



Guyana
Operational Plan Report
FY 2011



Operating Unit Overview

OU Executive Summary

Background

Guyana is an English speaking country on the North East shoulder of South America with a population of approximately 760,000¹. The coastal regions account for more than 80 percent of the population, while the rural interior, or hinterland, is very sparsely populated with only 9 percent of the total population. The UNAIDS and the Ministry of Health (MOH) estimate the 2009 HIV prevalence among 15-49 year old adults at 1.8%², though 2009 MOH data from antenatal clinics (ANC) put the prevalence at around 1.1 to 1.2%. The HIV epidemic in Guyana is both a concentrated and low level generalized epidemic, with an estimated HIV prevalence that ranges between 1.1% and 1.8%.³ Findings from BBSS 2009 reveal high rates of HIV in the following groups: Men who have sex with men (MSM) (19.4%); female sex workers (FSW) (16.6%); Tuberculosis (TB) (22%), male sexually transmitted infection (STI) (13.3%), and female s (STI) patients (10.9%); miners (4%); security guards (2.7%); and prisoners (5.24%)⁴. Other sub-populations, such as in and out of school youth, migrant populations, loggers, mini bus drivers and conductors, police and the military, have also been considered to be at higher risk, but more data are needed to determine their levels.⁵ Although limited, data support the MOH conclusion that "HIV prevalence among the Guyanese population continues to decline, including some measure of success among most at-risk populations (MARPs), which have seen a sharp decline in prevalence among female sex workers and a marginal decline in prevalence among gay men and other men who have sex with men.⁶ As the leading cause of death in the 25-49 age groups, AIDS has a disproportionate impact on children and families, affecting livelihoods of parents and the ability of children to realize their full potential.

With regard to gender and the HIV epidemic, since 2003, the MOH National AIDS Programme Secretariat (NAPS) have consistently reported more infections in women than men annually, until 2009 when the sex ratio shifted to 1.05 women per man. It is hard to tell whether differences in gender specific prevalence are due to real variation between the sexes, or whether the differences are due to variability in metrics or an artifact of access to and use of voluntary counseling and testing (VCT) and other health services. More in-depth analysis of gender data in Guyana would be useful to accurately determine relationships between gender and HIV/AIDS prevalence and incidence. Few data exist on gender based and domestic violence, though a Gender Assessment for USAID Guyana, August 2003 stated "Research on sub-populations suggests that as many as two-thirds of all women will face abuse at some time. The crimes are under-reported and victims often do not seek assistance." Caricom reports high levels of violence in the region, and the local press provides anecdotal evidence of high levels of gender based violence daily.

There are no data on discordant couples, though prevention of mother to child transmission (PMTCT) and prevention with positives (PwP) programs make every effort to provide VCT for partners of positive pregnant women and people living with HIV (PLHIV). Blood donations (100% tested for HIV) and mother to child transmission (decreasing prevalence and increased treatment) are no longer significant drivers of

¹ World Bank, 2008

² Annual Report on HIV and AIDS 2009, Guyana MOH/National AIDS Programme Secretariat

³ Country Report, Review of Progress Towards Universal Access, Republic of Guyana, by the Presidential Commission on HIV and AIDS, Country Report, July 2010

⁴ Data from Biologic Behavioral Surveillance Studies (BBSS) 2009, MOH/NAPS clinic records for STI patients, and Guyana Prevention Assessment Technical Report, MARPs Technical Working Group, February 2010

⁵ Guyana Prevention Assessment Technical Report, MARPs Technical Working Group, February 2010

⁶ Country Report, Review of Progress Towards Universal Access, Republic of Guyana, by the Presidential Commission on HIV and AIDS, Country Report, July 2010



the Guyana epidemic. Early sexual debut before age 15, females (10%) and males (19%),⁷ use of intoxicants among both in-school and out of school youth and inconsistent condom use may be contributing factors, though conclusive data do not exist.⁸ While reported condom use among FSW with most recent client (61.4%) and among MSM (80-84% depending on type of partner)⁹ is substantial, the high HIV prevalence in these groups with multiple partners is believed to drive the epidemic. In addition to sex workers, their clients and MSM, the Guyana Prevention Assessment Technical Report identifies mobile populations, such as miners and loggers and security guards, as well as STI and TB patients, as having higher risk of contracting HIV. In summary, risky behaviors in MARPs are thought to be the greatest drivers of the epidemic.

Guyana has mounted a multi-sectoral approach to address HIV/AIDS. As a result of this, several policies were developed to name a few: the Ministry of Labor, Human Services and Social Security have drafted orphan and vulnerable children (OVC) policy, and enacted legislation to create a child protection agency and a National Workplace Policy on HIV was launched in March 2009. Parliament first approved Guyana's national AIDS policy in 1998 and revised it in 2003 and 2006 to include universal access to prevention, treatment, care and support and prohibition of stigmatization or discrimination when applying for social benefits. Safe blood supply has been accomplished.

Despite these efforts emigration of health care professionals to the US, Canada, the UK and other Caribbean countries continues to negatively impact efforts to expand capacity for service delivery and strengthen health systems. The national system to effectively collect, analyze and manage routine data and carry out needed monitoring and evaluation is in need of technical support.

A major focus for the GOG will be to develop an integrated system for monitoring and evaluating HIV/AIDS and other diseases and activities to address the youth populations for ages 15-19, where the number of youths testing HIV positive is increasing. The GOG is also looking to develop more effective strategies for reaching MARPs such as sex workers, their clients, partners of PLHIV and MSM with VCT¹⁰. Because sex work and homosexual practices are illegal in Guyana, reaching these populations to provide access to services can be difficult. Inadequate infrastructure in the hinterlands and stigma and discrimination cut across all program areas impeding achievement of universal access. Identifying adequate resources to sustain current programs, and "doing more with less" in the global economic environment are challenges facing the GOG.

Sustainability and Country Ownership

The USG Agencies and MOH discussed, drafted and agreed upon a partnership framework (PF) in July 2010. At present, the USG/MOH teams are reviewing the comments from the Office of Global AIDS Coordinator (OGAC) to respond to the concerns expressed. The overall purpose of the Guyana HIV/AIDS Partnership Framework is to reduce HIV incidence and prevalence in Guyana and to ensure a high quality of life for PLHIV by joining resources and coordinating initiatives to enable a robust and more effective response to the country's epidemic. The PF is aligned with the Guyana National HIV/AIDS strategy (2007-2011), as well as the National Monitoring and Evaluation Plan for the Multi Sectoral Response to HIV/AIDS in Guyana 2007-2011, the Guyana National HIV Prevention Principles, Standards and Guidelines, Strategies for BCC, Blood Safety and the National Health Sector Strategy.

The 2011 Guyana COP activities directly support achievement of the stated goals in the Partnership

⁷ UNGASS Country Progress Report January 2008-December 2009

⁸ Round 1 BSS 2003/2004. Note that there is a difference in the age definitions for in school, 15-19 years, and out-of-school youth, 15 to 24 years.

¹⁰ Presentation by Dr Shanti Singh, Director MOH/NAPS, Annual MOH/USG meeting, 10/1/2010



Framework:

- 1) Prevention: Reduce the incidence of HIV by 50% by 2015;
- 2) Strategic Information: To strengthen strategic information systems to provide high quality information for decision making;
- 3) Care and Treatment: To improve the quality of life and to reduce the mortality of PLHIV in Guyana;
- 4) Care and Support: To reduce the economic and psychosocial impact of HIV/AIDS for PLHIV, OVC and other affected individuals and households;
- 5) Health Systems Strengthening: Strengthen the provision of quality health services.

Priority strategic interventions to achieve these goals include: development of a core set of prevention activities for MARPs; development of minimum packages of services for OVC and PLHIV with adequate cost assessment of these packages; support for the MOH strategic information (SI) and Surveillance Unit, monitoring, evaluation and planning; increased quality of the laboratory system and maintenance and expanding the number of patients on anti-retroviral treatment (ARV); provision of more capacity building opportunities in-country in epidemiology and clinical infectious disease.

The leadership and engagement of the Minister of Health is an indicator of the GOG's commitment to ownership of health programs in Guyana. However, sustainability continues to be a challenge as emigration of trained health professionals continues unabated to other countries, and the costs of treating all PLHIV is beyond the existing national resources. To address the human resources (HR) shortage, two new activities are proposed for COP 2011 to build local capacity: one an epidemiology program at the University of Guyana and the other a Master's of Medicine with an infectious disease focus for physicians through the twinning mechanism with a US university. Additionally, 2011 priority interventions include technical assistance to the strategic information unit in the MOH, the development of national human resources for health (HRH) strategy and technical assistance for implementation of National Health Accounts, which will contribute to the sustainability of the HIV/AIDS response in Guyana.

Guyana ownership and sustainability are evidenced by a number of activities already being transitioned to the GOG. The Supply Chain Management Systems (SCMS) project will begin to transition health commodity management systems to the MOH. The in-school youth program will be transitioned to the Ministry of Education Health and Family Life Education program with support from the Adolescent Health and Wellness Unit. The cervical cancer prevention program, implemented by John Hopkins Program for International Education in Gynecology and Obstetrics (JHPIEGO) will be integrated into the national cervical cancer program.

Integration across the USG

The PEPFAR interagency team works with the GOG agencies, private sector and other partners to maximize results in HIV/AIDS programs. Democracy and Governance activities combating trafficking in persons directly address persons highly vulnerable to HIV infection. The U.S. Embassy brought in a speaker for Partner Violence, bringing together the Guyana Police Force, the Guyana Magistrates Court, local non-governmental organizations (NGO) and Faith Based Organizations (FBO) The PEPFAR PMTCT and treatment providers are coordinating with the national cervical cancer screening campaign launched by the MOH and partner NGOs. Work with the private sector and labor unions and the PEPFAR supported Guyana Business Coalition for HIV/AIDS is another example of multisectoral linkage for increasing access to prevention, care and treatment services. The USG/PEPFAR team also supports the strengthening of the procurement system across the Ministry of Health by developing systems and building capacity of the staff.

Health Systems Strengthening and Human Resources for Health

Health systems strengthening approaches are integrated into each technical goal of the PF, and specifically Goal 5: Health System Strengthening: Strengthen the provision of quality health services. The



American Public Health for Laboratory (APHL) will continue to provide technical assistance to the Guyana MOH and the National Public Health Reference Laboratory (NPHRL) in partnership with the North Carolina State Laboratory of Public Health. This technical assistance is largely capacity building and training of MOH and laboratory personnel. The Community Support and Development Services (CSDS) organization will provide capacity building for NGOs, community based organizations and FBO to manage programs and services, ensuring structures and systems are in place. The USG will continue to support the Pan-American Health Organization (PAHO) to develop local human resource capacity and MOH systems, while phasing out the (I-TECH) agreement in this area. Guyana HIV AIDS Reduction and Prevention (GHARP) project focuses on increased capacity at the local level through development of NGOs. The other health system strengthen system (HSS) and HRH activities in COP 2011 include the American Public Health Laboratory (APHL) and the American Society for Microbiology (ASM) improvement of laboratory infrastructure and systems; HIVQual improvement of quality of care; increased expertise in HIV care and treatment in the infectious disease residency program; better surveillance and epidemiological analysis of data with the anticipated twinning arrangement with the University of Guyana; strengthened procurement of drugs and other commodities through SCMS.

Coordination with Other Donors and the Private Sector

The Global Fund and PEPFAR are the two main donors to Guyana for HIV/AIDS activities. The USG/PEPFAR supports the “three ones” principle: One agreed HIV/AIDS Action Framework that forms the basis for coordinating the work of all partners, One National AIDS Coordinating Authority, with a broad based multi-sector mandate, and one national M&E system. The USG will continue to work with Government Ministries’ and other development partners in coordinating the response to HIV/AIDS.

The USG will support regular donor meetings, to review Global Fund Grants and share data. Improving coordination is an immediate and a long-term strategy to achieve better health outcomes for resources invested.

The USG has begun to review the Global Fund grants, and in FY 2011, activities supported by the Global Fund grants for HIV/AIDS, Health System Strengthening, and Tuberculosis will not be supported by PEPFAR.

Programmatic Focus

The PEPFAR funding for FY11 has been reduced by \$3 million, or approximately 16.78%. The impact of the funding reduction will be partially mitigated by: 1) coordinating internal and external (in particular Global Fund) resources in order to avoid duplication; 2) transitioning selected activities to MOH; 3) emphasizing continued support for evidenced-based and cost-effective interventions. The USG agencies are working more closely than ever to identify programmatic overlaps through the Portfolio Review process conducted and through the development of internal workgroups. These activities will continue throughout the coming year.

High priority is placed on continuity of high quality care, support and treatment for HIV infected individuals and their families. Prevention activities (including voluntary counseling and testing) will be increasingly focused on MARPs and pregnant women, risk reduction and elimination. Strengthening the procurement system and increasing training for health care workers will continue to be the USG focus in FY 2011.

1. Prevention

The USG prevention approach will be evidence-based and include combination prevention strategies to prevent the spread of HIV/AIDS. These strategies include scaling up sexual prevention for the MARPs, strengthening the PMTCT program, continuing to support the safe blood program, increasing access to VCT for high-risk groups, collecting and reviewing qualitative data on high risk populations and improving prevention activities for PLHIV.



Following the Guyana Prevention Assessment technical visit in February 2010, the USG interagency team has worked to realign activities and to implement the technical team's recommendations, particularly in the prioritization of activities with MARPs (sex workers, their clients, MSM, loggers, miners, PLHIV and others identified in the PF). The USG intends to broaden and expand sexual prevention programs with MARPs and OVP, such as Amerindian communities in the hinterland, devoting approximately 90% of sexual prevention funds to these activities and 10% to in-and-out of school youth and other populations. More attention will be paid to clients of sex workers and expanded geographic coverage to mining, logging and Amerindian communities in the hinterland, through NGOs and CBOs working in those communities. Emphasis will be placed on crosscutting gender issues, particularly male norms, attitudes and behaviors. Post Exposure Prophylaxis (PEP) for HIV will be provided in clinical settings.

PMTCT remains a high priority. The USG will continue to work with the MOH to support a comprehensive PMTCT program, taking into consideration contributions from the Global Fund and other donors. Priorities will focus on MOH policy issues including repeat testing of third trimester pregnant women, early infant diagnosis, case coordination systems for tracking HIV infected pregnant women and their exposed infants and implementation of best practices for partner notification, testing and involvement.

The Workplace activities through the Guyana Business Coalition, the Internal Labor Organization (ILO) and other private sector partners will expand to more hard to reach populations. GHARP II will work with local NGO partners to address stigma and discrimination to better reach out and work with MARPs.

The male circumcision activity with the Guyanese military will continue at modest levels in FY 2011. Priority will also be placed on making services more readily available for MARPs in order to increase testing and to provide an entry point for care and treatment services to prevent transmission and provide access to care and treatment services; VCT for the general population will be led by the MOH; USG partners will focus on innovative strategies for testing MARPs and OVP. The USG will realign support for testing to conform to WHO recommendations; this will reduce costs and increase effectiveness.

Guyana has made progress in increasing voluntary donation of blood and improving quality of blood services. All blood donations are tested for a number of transfusion transmissible infections including HIV. However, very substantial, multi-focal technical assistance support from the USG has not resulted in the desired level of QA. The USG/PEPFAR will continue to support TA as requested, but primary financial support for the blood bank will transition to the MOH, with the USG support, limited to laboratory testing and technical assistance.

2. Care and Support

Stigma and discrimination continue to detract from care and support activities. Activities in 2011 will focus on appropriate and consistent participation of PLHIV in facility and community-based activities. Priority will be placed on timely and effective referrals for services including follow-up treatment, nutritional assessment and food supplements, family services linking all members of a family unit requiring services, screening for TB and increasing access for HIV-infected women to cervical cancer screening programs. Implementing Partners providing technical assistance and training to the MOH and NGO/CBO/FBO will work to strengthen confidentiality and quality services without stigma and discrimination. Additionally, linkages with family planning and other primary care services for treatment for opportunistic infections (OIs) will be strengthened. Recommendations from the PEPFAR OVC and Care and Support technical working group (TWG) will be incorporated into the program these include the PwP programs: greater use of PLHIV and home based care (HBC) providers in peer education, counseling and condom distribution: and reduction in the number of NGO's delivering home base and palliative care.

As highlighted in the Guyana Care and Support TWG Report, July 2009, TB is a significant problem and impacts the HIV mortality in Guyana. The USG will continue to provide support for the full implementation



of directly observed treatment (DOTS); increased TB screening of HIV infected patients, intensified case finding, enhanced laboratory diagnostic support, consistent access to first and second line TB medications and the implementation of a continuing quality improvement plan.

Priorities in OVC activities for 2011 include: creation of a minimum package of services with a cost assessment to ensure that services are delivered efficiently and cost effectively; use of family centered approaches to assure that all members of the family unit infected and/or affected by HIV/AIDS receive the services they need and that the family is strengthened by the assistance it receives; provision of appropriate nutrition assessment and support; and capacity building for providers and caregivers in mental health and psychosocial services. With the approximate 17% funding reduction to Guyana in FY2011, the challenge will be to maintain services and improve quality. The CSDS umbrella mechanism will reduce the number of NGOs providing services while ensuring broad geographic coverage. With a focus on family centered approaches, more efficient use of NGO staff time and resources will be possible. The FY09 seminal annual performance report (SAPR) shows 786 OVC being served.

3. Treatment

The USG intends in FY 2011 to adopt strategies that will increase enrollment on ART, strengthen referrals, increase adherence, support coverage for vulnerable migratory, and hinterland populations and continue mentoring of physicians to provide quality care PLHIV.

There are currently 2832 people in Guyana on USG supported care and treatment. The USG approach for 2011 is to consolidate and integrate services currently in place, and to expand services to groups not currently being reached, particularly in the hinterlands.

Guyana has preceded the WHO Guidelines in using a CD4 count of 350 to start treatment and has revised its national treatment guidelines to initiate anti retroviral treatment (ART) at higher CD4 counts. Using this guideline, ART targets for 2011 are 3770 patients, or an increase of almost one-third over results from current 2010 people on USG supported ART. Approximately 60% of need is being met by the USG mainly as it relates to procurement of second line and pediatric ARVs and provision of CD4 testing to patient treatment. The Global Fund procures first line ARVs for adults.

The USG/PEPFAR supports the implementation of the continuous quality improvement (CQI) program HEALTHQUAL in Guyana, as well as the patient monitoring system. These programs are impacting favorably on the quality of care provided to PLHIVs in Guyana. Patient dropouts from all reasons average 15%, and USG supported treatment programs show a 72% retention rate at 12 months. The highly successful GOG PMTCT program has greatly reduced the transmission of HIV from mother to child. Only 5% of the patients on ART are children.

The USG, along with the MOH and other donors, will build on early successes in order to strengthen a single national system of forecasting, procurement, transport, and monitoring of drugs and commodities with the expected completion of the materials management unit warehouse in FY 2011.

The USG intends to continue implementing the recent recommendations by the PEPFAR Adult Treatment Technical Working Group during FY 2011, including (1) promoting PITC at outpatient clinics, inpatient wards, emergency rooms; (2) promoting task shifting/task sharing in HIV/AIDS care and treatment to expand the numbers of personnel providing care and treatment; (3) developing innovative methods to provide HIV testing and provide services to MARPs, and expanding programs in the workplace; (4) continuing the process of transitioning current implementing partners to local partners; (5) improving TB infection control at existing facilities, both administrative and environmental controls; and, (6) supporting an assessment of ART outcomes in the country using cohort analyses using routine data, and detailed evaluation based on chart review of patients from randomly selected sites.



4. Women and Girl-Centered Approaches

All prevention programs geared toward men and boys incorporate and address male norms in Guyana that might lead to high-risk behavior, detrimental attitudes and behavior towards women and girls and gender-based violence. Activities will be carried out in health settings, faith-based organizations, schools, workplaces and places in communities where men congregate, to change attitudes of men and boys towards sex and violence, and also to empower women to take charge of their reproductive health and decision-making. OVC programs address the need to support girls in continuing their education, and reducing their vulnerability to sexual and other kinds of exploitation. The recently approved gender-based violence (GBV) matching grant from OGAC will support an activity intended to change norms surrounding GBV. In the shift to sustainability in PEPFAR II, integration of PMTCT into maternal child health (MCH), and HIV/AIDS into primary care means that approaches involving men as partners, reducing gender inequities in care and treatment and reducing stigma and discrimination that can lead to violence will be infused in all levels of the health care system. Additionally, gender plays a role in contributing to the creation of MARPs and will be addressed in targeted activities intended to reach MARPs.

In addition, PEPFAR Guyana continues to incorporate gender based violence awareness and prevention into overall prevention programs for all populations. The contract with the NGO Grants manager was amended in 2010 to ensure that domestic violence would receive attention as indicated in all sub-agreements. Currently support is provided to a domestic violence - focused NGO for linkages and referrals for victims of violence, including awareness and access to Post Exposure Prophylaxis (PEP) for HIV in clinical settings.

5. Other Programs

The USG/PEPFAR will provide increased support for the development of a robust HIV/STI surveillance system, including updating surveillance case definitions, procedures for case reporting, data validation, training of health care professionals in legally mandated reporting requirements and capacity building in the analysis of epidemiological data. In addition, the USG/PEPFAR will be supporting the training of bachelors/masters level epidemiologist through a collaborative agreement between US-based institution and the University of Guyana. Also, the USG/PEPFAR will be supporting the implementation of the 2011 ANC survey since the last one was performed 5 years ago in 2006.

The USG will provide technical assistance for drafting, revising and improving policies in a number of areas. In order to better serve MARPs while not directly challenging the Guyanese legal system, the USG will work with the MOH to address policy questions related to confidentiality of testing and service delivery in order to more effectively reach MARPs. The USG will continue to work with the GOG and civil society to achieve enactment of child protection laws and the National Plan of Action for OVC. Policies for a standardized referral system for prevention, care and treatment services, DOT in the hinterland, implementation of National Health Accounts and minimum packages of services, including psychosocial support, for PLHIV and OVC are also included in the Partnership Framework and COP 2011. The study of task shifting to increase HRH capacity and service policies to reduce stigma and discrimination are also priority policy issues for 2011.

The lack of training capacity and emigration by trained personnel continue to compromise the sustainability of Guyana's response to HIV/AIDS. To effectively address key Human Resources for Health (HRH) issues that Guyana faces, a comprehensive HRH strategy that addresses production, retention and (effective) utilization of staff will be developed through the Partnership Framework. Support will be provided to the Human Resources Unit of the MOH to operationalize such a strategy. In response to the need for developing more health care workers to deliver services outlined by the National HIV Strategy and the Guyana Package of Publicly Guaranteed Health Services, the PF supports development of innovative means to deliver health education and training to facilitate accelerated entry into the workforce and flexible delivery of clinical training, particularly for groups in greatest need by the health sector. The USG will fund a Master's in Medicine (Infectious Disease) Program in collaboration with the University of



Guyana, MOH and Georgetown Public Hospital Corporation. This program will provide a cadre of Guyanese physicians who will be prepared to provide technical consultation to other health care professionals and technical advice to the MOH on health care delivery, revision of care and treatment guidelines and areas for research and investigation. Strategies and activities will include new technologies to deliver training online, decentralized organization of training for some categories of workers, training trainers in instructional methodologies and accelerated training programs.

The Management and Operations funds will support the 22 staff hired to implement the PEPFAR program, as well as the operational costs of the implementing agencies USAID, CDC, Peace Corps, Department of State and Department of Defense in Guyana in FY2011. To address declining resources, the PEPFAR inter-agency team will use staffing for results (SFR), which is critical for the effective management of the program in Guyana. In FY2011, the USG/PEPFAR will develop the SFR plan informed by a rational, strategic review of each agency's current and next 5 year human capacity needs. REDACTED

New Procurements

REDACTED

Program Contact: Joseph Eastman, PEPFAR Coordinator (EastmanJ@state.gov)

Time Frame: October 2010 to September 2011

Population and HIV Statistics

Population and HIV Statistics				Additional Sources		
	Value	Year	Source	Value	Year	Source
Adults 15+ living with HIV	5,500	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Adults 15-49 HIV Prevalence Rate	01	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Children 0-14 living with HIV						
Deaths due to HIV/AIDS	500	2009	UNAIDS Report on the global AIDS Epidemic 2010. This mid-point estimate is calculated based on the range provided in the			

			report.			
Estimated new HIV infections among adults						
Estimated new HIV infections among adults and children						
Estimated number of pregnant women in the last 12 months	13,000	2007	UNICEF State of the World's Children 2009. Used "Annual number of births (thousands) as a proxy for number of pregnant women.			
Estimated number of pregnant women living with HIV needing ART for PMTCT	300	2009	Towards Universal Access. Scaling up priority HIV/AIDS Intervention in the health sector. Progress Report, 2010. This mid-point estimate is calculated based on the range provided in the report.			
Number of people living with HIV/AIDS	5,900	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Orphans 0-17 due to HIV/AIDS						
The estimated	2,900	2009	Towards			

number of adults and children with advanced HIV infection (in need of ART)			Universal Access. Scaling up priority HIV/AIDS Intervention in the health sector. Progress Report, 2010.			
Women 15+ living with HIV	2,800	2009	UNAIDS Report on the global AIDS Epidemic 2010			

Partnership Framework (PF)/Strategy - Goals and Objectives

(No data provided.)

Engagement with Global Fund, Multilateral Organizations, and Host Government Agencies

Redacted

Public-Private Partnership(s)

Partnership	Related Mechanism	Private-Sector Partner(s)	PEPFAR USD Planned Funds	Private-Sector USD Planned Funds	PPP Description
Department of Labor - Guyana Business Coalition on HIV/AIDS		Guyana Business Coalition on HIV/AIDS			The DOL collaborates with the Ministry of Labor, trade unions and the employers' organizations, to mobilize the private sector through the development and implementation of

				<p>non-discriminatory workplace policies and programs that increase access to all aspects of HIV/AIDS prevention including education programs, testing, counseling, treatment, support, and care and a commitment to stand against stigma and discrimination and promote behavior change. In addition to these two key areas, the Guyana Business Coalition on HIV/AIDS (GBCHA) also engages the private sector in harnessing each individual company's strengths to promote change, including product and service donation as well as utilization of supply chains and business networks and developing collaborative relationships with</p>
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					government and community organizations to strengthen and expand resources. Both the ILO and GBCHA also collaborate with each other in the area of training.
HIV/AIDS Prevention through public-private sector partnership		Guyana Business Coalition on HIV/AIDS			The Guyana Business Coalition on HIV/AIDS (GBCHA), an organization dedicated to mobilizing and sensitizing the business sector on issues surrounding HIV and AIDS, is comprised of 43 private sector businesses that individually provide cash and in-kind support for counseling and testing, mass media activities, and the Food Bank program. In FY12, the Business Coalition will increase its membership, provide technical assistance to

					<p>implement workplace policies and assist existing membership to strengthen its capacity to address HIV/AIDS in the workplace and community. Emphasis will be placed on gender issues in relation to HIV/AIDS, which continues to be a major issue nationally and will be further addressed with the implementation of the Gender Challenge Fund. In March 2012 funding for the secretariat of the GBC will be transitioned to corporate support; however, the USG will maintain its partnership with this critical sector to ensure that linkages to services continue.</p>
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Surveillance and Survey Activities

Name	Type of Activity	Target Population	Stage
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Antinatal Care Survey	Sentinel Surveillance (e.g. ANC Surveys)	Pregnant Women	Planning
Assessment of MSM	Qualitative Research	Men who have Sex with Men	Publishing
Data collection form and electronic system for HIV case surveillance (HIV and advanced HIV)	AIDS/HIV Case Surveillance	General Population	Implementation
Data collection form and electronic system for tuberculosis case surveillance	TB/HIV Co-Surveillance	General Population	Implementation
Formative research for the male partner involvement project	Qualitative Research	General Population	Data Review



Budget Summary Reports

Summary of Planned Funding by Agency and Funding Source

Agency	Funding Source				Total
	Central GHCS (State)	GAP	GHCS (State)	GHCS (USAID)	
DOD			161,312		161,312
DOL			163,692		163,692
HHS/CDC		1,200,000	5,108,400		6,308,400
HHS/HRSA	156,360		419,301		575,661
PC			141,273		141,273
State			61,384		61,384
USAID			7,469,853		7,469,853
Total	156,360	1,200,000	13,525,215	0	14,881,575

Summary of Planned Funding by Budget Code and Agency

Budget Code	Agency								Total
	State	DOD	HHS/CDC	HHS/HRSA	DOL	PC	USAID	AllOther	
CIRC		3,000							3,000
HBHC		3,000	154,000	150,001			841,916		1,148,917
HKID							618,198		618,198
HLAB		15,000	615,000	14,000					644,000
HMBL			70,000						70,000
HTXD							2,121,954		2,121,954
HTXS			792,100	306,660					1,098,760
HVAB							204,170		204,170
HVCT		2,000	22,000	10,000	50,000		518,704		602,704
HVMS	61,384	81,312	2,150,000			28,800	644,853		2,966,349
HVOP		24,000	398,000		83,692	62,600	1,168,010		1,736,302
HVSI			634,000	75,000			111,002		820,002



HVTB		3,000	218,000						221,000
IDUP			2,000						2,000
MTCT			374,500	5,000			218,250		597,750
OHSS		30,000	866,000		30,000	49,873	993,979		1,969,852
PDTX			12,800	15,000			28,817		56,617
	61,384	161,312	6,308,400	575,661	163,692	141,273	7,469,853	0	14,881,575

Budgetary Requirements Worksheet

(No data provided.)



National Level Indicators

National Level Indicators and Targets
REDACTED



Policy Tracking Table

(No data provided.)



Technical Areas

Technical Area Summary

Technical Area: Adult Care and Treatment

Budget Code	Budget Code Planned Amount	On Hold Amount
HBHC	1,148,917	
HTXS	1,098,760	
Total Technical Area Planned Funding:	2,247,677	0

Summary:
(No data provided.)

Technical Area: ARV Drugs

Budget Code	Budget Code Planned Amount	On Hold Amount
HTXD	2,121,954	
Total Technical Area Planned Funding:	2,121,954	0

Summary:
(No data provided.)

Technical Area: Biomedical Prevention

Budget Code	Budget Code Planned Amount	On Hold Amount
CIRC	3,000	
HMBL	70,000	
IDUP	2,000	
Total Technical Area Planned Funding:	75,000	0

Summary:
(No data provided.)

Technical Area: Counseling and Testing

Budget Code	Budget Code Planned Amount	On Hold Amount
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HVCT	602,704	
Total Technical Area Planned Funding:	602,704	0

Summary:
(No data provided.)

Technical Area: Health Systems Strengthening

Budget Code	Budget Code Planned Amount	On Hold Amount
OHSS	1,969,852	
Total Technical Area Planned Funding:	1,969,852	0

Summary:
(No data provided.)

Technical Area: Laboratory Infrastructure

Budget Code	Budget Code Planned Amount	On Hold Amount
HLAB	644,000	
Total Technical Area Planned Funding:	644,000	0

Summary:
(No data provided.)

Technical Area: Management and Operations

Budget Code	Budget Code Planned Amount	On Hold Amount
HVMS	2,966,349	
Total Technical Area Planned Funding:	2,966,349	0

Summary:
(No data provided.)

Technical Area: OVC

Budget Code	Budget Code Planned Amount	On Hold Amount
HKID	618,198	
Total Technical Area Planned	618,198	0



Funding:		
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Summary:
(No data provided.)

Technical Area: Pediatric Care and Treatment

Budget Code	Budget Code Planned Amount	On Hold Amount
PDTX	56,617	
Total Technical Area Planned Funding:	56,617	0

Summary:
(No data provided.)

Technical Area: PMTCT

Budget Code	Budget Code Planned Amount	On Hold Amount
MTCT	597,750	
Total Technical Area Planned Funding:	597,750	0

Summary:
(No data provided.)

Technical Area: Sexual Prevention

Budget Code	Budget Code Planned Amount	On Hold Amount
HVAB	204,170	
HVOP	1,736,302	
Total Technical Area Planned Funding:	1,940,472	0

Summary:
(No data provided.)

Technical Area: Strategic Information

Budget Code	Budget Code Planned Amount	On Hold Amount
HVSI	820,002	
Total Technical Area Planned Funding:	820,002	0



Summary:
(No data provided.)

Technical Area: TB/HIV

Budget Code	Budget Code Planned Amount	On Hold Amount
HVTB	221,000	
Total Technical Area Planned Funding:	221,000	0

Summary:
(No data provided.)



Technical Area Summary Indicators and Targets **REDACTED**

Partners and Implementing Mechanisms

Partner List

Mech ID	Partner Name	Organization Type	Agency	Funding Source	Planned Funding
7218	Partnership for Supply Chain Management	Private Contractor	U.S. Agency for International Development	GHCS (State)	2,400,000
7220	Management Sciences for Health	NGO	U.S. Agency for International Development	GHCS (State)	2,425,000
7369	U.S. Department of Defense (Defense)	Implementing Agency	U.S. Department of Defense	GHCS (State)	80,000
7375	New York Institute	University	U.S. Department of Health and Human Services/Health Resources and Services Administration	GHCS (State)	75,000
7378	University of Washington	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	55,000
10066	Catholic Relief Services	FBO	U.S. Department of Health and Human Services/Health Resources and Services Administration	GHCS (State)	344,301

10074	AMERICAN PUBLIC HEALTH LABORATORY	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	60,000
10075	American School of Public Health	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	75,000
10076	Ministry of Health, Guyana	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	1,710,800
10078	Georgetown Public Hospital Corporation	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	45,000
10080	New Jersey University of Medicine/Dentistry of New Jersey	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	400,000
10404	Catholic Relief	FBO	U.S. Department	Central GHCS	156,360

	Services		of Health and Human Services/Health Resources and Services Administration	(State)	
11621	International Labor Organization	Multi-lateral Agency	U.S. Department of Labor	GHCS (State)	163,692
11639	U.S. Peace Corps	Implementing Agency	U.S. Peace Corps	GHCS (State)	112,473
12931	American Society of Clinical Pathology	Private Contractor	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	70,000
12983	Bina Hill Institute for Research, Development, and Training	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	42,000
13011	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
13175	Remote Area Medical	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	50,000
13245	American Society	Implementing	U.S. Department	GHCS (State)	55,000

	for Microbiology	Agency	of Health and Human Services/Centers for Disease Control and Prevention		
13246	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
13384	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
13468	JHPIEGO	NGO	U.S. Agency for International Development	GHCS (State)	200,000
13491	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted



Implementing Mechanism(s)

Implementing Mechanism Details

Mechanism ID: 7218	Mechanism Name: The Partnership for Supply Chain Management
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: Partnership for Supply Chain Management	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 2,400,000	
Funding Source	Funding Amount
GHCS (State)	2,400,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 7218	Mechanism Name: The Partnership for Supply Chain Management
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Prime Partner Name:		Partnership for Supply Chain Management	
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	28,817	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	79,750	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	169,479	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXD	2,121,954	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 7220	Mechanism Name: Guyana HIV/AIDS Reduction Programme 11
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: Management Sciences for Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No



Total Funding: 2,425,000	
Funding Source	Funding Amount
GHCS (State)	2,425,000

Sub Partner Name(s)

AIDSHealth Care Foundation	Howard Delafield International	
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Overview Narrative

Cross-Cutting Budget Attribution(s)

Human Resources for Health	20,000
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Key Issues

- Addressing male norms and behaviors
- Increasing gender equity in HIV/AIDS activities and services
- Increasing women's access to income and productive resources
- Increasing women's legal rights and protection
- Mobile Population
- Safe Motherhood

Budget Code Information

Mechanism ID: 7220			
Mechanism Name: Guyana HIV/AIDS Reduction Programme 11			
Prime Partner Name: Management Sciences for Health			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	315,250	

Narrative:

None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	218,250	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	315,250	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	824,500	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	48,500	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	485,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	218,250	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)



Implementing Mechanism Details

Mechanism ID: 7369	Mechanism Name: Department of Defense
Funding Agency: U.S. Department of Defense	Procurement Type: USG Core
Prime Partner Name: U.S. Department of Defense (Defense)	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 80,000	
Funding Source	Funding Amount
GHCS (State)	80,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Addressing male norms and behaviors

Military Population

TB

Budget Code Information

Mechanism ID:	7369
Mechanism Name:	Department of Defense
Prime Partner Name:	U.S. Department of Defense (Defense)

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	3,000	
Narrative:			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	2,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	30,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	3,000	
Narrative:			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	24,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	15,000	
Narrative:			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	3,000	
Narrative:			



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Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 7375	Mechanism Name: HIV/QUAL International
Funding Agency: U.S. Department of Health and Human Services/Health Resources and Services Administration	Procurement Type: Cooperative Agreement
Prime Partner Name: New York Institute	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 75,000	
Funding Source	Funding Amount
GHCS (State)	75,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Human Resources for Health	20,000
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Key Issues

Child Survival Activities



Budget Code Information

Mechanism ID: 7375			
Mechanism Name: HIV/QUAL International			
Prime Partner Name: New York Institute			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	75,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 7378		Mechanism Name: Hinterland Initiative	
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention		Procurement Type: Cooperative Agreement	
Prime Partner Name: University of Washington			
Agreement Start Date: Redacted		Agreement End Date: Redacted	
TBD: No		Global Fund / Multilateral Engagement: No	
Total Funding: 55,000			
Funding Source		Funding Amount	
GHCS (State)		55,000	

Sub Partner Name(s)

(No data provided.)

Overview Narrative



Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	7378		
Mechanism Name:	Hinterland Initiative		
Prime Partner Name:	University of Washington		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	20,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	35,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10066	Mechanism Name: AIDSRelief
Funding Agency: U.S. Department of Health and Human Services/Health Resources and Services Administration	Procurement Type: Cooperative Agreement
Prime Partner Name: Catholic Relief Services	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No



Total Funding: 344,301	
Funding Source	Funding Amount
GHCS (State)	344,301

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Human Resources for Health	30,000
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Key Issues

Child Survival Activities

Budget Code Information

Mechanism ID: 10066			
Mechanism Name: AIDSRelief			
Prime Partner Name: Catholic Relief Services			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	150,001	
Narrative:			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	150,300	
Narrative:			
None			



Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	10,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	15,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	5,000	
Narrative:			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	14,000	
Narrative:			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10074	Mechanism Name: H/A Prev & Prgm Dev & TA Collab
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: AMERICAN PUBLIC HEALTH LABORATORY	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No



Total Funding: 60,000	
Funding Source	Funding Amount
GHCS (State)	60,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Human Resources for Health	60,000
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Key Issues

TB

Budget Code Information

Mechanism ID: 10074			
Mechanism Name: H/A Prev & Prgm Dev & TA Collab			
Prime Partner Name: AMERICAN PUBLIC HEALTH LABORATORY			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	60,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)



Implementing Mechanism Details

Mechanism ID: 10075	Mechanism Name: Association of Schools of Public Health-Fellowship
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: American School of Public Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 75,000	
Funding Source	Funding Amount
GHCS (State)	75,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 10075			
Mechanism Name: Association of Schools of Public Health-Fellowship			
Prime Partner Name: American School of Public Health			
Strategic Area	Budget Code	Planned Amount	On Hold Amount



Other	HVSI	75,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10076	Mechanism Name: Ministry of Health, Guyana
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Ministry of Health, Guyana	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,710,800	
Funding Source	Funding Amount
GHCS (State)	1,710,800

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Food and Nutrition: Commodities	100,000
Human Resources for Health	650,000
Water	34,000



Key Issues

Safe Motherhood

TB

Budget Code Information

Mechanism ID: 10076			
Mechanism Name: Ministry of Health, Guyana			
Prime Partner Name: Ministry of Health, Guyana			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	15,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	160,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	22,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	12,800	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	460,000	
Narrative:			



None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMBL	70,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	100,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	IDUP	2,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	365,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	430,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	74,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)



Implementing Mechanism Details

Mechanism ID: 10078	Mechanism Name: Center of Excellence
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Georgetown Public Hospital Corporation	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 45,000	
Funding Source	Funding Amount
GHCS (State)	45,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Human Resources for Health	10,000
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Key Issues

TB

Budget Code Information

Mechanism ID:	10078
Mechanism Name:	Center of Excellence
Prime Partner Name:	Georgetown Public Hospital Corporation



Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	45,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10080	Mechanism Name: Francois Xavier Bagnound Center
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: New Jersey University of Medicine/Dentistry of New Jersey	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 400,000	
Funding Source	Funding Amount
GHCS (State)	400,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Human Resources for Health	40,000
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Key Issues

TB

Budget Code Information

Mechanism ID: 10080			
Mechanism Name: Francois Xavier Bagnound Center			
Prime Partner Name: New Jersey University of Medicine/Dentistry of New Jersey			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	100,000	
Narrative:			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	200,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	100,000	
Narrative:			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10404	Mechanism Name: Track 1 AIDS Relief
Funding Agency: U.S. Department of Health and Human Services/Health Resources and Services Administration	Procurement Type: Cooperative Agreement
Prime Partner Name: Catholic Relief Services	



Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 156,360	
Funding Source	Funding Amount
Central GHCS (State)	156,360

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 10404			
Mechanism Name: Track 1 AIDS Relief			
Prime Partner Name: Catholic Relief Services			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	156,360	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)



Implementing Mechanism Details

Mechanism ID: 11621	Mechanism Name: Department of Labour
Funding Agency: U.S. Department of Labor	Procurement Type: Contract
Prime Partner Name: International Labor Organization	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 163,692	
Funding Source	Funding Amount
GHCS (State)	163,692

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Increasing gender equity in HIV/AIDS activities and services

Mobile Population

Workplace Programs

Budget Code Information

Mechanism ID:	11621
Mechanism Name:	Department of Labour
Prime Partner Name:	International Labor Organization



Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	50,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	30,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	83,692	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 11639	Mechanism Name: Peace Corps
Funding Agency: U.S. Peace Corps	Procurement Type: USG Core
Prime Partner Name: U.S. Peace Corps	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 112,473	
Funding Source	Funding Amount
GHCS (State)	112,473

Sub Partner Name(s)

(No data provided.)

Overview Narrative



Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Increasing gender equity in HIV/AIDS activities and services
 Increasing women's access to income and productive resources

Budget Code Information

Mechanism ID: 11639			
Mechanism Name: Peace Corps			
Prime Partner Name: U.S. Peace Corps			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	49,873	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	62,600	
Narrative:			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12931	Mechanism Name: PEPFAR Laboratory Training Project
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Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: American Society of Clinical Pathology	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 70,000	
Funding Source	Funding Amount
GHCS (State)	70,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Human Resources for Health	40,000
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Key Issues

TB

Budget Code Information

Mechanism ID: 12931			
Mechanism Name: PEPFAR Laboratory Training Project			
Prime Partner Name: American Society of Clinical Pathology			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	70,000	



Narrative:
None

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12983	Mechanism Name: Hinterland Initiative (Expanding HIV/AIDS services to indigenous Amerindian Communities)
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Bina Hill Institute for Research, Development, and Training	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 42,000	
Funding Source	Funding Amount
GHCS (State)	42,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Human Resources for Health	20,000
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Key Issues



Increasing gender equity in HIV/AIDS activities and services
 Mobile Population

Budget Code Information

Mechanism ID:	12983		
Mechanism Name:	Hinterland Initiative (Expanding HIV/AIDS services to indigenous Amerindian Communities)		
Prime Partner Name:	Bina Hill Institute for Research, Development, and Training		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	14,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	28,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13011	Mechanism Name: Grants Management
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No
Total Funding: Redacted	
Funding Source	Funding Amount



Redacted	Redacted
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Sub Partner Name(s)

AGAPE	Artiste In Direct Support	Comforting Hearts
Family Awareness Consciousness Togetherness	Guyana Business Coalition on HIV/AIDS	Hope For All
Hope Foundation	Linden Care Foundation	One Love Guyana
Operations Restoration	The Youth Mentorship Endeavour	United Bricklayers
Youth Challenge Guyana		

Overview Narrative

Cross-Cutting Budget Attribution(s)

Economic Strengthening	REDACTED
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Key Issues

- Addressing male norms and behaviors
- Increasing gender equity in HIV/AIDS activities and services
- Increasing women's access to income and productive resources
- Mobile Population

Budget Code Information

Mechanism ID: 13011			
Mechanism Name: Grants Management			
Prime Partner Name: TBD			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	Redacted	Redacted

Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	Redacted	Redacted
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	Redacted	Redacted
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	Redacted	Redacted
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	Redacted	Redacted
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	Redacted	Redacted
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13175	Mechanism Name: Hinterland Initiative (Expanding HIV/AIDS services to indigenous
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	Amerindian Communities)
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Remote Area Medical	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 50,000	
Funding Source	Funding Amount
GHCS (State)	50,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Human Resources for Health	30,000
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Key Issues

Increasing gender equity in HIV/AIDS activities and services
 Mobile Population

Budget Code Information

Mechanism ID:	13175
Mechanism Name:	Hinterland Initiative (Expanding HIV/AIDS services to indigenous Amerindian Communities)
Prime Partner Name:	Remote Area Medical



Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	15,000	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	35,000	

Narrative:

None

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13245	Mechanism Name: Capacity-Building Assistance for Global HIV/AIDS Microbiological Laboratory
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: American Society for Microbiology	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 55,000	
Funding Source	Funding Amount
GHCS (State)	55,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative



Cross-Cutting Budget Attribution(s)

Human Resources for Health	40,000
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Key Issues

TB

Budget Code Information

Mechanism ID:	13245		
Mechanism Name:	Capacity-Building Assistance for Global HIV/AIDS Microbiological Laboratory		
Prime Partner Name:	American Society for Microbiology		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	55,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13246	Mechanism Name: Infectious Disease Control Program
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No



Total Funding: Redacted	
Funding Source	Funding Amount
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Human Resources for Health	REDACTED
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Key Issues

Malaria (PMI)

TB

Budget Code Information

Mechanism ID: 13246			
Mechanism Name: Infectious Disease Control Program			
Prime Partner Name: TBD			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	Redacted	Redacted
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	Redacted	Redacted
Narrative:			



None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	Redacted	Redacted
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	Redacted	Redacted
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13384	Mechanism Name: Positively United to Support Humanity
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	Funding Amount
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative



Cross-Cutting Budget Attribution(s)

Human Resources for Health	REDACTED
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Key Issues

Child Survival Activities

Budget Code Information

Mechanism ID: 13384			
Mechanism Name: Positively United to Support Humanity			
Prime Partner Name: TBD			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	Redacted	Redacted

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	Redacted	Redacted

Narrative:

None

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13468	Mechanism Name: JHPIEGO
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract



Prime Partner Name: JHPIEGO	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 200,000	
Funding Source	Funding Amount
GHCS (State)	200,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Human Resources for Health	25,000
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Key Issues

Increasing gender equity in HIV/AIDS activities and services

Budget Code Information

Mechanism ID: 13468			
Mechanism Name: JHPIEGO			
Prime Partner Name: JHPIEGO			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	200,000	
Narrative:			
None			



Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13491	Mechanism Name: Regional Pilot
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	Funding Amount
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Human Resources for Health	REDACTED
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Key Issues

Child Survival Activities
 Mobile Population
 TB



Budget Code Information

Mechanism ID: 13491			
Mechanism Name: Regional Pilot			
Prime Partner Name: TBD			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	Redacted	Redacted
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	Redacted	Redacted
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	Redacted	Redacted
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	Redacted	Redacted
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	Redacted	Redacted
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)



USG Management and Operations

1.
Redacted
2.
Redacted
3.
Redacted
4.
Redacted
5.
Redacted

Agency Information - Costs of Doing Business U.S. Agency for International Development

Agency Cost of Doing Business	Central GHCS (State)	DHAPP	GAP	GHCS (State)	GHCS (USAID)	Cost of Doing Business Category Total
Computers/IT Services				66,000		66,000
ICASS				52,000		52,000
Management Meetings/Professional Development				8,000		8,000
Non-ICASS Administrative Costs				30,000		30,000
Staff Program Travel				28,000		28,000
USG Staff Salaries and Benefits				460,853		460,853
Total	0	0	0	644,853	0	644,853



U.S. Agency for International Development Other Costs Details

Category	Item	Funding Source	Description	Amount
Computers/IT Services		GHCS (State)		66,000
ICASS		GHCS (State)		52,000
Management Meetings/Professional Development		GHCS (State)		8,000
Non-ICASS Administrative Costs		GHCS (State)		30,000

U.S. Department of Defense

Agency Cost of Doing Business	Central GHCS (State)	DHAPP	GAP	GHCS (State)	GHCS (USAID)	Cost of Doing Business Category Total
ICASS				12,000		12,000
Management Meetings/Professional Development				29,657		29,657
Staff Program Travel				3,000		3,000
USG Staff Salaries and Benefits				36,655		36,655
Total	0	0	0	81,312	0	81,312

U.S. Department of Defense Other Costs Details

Category	Item	Funding Source	Description	Amount
ICASS		GHCS (State)		12,000
Management Meetings/Professional Development		GHCS (State)		29,657



al Development				
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U.S. Department of Health and Human Services/Centers for Disease Control and Prevention

Agency Cost of Doing Business	Central GHCS (State)	DHAPP	GAP	GHCS (State)	GHCS (USAID)	Cost of Doing Business Category Total
Capital Security Cost Sharing			130,136	168,264		298,400
Computers/IT Services			110,000	94,000		204,000
ICASS			200,000			200,000
Management Meetings/Professional Development				16,500		16,500
Non-ICASS Administrative Costs			379,268	174,916		554,184
Staff Program Travel			36,500	32,500		69,000
USG Staff Salaries and Benefits			344,096	463,820		807,916
Total	0	0	1,200,000	950,000	0	2,150,000

U.S. Department of Health and Human Services/Centers for Disease Control and Prevention Other Costs Details

Category	Item	Funding Source	Description	Amount
Capital Security Cost Sharing		GAP		130,136
Capital Security Cost Sharing		GHCS (State)		168,264

Computers/IT Services		GAP		110,000
Computers/IT Services		GHCS (State)		94,000
ICASS		GAP		200,000
Management Meetings/Professional Development		GHCS (State)		16,500
Non-ICASS Administrative Costs		GAP		379,268
Non-ICASS Administrative Costs		GHCS (State)		174,916

U.S. Department of State

Agency Cost of Doing Business	Central GHCS (State)	DHAPP	GAP	GHCS (State)	GHCS (USAID)	Cost of Doing Business Category Total
Non-ICASS Administrative Costs				3,384		3,384
USG Staff Salaries and Benefits				58,000		58,000
Total	0	0	0	61,384	0	61,384

U.S. Department of State Other Costs Details

Category	Item	Funding Source	Description	Amount
Non-ICASS Administrative Costs		GHCS (State)		3,384

U.S. Peace Corps



Agency Cost of Doing Business	Central GHCS (State)	DHAPP	GAP	GHCS (State)	GHCS (USAID)	Cost of Doing Business Category Total
Non-ICASS Administrative Costs				200		200
Staff Program Travel				7,500		7,500
USG Staff Salaries and Benefits				21,100		21,100
Total	0	0	0	28,800	0	28,800

U.S. Peace Corps Other Costs Details

Category	Item	Funding Source	Description	Amount
Non-ICASS Administrative Costs		GHCS (State)		200