

2004–09
The Guyana HIV/AIDS
Reduction and Prevention Project

GHARP



Cover photos

Top: The GHARP M&E team leader engages in a data quality assessment with a counselor-tester from the NGO St. Francis Community Developers.

Photo by Andrea Rohlehr-McAdam

Middle: High school students attend a presentation that encourages abstinence, delay of sexual debut, and healthy lifestyles.

Photo by Andrea Rohlehr-McAdam

Bottom: A retired nurse who returned to work at the Dorothy Bailey Health Centre in Georgetown displays forms that were revised at GHARP's instigation to integrate antenatal data with data on services to prevent mother-to-child transmission of HIV. The revised form also decreased the reporting burden for nurses.

Photo by Hilary Russell

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A joint project of the Government of Guyana and the US Government implemented by Family Health International, Cicatelli Associates Inc., Howard Delafield International, Management Sciences for Health, and The Caribbean Conference of Churches



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Acronyms

AIDS	Acquired immunodeficiency syndrome
GHARP	Guyana HIV/AIDS Reduction and Prevention Project
HIV	Human immunodeficiency virus
ILO	International Labor Organization
LDP	Leadership Development Program
M&E	Monitoring and evaluation
MSM	Men who have sex with men
OVC	Orphans and other vulnerable children
PEPFAR	US President's Emergency Plan for AIDS Relief
PMTCT	Prevention of mother-to-child transmission of HIV
TOCAT	Technical Organizational Capacity Assessment Tool
USAID	US Agency for International Development
YCG	Youth Challenge Guyana

Preface

BY WORKING in close and collaborative partnership with Guyana’s Ministry of Health and National AIDS Programme Secretariat to support a comprehensive and sustainable national response to HIV/AIDS, GHARP and USAID have been of enormous service to the people of Guyana and their government.

Perhaps the most convincing evidence of this is the progress we have made in preventing mother-to-child transmission of HIV and the excellent review awarded to this program by USAID. Before GHARP began, the Ministry of Health had 24 sites offering these vital services. With GHARP and the Ministry of Health working together, there are now 139 sites operating across the country that are saving lives and promising brighter futures for their clients.

Extensive GHARP technical support and USAID funding meant that these sites received necessary renovations and equipment, and that physicians, nurses, social workers, lab technicians, and support staff were recruited and trained—among them, an invaluable corps of retired nurses and social workers who returned to work to help the effort to try and stop HIV in its tracks. GHARP support and USAID funding also made it possible to hire and pay staff conducting onsite voluntary counseling and testing and following up mothers who tested HIV-positive with home visits.

GHARP worked alongside Health Ministry and Secretariat staff to strengthen or construct new systems. We are particularly proud of the GHARP-inspired patient-monitoring system, which is now being used as a model in Caribbean countries and by the World Health Organization.

GHARP support also enabled us to engage line ministries in a coordinated response to the HIV/AIDS epidemic and to develop far-reaching expertise in strategic information and in monitoring and evaluation. The crafting of our national guidelines on HIV counseling and testing and on monitoring and reporting results also depended on GHARP’s technical support and an outstanding team effort.

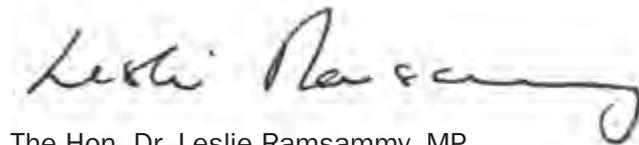
GHARP’s technical specialists also deserve our thanks for creating manuals that offer meticulously structured programs for the many NGOs in Guyana who are working tirelessly to stop the spread of HIV and care for people with HIV and AIDS. The merits of these manuals are extolled by all who use them; they reflect much user input, as well as the fact that so many GHARP staff are locals or otherwise completely versed in Guyanese norms and culture.

GHARP specialists also delivered training far and wide in governance, leadership, strategic information, and all HIV and AIDS technical areas—a long list that includes counseling and HIV testing, strategic behavior change for



populations most at risk of HIV infection, workplace programs and policies, support for orphans and other vulnerable children, pediatric AIDS services and antiretroviral treatment for adults, management of sexually transmitted infections, and home-based and palliative care for families affected by HIV and AIDS.

The people and the Government of the Cooperative Republic of Guyana have every reason to be immensely grateful for GHARP and USAID's unstinting support and innumerable contributions during the past five years. Working hand in hand, we have constructed a solid base from which we are poised to advance our national programs to reduce the spread of HIV and mitigate the impact of HIV/AIDS.

A handwritten signature in black ink, appearing to read "Leslie Ramsammy". The signature is fluid and cursive, with a long, sweeping tail on the final letter.

The Hon. Dr. Leslie Ramsammy, MP
Minister of Health
Government of the Cooperative Republic of Guyana

Acknowledgments

THE GUYANA HIV/AIDS Reduction and Prevention (GHARP) Project played a critical role in the country's response to the HIV epidemic. Its mission was to support Guyana's HIV/AIDS prevention, care, and treatment programs by improving health infrastructure and systems and enhancing the skills of health workers. The five-year collaboration between the Government of Guyana and the Government of the United States can be viewed as a success that was due largely to the excellent relationships established between US-based partners and local partners and stakeholders.

GHARP staff worked with local implementing partners to accomplish the objectives set out by this project. At the outset, a behavioral surveillance survey was implemented that helped to direct the project's path. A second survey was completed at the project's close to assess the effects of current interventions on the response to the epidemic and track overall progress. This survey will recommend programming priorities and direction for the efforts of public health officials and community groups in Guyana.

The GHARP management team comprised Family Health International, Cicatelli Associates Incorporated, Howard Delafield International, Management Sciences for Health, and the Caribbean Conference of Churches, who successfully guided a group of highly trained Guyanese—from clinicians and medical providers to marketing and management professionals—in the execution of the project.

The team thanks the US Government and the American people; the Government of Guyana, particularly the Minister of Health and all ministry staff (in Maternal and Child Health, the National AIDS Programme Secretariat, Regional Health Services, and in PMTCT sites and voluntary counseling and testing centers); the Georgetown Public Hospital Corporation; the US Government team in Guyana (including the US Centers for Disease Control and Prevention, Francois Xavier Bagnaud, Catholic Relief Services, Peace Corps Guyana, and the Guyana Defence Force); United Nations agencies (UNAIDS, UNICEF, UNFPA, ILO, and PAHO/WHO); other bilateral agencies, including CIDA/Canada, and DFID/UK; the 43 private-sector partners of the Guyana Business Coalition on HIV/AIDS; and the NGOs and faith-based organizations who were implementing partners.

The most important acknowledgments go to the project's beneficiaries: people in communities across Guyana. Without their positive response, GHARP would not have been as successful as it was.

Kwame Asiedu

FHI/Guyana Country Director and GHARP Chief of Party



Guyana in 2003

Population 705,803

Estimates

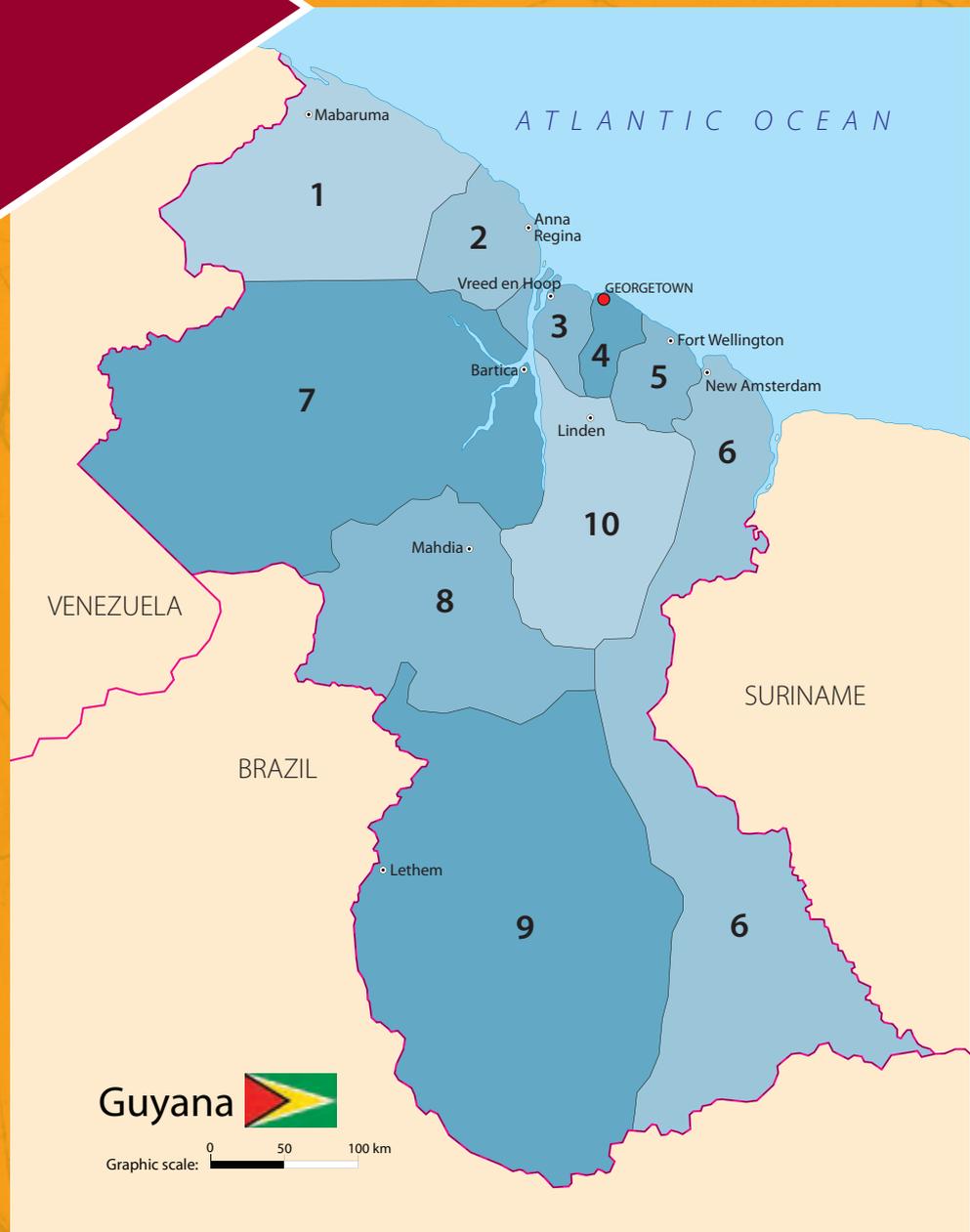
HIV prevalence, adults 15–49 2.5%

Adults and children living with HIV 11,000

Women living with HIV 6,100

Children 0–14 600

Source: USAID Country Health Statistical Report and UNAIDS



Facing Challenges

Confronting HIV and AIDS in Guyana in 2004

When launched in June 2004, USAID’s Guyana HIV/AIDS Reduction and Prevention (GHARP) Project faced a daunting array of statistics and challenges. The country’s HIV infection rate was rising quickly, ballooning to 56.2 cases for each 100,000 of its 750,000 inhabitants, and an estimated 18,000 adults and children were HIV-infected. Estimated HIV prevalence among adults ages 15 to 49 was 2.5 percent—the second highest in the Caribbean and Latin America after Haiti—though a 2004 UNAIDS fact sheet provided a “high estimate” of 7.7 percent. AIDS had become the number-one cause of death among people in Guyana ages 25 to 44, accounting for 64 of every 100,000 deaths in 2001.

Even more alarming was the estimated HIV prevalence among certain stigmatized groups: 21 percent among men who have sex with men and 27 percent among female commercial sex workers. In 2004, these groups were not being reached with structured behavior change programs that could make them less vulnerable to HIV and less likely to transmit the virus to others. Indeed, many members of these groups who lived outside of Georgetown, the capital, did not have adequate access to condoms or solid information about HIV and AIDS.

Only a few centers were providing voluntary counseling and testing for HIV and the demand was low, since individuals testing HIV positive were heavily burdened with stigma and discrimination and they could not be sure that



GHARP AT A GLANCE

Life of project:
July 2004–March 2009

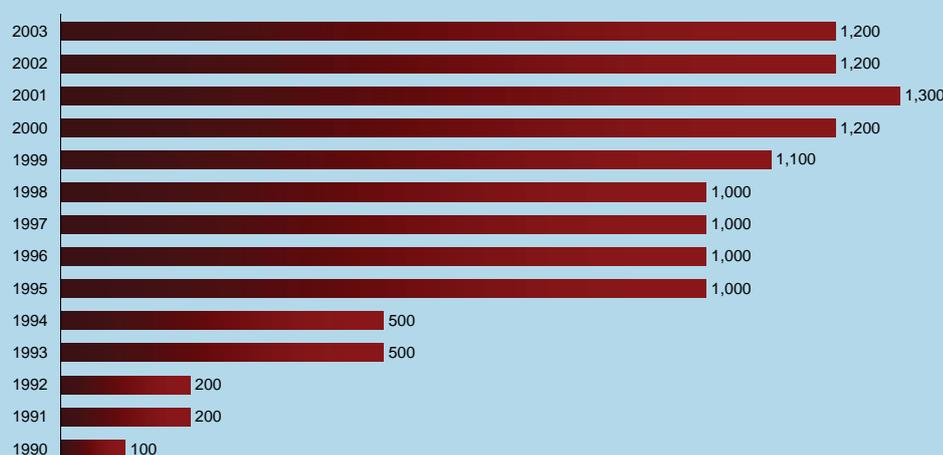
Objective:
Reduce the spread of HIV and mitigate the impact of HIV/AIDS in Guyana

Implementing NGOs:
24

Private-sector partners:
43

Funding by PEPFAR through USAID:
US\$23 million

Estimated AIDS deaths in adults and children in Guyana, 1990–2003





USAID Mission Director Dr. Mike Sarhan announced the award of the project in 2004 and was enthusiastic in his support. US Embassy staff in Guyana were equally supportive.

their results would be kept confidential. In addition, those testing positive had no access to antiretroviral treatment and very limited access to other vital services, including services that prevent mother-to-child transmission of the virus and provide home-based and palliative care, including care for affected children.

Without comprehensive and effective HIV/AIDS prevention and care programs and reliable and continuously gathered data that allowed such programs to be successfully targeted, the epidemic in Guyana might spiral out of control.

The country's inclusion among the 15 targeted for US Government funding in January 2004 by the US President's Emergency Plan for AIDS Relief (PEPFAR) presented a golden opportunity to demonstrate to the world that a well-conceived and relatively well-funded program could work in concert with a government dedicated to building an effective response to the epidemic to make a rapid and measurable difference—reducing the transmission of HIV and mitigating the impact of HIV and AIDS in a country that ranked 103rd out of 177 on the UN Human Development Index and where more than 30 percent of its people lived on less than \$2 a day.

Formulating a response

Achieving these ambitious objectives required considerably more than putting up billboards and distributing pamphlets and condoms—notwithstanding that these tasks are very difficult in the trackless hinterland that covers most of the country and in Amerindian communities where English is often not the first language and the level of literacy is low.

To formulate a comprehensive, coordinated, and sustainable response to the burgeoning HIV/AIDS epidemic in Guyana, GHARP needed to form effective partnerships with the Ministry of Health, other governmental ministries and agencies, the private sector, and faith-based and nongovernmental organizations that would implement GHARP-supported programs.

However, the success of these partnerships would depend on substantive steps being taken to remedy what a USAID report called “deficiencies in

policy, planning, coordination, and management” within Guyana’s health system. These deficits were readily acknowledged by Guyana Minister of Health Dr. Leslie Ramsammy, who said: “Our ambition is greater than our capacity; our health system has not developed to the extent that it can appropriately respond to HIV/AIDS.”



For five years, GHARP’s offices were located in this building at 44 High Street, Kingston, Georgetown.

Indeed, the Government of Guyana had never lacked the ambition to respond to HIV/AIDS. Far from sitting on its hands when the first AIDS case was reported in 1987, it moved quickly to launch its National AIDS Programme, National AIDS Committee, and several national strategic plans to counter the epidemic. In 1998, Guyana’s Parliament passed its National AIDS Policy, banning mandatory HIV testing and establishing the right of people living with HIV to access care and treatment.

However, this right could not be enforced unless adequate care and treatment services were accessible and appropriately targeted. Before this could happen and effective HIV prevention and other strategic plans could be put in motion, high-quality data were needed to inform the design, coordination, and future operation of these services, along with the other programs GHARP would support to prevent HIV infection and reduce the spread of HIV/AIDS and its impact.

GHARP Partners	Responsibilities
Family Health International	Administration and management; monitoring and evaluation; PMTCT services; behavior change programs for youth and for groups most at risk; workplace programs; voluntary counseling and testing; programs to support orphans and other vulnerable children
Management Sciences for Health	Capacity building and leadership training for NGOs and line ministries
Cicatelli Associates Incorporated	Home-based and palliative care
Howard Delafield International	Behavior change advertising materials; condom marketing; private-sector support; workplace programs
The Caribbean Conference of Churches	Faith-based advisor to GHARP; capacity building for local faith-based organizations



GHARP thus immediately focused on processes that would create and manage these needed data, always working collaboratively with government ministries and agencies and implementing NGOs. At the same time, GHARP worked to build the organizational, institutional and managerial capacity of implementing NGOs as well as the government in strategic information,

GHARP lured retired nurses back to work to fill a critical human resources gap and scale up services that prevent mother-to-child transmission of HIV.

monitoring and evaluation, leadership, and other areas and to contribute to a multisectoral, sustainable response to the epidemic.

Human resources was another crucial area immediately addressed by GHARP, since emigration from the country reduced the number of skilled workers who were available to scale up and improve services. GHARP thus came up with the innovative idea of recruiting nurses and other health-care workers who had been retired at the young age of 55, retraining and employing them in voluntary counseling and HIV testing and in services to prevent mother-to-child transmission of HIV. Under a memorandum of understanding, these staff were transitioned to the Ministry of Health after two years with GHARP.

Collaborating widely

The engagement and financial contributions of the private sector also increased sustainability and GHARP’s impact and reach. The sector was represented on the Project Advisory Board, along with representatives of NGOs, faith-based organizations, and government ministries. This, together with the guidance provided by The Caribbean Conference of Churches, ensured wide

GHARP Technical Areas

- ▶ Strategic information
- ▶ Leadership training
- ▶ Capacity building
- ▶ Voluntary counseling and HIV testing
- ▶ HIV prevention through strategic and targeted behavior change programs
- ▶ Prevention of mother-to-child transmission of HIV
- ▶ Home-based and palliative care
- ▶ Care for orphans and other vulnerable children



Effective HIV/AIDS programs do everything they can to reduce stigma and discrimination toward people living with HIV. GHARP partner Howard Delafield International had a lead role in organizing the “Don’t Dis Me” concert and its promotional campaign. The event included top local and international performers and achieved one of the highest ever attendance figures for a concert in Guyana.

collaboration between stakeholders, local ownership, and that programs and activities were rooted in contextual realities.

Developing targeted programs

Accomplishing the dual tasks of reducing the spread of HIV and mitigating the impact of HIV and AIDS in Guyana entailed working collaboratively on numerous interrelated programs and a host of activities, including public campaigns to increase HIV/AIDS knowledge and reduce the stigma and discrimination that discourage access to needed services and blight the lives of those infected and affected by HIV.

In particular, reducing the spread of HIV required structured and effective behavior change programs, especially for youth and those most at risk of HIV infection, as well as dramatically expanded access to voluntary counseling and HIV testing and to condoms.

Reducing the spread of HIV also required up-to-date clinical programs to prevent mother-to-child transmission of the virus. Such programs also mitigate the impact of HIV and AIDS by providing care and support for HIV-positive mothers. So do effective home-based and palliative care programs that serve HIV-positive individuals and their families, along with programs that provide orphans and other vulnerable children with better chances to lead healthy, productive lives. To be successful, all these programs need to be supplemented with media campaigns and abundant communication materials that reinforce their messages and make services widely known and attractive to the people for whom they are intended.

This was a heavy and challenging agenda. Though GHARP could lose no time putting these programs on their feet, the project first needed to focus its attention on a solid base upon which they could stand. ►



Top and middle: Capacity building, leadership development, and training in strategic information were important components of GHARP's work with the government and NGOs.

Bottom: GHARP's engagement of the private sector was also important, contributing in-kind and financial support for HIV/AIDS activities. In this photo, an executive from Ansa McAI hands over diapers to GHARP's Shawna Reis for programs for orphans and other vulnerable children.



Laying the Foundation for a Sustainable and Effective Response

Ensuring reliable strategic information and good information systems

All of GHARP's work in Guyana needed to be built on and sustained by a solid foundation of strategic information—comparable and reliable data, systematically gathered and analyzed, that could be used to appropriately target and improve programs in all technical areas in which GHARP worked.

At the same time, health information systems needed to be strengthened to collect the data generated and facilitate accurate assessments. NGO personnel also needed to be trained on data entry and analysis and to understand the system's purposes.

Since Guyana was considered to be a “data-poor country” in 2004, GHARP sought from the outset to contribute to health information systems and data that would inform the government's strategic direction, including to a pioneering biological and behavioral survey whose results would guide program strategies and implementation.

Support for monitoring and evaluation (M&E) was an immediate priority and a strong focus throughout the life of the project. It permitted GHARP staff to track the timely achievement of objectives; assess the quality and impact of interventions and services provided; and continually improve program design, implementation, and management.

During start-up, GHARP's M&E unit set its sights on a reporting system that would be compatible with PEPFAR's rigorous requirements as well as the M&E system used by the Ministry of Health. GHARP collaborated to improve and revise the national health management information system and develop and finalize Guyana's National Strategic Plan for HIV/AIDS, along with its National Monitoring and Evaluation Plan, which GHARP's own M&E plan was carefully tailored to fit.

GHARP also helped to create essential systems in drug procurement and supply chain management. In addition to providing technical support for the drafting of HIV clinical management guidelines for procurement and standard operating procedures for registering and importing antiretroviral drugs and clearing them through customs, GHARP supported acquisition of database software for pharmaceutical data entry and the training of pharmacists in its use.

During the five years, GHARP's M&E unit also worked on a team alongside the National AIDS Programme Secretariat and the Pan American Health



Support for monitoring and evaluation was an immediate priority and a strong focus throughout the life of the project. It permitted GHARP staff to track the timely achievement of objectives; assess the quality and impact of interventions and services provided; and continually improve program design, implementation, and management.



Organization to create the National Patient Monitoring System, a register that tracks all patients receiving antiretroviral therapy in Guyana. GHARP provided substantial support to design the system and its tools and trained ministry and healthcare staff in their use, including on the electronic versions placed at each health facility and developed through a partnership with the Pfizer Global Health Fellows program.

Moreover, the M&E unit also worked to build and strengthen the capacity of all its governmental and nongovernmental partners, many of whom needed to improve or establish their data reporting systems, adopt standardized reporting

GHARP offered continuous technical support in monitoring and evaluation to NGOs in workshops and individual capacity building.

formats, and establish M&E frameworks and plans. The M&E unit assessed their data gathering and reporting efforts, identified gaps, recommended revisions, and provided tools and training.

The unit remained vigilant and supportive once new and improved systems were up and running, making follow-up visits, validating data, and introducing NGOs and the Ministry of Health to a MS Access summary database that had been developed by GHARP with assistance from Pfizer fellows. By using this tool, many NGOs were able to auto-load their monthly M&E reports, saving time and reducing errors associated with manual data-entry.

Building organizational and institutional capacity

Over the life of the project, GHARP provided funding, direction, and support for a total of 24 NGOs and faith-based organizations to implement programs in nearly every region of the country. Some of these organizations were long established, with considerable experience in HIV/AIDS programs, and some

Artistes in Direct Support (A.I.D.S.) Executive Director Desiree Edghill on GHARP's contributions:



“Our capacity to write proposals was enhanced by the proposal writing workshops held every year. All NGOs funded by GHARP and even new ones that were going to be funded were present. We got the opportunity to sit together with all the officers in the different technical areas and decide which we were going to work in. That way we could avoid overlapping.

The TOCAT [self-assessment] was also a useful thing for our NGO. This gave us the opportunity, to thoroughly look at the way we were operating and what systems can be put in place to make it better, if necessary. We also looked at better and more innovative ways of doing our work.

Another part of the NGO capacity building was the support we got from GHARP in developing our HR and governance manuals to ensure the smooth running of the NGO.

The support of GHARP will always be remembered by our NGO. We have become family.”

were fledgling bodies that exhibited considerable promise and willingness to learn. All had passionate, dedicated staff and volunteers, and all benefited, from GHARP's capacity building, technical leadership, and financial support for their HIV/AIDS programming and activities. Technical assistance was also provided to a number of organizations that did not receive funding.

Even long-established NGOs required capacity building that would help them to become more effective implementers. To highlight priority areas for NGO capacity building, GHARP made the use of the Technical Organizational Capacity Assessment Tool (TOCAT) developed by Family Health International, which helped organizations to conduct in-depth self-assessments that identified their strengths and weaknesses. Though the TOCAT paperwork and the process initially nonplussed some busy NGOs, they came to appreciate the results. As Annette Jaundoo of the FACT HIV/AIDS Awareness & Social

Implementing NGOs	
NAME	SERVICES SUPPORTED BY GHARP
Agape Network Inc.	Youth; home-based and palliative care; orphans and other vulnerable children
Artistes in Direct Support (A.I.D.S)	Youth; workplace; behavior change for sex workers and MSM
Central Islamic Organisation of Guyana (CIOG)	Youth
Comforting Hearts	Behavior change for sex workers and MSM; home-based and palliative care; orphans and other vulnerable children
FACT	Behavior change for sex workers and MSM; workplace; home-based and palliative care; orphans and other vulnerable children
Guyanese Network for Persons Living with and Affected by HIV and AIDS Inc.	Youth; home-based and palliative care
Guyana Nurses Association	Home-based and palliative care
Guyana Responsible Parenthood Association	Youth; behavior change for sex workers and MSM; workplace; home-based and palliative care
Help and Shelter	Youth
Hope for All	Youth; home-based and palliative care; orphans and other vulnerable children; voluntary counseling and testing
Hope Foundation	Youth; workplace; home-based and palliative care; orphans and other vulnerable children; voluntary counseling and testing
Lifeline Counseling Services	Youth; home-based and palliative care; orphans and other vulnerable children
Linden Care Foundation	Youth; home-based and palliative care; care for orphans and other vulnerable children; voluntary counseling and testing
Mibicuri Youth Development Group	Youth; care for orphans and other vulnerable children
Operation Restoration	Orphans and other vulnerable children
Reslocare	Youth
Ribbons of Life	Youth
Roadside Baptist Skills Training Centre	Youth; workplace; home-based and palliative care; orphans and other vulnerable children
Ruimveldt Children's Home and Care Centre	Orphans and other vulnerable children
St. Francis Community Developers	Voluntary counseling and testing; orphans and other vulnerable children
United Bricklayers	Behavior change for sex workers and MSM
Volunteer Youth Corps	Youth; workplace; home-based and palliative care; orphans and other vulnerable children
Youth Challenge Guyana	Youth; workplace; voluntary counseling and testing; home-based and palliative care
Youth Mentorship Endeavour	Youth

Participants describe the benefits of the Leadership Development Program

- ▶ **We plan together, no one dominates.** We come together and decide.
- ▶ **It made me a different person in the way I face challenges,** not just at work but in my everyday life. I am more confident.
- ▶ **We have better communication with the staff;** we have now a different way of thinking.

Issues Group reported, “We knew our weaknesses and what we had to do. The TOCAT process helped our organization to become more mature.”

GHARP helped NGOs to remedy such weaknesses, employing intensive, field-based consultations and mentoring; developing and pilot-testing a template for a human resources manual that each NGO could adapt to its different needs; and offering workshops that tackled such topics as human resource management, governance, USAID contractual obligations, and proposal development. The support provided also helped NGOs to compose customized institutional development plans, to become properly registered if they were not, and to adopt governance structures consistent with best practices.

In 2006, and in accordance with GHARP’s original capacity building strategy, USAID established a new local NGO to administer the funding for implementing NGOs and provide support for them in the areas of human resources, organizational development, and governance.

Building capacity for multisectoral planning within line ministries

From the beginning, GHARP had included facilitation of multisectoral planning on its agenda to scale up the response to the epidemic. The World Bank shared the objective, requesting GHARP assistance to support the mainstreaming of HIV/AIDS activities in a total of 13 line ministries and agencies over five years.

The assistance entailed capacity building and leadership training by GHARP partner Management Sciences for Health. Following this training, all line ministries submitting proposals to the World Bank were funded. As a participant from the Ministry of Local Government put it, “The program equipped us to go out to the regions, the municipalities, to the neighborhood democratic councils, and replicate our training for the local government workforce as well as the community development councils, which by extension includes the residents or the inhabitants of the particular geographic constituency.”

The training for line ministry personnel addressed such areas as project management, team building, planning, budgeting, M&E, and communication strategies, as well as basics on the epidemiology of HIV and AIDS. It also incorporated continuous coaching and mentoring for the “focal persons”



GHARP provided training and capacity building for focal persons in 13 line ministries and government agencies to facilitate a multisectoral response to the HIV/AIDS epidemic.

tasked with coordinating and providing leadership for HIV/AIDS-related activities at central and provincial levels in each ministry and agency.

This training made use of the Project Planning Tool devised by Management Sciences for Health: a template comprising a linked Excel spreadsheet with seven worksheets—activity plans, activity budgets, summary administrative budgets, summary technical budgets, timeline, M&E plan, and instructions—with technical areas aligned to reporting requirements. The benefits of using this tool are many, not the least that it results in the drafting of uniform and detailed plans that assure accountability and an expedited approval processes.

With this training, focal persons engaged in and coordinated HIV/AIDS awareness and sensitization activities for thousands of civil servants, and they participated in efforts to facilitate effective care and support

interventions for HIV-infected and affected civil servants and their families. Increasingly, they also did this for external clients of the ministries and agencies. They took on responsibilities and roles that encouraged “mainstreaming” HIV/AIDS as an issue that must be addressed by all sectors, instead of only by the health sector.

Ministries and Agencies Engaged in a Multisectoral Response	
2004	ADDED IN 2007
Agriculture	Guyana National Newspaper Limited
Amerindian Affairs	Housing and Water
Culture, Youth, and Sport	Lands and Surveys Commission
Education	Public Service
Home Affairs	Foreign Trade and International Cooperation
Human Services and Social Security	
Labor	
Local Government & Regional Development	

SUCCESS STORY

LDP training pays off for Linden Care Foundation

Hazel Maxwell-Benn, co-founder and director of Linden Care Foundation in Region 10, is a big fan of the GHARP Leadership Development Program (LDP). “Due to our participation in the LDP, we now feel like a family working to support our community,” she says. “In any family, it is important to work together; hence the importance of collaboration and networking”



Hazel Maxwell-Benn

Collaboration and networking are seen as the key to tackling challenges and unresolved issues relating to the large range of HIV/AIDS activities that this estimable NGO undertakes, including comprehensive programs that nurture orphans and other vulnerable children and provide home-based and palliative care.

Another important activity of the foundation is voluntary counseling and testing. Participation in the LDP helped the foundation analyze and address a problem: many people who tested HIV-positive did not return for follow-up counseling.

LDP training allowed the Linden Care Foundation to address this and other challenges in a structured way. The foundation’s team used the LDP’s Stakeholder Analysis Worksheet to identify the needs and concerns of important stakeholders and ways to align them. Then the team methodically engaged the stakeholders identified and ensured that each understood the issue and their role in resolving it.

During this process, the team learned that one of the biggest concerns of a church women’s group was the spread of HIV and that HIV-positive persons were not being counseled after being tested. This knowledge encouraged Linden Care Foundation to offer a voluntary counseling and testing session in collaboration with the church group. At this session, persons who had been counseled and tested were encouraged to return for follow-up counseling, regardless of their status.

This strategy was successful, and the foundation’s target of follow-up counseling for 36 percent of individuals testing positive was left in the dust. Currently, 100 percent of those testing HIV-positive receive follow-up counseling.

Linden Care Foundation then embarked on the task of developing a comprehensive network of persons and agencies involved in HIV-related activities in Region 10 and taking steps to improve networking within the region. The foundation’s improved management capacity and its networking and team-building skills are proving invaluable.

Hazel Maxwell-Benn credits GHARP’s technical team with “collaboratively developing standards of practice and providing quality trainings and support” to ensure “quality care for the families we serve.”





Increasing teamwork and management capacity in the health sector

To build capacity in the health sector, GHARP partner Management Sciences for Health adapted its Leadership Development Program (LDP) toward fostering retention, effective performance, and supportive supervision. GHARP also proposed and began the process of integrating LDP core concepts into the national pre-service nursing curriculum—one still underway, led by the Ministry of Health and owned by nursing tutors who deliver the curriculum.

Though the LDP initially targeted teams providing HIV/AIDS services in regional hospitals and local health centers and geared it to participants who may have minimal management experience and education, the program was soon expanded to include line-ministry personnel, a regional AIDS committee, a UNAIDS youth group, and NGOs.

Participants in the seven LDP series were introduced to a process called the Challenge Model, which encourages them to identify priorities and develop and implement action plans that produce measurable results and improve teamwork and the work climate. Aspirations expressed in their action plans were diverse, ranging from the signing of an MOU and improved reading skills for a group of orphans and vulnerable children to increased numbers of family members trained to support drug adherence for HIV-positive pregnant women, youths attending a youth-friendly center, and line-ministry committee members participating in HIV/AIDS activities.

An LDP graduate network has been established to support and reinforce the program's methods and institutionalize them throughout the country, making use of a regional buddy system and semi-annual regional network meetings. In addition, as part of GHARP's exit strategy, an LTD Core Group was formed to mentor and support other graduates and expand the understanding and application of key leadership and management practices and principles.

Participants in the Leadership Development Program, led by GHARP partner Management Sciences for Health, which aimed to foster retention, effective performance, and supportive supervision in the health sector, but was extended to personnel of NGOs and line ministries.

SUCCESS STORY

The Guyana Business Coalition on HIV/AIDS shows the way

The Guyana Business Coalition on HIV/AIDS is the largest national coalition of its kind in the Caribbean region: it has 43 members that have a total of 22,000 employees, and they can reach an additional 60,000 people, including the families of their employees.

Though launched at a gala event in May 2008, the beginnings of the coalition date from 2004, when GHARP staff contacted the Institute for Private Enterprise Development to canvas private-sector interest in a partnership that would scale up the response to the HIV/AIDS epidemic. The reception was enthusiastic, and GHARP hired a private-sector development manager. Soon after, several private-sector companies collaborated on an income-generating project to provide microenterprise loans and business guidance for people living with HIV.



The coalition's 2008 award ceremony drew a large crowd.

coalition members introduce HIV/AIDS prevention programs that protect the health of their employees and their families and to develop and implement HIV/AIDS workplace policies. These efforts by GHARP built on work by the International Labour Organization, the Ministry of Health, and the Ministry of Labour.

Through workplace programs, GHARP has expanded its influence and prevention work: encouraging testing for HIV, distributing condoms, and developing targeted behavior change programs and materials for thousands of people who were otherwise not easily reached, including miners and loggers in remote areas.

Coalition Vice Chair and GT&T Deputy General Manager Terence Holder said that GHARP “planted a seed and built an extremely solid base,” and that the coalition will continue to operate on that foundation. He added that sees “the interest—the sparkle in the eye—of business people” who are engaged in the coalition’s activities, adding that he, as an executive, is gratified that he has “an opportunity to change the lives of people and see results in my lifetime.”

In late 2005, 20 private-sector companies had signed on as GHARP partners. The group expanded, established an advisory board, and increased their range of activities. These now include annual awards (in collaboration with the Ministry of Health), support for media campaigns and national and community events, and the provision of financial and in-kind resources to GHARP-supported programs, such as school kits and text books for vulnerable children and transportation for physicians who need to reach patients in remote areas.

The support is two-way. GHARP has provided extensive support to help



Terence Holder



This photo was taken at the launch of the Guyana Business Coalition on HIV/AIDS in May 2008. From left are Derrick Cummings, GHARP Private Sector Partnership Manager; Karen Williams, US Embassy Chargé d'Affaires; Carol Ayoung, Pan-Caribbean Business Coalition.; Dennis Morgan, CEO Denmor Garment Factory; Coalition Chairperson Amanda St. Aubyn, Country Director Scotiabank; Hon. Minister of Health Dr. Leslie Ramsammy; Sansia Dailey, Global Business Coalition; Kwame Asiedu, GHARP Chief of Party; Sylvia Delafield, Private Sector Partnership Advisor, Howard Delafield International; and Al Siemens, Chairman and CEO of Family Health International

Engaging the private sector

The engagement of the private sector under the leadership of GHARP partner Howard Delafield International contributed to scaling up and mainstreaming the response to HIV/AIDS and sustainable results, not the least because it resulted in the leveraging of financial and in-kind private-sector support for community, media, and workplace HIV/AIDS initiatives.

With strong encouragement from the Ministry of Health and the National AIDS Programme Secretariat, GHARP collaborated with the International Labor Organization and NGOs to build the capacity of private-sector partners in drafting and implementing workplace HIV/AIDS policies and the capacity of focal persons within their workforces who had assumed roles similar to those in line ministries.

GHARP also backed the formation of the Private Sector Advisory Board, which later became the Guyana Business Coalition on HIV/AIDS, now a robust 43-member body that serves as a model in the Caribbean region and is likely to play a leading role in future efforts to reduce the spread of HIV/AIDS and mitigate its impact in Guyana. ►



Top: A mobile counselor-tester with Youth Challenge Guyana (YCG) offers the service in Lethem, Region 9.

Middle: GHARP supported peer-educator training for students attending the Kuru Kuru Cooperative College in Region 4.

Bottom: DOCOL, Guyana's leading provider of liquefied gas, has an active HIV prevention workforce program. David Bhola, left, chairs the company's health and safety committee and guides activities of peer educators Haimwant Persaud and Michael Williams.



GHARP

Reducing the Spread of HIV

Improving and increasing access to voluntary counseling and HIV testing

Access to confidential and efficient voluntary counseling and HIV testing is a vital element of a good prevention program, since people who have never been tested for HIV may unknowingly spread the virus. The benefits of being tested include intensive pre- and post-test counseling to help those testing negative to stay that way and those testing positive to avoid spreading the virus to others. Of course, for the latter group, the most important benefit of the service is the access that it provides to life-saving care.

To encourage accurate, uniform, and confidential testing and counseling that people feel confident accessing, GHARP worked hand-in-hand with the Ministry of Health and the National AIDS Programme Secretariat on standards for training, mentoring, and supervising the service's personnel. These efforts resulted in the adoption by the Ministry of Health of standard operational procedures, national counseling and testing guidelines, and a revised training curriculum, including a facilitator's guide and participant's manual and quality assurance tools.

On request, at Ministry of Health and NGO counseling and testing sites, GHARP provided training and refresher training in counseling and testing. GHARP paid the staff performing this service and for required equipment and renovations, and encouraged NGOs in geographic locations where services were not available to offer them. In 2005, GHARP provided support for 15 such sites; in subsequent years, the number was over 25.

GHARP also supplied technical assistance to the National AIDS Programme Secretariat in supplies management, procurement logistical systems, quality assurance and quality improvement, record keeping, referral systems, and support-group formation. In particular, GHARP guided improvements for the referral system, developing standard procedures and referral forms and successfully advocating the recruitment and training of personnel to support the new system. GHARP also worked to link voluntary counseling and HIV testing services to home-based and palliative care programs, bring the services into clinics treating TB and sexually transmitted infections, and to make the service readily available at health clinics offering maternal and child health services.



Counseling and testing

Individuals trained in counseling and testing (annual target = 50)

2005	88
2006	52
2007	120
2008	109

Individuals counseled, tested, and receiving their results

2005	10,546 (target = n/a)
2006	20,379 (target = 9,800)
2007	23,389 (target = 12,000)
2008	26,131 (target = 21,000)

Totals 2005-08

Men	30,957
Women	48,653

Increasing demand and uptake

Virtually all prevention and care programs supported by GHARP promoted counseling and testing, as did many of the project's print and mass media materials and its condom distribution program. Work to increase demand for counseling and testing also included GHARP's technical support for the Ministry of Health's "Know Your Status" program and National Day of Testing.

To increase male demand for the service, GHARP sought to identify what men considered to be barriers to the service and supported the recruitment of male counselors. The project also promoted counseling for couples and worked with its partners to provide counseling and testing in treatment settings frequented by men and in male-dominated workplaces.

At the Dorothy Bailey Health Centre in Georgetown where GHARP supported services to prevent mother-to-child transmission of HIV, the project took no chances, ensuring that clients did not have to leave the premises to be tested for HIV. To this end, GHARP paid some of the nurses and health workers tempted out of retirement to conduct counseling and testing at this facility and also paid for renovations that secured the privacy required for counseling and testing and for furnishing and equipping these rooms.

GHARP's mobile counseling and testing unit significantly contributed to the cause of increasing demand and uptake. Its mobile teams set up in locations frequented by members of targeted groups, and in areas where residents did not have easy access to a fixed site or might be reluctant to go to one.

In addition, teams journeyed via mini-bus and all-terrain vehicle through treacherous river crossings, mountainous terrain, and muddy, rutted roads into the far reaches of country's interior, including to Amerindian settlements and logging and mining camps. Mobile testing teams from two NGOs that GHARP supported—Hope Foundation and Hope for All—traveled by boat to reach riverain communities in regions 2 and 7. Later, the GHARP mobile unit's vehicles and equipment were

Getting stuck in the mud on unpaved roads in the interior is an occupational hazard for members of the YCG mobile testing team.





A formerly retired nurse administers an HIV test in a room in the Dorothy Bailey Health Center that GHARP furnished and renovated to ensure privacy and confidential testing.

donated to Youth Challenge Guyana, a premier youth organization with a long history of sending intrepid young people deep into the country's interior, so embraced the challenge of sustaining the important services of the mobile unit after GHARP closed.

Developing behavior change programs to reduce HIV transmission

Along with voluntary counseling and testing, effective behavior change programs are an essential tool to reduce the spread of HIV. The programs most urgently needed are those that target groups who are most likely to spread the virus and who are most at risk of HIV infection. HIV prevention also requires influencing the behaviors of young people who may be on the brink of initiating sexual activity, along with older youth who may be actively seeking sexual partners.

Using behavioral data

Designers of sound behavior change programs need to be informed by up-to-date analyses of how many people are engaging in very risky sexual practices, their demographic details, the locations of "hot spots" where they assemble, whether drug and alcohol abuse factor into their behaviors, and how many members of these groups have sexually transmitted infections. In addition, program designers need to be cognizant of pervasive gaps in HIV/AIDS knowledge and shared myths, and they need to discern whether stigma and discrimination are encumbering access to HIV/AIDS services for those who need them most.

Knowledge of HIV and behavioral trends reported in 2004, expressed in percentages

Knowledge and behavioral trends	In-school youth	Out-of-school youth	Female sex workers	MSM
Knowledge of HIV prevention methods	59	71	63	67
No incorrect beliefs about HIV transmission	75	57	59	72
Used a condom at last noncommercial sex	72*	51*	46	68
Ever tested for HIV	6	2	54	54

* Among those sexually active: 31 percent of in-school youth and 61 percent of out-of-school youth.

For these reasons, GHARP and USAID immediately supported the implementation of a round 1 biological and behavioral surveillance survey, one commissioned by the Ministry of Health. The data generated from the survey informed governmental policymakers and planners, donors, NGOs, and GHARP about the shape of the HIV/AIDS epidemic in Guyana in 2004 and the lethal paths it might travel, absent effective interventions.

The survey painted a vivid picture of groups with high HIV prevalence and also most at risk of HIV infection, revealing whether their members habitually used condoms and, if so, with which kinds of partners. For example, among female sex workers surveyed, 89 percent said they had used a condom at last sex with a client; 46 percent had done so with their nonpaying partners, with nearly a quarter acknowledging that their partners had other partners. Among men who have sex with men (abbreviated as MSM), 58 percent acknowledged commercial sex with multiple male partners, and 84 percent said they had experienced sex with a woman. The survey also revealed the relative ineffectiveness of mass media messages to date and the level of effort needed to counter stigma and discriminatory treatment, including that meted out by healthcare workers at facilities offering HIV/AIDS services.

Planning and implementing effective behavior change programs

The rich data uncovered by the survey permitted GHARP’s structured behavior change programs to be targeted to the groups who needed them most—men who have sex with men and commercial sex workers. The data also facilitated targeted programs for in-school and out-of-school youth and workforce programs that included loggers and miners in remote locations, and provided ammunition that could be used for HIV/AIDS education and to explode misconceptions about how the virus is transmitted.

Survey data informed a national behavior-change communication strategy, along with the structured programs that GHARP created collaboratively with NGOs and faith-based organizations, government officials, advertising agencies, private-sector employers, as well as members of groups considered to be most at risk of HIV infection.



A.I.D.S. peer educators Jermaine Peters, Alfred Atherley-Ward, and Leon Allen provided input for GHARP's MSM peer educator manual. They always take it as they go out with four or five nights a week to street corners, bars, and other hot spots, where they give away condoms, provide referrals to clinics and talk about safe sex.

Reducing the vulnerability of the groups most vulnerable to HIV infection

Artistes In Direct Support (A.I.D.S), FACT, Comforting Hearts, Lifeline Counselling Services, United Bricklayers, and the Guyana Responsible Parenthood Association were the NGOs with whom GHARP worked closely (and in collaboration with Ministry of Health) to reach and reduce the vulnerability of commercial sex workers and men who have sex with men.

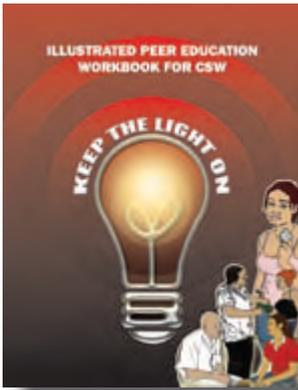
These populations are often hard to reach, but may have great need for HIV/AIDS clinical services, including treatment for sexually transmitted infections. However, members of these groups who have been greeted by frosty and judgmental reactions to their situations by healthcare facility staff often do not want to access these services. Part of GHARP's task was thus to provide sensitization and training on stigma and discrimination for medical staff at facilities to which members of the groups would be referred.

NGOs received extensive GHARP support to train, equip, and supervise the numerous peer educators who were chosen from within these two groups. Those completing the training went out into the community and to known "hot spots" to locate as many people as possible who might be in need of their counsel and information, along with the brochures, condoms, and lists of counseling and testing and health clinics that they carried with them.

The most important materials given to the peer educators were the manuals that GHARP developed and pre-tested, with much input from members of both groups, NGOs, and the Ministry of Health. As FACT testified the involvement of staff and clients in the development of the materials

A peer educator with United Bricklayers, an NGO that uses GHARP behavior-change manuals in their work with commercial sex workers and men who have sex with men.





fostered ownership and made it easier for the NGOs and the peer educators to work with these populations.

The structured information in the manuals—*Keep the Light On* for the commercial sex workers, and *Path for Light* for the men who have sex with men—guided the presentations, answers, and remarks of peer educators and ensured that their information was consistent and of high quality.

An illustrated workbook, door posters, and bar coasters complemented the *Keep the Light On* manual. The slogan and title is literal as well as metaphorical: the light of knowledge is being referenced, along with the fact that darkness prevents a commercial sex worker from seeing whether a client has put on a condom properly or shows evidence of a venereal disease that may put her at greater risk of HIV infection.

Teaching youth about HIV prevention and healthy living

GHARP developed and implemented for youth ages 13–14 attending high school a structured behavior change program that complemented the health and family life education program offered in the schools. An important focus of GHARP’s program was the benefits to be gained from abstaining from sex and delaying sexual debut, and it aimed to foster self-confidence and the ability to say “no”.

Prior to GHARP, NGO prevention interventions had been conducted in schools, but not in systematic ways and without the involvement of parents, caregivers, and teachers. Now GHARP saw these adults as a secondary target audience who could reinforce the program’s messages. These were delivered by GHARP-trained staff and volunteers over 14 sessions with a field-tested curriculum that covered the physical, psychosocial, and emotive issues that youth of that age typically confront.

This curriculum and the manuals that guided its delivery resulted from close collaboration between GHARP, the NGOs, and the Ministry of Education

that affected every phase of the program, including the production of related materials—posters, brochures, television commercials, stickers, a teen magazine and comic books—that reinforced prevention messages and were given as rewards to some of the young participants.

Of course, GHARP did not overlook youth ages 16–25, since they were more likely to be sexually active and in need of HIV prevention messages. GHARP collaboratively designed a similarly structured and field-tested program for this age group, which was delivered in six sessions at youth groups, clubs, or any location where young people assembled. NGO volunteers and staff were also trained to deliver these sessions by Artistes In Direct Support (A.I.D.S.), a renowned NGO that has been creating and managing inventive and inspiring youth HIV-education projects since the 1990s.

An in-school prevention program is delivered at Skeldon Community High School, Corriverton.



SUCCESS STORY

Evan Rangas: From commercial sex worker to powerhouse peer educator

Evan Rangas grew up in a poor, rural family who suffered from her father's alcoholism and physical and verbal abuse. She quit school early and married at 19, but her husband, like her father, was an alcoholic and an abuser. She remained in the marriage for 14 years and had four sons, but left it in 2001.

She was working as a bartender in Berbice on a 10 am-to-3 am shift to support herself and her children when she was asked by a patron if she was "doing business." This was her invitation to commercial sex work. Her first experience was not too bad: it was someone she knew, she set the price, he agreed to pay, he took her to a hotel, and he agreed to wear a condom.



Sex work paid much better than bartending, but she was deeply unhappy. She began drinking heavily, as problems with her husband continued and he took custody of her children. She left town for a short time and took on domestic work with some commercial sex work on the side, then returned to Berbice and working in a bar, but not to sex work.

In the bar, Evan met Sunita Jaundoo and her husband Tony, who had come to invite its employees to an upcoming workshop. They represented FACT, a local GHARP-supported NGO implementing in a wide range of HIV/AIDS activities, including structured behavior change programs for groups most at risk of being infected by as well as transmitting HIV. No group is more at risk in Guyana than sex workers, whose HIV prevalence has been estimated to be more than one in four.

Evan attended the workshop led by Florence "Dada" Olatunji and Jewel Crosse of Family Health International. She participated very actively and launched a new phase of her life when she agreed to be trained as peer educator.

Though she supplements her small income by selling pastries on weekends, she is now a fulltime employee of FACT and an articulate, confident communicator who is working wonders as a one-on-one peer educator and in support groups for female sex workers and men who have sex with men. In her work with women, Evan is guided by the heavily illustrated manual *Keep the Light On*, which was developed collaboratively by GHARP and is highly valued by Evan's peers and brothel owners.

Evan speaks openly about her past life and conveys solid information about HIV/AIDS prevention; she is widely respected for her candor, her intelligence, and how much she knows about all the topics her clients need to know.

She recently married; her sons are doing well and are proud of her. When asked why she agreed to tell her story and have her picture taken, Evan replied: "I was a commercial sex worker. That was a part of my life. It was who I was, but not who I am today."

GHARP enlisted Muslim, Hindu, Christian, and organizations of all faiths in its work in HIV prevention. Faith-based organizations have great influence over their adherents of all ages and circumstances. Taken together, they can reach the vast majority of Guyana's population.



Enlisting faith-based organizations in behavior change and HIV prevention

From the outset, GHARP recognized that faith-based organizations could play a strong role in preventing the spread of HIV in Guyana, since their ubiquitous congregations can be engaged in such efforts and in reducing stigma and discrimination. However, there had been no organized efforts or materials devised to promote this engagement. GHARP's contacts with faith-based organizations were facilitated by its faith-based advisor, The Caribbean Conference of Churches, as well as by the participation on its Project Advisory Board of representatives of faith-based organizations.

GHARP organized an interfaith meeting with leaders and members of Guyana's major religions—Hinduism, Christianity, and Islam—that kicked off the process and contributed to *Faith Matters*, a curriculum and manual informed by spiritual insights and teachings, and a second manual, *Abstinence & Refusal Skills*.

Capacity building for the structured program and in the use of the manual was targeted to a specific faith, so adherents were trained separately by

Quotes from Forestry Association employees on GHARP training



Paul Prashad, Rowle Lewis, and Quacy Bremner are focal persons who train forest rangers as peer educators. In the logging camps, the rangers have access to a workforce that is estimated to number between 12,000 and 15,000.

- ▶ It was wonderful—enlightening and informative. Everybody came out of that course with a different attitude, including me.
- ▶ The training allows us to communicate better. We are somebody you can talk to. And I feel better about myself.
- ▶ I used to strongly believe that people with HIV should be isolated. I know now that it may not be their fault and they can contribute to the workforce.

Addressing the issue of HIV screening for job applicants

The drafting of workforce policies required employers to consider eliminating discriminatory practices against people who tested HIV positive, whether already in the workforce or seeking to join it. GHARP thus engaged employers and health insurance associations in discussions on the elimination of HIV screening for job applicants. After much discussion, one company included this clause:

“HIV screening will not be required of job applicants or persons for determining eligibility for employment. However, where eligibility for medical and life insurance coverage applies, full medical diagnosis may be required. This would be done with the full knowledge and consent of the applicant/employee.”

peer educators from faith-based organizations as well as other NGOs, including Reslocare and A.I.D.S.

Crafting structured workplace programs that change behaviors and reduce stigma

From 2005, GHARP worked collaboratively with the International Labor Organization (ILO), private sector partners, and NGOs to design and implement programs for more than 7,000 employees in more than 30 workplaces that promoted HIV prevention, the reduction of stigma and discrimination, and access to HIV/AIDS services.

Companies joining GHARP's private-sector partnership program and serving on its Private Sector Advisory Board on HIV/AIDS appointed focal persons who were responsible for planning and coordinating HIV education and other interventions in their workplaces.

With contributions from the ILO and NGO partners, GHARP developed a workplace curriculum, a manual, and other materials, and provided training, mentoring, and technical assistance for implementing NGOs. Many of the workplace sessions were offered just before lunch or prior to the close of operation; employees often stayed beyond normal working hours to complete them.

In 2008, GHARP conceived a path-breaking workplace program for miners and loggers in the far-flung interior regions of the country, where HIV/AIDS prevention and other services and condoms have traditionally been scarce. A highly praised flip chart and a FAQ brochure that were developed took into account low levels of literacy among loggers and miners, while encouraging responsiveness.

These men are far away from their wives and regular partners, in overwhelmingly male and mobile workforces. Because they earn enough money to buy sex, commercial sex workers are attracted to

Rudy Naraine of the gold-mining company North American Resources appreciated the comprehensive HIV/AIDS education he derived from GHARP's workforce HIV-prevention program, terming it "very informative and enlightening."



Ohio Thompson, condom-promoter extraordinaire



When it comes to promoting and selling condoms in Guyana's hinterland, no one has done it better than Ohio Thompson, a sales promoter hired by GHARP in 2008 to expand the availability of condoms in these regions. Paid on an incentive basis and often traveling by ATV bike, Ohio went from one small shop to another in Amerindian communities and locations attracting miners and loggers to urge retailers to stock and sell condoms and display condom posters and shop signs. Along the way, Ohio often gave advice on safe sex and a free condom to sex workers, loggers, and miners. As she put it, "Next time they see me, they buy 12!"



these vicinities, the more so when gold miners pay them in gold. Because these workers were considered among those at greater risk of HIV infection, their workforce program had a heavier concentration than others on correct condom use and the dangers associated with sexually transmitted infections and multiple sexual partners.



Hope Foundation and Youth Challenge Guyana, the NGOs implementers, collaborated on the six-hour curriculum that can be delivered over two or three days in training peer educators. During this period, a mobile testing team was present in the logging and mining camps, so workers absorbing one of its important messages—you need to be tested for HIV—could do so then and there.



Reducing the spread of HIV with condoms and prevention messages

Members of the targeted groups—as well as those who influence them or are affected by their behaviors—benefited from prevention messages in widely disseminated behavior-change communication material. In addition, particularly in remote areas and in locations where high-risk sex is known to occur, the cause of HIV prevention was furthered by making condoms widely available, including in non-traditional outlets, an effort led by GHARP partner Howard Delafield International.



Marketing and distributing the right number of condoms in the right places

Though condoms were not a scarce commodity in Guyana in 2004, they were available in only about 200 outlets in populated zones in five regions, in pharmacies and other traditional outlets, and in only about a quarter of the establishments where commercial sex workers and their clients were known to gather.

GHARP sought to increase the visibility of condoms in non-traditional locations, thereby increasing consumer demand and thereafter widening condom distribution networks. Higher demand would prompt non-traditional

retailers—bars, restaurants, corner shops, kiosks, and mobile vendors—including those in very small communities, to stock and sell condoms.

Comprehensive consumer research led to the adoption of a condom-marketing strategy that included stimulating retailer demand and promoting the stock to small shops. The strategy eschewed the creation of new condom brands and new distribution systems, establishing a simple revolving fund to purchase promotional condoms from three of the largest condom distributors in the country.

GHARP hired, trained, and assigned routes to a small cadre of sales promoters, who were tasked with calling on about 1,330 retailers in non-traditional outlets, including in rugged, remote regions. Along the way, the sales promoters delivered free generic condoms to brothels and beer gardens, courtesy of the National AIDS Programme Secretariat, so that condoms would be readily available in “hot spots” where most-at-risk populations could be found and during late hours.

The sales promoters also gave pens, cups, and memo boards to the non-traditional retailers they enlisted; provided them with condom dispensers, shop signs, and posters; made the arrangements for condom delivery; and went further, talking to the retailers about the impact HIV/AIDS might have on the economy and their communities and encouraging them to promote and provide referrals to voluntary counseling and HIV testing.

The success of GHARP’s condom marketing strategy is evident in 2008 statistics. Sales have tripled since 2004—from 230,000 sold annually to 650,000—and the number of outlets selling them has risen to 1,200 (from 200), including 1,042 non-traditional outlets.

Designing and disseminating mass media and print materials that market HIV prevention

GHARP designed, produced, and widely disseminated mass media and print materials—including bumper stickers, posters, and condom packaging—that sought to make safe-sex practices visible and desirable, promote the range of HIV/AIDS services, and reduce the stigma and discrimination that hinders access to such services.

For example, a series of provocative posters, T-shirts, mousepads, and other objects displayed the messages “Protect Your Pleasure” and “Don’t be Exposed” to promote condom use. Concurrently, sexual abstinence was endorsed as “cool” behavior in the 60-second TV ad *Stella’s Court*, which shows an adolescent with impressive basketball skills confidently rebuffing the sexual advances of an older man with the theme line “My Body, My Court, My Rules.” ▶



Kaieteur News Managing Director Glen Lall receives a commemorative plaque from H.E. US Ambassador David Robinson after signing a memorandum of cooperation with GHARP.



Family Health International was the lead partner in the technical area of services that prevent mother-to-child transmission. Rapid scale-up and service improvements owed much to the recruitment of retired nurses, well-designed manuals and training, and the GHARP-sponsored introduction into antenatal sites of counseling and testing for HIV.



GHARP

Preventing HIV Transmission to Babies and Caring for their Mothers

Effective and accessible services that prevent mother-to-child transmission of HIV—known by the acronym PMTCT—reduce the spread of HIV by protecting unborn and recently born babies from being infected by the virus circulating in their mothers' bodies before they are born, during childbirth, and during breastfeeding.

PMTCT programs include the screening of pregnant women for HIV infection, the provision of antiretroviral drugs for those who test HIV-positive, assistance with safe obstetrical practices and safe infant feeding, and referrals to vital services that mitigate the impact of the epidemic for these women and their families. According to UNAIDS, only 29 percent of HIV-positive pregnant women in Guyana had access to antiretroviral treatment to prevent HIV transmission to their babies by 2006.

Improving PMTCT services and access to them

Prior to GHARP, an HIV-positive woman and her baby would receive a single dose of nevirapine at the time of delivery. In 2007, with technical assistance and training from GHARP lead partner Family Health International, a new regimen for HIV-positive pregnant women was introduced that provided antiretroviral prophylaxis from the 28th week of a pregnancy. To get started, GHARP collaborated with other partners to develop standard treatment guidelines.

In particular, GHARP worked with and within the Ministry of Health's Maternal and Child Health Program to increase the number of PMTCT sites and access to the services, while improving these services and the systems they needed. GHARP's technical assistance contributed to strengthening the Ministry of Health's capacity to manage its PMTCT programs and improved the workings of the health facilities targeted.

The assistance entailed upgrading skills and systems relating to PMTCT in quality assurance, strategic information, commodities management, skill testing, and other areas. GHARP was also engaged in the collaborative development of new operational guidelines and training materials and in improving M&E and referral systems.

To increase access to antiretroviral treatment at PMTCT sites—for HIV-infected women and infants—GHARP made rapid assessments that determined which sites were ready for its introduction, strengthening those meeting the criteria by collaborating with the Ministry of Health and FXB



GHARP worked with and within the Ministry of Health's Maternal and Child Health Program to increase the number of PMTCT sites and access to the services, while improving these services and the systems they needed.



International. By 2009, 11 sites were providing antiretroviral treatment for women who were enlisted in the PMTCT program. At the same time, GHARP collaborated with NGOs, the National AIDS Programme Secretariat, and FBX International to strengthen and harmonize referrals to PMTCT services and to support services.

GHARP worked in collaboration with the Clinton Foundation and the Ministry of Health to develop the algorithm for testing

Pregnant women accessing services at the Dorothy Bailey Health Center are informed about PMTCT services, including by GHARP posters that can be seen on the walls.

HIV-exposed infants. In addition, the project managed the procurement and delivery of pediatric antiretroviral drugs for 75 children at the Georgetown Public Hospital Corporation and the GUM clinic and worked with the Ministry of Health, the Global Fund, and other partners to forecast the procurement of second-line drugs.

Improving services by employing retired nurses and social workers

Effective PMTCT programs seek information on the HIV status of women receiving antenatal care, and as early as possible in their pregnancies. For this reason, GHARP sought to ensure that these women had immediate and easy access to HIV testing and counseling.

Ensuring this, together with rapid expansion of PMTCT services, required overcoming a shortage of nurses and other skilled staff, one exacerbated by the fact that many educated and highly trained Guyanese emigrate to

Service outlets providing the minimum package of PMTCT services, health workers trained, and services provided: GHARP targets and achievements

Indicator	2005		2006		2007		2008	
	Target	Achieved	Target	Achieved	Target	Achieved	Target	Achieved
Service outlets providing the minimum PMTCT package		46	45	45	45	45	45	45
Health workers trained to provide the service		75	150	50	150	225	150	166

Innovative staffing solutions

Few developing-country economies can support salary structures that encourage retention of medical professionals, particularly in the face of the lucrative salaries offered by wealthy nations. The resulting ‘brain drain’ exacerbates the shortage of health care personnel. Brain drain can also occur within a country—as resources expand, the buying power of certain organizations can deplete human capacity in key institutions such as ministries of health.

The Emergency Plan is supporting innovative programs to curtail brain drain. In Guyana, in consultation with the Ministry of Health, five hospitals were selected for upgrading as model PMTCT facilities. Staff at the Guyana HIV/AIDS Reduction and Prevention Project (GHARP), a joint project of the governments of Guyana and the United States, carefully

planned the recruitment process for necessary staff

To avoid recruiting health care providers already employed with the Ministry of Health, GHARP staff hit on an innovative solution. Guyana’s public service requires mandatory retirement for nurses at age 55. GHARP, in conjunction with the Ministry of Health, brought these highly trained and experienced nurses back to public service. Through advertisements that specifically encouraged retired nurses to apply, GHARP received 495 applications, about half of whom were retired nurses with previous PMTCT training. Some were recent social work graduates, a nontraditional choice for health care outreach but perfect for the counseling positions needed at the hospitals.

Quoted from *Engendering Bold Leadership: First Annual Report to Congress on PEPFAR*, 2005

richer countries. GHARP addressed the problem by hiring a cadre of 61 knowledgeable and caring nurses and social workers who had been retired at the young age of 55.

GHARP paid the salaries of these staff, training them to deliver rapid, onsite counseling and HIV testing in health centers and hospitals. Others in the cadre were trained to become community counselors attached to the sites, who went out into the communities to provide support for clients and ensure they were not lost to follow-up. Laboratory aides, phlebotomists, and clerks were also hired to enable the necessary PMTCT services, and GHARP also trained phlebotomists and funded the purchase of furniture and equipment and needed renovations, especially renovations to enclose rooms for confidential counseling and HIV testing.

Improved PMTCT services also required GHARP supervision and technical oversight for the rehired staff, as well as extensive input on a community counselor’s manual, since adopted by the Ministry of Health as a national document.

Counselors attached to the health centers and hospitals used this manual as they visited the homes of PMTCT clients, provided referrals to supportive services, and helped these women to adhere to antiretroviral regimens,



Nurses at sites offering antenatal and PMTCT services expressed appreciation for forms that GHARP revised to provide better-quality information and easier reporting.

As a result of easing their reporting burden, healthcare staff exhibited greater compliance with reporting requirements, while the revisions also allowed for improved data quality and easier integration into the overall reporting system of the Ministry of Health's Maternal and Child Health Program.

Promoting PMTCT services

To increase access, PMTCT services needed to be well publicized and promoted as essential for pregnant women, a task ably tackled by

encourage their partners to be tested, and safely feed and maintain the health of their HIV-free infants. These counselors also eased the workload of their colleagues by looking in on other clients who needed to be followed up in neighborhoods they were visiting.

Strengthening referral systems and M&E reporting

GHARP collaborated on a regional referral and case-management system to benefit PMTCT clients who needed ongoing care and treatment. A two-pronged approach was used to refer HIV-positive pregnant women to these services. At antenatal clinics, community counselors referred these clients to care and treatment, while case navigators at voluntary counseling and testing sites directed HIV-positive pregnant women to care and treatment sites.

In the meantime, GHARP's M&E staff worked to revise reporting forms so as to reduce the quantity of data being collected at PMTCT sites.





posters, radio and television spots, and other materials that were designed and disseminated.

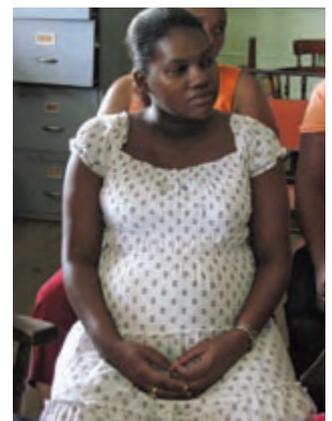
In 2004, GHARP staff worked collaboratively with the Ministry of Health and healthcare providers to launch a “cascade” of PMTCT materials. Some were created for and disseminated at community-level, including a community workbook and prototype materials that could be used by faith-based and other organizations to swell interest in the service and convince members of the need for it.

Other more detailed materials, with the same unifying look, were designed for the use of PMTCT providers in healthcare facilities. These included a manual devised for counselors with messages, rooted in the local context and Guyana’s national PMTCT policy, that promoted informed choices and structured guidance based on a behavior change approach and qualitative research.

Summing up the PMTCT program

PMTCT was GHARP’s best funded program, and its work was often celebrated by the Government of Guyana and by USAID. Close collaborations with the Ministry of Health resulted in a dramatic increase in the number of sites offering PMTCT services and impressive service improvements. GHARP provided technical support and guidance for 45 sites and supported the training of staff at 139 PMTCT sites that currently exist in the country.

The PMTCT program was strengthened by its comprehensive referral system and GHARP-supported home-based and palliative care programs, which, taken together with programs that provided support for orphans and other vulnerable children, made significant inroads into the comprehensive efforts GHARP made, in collaboration with the Ministry of Health and other partners, to mitigate the impact of HIV and AIDS in Guyana. ►





Above, from left, Agape Program Officer Colleen Fraser; a single mother who is a beneficiary of a home care and an OVC program; and Shellon Everley and Odette Adams of Agape Network, who work as a team with the beneficiary and her children.

Opposite: Melanie Steilen of Cicatelli Associates provided training in home-based care for NGO providers.



Mitigating the Impact of HIV and AIDS on Adults and Children

Improving the lives of adults and children infected by HIV and those affected by the epidemic

Devoting resources to preventing new HIV infections and providing care and treatment in healthcare facilities for those infected are not sufficient. Comprehensive HIV/AIDS programs must address and alleviate the impact of HIV/AIDS by providing home-based and palliative care for those infected by HIV and their families, along with programs for children who may have been deprived by AIDS of one or both parents and those otherwise made vulnerable by the epidemic.

Designing comprehensive home-based and palliative care programs

Under the leadership of partner Cicitelli Associates, GHARP worked with the National AIDS Programme Secretariat to design and provide technical leadership for programs that improved the quality of the lives of HIV-positive people and their family members. Over five-years, the project worked collaboratively to change the traditional parameters of these home- and community-based programs: instead of being focused on services that are delivered primarily at the end of life, they embraced the forward-looking purposes of building knowledge and skills in risk reduction and



GHARP worked with the National AIDS Programme Secretariat to design and provide technical leadership for programs that improved the quality of the lives of HIV-positive people and their family members.





Rusty Chamblis, Cornell Wrisby, and Jairo Pedraza (seated) of Cicatelli Associates conducted many home-based and palliative care training sessions for NGO care providers.

support, adherence to drug regimes, and referrals to support services in the community—areas in which many of the providers had first-hand knowledge, since they themselves were living with HIV.

With the special training provided and supportive supervision from nurse supervisors, the care providers could also assess the health status—mental and physical—of people living with HIV, help them and their families cope with grief and bereavement, and provide education on how to prevent HIV transmission. Home-based and palliative care providers with the NGO Lifeline Counseling and Testing Services extended these prevention efforts, since they conducted standards-based counseling and HIV testing in clients' homes for willing family members.

Establishing systems, standards, and national home-based and palliative care

GHARP provided training and technical assistance to implementing NGOs to establish standardized systems for enrolling clients into home-based and palliative care, assigning workers, managing caseloads, and referring clients and family members to other care and support services. GHARP support also extended to establishing and maintaining linkages between community-based and public-sector services, M&E, and the development of a quality assurance system, creating guidelines and standards for service provision and overseeing continuous quality improvement.

GHARP also ensured that home-based and palliative care providers and their supervisors could obtain systematic training, certifying a three-week course through the University of Guyana's Institute of Distance and Continuing Education and training a cadre of Guyanese nurses as trainers. These actions not only raised standards, but contributed to creating jobs and sustainability. Later, this curriculum was expanded to include management of hypertension and diabetes, reducing stigmatization associated with HIV/AIDS-identified home-based care as well as increasing the number of potential beneficiaries.

improving health, self-management, quality of life, incomes, and self-sufficiency.

To implement these comprehensive programs, NGOs needed to recruit home-based care workers who would be provided with requisite training by GHARP. A primary purpose of their home visits was to assist people living with HIV with key aspects of palliative care, including psychological

Targets and results of the home-based and palliative care program		
Indicator	PEPFAR target, 2008	Results by Sept. 2008
No. of service outlets providing HIV-related palliative care	10	10
No. of individuals provided with HIV-related palliative care	500	1,170
No. of individuals trained to provide HIV-related palliative care	50	95

GHARP also worked with the Ministry of Health and the National AIDS Programme Secretariat to train and certify the home-based care workers and their nurse-supervisors in seven Ministry of Health care and treatment sites. The next step was to integrate community-based and public-sector care into one national program led by the Ministry of Health. To ensure integration, a feedback referral system between NGOs and treatment sites was established. Regularly scheduled meetings and retreats that brought together nurse-supervisors from public and private sites also served this purpose.

Expanding the level of care and access to services

GHARP’s technical leadership and its collaborations with the Ministry of Health and the National AIDS Programme Secretariat contributed to the integration of mental health, pain management, and end-of-life care into the government’s palliative care programs at care and treatment sites. Along the way, GHARP provided training for physicians and pharmacists in pain management and new medications, training in mental health screening and management for physicians and nurses, and training-of-trainers in end-of-life palliative care and on early childhood trauma. Leaders of faith-based organizations also received training and education in end-of-life care and bereavement counseling.

To create demand for these comprehensive services, GHARP launched publicity campaigns under the rubrics “There Is Life after HIV” and “What Happens after Testing Positive?”

Training for home-based care and palliative providers included many skills and topics, including psychosocial support and nutrition.

Helping to navigate the system

In September 2007, GHARP began training case navigators as members of a multidisciplinary care team and instituted an M&E system to collect case navigation activity data on a monthly basis. The goal was to reduce the estimated 50 percent of newly diagnosed HIV-positive clients who were not accessing care and treatment.

Immediately following HIV-positive diagnoses, counselor-testers referred these clients to case navigators, who were tasked with helping them to find their way through the health system and following up on those who did not want to enroll





These home-based and palliative care providers are learning the best way to give a bath to a bedridden client.

enrolled in care within a month of diagnosis rose to a whopping 91 percent. Staff at these sites acknowledged the value of integrating people living with HIV into care and support teams, and case navigators testified to the personal benefits they derived, in addition to the the satisfaction they gained from helping others. As one averred, “We get to meet people like ourselves. You get to see where you were before and where you are now... and you...help [others] to get through that phase in their life.”

The success of the demonstration project led GHARP to expand the case navigation model, partnering with five NGOs whose case navigators had been helping recently diagnosed clients from NGO-based and Ministry of Health counseling and testing sites to enrol at national care and treatment sites.

Providing opportunities to earn income

From inception, GHARP’s home-based and palliative care programs aimed to help people living with HIV to increase their job skills, earn income, and provide for themselves and their families. Accomplishing this meant linking them with employment opportunities and microenterprise loans, as well as offering workshops in areas such as life goals, parenting, time management, and interviewing techniques.

The jobs created for people living with HIV within the home-based and palliative care program—as providers and case navigators—formed part of the income-generating activities that GHARP supported. So did apprenticeships the project facilitated by teaming up with local organizations and businesses engaged in craft-making, ecotourism, house construction, and other areas. GHARP’s partnerships with the business community facilitated access for people living with HIV to 103 small loans for new or improved enterprises, including in poultry-raising, cosmetology, and garment-making.

In addition to increased income and independence, income-generating activities contributed to improved attitudes, increased self-efficacy, and empowerment, especially when people living with HIV began running their

in the system right away. Case navigators trained in this role were HIV-positive and experienced in navigating the system. They were supported in their work by healthcare staff, including clinic and nursing supervisors.

At four Ministry of Health demonstration sites that employed case navigators, the percentage of all newly diagnosed clients who

SUCCESS STORY

People living with HIV and GUM Clinic staff come together for vocational training and move forward

Joint skills-training for staff and clients of the Georgetown's GUM Clinic facilitated by GHARP strengthened relationships between people living with HIV and clinic staff, contributing to feelings on both sides of empowerment, achievement, and solidarity.

Only a few months earlier, people living with HIV felt alienated from the staff at the clinic and many did not want to go there to access services. Clinic staff did not recognize this or understand many of the issues that people with HIV face on a daily basis.



The joint training resulted in huge improvements in clinic staff's attitudes and to clients' sense of belonging. These were not the only productive outcomes: HIV-positive clients and staff learned how to design exotic fabrics and gained opportunities to earn money, and many received their first certificate from a university.

The transforming experience began as a little idea and a "rap" session for staff and HIV-positive clients at the GUM clinic, convened by the GHARP supported community and clinical care officer. A support group for HIV-positive clients at the clinic relayed the wish for vocational skills-training in designing exotic fabrics that might lead to jobs or a source of income.



The training was arranged by GHARP for 30 clinic clients and staff and provided by The American University of Peace Studies. Clients and clinic staff learned and practiced side-by-side, and they collectively basked in their achievements at their graduation ceremony at one of Guyana's most prestigious hotels.

The success of this strategy in bridging the gap between staff and clients resulted in further requests for vocational skills-training: in floral arrangements, garment construction, and window treatments. Certified training in some of these areas was provided by YWCA.

Products made by the clients were sold at a World AIDS Day fair to raise funds for a support group called Plus Ultra. This group later applied for a loan to launch a crafts business, with the backing of one of the YWCA tutors and assistance with overseas marketing from GHARP's New York-based partner, Cicatelli Associates Inc.



own businesses, making crafts for export, and learning other skills that allowed them to take better control of their own lives and care for their children.

Nurturing vulnerable children

Improving the lives and futures of children orphaned or otherwise made vulnerable by HIV/AIDS was the center of another important GHARP program. The project’s technical leadership in this area was widely recognized during collaborations with a range of ministries, including Human Services and Social Security and Youth Sports and Culture—and as GHARP provided input for national documents being drafted: a National Plan of Action for Orphans and other Vulnerable Children, a national policy, a national strategy on foster care, and minimum foster-care standards.

GHARP’s technical assistance also focused on quality assurance and quality improvement for programs for orphans and other vulnerable children—often called OVC programs—as well as an M&E tool that could be used to help them improve. GHARP staff also collaboratively developed an OVC program assessment tool, along with a system to ensure that children identified through voluntary counseling and testing, home-based and palliative care, and PMTCT programs were referred to OVC programs.

To determine how many vulnerable children were in a given community and the resources that would be required to meet their needs, GHARP conducted participatory assessments, sharing findings with relevant ministries and stakeholders and working to establish or strengthen community-level OVC committees.

Training care givers, parents, and government employees

As in other GHARP programs, its OVC specialists collaboratively developed training materials and manuals that rose to the level of national standards. Their use strengthened the skills of care providers and care coordinators, home visitors, and child counselors in such areas as psychosocial support, mentoring, child participatory program methods, child advocacy, legal aid

Top: School children waiting for lunch and perhaps other support from an OVC program run by Roadside Baptist Skills Training Centre.

It is important that such programs do not stigmatize beneficiaries by making them stand out from their classmates.

and protection for children, and succession planning. They also provided guidance on establishing recreation and community daycare programs.

This training was provided for the 13 NGOs that GHARP supported to implement OVC programs and for parents and foster parents, healthcare providers, teachers, and representatives of various ministries and the Amerindian People's Association.

In fiscal year 2005, GHARP reached an estimated 5,209 orphans and other vulnerable children—a number that reflected the national definition for this group in use by the Ministry of Health and the Ministry of Human Services and Social Security. The operational definition was made more restrictive after global PEPFAR reviews and resulted in reducing in 2006 the number of children counted as being reached by GHARP-supported OVC programs to 849. Nevertheless, GHARP always surpassed targets set, reaching 1,199 children in 2008. Nearly half of these children received primary direct support and services in at least three of PEPFAR's six core areas: food and nutrition, shelter and care, protection, healthcare, psychosocial support, and education

Filling needs

GHARP's business partners helped to fill some of the material needs of children and adolescents. Babies in OVC programs benefited from diaper donations from the project's business partners; older children from packages of personal care items; and those attending school from uniform vouchers, school bags, and other school supplies. Older youth were introduced to job skills training, internships, and income-generation projects. Community gardens, daycare, and help for older caregivers also formed part of the OVC programs of GHARP-supported NGOs.



NGOs such as Linden Care Foundation provided vulnerable children with access to caring adults who were trained to provide psychosocial support. They could also enjoy nourishing meals and child-friendly rooms where they could receive help with homework, develop computer skills, play with toys, write poems

and plays, make friends, and put into the mouths of puppets hurt feelings and traumatic experiences more difficult to express directly.

In this way, and with the range of services that GHARP supported, some 10,000 children in Guyana were given a chance over the life of the project to overcome some of the suffering and loss visited upon them by the HIV/AIDS epidemic and to look forward to brighter futures. ►





Top: GHARP Senior Program Officer Lisa Thompson leads a planning session for her colleagues.

Middle: GHARP staff gathered for 2007 photo.

Bottom: Dr. Shanti Singh, Director of the National AIDS Programme Secretariat, talks with GHARP Chief of Party Kwame Asiedu.



GHARP

Overcoming Challenges, Learning Lessons, and Preparing for the Future

► Monitoring and evaluation

One M&E system

GHARP's M&E system met USAID requirements but initially differed from that being used by the Ministry of Health. In consultation with stakeholders, GHARP staff came up with solution: an M&E system that could be integrated into the one in use by Ministry of Health. The system included data based on PEPFAR indicators as well as data needed to guide decision-making at national, local, and health facility levels.

Recommendation: It is important for projects to ensure that one M&E system is used that includes the data needs of the government and that parallel systems are not created.

Improved M&E systems for NGOs

M&E systems being used by implementing NGOs were not as rigorous as USAID requires. To integrate these requirements while ensuring ownership and use of revised M&E systems, GHARP engaged NGOs in a participatory development process, though their technical staff should have been even more engaged in it.

Recommendation: NGO technical staff should fully understand how an M&E system relates to their technical programs and how it can be used to improve the way their programs are managed.

► Engagement of line ministries

Commitment to mainstreaming

In some line ministries, commitment to action lagged because HIV/AIDS is not perceived as a national crisis. GHARP engaged focal persons in each ministry who gained a more comprehensive understanding of the epidemic and a firmer grasp of the importance of mainstreaming the response to it.

Recommendation: The integration of HIV/AIDS activities into the programs, plans, and budgets of line ministries should be continued, identifying natural fits and setting realistic expectations.



This chapter summarizes some challenges that GHARP faced and overcame under different program areas, followed by a brief account of solutions found and lessons learned. Recommendations drawn from these lessons may inform future programs.

► Capacity building

NGO staff turnover

High staff turnover within many NGOs necessitated continuous training and technical assistance. Task-shifting was sometimes employed to fill gaps: NGO technical staff entered M&E data for their programs, while the M&E specialist was tasked with coordinating the data and checking the quality of information.

Recommendation: Training to facilitate task-shifting may be helpful. Though continuous training and technical assistance for new staff appears to be inevitable, it could include follow-up to ensure that this training is put to good use.

► Voluntary counseling and testing

The role of mobile units

Counseling and HIV testing was unavailable in hard-to-reach communities in Guyana's hinterland until GHARP funded and deployed mobile teams, which were also sent to workplaces and other locations. Mobile units were responsible for 25 percent of all counselling and HIV testing done nationally.

Recommendation: The number of mobile teams in the country should be increased and training-of-trainers supported.

► Out-of-school youth programs

A community mobilization component

To implement the out-of-school youth program, NGOs needed to mobilize the communities with whom they worked, but this process was not defined or allotted sufficient time. Some NGO peer educators required further training in community mobilization to deliver the program effectively.

Recommendations: Training for this program should include foundation knowledge in community mobilization and in working with groups.

► Behavior change programs for groups most at risk of HIV infection

Recruitment of beneficiaries

Commercial sex workers and men who have sex with men were initially reluctant to be involved in the program, and bar and brothel owners saw no benefit to themselves from the program. At times convenient to these groups, GHARP undertook extensive consultations. Camaraderie and engagement were built by the support groups that the program formed for the two populations.

Recommendation: Continuous sessions should be conducted with bar and brothel owners to explain the benefits of the program. Adding well-defined skills training for sex workers would increase program support and sustain behavior change.

Unwelcoming health centers

Sex workers and men who have sex with men did not want to be referred for STI screening, treatment, and care to health centers where they were judged and made to feel unwelcome. To counter this, sessions for healthcare workers and auxiliary staff were organized that aimed to reduce stigma and discrimination and build welcoming environments.

Recommendation: Continuous sessions should be held at health facilities to ensure that all staff are aware of the program's work and are committed to creating a friendly environment for the targeted groups.

► Workplace prevention programs

HIV/AIDS screening requirement

The issue of HIV/AIDS screening for potential employees needed to be addressed during the development of workplace policies, since screening is required by some health insurers. GHARP engaged the insurance association in discussions and advised companies to include their key principles in the development and implementation of workplace policies.

Recommendation: The issue of eliminating HIV screening for employment should continue to be pursued with the insurance association.

Time off for awareness outreach activities

Though employers committed to giving workers time off for awareness outreach activities, some did not do so to the level recommended. Recognizing the need for a flexible timeframe, a six-hour curriculum was designed to be offered in six sessions, three sessions, or one session—or the number the company found most suitable.

Recommendation: Implementing NGOs should continue to exercise flexibility during their discussions with employers and offer options to facilitate workplace outreach activities that best accommodate the company.

► Condom distribution

Low accessibility of condoms

The incentive scheme motivated condom sales promoters to visit hard-to-reach areas and contributed to improved condom accessibility and increased demand and use. The 16 percent VAT on condoms, introduced in 2007, may have contributed to a fall in demand.

Recommendation: The incentive scheme for condom sales promoters should be continued, and advocacy should be undertaken for a zero VAT status for condoms because of their preventive health benefits.

► Prevention of mother-to-child transmission

A shortage of skilled workers

To address a critical shortage of skilled workers, retired nurses and social workers were brought back into the workforce and employed to provide PMTCT services. Their experience in the health sector minimized the administrative burden on health facilities and was welcomed by clients and colleagues.

Recommendation: Continuous training in PMTCT should be offered for all nurses, and cross-training and a continuous training plan should be developed to ensure that all nurses are trained in voluntary counseling and HIV testing.

► Home-based and palliative care programs

Planning and collaboration

Implementation of effective and comprehensive home-based and palliative care requires strong leadership from national authorities, ongoing technical support, careful planning, and strong collaboration that engages all levels of service delivery and all members of an interdisciplinary team, including people living with HIV, home-based care workers, nurses, and physicians.

Recommendation: Efforts should be continued to strengthen coordination between NGOs and the Ministry of Health in implementing these programs.

Communication and referrals

Clear communication between Ministry of Health and NGOs was needed, along with an effective referral system to and from home-based and palliative care to other HIV-related services. This challenge was overcome by establishing quarterly meetings where staff from public sector and NGO sites came together to create program linkages and talk about their experiences.

Recommendation: The relationship created between public and NGO home-based and palliative care providers must be maintained and strengthened through support for regular coordination meetings. The collaborative relationship should be extended to other public- and private-sector providers working in HIV to ensure that clients receive referrals for a comprehensive package of care.

Case navigation

Case navigators could not always follow up clients because they could not call cell phones, lacked money for transportation, and the roles and responsibilities of members of the multidisciplinary team were unclear. Members of the multidisciplinary team complained that there were not enough case navigators to manage the caseload at busy sites.

Recommendation: Case navigators need transportation reimbursement and to be able to make calls to cell phones. Job descriptions should be shared to ensure that everyone on the multidisciplinary team is clear on roles and responsibilities. To better manage heavy caseloads at certain clinics, the

case-navigator-to-caseload ratio should be reviewed and case navigators distributed at sites according to client load.

Microenterprise loans for people living with HIV

Some recipients of microenterprise loans found that the interest rate was too high and complained that there was no grace period for making payments.

Recommendation: The loans should continue, but efforts should be made to reduce the interest rate and extend the repayment period.

Business training and employment assistance

An assessment of income-generation activities for people living with HIV indicated that additional training is needed, in many cases, to enhance business skills, along with assistance to identify and apply for job opportunities. Follow-up support is also needed for those obtaining employment.

Recommendations: Training in marketing and financial and small-business management should be made available to help people living with HIV to create successful businesses. Linkages with the Guyana Business Coalition on HIV/AIDS need to be strengthened and additional partnerships created to help identify job opportunities. Once employed, people living with HIV may need follow-up support to help them assess and manage their work and family responsibilities.

► Programs to care for orphans and other vulnerable children

Standards to guide NGO programs

Without guiding standards, each NGO did what it thought best in providing services for orphans and other vulnerable children. GHARP developed minimum standards to guide implementation, field-tested them with OVC program staff and obtained their feedback and buy-in, and provided one-on-one mentoring and coaching when the standards were disseminated. Unity of purpose resulted, along with improved quality of services and assurance for providers who were searching for a way forward with a particular client.

Recommendation: The minimum standards should be adopted at the national level to guide the implementation for all OVC programs, instead of only those funded by USAID.

High turnover of trained NGO staff

High staff turnover affected continuity and follow up for new staff and clients. At one NGO, GHARP introduced a care and support team who would implement both OVC and home-based and palliative care programs and foster cross-training of personnel. The pilot resulted in staff trained to implement both programs, as well as a reduction in the number of people entering clients' homes.

Recommendation: More cross-training should be done, and more NGOs should adopt the team approach to program implementation.

Conclusion

GHARP overcame challenges with hard work, dedication, and teamwork. Teamwork not only characterized the relationship between the four GHARP partners, but also the continuing and close collaborations between the project and the Ministry of Health, USAID/Guyana, the private sector, NGOs, and an array of other stakeholders. These vital and productive collaborations would not have been possible if GHARP had not fully recognized and acted upon the need to be flexible, and if it had not been determined to involve stakeholders in its strategies and activities and in identifying problems and solutions.

GHARP's talented and well-qualified local staff established bold initiatives. They were adept at thinking on their feet, adjusting to circumstances and proposing creative solutions to seemingly intractable problems. They worked alongside and supported national programs and those of their best implementing partners, strengthening existing projects and systems instead of attempting to institute parallel ones.

GHARP excelled at advancing technical programs, providing leadership that expanded their benefits to more people in more regions of Guyana, and helping to develop systems and organizations that have become models in other countries: the National Patient Monitoring System and the Guyana Business Coalition for HIV/AIDS are examples that immediately come to mind.

As a result of GHARP's contributions over five years, Guyana has a greater quantity of high-quality strategic information, more well-run organizations with improved capacity to implement effective programs, and more government ministries engaged in the response. There are now more people in Guyana who are skilled in all areas of HIV/AIDS work, more who know their HIV status, and more who know how to protect themselves and others from HIV transmission. More youth are well informed about HIV/AIDS and equipped to embrace healthy lifestyles; more members of the groups considered most at risk of HIV infection and infecting others are making concerted efforts to put themselves and others at less risk; more vulnerable children have access to nurturing care; fewer HIV-infected mothers give birth to infected babies; and more people who are HIV-positive are being cared for, provided with support, and respected.

GHARP is proud of these accomplishments and grateful for the opportunity bestowed by PEPFAR and USAID to work toward them in sustainable ways and the goal of reducing the spread of HIV and mitigating the impact of HIV/AIDS in Guyana. ►



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