed at the launch of integrated HIV services at public health facilities to compensate for government inaction that could impact the effectiveness of supported services.

E. Stigma and discrimination toward PLHA continues to plague health facilities, inhibiting disclosure and care-seeking behaviors.
The discriminatory attitudes of healthcare providers present a particular barrier to care for those infected and affected by HIV/AIDS. Programs to improve HIV care and support services should include efforts to reduce stigma and discrimination among healthcare providers as an essential intervention component.

F. Involving the target populations in the design of the project accelerates local ownership and success.
From the launch of IMPACT activities in Guinea, members from the target population were involved in the design of program activities and development of core materials. This participation is largely responsible for the rapid acceptance of the program by the target population and the success of program messages and services to reach these populations. By linking the target population to the development of the program, it was also possible to

facilitate local ownership, as target population members came to identify with the products and services of the program.

G. Referral networks need to be properly supplied to avoid frustration on the part of beneficiaries.

At the launch of IMPACT in Guinea, a comprehensive assessment was conducted to identify referral points for key HIV-prevention services, such as STI treatment and condom distribution. During the course of the project, however, it became clear that these services suffered from irregular supply and medicine shortages and were unable to serve clients referred by IMPACT activities. To avoid frustration on the part of beneficiaries, it is necessary that referral networks are strengthened to ensure that all member services are reliable and able to meet the increased demand created by new referrals.

IV. IMPLEMENTING PARTNER ACTIVITY HIGHLIGHTS

A. IMPLEMENTING PARTNER MATRIX

No	Recipient Name	Start date	Completion date	LOP budget US$	Total funding US$
1	Organisation Catholique pour la Promotion Humaine (OCPH)	10/15/04	09/30/06	28,698	27,382
2	Universitaire & IST/SIDA (UniMST)	10/01/04	09/30/06	46,337	32,399
3	Association des femmes de Guinée pour la lutte contre le SIDA (ASFEGMASSI)	10/01/04	09/30/06	51,708	41,622
4	Association Pour le Développement Humain Durable (ADHD)	10/15/04	09/30/06	41,155	30,388
5	Association Guinéenne pour la Prévention des IST (AGPIST)	09/15/04	12/31/05	26,379	8,183
6	Initiatives et Actions pour l'Amélioration de la Sante des Populations (INAASPO)	10/15/04	12/31/06	56,777	47,976
7	Boulbinet Health Center	09/15/04	03/31/07	36,327	30,800
8	N'Zerekore LTO Hospital	09/01/04	01/31/07	30,195	25,409
9	Kissidougou Hospital	09/01/04	01/31/07	28,244	23,304
10	Le Center National de Formation Sociale Appliquée	09/15/04	01/31/07	29,053	24,240
11	Stat-View International	08/01/04	01/15/05	13,662	10,208
12	Comite Jeunes Mon Avenir d'Abord	09/15/04	12/31/06	55,535	47,236
13	Stat-View International	10/04/01	03/03/02	143,673	130,300
14	Jeunes Volontaires Contre le SIDA (JVCS)	10/15/04	09/30/06	47,540	36,340
15	Englise Anglican	11/01/04	12/31/06	39,959	31,335
16	Association des Animateurs Communautaires de Guinée (AACG)	12/15/04	12/31/06	38,738	29,330
17	Today's Women International Network	02/01/05	06/30/06	25,562	26,766
18	Village Sans Frontière pour les Actions de Développement (VISFAD)	03/15/05	12/31/06	51,453	42,601
19	Zalikwele Animateurs Communautaires (Zali-AC)	03/15/05	12/31/06	47,560	39,414

No	Recipient Name	Start date	Completion date	LOP budget $US	Total funding $US
20	Stat-View International	06/15/05	10/15/05	15,833	11,781
		07/01/07	08/31/07	6,602	6,602
21	Organisation des Femmes pour le Développement à la Base (OFDB)	11/01/05	09/30/06	21,906	20,853
22	Association Guinéenne pour l'Education à l'Environnement et au Développement (AGPEED)	01/01/06	12/31/06	34,831	28,232
23	St. Gabriel Dispensaire	03/01/06	03/31/07	28,230	3,602
24	Madina Health Center (Kissidougou Prefectoral Health Office)	03/01/06	01/31/07	17,577	12,711
25	Gonia Health Center (N'Zérékoré Prefectoral Health Office)	03/01/06	01/31/07	16,819	11,858
26	Commercial Health Center (N'Zérékoré Prefectoral Health Office)	03/01/06	01/31/07	18,612	13,615
27	Héramakonon Health Center (Kissdougou Prefectoral Health Office)	03/01/06	01/31/07	15,962	12,757
28	Héramakonon Health Center (Macenta Prefectoral Health Office)	03/01/06	11/30/06	14,024	11,581
29	Association Guinéenne des Editeurs de la Presse Indépendante (AGEPI)	01/01/06	03/31/07	41,992	38,856
30	Esperance Vie Saine Guinée (EVSG)	06/01/06	10/31/06	29,422	14,976
31	Association Guinéenne des Personnes Infectées et Affectées par le VIH (AGUIP+)	06/01/06	10/31/06	23,018	12,226
32	Fondation Espoir Guinée (FEG)	06/01/06	10/31/06	23,018	13,603
33	REGAG+*	05/01/06	07/28/06	4,889	2,445
34	AFIAG*	05/01/06	07/28/06	4,736	2,368
35	Community Health International*	04/21/06	07/20/06	4,750	4,750
36	Association des Femmes Juristes de Guinée (AFJG)	06/01/06	03/31/07	14,570	17,829
37	Agence K-RACTER*	06/01/06	07/31/06	4,858	4,858
38	ASFAGUI*	07/01/06	09/15/06	4,613	4,613
39	MASS PROD-MUSICAL*	06/22/06	07/17/06	4,571	4,571
40	Lola Perfectoral Hospital (Lola Perfectoral Health Office)	11/01/06	03/31/07	14,814	9,777
41	Sinko Community Medical Center (Beyla Prefectoral Health Office)	11/01/06	03/31/07	14,671	9,627
42	Diecke Health Center (Yomou Perfectoral Health Office)	11/01/06	03/31/07	14,653	9,587
43	Dorota Health Center (N'Zérékoré Perfectoral Health Office)	11/01/06	03/31/07	10,690	6,077

* These IAs received Rapid Response Funds, whereas the others received subagreements.

B. SUBPROJECT HIGHLIGHTS

Prevention and Care Services

1. Community-based HIV-prevention programs for youth and young adults

Implementing agencies	Association pour le Développement Humain Durable (ADHD), Community Health International (CHI), Comite Jeunes : Mon Avenir d'Abord (CJMAD), Jeunes Volontaires Contre le SIDA (JVCS), Village sans Frontière pour les Actions de Développement (VISFAD), Zaliwele Animateurs Communautaires (ZaliAC)
Target population	Community-based and school-based youth and young adults
Length of support	September 2004–December 2006

Description
In August 2004, IMPACT launched a small-scale study to gauge the knowledge, attitudes, and practices (KAP) of youth and young adults in the intervention zones. Before its completion, IMPACT engaged several local organizations in talks regarding eventual programs targeting youth and young adults. From these discussions, several subprojects were developed to target youth and young adults in Conakry and the Forest Region with BCC messages and referrals for HIV testing. Based on findings from the HIV seroprevalence study and access considerations, youth and young adult populations were further segmented to target female hairdressers and seamstresses, English-speaking youth (mainly refugees from Liberia and Sierra Leone living in Conakry), in-school and out-of-school youth, and young adults.

Based on the findings of the small-scale KAP study, IMPACT collaborated with implementing partners and other stakeholders to develop youth-appropriate educational materials and messages. Materials were produced and regularly supplied to implementing partners for distribution during peer facilitation activities. Each implementing partner was also provided with technical assistance in the selection, training, and supervision of peer facilitators.

These interventions aimed to
- increase perception of personal risk of HIV infection
- improve knowledge related to sexuality and HIV infection
- create an environment that favors the adoption of more positive behaviors
- develop local resources where correct information on sexuality and HIV could be accessed
- provide referrals to VCT and STI treatment services.

Key accomplishments
Specific accomplishments of the youth and young adult programs supported by IMPACT include
- more than 237,000 youth ages 15–19 reached by peer facilitators with age-appropriate messages
- more than 108,000 young adults ages 20–24 reached by peer facilitators with age-appropriate messages

- more than 55,000 adults 25 years and older reached by peer facilitators with age-appropriate messages
- formal networks formed by peer facilitators with the aim of sustaining activities beyond the close of IMPACT

Lessons learned
- A key to success is institutional strengthening through continuous training, supervision, and the creation of a favorable environment.
- Although IMPACT was able to reach a large number of youth, greater funding is required to impact the majority of youth.
- Youth in the periphery of the urban city were difficult to reach due to transport issues (i.e. bad roads and lack of public transportation) and the less concentrated nature of peri-urban areas (i.e. very scattered neighborhoods resembling semi-urban villages).

2. Media-based HIV prevention programs for the general population

Implementing agencies	Comite Jeunes: Mon Avenir d'Abord (CJMAD)
Target population	General population, and youth/adolescents in particular
Length of support	April 2006–December 2006

Description
FHI sponsored a one-hour interactive radio phone-in discussion program, *Façon de parler (Won Nafala),* which was conceived and produced by FHI in collaboration with CJMAD. It was broadcast over Radio Kaloum Stereo (RKS 94.9) and FM Liberty (a private station) in French and three local languages: Sousous, Pular, and Malinke. The program, which was broadcast twice weekly, had three segments, 30 minutes of discussion,15 minutes of music, and 15 minutes of questions and answers involving listeners who called into the studio live. The topics discussed were selected under the supervision of FHI's BCC team during the workshop training for peer presenters, and questions related to each topic were discussed by CJMAD one week before broadcast on radio. Some important personalities (such as the former minister of the Ministry of Women's Promotion and Childhood) as well as some parliamentarians called in live to share their ideas. To link the radio program with peer education, the project facilitated the formation of five radio listening clubs in the five communes of Conakry. One peer facilitator facilitated each listening session. These clubs met in popular youth-meeting spots, such as small stadiums. The peer facilitator had a radio and a microphone, and community radios sets were used to listen to the broadcast while microphones were provided for the interactive question and answer sessions that accompanied each broadcast.

Key accomplishments
- Four peer presenters and five peer facilitators were trained on the techniques of radio phonic animation and strategic behavioural communications and provided with information on reproductive health and STD/HIV/AIDS.
- The programs on reproductive health and HIV/AIDS were prepared for young people twice per week. Forty two emissions were broadcast.
- The feedback received from listeners was very positive.

Lessons learned

- Radio programs can reach hard-to-reach populations such as out-of-school youth, especially when they are accompanied by "listener's clubs" facilitated by peer educators in the community.
- Experience (i.e. feedback provided by listeners) suggested that this kind of emission is very appreciated by the public in general, but especially by the young people.

3. Mobilization of religious communities for HIV prevention

Implementing agencies	Organisation Catholique pour la Protection Humaine (OCPH), Eglise Anglican, Association Guinéenne pour l'Education à l'Environnement et au Développement (AGPEED)
Target population	Catholic youth and young adults, Anglican youth and young adults, seasonal fishermen and mobile island communities
Length of support	October 2004–December 2006

Description

Religious communities play an important role in the lives of many Guinean youth and the wider population. In response, IMPACT worked to mobilize religious communities to reach youth and other populations closely tied to religious institutions and practice in Guinea. Because of their established structures and historical importance, religious institutions represented a unique opportunity for IMPACT to quickly reach key populations.

IMPACT collaborated with both Christian and Muslim organizations to primarily reach youth. One implementing partner also targeted seasonal fishermen and other mobile populations living in seasonal communities on the islands off of Conakry.

These interventions aimed to

- mobilize religious communities to implement HIV/AIDS prevention activities for youth and young adults
- increase perception of personal risk of HIV infection among targeted populations
- improve knowledge related to sexuality and HIV infection among targeted populations
- create an environment that favors the adoption of abstinence and fidelity
- provide VCT and STI treatment referrals.

Key accomplishments

- Conservative religious groups were effectively engaged to discuss issues related to HIV/AIDS and played an important role in recruiting and managing peer facilitators.
- HIV/AIDS messages were shared with youth by the Archbishop of Conakry during the 2006 Bofa Pilgrimage, the first time such messages had been shared during this annual event.

Lessons learned

- Religious groups represent an important channel for reaching certain youth populations. Despite some restrictions on what can be discussed through these channels (i.e., condom

use), these groups can be especially effective when used to address broader HIV/AIDS-related issues such as stigma and discrimination.

4. Targeted HIV prevention interventions with groups at the highest risk

Implementing agencies:	Association des Animateurs Communautaires de Guinée (AACG), Association Guinéenne pour la Prévention des IST (AGPIST), Association des femmes de Guinée pour la lutte contre le SIDA (ASFEGMASSI), Initiatives et Actions pour l'Amélioration de la Santé des Populations (INAASPO), Organisation des Femmes pour le Développement à la Base (OFDB), Today's Women International Network (TWIN), Universitaire et MST/SIDA (UniMST), Village sans Frontière pour les Actions de Développement (VISFAD)
Target population:	Female sex workers, truck drivers, uniformed service personnel and their wives, mineral miners
Length of support:	October 2004–December 2006

Description
IMPACT's 2001 HIV seroprevalence study found that certain groups in Guinea exhibit higher HIV prevalence than the general population. These groups included female sex workers, truck drivers, uniformed service personnel, and mineral miners. Starting in August 2001, a small-scale KAP study was conducted to provide information that could be used to refine appropriate messages and inform programs that could motivate these groups to behavior change. Based on the findings, IMPACT developed several community-based programs in collaboration with local NGOs. Each implementing partner was also provided with technical assistance in the selection, training, and supervision of peer facilitators.

These interventions aimed to
- increase perception of personal risk of HIV infection
- improve knowledge related to sexuality and HIV infection
- create an environment that favors the adoption of more positive behaviors and attitudes related to HIV/STI
- develop local resources where correct information on sexuality and HIV can be accessed
- increase demand for and provide referrals to VCT and STI treatment services.

Key accomplishments
- At-risk populations were mobilized to accept and seek out HIV testing.
- Referral network partners reported a significant increase in the number STI clients referred through VCT services.

Lessons learned
- Alternative income-generation activities can be effective at helping sex workers move to other professions.
- Messages targeting at-risk groups (especially sex workers and their clients) need to include messages regarding alcohol and drug use.

- Community mobilization and referrals contribute to increased update of VCT and other health services.

5. Home-based care for PLHA

Implementing agencies	Esperance Vie Saine Guinée (EVSG), Fondation Espoir Guinée (FEG), Association Guinéenne des Personnes Infectées et Affectées par le VIH (AGUIP+)
Target population	Persons infected and affected by HIV/AIDS
Length of support	June 2006–October 2006

Description
Beginning in 2006, IMPACT provided support for the development and implementation of HBC programs for PLHA. A rapid formative assessment was conducted by local implementing partners with technical assistance from IMPACT. These findings were later used to develop programs that responded to the specific needs of PLHA living in Conakry and the Forest Region. An HBC manual was developed, and IMPACT supported local implementing partners to provide necessary care and support services to PLHA in their zone of intervention.

These interventions aimed to
- reinforce the capacity of PLHA associations to provide quality HBC services
- develop and produce provider tools
- develop a referral network of medical care providers and psychosocial support services for PLHA.

Key accomplishments
- Provided the first framework for HBC services in Guinea, including the national HBC guidelines and manual.
- PLHA were effectively engaged to conduct needs assessment prior to the launch of HBC services.
- Three PLHA associations and a network of PLHA associations were created, only the tenth such network in sub-Saharan Africa.

Lessons learned
- Study tours by members of PLHA-support groups to neighboring countries (to observe innovative interventions conducted by other PLHA groups) can be highly effective at motivating associations.
- Small, nascent organizations such as these PLHA support groups can succeed when given the opportunity through support and guidance.

6. Stigma- and discrimination-reduction interventions for the general population

Implementing agencies	Association Guinéenne des Editeurs de la Presse Indépendante (AGEPI), Association des Femmes Juristes de Guinée (AFJG)
Target population	General population, legal institutions, private enterprises, women's groups, journalists
Length of support	January 2006–March 2007

Description

Guinea continues to suffer from high levels of stigma and discrimination toward PLHA, which pose significant challenges for programs that seek to increase the number of people who access HIV-testing services. In addition, stigma and discrimination render difficult the implementation of services designed to support PLHA. Working with national implementing partners, IMPACT trained local advocates who worked to educate the general population and key institutions on the importance of accepting HIV-positive individuals. Lawyers and attorneys also worked to revise laws at the national level and promote anti-discrimination within the workplace. While the long-term impact of these efforts is difficult to measure, the simple act of openly discussing these issues represented a significant advance in many of the sectors targeted by these interventions. Furthermore, the issues of stigma and discrimination toward PLHA were given more prominent coverage in local media through better informed journalists and decisionmakers, as well as through radio programs created by AGEPI with technical assistance from FHI.

These interventions aimed to

- develop a cadre of knowledgeable advocates who could speak on behalf of the interests of PLHA in Guinea
- inform the general population and key institutions on the harmful impact of stigma and discrimination toward PLHA.

Key accomplishments

- Journalists developed 10 principles for presenting HIV/AIDS information in the media in nonstigmatizing ways.
- Individuals from the legal community were trained and motivated to update the laws related to HIV/AIDS. Some participated in the creation of national HBC guidelines, and others continue to promote anti-discrimination in the workplace.
- The number of PLHA associations increased from two to eight.
- More than 60 radio programs addressing reduction of stigma and discrimination related to HIV/AIDS were broadcast on national radio.
- Pamphlets and posters were developed to complement anti-stigma messages broadcast on radio.

Lessons learned

- Inadequate knowledge of HIV/AIDS among health personnel is partly responsible for stigma and discrimination within health facilities.
- The training of healthcare providers in universal precautions reduces some of their negative attitudes toward PLHA.

- The provision of ARV as post-exposure prophylaxis encourages healthcare providers to serve PLHA.
- It is crucial to obtain national governmental buy-in and establish laws that outline acceptable behavior.

Clinical Services

1. Voluntary HIV counseling and testing

Implementing agencies	Boulbinet Health Center, N'Zérékoré LTO Hospital, Kissidougou Hospital, Le Centre National de Formation Sociale Appliqué, Dispensaire St. Gabriel, Madina Health Center, Gonia Health Center, Commercial Health Center, Héramakomon-Kissidougou Health Center, Héramakomon-Macenta Health Center, Lola Prefectoral Hospital, Sinko Community Medical Center, Diecke Health Center, Dorota Health Center
Target population	General population
Length of support	September 2004–March 2007

Description
In 2005, IMPACT launched its first four VCT sites to serve as models for the country. Using rapid tests, these VCT centers quickly came to serve hundreds of individuals each month. Collaborating with local implementing partners, other stakeholders, and government agencies, IMPACT led the development of a national VCT protocol, manuals, provider tools, and a training program. By March 2007, IMPACT was supporting 14 VCT sites in Conakry and the Forest Region. In contrast, when IMPACT established its VCT program in 2004, fewer than five VCT sites were active in the country.

At sites supported by IMPACT, HIV-positive clients were systematically oriented to PLHA associations that also benefited from IMPACT assistance. These associations provided necessary support to those diagnosed with HIV infection, while community-based NGOs/CBOs complemented their efforts by conducting community mobilization aimed toward demand creation for VCT. Unfortunately, treatment programs in Guinea were too small throughout the life of the project to allow for referrals to treatment services.

The interventions aimed to
- reinforce the capacity of health providers to provide HIV counseling and testing services
- improve access to quality HIV counseling and testing services
- offer a minimum package of referral services to persons testing HIV positive.

Key accomplishments
- Established 14 integrated CT services at existing health facilities.
- These CT services included the prevention and treatment of OIs.
- HIV-positive clients of CT services were referred to PLHA associations for psychosocial care and to medical centers for ART.

Lessons learned

- Use increases when CT is provided along with other services.
- Community mobilization contributes to the increase in CT service uptake.
- ART referral centers were ill equipped to receive referred persons, and this contributed to a decrease in CT service uptake.
- Despite training, youth referred to CT services continued to receive a poor reception. operational research could identify reasons for unfavorable reaction of health workers to the youth.

National Surveillance

1. HIV/STI seroprevalence survey

Implementing agencies	Stat-View International
Target population	Unmarried youth/adolescents (ages 15–24), female sex workers, pregnant women, truck drivers, youth/adolescents, military, tuberculosis patients
Length of support	October 2001–November 2003

Description

In 2001, at the request of the CNLS and USAID, IMPACT provided technical assistance to implement a national seroprevalence study with key target groups: pregnant women (n=3,489), truck drivers (n=316), prostitutes (n=344), youth/adolescents ages 15–24 (n=3,710), mine workers (n=322), military (n=366), and tuberculosis patients (n=313). The National HIV Prevalence Survey (ESSIDAGUI/2001) was a descriptive, transversal survey designed to determine the epidemiological level of HIV in Guinea that covered the country's four "natural" regions and the "special region" of Conakry, the capital.

In collaboration with the CNLS, USAID, and other donors, IMPACT identified a local implementing agency, Stat-View International, and worked with that partner to develop the survey protocol and survey questionnaires, recruit interviewers and supervisors, and sensitize communities about the survey. Individuals in each group were administered a standard questionnaire, and blood samples were drawn to evaluate HIV prevalence. The Bispot Immuno Comb II with a Western blot confirmation was used to test for HIV. Pregnant women were also tested for syphilis.

Due to the complexity of donor inputs (as USAID/IMPACT funded only pieces of the larger effort) and financial constraints imposed by certain donors, the study's implementation was disjointed and resulted in ethical violations related to the delivery of test results to study participants. As a consequence, USAID provided additional funding to IMPACT to conduct follow-up CT activities to ensure that study participants were provided with their HIV test results.

Key accomplishments
This first round of second-generation surveillance was completed and the findings of this survey were disseminated widely to the population and key stakeholders. It revealed the following:

- Practically everyone surveyed (9 out of 10) had heard about the pandemic. Irrespective of target group, sexual relations was the most frequently cited means of transmission of the virus. Only mine workers (98 percent) cited three means of transmission—unprotected sexual relations, contaminated blood, and mother to child. The majority of pregnant women cited only sexual relations as a means of transmission; only 4 percent cited mother-to-child transmission.

- Both types of HIV (HIV1 and HIV2) exist in Guinea, with HIV1 being predominant.

- Only one person out of ten thought that the bite of an insect or eating with an infected person were means of contracting HIV. The principal sources of information regarding HIV/AIDS cited were state-run radio and healthcare workers. Interpersonal communication with friends was cited as a primary source of information by adolescents and prostitutes.

- Among all the target groups, multiple sexual partners is a common practice. Of those surveyed, 30 percent had not used a condom with occasional partners or prostitutes during the previous 12 months, with highest percentages among TB patients (70 percent), truck drivers (68 percent), and the military (40 percent).

- Among youth and adolescents, mine workers, and prostitutes, 35 percent, 30 percent, and 27 percent, respectively, had not used a condom with an occasional partner during the previous 12 months. Education level is a determining factor in the use of condoms. Lack of information and absence of pleasure were the most often cited reasons for not using condoms. Confidence in and familiarity with the partner were factors cited by mine workers and prostitutes.

- The high prevalence of syphilis among pregnant women (5.7 percent) confirmed high-risk behavior and a low level of condom use by the general population. A higher level of syphilis prevalence was found among HIV-positive pregnant women (10.4 percent) than HIV-negative pregnant women (5.6 percent), however.

- Nearly 3 percent (2.8 percent) of pregnant women were HIV positive. This rate most resembles that of the general population of reproductive age. The rate among youth and adolescents was 2.5 percent, and higher among tat-risk groups: prostitutes (42 percent), TB patients (16.7 percent), truckers (7.3 percent), military (6.6 percent), and mine workers (4.7 percent).

- The highest HIV prevalence was registered among pregnant women in urban areas of the Forest Region (7 percent), Middle Guinea (3.9 percent) and Conakry (5 percent). In rural areas, Upper Guinea recorded the highest rate (2.9 percent).

- HIV prevalence of youth and adolescents was particularly elevated in the urban areas of Upper Guinea (6.3 percent) and the Forest Region (6 percent). However, the rural areas of the Forest Region had 4.3 percent HIV prevalence among this group.

- Youth and adolescents ages 20–24 (4.2 percent), married (4.1 percent), without formal education (3 percent), and not using condoms (3.5 percent) had rates of HIV infection higher than the national average (2.5 percent).

- Among mine workers, HIV prevalence was 4.7 percent. This rate was 8.3 percent among those who have occasional sexual relations. The survey showed a significant difference in HIV prevalence between mine workers who claimed to have had an STI and those who did not: 15 percent and 4 percent, respectively.

- At military bases, Conakry had the highest level of HIV infection (9.4 percent versus 5.7 percent for soldiers based outside the capital). Similar to mine workers, soldiers who reported having had an STI had a higher HIV prevalence than those who did not: 17 percent versus 6 percent. HIV prevalence is particularly high among truck drivers (7.3 percent). Site, age, level of education, marital status, and occupation were not significant factors.

- The highest rates of HIV infection were among TB patients: those suffering from an STI (31 percent), female patients (24 percent), patients having been treated for less than a month (23 percent), and those ages 25–39.

- According to the survey, 42 percent of prostitutes were HIV positive, and 7 percent of those surveyed tested positive for both HIV and syphilis. The level of education constitutes a significant factor of vulnerability for STI/HIV transmission.

- Only 0.5 percent of the 8,862 individuals surveyed reported having received a blood transfusion during the semester preceding the survey. Among those who had been transfused, HIV prevalence was 40 percent.

Lessons learned

- Immediate action must be taken to prevent the spread of the epidemic in Guinea, where the prevalence is still relatively low but many high-risk behaviors are being practiced. It cannot be seen solely as a problem to be addressed by the Ministry of Health or NGOs; it is a multisectoral issue that requires concerted efforts by all. In particular, the CNLS and the MOH should play a coordinating role, with support and action by the community and religious and opinion leaders.
- In particular, efforts should focus most on reinforcing prevention of HIV transmission through blood safety and promotion of abstinence, delayed sexual debut, faithful partnerships, consistent condom use, and increased personal-risk perception; continuing surveillance of the epidemic; improving global care and support services; and improving access to treatment for AIDS, STIs and OIs.
- Any intervention designed to halt the spread of the AIDS virus must prioritize Conakry and the urban areas of the Forest Region.

2. Biobehavioral surveillance survey (BBSS*)*

Implementing agencies	Stat-View International
Target population	Young people (ages 15–24), sex workers, truck drivers, mining workers, men and women in uniform, fishermen
Length of support	April 2007–December 2007

Description
In 2007, IMPACT launched a second round of seroprevalence surveillance, in close collaboration with the CNLS and World Bank-funded activities. The goal of this BBSS was to monitor HIV, STI, and behavior-risk factors linked to the spread of these infections. The general objective was to determine the rate of seroprevalence of HIV/AIDS and observe the tendencies in the behaviors relating to STI/HIV/AIDS of at-risk populations in order to provide useful information to the CNLS, the PNPCSP, and other stakeholders engaged in the fight against STI/HIV/AIDS in Guinea. Stat-View International was responsible for implementation of the BBSS 2007, according to the protocols, questionnaires, and guidelines approved by FHI.

This intervention aimed to
- reinforce the capacity of the national government to develop and implement a national HIV prevalence surveillance system
- provide updated epidemiological information to the national government and key stakeholders.

Key accomplishments
- Conducted anonymous periodic seroprevalence studies. The studies will be carried out in both high- and low-prevalence sites in urban and rural areas
- Implemented a behavior survey in the form of a population study to measure knowledge, attitude, behaviors, and practice linked to HIV/AIDS and STIs.
- Completed a desk review of credible sources of data to be used whenever possible in the second-generation survey.

Lessons learned
- The final BBSS report had not yet been printed at the time this IMPACT/Guinea final report was written. The BBSS was cosponsored by the CNLS with World Bank funds and would not be completed until after the IMPACT Project closed. Therefore, no recommendations are available at this time.

ATTACHMENTS

COUNTRY PROGRAM FINANCIAL SUMMARY

USAID committed US$5,630,000 to IMPACT activities in Guinea from June 2001 through September 2007.

TECHNICAL ASSISTANCE ROSTER

Name	Institution	Dates	Technical assistance provided
Joshua Volle	FHI	June 2001	Technical support to the CNLS to launch a national biologic surveillance activity
Brian Pedersen	FHI	Sept. 2003	Assessment of program needs for the launch of new activities
Judith Vandepitte	ITM	Sept. 2003	Assessment of STI programs for launch of new activities
Trad Hatton	FHI	Sept. 2003	Assessment of program needs for the launch of new activities
Awa Ouattara	FHI	Sept. 2003	Technical support for VCT sites
Kimberly Ross-Camara	Independent consultant	Oct.–Nov.2003	Serve as program manager on the retesting activity related to the initial HIV seroprevalence survey
Theonille Mukabari	FHI/Rwanda	Nov. 2003	Assist with the retesting activity related to the initial HIV seroprevalence survey (counseling training)
Pierre Rugumbanya	FHI/Rwanda	Nov. 2003	Assist with the retesting activity related to the initial HIV seroprevalence survey (lab and HIV test kit training)
Awa Ouattara	Independent consultant	Nov. 2003	Assist with the retesting activity related to the initial HIV seroprevalence survey (VCT oversight and training)
Inoussa Kabore	FHI	Nov. 2003	To assist with the retesting activity related to the initial HIV seroprevalence survey (M&E and surveillance oversight)
Brian Pedersen	FHI	Feb. 2004	Program management support, including office start-up
Awa Ouattara	FHI	Feb. 2004	Technical support for VCT sites
Awa Ouattara	FHI	March 2004	Technical support for VCT sites
Jean Paul Tchupo	FHI	May 2004	Technical support to structures involved in implementing second-generation surveillance activities

Name	Institution	Dates	Technical assistance provided
Saidou Hangadoumbo	FHI	June 2004	Technical support to surveillance systems
Brian Pedersen	FHI	July 2004	Established country office and trained local staff
Awa Ouattara	FHI	Sept. 2004	Technical support for VCT sites
Brian Pedersen	FHI	Feb. 2005	Supported development of subagreements with implementing partners and annual workplan
Rouguiatou Diallo	FHI	April 2005	Facilitated workshop on development of national comprehensive response plan
Marie Coughlan	FHI	May 2005	Launched rapid needs assessment for home-based care programs
Awa Ouattara	FHI	May–June 2005	Reviewed existing VCT sites and support scale-up of those activities
David Obati	FHI	Oct. 2005	Established financial management systems and train finance and administration officer
Nancy Ali	FHI	Dec. 2005	Developed BCC materials and subagreements with local implementing partners
Awa Ouattara	FHI	Dec. 2005	Technical support for VCT sites
Laura Kayser	FHI	Dec. 2005	Conducted program review and provided recommendations for improvement of systems
Elizabeth Melby	FHI	Feb. 2006	Developed action plans for country program review, prepare IMPACT close-out plans, and develop new subagreements with local implementing partners
Martin Ngabonziza	FHI	April–May 2006	Facilitated training for healthcare providers in the treatment of OIs
Simon-Pierre Tegang	FHI	June 2006	Developed biobehavioral survey protocol and IMPACT close-out surveys
Awa Ouattara	FHI	July 2006	Technical support for VCT sites
Kimberly Ross	FHI	Nov. 2006	Developed subagreements in response to program extension
Simon-Pierre Tegang	FHI	April 2007	Technical assistance for start-up of the BBSS
Kimberly Ross	FHI	April–May 2007	Supported close-out of IMPACT activities
Simon-Pierre Tegang	FHI	June 2007	Technical assistance for data collection concerning the BBSS

Name	Institution	Dates	Technical assistance provided
Simon-Pierre Tegang	FHI	Aug.–Sept. 2007	Technical assistance for BBSS data management
Simon-Pierre Tegang	FHI	Aug.–Sept. 2007	Technical assistance for data analysis related to the BBSS
Siri Woods	PATH		Technical support for BCC