Annual Report

GHARP II

October 2010 - September 2011

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

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Commonly used Acronyms

AHF – AIDS Healthcare Foundation

AIDS - Artistes in Direct Support

ANC - Ante- Natal Care

ART - Anti-Retroviral Treatment

BCC – Behavior Change Communication

BBSS -Biological and Behavioral Surveillance Survey

CCM - Country Coordinating Mechanism

CHPC - Community Home and Palliative Care

CBO - Community Based Organizations

CME - Continuing Medical Education

CSDS - Community Support and Development Services

CSW - Commercial Sex Worker

DV - Domestic Violence

EHO - Environmental Health Officers

GBCHA - Guyana Business Coalition on HIV/AIDS

GHARPII - Guyana HIV/AIDS Reduction and Prevention Project Phase II

GAPSO - Guyana Association of Private Security Organizations

GBV - Gender-based violence

FACT – Family Awareness Consciousness Togetherness

FSW - Female Sex Workers

FY - Fiscal Year

GBCHA - Guyana Business Coalition for HIV/AIDS

GRCS – Guyana Red Cross Society

GNA – Guyana Nurses Association

HFLE - Health and Family Life Education

HF – Hope Foundation

HfA - Hope for All

HDI - Howard Delafield International

ILO – International Labor Organization

IOM – International Organization for Migration

LDP - Leadership Development Program

L&D – Labor and Delivery

LCS - Lifeline Counseling Services

LCF – Linden Care Foundation

MoH- Ministry of Health

MARPs - Most at Risk Populations

MSM - Men who have Sex with Men

MoAA – Ministry of Amerindian Affairs

MoE – Ministry of Education

MLHSSS - Ministry of Labor Human Services and Social Security

MSH - Management Science for Health

MOU - Memorandum of Understanding

NCTC - National Care and Treatment Centre

NAPS - National AIDS Program Secretariat

NGO - Non-Governmental Organizations

OLG - One Love Guyana

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OVC - Orphans and Vulnerable Children

PANCAP- Pan Caribbean Partnership for HIV and AIDS

POL - Popular Opinion Leaders

PwP - Prevention with Positives

PLHIV – People Living with HIV

PMTCT – Prevention of Mother to Child Transmission

S&D - Stigma and Discrimination

SRH - Sexual and Reproductive Health

SWTSG – Sex Worker Technical Working Group

TVET - Technical and Vocational Education and Training

TOR - Terms of Reference

TYME - The Youth Mentorship Endeavour

UBL – United Bricklayers

USAID - United States Agency for International Development

VCT - Voluntary Counseling and Testing

WoW - Women of Worth

YCG - Youth Challenge Guyana

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Annual Report

Guyana HIV/AIDS Reduction and Prevention Project II (USAID-GHARPII)

Reporting Period: October 2010 – September 2011 Contract No: GHH-I-00-07-00058-00

I. EXECUTIVE SUMMARY

The last year was a year of changes for the GHARP II project. There were changes in staffing and internal management of the project, changes in the NGO complement with whom we collaborate, a number of new initiatives starting as well as some ending. The previous Chief of Party resigned in November 2010, and at that time the project did some reflection and reorganized. A new Technical Director position was added, who arrived in March 2011, with the new Chief of Party arriving in May. To support monitoring and evaluation, a permanent M&E Manager began in July 2011, along with a VCT/PMTCT Coordinator, filling a position that had been vacation for over a year. A new Program Officer was recruited in August 2011. By September 2011, all the positions were filled, and GHARP II began a new phase of emphasizing technical quality and planning for the transition and close out of the program areas at the end of the GHARP II contract.

Much effort was spent on developing the GHARP II annual work plan for project year 3 (April 2011-March 2012). During this process, efforts were made to include all major stakeholders; sessions were conducted with major stakeholders from the Ministry of Health/ National AIDS Program Secretariat; the Ministry of Culture, Youth and Sport; the Ministry of Education; the Ministry of Labor, Human Services and Social Security; EveryChild Guyana/ChildLink, UNICEF and NGOs. Each technical officer also conducted meetings with their respective counterparts to solicit feedback and further input. The project also conducted its annual partners meeting which was attended by senior partners from MSH, HDI and AHF. The final work plan was submitted to USAID and approved in April 2011.

Key to the success of GHARP II is the work of the NGOs implementing much of the programs. During the year, substantial efforts were made in the provision of technical guidance and support to the NGOs. This included development of guidance documents, technical support and supervisory visits, feedback and planning meetings, consultations, provision of training and workshops, and work planning support. Initially, USAID/GHARP II conducted a three-day workshop with the 14 NGOs selected for funding after a comprehensive RFA review process. NGOs were oriented to the technical program areas and their role in provision of services; new requirements on staffing for each technical area were also presented. All work plans were approved and implemented in the January to September, 2011 period. GHARP II also provided technical assistance in the development of the work plans for the eleven NGOs who will be continuing into FY 12. Throughout the work planning process as well as throughout the program year, GHARP II staff met with and worked closely with the NGOs.

Another main project emphasis is in the provision of technical support to the MOH, NAPS, and other stakeholders. GHARP II staff planned their work with counterparts at NAPS, and worked with them to draft program guidelines and other project documents, including a VCT quality tool, the national OVC and MARPs guidelines, and PwP manuals. We worked with the new NAPS M&E team in the design of assessments and provided input into several of NAPS documents, including the National STI Plan, the Universal Access Report, among others. Technical support was provided in PMTCT, including training health care staff in the updated PMTCT guidelines and providing job aids on the drug regimens.

A major area of emphasis in the last year was assessing and reducing the amount of stigma and discrimination met by PLHIV and members of groups practicing risky behaviors. This included conducting an assessment of stigma against MSM, facilitating a series of sensitization sessions at health care facilities, and providing policy development technical assistance so that facilities could

develop their own anti-stigma and discrimination policy. A policy statement and policy document were drafted for the NCTC. When the Minister of Health reviewed them, he fully endorsed the policy and proposed that all health facilities must have framed, visible policies against stigma and discrimination displayed in their facility, that all staff should be aware of the content, all medical and nursing students should be sensitized on the policy before graduating, all private facilities will be required to have an anti-stigma policy to qualify for licensure for 2012, and that the policy will be integrated into the patient rights charter being finalized this year. In the upcoming year, GHARP II intends to continue providing technical assistance to NGO health care facilities to help reduce stigma and discrimination against PLHIV and MARPS.

USAID/GHARP II's interventions with in-school youth evolved from a standalone life skills program, exclusively implemented by NGOs, to becoming a fully integrated national program known as the Health and Family Life Education (HFLE) program that is coordinated, implemented and monitored collaboratively by the Ministry of Education, USAID/GHARP II, UNICEF and the NGOs. In 2010, the Ministry of Education (MoE) piloted the Health and Family Life Education (HFLE) curriculum as a timetabled subject at the Grade 7 level in thirty secondary schools within eight educational districts. Currently, plans are apace to laterally expand the HFLE program into forty additional schools at the Grade 7 level and vertically increase the scope of the program to reach students at the Grade 8 level within the thirty existing pilot schools. Against the backdrop of the global economic downturn, USAID/Guyana announced plans to discontinue funding health education service delivery activities conducted by non-governmental organizations (NGOs) implementing prevention Abstinence and Be faithful (AB) programs by 30 September 2011. To respond to this situation and help ensure that the program is sustained, GHARP II worked with stakeholders to develop a transition plan. This has been submitted to USAID, MoE and UNICEF for consideration.

After many years of partnering with MOH to successfully reduce the transmission of HIV in Guyana, prevalence remains high in the hardest to reach Most at Risk Populations. To address this, USAID/GHARP II looked for new methodologies and approaches that could be employed to reach people with prevention information and encourage them to access HIV testing and other services. In the last year, GHARP II has worked with several NGOs to pilot new approaches, including social networking and reaching popular opinion leaders. During the end of the year, preparations began for an assessment among sex workers that will provide information on the use of condoms and barriers that can inform behavior change approaches in the upcoming year.

The condom transition plan continued apace, with the program exceeding the target for the number of nontraditional retailers. New distributors were brought on board to supply most of the venues in the Regions, with the anticipation that the system will be fully transitioned and supported by the private sector by March 2012.

By IR, highlights of activities in the year October 2010 – September 2011 included (details of activities provided in Section III):

IR 1.0 Strengthen HIV Public Health Care System

1.1: Human Resource Development/Health Systems Strengthening

• As part of the Human Resources Roles Clarification process, twelve position descriptions were drafted and submitted for review to the NAPS Program Manager.

- The Management and Organizational Sustainability Tool was implemented with the Georgetown Public Hospital Corporation, six NGO, NAPS, and the CBH. A tracking system was put into place to monitor the implementation of action plans
- A Capacity building session on "The Regional HIV Epidemic and Strategic Approaches to Prevention" was conducted with GFATM CCM members in August 2011
- LDP Core Group members from Regions 2, 3, 4, 5 and 7 were trained to coach and mentor their co-workers and other LDP graduates.
- The Leadership Development Program was completed with staff from 12 health centers in Region 5, 4 hospitals in Region 6, Davis Memorial Hospital staff in Region 4, and NAPS. Action plans were developed and are being implemented in each organization

1.2: Comprehensive HIV Quality Care System Developed

Technical assistance was provided to NAPS to develop a VCT QA tool

1.3 Technical Assistance to the National PMTCT Program

- A training of trainers was conducted in February for providers at PMTCT sites. A total of 27 healthcare workers were trained as trainers in the updated PMTCT guidelines.
- Training was provided and job aids shared on the updated PMTCT guidelines to 50 L&D staff and 25 physicians
- An in-depth training on management of HIV+ women during pregnancy was conducted with 38 and 56 Doctors, Nurses and Midwives in Region 6 and Region 4, respectively, in September 2011

1.4: Technical Assistance to the National HIV Testing and Counseling Program

- Data was collected during the National Week of Testing 2010 using a client exit survey tool; the findings were analyzed to review limitations, summarize results and make recommendations for improvement.
- A comprehensive mapping of VCT sites was conducted in collaboration with the Guyana Geology and Mines Commission.
- A technical session on domestic violence was presenting during NAPS' quarterly VCT feedback meeting in June, 2011
- Support was provided to NAPS for VCT Refresher Trainings during August and September with Guyana Defense Force, Hope for All, and counselor/testers in Regions 3 and 4
- A Case Navigation Refresher Training was conducted for 24 case navigators in September 2011, the first training held in three years

IR2.0 Improve Civil Society Sector Response to HIV/AIDS

2.1: Strengthening Community Based Services for Behavior Change and Condoms

- Nineteen media operatives were trained to develop well-researched and written investigative HIV reports
- Fifty leaders from Amerindian Communities were trained in Leadership and Community Management
- The annual prevention meeting was held with USAID-funded NGO to facilitate program review and planning
- A national technical working group was formed to improve hinterland HIV prevention outreach
- Behavior Change Communication (BCC) materials for HIV Prevention with Positives materials were reproduced and distributed to NGOs participating in the program; facilitators' and participants' manuals were completed
- Prototype communication materials to increase risk perception for miners and loggers was developed in collaboration with ILO
- Through collaboration with the Ministry of Education and USAID-funded NGOs, the Health and Family Life Education program was piloted in grade seven in 30 schools

2.2: Support for OVC Programs

- Eleven nurse supervisors and social workers were trained in collaboration with MLHSSS to provide support in child protection
- Six NGOs' OVC support group meetings were monitored to ensure compliance to standard operational guidelines.
- An economic needs eligibility assessment tool was developed to select eligible adolescents/older OVC for economic strengthening.
- Twenty nine Parents/guardians of OVC were trained in adolescent reproductive health (RH) to improve their parenting skills.
- Thirty nurse supervisors, social workers and case navigators were trained in care coordination to ensure access to comprehensive care for OVC

2.3: Support for Adult Care & Support Programs

- New enrollments were tracked to ensure all newly enrolled PLHIV and OVC access care, treatment, and support on a monthly basis
- Support was provided at NAPS' monthly/quarterly HBC meetings to improve coordination, give
 updates on cases referred and followed up, share case presentations, success stories, best
 practices and challenges.
- Microenterprise industries were promoted as a way to support household livelihood; 54 PLHIV benefitted from economic strengthening activities.

- In collaboration with NAPS, conducted monthly supervisory visits to NGOs and Care and Treatment sites in Regions 2, 4, 6, 7 and 10 to assess quality of services and ensure linkages
- Thirty nurse supervisors, social workers and case navigators were trained in care coordination to ensure access to comprehensive care for PLHIV.

2.4: Improved Environment for HIV and Human Rights Policy

- Seventeen nurses from USAID-funded adult care and support programs were sensitized to stigma and discrimination affecting PLHIV
- With staff at the National Care and Treatment Centre, developed a stigma and discrimination response plan, produced Stigma and Discrimination Policy Statement and Code of Conduct plaques, and supported NTCT in implementation of S&D reduction activities. The Minister of Health championed the USAID/GHARP II/NCTC-drafted policy against stigma and discrimination.
- Technical assistance and training provided to staff of health facilities and advocacy organizations to build their ability to develop stigma and discrimination policies
- A policy development process workshop was conducted with representatives of public and private health providers, private companies, and advocacy groups to build their skills in developing, implementing and monitoring HIV-related policy
- One hundred and three care providers from clinical sites were sensitized on HIV stigma and discrimination.

2.5 Technical Assistance to private sector and GBCHA

 The Guyana Business Coalition on HIV/AIDS (GBCHA) successfully recruited three new members

II. INDICATORS AS OF September 2011

Explanatory Notes for Table: Table below shows the indicators, targets, monthly and cumulative year-to-date achievements for each indicator for USAID FY 2011. In interpreting the table, please be aware of the following:

- A. The cumulative year-to-date achievement for some indicators has been updated to include data from previous months that were either received late or not previously recorded. These are marked with an asterisk*.
- B. For those indicators that measure TA, the cumulative year-to-date achievement shows the number of unique organizations that were provided with TA up to that point. Repeat visits are noted in the achievement for the "current month."
- C. For PMTCT service indicators (indicators 10, 12, 13 & 15) reports were received from 63% of sites for the reporting month of September, 2011.
- D. The low percentage of data reported for September, 2011 for VCT as received from the National Aids Program Secretariat is due to the National Week of Testing, which was given priority.

Indicators	Target FY11	Achievement September 2011	Cumulative Achievement FY11	
IR 1.0: Strengthened HIV Public Health Care System				
	IR 1.1: Human Resource Development/Health Systems Strengthening			
Number of health care workers who successfully completed an				
in-service training program	300	137	311*	
2. Number of changes in laws, policies, regulations, or guidelines related to access to and use of health services drafted with USG				
support	4	0	4	
Number of local organizations that have identified priority	•	•	•	
challenges and developed action plans that address barriers to				
achieving results	10	0	20 ¹	
4. Percent of NGOs receiving USG funds, in which other source				
of funding represents 25% or more of total program allocations	30%	N/A	14%	
5. Number of local organizations provided with technical assistance for strategic information activities		4	4 ²	
6. Number of individuals trained in management, leadership,	4	1	4	
supervision; strategic and project planning and resource				
mobilization	50	25	91	
IR 1.2: Implementation of an HIV Quality Improvement				
System				
7. Percent of GHARP supported clinical sites (PMTCT & VCT)				
with standards of HIV care available at the site	50%	N/A	N/A	
8. Percent of health care professionals reporting accepting				
attitudes towards PLWHA	No Target Set	N/A	N/A	
IR 1.3: Technical Assistance to the National PMTCT Program 9. Number of service outlets that provide the minimum package	l			
of PMTCT services according to national or international				
standards	45	45 (ongoing)	45 (ongoing)	
10. Number of HIV infected pregnant women who received		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
antiretroviral to reduce risk of MTCT	145	3	55*	
11. Number of health care workers trained in the provision of				
PMTCT services according to national or international standards	150	93	119	
12. Number of pregnant women who received HIV counseling &				
testing for PMTCT	10,795	432	5,752*	
13. 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	452	4436*	
14. Percentage of HIV positive pregnant women newly enrolled	-,500			
into HIV care	50%	-	-	

Indicators	Target FY11	Achievement September 2011	Cumulative Achievement FY11	
15. Number of pregnant women found to be HIV positive	No target	0	77	
IR 1.4: Technical Assistance to the national HIV Counseling at		am		
16. Number of service outlets providing counseling and testing services according to national or international standards	26	27 (Ongoing)	27 (ongoing)	
17. Number of individuals trained in counseling and testing according to national or international standards	50	134	134	
18. Number of individuals who received counseling and testing for HIV and received their test results	12,000	1559	28,294*	
19. Number of individuals who were counseled and tested and found to be HIV positive	No Target Set	59	655*	
IR 2.0: Improved Civil Sector Response to HIV/AID		<u> </u>		
IR 2.1: Strengthened Community Based Services (Behavior Cl	nange and Condo	oms)		
20. Number of facilitators trained in HIV prevention	40	0	103	
21. Number of local organizations provided with relevant, targeted and consistent technical assistance to strengthen their HIV behavior change program	12	8 (0 New)	23 ⁴	
22. Number of targeted condom service outlets	900	1,081	1,081	
IR 2.2: Support for OVC Programs				
23. Number of providers/caregivers trained in caring for orphans and vulnerable children	60	0	75	
24. Number of local organizations provided with relevant, targeted and consistent technical assistance to strengthen their OVC program	6	2 (0 New)	8 ⁵	
IR 2.3: Support for Adult Care and Support Programs				
25. Number of individuals trained to provide HIV-related palliative care	35	0	100	
26. Number of local organizations provided with relevant, targeted and consistent technical assistance to strengthen their palliative care program	6	2 (0 New)	8 ⁵	
IR 2.4: Improved Environment for Human Rights and HIV police	;y		T	
27. Number of local organizations provided with technical assistance for HIV-related policy development	10	0	14	
28. Number of local organizations provided with technical assistance for HIV-related institutional capacity building	13	2 (0 New)	21 ⁶	
29. Number of individuals trained in HIV-related policy development	10	19	19	
30 . Number of individuals trained in institutional capacity building	50	0	52	
31. Number of individuals trained in HIV-related community mobilization for prevention, care and treatment 32. Number of individuals trained in HIV-related stigma and	50	0	50	
discrimination reduction	100	0	103	
33. Number of leaders trained	10	7	19*	
34. Number of capacity building interventions conducted with GF CCM	2	0	1	
IR 2.5: Technical Assistance to the Private Sector & GBCHA 35. Number of new members recruited to the GBCHA 3 3				
36. Number of new public-private partnerships established	3 4	2	3 2	
37. Total Value of cash and in-kind contributions by non-public				
partners to Public-Private Partnerships	≥U.S.\$35,000	\$4,759	\$32,243	

Indicators	Target FY11	Achievement September 2011	Cumulative Achievement FY11
38. Number of enterprises (Workplaces) implementing an			
HIV/AIDS workplace program, providing at least one or more			
critical component	28	-	28
39 . Number of facilitators trained in HIV prevention	45		45
- New	15	0	34
- Refresher	30	6	11
40. "Estimated number of people reached through workplace			
programs	2,00	299	1,025*

- 1. GPHC, Hope for All, Agape Network Inc., Davis Memorial Hospital.
- 2. CSDS, NAPS, GBCHA and FACT
- 3. For VCT, 34% of the service data were received for the reporting month (September, 2011)
- 4. International Labor Organization, MOH, Linden Care Foundation, United Bricklayers, Guyana Rainbow Foundation, AIDS, GRPA, FACT, Youth Challenge Guyana, Hope Foundation, Hope for All, One Love Guyana, GBCHA, Ministry of Education, The Youth Mentorship Endeavour, AGAPE Network, Operation Restoration, Roadside Baptist, NAPS, Lifeline Counseling Services and Geddes Grant, Comforting Hearts, Guyana Red Cross.
- 5. AGAPE Network, Linden Care Foundation, Hope Foundation, GRPA, FACT, Comforting Hearts, and Lifeline Counseling Services, Hope For All.
- 6. Central Board of Health, NAPS, Youth Challenge Guyana, One Love Guyana, AIDS, AGAPE Network, Linden Care Foundation, FACT, Comforting Hearts, Hope Foundation, Hope for All, United Bricklayers, TYME, Operation Restoration, GBCHA, GPHC, Life Line, New Amsterdam Hospital, Linden Hospital, Regional Health Services Region 10, and Regional Health Services Region 5.

III. DETAILED PROGRESS REPORT BY PROGRAM AREA AND OBJECTIVES

The activities outlined below represent major achievements, constraints and challenges within specific technical areas for the year October 2010 – September 2011

Health Systems Strengthening (OHSS)

Objective 1: To provide technical assistance and support to improve management, sustainability and quality of service delivery at NAPS, MOH, GPHC, and seven NGOs

NAPS staff roles and responsibilities reviewed: The Human Resources Roles Clarification Process and Tool was implemented with NAPS to help redefine staff roles; this responded to an action identified in NAPS' MOST action plan (to improve the organizational structure). The exercise put in perspective all the activities that should be conducted by NAPS staff, and provided a picture of whether activities were assigned appropriately. The NAPS Program Manager subsequently requested support to write job descriptions for each staff, resulting in 12 JDs drafted and forwarded to the Program Manager for her final review. The JDs of the other staff will be finalized in the current fiscal year.

Central Board of Health (CBH) service delivery improvement process supported: In April 2010, USAID/GHARP II conducted the MOST with the CBH, and an action plan to improve management and sustainability was drafted and implemented with technical support from USAID/GHARP II. Activities supported included drafting a mission statement and conducting a comprehensive review of a draft governance manual, launching a CBH webpage to improve communication, and completing the Environmental Health Officers (EHO) handbook, which now governs the EHOs activities throughout Guyana. USAID/GHARP II will continue to provide support to the CBH to strengthen Guyana's health system as the MOST action plan continues to roll out.

Organizational development supported at GHPC: In an effort to strengthen management among the Senior Nurses at the Georgetown Public Hospital Corporation, USAID/GHARP II conducted a workshop using the MOST. An action plan with timelines was developed to address some of the challenges identified. USAID/GHARP II held subsequent meetings with the Senior Management Team to examine the feasibility of the various activities, in light of human and financial resource availability. As part of their Action Plan, the organization developed a Values Statement, and staff members are being familiarized with this. A manual has been designed to guide the ward staff on data collection, and staff members have received the necessary training. As a result, there have been some improvements in M&E. A communication policy was developed for the nurses, and the organizational chart has been updated and is displayed in a prominent place. Job descriptions are being updated.

Management and Organizational Sustainability Tool adapted for Guyana: Following the initial MOST workshops, the need to adapt the tool to the Guyana context became evident. USAID/GHARP II embarked on a comprehensive process, taking into account the difficulties encountered by participants in understanding the different stages of the MOST assessment instrument, as well as their recommendations, to adapt this tool. Additionally, the tool was adapted to fit a shorter time frame. The agenda, the planning tool, and the facilitation notes were reviewed and the necessary changes were made.

Organizational development strengthened at 3 additional NGOs: USAID/GHARP II implemented the adapted MOST at Hope for All, Hope Foundation and Agape Network Inc. Several management and organizational development issues were identified and prioritized for action at each NGO, and a system has been set up for USAID/GHARP II to monitor implementation of the plans. This includes a monitoring tool and a monthly reporting schedule for updates and outline challenges with

implementation of their action plans. USAID/GHARP II will conduct individual assessments to identify and provide support to overcoming challenges. A grand total of 6 NGOs have now gone through the MOST process and are working on strengthening weak areas in the organization. It is anticipated that these organizations will be better prepared for the changing economic climate after implementation of their action plans.

Assessment of level of non-USAID vs. USAID funding among NGOs: USAID/GHARP II collected data from the NGOs to report on indicator #4 (% NGO receiving USG funds, in which other source of funding represents 25% or more of total program allocations). Thirteen NGOs provided data which will inform technical assistance to NGO in the area of sustainability planning, including donor mapping and proposal writing.

Challenges and Constraints:

- The MOST was planned with Linden Care foundation but the facilitator was away on leave of absence so this activity has been pushed back to the new year.
- The MOST action plans developed together with NGO staff were delayed in some instances but there have been several reported successes (See appendix)

Objective 2: To increase the use of LDP Practices and Tools at NAPS, MOH/Regional, and NGOs and private sector within regions 2, 4, 5, 6 and 10 from 30% to 70%

Management and leadership training completed with NAPS staff: Seventeen staff from NAPS began LDP training in mid-July. Because of severe time constraints, the Program was modified to include less structured meeting time and more team homework to both accommodate staff needs and foster teamwork and practical application of the tools. Nine staff completed the LDP training and participated in the development of an action plan.

Management and leadership training provided for staff at 12 health centers in Region 5: The LDP was conducted with staff from 12 health centers in Region 5. Participants identified a common issue that was affecting service delivery across the Region, and developed a common action plan. The Plan centered on increasing male partner HIV counseling and testing. The group agreed to the objective of developing and offering one general prenatal counseling session (which includes information on HIV risks and men's health issues) to each pregnant woman and her partner. Each Health Center developed individual targets to be reached and actions to be completed within 6 months. USAID/GHARP II will visit the region to provide mentoring and coaching as they implement their plan and will report on their progress in accomplishing the action plans in subsequent months.

Management and leadership training provided for staff at four hospitals in Region 6: The LDP program was conducted in Region 6 with participation from four hospitals. A common action plan was developed that centered on improving the involvement of family members in the patient's after-hospital-discharge care. The group agreed to the objective of developing and implementing a system, including standard operating procedures, to ensure that both the patient and a family member are present when counseling is being done. Each hospital set individual targets to be reached and actions to be completed within 6 months. USAID/GHARP II will visit the region to provide mentoring and coaching as they implement their plan and will report on their progress in accomplishing the action plans in subsequent months.

Management and Leadership training provided for private sector health care professionals in Region 4: During this period, the Leadership Development Program (LDP) was conducted with senior

staff of Davis Memorial Hospital and Catholic Relief Services (CRS). The participants included Matron, HIV/AIDS Coordinator, Senior Finance Officer, lab staff, pharmacist. The level of participation in the discussions was very high, and at the end of the workshop five teams presented their action plans. These organizations are a major part of the health system in Guyana, and strengthening leadership and governance at private health care facilities will go a far way in strengthening the overall health system

LDP Graduate Network meetings conducted to refresh and strengthen graduates and the network in Regions 6 and 10: USAID/GHARP II assisted LDP Core Group members in their facilitation of the LDP Graduate network meetings in Regions 6 and 10. Meetings were conducted in Region 6 for 25 graduates and Region 10 for 20 graduates during the month of March. The objectives of the meetings were to: 1) Provide general review of the Leadership and Management content; 2) Increase graduates' ability to develop Specific, Measurable, Attainable, Realistic, Time-bound (SMART) objectives; 3) Share experiences in implementing the LDP tools and practices; 4) Outline the mechanism for continued collaboration among participants and for provision of technical support.

Challenges and Constraints:

 Halfway through the year, GHARP II's Capacity Building/Program Officer, who had been leading the LDP, resigned. USAID/GHARP II has recruited a new Program Officer who is supporting the local consultant currently working on the LDP

Objective 3: To enhance the quality of technical assistance provided by USAID-GHARP II officers and CSDS staff and improve program implementation at the 14 USAID funded NGOs by using LPD tools and practices

LDP overview session for USAID/GHARP II and CSDS Officers completed: USAID/GHARP II, with the assistance of a local consultant, conducted three sessions for 14 Technical Officers from USAID/GHARP II and CSDS. The eight leading and managing practices from the LDP were used, and the associated tools were reviewed. Officers used the Challenge Model to help them think through challenges that the NGOs were facing and then developed plans to help NGO staff work through these. To follow up, each Officer will be observed while they provide TA to the NGOs to see how they are using the LDP tools and skills.

Challenges and Constraints:

None identified

Objective 4: To monitor quality of classroom implementation of the Leadership and Management curriculum by eight nursing tutors at three nursing schools in regions 4, 6 and 10

Health care provider Leadership and Management program moved ahead: USAID/GHARP II has been working with the MOH to develop a management program for students in the health schools based on the LDP. USAID/GHARP II developed a draft curriculum for Health Care Providers, and then trained ten tutors from the Georgetown, Linden and New Amsterdam Nursing Schools, three Departmental Sisters, the Matron of Georgetown Public Hospital Corporation and the Director of Health Sciences Education in how to conduct the new course. The agenda covered their roles as teachers and facilitators, trained them in the course materials, and trained them to assess student learning in the course. Three manuals – one for tutors, one for students, and one for training trainers – were revised based on feedback from the participants. The course for health care providers is being piloted by the trained tutors in three nursing schools in FY 12.

Objective 5: To strengthen the capacity of GFATM CCM Secretariat in planning and management.

Capacity building session conducted with members of GFATM CCM: USAID/GHARP II staff conducted a session for CCM members, as requested by the CCM co-Chairs, focusing on "The Regional HIV Epidemic and Strategic Approaches to Prevention." The goal of the session was to increase CCM members' knowledge of the HIV epidemic and increase their capacity to contribute meaningfully to implementation of the activities of the National HIV/AIDS Strategy. Seven members participated in the interactive session which was designed to build their understanding of the structural, social and behavioral barriers impacting people's ability to access HIV services. Follow up support was offered to the CCM members as they shared this information with their constituencies

Challenges and Constraints:

• GF CCM capacity building activities were dependent on availability of the members, and members were only available for one session.

Objective 6: To enhance the financial capacity and sustainability of the Guyana Business Coalition for HIV/AIDS through the identification and engagement of other potential donors and to update their current business plan by March 2012

Technical assistance provided to GBCHA to identify potential donors: USAID/GHARP II provided technical assistance to the GBCHA to identify potential donors and to prepare funding proposals. As a result of this support, a master proposal template was developed to be used for future opportunities. A proposal was submitted to UNAIDS to support workplace programs and a limited amount of support will hopefully begin in September 2011. Concept notes for forthcoming Canada Fund and EU RFAs were also developed in anticipation of RFPs later in 2011. USAID/GHARP II will work with the team in late 2011 to begin updating their current business plan.

Challenges and Constraints:

None identified

Prevention

Sexual Prevention (HVOP)

Objective 1: To increase utilization of appropriate evidence-based risk reduction approaches among nine NGOs and three Ministries targeting MARPs, OVPs and workplaces in support of the national HIV program by March 2012

Naps collaborated on a two-day workshop to improve investigative journalism skills for local media professionals. Nineteen persons attended from thirteen media and communication organizations. The objectives of the training included: building research skills to gather accurate information for HIV-related stories; being better listeners and being more prepared; and developing well-researched, well-written investigative reports related to HIV. USAID/GHARP II and NAPS plan to continue to implement skills-based training models with media and communication organisations towards improving the quality of reporting on HIV/AIDS programming in Guyana.

Fifty leaders from Amerindian Communities trained in leadership and community management: USAID/GHARP II, in collaboration with FACT and YCG conducted HIV community mobilization

trainings with fifty leaders, mostly youth, of the St. Cuthbert's Mission and Orealla/Siparuta, communities from Regions 4 and 6 respectively. FACT and YCG conduct quarterly prevention outreach activities in the villages, and determined that community mobilization training would be helpful to strengthening their outreach efforts. The training provided the participants with effective management tools to diagnose and address the social needs and concerns within their communities. The highlight of the trainings was the formulation of a "community dream". For these two communities, that dream was to build communities that have a vested interest in protecting its human and physical resources, and to transfer positive community values to its youth. Projects were identified that can bring them closer to the realization of the dream and will be accomplished entirely with community participation and resources. YCG and FACT will provide support over the next few months to implement the projects.

Increased collaboration in hinterland HIV prevention: USAID/GHARP II collaborated with stakeholders to strengthen the implementation of activities to prevent the spread of HIV among persons who work and live in hinterland communities. This resulted in the formation of a technical working group that meets quarterly and comprises the Guyana Red Cross Society (GRCS), ILO, IOM, PANCAP, MLHSSS, USAID/GHARP II and NAPS. Stemming from this TWG, USAID/GHARP II has collaborated on the design of posters to reach miners and loggers with HIV prevention messages. The production of these posters is being funded by ILO and GRCS. Some NGOs have also been able to build partnerships with private sector companies to conduct HIV prevention outreach activities in the hinterland, notably. Hope Foundation, Hope for All and YCG. Linden Care Foundation and Hope Foundation have integrated other health issues into their HIV prevention outreach to mobilize participation of miners and loggers. Despite some difficulties in reaching the NGO's workplan targets, recent program audits have revealed that the quality, duration and frequency of the outreach activities have improved.

Stigma and discrimination addressed at health care facilities: Health care workers attached to the Linden Hospital Complex, Wismar Hospital, Skeldon Hospital, Fort Wellington Hospital, Bartica Cottage Hospital and New Amsterdam Regional Hospital participated in two-day stigma and discrimination sensitization trainings held at the respective facilities. The aim of these trainings was to sensitize health care providers to the needs of MARPS and PLHIV in order to reduce barriers to the utilization of health services by the target populations. The 103 participants included MSM, FSW, PLHIV and facility staff, including doctors, ward sisters, social workers, pharmacists, registered nurses, registered nursing assistants, clerks, accountants, electricians and security guards. At the completion of the trainings, staff and members of the client populations agreed that a code of conduct or policy should be instituted. A key request from staff was that the policy should also include the responsibilities of clients who access services. In response, USAID/GHARP II collaborated with Ministry of Health staff to develop a policy document against stigma and discrimination.

National Care and Treatment Centre received Stigma and Discrimination Policy Statement and Code of Conduct plaques: USAID/GHARP II donated to the Ministry of Health/National Care and Treatment Centre (NCTC) framed Stigma and Discrimination Policy Statement and Code of Conduct for clients accessing services, a suggestion box and a log book. These plaques and the suggestion box stemmed from the sensitization workshop held at the NCTC with staff and members of vulnerable groups, which opened up the discussion on the development of a policy document prohibiting S&D at the centre. The handing over ceremony was conducted in August 2011 at the NCTC in the presence of USAID Mission Director, the Minister of Health, staff of the NCTC and representatives of sexual minority groups. All health care facilities are now expected to display anti S&D plaques, and USAID/GHARP II is committed to supporting seven health institutions and NAPS with their development and production in the new implementation cycle.

Health facilities and advocacy organization equipped to develop stigma and discrimination policies: USAID/GHARP II and the PANCAP Coordinating Unit collaborated to provide technical assistance to twelve organizations in a workshop on HIV Policy Development. The objective was to familiarize organizations with the policy making process and to provide practical examples of policies relevant to the MOH and NGOs. It is expected that in the future, USAID/GHARPII will provide follow up support to organizations tasked with policy development.

MARPs peer outreach activities boosted up: Peer educators from 7 NGOs participated in an intense 10-day training in Peer Education, Outreach Facilitation, and Case (Peer) Navigation. Through prior participation in peer outreach sessions and support groups, USAID/GHARP II observed that peer educators were implementing activities inconsistently. In an effort to standardize the program, the capacity of 46 peer educators was built through skills training that covered modules in the National Female Sex Worker (Keep the Light On), Men who have Sex with Men (Path for Light) manuals, as well as the training materials from ITECH. The training objectives were for peer educators to demonstrate knowledge of HIV and STIs, awareness of their personal attitudes and values, skills in providing HIV prevention behaviour change information to their peers, and a working knowledge of the available and relevant referral services. At the completion of the trainings, evaluations were conducted which revealed that the majority of the peer educators were making full use of the tools provided by the project, an indicator of the improvements in the quality of implementation by the NGOs.

New strategies to reach MARPs implemented: Representatives from several USAID-funded NGOs and advocacy groups benefited from social networking and positive deviance (Popular Opinion Leaders) trainings. Social networking entails using people from the target populations (e.g. MSM and CSW) to reach others in their social circles with positive messages. The Popular Opinion Leader approach involves using persons from the target populations who demonstrate the desired behaviours, and are considered influential within their group, to advocate for others to emulate similar behaviours. The need for the trainings was recognized as a result of a comparative review of the findings from the 2009 MSM Qualitative Assessment and the 2008/9 Biological Behavioural Surveillance Survey, which revealed that a new approach was needed to inspire desired HIV-related behaviour change among MSM and FSW. Both approaches are community-level interventions that have had success changing social norms and behaviors of gay men and reaching the most hard to reach populations. Through the use of these approaches, two NGOs were able capitalize on the use of recruiters to refer persons in their social network into testing.

Quality issues addressed at Region 6 NGO: USAID/GHARP II and CSDS addressed discrepancies at United Bricklayers after an audit of outreach locations revealed inaccuracies in activity reports from the first quarter of the fiscal year. One of the issues was that the NGO had challenges with the proper identification of MSM and FSW. As a result, standard measures were agreed on and put in place that will make it easier to verify what is being reported. It was also recommended that the filing system be modified to ensure accurate reporting and that systems be put into place to monitor activities at reported sites. The organization was given a 3-month probationary period to put mechanisms in place to demonstrate that the MARPs they reportedly were indeed MARPs and that the numbers were verifiable. At the end of the probationary period, an assessment of the organization's competency was conducted, and the NGO was allowed to continue implementation for the entire fiscal year.

Technical assistance provided to peer outreach activities in Regions 4, 6, 7 and 10: Throughout the fiscal year, USAID/GHARP II provided technical assistance to all 7 NGOs implementing activities targeting MSM & FSWs. This technical assistance took the form of supervisory site visits to observe field activities, mentoring and coaching of outreach staff, and quarterly programmatic assessments. Hope for All, Artistes in Direct Support, FACT, United Bricklayers, Hope Foundation, One Love Guyana and Linden Care Foundation benefited from the support. The technical assistance was designed to

identify and address challenges to implementing MARPs programs by directly observing outreach activities and verifying the correct use of data collection tools. Feedback was provided and onsite capacity building sessions were completed with peer educators to help ensure that noted concerns were not repeated. The technical assistance provided yielded successes, with most organizations showing improvement.

Guidelines adapted to ensure comprehensive package of services to MSM and CSW: USAID/GHARP II conducted several meetings with NGOs implementing activities targeting MARPs to review eight chapters of the *National Sex Workers Guidelines of Kenya* which was adapted to suit the Guyana context. The objective of the meetings was to share the draft guidelines with NGOs and to come to agreement on a comprehensive guide of services for MARPs. After reviewing, the NGO expressed satisfaction with the draft document and the consultative process which promoted ownership of the guidelines and agreement on the standard package of services offered. The guidelines are going through final review and will be shared with NAPS for approval. USAID/GHARP II and NAPS also facilitated several consultative meetings with members of the MSM population to review and modify the *Path for Life* peer education manual, which was produced during USAID/GHARP I. The module on substance abuse was modified to include additional activities and two modules were added on gender based violence and mental health. The distribution of the modified manual will commence in the new fiscal year.

Challenges and Constraints:

- The stock out of male condoms and the infrequent supply of water-based lubricants has affected distribution of prevention products to MARPs.
- NGOs operating in the rural areas are challenged in implementing risk reduction programs as a
 result of their inability to employ qualified social workers. This results from the unavailability of
 adequately qualified persons within the Regions, and the unattractive remuneration package.
- The lack of impetus from the national program to support, develop or provide feedback to BCC material for MSM has resulted in delays for USAID/GHARP II to produce such material.
- Due to budgetary constraints, NGOs have been unable to develop and produce "conversation starters" material for the positive opinion leader program.

Objective 2: To increase access to condoms and HCT for MARPs and OVPs in nine administrative regions by March 2012

The road to transition and sustainability of condom marketing in Guyana: After USAID/GHARP I and II had successfully expanded the private sector non-traditional distribution system from 240 retail outlets in 2005 to 1,081 in 2011, the project objective for the fiscal years 2011-2012 is to fully transition all condom marketing activities back to the private sector. The gains to date include recruitment of 6 sub-distributors for Regions 1, 2, 5, 6, 7 and 10. The coverage by the sub-distributors supported by Ansa McAl, International Pharmaceutical Agency and Geddes Grant Ltd. amounts to 43% of the non-traditional retailers established through the program. The real achievement of the USAID/GHARP II condom marketing program is the fact that it has managed to expand distribution from primarily coastal regions into the hinterland using minimum financial resources when compared with similar programs worldwide. As a result, the intended beneficiaries (those considered to be most at risk for HIV infection) have greater opportunities to access condoms in a less stigmatized environment, at shops and retail vendors. The project estimates that by March 2012, 100% of the non-traditional retailers will be

logistically supported by the private sector condom distributors, which will result in the sustainability for the condom distribution program after USAID funding support ends.

Challenges and Constraints:

• It has been difficult to identify and recruit a condom distributor in Region 8 who can take over the logistics of selling and stocking commercial condoms to non-traditional retail outlets. USAID/GHARP II will continue to pursue this.

Objective 3: To improve GBCHA's response to the National HIV prevention priorities by helping to increase membership by 10%, leveraging at least USD\$35,000 through financial and in-kind resources, and initiating four new Public/Private Partnerships (PPPs) by March 2012

The Guyana Business Coalition on HIV/AIDS (GBCHA) successfully recruited three new members: The recruitment of the Hand-in-Hand insurance company as a new member of the GBCHA represents a milestone for the coalition, as the issue of HIV and how it is viewed in the insurance sector in Guyana has always been a significant challenge. Most insurance companies consider PLHIV high-risk clients, and therefore often refuse to offer coverage without requiring an HIV test. Hopefully, this new member will provide the Coalition an opportunity to begin addressing this issue and engaging other industry leaders in the discussion. The coalition recruited another member from the hospitality sector, the Pegasus Hotel. Guyana Water Incorporated was also recruited as a new member. Talks were held with three additional companies as prospective members, and the coalition is continuing their efforts to expand membership. The coalition also made good progress towards their goal of leveraging financial and in-kind resources to support community HIV efforts. In addition, they raised funds to fully finance their annual Award HIV Event, which highlights corporate best practices in HIV workplace, policy, and advocacy.

Challenges and Constraints:

The definition of what could be counted as a PPP was not clear until the final quarter, when it
was clarified that only care and support activities qualify. Though other partnerships were
created throughout the year, the GBCHA was also able to forge two new partnerships which fit
the care and support program criteria.

Objective 4: To increase utilization of the Prevention with Positives (PwP) minimum package of services by reaching at least 50% of PLHIV enrolled within the Adult Care & Support program that is being implemented by six NGOs by the end of March 2012

Materials developed and distributed for PwP: To standardize the implementation of the PwP activities, USAID/GHARP II adapted a PwP curriculum from Mozambique. The completed manuals were shared with NAPS, and permission was given to have them reproduced. Also, tools to guide counselors in the one-on-one risk reduction counseling sessions were introduced, and a complete set provided to each NGO for use by the social workers. BCC materials were also reproduced and distributed.

Twenty-nine persons trained in PwP: USAID-GHARP II's prevention and care and support teams collaborated on a three-day PwP workshop in July, 2011. A total of thirteen health care workers from the Georgetown Public Hospital Corporation and Catholic Relief Services and sixteen representatives from seven USAID-funded NGOs participated. Participants were equipped with knowledge and skills to help them effectively support and counsel discordant couples and individuals with multiple concurrent partnerships. The PwP curriculum has been finalized and approval given by NAPS for implementation.

USAID/GHARP II provides ongoing technical assistance and mentoring to participating NGO to maximize program reach.

Implementation of Prevention with Positives (PwP) Program supported: USAID/GHARP II conducted supervisory visits to AGAPE, Hope Foundation, Comforting Hearts, FACT, Lifeline Counseling Services and the Linden Care Foundation to review progress in implementation of the PwP program. FACT showed very positive efforts to provide quality services geared towards risk reduction amongst PLHIV. The social worker at Lifeline was found to be providing effective counseling support to her registered clients, and reported two successful disclosures as a result.

NGO staff skills built in counseling: Social Workers and Nurses from the 7 participating NGOs were provided with skills training in motivational interviewing and sensitized on values such as compassion, and gender in a one day workshop conducted by USAID/GHARP II in April 2011. The skills taught equipped staff to provide quality counseling towards risk reduction and health promotion within the PLHIV community and with MSM and FSW.

Challenges and Constraints:

- Comforting Hearts was slow to start the program because they did not send the appropriate staff to the PwP training. USAID/GHARP II then provided individual technical assistance to their Social Worker on the use of the tools and the collection of base line data so that the NGO could begin implementation.
- NGOs have had a hard time keeping social workers on staff, which has impacted their ability to deliver PwP services. Hope Foundation does not have a qualified Social Worker; AGAPE lost their social worker later in the implementation year. USAID/GHARP II is working with the NGOs to determine how they will fill the positions.
- BCC material development focused on PwP has been stalled, pending feedback and approval from NAPS. USAID/GHARP II will produce job aids in the interim so that providers have appropriate tools to use.
- NAPS's Support Group Coordinator and PwP point person resigned and the new person has
 recently started and had not met with USAID/GHARP II staff. All efforts will be made to share
 tools, job aides and the modified curriculum with her.

Objective 5: To increase utilization of appropriate evidence-based risk reduction approaches to reach 1000 out-of-school youth through five NGOs and two ministries supporting the national HIV program by March 2012.

Technical support provided to ensure quality delivery of youth programs: Technical supervisory visits were made to Youth Challenge Guyana Hope Foundation, Hope for All, The Youth Mentorship Endeavour, AGAPE Network and Roadside Baptist Skills Training Centre during the reporting period. The objectives of the visits were to: assess the organizations' progress with their out-of-school youth program implementation; address any challenges; review protocols; and monitor the quality of facilitation of HIV educational sessions within communities. Generally, the challenges reported by the NGOs included the unreliable support of some youth group leaders in facilitating the work of the NGO; inconsistent attendance; low level of participation of some beneficiaries. Recommendations included: integrating VCT services, once offered by the NGO, as part of the educational sessions and providing certificates and other value-based incentives to beneficiaries. Additionally, USAID-GHARP II facilitated linkages to the Guyana National Faith and HIV Coalition and the Ministry of Culture, Youth and Sport

that helped pave the way for the NGOs to increase the response rate of group leaders and assisted with recruitment of community groups to support the achievement of targets. Additionally, technical assistance was provided to the NGOs to develop or strengthen the process of referrals for youths to social services. Some more work still needs to be done to build on this initiative.

Challenges and Constraints:

None identified

Objective 6: To increase the availability of evidence-informed BCC media and material that includes risk reduction messages targeting all strategic populations by March 2012

Materials for prevention programs adapted and disseminated: A brochure for the PwP program was produced, building on "The Navigator" brochure originally designed to increase utilization of Home Based Care services under USAID/GHARP I. Technical reviews and revisions to the brochure were done to ensure that key messages aligned with the goals of the PwP program and to get input from the participating NGOs. Two thousand copies of the revised brochure were produced and disseminated. USAID/GHARP II also reproduced seven items of BCC materials produced during GHARP I. The materials reproduced were based on the campaigns of "Don't Dis Me" (S&D), "Knowing is better" (VCT), "Making Babies" (PMTCT), "Sometimes all it takes is a no" (A&B). The materials reproduced will be distributed to the NGOs in the upcoming fiscal year to be used as resource materials for behavior change activities.

Prototype materials to increase risk perception of miners and loggers developed: USAID/GHARP II worked with AstroArts International Marketing, ILO's creative partner responsible for development of communication materials targeting miners and loggers, to produce prototype materials. Revisions were made based on feedback from a series of pretest surveys conducted with miners and loggers between March and April 2011. The mining and logging sites visited included Kwakwani waterside and Ituni (Region 10), Saint Elizabeth and 35 Miles, Konawaruk (Region 8). Moreover, in-depth interviews were conducted with two proprietors of Kaimoos based in Tumatumari, 35 Miles and Konawaruk in Region 8, primarily to get their reactions to a creative headlined "Safe Spot" that focuses on having the Kaimoo proprietors promote responsible drinking, condom availability and correct and consistent usage. The materials are geared towards increasing the risk perception of miners and loggers and to promote greater health seeking and risk reduction behaviors among that population. Once approval is granted by the ILO, the production process will commence.

Challenges and Constraints:

• The limited availability of officials from the Kwakwani Forestry Association to support adequate mobilization of loggers to participate in the focus group discussions served as a constraint. As such, conducting in-depth interviews proved to be more effective.

Objective 7: To develop tools to monitor, track and collect strategic information from target groups for utilization by USAID-GHARP II and implementing agencies by March 2012

NGO quality assurance and auditing tools developed for MARPs program: USAID/GHARP II audited outreach locations reported by NGOs in Regions 2, 3, 4, 6, 7 and 8 to verify that visits were made to the reported locations, and that outreach sessions were being conducted with the target population. The NGO outreach location verification tool and the client intercept tools, which are still in the process of being finalized, were utilized to conduct the audits. The audits verified that visits were being made by most of the NGOs and that, for the most part, MSM and FSWs were being engaged in

dialogue and provided with high quality information. However, the quality of information provided to clients was found to vary from region to region. This underscored the importance of having MARPs guidelines finalized and integrated into all of the NGO programs.

Challenges and Constraints:

None identified

Abstinence and Be Faithful (HVAB)

Objective 1: To increase utilization of appropriate evidence-based risk reduction approaches, reaching 3,600 in-school youth with AB messages by nine NGOs and three ministries supporting the national HIV/AIDS program by March 2012

National education system strengthened to deliver life skills education to in-school youths: USAID/GHARP II technically supported the MoE to advance the institutionalization of the Health and Family Life Education (HFLE) program. The focus of the project's efforts included: improving coordination and program monitoring, ensuring continuous teacher/facilitator training, and recruiting M&E personnel to assess the program's effectiveness. In order to strengthen coordination and monitoring, an M&E plan was developed by a USAID/GHARP II-supported consultant and jointly reviewed with the MoE. Implementation of the plan included dissemination of student baseline survey instruments to the thirty schools involved in the pilot, joint classroom observation visits, and interviews with school administrators and NGOs implementing the program. Monitoring visits were made to fifteen schools in Regions 4, 6, 7 and 10 to supervise the quality of program implementation. In an effort to ensure ongoing teacher and facilitator training, an upgrade training was done with the trained teachers and NGO facilitators who deliver the Grade 8 HFLE curriculum within schools. Furthermore, USAID/GHARP II collaborated with the MoE to develop a scope of work for a consultancy to evaluate the HFLE pilot. The evaluation would collect data from the 30 pilot schools and analyze it to inform program roll-out in other schools and to improve the quality of program delivery. The draft scope of work was submitted to UNICEF for review and ultimate funding. The MoE plans to proceed with hiring in the near future.

NGO facilitators trained to implement the HFLE program in schools: USAID/GHARP II conducted two five-day HFLE trainings as follow-up to the ten-day HFLE trainer of trainers' workshop held in September 2010. The objectives were to provide an overview of the nature and goals of HFLE and to give participants the knowledge and skills to implement the curriculum in classrooms. A total of thirty-two NGO facilitators were trained from AIDS, FACT, AGAPE Network, YCG, TYME and Operation Restoration. The trained personnel, in partnership with trained MoE teachers, implemented the HFLE curriculum in grade seven in 30 schools identified by the Ministry of Education.

Plan developed to support transition of NGO support to the HFLE Program: USAID/GHARP II completed the development of a plan to ensure the effective and efficient transition of NGO support to the MoE HFLE program. The plan was developed following a USAID/Guyana announcement that it would no longer fund youth-focused HIV programs at the end of the FY 11. The plan was presented to USAID-Guyana, UNICEF and the MoE for consideration and an ultimate decision on the level of financial and administrative support that each can provide towards implementation. The transition would take place during the beginning of the next fiscal year. See appendix for completed transition plan.

Challenges and Constraints:

- The procurement process within the MoE was delayed, so an evaluation consultant for the HFLE pilot was not yet hired, although finances from UNICEF have been committed.
- The earlier-than-anticipated removal of USAID financial support to NGOs implementing HVAB programs created a challenge to get the transition plan developed, in place, and supported, so as not to lose the momentum or the investment to date in the program.

Objective 2: To increase community and private sector support for HIV prevention activities targeting 4600 youth and 1000 parents by engaging 5 key stakeholders in order to increase youth access to education, life skills, and sexual/reproductive health products and services at the community level by March 2012

Technical assistance provided to improve NGO ability to reaching youth with prevention messages: Technical assistance was provided to Operation Restoration (OR) and Youth Challenge Guyana (YCG) on their respective HIV prevention programs. At YCG, technical assistance focused on designing evaluation instruments that will assess participants' learning of skills and information taught during educational sessions in a way that allows participants to present their feelings or ideas with ease. At OR, technical assistance focused on developing a plan of action to maximise the outcomes of television programs targeting youths and parents, in light of disruptions in airing schedules on NCN channel 11. The process involved an evaluation of alternative television stations, reviewing program priorities, and focusing resources to ensure maximum impact.

Parent Education manual development underway: A consultant is working with USAID/GHARP II on the development of a parent education manual to support the implementation of HIV youth programs. The manual will be used to train facilitators from NGOs and FBOs and to standardize the implementation of parenting programs at the community level. The activity started with a workshop to develop the curriculum goals and solicit stakeholders buy-in for the manual. Participants included members of the faith community, the Guyana Faith & HIV Coalition, youth representatives, teachers and parents.

Challenges and Constraints:

 In relation to OR's youth television program, the NGO was concerned about having to shift the TV program to another TV station; they were willing to explore alternative possibilities after discussions about other options.

Care and Support

Orphans and Vulnerable Children (HKID)

Objective 1: To improve systems and protocols to standardize and improve national OVC programs by March 2012

Collaboration with MoH/NAPS and MLHSSS in OVC programming continued: USAID/GHARP II met with the Minister of Human Services in November, 2010 to gain consensus for a National OVC Steering Committee led by MLHSSS and for NGO to provide support to MLHSSS in Child Protection through their qualified social workers; the NGOs have been providing ongoing support to the MLHSSS' Child Protection Agency to improve the overall quality of OVC services. USAID/GHARP II continued to attend meetings of the national OVC Steering Committee to discuss challenges and issues faced in implementation, share new programming directions for the new fiscal year, and explore ways of coordinating OVC activities. Participants included representatives from MLHSSS, UNICEF, Child Link,

Ministry of Education, and Ministry of Amerindian Affairs. The Committee finalized its TOR, and has agreed to assist USAID/GHARP II in the revision of the NGO Code of Conduct for Child Protection in December, 2011. USAID/GHARP II also supported NAPS in trainings to increase the capacity of Social Workers to provide counseling to address gaps in psychosocial support. The NGOs in Regions 2, 3, 4, 6, 7, and 10 supported parenting sensitization sessions within the wider communities following a joint parenting workshop where ten community leaders, 29 parents/guardians, and 33 adolescents were trained to address reproductive health issues, abuse, and stigma and discrimination affecting HIV positive adolescents.

Supervisory site visits to NGO support group meetings conducted: USAID/GHARP II made supervisory visits to Agape, LCS, CH, FACT, HF and LCF, and attended their OVC support group meetings. The purpose of these visits was to observe and assess the effectiveness of support groups; provide guidance on the conduct of the meetings, develop strategies to bridge the gap between the clinical and community setting, and ascertain the level of involvement of OVC in income generating activities. It was observed that the management of support groups varied considerably among the NGOs and that key issues affecting OVC, such as risky behaviors and drug/substance abuse, were still on the rise. USAID/GHARP II, in collaboration with NAPS, has since developed guidelines for support groups, and care-coordination training is scheduled for February 2012 which will emphasize screening and providing referrals for OVC-related services.

OVC Guidelines reviewed and updated: USAID/GHARP II, in collaboration with MoH/NAPS, facilitated seven sessions to successfully complete the internal/external review of the National OVC Guidelines. The guidelines were updated, and the MoH/NAPS OVC Steering Committee has since approved them. The new guidelines are now being implemented by the NGOs.

Challenges and Constraints:

 No OVC Steering Committee meeting was held in September, 2011 hindering discussions and follow up of OVC issues. GHARP II staff will follow up with NAPS on the next meeting.

Objective 2: To increase economic opportunities for at least 10% of OVC and their families by March 2012

OVC economic strengthening programs supported: USAID/GHARP II continued to promote economic strengthening activities through small business ventures. One HIV positive adolescent at CH in Region 6 has started a confectionary stall and is presently doing well within the community. Follow up will be done to track her progress and document her story. Likewise, LCF has successfully conducted an economic strengthening program in catering and hospitality for 15 participants selected from the adolescent support group. USAID/GHARP II will continue to work with partners to provide similar opportunities for OVC and to track them to job placement and businesses. After school sessions in information technology and numeracy and literacy are being conducted at each NGO implementing Care and Support programs as a way of preparing the children for the working world.

NGOs linked to Technical and Vocational Education and Training (TVET): USAID/GHARP II has linked Hope Foundation with the Board of Industrial Training at MLHSSS to provide OVC ages 15-17 with no-cost training in building and welding trades and nontraditional skills. Exceptional graduates will be offered job placement with related organizations through the Board of Industrial Training. Two of the seven OVC enrolled in May 2011 will complete training in the second quarter of FY 12. USAID/GHARP II will work closely with HF to track the participating OVCs' progress into internships, jobs and businesses.

NGOs in Region 4 supported by Scotia Bank: Scotia Bank expressed their willingness to support economic strengthening programs for OVC in Guyana and worked with USAID/GHARP II to develop a plan for doing so. A fashion show and cake sale was held and the proceeds were handed over at a ceremony in September, 2011 to Agape and LCS. USAID/GHARP II will continue to provide follow up with these NGOs to ensure that the finances are utilized for older OVC in economic strengthening and that the OVC are tracked to internships, job placements, businesses, etc.

Tool developed to select eligible OVC and families for economic empowerment: USAID/GHARP II developed a tool and instructions for NGOs to objectively select eligible PLHIV and OVC for economic strengthening activities, including training in non-traditional skills (handicraft, garment construction, IT, literacy and job readiness) through Carnegie, IPED, AEA, IDCE and NCERD. Twenty-five OVC have been enrolled from the 7 NGOs to date.

Challenges and Constraints:

None identified

Objective 3: To improve quality of services of seven NGOs by assuring 80% adherence to protocols by caregivers and managers by March 2012

Care coordination OVC training conducted: Thirty OVC staff from NGOs, hospitals and Care and Treatment Centers in Regions 2, 3, 4, 6, 7 and 10 benefitted from coordination training in November, 2010. This training aimed to build the capacity of OVC staff in screening and providing referrals for OVC-related services such as FP and RH services, and to improve the quality of care provided. The training was facilitated by USAID/GHARP II and NAPS, and co-facilitated by the Guyana Nurses Association who were at the time funded by USAID. Follow-up mentoring and coaching sessions were conducted quarterly to support organizations in implementation and to ensure training effectiveness. A similar workshop is scheduled for February, 2012 to help NGO better coordinate OVC care needs and to equip NGOs with the skills to use field level and organizational tools essential for screening, reporting, and referring cases of abuse and exploitation. USAID/GHARP II is also preparing pocket referral cards aimed at scaling up OVC services and improving referrals from treatment sites to NGOs.

Technical support provided to improve the quality of service delivery: USAID/GHARP II provided technical support to NGOs implementing C&S programs for PLHIV/OVC during regularly scheduled supervisory visits. The primary objective of these visits was to ensure that the quality of the NGO program delivery met defined program standards and to help NGOs realize the objectives of the program. Additionally, USAID/GHARP II provided support to NGOs in Regions 2, 6, 7 and 10 during community parenting sensitization outreach sessions. During the sessions, GHARP II staff observed and assessed the quality of facilitation and techniques using a standard assessment tool. In FY 12, technical assistance will continue to be provided to NGO to improve the quality of services.



Caregivers in Region 6 parenting session

Challenges and Constraints:

• There is evidence of poor care coordination between NGOs and Care and Treatment Centers. The number of referrals from NGOs to treatment sites far exceeded the numbers received by NGO from Care and Treatment Centers. The Care and Treatment Centers, with the exception of

NCTC, do not have OVC Support Groups, yet fail to refer OVC. USAID/GHARP II, in collaboration with NAPS, began discussions with key personnel at the Care and Treatment sites in Regions 7 and 10 to improve referrals to the NGO.

Providing effective psychosocial support and age-appropriate activities for children and
adolescents remains a challenge. OVC have reportedly been experiencing abuse,
discrimination, anxiety, depression, risky sexual and other behaviors, or even suicidal
tendencies. This means they are not getting information regarding ways to engage in
adolescent development as a responsible, HIV+ adolescent. USAID/GHARP II, in collaboration
with MLHSSS, conducted two parenting trainings in May and August, 2011 and is providing
ongoing follow up to the NGOs to ensure implementation of activities to meet recommended
standards for overall improvement in the quality of services provided to OVC.

HBHC

Objective 1: To improve national CHPC programs to ensure the continuity of care for 75% of new referrals made to and from NGOs and care and treatment sites by March 2012

MOH/NAPS HBC Coordinating Committee meetings continued: USAID/GHARP II continues to participate in the HBC Coordinating Committee meetings at NAPS. The first meeting was convened in October, 2010 to discuss plans for FY11 activities and to explore possibilities for coordination among stakeholders. There continued to be wide stakeholders' participation from the National Care and Treatment Centre, Catholic Relief Services, St. Vincent DePaul Care Center, among others. USAID/GHARP II provided technical support to review and finalize the TOR of the group, the Progress Report Towards Universal Access, and the National Home Based Care Strategy. Meetings have been continuing quarterly.

Efforts to strengthen linkages continued in collaboration with MOH/NAPS: Collaborative visits were conducted by USAID/GHARP II and NAPS to Agape, LCS, FACT, CH, HF and LCF. One site visit was also conducted to the Upper Demerara Hospital in Region 10, where people referred by NGO have not been able to access public assistance or support vouchers and referrals. Subsequently, the clients who were previously recommended by the NGO for the services but who were denied access by the Treatment Center were able to benefit from the services and received vouchers and assistance. USAID/GHARP II provided support to LCF to draft an MOU with the Hospital to improve their coordination, and regular meetings between the NGO and the Treatment Site were initiated. In Region 4, a total of ten PLHIV were reportedly navigated for ARV, six for STI follow-up care, and one for supportive care to the St Vincent De Paul Care Centre (Hospice). USAID/GHARP II technical support in care and support to MoH/NAPS has resulted in strengthened relationships between NGOs and the treatment sites, thereby improving the referral system between the NGOs, hospitals and Treatment Centers. For example, Agape and LCS and LCF have all seen increases in referrals from the Care and Treatment Centers that was attributed to the improved collaboration with these sites. The table below shows the progress NGOs are making in ensuring PLHIV in their programs are enrolled in treatment.

Region	NGOs	FY 11 Target	Total No. of PLHIV in CHPC	Total No. of PLHIV enrolled in Care &Treatment
2	HA	125	132	132
4	Lifeline Counseling Services	263	267	267

4	Agape	125	136	119
	Agape Network Inc.			
6	FACT	300	303	303
6	CH	190	127	120
7	HF	75	62	62
10	LCF	300	324	324

Technical support provided to TB program: USAID/GHARP II supported the National TB Program in September 2011 to train twelve TB Outreach Health Care Field Workers from Regions 1, 4, 6. USAID/GHARP II responded to the invitation of the National TB DOTS Coordinator at Georgetown Public Hospital Corporation to strengthen the Defaulter Outreach Team. The Technical assistance focused on how the NTB programme and NGOs can collaborate, make appropriate client referrals and coordinate care at the community level thereby increasing access to the available services

Challenges and Constraints:

 No HBC Steering Committee meeting was held in September, 2011 hindering discussions and follow up of HBC issues. GHARP II will continue to advocate with NAPS regarding scheduling the next meeting.

Objective 2: To assure that at least 75% new PLHIV receive CHPC services according to standardized criteria by March, 2012

Support in economic strengthening yields positive results: USAID/GHARP II continued to link NGOs to resource agencies, resulting in fifty four PLHIV and five OVC being equipped with income generation skills. These include skills in catering and hospitality (meat, fish and rice preparation and bakery and cookery) and garment (bedding) construction through the Carnegie School of Home Economics and Totally Molding Catering Establishment. These persons were provided with certification and can now work from their homes and earn income for themselves and their families. In Region 6, one HIV positive woman has expanded business in poultry rearing and is presently marketing her produce within the community. FACT has acquired twelve sewing machines through Food for the Poor, and twenty four PLHIV successfully completed training in garment construction .As a result, thirty five OVC who successfully completed the Grade 6 examination were supplied with school uniforms.

Economic strengthening eligibility tool finalized: USAID/GHARP II pre-tested the Economic Strengthening Eligibility (ESE) assessment tool, which was developed to guide NGOs in the selection of appropriate clients to participate in economic strengthening activities. The tool will be used to screen HIV positive clients for eligibility by either the nurse supervisor and /or social worker. PLHIV will be enrolled in business management, sewing/tailoring, home management, computers/information technology, technical skills (carpentry, masonry, joinery) and cosmetology, among others. The relevant CHPC staff has received training to use the tool. All clients enrolled in programs will be tracked to ensure that they complete the training, and are able to successfully employ their new skills.



Technical **Assistance** provided to ensure quality CHPC programs: USAID/GHARP visited several NGO, including HA, LLCS, Agape, CH, FACT, HF and LCF to review their CHPC and OVC program implementation, review documentation protocols. build the capacity of nurse



supervisors. USAID/GHARP II staff, accompanied by Nurse Supervisors and Caregivers, also visited several homes and 3 small kitchen gardens in Regions 4, 6

and 10 (LCS, FACT and LCF) in June, 2011. The primary objectives of these visits were to ensure NGO program delivery met defined program standards, and to promote economic strengthening programs. Among the families visited, seven were single parent families with poor socio economic conditions, with evidence of child neglect, alcohol use and unemployment. The identified problems were addressed with the families and appropriate referrals were made. Non-disclosure issues also surfaced; one HIV+ male partner was having difficulty accepting his status, but following the visit subsequently was enrolled into Care and Treatment through



the NGO referral and follow up visits. Three families in Region 6 had small kitchen gardens for household livelihood, one of whom did not have adequate gardening tools and who subsequently received them through FACT's linkage to Food for the Poor. Recommendations were made by USAID/GHARP II for economic strengthening and referrals for three other families.

Two PLHIV in Region 4 benefitted from public/private sector partnership: Subsequent to a meeting held with MLHSSS, NGOs were updated on the availability of different economic strengthening and loan programs. Lifeline Counseling Services responded and two persons were subsequently able to secure employment and loans through the MLHSSS Central Recruitment and Manpower Department and Women of Worth (WoW) program, respectively.

Constraints and challenges:

None identified

Objective 3: To monitor and evaluate the NGOs' capacity to provide quality services to at least 75 % PLHIV and their families by March 2012



Forty five caregivers trained in adult care: 45 caregivers from USAID-funded NGOs in Regions 2, 4, 5, 6, and 7 benefitted from refresher training (similar to the one describe in OVC section) and were taught basic nursing techniques to improve the quality of services provided to PLHIV and their families.



Technical assistance provided to improve quality of care for CRS clients: USAID/GHARP II staff conducted mentoring and coaching supervisory visits to LCS to address CRS's quality concerns. Presently five caregivers from LCS provide home based care for over sixty PLHIV and OVC from CRS as a result of a 2008 MOU with CRS. During the visits in the first quarter, USAID/GHARP II reviewed client files, caregiver logs and other data collection and reporting tools. Several priority actions were identified for speedy resolution of the issues identified. Four capacity building sessions were conducted to boost the capacity of both nurse supervisor and caregivers to address psychosocial issues, and to improve the quality of the reports and the overall care provided to PLHIV and OVC. USAID/GHARP II provided ongoing support to the organization to monitor progress and to ensure the services met defined program standards. Regular feedback meetings between NAPS, LCS and CRS were held resulting in improved relationships and improved services to PLHIV/OVC and families. Lifeline is now prepared to accommodate the CRS caregivers and clients in FY 12

Substance abuse training conducted: USAID/GHARP II provided technical support to MOH/NAPS to conduct substance abuse training that benefited 19 persons. The 5 day training extended over eight weeks and included teach—back sessions. The goal of these training sessions was to increase the capacity of nurse supervisors to effectively screen, monitor, and manage substance abuse problems among clients. Participants, primarily nurse supervisors, were drawn from Care and Treatment Centers and NGOs in Regions 2, 4, 6, 7, and 10.

Constraints and challenges

- Two of seven NGOs implementing Care and Support activities have been unable to achieve 75% of the CHPC/OVC target set for FY11. Non-disclosure and fear of stigma and discrimination were cited as the main contributory factors. However, USAID/GHARP II will continue to support these NGOs in the scale up of Care and Support services.
- Loss of human resources continues, particularly of social workers and nurse supervisors. This limits NGO capacity to mentor PLHIV, OVC, and newly trained caregivers. Nurse supervisors and social workers at the NGOs earn low salaries, and, as a result, often find alternative employment. There are presently vacant positions in Regions 2, 4 and 7 for nurse supervisors and social workers. Hope for All (Region 2) has employed a part time nurse and recently employed a full time social worker. USAID/GHARP II is working with the other NGOs to develop plans to continue services while recruitment is ongoing.

Counseling and Testing (HVCT)

Objective 1: Improve the quality of service at 27 VCT sites by implementing a quality assurance system that measures 21 indicators by March 2012

National Week of Testing client exit survey conducted: A client exit survey data collection tool was developed to gather data related to those coming in for testing and the quality of the experience. Data was collected during National Week of Testing 2010 and a report was written reviewing limitations, results, recommendations for the improvement of program quality, and recommending refinement of the data-capturing tool. Out of a total of 194 surveys conducted, 179 recorded demographic data. Out of this number, 49.7% of the participants were male while 50.3% were female. Out of all the participants, 69.1% had been tested for HIV before, while 30.9% were being tested for the first time. Over a quarter (26%) of the participants responded that if they tested positive they did not know where to go for care and treatment. A similar effort to collect data is planned for 2011 NWT.

Technical assistance provided to ensure quality VCT program implementation: USAID/GHARP II visited NGO sites implementing VCT programs. Technical support was provided and plans developed

with the NGO to address any challenges identified and to improve referrals. The physical sites were reviewed, including data storage and confidentiality, and availability of non-expired rapid tests/reagents and Stat-Paks. Challenges and accomplishments were discussed with counselor-testers and case navigators at each site.

Comprehensive mapping completed of all VCT national sites: USAID/GHARP II collaborated with the Guyana Geology and Mines Commission to complete a comprehensive mapping of VCT sites. The mapping consists of 12 individual maps: a country map, maps of Regions 3, 4, 5, 6, 7, 8, 9, and 10, as well as local maps for some Regions. The maps were completed and shared with NAPS.

VCT quality assurance tool drafted: USAID/GHARP II provided technical assistance to draft a national VCT Qual tool designed to monitor quality of services at all VCT sites. The document outlines NAPS' goals and objectives in its provision of VCT services and provides guidance on the implementation and methodology of data collection in various aspects of monitoring quality at VCT sites. The document provides tools to be used for QA site visits, client exit surveys, and counseling session observations. The document is currently in the review process and is awaiting NAPS final approval.

Assistance provided to NAPS in two-day VCT Refresher Trainings: VCT Refresher Trainings were conducted throughout the administrative regions of Guyana to prepare VC&Ts for National Week of Testing from October 3-7, 2011 as well as to serve as annual refresher trainings. These trainings extracted key topics from the VCT training that needed to be reinforced. Topics included challenges encountered, especially during national week of testing, ethical and legal issues in VCT counseling, counseling skills, documentation, review of VCT testing and referrals. GHARP II participated in training 19 GDF, 64 Counselor/Testers in Region 4, and 10 Counselor/Testers at HFA.

Challenges and Constraints:

- Lack of a local GHARP II staff for much of the year limited the amount of follow up with VCT sites, particularly in remote areas
- The majority of the VCT sites are still reporting lower male-to-female testing rates, although it seems this gap is starting to narrow. At GBCHA, the male-to-female testing ratio was almost equal. The NGO attributed this gain to the introduction of an additional counselor-tester, longer hours capturing the lunch hour, after-work hours, and the counselor being male.
- The approval of the VCT Qual tool and of the case navigation plan is still pending with NAPS. This has resulted in delays in trainings and implementation of activities.
- NGOs find that trying to reach their targets has become a main focus of their work; a plan will be
 developed for the upcoming year to coordinate testing to prevent over-testing in certain
 communities and to focus on quality of the service

Objective 2: To strengthen systems for VCT service delivery by updating VCT national guidelines

PMTCT sections drafted to update National VCT curricula: Strong collaboration between USAID/GHARP II and NAPS resulted in an evaluation of the current VCT curriculum. USAID/GHARP II provided technical assistance to draft additional sections in this document, a section for opt-out testing for PMTCT, and a section on the updated PMTCT regimens and guidelines including guidelines on safe infant feeding practices. These additions to the curriculum will expand the scope of VCT counselorstesters and maximize the impact of VCT. The draft sections will be shared with NAPS for review in the new fiscal year.

Challenges and Constraints:

Due to competing priorities, the draft of the PMTCT section has not been reviewed. This is a
priority to be completed in beginning of fiscal year.

Objective 3: Strengthen the quality of services with the use of case navigators for the National Week of Testing in November 2011

Case Navigation Protocol developed: In collaboration with NAPS, USAID/GHARP II developed a case navigation protocol outlining how sites can effectively navigate HIV positive people into care and treatment. The protocol covers confidentiality, how to manage when case navigators are not available, and how to ensure that case navigators are as effective as possible. One such strategy is to ensure that case navigators are stationed in high volume sites or geographically convenient sites to decrease patient waiting time. The document was well received by NAPS and is currently in the review process.

Refresher Training conducted for 24 Case Navigators: This workshop was conducted to refresh case navigators' skills and provide updates on VCT protocols in preparation for National Week of Testing. This was the first refresher training provided since October 2007. The workshop included an update on the current situation of case navigation activities and challenges, a recap of case navigation-roles and responsibilities, review of the case navigation flow chart and protocol, upgrading of skills needed for effective communication, and use of empathic engagement in case navigation.

Challenges and Constraints:

NAPS was not able to review and approve the NTW case navigation protocol prior to NWT so it
was not implemented. NAPS was not able to provide any support for the planned Case
Navigation Refresher Training, which resulted in poor utilization of case navigators during
National Week of Testing 2011

Prevention of Mother to Child Transmission (PMTCT)

Objective 1: That 80% of clients attending USAID-GHARP II supported PMTCT sites receive care according to PMTCT guidelines by staff who received USAID-GHARP II training by March 2012

TOT conducted on new PMTCT Guidelines: During February, a one-day training of trainers was conducted for staff working at PMTCT sites. A total of 27 healthcare workers were trained in the most updated PMTCT guidelines. The training also provided an opportunity for participants to develop presentation skills and to read abstracts in order to evaluate research on various relevant health topics. In the upcoming fiscal year a training plan will be developed to follow up with the TOT to ensure that fellow staff are trained.

Labor and Delivery staff updated on new PMTCT guidelines: During the first and second quarter, training sessions were conducted to orient nurses and midwives from several L&D wards on the updated PMTCT care and treatment guidelines. Facilities included Fort Wellington Hospital, Skeldon Hospital, McKenzie (Linden) Hospital, Bartica Hospital, and GPHC. An additional session was held at GPHC for 25 attending physicians who were given a more in-depth training on PMTCT management. Participants had the opportunity to ask questions, and poster-sized SOPs and pocket-sized job aides were provided to ensure that the adequate care and treatment information is easily accessible at all times and for all staff. In the upcoming year, USAID/GHARP II will follow up with those oriented to the new guidelines to ensure they are implementing them appropriately and to provide technical assistance as needed.

Male involvement in PMTCT assessment conducted with MOH and technical assistance provided: USAID/GHARP II provided technical assistance in support of a study being done by the National PMTCT Coordinator to investigate the rationale behind low numbers among male partners in PMTCT. The study was conducted utilizing questionnaires targeting male partners who were involved in PMTCT and the data collected was analyzed by age and socio-economic status. A report was

drafted in April 2011 which included recommendations for how the MOH could improve male involvement in PMTCT. The report has not been disseminated, and GHARP II will follow up with the MCH Division to explore how we can use the information from the report.

In-depth training provided on management of HIV during pregnancy: Two trainings provided an indepth orientation to health care providers managing HIV+ pregnant women. The objectives of the PMTCT trainings were to ensure that healthcare workers in L&D wards and ANCs were adequately trained in implementing the updated national PMTCT guidelines the clinical management of HIV in pregnancy. Thirty eight doctors, nurses and midwives completed training in Region 6, and 56 in Region 4. The training in Georgetown was approved for 4 CME credits

Challenges and Constraints:

- Better organization is required to ensure maximum impact of trainings through adequate contact and follow-up with L&D wards. USAID/GHARP II will take the lead on planning, rather than relying on MCH to do this.
- Stronger collaboration and communication is needed with MCH and NAPS as well as at the site level to ensure that protocols are followed. USAID/GHARP II will coordinate a meeting with program heads of NAPS and MCH in the upcoming year.

Objective 2: That 90% of women who are not on ARVs at time of presentation to the labor and delivery ward will be placed on the correct regimen per the updated guidelines at the USAID-GHARP II supported PMTCT sites by March 2012

PMTCT Site evaluations conducted at six hospital L&D wards: Visits were conducted to six hospitals: Charity, Suddie, GPHC, New Amsterdam Hospital, Skeldon, and West Demerara. At each site where the L&D staff had been trained earlier in the year in the updated PMTCT guidelines, a review of the PMTCT drug regimen stock available was conducted as well as a count of trained staff at that facility. A simple database was compiled through which MCH can track training as well as drug stock availability and need. USAID/GHARP II is developing a site evaluation tool that will assess staffing availability, level of training, demographics, availability of medication, etc. Sites at the New Amsterdam Hospital and Skeldon Hospital were visited to assess quality of care and to follow—up on several quality issues identified during visits in June 2011. It was observed that the necessary steps had been taken to correct the quality issues previously identified.

Challenges and Constraints:

- There was no full-time USAID/GHARP II PMTCT field staff for 14 months, limiting program activities and accomplishments. The new VCT Coordinator will render support to PMTCT.
- A greater number of pharmacists need to be made aware of the PMTCT guidelines to assure that issues with drug requisition and supply chain management are addressed. USAID/GHARP II is considering how to provide this training in the upcoming quarter

STRATEGIC INFORMATION (OHSS)

Objective 1: To improve utilization of data by USAID-GHARP II staff to support evidence based decision making

PwP baseline data collection and analysis begun: USAID/GHARP II developed a tool to collect baseline data for the PWP program. The tool was piloted and data collection began at the 7 NGOs implementing the PwP program. Preliminary findings from the baseline were presented at the quarterly prevention feedback meeting held in August 2011. The findings, from a small sample of the total data collected, revealed the mean age of persons in the program to be 36, 50% of the participants were in

monogamous relationships while 5% had multiple partners. Further, it was found that 35% did not know their partner's status. This data will be used to inform interventions in the new fiscal year.

CSW condom-use assessment planned: The BBSS conducted in 2008 found that the level of condom use by sex workers had increased, but consistency was still an issue. It is not clear what factors prevent/promote the use of condoms at every sexual encounter and what additional interventions are needed to help male and female sex workers use condoms consistently and correctly. USAID/GHARP II, in collaboration with NAPS, planned a qualitative assessment among male and female sex workers in Regions 1, 3, 4, 6, 7, 8 and 10 to attempt to gather this information. The protocol objectives are to understand the frequency of condom use by CSWs and their colleagues during sexual encounters with clients and regular partners, to assess the approaches use by CSWs to negotiate safer sex practices, and to determine challenges for negotiating condom use. This information will be used to inform strategies to increase CSWs' consistent and correct condom use. The protocol was approved by NAPS and the IRB. Data collection and analysis will begin at the start of the new FY.

Assessment planning started for health care & support service providers attitudes towards PLHIV: The 2010 UNGASS report notes that while a range of evidence-informed prevention strategies have proven effective in Guyana, efforts to stop the spread of HIV are hindered by insufficient progress in addressing the underlying social determinants of HIV risk and vulnerability. Varying levels of discrimination, combined with punitive laws, policies and practices, continue to hold back more effective national responses. To gather information on the barriers, a cross-sectional survey was planned to assess the level of accepting attitudes towards PLHIV among health care providers working at public and private health care facilities in Regions 2, 3, 4, 5, 6, 7, 10. The protocol was drafted and sent to NAPs and IRB for approval. The information gathered during this survey will help inform policies and programs to reduce barriers. Once approved, data collection will begin early in the new fiscal year.

Challenges and Constraints:

None identified

Objective 2: To strengthen the M&E system at the NGOs and increase the accuracy of their data

Technical support provided to NGO in M&E: During May 2011, CSDS, in collaboration with USAID/GHARP II and USAID, conducted a Monitoring and Evaluation workshop to improve NGO data collection and use. USAID/GHARP II and CSDS provided technical support for an M&E training session that was conducted for all staff at Linden Care Foundation to orient them to the principles and practices of monitoring and evaluation. USAID/GHARP II also supported the Data Quality Assessment that was done at LCF by CSDS and suggestions on improving the thoroughness of DQA sessions were provided to CSDS. Support was provided to the M&E Officer at FACT to suggest ways of better packaging the data she collects and monitoring programs.

Process and Outcome Indicators Developed: In consultation with the Technical Officers of USAID/GHARP II, 60 new process indicators were developed to provide a better sense of the impact and the quality of the work being done. Information gathered will be used to inform and adjust programming throughout the year. These indicators were presented to the NGO in late September and will be refined and implemented at the beginning of the new fiscal year. CSDS and USAID/GHARP II will jointly review the data collection tools used by NGOs beginning with VCT, to determine what tools can be revised and what new tool should be developed to provide data for indicators. Once these are finalized, the Monitoring and Reporting guidelines for USAID-funded NGO will be revised accordingly.

Challenges and Constraints:

None identified

Objective 3: To enhance capacity at NAPS/MOH to collect, use, and report high quality valid data.

This assistance planned to begin in the new FY.

IV. PRIORITIES AND ACTIVITES PLANNED FOR THE NEXT REPORTING PERIOD

Planned Activities	Status: New (N)/ Continuing (C)
HSS	
Planning for the Business Planning for Health	N
Support provided to the Central Board of Health in finalizing the Leadership and Governance manual	С
Support to the NGOs' MOST change teams to identify and time urgent activities to improve the organization.	С
Support NAPS in completing Job descriptions and identify other areas for support.	С
LDP with Region 3	N
LDP with Georgetown Nursing School	N
LDP with Region 6 Nursing School	N
LDP with Region 10 Nursing School	N
LDP follow-up with Davis Memorial	С
LDP follow-up with Region 5	С
LDP follow-up with Region 6	С
Prevention AB and Prevention Other	
Continued technical support to MOE	С
Continued technical support to NGOs implementing MARPs programs	С
Complete transition of condom marketing program to the private sector	С
Conduct community mobilization trainings with NGOs	С
Continue to provide technical assistance to NGOs implementing prevention outreach activities with MARPs	С
Continue to provide technical assistance to NGOs implementing PwP programs.	С
Provide technical assistance to the GBCHA to transition from dependency on USAID funding.	N
Care & Support	
Conduct mentoring and coaching supervisory visits to NGOs to ensure compliance with CHPC/OVC program guidelines.	С
Provide technical support to Ministry of Health/National AIDS Program Secretariat in Child Protection training for social workers focusing on Child Protection laws.	N

Support NGOs in parenting community sensitization sessions to increase access to Care and Support services for PLHIV and OVC.	С
Work with NGOs to complete revision of code of conduct for Child Protection and ensure signed commitment and agreement.	N
Commence revision of OVC Training Manual for Service Providers.	N
Planning for job readiness training for NGOs.	N
Work with NGOs to increase economic strengthening opportunities and to develop system for selecting and tracking to job placements, businesses etc.	С
Work with NGOs to develop appointment cards/laminated pocket cards to promote more public awareness of Care and Support services.	С
Promote the introduction of home based counseling and testing in Care and Support Program	С
Participate in NGO work planning activities to ensure NGOs meet the recommended standards for implementation	С
Participate in quarterly HBC Feedback meetings	С
Conduct semi-annual program assessments to identify challenges and provide necessary TA and support to the NGOs	С
VCT/PMTCT	
Build capacity of counselor testers in substance abuse at the next feedback meeting	N
Continue discussions about conducting operational research around PMTCT	С
Establish quarterly meetings with NGOs to share best practices for reaching MARPS	N
Review draft of HB C &T and PMTCT Opt-out to be included into VCT curriculum	С
SI	
PWP Data Entry.	С
Health Care and Support Service Providers Attitude Assessment towards PLHIV.	N
QA/QI tools for MARPS.	N
Revision of PWP questionnaires and preparation of instructions.	С
Data collection for CSWs.	N
Data transcription for CSW Assessment.	N
PwP data analysis.	С
Visits to PMTCT Sites.	N

Achievement	Details	Outcome
	FACT	
Increased awareness of the HR manual by October 2010	The HR manual was reviewed by senior staff and several presentations were made to various groups.	All staff are aware of HR issues
Improved service delivery by Jan 2011	Because the organization was able to increase their funding base they are now able to provide services to more recipients. For example, initially they offered OVC feeding program for 3 days per week, but with the additional funds they now offer for 5 days.	The organization is more viable and sustainable and a bigger asset to the community, children are healthier, less burden on the health system
Increased awareness of board members in the overall operation of FACT and in their roles and responsibilities.	Several sessions were conducted with the board members to update them on their roles in the organization.	Board members are poised to play a greater role and have been doing so, in the organization
System set up for staff to be updated with relevant information, as needed.	 Erecting of a prominent notice board. Several sessions were held with specific team members (Prevention, Care and Support and VCT) to increase their knowledge in the various program areas to strengthen programs. 	The organization has erected a prominent notice board for information sharing. Additionally, when there is new information per program area, there is a forum for information sharing at special sessions.
Increased level of funding from donor agencies to support the organizational strategies.	FACT was able to strategize more aggressively and increase its donor base, they now receive more funding from UNICEF,UNDP and Global Fund	The organization is more sustainable.
To increase the enrollment in OP/CHPC/OVC by December 31,2010	The organization reviewed their strategy in linking to potential clients, and was able to reach and surpass the targets for these groups. The organization strengthened their networking system.	Stronger network in place for the organization. All targets surpassed.
Revenue generation	The organization has developed a revenue generation plan, part of this plan involves having a business centre set up in the community by December, 2011. Several items,	A revenue generation plan is in place to ensure that HIV/AIDS services can be sustained

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	including a large photocopier, have been	
	procured towards this venture.	
Ensure that all member are	Staff development session conducted to	Staff operate with less conflicts.
knowledgeable of operations manual	familiarize staff for better organizational	
by the end of September, 2011	functioning	
Increase the computer literacy of the	The staff is all computer literate, except for one	Improved computer literacy.
staff of Comforting Hearts from 50%	new nursing supervisor that was recently hired	
to 100%	and plans are in place to train her.	
Update the mission statement of the	This has been completed and the staff pooled	Staff now work in accordance with the
organization and have it mounted in	money towards the printing and mounting of the	Mission statement
a prominent position and to increase	mission and vision statements.	
knowledge of that mission within the		
organization as well as to external		
stakeholders.		
	Agape Network Inc.	
Effective and efficient	Memo file was opened and is currently being	Improved communication
communication mechanism at all	used by staff.	
levels within the organization	M&E Officer is responsible for ensuring that	
	memos are seen and signed.	
	A final copy of the form "From my desk to	
	yours" has been implemented.	
Ensure that staff and stakeholders	Review existing mission statement to ensure it is	Mission statement updated
are knowledgeable and understand	consistent with the work of the organization.	
the mission of the organization.	Awaiting permission to mount mission	·
une imporem er une ergumentem	statement in a prominent position on a frame	
	within the organization, so that staff and	
	stakeholders know and are able to articulate	
	the mission of the organization	
All staff sensitized on lines of	Session held to refresh staff on lines of	Improvement in lines of authority and
authority accountability within	authority on 24 th May 2011.	accountability
Agape Network Inc.	Organizational chart developed for the	decountments
115upe Network IIIC.	organization	
Refresh all staff on M&E policies	The Strategic Technical Review Meetings were	Improvement of monitoring and
and procedures.	held quarterly in May, July and September for	Evaluation, Data Collection, Data use and
and procedures.	those managing departments, data and	dissemination.
	those managing departments, data and	uissemmation.

Establish a system using relevant forms to ensure effective data collection in order to generate and use qualitative data so that there is regular, timely and adequate feedback for strategic planning thereby improving the services offered by the organization	finances. This ensured that regular quarterly updates were received and challenges were discussed. Analysing of data was done for the year ending September 2011. Plan in place to develop a tool to collect qualitative data.	Plan also in place for further improvement
Improve revenue generation for the organization	 A Fundraising Committee was formed and a leader identified. This will enable the organisation to have a regular income generating unit. Over sight is given by the Executive Director. A tool was created for the budget and identification of items to be included in the budget was done. Compilation and budgetary measurement is yet to be included. Currently working with GBCHA (Business Coalition) to apply to private sector agencies for support for community programs. 	Organization is poised for revenue generation a plan in place which will be supplemented by the Business Planning for Health.
	Hope For All	
To increase knowledge of the Mission statement .	Mission statement has been updated and mounted on a prominent position in the organization. Staff, clients and other stakeholders are now familiar with the mission of the organization.	Staff, clients and stakeholders are now knowledgeable and work in accordance with the mission of the organization.
To reinforce and clearly define value statements	Value statements of the organization are mounted next to the mission statement.	Staff are cognizant of the values of the organization which ensures that they provide a requisite quality of service to the clients.
To improve the quality of communication	Staff training, staff development session conducted. Install notice board and develop communication tree.	Communications between teams have improved. Notice board has been installed and is a main hub of communicating information. For field staff a communication tree has

		been established.
To develop a better network system for HIV/AIDS potential clients	 Set up two referral boxes at Suddie and Huis -t-Dieren health centers and this has resulted in increase of client uptake Business cards drafted and sent to the printery. These will be handed to clients who test positive so they can make contact with the organization. 	Thirty five new clients have been navigated into care and support and are enrolled at the treatment centre at the Suddie Hospital.
To improve the information management system at Hope for all by June 2011.	Staff training on data analysis has been conducted	Improved use of the information that is collected by the organization.
To strengthen/improve the reporting system in the M&E dept. by the next 6 months	Reporting schedule drafted and mounted in which staff have easy access.	Staff are more responsive and timely in their reporting.
To increase income generation within the organization by August 2011	 The organization held a valentine banquet and plans to make this an annual event. Additionally the organization has a weekly food sale to raise funds. 	Revenue generation is improved.



The Ministry of Health Policy Statement against Stigma and Discrimination

The Ministry of Health (MOH) recognizes the impact stigma and discrimination has on reducing access to HIV prevention, care and treatment services. The MOH is committed to providing an environment free from prejudice, regardless of the age, creed, ethnicity, gender or sexual orientation of those seeking services.

The National Care and Treatment Center implements this policy

This plaque was donated through the kind courtesy of The United States Agency for International Development (USAID)/The Guyana HIV/AIDS Reduction and Prevention Project (GHARP II)







The Ministry of Health



Code of Ethics for Persons seeking care and treatment

- I. All clients seeking prevention, care, treatment or support services at this facility are expected to conduct themselves in a decent and respectful manner.
- II. The use of indecent language and/or any act which may be deemed disrespectful towards staff or other clinic attendees is unacceptable.
- III. All clients attending this facility are *encouraged* to seek clarification on *any* aspect of their treatment or management.
- IV. All clients are encouraged to provide suggestions or feedback to management on ways we can better serve your needs.

The National Care and Treatment Center implements this code of ethics

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HFLE TRANSITION PLAN

Goal

To ensure sustainability of the Health and Family Life Education (HFLE) program in schools across the country.

Background

Against the backdrop of the global economic downturn, USAID-Guyana has announced plans to discontinue funding of health education service delivery activities conducted by NGOs implementing Prevention AB (HVAB) programs by 30 September 2011. In the past year, the Ministry of Education (MoE) has piloted the Health and Family Life Education (HFLE) curriculum as a timetabled subject at the Grade 7 level in thirty secondary schools within eight educational districts. Further, plans are apace to laterally (at the Grade 7 level) expand the HFLE program into forty additional schools and vertically increase the scope of the program to reach students at the Grade 8 level within the thirty existing pilot schools. The NGOs have been recognized by the MoE as playing a vital role in the ministry's efforts of ensuring that students of the pilot schools (and other schools) are granted equal access to life skills offered through the HFLE program.

Moreover, at the community level, NGOs have partnered with community leaders to reach youth through education and life skills. They have also functioned as facilitators, enabling youths in the community to access critical health, social, vocational and job placement services offered by government and semi-autonomous agencies.

Problem Statement

The viability of the MoE led HFLE program is threatened by the earlier than anticipated end of financial support to USAID funded-NGOs that implement the HFLE program. Supervisory visits and key informant interviews with NGOs revealed that approximately 30% of the teachers trained in the HFLE curriculum have been challenged with classroom implementation owing to factors such as; underestimation of the level of effort required to teach and conduct student assessments, competing academic priorities and, to a lesser extent, motivation. Moreover, 10% of the schools in the pilot are wholly supported by NGO facilitators, since teachers from those schools were not sent to the GHARP II supported and MoE led, HFLE ten day training program that served as a pre-requisite for teachers to implement the curriculum in the classroom. Further, the progress made by NGOs in the pilot to increase teachers' capacity to employ participatory instructional methods through a framework of co-facilitation is at risk of being stymied, since there has been a consistent exchange of expertise between teachers and NGO facilitators.

Lastly, the relationships that have been forged between NGO facilitators and students will be severed, as NGOs often provide to the emotional needs of some students within the school system.

Objectives

- 1. To advance the institutionalization of the HFLE program
- 2. To increase the motivation of teachers to implement the HFLE curriculum
- 3. To further increase the capacity of teachers who can deliver the HFLE curriculum

- 4. To increase the capacity of students, parents and community leaders to support the HFLE program
- 5. To reduce the negative emotional impact on students from NGOs' withdrawal from schools
- 6. To assess the performance of skills learnt by teachers and take action where necessary
- 7. To develop parent/child user friendly educational tools for use in settings in and out of school

Strategies

The time factor is crucial in ensuring that the transition process is successful. The broad approach proposed is to support transition, monitoring and evaluation activities for at least three months.

GHARP II ROLE

In order to advance the institutionalization of the HFLE program, GHARP II will collaborate with UNICEF and the MoE by placing emphasis on approaches that contribute to outcome of institutionalization such as: integrating the subject into the job descriptions or performance contracts of teachers (including volunteer teachers), charging regional education officers with direct supervision of HFLE activities, ensuring that the teacher training college offers a standalone curriculum for HFLE and mainstreaming the curriculum as one that is recognized by local and regional examination councils. These approaches will, at all times, consider the environmental and operational variables of the national education sector.

With the aim of increasing teacher motivation, GHARP II in collaboration with UNICEF and the MoE, will explore approaches (*Positive Deviance approach, non-monetary rewards, exchange visits*) to support HFLE teacher recognition.

Moreover, there will be greater collaboration with Parent-Teacher Associations (PTAs) to develop HFLE teacher recognition initiatives. The importance of the HFLE program to the development of a well balanced youth will be stressed within PTAs, and the urgency of parents getting involved in more tangible ways, particularly in the development of initiatives that increase teachers' recognition will be communicated. To facilitate the implementation of this strategy, the NGOs will provide technical support to PTAs towards gaining the buy-in of parents and assisting the administrators of the PTAs with the design of relevant teacher appreciation programs.

NGO ROLE

In order to increase the capacity of teachers to deliver the HFLE curriculum, the NGOs, with GHARP II technical support, will collaborate with the MoE, regional education offices and relevant school administrations to ensure that teachers are continuously trained to implement the program.

The priority will be to select specialist trainers from amongst the NGOs and utilize a training implementation strategy that ensures the requisite skills and knowledge is efficiently distributed within regional clusters of schools. Moreover, a combination of direct (skills practice) and experiential (classroom observation) instructional strategies will be utilized as capacity building methods with the selected teachers.

Additionally, NGOs will be encouraged to support existing Volunteer Teacher Programs to increase the sustainability of the HFLE program. Firstly, NGOs will, as part of their core competence of volunteerism, identify and encourage suitable candidates to apply as potential human resources within the Teaching

Service Commission of the MoE. Secondly, NGOs will directly support the training of the MoE selected candidates, to lead the curriculum in the school system. Additionally, GHARP II will collaborate with Peace Corps – Guyana to explore the possible utilization of volunteers to provide direct support to the MoE.

In order to increase the capacity of students, parents and community leaders to support the HFLE program, NGOs will partner with schools, community groups and parent-teachers associations to recruit and train motivated and suitably qualified individuals within each setting. A combination of direct (skills practice) and experiential (field observation) instructional strategies will be utilized as capacity building methods with the selected individuals.

In an effort to reduce the negative emotional impact on students, NGOs will focus on relationship management approaches. The facilitators will utilize their interpersonal skills to help children cope with their eventual absence from the school setting. Additionally, the facilitators will take steps to provide students with information on alternate sources of psychosocial support –for example: faith based organizations, social workers, and community based programs.

NGOs will monitor the performance of teachers within school settings at a pre-determined schedule. Existing MoE/GHARP II designed frontline tools will be fully utilized by the NGO facilitators and summary reports will be submitted to the M&E officer of each NGO for compilation. The final report will be submitted to GHARP II and the MoE for critical analysis and decision-making. The expected outcomes of the monitoring and evaluation process will include the development and implementation of action plans that contribute to immediate improvements in the quality of service delivery of the HFLE program. Further, the process will contribute to the evaluation of collaborative efforts by partners to ensure the sustainability of the HFLE program.

Further, written documentation of best practices and key lessons learnt from regional experiences will be compiled and presented in the form of a handbook.

Activities

Transition

- Meetings with MoE, school administrators, PTAs, and community groups to secure full buy-in and support for transition process.
- Training of Teachers (including volunteer teachers) in participatory instructional strategies to support effective implementation of the HFLE program. The HFLE curriculum will serve as the primary training material. This would involve: (a) direct training of teachers for a minimum of 25 hours (5 sessions x 5hrs/session); (b) Partnering with teachers to assist in the delivery of HFLE session and eventually through a process of supportive supervision handover control to the teacher (within the period: October 2011- December 2011).
- Peer education training to support student led educational sessions. Each NGO will be responsible
 for training a minimum of twenty-two students for at least four days. The training will focus on
 facilitation skills and content will be gleaned from the HFLE and other life skills curricula.
- Parent education sessions with select parents to reinforce knowledge and skills of the HFLE program. These will last for a minimum of 24 hours over a 6 month period.
- Educational sessions at the trainer of trainer level with community leaders. These will last for a minimum of 24 hours over a 6 month period.

• Technical supervisory visit to conduct exit interviews with children, particularly amongst those where strong interpersonal relationships between facilitator and child have been established.

Monitoring and Evaluation

The activities will focus on assessing the overall quality of implementation of the transition process. The process of data collection will be spearheaded by the NGOs and analysis will be conducted by GHARP II in collaboration with UNICEF and the MoE. These activities will include, among other things:

- Conducting focus group discussions with teachers to assess the level of motivation. Further, a self
 administered questionnaire will be designed and utilized to capture various dimensions of
 motivation.
- Conducting classroom observations to monitor and evaluate the quality of service delivery by teachers. Relevant monitoring tools will be used to record observations.
- Conducting in-depth interviews with the MoE, regional and school administrations in order to assess the current degree of institutionalization of the HFLE program
- Conducting field supervisory visits in school and community settings to assess the level of support to the program by students, parents and community leaders.