

## **Annual Report**

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GHARP II

April 2009 – March 2010

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### **Guyana HIV/AIDS Reduction and Prevention Project (GHARP II)**

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**ANNUAL REPORT (YEAR 1 IMPLEMENTATION)**  
**Guyana HIV/AIDS Reduction and Prevention Project (GHARP II)**  
**Reporting Period: April 2009- March 2010**

Contract No: GHH-I-00-07-00058-00

**EXECUTIVE SUMMARY**

GHARP II had an accelerated start up with substantial involvement from the GHARP II partners, Management Sciences for Health (MSH), Howard Delafield International (HDI) and AIDS Healthcare Foundation (AHF). The Project identified and hired key staff, and set up a full functional office space and systems. These allowed for the initiation and implementation of key programmatic activities.

The GHARP II office was officially launched on July 10<sup>th</sup>, 2009, by the Hon. Dr. Leslie Ramsammy, Minister of Health who strongly emphasized that the second phase should frame its endeavors within the National AIDS Program ensuring sustainability. Over the reporting period GHARP II developed and continues to maintain a very close working relationship with the Ministry of Health (MoH) and the National AIDS Program Secretariat (NAPS). GHARP II technical staff provides technical assistance (TA), and support to NAPS and various MoH units responsible for various technical areas. During the period under review support was provided to CSDS in coordinating the NGO work planning process for FY10.

Over the reporting year, GHARP II provided support to the MoH in drafting a Health Systems Strengthening (HSS) Plan, TORs for the Global Fund HSS Committees and provided support for the development of a 5 year HSS plan. Additionally, GHARP II used MSH's Management and Organizational Sustainability tool (MOST) to strengthen the management and organizational capacity of NAPS; the implementing agency for the National HIV/AIDS Strategy. Support was also provided in the implementation of key strategic information activities at the national level this included the national target setting workshop, completion of the UNGASS report and the dissemination of the BBSS report. GHARP II also provided technical assistance and support in the establishment and operationalization of the GBCHA Secretariat. The project also established a forum for effective coordination and collaboration with national stakeholders through the Partners Advisory Board (PAB).

Increased access to branded condoms was facilitated through the expansion of the number of non-traditional retailers GHARP II supported the national prevention program with capacity building sessions for health care workers and staff at the National Care and Treatment centre on stigma and discrimination towards PLHIV and sexual minorities. Basic counseling skills training was also conducted among youth outreach workers to better equip them to provide initial supportive counseling to youths in need of a first response. Prevention technical staff worked in close collaboration with NAPS to train community leaders in HIV competence and community mobilization. As a result of these trainings various community improvement projects were planned and will be monitored by GHARP.

The most significant achievement that sets the foundation for all of GHARP II's contribution to VCT in Guyana has been the development of a strong working relationship with key stakeholders specifically NAPS. This has resulted in NAPS requesting technical assistance on various projects that they view as key to improving their national program. This is also reflected by the open and quick turnaround time for communication between NAPS and GHARP II. Other technical Support was provided through trainings and workshops, site visits, and updating key policy documents. Currently, a VCT monitoring and evaluation plan with indicators to measure quality of services is being developed and will assist in producing a comprehensive monitoring and evaluation plan that goes beyond coverage numbers to measure quality of VCT.

A close collaboration has been developed between the MOH-MCH and GHARP II on the PMTCT national program. Needs assessments for VCT and PMTCT programs have allowed us to collect baseline data which will be used to measure future program progress. This data has been accepted to be presented at the IAS conference in Vienna this year. The PMTCT program activities from the past year have focused on promoting rapid testing, opt-out testing and ensuring adherence to recommended treatment regimens for pregnant women and exposed infants. Currently we have begun reviewing and updating the national PMTCT curriculum to reflect evidence-based practices from the WHO. The MOH-MCH has viewed us as a key technical expert in updating the treatment guidelines for this curriculum.

Within the area of care and support greater collaboration with the MOH, NAPS, National Tuberculosis (N/TB) Program, UNICEF, Every Child Guyana, Habitat for Humanity and other key stakeholders continued to bridge the existing gaps between the Home Base Care (HBC) and Orphans and Vulnerable Children (OVC) programs. Technical support (TS) was provided to nine organizations through site visits, workshops and regular feedback meetings. Specific areas addressed included program assessment; the strengthening of programming through networking and referrals; the review and implementation of revised standards and guidelines for HBC service delivery; improvement of documentation; reinforcing the need for child protection policies and planning economic strengthening activities for HIV positive women. GHARP II has also been proactive in addressing the recommendations made by the OGAC care & support TWG.

- **Project Accounting System Set up:** Technical support was provided by **Ms. Natalie Gaul**, Senior Officer Program Management, MSH in developing the GHARP II financial and accounting system. QuickBooks Accounting Software and procedures for one MSH were established. GHARP II has shared financial services with SCMS in Guyana. Similar sessions were conducted by HDI and AHF to ensure financial transparency and appropriate administrative and operations systems.
- **Visits by MSH Directors:** **Mr. Steve Redding**, Director of the Health Services Delivery, based in MSH/Cambridge visited GHARP. During his visit, Mr. Redding held meetings with counterparts, donors and stakeholders. MSH conducts these kinds of visits in the early onset of the programs (generally about 6 months after initiation) to assist, orient and enhance overall

project startup; he emphasized how MSH can contribute its institutional knowledge to improve health systems in Guyana and he helped solidify the GHARP II team. Mr. Redding conducted a team building session with the GHARP II staff. The outcome of the team building session, was the development of a Reward and Recognition Program and a communication plan . **Mr. Paul Auxila**, Executive Vicepresident and Chief Operating Officer visited both MSH projects in Guyana (GHARP II and SCMS). The main purpose of the visit was to share the plan for the common operating platform for MSH within the field as well as to get feedback on the issues and challenges.

**Strengthening of Human Resources:** Our team is now better equipped to responde to the needs of MSMs and PLHV with the the creation and fulfillment of the MARPs Behavior Change Promoter position and the support of a Peace Corps Response Volunteer who will support the Prevention team.

- **PHD intern support to the prevention team:** Ms. Molly Jenkins, PHD student from where?? completed an internship at GHARP II during February 2010. Ms. Jenkins worked with GHARP prevention staff and GUYBOW to implement a qualitative assessment to evaluate motivational factors and barriers to MSM accessing prevention products and services. The assessment findings will be used to inform program design and implementation targeting MSM.

**Renovation Work for MOH:** Inspection was done in December 2009 to the Campbellville and Sophia Health Centres and the Ministry of Health Annex, on the amount of renovation to be done. GHARP II has committed to financing the cost of repairs.t. The renovation is expected to be completed by April 2010.

### **Constraints and Challenges**

- Inconsistent guidance with regards to the security checks which are part of the USAID/Guyana clearance procedures, was a major constraint during this reporting period.
- GHARP II Year One original budget was developed with the understanding that it would take us through December 2009, in late September the project was informed that the obligated funds would have to take us through March 31, 2010. In late February we learned that our obligated funds had to be further stretch. While there is no formal information on when additional funding would be available our estimations are that our funding would be exhausted by late May, 2010.
- The fire at the MoH in July, 2009, caused inaccessibility of staff, human resource shortages, and delays in the access to data among other shortcomings, particularly during the months of July-September.
- GHARP II initiated the second phase of the Project with the understanding that the Task Order Indicators had to be met by March, 2010. By the mid June 2009, our project was informed that

those targets had to be met by September 30, 2009. The Project adapted to the situation, and despite the short notice, most (85%) of the targets were either met or exceeded.

- The NGO work-planning process was initiated in a very timely manner however, towards the end of the process USAID/Guyana was informed that the level of funding would be reduced, and CSDS, GHARP II and NGOs were informed on the need to adjust funds and activities. The process then turned rather chaotic. Several lessons learned and recommendations have been documented by GHARP II. Those lessons learned will be thoroughly reviewed prior the initiation of the forthcoming NGO Workplanning process for the FY11.
- Frequent internet problems with the donated server cause the system to be very slow in speed, and inability to browse. A decision was made to procure a new server urgently.

### **SUMMARY TABLE OF GHARP II INDICATORS FOR MONTH 4 OF FY 2010**

The table below indicates the progress against targets for Fiscal Year 2010 as of, February 28<sup>th</sup>, 2010. Please note that numeric achievements will not coincide with those noted in the narrative since reporting on the indicators is delayed by one month.

#### **A. Health Systems Strengthening**

| <b>Indicators</b>  | <b>Target FY10</b> | <b>Achievements for February 2010</b> | <b>Cumulative Achievements FY10</b> |
|--|--------------------|---------------------------------------|-------------------------------------|
| <b>Public Sector &amp; CSOs</b>  |                    |                                       |                                     |
| Number of changes in laws, policies, regulations, or guidelines related to access to and use of health services drafted with USG support     | <b>5</b>           | -                                     | -                                   |
| Percent of NGOs receiving USG funds, in which other source of funding represents 25% or more of total program allocations                    | <b>25%</b>         | -                                     | -                                   |
| Number of local organizations that have identified priority challenges and developed action plans that address barriers to achieving results | <b>10</b>          | <b>1</b>                              | <b>1</b>                            |
| Number of local organizations provided with technical assistance for HIV-related institutional capacity building                             | <b>15</b>          | <b>2</b>                              | <b>8<sup>1</sup></b>                |
| Number of local organizations provided with technical assistance for HIV-related policy development  | <b>10</b>          | -                                     | -                                   |
| Number of local organizations provided with technical assistance for strategic information activity  | <b>4</b>           | <b>2</b>                              | <b>4<sup>2</sup></b>                |
| Number of individuals trained in institutional capacity building   | <b>50</b>          | -                                     | <b>15</b>                           |
| Number of individuals trained in HIV-related policy development  | <b>10</b>          | -                                     | -                                   |
| Number of individuals trained in management, leadership, supervision; strategic and project planning and resource mobilization               | <b>50</b>          | -                                     | -                                   |
| Percent of GHARP supported clinical sites (PMTCT & VCT) clinical sites with standards of HIV care available at the site                      | <b>50%</b>         | -                                     | -                                   |

<sup>1</sup> MoH, NAPS, Linden Care Foundation, Hope For all, Hope foundation, FACT, Comforting Hearts, Lifeline

<sup>2</sup> MoH, NAPS, GBCHA, UNAIDS

| Indicators   | Target FY10   | Achievements for February 2010 | Cumulative Achievements FY10 |
|--|---------------|--------------------------------|------------------------------|
| Number of capacity building interventions conducted with GF CCM  | 2             | -                              | -                            |
| <b>Private Sector</b>  |               | -                              | -                            |
| Number of new members recruited to the GBCHA   | 5             | -                              | -                            |
| Number of capacity building interventions conducted with GBCHA   | 2             | -                              | 1                            |
| Number of new public-private partnerships established  | 5             | -                              | -                            |
| Value of cash and in-kind contributions by non-public partners to Public-Private Partnerships                        | ≥U.S.\$35,000 | U.S.\$260                      | U.S.\$4,423                  |
| Number of enterprises (workplaces) that provide employees access to one or more HIV/AIDS related services            | 21            | 2                              | 18                           |
| Estimated number of employees reached through workplace programs providing at least one of the 4 critical components | 500           | 144                            | 337                          |
| Percentage of (GHARP supported) facilities with access to safety boxes for sharps waste disposal                     | 80%           | -                              | -                            |
| Percentage of (GHARP supported) facilities with access to safe final waste disposal options                          | 25%           | -                              | -                            |
| Number of individuals trained in medical injection safety  | 25            | -                              | -                            |

## B. Prevention

| Indicator  | Target FY10    | Achievements for February 2010 | Cumulative Achievements FY10 |
|--|----------------|--------------------------------|------------------------------|
| Number of local organizations provided with relevant, targeted and consistent technical assistance to strengthen their HIV behavior change program | 16             | 9                              | 9                            |
| Other Prevention   |                | 4                              | 9                            |
| Prevention Abstinence & Being Faithful   |                | 2                              | 8                            |
| Positive Prevention  |                | 3                              | 8                            |
| Number of facilitators trained in HIV prevention   | 45             | 18                             | 18                           |
| Number of individuals trained in HIV-related community mobilization for prevention, care and treatment   | 50             | 15                             | 15                           |
| Number of individuals trained in HIV-related stigma and discrimination reduction   | 100            | -                              | -                            |
| Number of targeted condom service outlets  | 900            | 2                              | 1,070                        |
| Number of leaders trained  | 10             | -                              | -                            |
| Number of condoms sold/distributed   | No targets set | 23,341                         | 113,417                      |
| Number of condoms sold   | No targets set | 10,850                         | 35,414                       |

## C. Adult Care and Support

| Indicator  | Target FY10 | Achievements for February 2010 | Cumulative Achievements FY10 |
|--|-------------|--------------------------------|------------------------------|
| Number of individuals trained to provide HIV-related palliative care   | 50          | 27                             | 27                           |
| Number of local organizations provided with relevant, targeted and consistent technical assistance to strengthen their palliative care program | 9           | 1                              | 9                            |

## D. Counseling and Testing

| Indicator  | Target FY10 | Achievements for February 2010 | Cumulative Achievements FY10 |
|--|-------------|--------------------------------|------------------------------|
| Number of service outlets providing counseling and testing services according to national or international standards | 26          | 26                             | 26                           |
| Number of individuals trained in counseling and testing according to national or international standards             | 50          | -                              | -                            |
| Number of individuals who received counseling and testing for HIV and received their test results                    | 12,000      | 1,159                          | 8,385                        |
| Number of individuals who were counseled and tested and found to be HIV positive                                     | 235         | 27                             | 236                          |

## E. Prevention of Mother to Child Transmission

| Indicator  | Target FY10    | Achievements for February 2010 | Cumulative Achievements FY10 |
|--|----------------|--------------------------------|------------------------------|
| Number of service outlets that provide the minimum package of PMTCT services according to national or international standards  | 45             | 45                             | 45                           |
| Number of HIV infected pregnant women who received antiretroviral to reduce risk of MTCT   | 145            |                                | 45                           |
| Number of health care workers trained in the provision of PMTCT services according to national or international standards  | 150            | -                              | -                            |
| Number of pregnant women with known HIV status ((includes women who were tested for HIV and received their results as well as pregnant women already known to be HIV positive upon entry to the PMTCT program for the current pregnancy) | 9,500          |                                | 3, 523 <sup>3</sup>          |
| Percent of pregnant women who received HIV counseling & testing for PMTCT & received their test results  | 88%            |                                | 89.5%                        |
| Number of HIV positive pregnant women newly enrolled into HIV care   | 50             | -                              | -                            |
| Number of pregnant women found to be HIV positive  | No targets set |                                | 30                           |

## F. Orphans and Vulnerable Children

| Indicator  | Target FY10 | Achievements for February 2010 | Cumulative Achievements FY10 |
|--|-------------|--------------------------------|------------------------------|
| Number of providers/caregivers trained in caring for orphans and vulnerable children   | 90          | -                              | -                            |
| Number of local organizations provided with relevant, targeted and consistent technical assistance to strengthen their OVC program | 9           | 1                              | 9                            |

<sup>3</sup> PMTCT service statistics for 2010 is not currently available due to the printing of the reporting forms.

**Table II: GHARP II Deliverable Year 1:**

| Technical Area                   | Deliverables  | Comments   |
|----------------------------------|---|--|
| Health Systems Strengthening     | Leadership for Health Providers (student Manual, Assessment MS and Rubric, and Trainers Manual) | All document have been accepted by the Director of Health Science Education and will be taken to the Nursing Council for their approval, Pilot program is to begin shortly |
|                                  | ISY Peer Education Manual Reviewed  | Ministry of Health   |
|                                  | TORs for the Global Fund HSS Technical Working group and Oversight Committee                    | Submitted to MoH   |
|                                  | Draft Implementation Plan for Health System Strengthening                                       | Submitted to MoH   |
|                                  | Aims and Objectives of the Global Fund HSS TWG and Oversight Committees                         | Submitted to MoH   |
|                                  | Action plan for organizational strengthening at the NAPS  | Submitted to NAPS  |
| Prevention Other                 | MSM qualitative assessment  | Report is being reviewed for final submission on Friday April 23, 2010.  |
|                                  | Prevention Marketing Plan   | Draft document was submitted to COP and HDI for review. Comments were made and document is currently under revision.   |
|                                  | Reviewed and modification of MSM "Path for Life" Peer Education Manual                          | Modified manual to be shared with NAPS for approval  |
|                                  | Drafted tools for risk reduction counseling for MARPs   |  |
| Prevention A&B                   | A completed basic counseling toolkit for 5-days training for HIV prevention programs            | Submitted to NAPS  |
|                                  | Strategy document to strengthen youth programs  | Submitted to MoE   |
|                                  | Draft curriculum for training of peer educators in youth programs                               | Submitted to MoH Adolescents Unit  |
| Voluntary Counseling and Testing | VCT Assessment Recommendations and Strategies   | Document Accepted for presentation at the World AIDS Conference 2010   |
|                                  | Developed Draft HIV-QUAL Indicators   | Document produced at request for Dr. Shanti Singh  |
| PMTCT                            | PMTCT Assessment Recommendations and Strategies   | Document Accepted for presentation at the World AIDS Conference 2010   |
|                                  | Developed Guidelines for the Mother to Mother Support Group Pilot                               | Pilot kept on hold by the MoH/PMTC National Coordinator  |
| Care and Support                 | Draft conceptual framework for Prevention with Positives, and darfted tools to assist with PWP  | Presentation to NAPS pending on recruitment of Support Groups National Coordinator   |
|                                  | Revised Community Home and Palliative Care (CHPC) Guidelines                                    | Revision done by NAPS in collaboration with GHARP with final inputs from MSH   |
| Strategic Information            | GHARP II M&E Plan   | Document for us of GHARP II  |

**Table III: GHARP II STTA Year One**

| <b>Period</b>                                       | <b>Technical Areas</b> | <b>Name &amp; Organization</b>              | <b>Purpose</b>   |
|---|------------------------|---|--|
| Feb 24 <sup>th</sup> – March 5 <sup>th</sup> , 2010 | HSS and Planning       | MSH<br>John Pollock                         | <ul style="list-style-type: none"> <li>To provide support to Year Two work planning process and to strengthen the HSS collaboration between MSH, GHARP II and MOH/NAPS and CSDS.</li> </ul>  |
| July 23 – August 8 2009                             | HSS                    | MSH<br>Dan Nelson                           | <ul style="list-style-type: none"> <li>Assess current planning needs with program, technical and M&amp;E staff at CSDS, GHARP II and USAID</li> <li>Revise NGO Planning Tool to accommodate recent changes in NGOs abilities and planning needs</li> <li>Develop the NGO Workplanning workshop schedule with all relevant partners</li> <li>Design and conduct the NGO Workplanning workshops with CSDS and GHARP II staff</li> <li>Conduct training sessions on the NGO Planning Tool for all staff who will be reviewing workplans</li> </ul>  |
| April 26 - May 10 2009                              | HSS                    | MSH<br>Maryellen Glennon                    | <ul style="list-style-type: none"> <li>Participated in a three-day Team Orientation and Planning Workshop for GHARP II</li> </ul>  |
| August 17 - September 5 2009                        | HSS                    | MSH<br>Maryellen Glennon                    | <ul style="list-style-type: none"> <li>Provide technical assistance for the NGO workplanning process for FY10</li> </ul>   |
| April 2009  | Prevention and HSS     | Susan Howard – HDI<br>Sylvia Delafield- HDI | <ul style="list-style-type: none"> <li>Support for staff recruitment, year one work plan development, team building,</li> <li>Met with members of the GBCHA board, and MOH officials Helped the GBCHA develop job descriptions for first round of employees.</li> </ul>  |
| August 2009   | Prevention Other       | Susan Howard- HDI                           | <ul style="list-style-type: none"> <li>Condom Marketing and distribution, visited the three main condom distributors to explore possibilities for marketing support.</li> <li>Provided TA to GHARP's prevention marketing manager</li> </ul>   |
| March 2010  | Prevention Other       | Susan Howard- HDI                           | <ul style="list-style-type: none"> <li>Supported year two work plan development,</li> <li>Supported the prevention team in BCC materials review, focus group sessions, initiated annual HDI performance assessments of the HDI team,</li> <li>Reviewed project's condom distribution system and strategies for handing over more non-traditional retailers to the main distributors,</li> <li>Explored strategies for increasing support to the MOH condom distribution system,</li> <li>Participated in a MARPs working group, where she presented the strategy and approach for reaching and serving the health and psychosocial needs of MARPS populations through HDI's work in /designing and implementing drop in centers in Bangladesh for MSMs, FSWs and IDUs</li> </ul> |

| Period                      | Technical Areas    | Name & Organization             | Purpose   |
|-----------------------------|--------------------|---------------------------------|---|
| March 1-12, 2010            | Prevention and HSS | Sylvia Delafield – HDI          | <ul style="list-style-type: none"> <li>Support for Y2 work plan development,</li> <li>Support provided to the GBCHA on launching new public/private sector pilot program with NGOs, government agencies, and community organizations, presentation development for various segments of the private sector, facilitated closer cooperation with NAPS and the ILO through joint meetings and planning for future collaboration,</li> <li>Provided technical assistance to the new Interim Director, and new Workplace, Marketing and Membership staff.</li> </ul> |
| June 17 – 26 2009           | VCT/PMTCT          | Jessica Chang-AHF               | <ul style="list-style-type: none"> <li>Facilitate the hiring of the VCT/PMTCT Coordinator and to assist with the rapid needs assessment of existing VCT/PMTCT services in Guyana.</li> </ul>  |
| April 27 – May 1 2009       | VCT/PMTCT          | Jessica Chang & Clint Trout AHF | <ul style="list-style-type: none"> <li>Participated in a three-day Team Orientation and Planning Workshop for GHARP II</li> </ul>   |
| January 11 – 16 2010        | VCT/PMTCT          | Shilpa Sayana - AHF             | <ul style="list-style-type: none"> <li>to provide technical assistance on Prevention of Mother to Child Transmission of HIV (PMTCT) and Voluntary Testing and Counseling (VCT)</li> </ul>   |
| September 14 – August 2 009 | VCT/PMTCT          | Clint Trout - AHF               | <ul style="list-style-type: none"> <li>to provide technical assistance on Prevention of Mother to Child Transmission of HIV (PMTCT) and Voluntary Testing and Counseling (VCT)</li> </ul>   |

**Table IV. Training facilitated/co-facilitated by GHARP II Year One**

| Facilitators   | Type of Training       | Date  | Beneficiaries   | # of participants | Comments |
|--|------------------------|---|---|-------------------|----------|
| <b>Health Systems Strengthening</b>  |                        |   |   |                   |          |
| GHARP II<br>Sherah Liverpool<br>Yvette Kertzious                           | Leadership Development | Oct21st-23rd2010                                    | RNs New Amsterdam Hospital and one USAID funded NGO                             | 22                | -        |
| Dr. Navindra Persaud; Mala Hardeen-Persaud                                 | MOST workshop          | 14-15 <sup>th</sup> Jan,2010                        | Staff of the National AIDS Program Secretariat                                  | 15                |          |
| Sherah Liverpool   | LDP Refresher Training | 16 and 17 September, 2010                           | LDP Core Group members  | 11                |          |
| <b>Prevention Other</b>  |                        |   |   |                   |          |
| Susana Galdos - MSH & Dele Browne and Shundell Shipley – GHARP II          | Community Mobilization | 9 <sup>th</sup> – 12 <sup>th</sup> June 09          | NGO Project Coord., MOH/NAPS, Community and Religious leaders, Outreach workers | 31                | -        |
| Nazim Hussein, NAPS & Dale Browne, Lloyd Edun, Shaundell Shipley, GHARP II | Community Mobilization | 29 <sup>th</sup> March – 1 <sup>st</sup> April 2010 | MARPs and Youths NGOs outreach staff, MSM and FSW, Community Leaders            | 27                | -        |

| Facilitators   | Type of Training         | Date  | Beneficiaries                                    | # of participants | Comments                                     |
|--|--------------------------|---|--|-------------------|--|
| Elizabeth McAlmont – NAPS, Shaundell Shipley, GHARP II                           | FSW Peer Education       | 17 <sup>th</sup> – 19 <sup>th</sup> August 2009   | Sex Workers (Region 6)                           | 24                | -  |
| Beverly Chan – Consultant Shaundell Shipley – GHARP II                           | Basic Counseling Skills  | 28 <sup>th</sup> – 29 <sup>th</sup> November 2009   | MARPs NGOs Outreach Workers                      | 18                | Training was the first of two parts.         |
| Nazim Hussein – NAPS & Dale Browne, Shaundell Shipley                            | Community Mobilization   | 29 <sup>th</sup> – 30 <sup>th</sup> January 2010; 12 <sup>th</sup> – 13 <sup>th</sup> February 2010 | Community Leaders                                | 15                | -  |
| Dr Karen Gordon-Boyle  | S&D, Gender and GBV      | September 16 <sup>th</sup> , 30 <sup>th</sup>   | Staff at the National Care and Treatment Centre, | 31                | Committee formed to improve service delivery |
| Elizabeth McAlmont – NAPS & Shaundell Shipley                                    | FSW Peer Education       | 12 <sup>th</sup> – 14 <sup>th</sup> February 2010   | Sex Workers (Region 10)                          | 18                | -  |
| <b>Voluntary Counseling for Testing</b>  |                          |   |  |                   |  |
| Deborah Success, Trevor Mc Intosh NAPS & Hagar Bailey GHARP II                   | VCT Initial Training     | September 14th -25th 2009   | Newly Recruited Counselor Testers                | 38                | -  |
| Deborah Success, Trevor Mc Intosh NAPS & Hagar Bailey GHARP II                   | VCT Refresher Training   | October 30- Nov 14th - 2009   | Counselor Testers                                | 37                | -  |
| Deborah Success, Trevor Mc Intosh NAPS & Hagar Bailey GHARP II                   | VCT Refresher Training   | April 12th - 24th, 2010   | Counselor Testers                                | 33                | -  |
| <b>PMTCT</b>   |                          |   |  |                   |  |
| Deborah Success, Trevor Mc Intosh NAPS & Hagar Bailey GHARP II                   | Rapid Test Training      | September 7th -13th 2009  | Health Care Providers                            | 32                | -  |
| Maria Niles & Hagar Bailey and Oswald Alleyne GHARP II                           | PMTCT Refresher Training | September 21st -25th – 2009   | PMTCT Nurses                                     | 29                | -  |
| <b>Care and Support</b>  |                          |   |  |                   |  |
| Shevonne Benn, NAPS, Grace Bond and Olga Statia, GNA & Vashti E. Hinds, GHARP II | Palliative Care & S&D    | 15,16 <sup>th</sup> February, 2010  | NGOs in Region # 4 Caregivers                    | 19                | -  |
| Shevonne Benn, NAPS, Grace Bond Olga Statia, GNA & Vashti Hinds GHARP            | Palliative Care & S&D    | 25,26 <sup>th</sup> February, 2010  | NGOs in Region # 2,7 and 10, Caregivers          | 25                | -  |

| Facilitators  | Type of Training                            | Date  | Beneficiaries   | # of participants | Comments  |
|---|---|---|---|-------------------|---|
| Shevonne Benn, NAPS, Co-Facilitation: Grace Bond and Olga Statia, GNA & Vashti E. Hinds, GHARP II                   | Palliative Care & stigma and discrimination | 10, 11 <sup>th</sup> March, 2010<br><br>8 <sup>th</sup> March, 2010 | NGOs in Region # 6<br>NGOs, Hospitals and Treatment Sites in Region # 2, 3, 4, 6, 7, & 10 | 27                | -   |
| Karen Gordon-Boyle, Keenan Williams, Oswald Alleyne, Mala Hardeen-Persaud & Clarence Young- Phoenix Recovery Centre | Case Navigation and Referral                | August 13 <sup>th</sup> and 14 <sup>th</sup>                        | NGOs- Nurse supervisors, case navigators, care givers                                     | 28                | Focus of training substance abuse and referrals |

### III. DETAILED PROGRESS REPORT BY PROGRAM AREA

*The activities outlined below represent major achievements, constraints and challenges within specific technical areas during year 1 implementation ending March 31<sup>st</sup>, 2010.*

#### A. Health Systems Strengthening (OHSS)

- Initiation of Coordination and Collaboration with NAPS:** Collaboration meetings were held with Dr. Shanti Singh, Programme Manager NAPS. Updates were provided on ongoing national HIV/AIDS activities by Dr. Singh, and insights on the expectations of the GHARP II project were shared. A schedule of routine meetings between GHARP II and the NAPS was developed in an effort to strengthen the communication and coordination between the two organizations. In these meetings GHARP II seeks to promote the linking of workplan activities with the National HIV/AIDS strategy.
- Technical Support to NAPS:** In November, 2009, GHARP II provided support to the weeklong Film Festival hosted by NAPS, at the Umana Yana, by purchasing and donating several movies featuring the various social and emotional impacts of HIV/AIDS. The festival targeted in-school youths and the general population. Support was also provided in providing personnel from GHARP II to facilitate post movie discussions among the viewing audience.

Additionally, in December, 2009, GHARP II supported NAPS and the Faith and HIV Coalition by coordinating the annual World AIDS Day Interfaith Service. Support was provided in drafting and delivering of invitation letters, crafting the agenda and recruiting of various artistes who participated in the program. Refreshments and decorations for the venue were also provided by GHARP II.



- **Organizational Strengthening using MSH's Management and Organisational Sustainability Tool within NAPS:** In January, 2010, GHARP II in an unprecedented effort to strengthen the management and organisational sustainability of the NAPS, conducted the MOST workshop with the staff of the NAPS. This workshop identified the various gaps in work climate, management practices and capacity to respond to changing environments. An action plan was developed during this workshop for NAPS to bridge these gaps. GHARP II will continue working with NAPS to guide in the gaps bridging process by facilitating the implementation of key priorities. In addition to updating the mission statement at NAPS, another key area identified as a priority is the M&E Unit at the NAPS. GHARP II will provide support to strengthen this unit so that there can be improved data collection, data quality assurance and appropriate analysis and use of data. As a result of the MOST process, NAPS will also consider utilizing an annual performance evaluation of relevant staff and will review roles and responsibilities of the staff to make the roles relevant. The 3 day-tool was adapted for 2 days, as the personnel could not be available for 3 days. Sixteen (16) staff members including technical and support staff participated in the sessions, which was facilitated by Dr. Navindra Persaud Principal Technical Advisor, Monitoring and Evaluation, MSH and Ms. Mala Hardeen-Persaud, Health Systems Manager, GHARP II. Mr. Nazim Hussein, Community Mobilization Coordinator and Mr. Bernard Pratt, Counselor/Tester were identified as change agents in overseeing the implementation of the activities.
- **The strengthening of Peer Education by reviewing the Peer Education Curriculum:** GHARP II staff participated in preliminary discussions with the members of the Prevention Technical Working Group, regarding revisions to National Peer Education Manual and curriculum. It was recommended by the Technical Working Group (TWG) that the curriculum be accredited for formal certification. GHARP II conducted an assessment of the peer education training material. In this process, trainers, who previously used the peer education training manuals for the various target groups, were interviewed, to get recommendations on changes to make these manuals more effective for both the trainer and the trainee. The

overarching goal of this assessment was to present the findings to the Prevention TWG to ascertain whether a more formal assessment should be undertaken to bring the peer education manual to the requisite standard. The ultimate aim is to have comprehensive and effective Peer Education manuals that can be accredited and possibly have a system of certification put in place for persons trained. The completed document was submitted to Mr. Nazim Hussein for presentation to the next meeting of the Prevention technical working group.

- **Technical Assistance provided to the security TWG:** GHARP II provided guidance to the Security TWG in developing its TORs. This group emerged as a result of the findings of the BBSS among security officers. Particularly the high prevalence of HIV among this group was of concern. Further assistance was provided in developing an assessment tool for an evaluation on existing HIV activities and programs currently being implemented at the security firms. Findings from this assessment will inform the TWG on programming needs within the sector.
- **Strategy developed for the continuation of selected activities of the Guyana Safer Injection Project.** GHARP II and the Guyana Safer Injection Project (GSIP) developed a strategy aimed at continuing selected activities initiated under GSIP. The strategy will involve training GHARP II, ODL Program Officer as a Trainer of Trainer (TOT) on Safer Injection Modules. This will ensure continued capacity building support after the close-out of GSIP. The GSIP project is expected to end in March 2010. GHARP II's HSS Manager was identified as the focal point during this transition. Initial indications are that the GSIP will continue to receive funding but GHARP II is awaiting further guidance.
- **Technical Assistance provided to the Ministry of Health (MOH):** GHARP II engaged the MoH in HSS collaboration and identified areas for support to the MoH. Regular monthly meetings have been scheduled with Dr. Shamdeo Persaud, Chief Medical Officer (CMO), MoH, who had initially been identified as the focal point person for HSS within the Ministry of Health and Mr. Hydar Ally the Permanent Secretary, MOH. GHARP II responded to several requests made by the MoH including a request for the provision of technical assistance in drafting the Terms of Reference (TOR) for the Global Fund Oversight and Technical Committees for HSS the designing of a draft skeleton implementation plan for the Global Fund HSS Program and the aims and objectives for the committees. The CMO also requested the assistance of HSS resource personnel who have had extensive out of country experience, that the MoH can draw on their expertise, as the need arises. Mr. John Pollock, GHARP II's country lead and MSH's HSS Global Lead, has been identified as that resource person, and has been put in direct contact with the CMO.
- **Organizational Strengthening of the MoH:** The MOST and the Leadership Development Program (LDP) were shared with the CMO and he requested that the MOST be used to strengthen the Central Board of Health and the LDP be utilized within the Disease Control unit at MOH. GHARP II will work with the Director of Regional Health Services to develop a Management and Leadership module for training Regional Health Officers across the

country. Meetings to map the way forward has been scheduled for the next year. The Permanent Secretary, MOH also requested the use of the MOST within departments under his purview and a plan is currently being designed on how to use the MOST to strengthen the organizational capacity of the personnel division of MOH.

- **Funding for minor rehabilitation works at the MOH and Health Centers:** GHARP II, in an effort to strengthen infrastructure, provided funding for urgent minor renovations within identified MoH PMTCT/VCT facilities and at the recently destroyed central MoH property. The Campbellville and Sophia Health Centers were identified for rehabilitation.
- **Presentation of GHARP II's HSS Strategy to USAID:** Because HSS is a fairly new concept in Guyana, a presentation was made to representatives of USAID on the overall GHARP II approach in November, 2009. The presentation provided an overview of HSS in Guyana, GHARP's roles and the strategy that will be used with the MoH and CSOs. The purpose of the session was to orient the team on the overall HSS approach, highlighting key strategies and tools to be used and receive feedback from the team. The USAID team was impressed with the presentation. Similar presentations are expected among national stakeholders that will benefit from HSS technical assistance under the project.
- **GHARP II Partner's Advisory Board (PAB):** As part of GHARP II's overall strategy to increase collaboration and coordination among the national HIV/AIDS stakeholder, the project convened its first PAB meeting on Thursday, October 8<sup>th</sup>, 2009. The meeting was chaired by the Hon. Dr. Leslie Ramsammy, Minister of Health. Ms Mala Hardeen-Persaud, Health Systems Manager is the serving Secretary of the Board. The PAB is designed as a forum for building consensus on strategic approaches and is aimed at strengthening collaboration and coordination among various HIV/AIDS stakeholders while ensuring harmonization with the National HIV/AIDS Strategic Plan. Presentations were made on the project focus and overall strategy and approach by Ms. Silvia Gurrola, Chief of Party (COP), GHARP II. An update was also provided on the activities of the project by Mr. Oswald Alleyne, M&E Director. This PAB will take place on a quarterly basis. Participants include representatives from MOH, NAPS, USAID, CDC, UN and other agencies. A total of two meetings were held for the reporting year, with the second PAB being convened in January 2010. The main objective of this second session was to review and determine how to strengthen the functions of existing MoH/NAPS HIV/AIDS Technical Committees. Recommendations, on which there was broad stakeholder consensus for strengthening existing committees, were proposed. However, the absence of the Dr. Shanti Singh, Programme Manager and the NAPs technical staff stymied further discussion and action on the issue. GHARP II will continue to advocate having this issue addressed since it will serve to improve health services. A quarterly update on the project activities was made by Dr. Karen Boyle, Prevention Director, GHARP II. There were additional discussions on the selection criteria for members of the PAB. This will be further discussed at the next meeting.
- **Formation of HSS Partners' Team: Collaboration with PAHO for HSS:** GHARP II convened a meeting with Dr. Rosalinda Hernandez, HIV/AIDS Advisor, and Dr. Javier Uribe,

Health Systems and Services Advisor both of PAHO to regarding collaboration with PAHO. The focus of the collaboration was identifying gaps in the health system and working with GHARP II to bridge these gaps. There will be future regular meetings between the health systems personnel of PAHO and GHARP II to strengthen this collaboration. Later, GHARP II at a scheduled HSS meeting with the Dr. Shamdeo Persaud, Chief Medical Officer (CMO), advocated for a more inclusive approach to HSS at the partner's level and this was welcomed by the CMO, therefore, there is now a team approach in place. This team will seek to foster a comprehensive approach to HSS while preventing duplication of efforts. This association can lead to targeted leveraging. This group also conducted meetings with Mr. Hydar Ally, Permanent Secretary, MoH

- **Funding and capacity building for the global fund CCM:** As part of the support for strengthening and building coordination capacity nationally, GHARP II submitted to the USAID Regional Contracting Officer (RCO) a sub-grant for the Country Coordination Mechanism Secretariat for the Global Fund. The grant valued at USD\$100, 000 funded the operational costs of GF CCM Secretariat over a 12-month period. Some of the funds have been disbursed and approval is being sought to disburse the remainder. Additionally, GHARP II met with Ms. Sarah Insanally, Coordinator GFTAM CCM to discuss collaboration and capacity building support from GHARP II. The CCM acknowledged that members are highly qualified and do not require capacity building in the specific area proposed. GHARP II is awaiting requests for training from the secretariat with the aim of designing appropriate capacity building interventions.
- **To enhance the capacity of the private sector to support HIV/AIDS programs:** The GBCHA Secretariat was established and has its entire requisite staff in place except that there is a Peace Corps volunteer serving as the Executive Director, until an appropriate candidate is identified. GHARP II conducted several capacity- building sessions among staff of the GBCHA. The GBCHA submitted their FY09 work plan to MSH and were successful in receiving their funding. GHARP II also provided support to VYC in conducting HIV/AIDS sensitization sessions. The GBCHA in collaboration with Volunteer Youth Corp conducted a workplace HIV sensitization training for several member companies. The focus of the training was on Stigma and Discrimination, Condom use and Gender as each pertained to the world of business. GHARP II also provided support in the execution of the training.
- **GHARP II supported the GBCHA membership recruitment for FY09:** GHARP II provided ongoing technical assistance and support to the GBCHA in identifying new members. Specific support was also provided in scheduling introductory and assessment meetings with three companies Ansa McAl, International Pharmaceutical Agency and Grace Kennedy all of whom are interested in becoming members. Each organization was given a survey to complete that would assess any work which has been initiated, training needs and the existence of policies etc at the organization. A draft membership strategy was developed by Ms Sylvia Delafield, from HDI and shared with Mr. David Bhola Executive Member, GBCHA for the organizations review and comments.

- **GHARP II participated in the Country Operational Plan (COP) Planning Hosted by CDC, Guyana:** GHARP II attended the USG Implementing partner's forum on August 18<sup>th</sup>, 2009 at the Regency Suites. The objectives of the session were to provide USG partners with an opportunity to describe their activities and contributions to PEPFAR technical areas, to discuss challenges and issues faced in implementation and to share new programming direction for the new fiscal year. A short presentation was made by the Chief of Party and the M&E Director on key activities to be implemented by GHARP II under the various technical areas (HSS) and Strategic Information. Additionally, there were discussions with various partners to explore possible areas of collaboration or partnerships in health systems strengthening.
- **GHARP II participates in HSS meeting with national stakeholders:** GHARP II attended the USG Implementing partners meeting on HSS. The purpose of the meeting was to share with USG partners and the MOH, the PEPFAR II vision, strategy and focus for Health systems strengthening. There were discussions on priorities for a more comprehensive approach to HSS.
- **Support provided in the COP 10 Planning:** GHARP II collaborated with CDC, and other USG partners in drafting the GHARP II partners narrative for COP10. Staff also supported various technical leads to develop and review technical area narratives for non-medical prevention, orphans and vulnerable children and HSS.
- **Community Mobilization Training:** The GHARP II Prevention team conducted training on community mobilization using MSH's Moral Leadership and Community Management manual. Sessions were facilitated by Dr. Susana Galdos, Senior Associate, MSH. The aim of the training was to orient participants on the use of the manual. Participants were drawn from the NGOs, MOH/NAPS, CBOs and other stakeholders. Follow-up mentoring and coaching sessions are planned to provide support to those organizations implementing
- **Coordination with national counterparts and stakeholders for Y2 planning:**



Between February and March of 2010 GHARP year II was consumed with intensive work planning for Year II. The process began with an extensive consultative planning workshop held on February 19, 2010 at Grand Coastal Inn. Participants included NAPS and other public sector agencies including the Ministry of Education and Ministry of Culture Youth and Sports. The objective of the

session was to identify areas in which GHARP II can provide support to improve the implementation of HIV/AIDS programs by both the MoH and CSOs. The proposed work plans for Year II were then shared for input and a comprehensive work plan was crafted. A

follow-up meeting was also facilitated with donors and other international stakeholders for further input and areas of commonality were assessed. The input from these consultations will form the basis of the year II plan which will be completed and submitted to USAID in March 2010.

- **GOG-USG Partnership Framework:** GHARP II provided technical assistance to the HSS technical working group. This group sought to identify health systems areas for priority that needed strengthening. Several goals, corresponding objectives, and activities were developed during these sessions. This process spanned a period of about one month following a workshop on 4<sup>th</sup> March, 2010.
- **Internal capacity building session on LDP:** The Organization Development and Leadership Program Officer provided an orientation to the GHARP II staff on the LDP. A presentation entitled “LDP in a nutshell” was made to the team. The objective was to highlight key approaches to the Leadership Development Model and Program and it is expected that all staff would be able to identify gaps within their programs that could be addressed by adopting and implementing the LDP tools and approaches.
- **LDP Refresher training conducted for Nursing Tutors:** GHARP II conducted a LDP refresher training for fifteen (15) Nursing Tutors from regions 6 and 10. The training included sessions on the LDP’s Transformational Leadership Theory and the Framework and Methodology of the LDP. These were additional sessions and were included in response to the need for additional information within these specific areas. Additionally nursing tutors participating within the program identified materials from the LDP which should be integrated into specific modules of the MoH’s Nursing Curriculum.
- **Development of „Leadership for Health Care Workers’ curriculum:** at the request of Mr. Noel Holder, Director of Health Sciences Education, MOH, GHARP II retained the expertise of Mrs. Lorna McPherson, Curriculum Development Consultant, to develop a Leadership and Management curriculum targetting pre-service Nurses; Registered Nursing; Nursing Assistant; Midwifery, post-basic; Midwifery, Rural; X-Ray Technician; Laboratory Technician; Pharmacy Assistant; Rehabilitation Assistant; Dental Auxiliary; Medex and Audiology Assistant. All documents have been shared with and approved by Mr. Holder. A pilot for this will begin in the new fiscal year. It was suggested that the current management training within the existing curriculum be removed from the end of the third year and placed at the beginning of the first year. Discussions at the level of the General Nursing Council will be conducted with the support of the GHARP II Health Systems team.
- **LDP Core Group Refresher training and mentoring:** GHARP II conducted refresher training session for 10 of 15 LDP Core Group members. This included supervisory staff within the MOH, and program/project coordinators from the NGOs. The LDP assessment findings of GHARP I were also shared with the participants. A key strategy used in the training involved sharing personal experiences in implementing various aspects of the LDP within the participants’ respective work groups and regions. GHARP II provided support to

the three (3) LDP core group members in Region 6 as they presented various aspects of the tools and practices of the LDP, to staff within their workplaces. Quarterly Core Group meetings have also been conducted to review activities and develop a plan for sustainability of group.

- **First Leadership Development Workshop under GHARP II Conducted:** GHARP II with assistance from Yvette Kertzious, LDP Core Group member, conducted the first LDP workshop in New Amsterdam, Region 6 for five teams from the New Amsterdam Nursing School and one USAID funded NGO. The workshop dealt with the first five sessions in the LDP (LDP program overview, leadership overview, scan and focus). The participants were taken through the Challenge Model process and each team developed an organizational vision and one measurable result that would help them to achieve their vision. After the sessions the participants were expected to take their completed challenge models back to their work teams to share all information gained at the workshop and to garner their staff's support in implementing the plan and achieving the measurable result. The next LDP workshop is scheduled for April 12<sup>th</sup> through 14<sup>th</sup>, 2010.
- **LDP Training with Guyana Nurses Association Conducted:** GHARP II conducted training with two members of the GNA who will be working on the USAID funded project in the use of the LDP core practices and tools. The objective of the training was to enable the nurses to apply reliable tools and processes for defining and addressing challenges while providing quality assurance to the CHPC Program. Two of GHARP II's staff also participated in the week long intensive training.
- **Orientation on the LDP conducted with members of NCC:** A presentation on the LDP highlighting key skills and competencies was shared with the NGO Coordinating Committee (NCC). It is anticipated that NGO managers can work with GHARP II to identify areas within their organization, where the LDP can be utilized. As a follow-up, GHARP II will develop an organizational assessment tool to assist in the identification of management and other system challenges. This tool will be used to plan and guide intervention with identified organizations.
- **Technical support provided to LCF in developing a plan to address adherence among OVCs:** Technical assistance was provided to Linden Care Foundation (LCF) in developing a challenge model to address adherence to ARV treatment by HIV positive OVCs within their program. Several priority actions were identified. A detailed action plan will be developed by the organization. Assistance will be provided by the LDP Core Group members within region 10. GHARP II will continue to provide ongoing support to the organization in the implementation of the plan and will monitor the progress of the action plan.

#### **Constraint and Challenges:**

- The HSS activities were initiated with difficulty as the Health Systems Manager position was vacant during the first five months of the Project. GHARP II conducted a thorough

recruitment process, and the delay consisted in slow response from the MoH and NAPS that finally decided that Ms N. Hardeen-Persaud was the most suited candidate to assist their HSS needs

- It was initially a challenge to embark on the institutional capacity building with the NGO umbrella mechanism, CSDS. Systems are now in place for the capacity building and organizational strengthening at the USAID funded NGOs, CSDS staff may be in attendance
- Initially capacity building at the MOH was stymied mainly because the organization requested overseas consultant to facilitate trainings. To circumvent this delay, GHARP II utilized the expertise of Dr. Navindra Persaud, to conduct sessions, however his availability was limited. Towards the latter part of the year the MOH has been more willing to accept HSS capacity building from GHARP II. Additionally, John Pollock, GHARP II's Country Lead, based in MSH/Cambridge is also providing TA as requested over the phone and e-mail.

Initially timelines set for the various objectives and priority activities that were set at the MOST workshop have not been realized due to delays by the change team identified at NAPS. GHARP II worked with the change team and revised these timelines. GHARP II will continue to provide support to promote efforts to facilitate the execution of these activities.

- Meeting of the Prevention TWG has not taken place to review the findings of the peer education manual assessment, conducted by GHARP II and submitted to NAPS. This delays the review and updating of the Peer Education manuals. The Security working Group convened by NAPS met once in January and since then no other meeting has been convened, further support to this group has been stymied. The evaluation tool that was supported has not been completed.
- No definitive statement has been made as to the continued funding of the GSIP, GHARP II initially was to take over some of the activities but information on funding is being awaited, activities of this program have been shelved, hence nothing to report.

### Health Systems Strengthening Indicators

| Indicators   | Target FY10 | Achievements for February 2010 | Cumulative Achievements FY10 |
|--|-------------|--------------------------------|------------------------------|
| <b>Public Sector &amp; CSOs</b>  |             |                                |                              |
| Number of changes in laws, policies, regulations, or guidelines related to access to and use of health services drafted with USG support     | 5           | -                              | -                            |
| Percent of NGOs receiving USG funds, in which other source of funding represents 25% or more of total program allocations                    | 25%         | -                              | -                            |
| Number of local organizations that have identified priority challenges and developed action plans that address barriers to achieving results | 10          | 1                              | 1                            |
| Number of local organizations provided with technical  | 15          | 2                              | 8 <sup>4</sup>               |

<sup>4</sup> MoH, NAPS, Linden Care Foundation, Hope For all, Hope foundation, FACT, Comforting Hearts, Lifeline

| Indicators   | Target FY10   | Achievements for February 2010 | Cumulative Achievements FY10 |
|--|---------------|--------------------------------|------------------------------|
| assistance for HIV-related institutional capacity building   |               |                                |                              |
| Number of local organizations provided with technical assistance for HIV-related policy development                            | 10            | -                              | -                            |
| Number of local organizations provided with technical assistance for strategic information activity                            | 4             | 2                              | 4 <sup>5</sup>               |
| Number of individuals trained in institutional capacity building   | 50            | -                              | 15                           |
| Number of individuals trained in HIV-related policy development  | 10            | -                              | -                            |
| Number of individuals trained in management, leadership, supervision; strategic and project planning and resource mobilization | 50            | -                              | -                            |
| Percent of GHARP supported clinical sites (PMTCT & VCT) clinical sites with standards of HIV care available at the site        | 50%           | -                              | -                            |
| Number of capacity building interventions conducted with GF CCM  | 2             | -                              | -                            |
| <b>Private Sector</b>  |               | -                              | -                            |
| Number of new members recruited to the GBCHA   | 5             | -                              | -                            |
| Number of capacity building interventions conducted with GBCHA   | 2             | -                              | -                            |
| Number of new public-private partnerships established  | 5             | -                              | -                            |
| Value of cash and in-kind contributions by non-public partners to Public-Private Partnerships                                  | ≥U.S.\$35,000 | U.S.\$260                      | U.S.\$4,423                  |
| Number of enterprises (workplaces) that provide employees access to one or more HIV/AIDS related services                      | 21            | 2                              | 18                           |
| Estimated number of employees reached through workplace programs providing at least one of the 4 critical components           | 500           | 144                            | 337                          |
| Percentage of (GHARP supported) facilities with access to safety boxes for sharps waste disposal                               | 80%           | -                              | -                            |
| Percentage of (GHARP supported) facilities with access to safe final waste disposal options                                    | 25%           | -                              | -                            |
| Number of individuals trained in medical injection safety  | 25            | -                              | -                            |

## B. Prevention

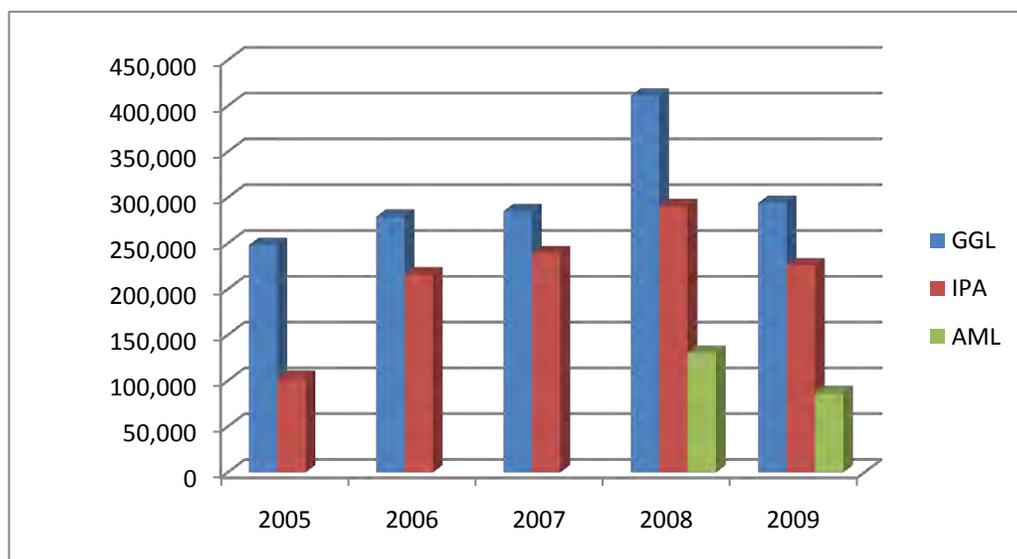
### Other Prevention

- GHARP II expands the retail network for branded condoms.** At the close of the first phase of the GHARP project, there were 900 plus non-traditional retail outlets selling and distributing branded condoms in the ten administrative regions of Guyana. GHARP's strategy was to build on the existing traditional retail network and expand it to include the non-traditional retail channels of roadside shops, bars, brothels, hotels and mini-marts. Since the resumption of activities of the condom marketing program in June 2009, the project increased access to branded condoms by expanding the number of these non-traditional retailers to 1070 outlets. GHARPII has built strong partnerships with the three main distributors of branded condoms in Guyana: Geddes Grant Ltd, International Pharmaceutical Agency and Ansa McAl, who have have extended credit to GHARP II to the

<sup>5</sup> MoH, NAPS, GBCHA, UNAIDS

value of US \$ 15,000, to procure and sell condoms. In Year 2, the focus will be to transition at least 45 % of the retailers to the companies' regular distribution channels.

- **The private sector reported that the market for condoms grew as a result of the GHARP condom marketing program:** The three major distributors of branded condoms in Guyana: Geddes Grant Ltd, IPA and Ansa McAl have reported growth in the market for branded condoms due to the work done by the condom sales promoters at GHARP. The widening of the distribution network of retailers has contributed to the expansion of the market for branded condoms. The two leading condom distributors, Geddes Grant Ltd and IPA still dominate the market due to the popularity of their brands, Rough Rider and Long Love both of which are top quality latex condoms. Ansa McAl facilitates the availability of condoms with larger sizes, responding to consumer demand and is "holding its own" against the more familiar brands. As a result of the growth in the condom market, consumers (MARPs and strategic populations), have greater access to a wider variety of condoms to satisfy their unique needs and taste. The three distribution companies: Geddes Grant Ltd, IPA and Ansa McAl all reported that there was a reduction in condom sales in the first half of 2009 due to the break in sales promotion activities by GHARP between the two phases of the project from December 2008 to the resumption of activities in June 2009. The graph below illustrates the sales performance of the companies since the program came into existence in 2005. This data highlights the need for GHARPII to link the distributors directly to the non-traditional retailers and to work with the non-traditional retailers to create demand for their products in order to ensure the sustainability of condom sales promotion after GHARP II in 2013.



The figures quoted above represent quantities in units of condoms

**GHARP II collaborates with the Guyana Business Coalition on HIV/AIDS (GBCHA) to promote condoms at workplaces:** The prevention staff of GHARPII partnered with the Technical Assistance and Training Officer of the GBCHA in the month of March 2010 to

conduct sensitization sessions at two member companies, namely Denmor Garments and Barama. The former, as the name suggests, is a garment manufacturing company with a predominantly young female workforce and the latter, a logging company with a large male workforce. The purpose of the sessions was to promote correct and consistent condom use and awareness of branded condoms in an effort to increase demand through the workplace. The sessions attracted positive responses, especially from the Barama team, which had an audience of approximately 25 persons. A list of local retail outlets and the retail prices for each brand of condoms was shared with the audience.

- The GHARP II Private Sector/Coalition Advisor also attended the Denmor Garment training session, to provide feedback to the team, and meet with the Denmor CEO and Workplace focal point to discuss ways of encouraging follow-up on the training session, including generating confidential questions from the employees on sensitive issues related to HIV that they may have not been comfortable asking in public. The PS/Coalition Advisor was impressed with the number of employees seeking information about condoms and VCT following the session – and with the new onsite VCT at the Coalition Secretariat, the GHARP II and Coalition staff were able to direct them to the location and guide them on the days and hours of operation.
- **GHARP II intensifies advocacy efforts for the removal of VAT on condoms to make them more affordable:** GHARPII met with Dr. Shanti Singh and members of the National Prevention Working Group to advocate for the removal of VAT from branded condoms. Dr. Ruben Del Prado of UNAIDS and Dr. Shanti Singh expressed some level of confidence that the Minister of Health could be very instrumental in advocating for the removal of VAT from branded condoms. An advocacy paper, developed by GHARPII's Prevention Marketing Manager and supported by HDI's Condom Advisor as well as HDI's Strategic Marketing Advisor, outlining the case for the removal of VAT from condoms, was submitted to the Minister of Health for submission to the Minister of Finance.
- The GHARP II Director of Prevention met with the Chief Executive Officer of the Private Sector Commission; Mr. Roubinder Rambarran, to discuss that organization's involvement in the fight against the AIDS epidemic. The high cost of distributing condoms to the more remote areas of Guyana was also shared with the CEO who provided a link with the Rupununi Chambers of Commerce to support the distribution of condoms to region 9. Mr Rambarran offered to make other linkages to support condom distribution and to make representation to the Minister of Finance on the challenge of VAT. GHARPII awaits further word from the Minister of Health on the removal of VAT. Private sector companies expressed a willingness to use monies saved from VAT to finance demand creation for condoms. A follow up meeting was held with GHARPII, the GBCHA and the chairman of the Rupununi chambers of commerce where it was agreed that the Rupununi Chambers of Commerce would provide support for the transportation of condoms into region 9 and that they could identify sub-distributors. A draft memorandum of understanding was submitted to the Rupununi Chambers of Commerce for consideration and agreement.

- GHARPII supports increased access to health services by MARPs-FSW and MSM**

**GHARP:** GHARP II, in collaboration with NAPS, sensitized twenty five (25) health care workers at the National Care and Treatment Centre on Stigma and Discrimination (S&D). The objective of the training was to increase the capacity of staff to provide quality services to MSMs, FSWs and other minority groups. Staff were sensitized on gender and sexuality, gender based violence and the effects of S&D on persons accessing care and treatment services. The training was conducted over two (2) half-day sessions at the treatment centre. The methodology used was participatory and didactic. Members of the target population: MSMs and PLHIV were present to share first-hand on some of their experiences accessing services. After the training, a small committee comprising of key staff and MSMs and PLHIV was formed to review recommendations from MARPs for the improvement of service delivery. The clinic manager and staff made commitments to improve services, taking into account the feedback that was shared from the target populations.
- Similarly, GHARP held meetings with senior management staff at the Guyana Responsible Parenthood Association (GRPA) NGO that provides STI and HIV screening and treatment services for MARPs. Feedback was provided to senior management on some of the issues MARPs had in accessing services at that NGO. MARPs generally expressed satisfaction with the attitude of staff at GRPA towards them. However, the recommendation was made to introduce at least one late night clinic a week and that this late clinic should coincide with the nights when GRPA and AIDS conduct outreach activities to MARPs, which would also include referrals. GRPA committed to reviewing the recommendations and to explore the possibility for incorporating some of the recommended changes. GHARPII will continue to sensitize health care staff at other clinics accessed by MARPs on the issues of S&D, gender and domestic violence, and work with clinic management and members of the target population to define steps that can be taken to increase access to services.
- GHARPII strengthens NGOs capacity to implement risk reduction activities to influence behavior change among MARPs:** As part of the activities to strengthen the NGOs capacity to implement behavior change activities targeting MARPs, GHARPII provided basic training in counseling techniques to NGO outreach staff and peer educators to address psychosocial issues or recognize mental health issues and make referrals for treatment. The NGOs that benefited from this technical capacity building were FACT, AIDS and United Bricklayers. Additional technical capacity building activities included peer education trainings with the United Bricklayers team of MARPs peer educators. This training was co-facilitated by the MOH/NAPS MARPs Focal person and GHARPII.
- GHARP provides technical support to NAPS and NGOs to map MARPs' "hot spots":** Technical support was provided to the MOH/NAPS MARPs Focal Point and the Guyana Rainbow Foundation (GUYBOW) in identifying areas/locations in regions 7 and 10 frequented by MSM and FSWs. The purpose of these activities was to identify locations for program expansion. The visiting team also oriented the Community Outreach Coordinators attached to LCF and Guybow on the MARPs program and expectations for the program. Twenty two (22) MSM and Seventeen (17) FSWs were mobilized for Peer Education training

in the two regions. Several FSWs and MSM locations were identified and sensitization was conducted with the owners and operators of brothels, hotel and bars.

- **Technical Assistance provided to several NGOs implementing Prevention Other Programs** Several NGOs implementing “Other Prevention” programs benefited from supervisory site visits and technical assistance from the Community Mobilizer MARPS. The objectives of the site visits were to review, through direct observation, the general outreach and peer education process. Recommendations for improving sessions and strengthening capacity were also made.
- Technical assistance was geared towards improving program quality, reviewing documentation protocols, and providing guidance on activity implementation. Attention was also focused on addressing challenges encountered in achieving targets and providing feedback on monthly reports. The importance of addressing crosscutting issues such as gender based violence, substance abuse; Community Mobilization and Prevention with Positives (PwP) were also addressed. Support was given in language translation to enable the MARPs outreach persons from an NGO interfacing with sex workers from Brazil to communicate in Portuguese.
- GHARP II will continue to closely supervise these organizations and provide guidance through planned field visits for the remainder of the fiscal year.
- **MOH/NAPS in collaboration with GHARP II facilitated the review of BCC materials targeting MSM.** The review process was coordinated by an MSM and included the participation of MSM from five (5) regions representing NGOs supported by GHARP II and other concerned individuals. Technical support for the review process and questions were provided by visiting consultant Susan Howard of Howard Delafield International. The purpose of the review was to gain feedback from the group on the appropriateness of the materials and how to better adapt them for use within the MSM community in Guyana. Overall, there was positive feedback on the materials. Participants made suggestions for minor changes in the photos, the text and the inclusion of additional information. A modified version will be submitted to MOH/NAPS for approval.
- **GHARP II collaborates with MOH/NAPS to conduct a review of the “Path for Life” MSM Peer Education Manual:** GHARP II supported the MOH/NAPS to conduct a review of the MSM “Path for Life” Peer Education Manual. Representatives drawn from NGOs implementing the “Prevention Other” program, sexual minority groups and concerned MSM participated in the review process. The objective of the review was to improve the quality of the manual and its appropriateness as a training tool to build outreach worker capacity to influence behavior change within the MSM population.
- **MSM qualitative insights mining field work completed:** GHARP II provided technical support and funding to GUYBOW to conduct eight (8) focus group discussions and six (6) in-depth interviews in both regions 4 and 6 for the purpose of assessing the motivational

factors that drive MSM to engage in risky sexual practices and the barriers to effecting behavior change. Consultants Susan Howard and Molly Jenkins provided technical support to the crafting of the questionnaires and the identifying, recruiting and training of the group facilitators. The actual fieldwork lasted 12 days with minimal challenges. The findings from this activity will be used by the project to develop more effective strategies to lead to behavior change within the MSM population. The preliminary report is currently under review.

- **GHARP II collaborates with MOH/NAPS to train FSWs and MSM Peer Educators in Region 6, 7 and 10:** In an effort to strengthen the MARPs program, GHARP II provided technical support to the MoH/NAPS in conducting Peer Education training for FSW and MSM within regions 6, 7 and 10. The goal of these training sessions was to increase the capacity of MSM and FSWs to mobilize and deliver HIV prevention messages to their peers and to equip Peer Educators with skills to promote better health seeking behaviors. A total of nineteen (19) MSM and forty three (43) Sex Workers were trained in Peer Education. Of those trained, ten (10) persons were recruited by the United Bricklayers, Linden Care and GAYBOW as Peer Educators and have since commenced outreach activities.
- **Communications materials reproduced to support MARPs program:** BCC materials were reproduced to support activities targeting FSW and MSM. These materials include the “Keep the Light On” brochure and pocket calendars. These materials were distributed by NGOs implementing MARPs programs.
- **Other**
- **GHARP II technical strategy for prevention programs shared with visiting OGAC Prevention Team:** GHARP II presented its HIV prevention strategy to a visiting team representing the OGAC Prevention TWG. The presentations were well received and generated considerable discussion. Advice was sought from the OGAC team on the latest updates on guidance concerning condoms and the in school youth program (ISY). The team shared that the latest guidance was not very clear and that they would try to get more insights and clarity.
- **GHARP II’s technical support to NGOs helps to improve the quality of service delivery within AB programs:** The Health Promotion Advisor GHARP II provided technical support to several NGOs that implement AB programs for youth through routine onsite technical assistance and supervisory visits to address obstacles and receive implementation updates. The primary objective of these visits was to ensure the quality of the NGO program delivery met defined program standards and to help realize the behavior change objectives of the program. The NGOs visited included Hope For All, AGAPE Network, Operation Restoration, The Youth Mentorship Endeavour (TYME), Artiste In Direct Support (AIDS), Roadside Baptist, LCF among others. Areas in the program that were identified for improvement included: The parenting session- A review of the NGOs’ parenting program was conducted and the possibilities for scale-up and improvements explored for the new fiscal year. The current guidelines for the in-school youth program recommend one parenting session per

year. This was found to be inadequate to fully ensure the buy-in of parents and to build their capacity to reinforce messages promoted in the in-school youth program. A presentation focused on how to increase parents and teacher involvement in youth programs (based on the recommendations made by Ms. Beverly Chan, Training Consultant) was shared with the NGOs. Technical assistance on ways to strengthen parenting workshops was provided through the sharing of a manual produced by Parenting Partners; Jamaica titled *Pathways to Parenting; A Caribbean Approach*. This resource offered evidence-based methodologies to engage parents in a meaningful way during workshops and other group forums, strategically addressing the communication issues between parents and children. Some described the sessions as an eye-opening experience and lauded the NGOs for initiating what was opined as a critical service for parents and guardians of adolescents and young adults.

- Technical assistance was also provided on the key elements for conducting a youth-based peer education program. A 5-day training curriculum was shared with the youth outreach workers to support the training of select youths from the ISY program. Some NGOs have already begun the process of training these identified members of the population to be peer educators to reinforce the HIV prevention messages delivered during the standard educational sessions.
- Supervision of NGO existing practices of reporting and planning was conducted to ensure compliance to the standards of the program. Other issues addressed during the past year of implementation included; low staff morale and the inadequacy of pre-meeting resources to conduct the sessions in schools (for example, items like flip charts, markers and similar materials). Additionally, the quality of facilitation and techniques used to encourage participation among youths was observed as part of the visits to the NGOs using an assessment tool developed by GHARP II. GHARP II will continue to work with the NGOs in the coming year to strengthen their capacity to conduct educational outreach sessions with youth.
- **GHARP II Strengthens Counselling Skills of Outreach Staff:** NAPS and GHARP II conducted basic counselling training for youth outreach staff. The objective of the training was to build the capacity of participants in counselling so that they could provide crisis interventions and make referrals to social support services as the need may arise during outreach sessions. A total of thirty one (31) persons were trained. The sessions were facilitated by Ms. Beverly Chan, Training Consultant and co-facilitated by GHARP II and NAPS staff.
- **Community Mobilization.** GHARP II has embraced community mobilization as part of an integrated prevention strategy to facilitate collaboration and action among community members. As a guiding principle, GHARP II has embraced every opportunity to collaborate with stakeholders that have the same mission for community mobilization, essentially capitalizing on such partnerships. To this end, GHARP II participated in a meeting with UNAIDS, geared towards collaborating on community mobilization. Discussions focused on

exploring ways of building on the previous training conducted by GHARP II by Ms. Susana Galdos, Senior MSH Associate, in June 2009, and strengthening the Community Leadership manual by merging some of the elements of the AIDS Competence Model.

- GHARP II continued to make modifications to the community mobilization manual by placing greater emphasis on HIV/AIDS. The modification process is collaborative and will include inputs from UNAIDS specifically, the AIDS Competency tool. This is a work in progress and will be finalized as soon as the field training experiences is completed and compiled. This will make the process of modification practical and more efficient.



- For the reporting period, GHARP II has conducted three (3) Community Mobilization trainings in collaboration with MOH/NAPS effectively reaching approximately 75 community members and leaders in regions 2, 3, 4, 5, 6, 7. The objective of these workshops session was to provide participants with knowledge and tools to implement community activities whilst helping them to become better leaders, communicators in the process. Sessions were jointly facilitated by staff of GHARP II and Mr. Nazim Hussain, Community Mobilization Coordinator, NAPS. Generally, an outcome of the workshops is the development of community-based projects that are implemented by the leaders and members of the various communities using resources and expertise that exist within the community. Ongoing supervision and technical assistance will be provided by GHARP II and NAPS in the implementation of these projects.

### **Constraints and Challenges:**

- The cost of selling and distributing branded condoms into the hinterland is significantly higher than on the coast; however it remains a priority distribution point as the mining and logging sectors are key MARPS target groups- and there is no other distribution system in many mining areas apart from that provided by GHARP II. It is anticipated that through the collaboration and coordination with Guyana Geology and Mines and the Rupununi Chamber of Commerce that these costs will be reduced. The handing over of 45% of the retail outlets to the large distribution companies will also help to greatly reduce the cost of distribution to GHARP.
- GHARP II is awaiting signatures for letters of invitation from NAPS to move forward with the further training of clinic staff in regions 3, 4, 6 and 10 on gender, domestic violence, stigma

and discrimination. A request was first made in January and a reminder submitted subsequently, a positive response was received in March.

### Prevention Indicators

| Indicator  | Target FY10    | Achievements for February 2010 | Cumulative Achievements FY10 |
|--|----------------|--------------------------------|------------------------------|
| Number of local organizations provided with relevant, targeted and consistent technical assistance to strengthen their HIV behavior change program | 16             | 6                              | 9                            |
| Number of facilitators trained in HIV prevention   | 45             | -                              | -                            |
| Number of individuals trained in HIV-related community mobilization for prevention, care and treatment   | 50             | -                              | -                            |
| Number of individuals trained in HIV-related stigma and discrimination reduction   | 100            | -                              | -                            |
| Number of targeted condom service outlets  | 900            | 5                              | 1,068                        |
| Number of leaders trained  | 10             | -                              | -                            |
| Number of condoms sold/distributed   | No targets set | 23,341                         | 113, 417                     |
| Number of condoms sold   | No targets set | 7,149                          | 24,564                       |

### C. Adult Care and Support

- CHPC guidelines reviewed:** GHARP II provided TA to NAPS by facilitating a total of seven sessions to successfully complete the internal and external review of the CHPC Guidelines. The process of review was participatory whereby various NGOs gave their input. The National Guidelines and the TWG recommendations were used to guide the changes. Key issues such as mental health, substance abuse, follow up (pre-ART/ART clients); referrals for family & reproductive health, tuberculosis and cervical cancer screening were addressed. Changes were effected to include Children Living with HIV (CLHIV) to be part of an integrated family approach setting i.e., addressing HBC, Palliative Care OVC needs. The external review was conducted by MSH Consultant, Scott Kellerman. GHARP disseminated copies of the guidelines to NGOs, treatment sites and hospitals and will continue to mentor and coach providers of CHPC services to enforce the changes in the guidelines.
- Technical Support provided to nurse supervisors at NGOs, hospitals and treatment sites:** GHARP provided TS to five feedback meetings with MOH/NAPS, NGOs and other key stakeholders in case management and other support aimed at improving coordination, strengthening CHPC. At these meetings nurse supervisors were also given the opportunity to discuss issues and challenges; share success stories and best practices; and receive updates on palliative care globally. Four case presentations were done by nurse supervisors to familiarize and inform each other on case management as well as to promote a standard approach to client care.
- Linkages between NGOs, the Ministry of Labour & Human Services and Social Security (MLHSSS), Carnegie School of Home Economics and the Private Sector:** Linkages with GHARP and the Carnegie School of Home Economics has resulted in a total

of forty five (45) HIV positive women from NGOs in Region # 4, being able to pursue training at in garment construction, floral arrangement and catering and hospitality. NGOs include Guyana GRPA, Lifeline Counseling Services (LCS), and Agape Network Inc. The planning and financing was undertaken by GHARP (materials, tuition and rental of facilities). Twenty PLHIV depending on their performance will pursue further training in small business management and leadership through IPED and MLHSSS. GHARP II will continue to explore new possibilities for skills building and to track PLHIV to job placement.

- **GHARP II strengthens linkages between the CHPC program and Habitat for Humanity to provide construction skills training for PLHIV:** GHARP II provided support to four NGOs (GRPA, LCF, and LCS) in planning and design of activities which has led to the exposure of sixteen (16) PLHIV in masonry, carpentry and steel bending. As a result of various setbacks, only three PLHIV from GRPA persevered and completed eight weeks of training. Four houses for PLHIV were completed: one in Wisrock, one in Amelia's Ward (Region 10); one in Parafaité Harmony (Region 3) and Sophia (Region 4); and two near completion in the Diamond Housing Scheme (Region 4). This venture will be further explored by GHARP in FY11.
- **Supervisory site visits to three support group meetings:** GHARP II made three supervisory visits to LCF, Agape and Fact and attended the support group meetings. The purpose of these visits was to observe the operations of the support groups, assess the effectiveness of support groups; provide guidance on the conduct of the meetings and to develop strategies to bridge the gap between the clinical and community setting. Also, to ascertain the level of involvement of PLHIV in income generating activities e.g. a kitchen garden, food stalls internet café etc. It was observed that the management of support groups varied considerably among the three NGOs and that key issues affecting PLHIV such as suicide and drug/substance abuse are missed. GHARP II in collaboration with NAPS will continue to visit the other support groups of other NGOs and in collaboration with NAPS develop standard operational guidelines for support groups.
- **TA to NGOs to implement PwP activities:** GHARP II Care and Support Advisor and Prevention Director conducted site visits to NGOs implementing care and support programs to discuss strategies for the roll out and implement the PwP activities. NGOs include: GRPA, FACT, Comforting Hearts, LCS, Linden Care Foundation, Hope for All, Hope Foundation and AGAPE .Guidance was provided on conducting risk assessments; risk reduction planning and disclosure planning as a means of introducing PwP activities. However, GHARP II will Work with NAPS and other stakeholders to finalize and implement the PwP framework and strategy for implementation among NGOs. Once finalized, GHARP II in collaboration with NAPS will also seek approval for a module on PwP to be incorporated into the CHPC curriculum.
- **TA to NGOs and Clinical sites through site visits and regular feedback:** TA was provided via telephone, teaching sessions, workshop and supervisory visits to each of the nine (9) NGOs implementing HBC programs. A total of twenty four (24) site visits were

conducted during the reporting period. NGOs included Hope for All, Agape Network Inc., GRPA, LLCS, Guyana Nurses Association (GNA), Hope Foundation, FACT, Comforting Hearts (CH) and LCF. Workplans were reviewed to assess whether targets were achieved. Considerable time was devoted to improving documentation to ensure that there was effective use of current data collection tools and to maintain consistency among NGOs; and addressing the organizations' challenges. Technical support and guidance was also provided to NGO in strengthening programs through effective networking and referrals. NGOs have shown significant improvement in recording and reporting and care plan development. GHARP continues to work with two NGOs to effectively integrate HBC/OVC program activities.

- **GHARP conducted refreshers training in collaboration with NAPS:** Seventy one (71) caregivers in Regions 2,4,6,7 and 10 benefitted from a two- day refreshers' training. The main purpose of the training was to equip caregivers with the relevant knowledge and skills to effectively conduct client assessment, improve documentation, reduce stigma and discrimination and improve the overall care provided to PLHIV, their families and communities. Emphasis was placed on the importance of communication and documentation. The impact of S&D on PLHIV was also emphasized. The training sessions were held in Region 4 and 6 on February 15-16<sup>th</sup>, 25-26<sup>th</sup> and on the March 10 and 11<sup>th</sup>, 2010 respectively. The sessions were facilitated by Shevonne Benn, NAPS and Vashti Hinds, GHARP and co-facilitated by Grace Bond and Olga Statia, GNA. Caregivers were awarded certificates for their participation.
- **GHARP conducted training in stigma and discrimination and palliative care in collaboration with NAPS:** Fourteen (14) nurse supervisors in Regions # 2, 3,4,6,7, and 10 benefitted from training in S&D and palliative care. The main purpose of training was to improve documentation, develop approaches to reduce S&D and to effectively employ the family centered approach to improve client care. The sessions were facilitated by Shevonne Benn, NAPS and Vashti Hinds, GHARP and co-facilitated by Grace Bond and Olga Statia, GNA.
- **Technical support provided to the GNA:** GHARP II provided ongoing support to the GNA to build their capacity to train and supervise NGOs implementing Care and Support (C&S) programs. Support was provided in planning, designing and developing of program activities for the GNA, co-facilitating trainings and giving feedback and guidance. GHARP II will continue to work with the GNA to build their capacity to effectively provide training and supervision to the other eight NGOs implementing CHPC programs in secondary prevention and PwP.

#### **Constraint and Challenges:**

Two major concerns and challenges working with PLHIV and care providers noted were related to voucher distribution and staff attitudes. GHARP provided TA to help them overcome those challenges.

## Adult Care and Support Indicators

| Indicator  | Target FY10 | Achievements for February 2010 | Cumulative Achievements FY10 |
|--|-------------|--------------------------------|------------------------------|
| Number of individuals trained to provide HIV-related palliative care   | 50          | 27                             | 27                           |
| Number of local organizations provided with relevant, targeted and consistent technical assistance to strengthen their palliative care program | 9           | 1                              | 9                            |

### D. Counseling and Testing (HVCT)

- VCT needs assessment conducted to assess program challenges and TA needs identified gaps programs success and gaps:** Dr. Shilpa Sayana and Mr. Clint Trout, PMTCT/VCT Advisors from AHF conducted a detailed needs assessment of the current national program. The purpose of the assessment was to gather baseline data from which technical assistance could be designed in order to increase coverage and the quality of service. Areas in need of significant improvement include follow-up care for HIV positive clients, targeting MARPs and expanding coverage in difficult-to-reach areas. GHARP II technical assistance plan and strategy was specifically geared toward addressing these issues. A detailed report on the assessment recommendations and strategies were submitted to the MOH/NAPS for review and comments. Key issues noted included the need for protocols for group counseling, provider-initiated testing, and abbreviated testing.
- GHARP II provided support to NAPS in conducting training & refresher training for Counselors & Testers:** GHARP II staff along with Mr. Clint Trout, VCT Advisor AHF supported NAPS in conducting two-week training for new counselor-testers during the national week of testing. Sessions were facilitated by Ms. Deborah Success, National VCT Coordinator, Mr. Trevor McIntosh Regional VCT Officer, and Nurse Hager Bailey, VCT/PMTCT Coordinator GHARP II. GHARP II staff also provided technical assistance at various locations across Region 4 in the form of supervision, mentoring, and mobilization of counselor/testers to serve at various VCT locations.
- Mentoring, Coaching and Supervisory Support Provided at MOH/NAPS VCT Training:** GHARP II through Mr. Clint Trout, VCT Advisor, AHF supervised and evaluated training for VCT staff conducted by MOH/NAPS. Mentoring and coaching support was also provided to three MOH staffers who recently completed a VCT TOT overseas. A detailed report outlining issues noted and specific recommendations was submitted to NAPS for review and comments. Recommendations included the use of expert modeling sessions, memory aids and protocols to assist and guide staff. Additionally, time management was highlighted as a major challenge throughout the training.
- GHARP II provided support to NAPS in developing a draft HIV-QUAL for the VCT program.** Based on a request from Dr. Shanti Singh, a system of continuous quality

assurance based on the HIV-QUAL model was developed for National VCT program. The aim of the system is to provide additional indicators to assess the quality of VCT services at Service delivery points. The model sets out key indicators based on the objectives and expected outcomes of the VCT services. In collaboration with NAPS staff, data collection tools were developed to measure facility services, the referral process for HIV positive clients, the counseling process, and client satisfaction. An evaluation methodology was also proposed to measure medium-term and long-term behavior change among both negative and positives clients.

Twenty indicators measuring the quality of VCT services were presented and mock data on what they could evaluate was graphically demonstrated. Through a discussion with Dr. Singh, strategies to help refine the referral system to capture the reality of how many people who test positive are actually enrolling into care were developed.

- **GHARP II provides support to NAPS in developing and updating key policy & protocol documents:** These areas are to develop a VCT module that focuses on children & youth. To develop an official policy to reflect group counseling for VCT and to update the PMTCT section in the VCT curriculum to current WHO standards and include the „Opt-Out’ policy as the new guidance for counseling and testing for pregnant women.
- **GHARP II conducted supervisory and technical assistance visits with NAPS to VCT sites:** The VCT/PMTCT Coordinator participated in supervisory visits with Mr. Trevor McIntosh, Regional VCT Coordinator of NAPS. The objective of these visits was to assess quality assurance and to review documentation. A total of 10 high volume sites (service uptake in excess of 45 persons per month) within regions 4 & 6 were visited.
- **Technical Assistance visits to NGOs implementing VCT:** Technical assistance was provided to Linden Care Foundation, Hope for All, Hope Foundation, and Comforting Hearts to provide a formal introduction of GHARP II, review their VCT programs, and to assess documentation protocols and challenges. At all sites, GHARP II staff evaluated work plan implementation and gave actionable advice and recommendations to improve services. For example, GHARP II staff noted that Comforting Hearts’ internal efforts have led to more men accessing services and more clients returning for follow-up testing, but that outreach to MARPs (especially MSM and FSW) is limited and space for confidential services is inadequate. GHARP II plans to replicate Comforting Hearts’ successes at other VCT sites and will implement a plan to increase focus on MARPs.
- **Technical assistance provided to NGOs to develop their work plans for FY10:** The PMTCT/VCT Coordinator provided technical assistance and support to the NGOs implementing in developing VCT work plan for FY10. Support was provided in developing activities and strategies aimed at expanding services to MARPs and reaching underserved populations especially within the hinterlands.

## Counseling and Testing Indicators

| Indicator  | Target FY10 | Achievements for February 2010 | Cumulative Achievements FY10 |
|--|-------------|--------------------------------|------------------------------|
| Number of service outlets providing counseling and testing services according to national or international standards | 26          | 26                             | 26                           |
| Number of individuals trained in counseling and testing according to national or international standards             | 50          | -                              | -                            |
| Number of individuals who received counseling and testing for HIV and received their test results                    | 12,000      | 1,159                          | 8,385                        |
| Number of individuals who were counseled and tested and found to be HIV positive                                     | 235         | 27                             | 236                          |

### E. Prevention of Mother to Child Transmission (PMTCT) of HIV

- PMTCT needs assessment conducted to assess program challenges and TA needs:** Dr. Shilpa Sayana, PMTCT Advisor, AHF and Mr. Clint Trout VCT/PMTCT Advisor, AHF conducted a detailed needs assessment of the program. The purpose of the assessment was to create baseline data from which technical assistance could be planned in order to improve the quality of service within the PMTCT/MCH program. Areas noted as needing improvement included updating the clinical guidelines, increasing complete coverage to PMTCT medication, strengthening follow-up care and promoting early testing. GHARP II's technical assistance plan and strategy is specifically geared toward addressing these, and other issues within the program. A detailed report on the assessment recommendations and strategies were submitted to the MOH/NAPS for review and comments.
- Support provided to MCH Unit in conducting training for rapid testing:** One of the most necessary recommendations was improvement in the "opt-out" model of PMTCT testing (testing all pregnant mothers who consent with abbreviated counseling). Partially due to AHF's previous advocacy, this model was officially adopted by the Ministry of Health in mid-September 2009. GHARP II provided technical assistance and support to the MCH unit in conducting a seven day rapid testing training for HCWs from September 21<sup>st</sup>-25<sup>th</sup> at Grand Coastal Inn. The objective of the training was to build the skills of participants to use rapid test kits (RTKs) for HIV testing. This training supported the implementation of the point of care testing at specific PMTCT sites located at hard to access locations. Additionally, all staff trained will assume additional responsibilities at sites where PMTCT staff shortages have affected the timely delivery of HIV services to clients.
- Support provided to MCH Unit in conducting PMTCT refresher training for HCWS:** GHARP II provided technical assistance and support to the MCH unit in conducting refresher training for PMTCT nurses from September 7<sup>th</sup> -13<sup>th</sup>, 2009. The objective of the training was to reorient participants on the national PMTCT program guidelines. Special emphasis was placed on updating participants on opt-out strategy and the implications for the program. It was expected that changes will be made to the program monitoring system to reflect this.

- **Technical support provided to MCH Unit in reviewing and updating the national PMTCT Curriculum:** GHARP II is one of the technical partners along with UNICEF, ITECH and CDC assisting the MOH/MCH in updating the current PMTCT guidelines which is expected to be completed by August 2010 (FXB did last review in 2004). This process is occurring with regular meetings where technical people provide input on the sections of the guidelines that need revision.
- **PMTCT sites have been selected via discussions with MCH Unit:** GHARP II met with Dr. Janice Woolford, Director MCH, and Nurse Emily Cumberbatch, National PMTCT Coordinator (Ag) to identify and agree on PMTCT sites which will be supported by GHARP II. These sites will be the principal sites in which PMTCT TA at a site level will be provided. Currently 19 PMTCT sites have implemented HIV-QUAL quality assurance / continuous quality improvement system. Most of the 19 sites are also GHARPII technical assistance sites. It was agreed that GHARP II will provide assistance to MCH in expanding the HIV-QUAL model to other GHARP II supported sites.
- **Development of the Mother-to-Mother guidelines for a pilot for the Guyana context:** GHARP II staff and AHF staff adapted the guidelines for a pilot of the Mother-to-Mother support groups for the Guyana context. This guidelines include topics on domestic violence, disclosure of an HIV positive status and partner testing, and male involvement. However, after review and discussion with the MOH/MCH this is currently being put on hold until other pressing activities occur.
- **Collaboration with MCH/PMTCT Director MOH:** VCT/PMTCT Coordinator , held several meetings with Dr. Janice Woolford, MCH Director MOH. The purpose of these meetings was to discuss priority areas for TA support under GHARP II. Several new priorities were identified and were incorporated in the work plan for FY10.
- **Site visit and capacity building:** GHARP II conducted site visits to the labor and delivery (L&D) ward to evaluate data collection forms as well as to determine how many women are potentially missing opportunities for PMTCT prophylaxis because they are incorrectly believed to be too late in labor. GHARP II has designed a short methodology to test this.
- **Gaps identified in complete PMTCT medication coverage:** One key area of improvement needed is to operationalize the national PMTCT treatment guidelines into clinical practice and move from single dose nevirapine to nevirapine and combined AZT and 3TC. This practice is three times more effective than single dose nevirapine. Another key accomplishment was identifying with the MOH-MCH that hospitals did not stock oral AZT/3TC for mothers who come into labor and delivery wards with an unknown HIV status. The MOH-MCH is helping PMTCT sites in requisitioning these drugs which are critical in preserving future antiretroviral options for these women. Lastly a meeting with the superintendent at Georgetown Hospital was very productive in terms of his recognition of our technical

assistance and his offer to link us with the internship program that could assist us in reviewing PMTCT operations and gaps at his hospital.

- **Advocacy to increase same-day HIV testing at ANC sites:** GHARP II has been advocating in increase same-day HIV testing through rapid testing at all ANC sites. However, the Maternal Child Health Department was not supportive of same-day HIV testing, because the HIV screening is done with other tests which the woman receives on the next visit. We will continue to advocate for a change in this policy. Through Ms. Priya Iyer, the PMTCT National Coordinator this issue has been getting some national attention from the Minister and the country may move toward rapid tests at all sites.
- **Technical assistance provided to NGOs to develop their work plans for FY10:** Technical assistance and guidance was provided to the NGOs in developing activities to support PMTCT mobilization and the strengthening of mother-to-mother support groups at treatment sites.

#### **Constraint and Challenges:**

- GHARP II technical assistance activities are highly dependent on buy-in and input from the MoH. It was challenging to obtain timely feedback from senior officials from NAPS and MoH however now this has improved significantly due to the improved working relationship. This had slowed the momentum in achieving deliverables and timelines agreed upon during the year. Other reasons for delays include, but are not limited to, travel schedules of MoH personnel, human resource shortages, information technology, and other infrastructure shortcomings within Georgetown (due in part of MoH fire).
- A constraint for AHF is the global distribution of its team, as the four-person team is located inside and outside of Guyana. However, each person adds a wealth of technical experience to the program. Our team „meets’ weekly via phone and AHF has committed to increasing the number of TA trips to Guyana to provide further support. Dr. Sayana visited in January and March 2010. Thomas Riess will travel to Guyana in April and September 2010. Dr. Bhatti will likely visit in Nov 2010

#### **Prevention of Mother to Child Transmission Indicators**

| <b>Indicator</b>  | <b>Target FY10</b> | <b>Achievements for February 2010</b> | <b>Cumulative Achievements FY10</b> |
|---|--------------------|---------------------------------------|-------------------------------------|
| Number of service outlets that provide the minimum package of PMTCT services according to national or international standards | <b>45</b>          | <b>45</b>                             | <b>45</b>                           |
| Number of HIV infected pregnant women who received antiretroviral to reduce risk of MTCT                                      | <b>145</b>         |                                       | <b>45</b>                           |
| Number of health care workers trained in the provision of PMTCT services according to national or international standards     | <b>150</b>         | -                                     | -                                   |

| Indicator  | Target FY10    | Achievements for February 2010 | Cumulative Achievements FY10 |
|--|----------------|--------------------------------|------------------------------|
| Number of pregnant women with known HIV status ((includes women who were tested for HIV and received their results as well as pregnant women already known to be HIV positive upon entry to the PMTCT program for the current pregnancy) | 9,500          |                                | 3, 523 <sup>6</sup>          |
| Percent of pregnant women who received HIV counseling & testing for PMTCT & received their test results  | 88%            |                                | 89.5%                        |
| Number of HIV positive pregnant women newly enrolled into HIV care   | 50             | -                              | -                            |
| Number of pregnant women found to be HIV positive  | No targets set |                                | 30                           |

## F. Orphans & Vulnerable Children

- GHARP II collaborated with MOLHSSS to develop and implement an OVC code of conduct/Child Protection Policy:** GHARP II collaborated with MOLHSSS to conduct 2-day training at GHARP II for NGOs using the USAID/CSDS OVC Child Protection Policy as a resource document. Anne Green, Director of the Child Protection Agency (CPA) MOLHSSS, co-facilitated this training. TA was also provided to eight (8) NGOs on site to develop their internal child protection policy by December 15, 2009. Follow up supervisory visits and capacity building will be done by GHARP II to develop strategies to ensure the successful implementation and compliance of their internal Child Protection Policy already available in all eight (8) NGOs working with OVCs.

**Technical Assistance to NGOs:** Site visits to NGOs for HBC and OVC programs were conducted simultaneously. Guidance was provided to eight (8) NGOs in the development of activities to address the needs of older OVC within existing programs. The NGOs are GRPA, LCS, AGAPE, FACT, CH, HA, HF, and LCF.TA provided via telephone contact, teaching sessions and site visits. Work plans for FY09/10 were also reviewed. Emphasis was placed on improving documentation (care plans, completion of client assessment forms etc.) and communication. Mentoring and coaching of program managers and supervisors were also done to strengthen capacity and to provide quality services to OVC.

- Capacity building support provided to GRPA to provide quality OVC program:** GHARP conducted a technical assistance visit to GRPA to orient the organization on the implementation of the OVC program and to provide specific guidance and clarification on issues and challenges. Unfamiliarity with the data collection tools and understanding the respective roles and responsibilities of staff within the program were major concerns noted. A copy of the updated GHARP OVC manual was provided to the organization. To further support the capacity building effort at GRPA two exchange visits were arranged with AGAPE and LCF to share best practices.

<sup>6</sup> PMTCT service statistics for 2010 is not currently available due to the printing of the reporting forms.

- **GHARP II's feedback session with NGOs:** GHARP facilitated the meeting of social workers, nurse supervisors, program coordinators and program officers to participate in discussions on OVC issues and challenges. The NGOs participating include Agape Inc., GRPA, LLCS, CRC and GNA. A power point presentation was done by GHARP II highlighting various strategies NGOs can employ to successfully integrate HBC, palliative care and OVC. GHARP II will continue to facilitate these meetings quarterly.
- **GHARP II collaborated with UNICEF and Every Child Guyana:** GHARP II collaborated with Ms. Doris Roos, Director; Child Protection and Ms. Omattie Madray, Country Director to assess the possibilities for strengthening collaboration and to garner support for all facets of OVC services. It was agreed that GHARP II will collaborate to plan ongoing training activities. GHARP participated in the PEPFAR Support TWG planning meeting with UNICEF and other stakeholders to provide input into the revision of the National HIV/AIDS Strategy. GHARP will continue to work with stakeholders to review the TORs and functioning of national OVC TWG to address issues related to service delivery package as a matter of urgency.
- **GHARP II continue to collaborate with the MOLHSSS:** GHARP met with Ms. Dawn Hunte, Probation Officer, MOLHSSS on the 29<sup>th</sup> March, 2010 to explore possibilities for closer collaboration. It was agreed that the MOLHSSS will assist in developing strategies and trainings to address gaps in psychosocial support and counseling among NGOs and other OVC related personnel. Further discussions will be held to ensure that the process is operationalized.
- **GHARP continues to explore linkages to support skills building for OVC and their families:** GHARP II met with Mr. Onwuzirike Patrick Chinedu, Principal, and GTI to explore possibilities for skill training for CLHIV and or identified family members. It was agreed that GTI will provide training for OVC desirous of being trained in the following areas: electrical installation, secretarial science, computer science, welding, carpentry, masonry etc. Training opportunity will be available to other OVC residing in Regions 2, 6 and 10. This information was relayed to the NGOs. Four older OVCs from GRPA have since been enrolled to complete one year courses in electrical installation, fitter machinery and plumbing.

#### **Constraint and Challenges:**

Two major concerns shared among NGOs were that of security of client records and the number of persons accessing records. The NGOs who presented this problem, were advised to lock the files so only the Nurse Supervisor and the Social Worker would have access to those files. The files are to be locked with limited access to the keys.

## Orphans and Vulnerable Children Indicators

| Indicator  | Target FY10 | Achievements for February 2010 | Cumulative Achievements FY10 |
|--|-------------|--------------------------------|------------------------------|
| Number of providers/caregivers trained in caring for orphans and vulnerable children   | 90          | -                              | -                            |
| Number of local organizations provided with relevant, targeted and consistent technical assistance to strengthen their OVC program | 9           | 1                              | 9                            |

## IV. STRATEGIC INFORMATION

The activities outlined below represent achievement in the area of strategic information for the reporting period ending March 31<sup>st</sup>, 2010.

- Technical Support in reviewing and revising the national PMTCT reporting system:** GHARP II continued to provide technical support to the MOH in reviewing the national PMTCT monitoring and reporting system. The revised suite of data collection tools includes the serology, monthly ANC and L&D summary form and counseling and testing record. The revised tools were shared with the MoH and have been approved as final. GHARP II will fund the cost of printing the new data tools.
- Technical Support provided to the GBCHA in developing an internal data collection and reporting system:** GHARP II provided technical support to the GBCHA in developing an internal data collection and reporting system. Frontline tools to be used by private sector partners, program logs and a monthly summary report format were also developed with support from GHARP II. The tools developed will be used to report on the activities of the secretariat immediately. GHARP II will continue to provide feedback to further improve the quality of the monthly reports.
- NGO Narrative reporting format revised:** The GHARP II technical team met to review additional data needs necessary to support better program monitoring, supervision and support within their respective technical areas. The data needs identified were used to revise the existing NGO monthly narrative report. Guides for each technical area were also developed to aid better reporting. It was agreed that the technical staff will work with the NGOs implementing programs within their technical areas to improve the quality of reporting. The revised reporting format was shared with CSDS for review and feedback.
- Capacity Building on the provision of TA:** The SI unit coordinated an internal session to build the capacity of staff to identify and provide quality technical assistance. Discussions were facilitated by Dr. Navindra Persaud and focused on outlining the difference between TA and supervision. It is expected that this will allow the technical team to adequately report on the various category of technical assistance and support provided to national stakeholders. GHARP II will be using the HSS model to provide technical assistance and support to the MOH and CSOs.

- **Participated in Mid-term Review of the National HIV/AIDS Strategic Plan 2007-2011:** GHARP II participated in a review meeting to assess the implementation of the Guyana National HIV/AIDS Strategic Plan 2007-11. Staff participated in discussions and presented to the workshop participants a number of factors affecting performance and priority areas for implementation within the plan. The recommendations from this workshop will be incorporated with additional input from regional and other stakeholder consultations and will guide the development of the midterm review report.
- **Participation in the BBSS Dissemination workshop:** GHARP II participated in the BBSS dissemination workshop held on March 03<sup>rd</sup> 2010. An overview presentation outlining the purposes of the survey, the methodology and processes involve in the second round was made by Mr. Oswald Alleyne M&E Director, GHARP II. Staff within the unit also facilitated small group discussions on results and recommendations which was shared with the participants in attendance. A follow up workshop will be facilitated by NAPS to finalize the recommendations and suggestion from stakeholders at the session.
- **Technical support provided to NAPS in conducting BBSS Dissemination workshop:** GHARP II provided technical support and assistance to the MoH/NAPS in hosting the BBSS dissemination workshop. Technical assistance was provided in reviewing and finalizing the presentations as well as in the development of plenary discussion guide.
- **Technical assistance provided to MoH/NAPS in reviewing BBSS presentations among Security officers:** GHARP II provided support to the National AIDS Program Secretariat in reviewing presentations for the BBSS conducted among Security Officers. Support was also provided to the NAPS team in incorporating the comments and feedback. In addition to the technical support discussions were also held on possible policy and program interventions in response to the findings. It was suggested that further analysis of the data is necessary and that a comprehensive health service delivery inclusive of HIV, hypertension and diabetes screening be offered to members of the population.
- **Technical assistance provided to MOH in conducting Care & Treatment client satisfaction survey:** GHARP II provided technical support to NAPS in developing the data collection tool and protocol for the implementation client satisfaction survey. GHARP II also provided support in facilitating session for the training of the field team. Supervisory visits were also made to sites within region 4 to review the data collection process
- **Participation in national HIV/AIDS targets setting workshop:** GHARP II provided technical assistance to NAPS in conduction the national targets setting workshop. The objectives of the workshop were to review National Indicators and their targets, to reach consensus on solutions for problematic indicator and to set realistic targets for all national Indicators. Support was provided in facilitating group discussions on national impact and other targets.
- **GHARP II targets setting for FY10:** The Chief of Party and the M&E Director met with Ms. Colleen Noble; Strategic Information Officer, USAID to review program indicators and targets for

the project within FY10. The team reviewed all the technical areas in which GHARP II will be implementing programs agreed on minimum targets to be reached during FY10. Indicators assigned were based on the GHARP II contract and final PEPFAR indicators for FY10 reporting. Additional indicators were also discussed based on the activities outlined within the GHARP II year 1 work plan. All targets and indicators assigned to the project will be further reviewed by the technical staff and feedback provided to USAID.

- **Provided technical support to National PMTCT training.** Training on the monitoring and reporting system for PMTCT was provided to health care workers at a training workshops conducted by the MCH unit MOH. The importance of monitoring and reporting (M&R) to proper program planning and management was highlighted along with the necessity of collecting “good data”, especially in the context of facilitating accurate facility records. Participants were also reoriented on the national PMTCT reporting forms.
- **Capacity Building session on M&R conducted with GBCHA.** GHARP II conducted a capacity building session with the GBCHA on M&R. The purpose of the session was to identify the unique reporting needs for the organization and provide guidance on the design of internal system. During the sessions the organization shared some data collection tools currently in use. GHARP II will review these and propose changes to design an efficient system that allow for adequate reporting on the coalition achievements.
- **GHARP II participated in NAPS/MOH MERG meetings:** GHARP II participated in the National MERG meeting to discuss the steps necessary to estimate HIV prevalence among pregnant women using routine PMTCT data. A subcommittee comprising GHARP II staff and MOH staff was set up to review the PMTCT reporting system to identify indicators captured in the ANC surveys which are not currently reported on within the program. GHARP II is responsible for revising the reporting system to accommodate necessary changes. Ongoing technical support has been provided to the committee in reviewing the system.
- **GHARP II and UNAIDS provided technical Support to NAPS M&E Unit in developing an M&E in-service training:** GHARP II continued to provide support to NAPS and UNAIDS in the development of an in-service training curriculum for national program coordinators in M&E. The proposed training is aimed at enhancing the capacity of the technical staff within the MoH in understand their respective M&R responsibilities within their programs. GHARP II will to support building the capacity of the national staff by making presentations and facilitating sessions and discussions as requested.
- **Technical support provided to Adolescent Health Unit to facilitate a program assessment:** GHARP provided technical assistance and support to the staff of the Adolescent Health Unit, MoH in modifying data collections tools; In-depth interviews (IDIs) and Focus Group Discussion (FGD) Guides which will be used to collect data on a assessment of the Youth Friendly Services (YFS) Program. The aim of the assessment is to examine views and perception of participating youths. GHARP II will continue to provide support to the unit to facilitate the implementation of the assessment.

- **Technical support provided to NAPS in developing and reviewing 2010 M&E work plan:** Support was provided to NAPS in identifying priority activities to be included as part of the M&E unit work plan for 2010. As part of the capacity building support to the organization specific activities identified were selected to allow learning by doing among the staff. Additionally, technical assistance and support needs were also noted for specific activities. This will allow NAPS to clearly identify their TA needs in implementing various activities. The draft work plan was shared with Dr. Shanti Singh for review and comments
- **GHARP II oriented on the CHATs and COATS:** GHARP II attended session aimed at providing an orientation on the implementation Country Harmonization Assessment Tool (CHATs) and Coordinating AIDS Technical Support (COATS). These activities are funded by UNAIDS and is intended to help the NAPS better manage, and identify support for the national programs. GHARP II is a part of the CHATs planning committee.

#### **A. To strengthen M&E capacity at the NGOs**

- **Technical Support provided to the NGOs throughout the NGO work-planning process:** Staff along with support from CSDS provided technical assistance to the NGOs in the development of the M&E related components of their work-plans for FY10. Specific presentations were made on the development of problem statements, objectives and completing the M&E plan. The aim of these sessions was to provide guidance to participants on the specific areas. Individualized support was also provided to each organization in developing and finalizing problem statements and objectives for their respective programs.
- **Development of NGO pre-planning tool:** Staff in consultation with the technical team developed a tool to be used by the NGOs during the pre-planning session. The tools allow each organization to document information such as to target audiences, challenges and issues and possible program outcomes. It also allows the organizations to record activities to be implemented. It is anticipated that information collected will be refined by the organization and will be used in the work plan for FY10. Additionally the information can be used by the technical staff to standardize programming.
- **Work plan technical review tool developed:** In consultation with the technical team a standardized tool was developed to guide the technical review of the NGOs work plans. The tool allows easy reviewing of problem statements, objectives and technical programming for specific programs. It also allows for an overall evaluation of the work plans to be completed. It is expected that by using this tool reviews can be more comprehensive and consistent.
- **Participation in PAHO/WHO Regional Size Estimation Workshop:** GHARP II participated in a regional size estimation workshop for most at risk populations for HIV/AIDS held in Paramaribo, Suriname from November 09-12<sup>th</sup>, 2009. The workshop was facilitated by Dr. Donna Stroup and was aimed at allowing country team to develop national strategies for using data for national size estimation of MARPs. Lessons learnt from implementing surveys among

high risk groups in Guyana were shared with the workshop participants. Methodologies learnt during the session will be shared with NAPS and other national stakeholders so as to establish a national plan for strengthening national estimates for MARGs.

- **Participation in NGO Targets setting for FY10 Work-planning:** GHARP II staff along with Ms. Jenniffer Bentick, M&E Officer, CSDS and Ms. Colleen, Strategic Information Officer, USAID met to review and establish program targets for the NGOs for FY10. The process involved reviewing data on program and organizational achievements for the current fiscal year. The overall minimum targets within the various programs were also disaggregated for individual organizations. The targets were shared with the technical team for their comments and feedback. Indicators for which these targets were developed were based on the final PEPFAR M&R guidelines for FY10.
- **Meeting with USAID and CSDS to follow up on USAID Audit Recommendations:** GHARP II met with USAID and CSDS to discuss next steps regarding the draft audit report recommendations. The specific issues highlighted in the meeting included NGO target setting and improving data quality for CSOs and public sector facilities. GHARP II has already modified the NGOs planning tool to track programmatic targets for each NGOs which was recommended by the audit team. To further address the recommendations noted the GHARP M&E Plan was revised to provide additional information on data quality assurance. GHARP also provided input and feedback on tripartite plan for sub-grantee proposal development and finalization which will be submitted as part of the Mission's audit response to the Inspector's General Office.
- **Technical supervision provided in the implementation of the Qualitative assessment among MSM:** Staff within the unit provided technical oversight and support to Ms. Molly Jenkins. PHD intern in the implementation of a qualitative assessment among MSM. Support was also provided building the capacity of the data collection team and in reviewing preliminary assessment report.
- **Technical Assistance provided to NAPS in the completion of the UNGASS 2010 Report:** GHARP II provided assistance to NAPS in analyzing and reviewing BSS data for reporting on MARPS indicators within the UNGASS report. This involved further secondary analysis of key behavioral and knowledge indicators.
- **Participation in the PEPFAR Partnership Framework Strategic Information workgroup:** GHARP II provided support and participated in a series on technical meeting with various national and other stakeholders in drafting the PEPFAR partnership framework for strategic information activities. A draft document was developed by the technical working group and outlines the key PEPFAR contributions towards strengthening strategic information within wider health sector. GHARP II will continue to support this process by providing feedback and recommendation on the document as it continues to be modified towards finalization.

- **Challenges and Constraints:**

No PMTCT service statistics are available for PMTCT sites for 2010 as the MoH is currently printing the revised reporting forms. All sites are expected to report January statistics on the new reporting form.

## **V. MISCELLANEOUS:**

- The Chief of Party, who is trained in Human Development, decided to facilitate sessions team building for the entire team which was vital to promote a friendly working environment. The objective is to help GHARP II work on improving personalities and learn each other's personalities to achieve the vision of GHARP II. The first session was held on March 12<sup>th</sup>, 2010, which focused on communication, respect for others, chain of command, supervision and knowing each other roles and responsibilities. The second session was held on March 19<sup>th</sup>, 2010 which self examination was done. Each staff was encouraged to determine positive attitudes from their colleagues that they would want to emulate. The third session was held on March 26<sup>th</sup>, 2010 in which all staff actively participated in what are the expectations as a supervisor from the supervisee. Such expectations are honesty, loyalty, respect, provide feedback, initiative, humble, open to resolve conflicts, good disposition, listen, patience, understanding, no gossip, commitment, use "us" approach, efficient use of time, flexible, meet deadlines, organized and seek clarity. It was agreed that other staff can facilitate other team building exercise that that be beneficial to the entire team.
- A staff development session was conducted by Zoywins Consultancy and Training Institute for the GHARP II support staff. The objective of the session was to enhance attitude, self-esteem, and team building.

On behalf of MSH, the project donated books to MoH, to assist in reconstituting the MOH Resource Centre and Library which was destroyed by fire. There was also mediation with Family Health International (FHI), to facilitate the recovery of files related to GHARP Phase I. The project also donated items to the MoH these include, two (2) Dell Laptops with bags, one (1) generator, one (1) Storage Filing Cabinet and one (1) Printer Unit.

In October 2009, GHARP II purchased and handed over to the Guyana Business Coalition for HIV and AIDS (GBCHA) One (1) EF 600DE generator, one (1) refrigerator, three (3) Dell Laptops computers, one (1) paper shredder, two (2) supervisor chairs, two (2) desk, one (1) portable hard drive, one (1) three piece cordless phone and two (2) APC UPS battery.

In November 2010, GHARP II provided logistics and transportation support to the National Aids Programme Secretariat in executing testing week activities.

- In January 2010, GHARP II contributed the first prize to Ministry of Health in the Logo Competition for Mental Health.

## V. PRIORITIES AND ACTIVITES PLANNED FOR THE NEXT REPORTING PERIOD

| Planned Activities  | Status: <i>New/<br/>Continued</i> |
|---|-----------------------------------|
| <b>HSS</b>  |                                   |
| 1. Follow-up on the integration of Leadership manual for healthcare workers into the healthcare worker programs                               | C                                 |
| 2. Conduct Orientation of the LDP with the Chief Medical Officer, Permanent Secretary and Director of Regional Health Services                | N                                 |
| 3. Conduct capacity building session with LDP Core Group members  | C                                 |
| 4. LDP adapted training for GBCHA   | N                                 |
| 5. Training in safer injection programs   | N                                 |
| <b>Prevention AB</b>  |                                   |
| 1. Work with national stakeholders to strengthening youth programs for both ISYs and OSYs.  | N                                 |
| 2. Work with FBO coalition to develop strategies to engage OSYs to enhance program reach/coverage   | C                                 |
| 3. Work with FBO coalition to advocate VCT and prevention approaches with OSYs in their communities.  | C                                 |
| 4. Modification of leadership manual for community mobilization<br>Initiate process to train select NGOs and community leaders on the subject | C                                 |
| 5. Conduct program assessment for AB prevention programs  | N                                 |
| <b>Prevention Other</b>   |                                   |
| 1. Provide support to GBCHA workplace committee   | C                                 |
| 2. Conduct joint sensitization with the GBCHA activities among member companies.  | C                                 |
| 3. Stock and supply NGOs with commercially branded condoms  | C                                 |
| 4. Continue to support private sector non-traditional condom retail outlets to promote branded condoms.                                       | C                                 |
| 5. Develop a power point presentation for NAPS on the PwP framework   | C                                 |
| 6. Conduct peer education training to FSW in regions 10 and 7   | N                                 |
| <b>Care &amp; Support</b>   |                                   |
| 1. Provide mentoring and coaching to NGOs to ensure compliance with HBC/ OVC program guidelines.  | C                                 |
| 2. Provide guidance, and discuss issues related to the overall OVC program on the National OVC committee.                                     | N                                 |
| 3. Explore possibilities for capacity building for CLHIV and/or family members.   | C                                 |
| 4. Work with NAPS OVC Coordinator to visit treatment sites and orphanages.  | N                                 |
| 5. Work with NGOs to ensure completion and implementation of child protection policies.   | C                                 |
| <b>VCT</b>  |                                   |
| 1. Participate in regular VCT feedback meetings with MOH and NAPS and other key stakeholders  | N                                 |
| 2. Provide technical support to NAPS, NGOs and the private sector in standardizing C&T practices across all facilities                        | C                                 |
| 3. Provide technical support to NAPS in reviewing the national VCT QA tool for counseling and testing   | C                                 |
| 4. Work with FBO community to have VCT and referrals integrated into marriage counseling.   | C                                 |
| 5. Provide technical support to NAPS, NGOs to develop strategies to successfully target members of high risk group                            | C                                 |
| <b>PMTCT</b>  |                                   |
| 1. Provide technical assistance to MOH and NAPS to review and update the  | C                                 |

|  |   |
|--|---|
| PMTCT Guidelines and Family Health Manual  |   |
| 2. Provide technical support and participate in the roll out of data quality assessments at PMTCT service delivery sites | C |
| 3. Provide technical support and assist the MOH and NAPS in the training and retraining of PMTCT and HCW                 | N |
| 4. Provide technical support to the MOH and NAPS in strengthening linkages between ANC, L&D and treatment sites          | N |
| <b>SI</b>  |   |
| 1. Work with the technical team to develop draft QA/QI and assessment tools  | C |
| 2. Work with NAPS to develop and document a QA/QI system for VCT   | C |
| 3. Continue to provide TA to MOH/NAPS in building internal M&E capacity  | C |
| 4. Develop organization assessment tool  | N |

## VI. FINANCIAL REPORT

The figures reported below are actual costs registered in MSH's ledger.

| <b>GHARP II</b>           | <b>April 2009- March 2010</b> |
|---------------------------|-------------------------------|
| Salaries and Wages        | ██████████                    |
| Consultants               | ██████████                    |
| Overhead                  | ██████████                    |
| Travel and Transportation | ██████████                    |
| Allowances                | ██████████                    |
| Other Direct Costs        | ██████████                    |
| Fee Income                | ██████████                    |
| <b>TOTAL</b>              | ██████████                    |

| <b>Expenses as of March 2010<br/>in USD</b> | <b>Year 1<br/>Budget</b> | <b>Balance</b> | <b>Expected<br/>costs<br/>April 2010</b> |
|---|--------------------------|----------------|--|
| 1,904,552                                   | 2,250,000                | 345,448        | 197,434                                  |

## VII. APPENDICES

1. Success Story. Mental Health and HIV. "Sharmaine's Story"
2. GHARP II M&E Plan