Caribbean Region

Operational Plan Report

FY 2012

Operating Unit Overview

OU Executive Summary

Regional Context

The Caribbean has higher HIV rates than any region outside sub-Saharan Africa. The adult HIV prevalence of 1.0 percent is twice as high as North America, Central and South America, and Mexico, all at 0.5 percent prevalence. AIDS is the leading cause of death among Caribbean adults 20 to 59 years of age and has orphaned approximately 250,000 Caribbean children. In 2009, about 12,000 Caribbean nationals died of AIDS, and an estimated 18,000 people were newly infected with HIV. An estimated 260,000 people were living with HIV, with 68 percent of those infected living in the Dominican Republic and Haiti. The HIV epidemic varies within countries and across the region. Though HIV data in the region are unreliable, the best estimates show that HIV affects young women 1.2 to 3 times more than young males in the Bahamas, Barbados, Belize, Guyana, Haiti and the Dominican Republic. In Jamaica, Suriname, and Trinidad and Tobago the reverse is true. Men who have sex with men (MSM) and female sex workers (FSW) continue to be disproportionately affected. MSM prevalence varies from 6.7 percent in Suriname to 32 percent in Jamaica. FSW prevalence is reported to be as high as 24 percent in Suriname. Targeted prevention programs continue to be important in the region. Addressing stigma and discrimination and supporting legislative efforts to protect the rights of people living with HIV/AIDS (PLWHA) and most-at-risk populations (MARPs) are also critical.

Weaknesses in national health systems affect how each country responds to HIV. These include inadequate human resources, weak laboratory and information systems, poor integration of HIV services into primary health care and poor involvement of the private sector. Primary health systems have not developed services tailored to the needs of MARP and PLWHA. Community organizations, especially those serving MARP and PLWHA groups, have not been well integrated into national and regional response efforts. Many require organizational strengthening and technical capacity building. There is limited involvement of sectors outside of health in promoting HIV prevention, treatment and care and countering stigma and discrimination. The implications of HIV as a chronic disease to health system financing and program sustainability need to be further examined.

Despite the challenges, there have been many successes in HIV/AIDS programming in the region. During 2008-2009, mother to child transmission of HIV was reduced to the point where elimination of new HIV infections in children has become a possibility. Jamaica, Belize, Suriname, and the Dominican Republic reduced new infections by 25% between 2001 and 2009. Increased access to ARVs has contributed to a 43% decline in the number of AIDS-related deaths. The FY 2012 Caribbean Regional

Operational Plan (ROP) supports and builds on these accomplishments.

The Partnership Framework (PF) and the activities proposed in the 2012 ROP share the priorities of the PANCAP Caribbean Regional Strategic Framework (CRSF). The CRSF describes a shared regional vision that emphasizes: strengthening HIV prevention services and resources; improving national and regional capacity for surveillance, monitoring, and evaluation; strengthening national and regional laboratory diagnostic and monitoring capacity; developing human resources for improved healthcare service delivery; and supporting national governments' capacity to implement effective, sustainable national HIV/AIDS programs. The Caribbean Regional Program's activities focus more on country ownership, sustainability, technical assistance, and capacity building, than on service delivery.

PEPFAR focus in FY 2012

The Partnership Framework Implementation Plan (PFIP) describes interventions that will improve the ability of Caribbean governments and partners to implement effective and sustainable HIV programs by the end of the five-year period. USG will work with governments (e.g. MOH, National AIDS programs, and other relevant Ministries such as Finance, Family, Youth and Sport, Defense, Gender, and Labor), non-governmental organizations (e.g. FBO, CBO, PLWHA and advocacy groups), and other regional partners (e.g. PAHO, PANCAP), to reduce HIV transmission in the Caribbean Region. The focus continues to be providing technical assistance to national and regional programs in Prevention, Strategic Information (SI), Laboratory Strengthening and Health Systems Strengthening (HSS).

The USG will support the national governments in developing and implementing initiatives that use an evidence-based "combination" approach to HIV prevention, including behavioral, structural and biomedical interventions. The approach will address gender issues and structural and physical barriers that affect MARPs' ability to access quality services. Recent evidence on the importance of treatment as prevention strategies are incorporated into prevention programming.

The USG SI activities will continue to be responsive to the key principles of the Global Health Initiative (GHI) including health systems strengthening, country ownership, and research and innovation. The SI strategy will support national efforts to better characterize the HIV epidemic and effectively use data for programming. This will involve strengthening surveillance systems, monitoring and evaluation activities, and health information systems and building human capacity. Assessing the incidence of HIV in high risk groups will continue to be a priority.
The laboratory section of the PEPFAR Caribbean Regional Program will continue to focus on strengthening national and regional laboratory capacities as described in the CRSF and National

Strategic Plans. A tiered laboratory system is being implemented in the 12 PF countries to improve the quality and availability of diagnostic and monitoring services and systems for HIV/AIDS and other sexually transmitted and opportunistic infections in the region. This involves providing support in training, procurement, supply chain management systems, quality management systems and accreditation, and Laboratory Management Information System (LMIS). The laboratory section will also continue to support prevention efforts through the roll out of HIV rapid testing, with a focus on MARPs.

Implementing and sustaining effective health programs relies on the availability and efficient use of financial resources. Health sector and private sector assessments that were completed in 2011 in seven countries identified important health financing barriers (e.g. lack of private insurance coverage for PLWHA, shortage of domestic resources as external funding declined). These will be addressed in the coming years.

The Caribbean Regional PEPFAR program is the only USG health program covering the OECS and Barbados, the Bahamas, Jamaica, Suriname and Trinidad and Tobago. While the Caribbean Region is not required to submit a GHI strategy, USG agencies are aware of GHI strategy and principles. This includes the need to strengthen health systems and "foster effective, sustainable and country-led programs that deliver essential health care". The Department of Defense conducts med-ready exercises in Suriname and other countries that are lacking primary care and dental services in remote communities. The Centers for Disease Control and Prevention responds to global health issues and helps to prepare the region to prevent outbreaks when needed. PEPFAR assistance in strengthening health systems in the region, including health financing, leadership and governance, and laboratory systems, addresses public health issues beyond HIV and AIDS. In so doing, it improves public health overall.

PF/PFIP Monitoring

The Caribbean Region is working with partners to identify indicators to monitor progress of the Partnership Framework. The PFIP includes a list of country commitments with one-year and five-year projections and notable progress is being made on these activities in most countries. PEPFAR intends to monitor the five areas listed in Table 1 over the life of the project, to assess improvements made with PEPFAR assistance. After consultations with the SI technical work group, we selected two indicators to help measure country ownership in our partner countries related to the PF goals. Data on these indicators will be included in the semi-annual and annual progress reports (S/APR) in FY 2012.

Table 1. Monitoring the Partnership Framework Implementation Plan

Partnership Framework Goal	Indicator

Prevention Expanded VCT services for MARPs (supported by government services)
Sustainability Improved financial resource tracking linked to NSP (% increase of national program funded by government)

Country and regional work plans are monitored on a quarterly basis through USG agency and PEPFAR Coordinator visits and/or conference calls with stakeholders. These monitoring calls and visits will be more inclusive of stakeholders and donors, Technical Advisory Group and Steering Committee members. They will continue to support transparency and information exchange on program accomplishments and challenges. We anticipate that country and regional partners will take more ownership of their programs by participating on these calls and visits. As the process becomes more open, we expect better coordination and leveraging of resources at the country level and within the region. We continue to identify country and regional synergies through this process. Starting in 2012 we will be reporting on supplemental indicators in the APR for the Caribbean Region that include reporting on human resources for health (HRH) assessments, special studies and surveillance, private sector and health systems updates.

The PEPFAR team is exploring additional ways to monitor PF/PFIP activities and accomplishments and to communicate this to our partners and stakeholders. We intend to support a web-based, PEPFAR program data management system to improve the coordination of country work plans and the quality of program data. Staff from National AIDS Programs (NAPs) and Ministries of Health (MOHs) will be trained to manage the PEPFAR program data online and will have the option to include the entire country work plan on their website link. This will be handed over to the countries after two years for their program use. We are currently reviewing the dashboard and PROMIS systems. Currently we monitor our partners' work plans in Excel files.

Program Evaluation will be a focus of the Caribbean Regional PEPFAR program in 2012. A mid-term program evaluation will be conducted in the summer of 2012 to provide recommendations for further, more effective program implementation. The USG team is in the process of designing the evaluation with guidance from an evaluation expert. We are also involved in supporting a proposal for implementation science to evaluate the use of Strategic Information by health professionals in the Caribbean Region.

Country Ownership Assessment

The Caribbean Regional PF began under PEPFAR II has focused on country ownership and sustainability from the program's inception in 2009/2010. On January 12-13, 2011 the Caribbean Regional PEPFAR program held its first combined annual meeting and Caribbean Region Chiefs of Mission HIV/AIDS

meeting in Barbados. The meeting included U.S. Chiefs of Mission from nine U.S. Embassies and Ministers of Health from fifteen countries in the Caribbean region. Featured speakers included the Honorable Denzel Douglas, Prime Minister, St. Kitts and Nevis and CARICOM representative for Health and HIV/AIDS, U.S. Ambassador Eric Goosby, Global AIDS Coordinator, and the Honorable Donville Inniss, Minister of Health, Barbados. The meeting focused on country ownership and partnership with local governments. Several areas for enhancing program coordination and implementation were highlighted at the meeting including: promoting program integration with other development programs, increasing public-private partnerships, and improving program communication with both U.S. and local government partners. Country level meetings with Ministries of Health, National AIDS Programs and USG agencies will occur in FY2012. These meetings will review country specific transition plans. The second Annual Meeting will be scheduled for FY 2013.

The FY 2012 Caribbean ROP is linked to the PF and PFIP. These were developed in close consultation with national governments and regional partners to address HIV/AIDS in the Caribbean region. Between June and August 2011, in-country consultations were conducted by teams of USG personnel with all 12 signatory countries and with the two regional agencies, PANCAP and the OECS. The consultations involved assessing the importance of the proposed activities in a country-specific context and how best to implement the activities to achieve the PF goals and objectives. Following these meetings the technical (by goal area) teams summarized the information, prioritized the country activities, and determined budget estimates for the respective program area. Country and regional partner work plans are monitored and updated quarterly with all partner stakeholders. The FY 2012 Caribbean ROP is the outcome of these country partner work plan consultations and of the meetings of USG agencies with our Caribbean partners and collaborators.

During the country consultation visits conducted in the summer of 2011, countries were also asked to respond to questions on country ownership, program challenges and USG PEPFAR team performance. Table 2 summarizes the information gathered by country and regional counterparts. With respect to country ownership, PEPFAR country partners appear to have a good understanding of what it will take for their programs to be fully owned, but are in various stages of reaching ownership. Integrating HIV/AIDS services into primary care is underway in several countries and will assist in sharing scarce resources with HIV/AIDS programs at the country level. Most countries are providing resources for treatment and purchase ARVs for universal distribution as part of the national program. Treatment coverage by National AIDS Programs is still approximately 50 percent of the country need in most cases.

Table 2. Preliminary Information on Country Ownership in the Caribbean Region PF Countries

Partner Country Stewardship Institutional Ownership Capabilities

(Please find a formatted table in document library.)

Program Gaps Transition Plan PEPFAR support FY 2010 – 2012 (est.)
Antigua and Barbuda +/- NA - HSS (HRH, Financing, Laboratory, SI), Prevention for MARPs No $3,599,678
Bahamas + NA +/- Prevention for MARPs, data quality management, SI, HSS No $9,098,167
Barbados + NA +/- Surveillance, Prevention and VCT for MARPs, laboratory support, HSS No $5,890,608
Dominica +/- NA +/- HRH, Prevention for MARPs, SI, laboratory, HSS No $2,386,238
Grenada +/- NA - HRH, Prevention for MARPs, S/D of providers, integration of services, HSS No $2,955,938
Jamaica + NA + Prevention for MARPs, SI, HSS, laboratory, PMTCT Yes $19,560,125
St. Kitts and Nevis + NA +/- Prevention for MARPs, Rapid Testing, HSS Yes $3,101,178
St. Lucia + 58 / 42 +/- HRH, Prevention for MARPs, M&E, Surveillance, Civil Society, Policy Reform, HSS Yes $4,808,345
St. Vincent and the Grenadines +/- NA - Prevention for MARPs, laboratory, SI, HRH, HSS No $3,067,938
Suriname +/- 65 / 35 +/- Prevention for MARPs, M&E, Surveillance, laboratory, HSS Yes $4,104,867
Trinidad and Tobago + NA +/- HRH, Prevention for MARPs, laboratory, Surveillance, M&E, HSS Yes $8,931,407
Regional support (PANCAP and regional activities) +/- % country / donor - Leadership and governance, HRH, health financing, SI training, M&E, laboratory support, construction No $15,500,000

The Global Fund (GF) and other donors have helped to fill this gap. With the recently announced delay and decrease in Round 11 funding, there will likely be further funding gaps to address in the GF recipient countries.

Challenges and opportunities to the newly defined country ownership dimensions: political

ownership/stewardship, institutional and community ownership, capabilities and accountability run the gamut across the countries in the region. The larger country programs generally have more capacity (+) in the areas of stewardship and capability to transition to country ownership, and the smaller countries less capacity (-). Nonetheless, the same countries are often reliant on donor funds to support a significant portion of their program. Most countries in the Caribbean region are ranked somewhere in the middle (+/-) in these criteria since they have strengths and weaknesses in all areas. Challenges occur with changes in government, staff shifting or departing, delays due to natural disasters, and re-prioritization of program goals by the country stakeholders, among other areas.

Countries have started to fund HIV/AIDS programs from national budgets, but there are still significant gaps. Many national budgets, heavily dependent on tourism, are declining. The regional PEPFAR program is providing technical assistance in the priority areas identified by countries, as listed in the table. This includes: prevention for MARPs; strategic information including M&E and surveillance; health systems strengthening; laboratory support, and human resources for health. This ROP has been shared with country partners for feedback before submission to OGAC.

PEPFAR is addressing these areas through leadership and governance programming and health systems strengthening technical assistance from the PEPFAR interagency team that includes the Caribbean Health Leadership Initiative; Health Systems 20/20 country assessments and assistance with health financing, insurance and health systems strengthening; laboratory strengthening assistance and accreditation support; Caribbean HIV/AIDS regional training (CHART) human resources for health support; and PEPFAR support on work planning and strategic planning.

PEPFAR coordinates with the Global Fund in the Caribbean Region. As a signatory partner on the Partnership Framework and recipient of Round 9 Global Fund, PANCAP and PEPFAR are involved in all work plan activities. Work plan monitoring and coordination take place on a quarterly basis or as needed with PANCAP staff and implementing partners. Meetings with the GF Portfolio Manager provide updates, ensure coordination of activities, and help avoid duplication of support. Donor coordination calls are held quarterly (World Bank, German Cooperation, UK Department for International Development, UNAIDS, and PAHO). Regional donors also assemble at the Annual PANCAP General Meeting.

Policy reform areas that are considered determinants of country ownership are being addressed by PEPFAR in the regional program:

- Laboratory accreditation and procurement policy
- Gender and stigma and discrimination related policy and legislation
- Workplace counseling and testing policy

- Dual practice policy
- Military HIV/AIDS policy
- Sexual and reproductive health and HIV/AIDS policy

The USG is contributing to an effective sustainable response to the HIV/AIDS epidemic in the Caribbean region. Our approach continues to engage regional partners in program design and implementation in order to strengthen regional institutions. The USG has learned that working with regional organizations alone is not sufficient to close the serious gaps that remain in the Caribbean's response to its epidemic in such important areas as prevention and control of HIV infection, epidemiology and surveillance, and stigma and discrimination. An effective response also depends on the commitment, capacity and leadership of national authorities.

The USG Caribbean Regional team recognizes that sustainable, comprehensive and country-driven HIV programs are essential to regional success in reducing the spread and impact of HIV. The USG team therefore has a country-centered approach. Our success depends on direct USG engagement in each PF Caribbean nation. It requires working with the MOHs and NAPs of Barbados, Trinidad and Tobago, Jamaica, the Bahamas, Suriname, and the Eastern Caribbean Islands of Antigua and Barbuda, Dominica, St. Lucia, St. Vincent and the Grenadines, Grenada, and St. Kitts and Nevis. The Caribbean efforts are linked with USG PEPFAR programs in Haiti, Dominican Republic, Guyana and Central America. Given the diversity of the HIV epidemic in the region, national strategies vary from country to country. These strategies require the development of tailored, targeted and integrated approaches to ensure the best use of limited resources for a successful response, both nationally and regionally.

Central Initiatives

Gender will continue to be addressed in all 2012 ROP activities. USAID/Jamaica is supporting a two-year $2 million gender initiative with FY 2010 ROP. The initiative aims to strengthen Jamaican and regional policy reform and advocacy efforts to promote gender equity while reducing sexual and gender-based violence (SGBV) and Stigma and Discrimination (S&D) in relation to HIV prevention. The additional allocation of $100,000 from the Gender Challenge Fund in FY 2011 was matched by the PEPFAR Jamaica program and expanded the regional focus. These funds are being used to improve the capacity of Caribbean national governments and regional organizations to mainstream gender in all relevant policies and programs. A Chief of Party has been contracted and a situational analysis completed in Jamaica. The findings from this assessment will be used in the development and dissemination of gender guidelines and tools, and appropriate strategies for addressing SGBV in the Caribbean region. The Jamaica program is reviewing National Strategic Plans with country stakeholders to ensure that gender and gender based violence is addressed. Support is provided to

national programs to identify appropriate indicators for monitoring activities. The project is linked to the regional stigma and discrimination work with PANCAP. PANCAP's work involves developing a conceptual framework for the Caribbean region to guide the process of addressing stigma and discrimination, and to address gender in all HIV/AIDS programming.

In FY 2011, the Caribbean team received notice of $500,000 of FY 09 funds for Orphans and Vulnerable Children (OVC) programming. The begin OVC work in the region, a situational analysis will be conducted with recommendations. The focus of support will be on building knowledge and capacity among the partners, making linkages to programs in the PEPFAR bi-lateral country programs (Haiti, Guyana and the Dominican Republic), and sharing OVC tools and resources from other regions. These activities are set to begin in FY 2012. USAID Eastern Caribbean and USAID Jamaica will program OVC activities when funds arrive.

Program Contact: William Conn, PEPFAR Coordinator (wconn@usaid.gov)

Time Frame: October 2012 to September 2013

Population and HIV StatisticsAntigua and Barbuda

Population and HIV Statistics				Additional Sources		
	Value	Year	Source	Value	Year	Source
Adults 15+ living with HIV						
Adults 15-49 HIV Prevalence Rate						
Children 0-14 living with HIV						
Deaths due to HIV/AIDS						
Estimated new HIV infections among adults						
Estimated new HIV infections among adults and children						

Estimated number of pregnant women in the last 12 months						
Estimated number of pregnant women living with HIV needing ART for PMTCT						
Number of people living with HIV/AIDS						
Orphans 0-17 due to HIV/AIDS						
The estimated number of adults and children with advanced HIV infection (in need of ART)						
Women 15+ living with HIV						

Population and HIV StatisticsBahamas

Population and HIV Statistics				Additional Sources		
	Value	Year	Source	Value	Year	Source
Adults 15+ living with HIV	6,100	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Adults 15-49 HIV Prevalence Rate	03	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						
Estimated number of pregnant women living with HIV needing ART for PMTCT						
Number of people living with HIV/AIDS	6,600	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Orphans 0-17 due to HIV/AIDS						
The estimated number of adults and children with						

advanced HIV infection (in need of ART)						
Women 15+ living with HIV	3,700	2009	UNAIDS Report on the global AIDS Epidemic 2010			

Population and HIV StatisticsBarbados

Population and HIV Statistics				Additional Sources		
	Value	Year	Source	Value	Year	Source
Adults 15+ living with HIV	2,100	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	100	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						
Estimated number of pregnant women living with HIV needing ART for PMTCT						
Number of people living with HIV/AIDS	2,100	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Orphans 0-17 due to HIV/AIDS						
The estimated number of adults and children with advanced HIV infection (in need of ART)						
Women 15+ living with HIV	1,000	2009	UNAIDS Report on the global AIDS Epidemic 2010. This mid-point estimate is calculated based on the range provided in the			

			report.			

Population and HIV StatisticsBelize - Caribbean

Population and HIV Statistics				Additional Sources		
	Value	Year	Source	Value	Year	Source
Adults 15+ living with HIV	4,400	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Adults 15-49 HIV Prevalence Rate	02	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						
Estimated number of pregnant women living with HIV needing ART for PMTCT						
Number of people living with HIV/AIDS	4,800	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Orphans 0-17 due to HIV/AIDS						
The estimated number of adults and children with advanced HIV infection (in need of ART)						
Women 15+ living with HIV	2,600	2009	UNAIDS Report on the global AIDS Epidemic 2010			

Population and HIV StatisticsDominica

Population and HIV Statistics				Additional Sources		
	Value	Year	Source	Value	Year	Source
Adults 15+ living with HIV						
Adults 15-49 HIV						

Prevalence Rate						
Children 0-14 living with HIV						
Deaths due to HIV/AIDS						
Estimated new HIV infections among adults						
Estimated new HIV infections among adults and children						
Estimated number of pregnant women in the last 12 months						
Estimated number of pregnant women living with HIV needing ART for PMTCT						
Number of people living with HIV/AIDS						
Orphans 0-17 due to HIV/AIDS						
The estimated number of adults and children with advanced HIV infection (in need of ART)						
Women 15+ living with HIV						

Population and HIV StatisticsGrenada

Population and HIV		Additional Sources

Statistics	Value	Year	Source	Value	Year	Source
Adults 15+ living with HIV						
Adults 15-49 HIV Prevalence Rate						
Children 0-14 living with HIV						
Deaths due to HIV/AIDS						
Estimated new HIV infections among adults						
Estimated new HIV infections among adults and children						
Estimated number of pregnant women in the last 12 months						
Estimated number of pregnant women living with HIV needing ART for PMTCT						
Number of people living with HIV/AIDS						
Orphans 0-17 due to HIV/AIDS						
The estimated number of adults and children with advanced HIV infection (in need of ART)						
Women 15+ living with HIV						

Population and HIV StatisticsJamaica

Population and HIV Statistics				Additional Sources		
	Value	Year	Source	Value	Year	Source
Adults 15+ living with HIV	31,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Adults 15-49 HIV Prevalence Rate	02	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Children 0-14 living with HIV						
Deaths due to HIV/AIDS	1,200	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Estimated new HIV infections among adults	2,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Estimated new HIV infections among adults and children	2,100	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Estimated number of pregnant women in the last 12 months	52,000	2009	State of the World's Children 2011, UNICEF.			
Estimated number of						

pregnant women living with HIV needing ART for PMTCT						
Number of people living with HIV/AIDS	32,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Orphans 0-17 due to HIV/AIDS						
The estimated number of adults and children with advanced HIV infection (in need of ART)	14,000	2010	Global HIV/AIDS response: epidemic update and health sector progress towards universal access: progress report 2011			
Women 15+ living with HIV	10,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			

Population and HIV StatisticsSt. Kitts and Nevis

Population and HIV Statistics				Additional Sources		
	Value	Year	Source	Value	Year	Source
Adults 15+ living with HIV						
Adults 15-49 HIV Prevalence Rate						
Children 0-14 living						

with HIV						
Deaths due to HIV/AIDS						
Estimated new HIV infections among adults						
Estimated new HIV infections among adults and children						
Estimated number of pregnant women in the last 12 months						
Estimated number of pregnant women living with HIV needing ART for PMTCT						
Number of people living with HIV/AIDS						
Orphans 0-17 due to HIV/AIDS						
The estimated number of adults and children with advanced HIV infection (in need of ART)						
Women 15+ living with HIV						

Population and HIV StatisticsSt. Lucia

Population and HIV Statistics				Additional Sources		
	Value	Year	Source	Value	Year	Source
Adults 15+ living						

with HIV						
Adults 15-49 HIV Prevalence Rate						
Children 0-14 living with HIV						
Deaths due to HIV/AIDS						
Estimated new HIV infections among adults						
Estimated new HIV infections among adults and children						
Estimated number of pregnant women in the last 12 months						
Estimated number of pregnant women living with HIV needing ART for PMTCT						
Number of people living with HIV/AIDS						
Orphans 0-17 due to HIV/AIDS						
The estimated number of adults and children with advanced HIV infection (in need of ART)						
Women 15+ living with HIV						

Population and HIV Statistics				Additional Sources		
	Value	Year	Source	Value	Year	Source
Adults 15+ living with HIV						
Adults 15-49 HIV Prevalence Rate						
Children 0-14 living with HIV						
Deaths due to HIV/AIDS						
Estimated new HIV infections among adults						
Estimated new HIV infections among adults and children						
Estimated number of pregnant women in the last 12 months						
Estimated number of pregnant women living with HIV needing ART for PMTCT						
Number of people living with HIV/AIDS						
Orphans 0-17 due to HIV/AIDS						
The estimated number of adults and children with advanced HIV infection (in need of ART)						
Women 15+ living with HIV						

Population and HIV StatisticsSuriname

Population and HIV Statistics				Additional Sources		
	Value	Year	Source	Value	Year	Source
Adults 15+ living with HIV	3,600	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	200	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						
Estimated number of pregnant women living with HIV needing ART for PMTCT						
Number of people living with HIV/AIDS	3,700	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Orphans 0-17 due to HIV/AIDS						
The estimated number of adults and children with advanced HIV infection (in need of ART)	2,500	2010	Global HIV/AIDS response: epidemic update and health sector progress towards universal access: progress report 2011			
Women 15+ living with HIV	1,100	2009	UNAIDS Report on the global AIDS Epidemic 2010			

Population and HIV StatisticsTrinidad and Tobago

Population and HIV Statistics				Additional Sources		
	Value	Year	Source	Value	Year	Source
Adults 15+ living with HIV	14,000	2009	UNAIDS Report on the global			

			AIDS Epidemic 2010			
Adults 15-49 HIV Prevalence Rate	02	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Children 0-14 living with HIV						
Deaths due to HIV/AIDS	1,000	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						
Estimated number of pregnant women living with HIV needing ART for PMTCT						
Number of people living with HIV/AIDS	15,000	2009	UNAIDS Report on the global			

			AIDS Epidemic 2010			
Orphans 0-17 due to HIV/AIDS						
The estimated number of adults and children with advanced HIV infection (in need of ART)						
Women 15+ living with HIV	4,700	2009	UNAIDS Report on the global AIDS Epidemic 2010			

Partnership Framework (PF)/Strategy - Goals and Objectives

Number	Goal / Objective Description	Associated Indicator Numbers	Associated Indicator Labels
1	HIV Prevention: To contribute to achievement of the Caribbean Regional Strategic Framework (CRSF) (PANCAP) goal of reducing the estimated number of new HIV infections in the Caribbean by 25 percent by 2013. The HIV epidemic in the Caribbean is primarily due to sexual transmission, with epidemiological and behavioral data suggesting concentrated epidemics with much higher prevalence among most at-risk populations (MARPs), including MSM and SW, relative to the general population.		

1.1	Build human, technical and institutional capacity in partner countries to effectively develop, implement, scale-up, and sustain comprehensive, “combination” HIV prevention strategies, including behavior change interventions for PEHRBs, PwP programs, and structural interventions that help address cultural, gender-specific and normative factors contributing to HIV risk		
1.2	Increase access to and use of targeted HIV prevention information and services by MARPs and PEHRBs through expanding HIV testing and counseling and STI treatment services, using a wider array of community-based workers and facilities, and studying the feasibility of biomedical prevention interventions such as male circumcision		
1.3	Facilitate and support cultural, legislative, regulatory, and policy changes to reduce stigma and discrimination, especially focused on enabling populations at elevated risk of infection to access and use HIV prevention-related services without fear of violence, loss of confidentiality, or discrimination		
1.4	Strengthen appropriate linkages and referral systems between HIV prevention, care, treatment, and other support services within and across countries included in this Partnership Framework.		
2	Strategic Information: To improve the		

	capacity of Caribbean national governments and regional organizations to increase the availability and use of quality, timely HIV and AIDS data to better characterize the epidemic and support evidence-based decision-making for improved programs, policies, and health services. The three areas of strategic information (SI) and epidemiology – surveillance, monitoring and evaluation, and health information systems – are the focus of the program.		
2.1	Build the capacity of national governments to implement surveillance and surveys to accurately characterize the socio-cultural, epidemiological, and behavioral dynamics driving the epidemic in the region (including an expanded focus on PEHRBs and MARPs), inform policy implementation, and support the implementation of evidence-based HIV programming at national and regional levels		
2.2	Support the implementation of monitoring and evaluation (M&E) strategies by national governments to increase the use of strategic information for monitoring, evaluation and improvement of HIV program quality, performance and accountability		
2.3	Strengthen the capacity of partner countries and Caribbean regional entities to strategically generate, collect, interpret, disseminate, and use quality strategic information		

2.4	Ensure the use of harmonized data collection methodologies by national governments and regional entities for strategic information and behavioral operations research at national, facility, and community-levels to facilitate trend analyses and comparisons of HIV and AIDS data		
3	Laboratory Strengthening: To increase the capacity of Caribbean national governments and regional organizations to improve the quality and availability of diagnostic and monitoring services and systems for HIV and AIDS and related sexually transmitted and opportunistic infections, including tuberculosis, under a regional network of tiered laboratory services. The need for an alternate, immediate and sustainable laboratory referral system for the long-term is an urgent, high priority.		
3.1	Support Caribbean-led reorganization to create a sustainable regional laboratory network		
3.2	Coordinate with governments and regional public health agencies to improve the scope and quality of HIV diagnostic and laboratory services and systems		
4	Human Capacity Development: To improve the capacity of Caribbean national governments and regional organizations to increase the availability and retention of trained health care providers and managers – including		

	public sector and civil society personnel, as well as PLHIV and other HIV-vulnerable populations – capable of delivering comprehensive, quality HIV-related services according to national, regional, and international standards; and		
4.1	Coordinate with partner countries to develop and implement human capacity development strategies based on "Human Resources for Health" plans that include human resources management systems, training, mentoring, and leadership development		
4.2	Strengthen partner country and regional entity capacity to measure quality and outcomes of Caribbean HIV-related training and human capacity development programs		
4.3	Enable governments and regional educational institutions to establish standardized HIV and AIDS training curricula and competency standards for HIV-related service delivery		
4.4	Build the capacity of governments to maximize the deployment and retention of health personnel through task-shifting, skills building, decentralization of HIV-related service provision, integration of HIV services into wider health programs, and personnel recognition systems		
4.5	Facilitate improved attitudes and skills of healthcare providers to decrease HIV-related stigma and discrimination, increase patient confidentiality, and		

	expand the use of patient-centered approaches		
5	Sustainability: To improve the capacity of Caribbean national governments and regional organizations to effectively lead, finance, manage and sustain the delivery of quality HIV prevention, care, treatment and support services at regional, national, and community levels over the long-term.		
5.1	Coordinate with national governments to develop more robust financial management through strengthened financial planning; improved coordination, effective deployment and expenditure of existing resources; and mobilization of an array of diversified domestic and international resources		
5.2	Increase the capacity of key national agencies and non-governmental and civil society organizations to fully deploy their respective strengths to improve the efficiency and cost-effectiveness of their respective contributions to the national HIV and AIDS response		
5.3	Promote creative, multi-sectoral arrangements among the public, private and non-governmental sectors to increase the effectiveness of resource utilization and the efficiency of HIV-related service delivery		
5.4	Collaborate with partner national governments to design specific strategies for sustainable HIV and AIDS programs and support governments to assume full responsibility and leadership for their ongoing national HIV and AIDS response		

5.5	Build capacity in key national agencies, non-governmental and civil society organizations as well as key regional partners to assume leadership roles in the national and regional responses to HIV and AIDS		

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

In what way does the USG participate in the CCM?
Voting Member

What has been the frequency of contact between the Global Fund Secretariat (Fund Portfolio Manager or other Geneva-based staff) and any USG team members in the past 12 months? If there has been no contact, indicate the reason.
4-6 times

What has been the frequency of contact between the Local Fund Agent (LFA) and any USG team members in the past 12 months? If there has been no contact, indicate the reason.
None

If None why not?
There has been no contact with the LFA in the last 12 months. Any contact would've been in the process prior to awarding Round 9 that would've occurred in 2009.

In any or all of the following diseases?
Round 11 HIV, Round 11 HSS

Has the USG or is the USG planning to provide support for Round 11 proposal development? Support could include staff time, a financial contribution, or technical assistance through USG-funded project.
Yes

Are any existing HIV grants approaching the end of their Phase 1, Phase 2, or RCC agreement in the coming 12 months?

Yes

If Yes, please indicate which round and how the end of this grant may impact USG programming. Also describe any actions the USG, with country counterparts, is taking to enable continuation of any successful programming financed through these grants.
Suriname and Jamaica. In Suriname, PEPFAR will begin to help support funding gaps in the Prevention area that we had not been funding during the Global Fund Round 5 award period. In Jamaica, PEPFAR will provide some additional assistance to the MOH to help transition from the end of the GF Round 7 award.

In your country, what are the 2-3 primary challenges facing the Global Fund grant implementation and performance (for example, poor grant performance, procurement system issues, CCM governance/oversight issues, etc)? Are you planning to address those challenges through any activities listed in this COP?
Redacted

Did you receive funds for the Country Collaboration Initiative this year?
No

Is there currently any joint planning with the Global Fund?
Yes

If Yes, please describe how the joint planning takes place (formal/informal settings; the forums where it takes place (CCM?); timing of when it takes place (during proposal development, grant negotiation, COP development, etc.); and participants/stakeholders). Also describe if this joint planning works well and its effects (has it resulted in changes in PEPFAR programming, better anticipation of stock-outs and/or TA needs, better communication with PR, etc.)
Redacted

Has the USG stepped in to prevent either treatment or service disruptions in Global Fund financed programs in the last year either during or at the end of a grant? Such assistance can take the form of providing pharmaceuticals, ensuring staff salaries are paid, using USG partners to ensure continuity of treatment, , or any other activity to prevent treatment or service disruption.

Public-Private Partnership(s)

Created	Partnership	Related	Private-Sec	PEPFAR	Private-Sec	PPP

		Mechanism	tor Partner(s)	USD Planned Funds	tor USD Planned Funds	Description
	Jamaica Business Council on HI/AIDS strenghthening	12567:Jamaica MOH	Jamaica Business Council on HIV/AIDS			The Jamaica Business Council on HIV/AIDS (JaBCHA) is finalizing the process to become a legal entity. In FY2010 we would provide partial support to staff someone to expand JaBCHA's focus on addressing HIV/AIDS in the private sector with a special focus on food handling, entertainment, sports and the tourism sector. In FY10 JaBCHA would continue to increase its members. (membership has grown from 21 to 38 members). In FY10 through JaBCHA's

						efforts strategies and activities would be developed to increase the collaboration between JaBCHA and the National HIV/STI Control Program and the National AIDS Committee which is an important component of the national strategy. USAID contribution for this activity would be $100,000.
2011 APR	TBD	12691:Strengthening Health Outcomes Through the Private Sector (SHOPS)	TBD			Please see narrative

Surveillance and Survey Activities

Surveillance or Survey	Name	Type of Activity	Target Population	Stage	Expected Due Date
N/A	Antigua and Barbuda Defence Force Biological and	Surveillance and Surveys	Uniformed Service	Development	N/A

	Behavioural Surveillance Survey	in Military Populations	Members		
N/A	Barbados Annual HIV Surveillance Report 2010	AIDS/HIV Case Surveillance	General Population	Implementation	N/A
N/A	Barbados Defence Force Biological and Behavioural Surveillance Survey	Surveillance and Surveys in Military Populations	Uniformed Service Members	Planning	N/A
N/A	BARBADOS PROTOCOL: BIOLOGICAL AND BEHAVIOURAL SURVEY Among FEMALE SEX WORKERS	Population-based Behavioral Surveys	Female Commercial Sex Workers	Planning	N/A
N/A	BARBADOS PROTOCOL: BIOLOGICAL AND BEHAVIOURAL SURVEY Among MEN WHO HAVE SEX WITH MEN	Population-based Behavioral Surveys	Men who have Sex with Men	Implementation	N/A
N/A	Dominica Prison Survey II (HIV Seroprevalence Survey Among Male Prison Inmates)	Behavioral Surveillance among MARPS	Other	Development	N/A
N/A	Jamaica Annual Surveillance and Program Monitoring Report	AIDS/HIV Case Surveillance	General Population	Development	N/A
N/A	Jamaica Defence Force Biological and Behavioural Surveillance Survey	Surveillance and Surveys in Military Populations	Uniformed Service Members	Publishing	N/A
N/A	St. Kitts and Nevis Defence Force Biological and Behavioural Surveillance Survey	Surveillance and Surveys in Military Populations	Uniformed Service Members	Development	N/A

N/A	St. Lucia Men's Health Survey	Population-based Behavioral Surveys	Other	Planning	N/A
N/A	Suriname Defence Organization Biological and Behavioural Surveillance Survey	Surveillance and Surveys in Military Populations	Uniformed Service Members	Planning	N/A
N/A	The Bahamas 2011 Annual HIV Surveillance Report and 2011 Annual HIV Monitoring Report	AIDS/HIV Case Surveillance	General Population	Development	N/A
N/A	The Bahamas Protocol: Biological and Behavioural Survey	Population-based Behavioral Surveys	General Population	Planning	N/A
N/A	The Bahamas Protocol: Biological and Behavioural Surveys	Behavioral Surveillance among MARPS	Men who have Sex with Men	Planning	N/A
N/A	Trinidad and Tobago Annual Surveillance and Program Monitoring Report	AIDS/HIV Case Surveillance	General Population	Development	N/A
N/A	Trinidad and Tobago Biological and Behavioural Surveillance Survey	Surveillance and Surveys in Military Populations	Uniformed Service Members	Implementation	N/A
N/A	Trinidad and Tobago Protocol: Biological and Behavioural Survey	Behavioral Surveillance among MARPS	Men who have Sex with Men	Planning	N/A

Budget Summary Reports

Summary of Planned Funding by Agency and Funding Source

Agency	Funding Source				Total
	Central GHP-State	GAP	GHP-State	GHP-USAID	
DOD			275,000		**275,000**
HHS/CDC		1,500,000	7,577,400		**9,077,400**
HHS/HRSA			1,885,000		**1,885,000**
PC			461,500		**461,500**
State/A			220,000		**220,000**
USAID			3,322,500	6,950,000	**10,272,500**
Total	**0**	**1,500,000**	**13,741,400**	**6,950,000**	**22,191,400**

Summary of Planned Funding by Budget Code and Agency

Budget Code	Agency							Total
	DOD	HHS/CDC	HHS/HRSA	PC	State/A	USAID	AllOther	
HBHC		335,000	95,000			294,346		**724,346**
HLAB	19,000	1,834,754						**1,853,754**
HTXS			420,000					**420,000**
HVCT	0	560,000				404,346		**964,346**
HVMS	180,000	1,701,943		16,540		1,024,685		**2,923,168**
HVOP	0	410,217		444,960	220,000	4,940,758		**6,015,935**
HVSI	19,000	2,924,894				601,629		**3,545,523**
HVTB						40,760		**40,760**
MTCT	38,000							**38,000**
OHSS	19,000	1,310,592	1,370,000			2,965,976		**5,665,568**
	275,000	**9,077,400**	**1,885,000**	**461,500**	**220,000**	**10,272,500**	**0**	**22,191,400**

National Level Indicators

National Level Indicators and Targets

Antigua and Barbuda

Redacted

National Level Indicators and Targets

Bahamas

Redacted

National Level Indicators and Targets

Barbados

Redacted

National Level Indicators and Targets

Belize - Caribbean

Redacted

National Level Indicators and Targets

Dominica

Redacted

National Level Indicators and Targets

Grenada

Redacted

National Level Indicators and Targets

Jamaica

Redacted

National Level Indicators and Targets

St. Kitts and Nevis

Redacted

National Level Indicators and Targets

St. Lucia

Redacted

National Level Indicators and Targets

St. Vincent and the Grenadines

Redacted

National Level Indicators and Targets

Suriname

Redacted

National Level Indicators and Targets

Trinidad and Tobago

Redacted

National Level Indicators and Targets

Caribbean Region

Redacted

Policy Tracking Table

Antigua and Barbuda

Policy Area: Other Policy						
Policy: Military HIV/AIDS Policy						
Stages:	**Stage 1**	**Stage 2**	**Stage 3**	**Stage 4**	**Stage 5**	**Stage 6**
Estimated Completion Date	April 2011	July 2011	September 2012	October 2012	January 2013	TBD
Narrative	During the Caribbean Regional Military Meeting, the Antigua Defense Force acknowledged the need for an HIV/AIDS specific policy. The policy will address issues related to HIV testing, retention & promotion of identified HIV positive individuals. Policies will also address systems and	The ADF decided that they would develop an HIV/AIDS policy through PEPFAR support.	Several other military policies will be shared with the ADF and a consultant will facilitate the development of the policy.	The Minister of Defense and other senior leadership will officially approve the policy.	Prior to the implementation of the policy, the members of the ADF will be briefed on the policy through pamplets and briefing sessions.	A consultant will help the ADF determine when the policy can be evaluated.

	institutional strengthening that promote access and availability of prevention, care, treatment and support programs.					
Completion Date						
Narrative						

Policy Tracking Table

Bahamas

Policy Area: Laboratory Accreditation						
Policy: Development of National Laboratory Strategic Plan						
Stages:	**Stage 1**	**Stage 2**	**Stage 3**	**Stage 4**	**Stage 5**	**Stage 6**
Estimated Completion Date	10/2010	08/2011	01/2012	06/2012	08/2012	082013
Narrative	In order to systematically strengthen and achieve adequate laboratory capacity within the tiered Laboratory structure, the PEPFAR Caribbean Regional Program will support the government of Bahamas to develop a five year Laboratory Strategic Plans (LSPs) to inform annual	Discussion and inclusion of planned support into country work plan	Meeting with Stakeholders to develop plan	Submission of draft National Lab Strategic Plan to government for review and endorsement	Government endorses National Lab Strategic Plan and implement activities	Monitoring and evaluation of activities contained in the National Laboratory Strategic Plans

	operating plans as part of its national health plans. The purpose of this plan will be to provide a road map for improvement and strengthening of the provision and delivery of laboratory quality services.					
Completion Date						
Narrative						

Policy Tracking Table

Barbados

Policy Area: Laboratory Accreditation						
Policy: Development of National Laboratory Strategic Plan						
Stages:	**Stage 1**	**Stage 2**	**Stage 3**	**Stage 4**	**Stage 5**	**Stage 6**
Estimated Completion Date	10/2010	03/2011	03/2011	09/2011	11/2011	11/2012
Narrative	In order to systematically strengthen and achieve adequate laboratory capacity within the tiered Laboratory structure, the PEPFAR Caribbean Regional Program will support the government of Barbados to develop a five year Laboratory Strategic Plans (LSPs) to inform annual	Discussion and inclusion of planned support into country work plan	Meeting with Stakeholders to develop plan	Submission of draft National Lab Strategic Plan to government for review and endorsement	Government endorses National Lab Strategic Plan and implement activities	Monitoring and evaluation of activities contained in the National Laboratory Strategic Plans

	operating plans as part of its national health plans. The purpose of this plan will be to provide a road map for improvement and strengthening of the provision and delivery of laboratory quality services.					
Completion Date						
Narrative						

Policy Area: Other Policy						
Policy: Military HIV/AIDS Policy						
Stages:	**Stage 1**	**Stage 2**	**Stage 3**	**Stage 4**	**Stage 5**	**Stage 6**
Estimated Completion Date	April 2011	August 2011	January 2013	March 2013	July 2013	TBD
Narrative	During the Caribbean	The BDF decided that	Several other	The Minister of	Prior to the implementat	A consultant

	Regional Military Meeting, the Barbados Defense Force acknowledged the need for an HIV/AIDS specific policy. The policy will address issues related to HIV testing, retention & promotion of identified HIV positive individuals. Policies will also address systems and institutional strengthening that promote access and availability of prevention, care,	they would develop an HIV/AIDS policy through PEPFAR support.	military policies will be shared with the BDF and a consultant will facilitate the development of the policy.	Defense and other senior leadership will officially approve the policy.	ion of the policy, the members of the BDF will be briefed on the policy through pamplets and briefing sessions.	will help the BDF determine when the policy can be evaluated.

	treatment and support programs.					
Completion Date						
Narrative						

Policy Tracking Table

Belize - Caribbean

(No data provided.)

Policy Tracking Table

Dominica

(No data provided.)

Policy Tracking Table

Grenada

(No data provided.)

Policy Tracking Table

Jamaica

Policy Area: Laboratory Accreditation						
Policy: Development of National Laboratory Strategic Plan						
Stages:	**Stage 1**	**Stage 2**	**Stage 3**	**Stage 4**	**Stage 5**	**Stage 6**
Estimated Completion Date	10/2010	08/2011	01/2012	06/2012	08/2012	08/2013
Narrative	In order to systematically strengthen and achieve adequate laboratory capacity within the tiered Laboratory structure, the PEPFAR Caribbean Regional Program will support the government of Jamaica to develop a five year Laboratory Strategic Plans (LSPs) to inform annual	Discussion and inclusion of planned support into country work plan	Meeting with Stakeholders to develop plan	Submission of draft National Lab Strategic Plan to government for review and endorsement	Government endorses National Lab Strategic Plan and implement activities	Monitoring and evaluation of activities contained in the National Laboratory Strategic Plans

	operating plans as part of its national health plans. The purpose of this plan will be to provide a road map for improvement and strengthening of the provision and delivery of laboratory quality services.					
Completion Date						
Narrative						

Policy Area: Other Policy						
Policy: Workplace HIV/AIDS Policy (Health Ministry)						
Stages:	**Stage 1**	**Stage 2**	**Stage 3**	**Stage 4**	**Stage 5**	**Stage 6**
Estimated Completion Date		2011 meetings	December 2011	TBD	TBD	TBD
Narrative		The Ministry of does not	The HIV workplace			

		have a HIV Workplace policy to address Stigma and Discriminati on in the workplace. USAID will provide technical assistance to MOH to develop workplace policy.	policy will establish guidelines for treating with HIV in the health sector including the establishing and maintaining a healthy work environmen t, no screening for the purposes of exclusion from employment or work purposes as well as continuation of employment relationship, continuous education and information, confidentiali ty and discriminati on.			

Completion Date						
Narrative						

Policy Area: Stigma and Discrimination						
Policy: Confidentiality in Health Services Policy						
Stages:	**Stage 1**	**Stage 2**	**Stage 3**	**Stage 4**	**Stage 5**	**Stage 6**
Estimated Completion Date	November 2011	January 2012	March 2012	TBD	TBD	September 2012
Narrative	The Jamaican MOH and civil society organizations (CSO) recognize that maintaining patient confidentiality is a key challenge in the health care setting and barrier to increasing access to care. HPP Jamaica will work with the MOH to strengthen existing policy implementa	Recommendations of gaps in policy content and policy implementation	Revised policies and operational documentation			Review of policies and data related to confidentiality in the healthcare setting and compared to November 2011 (stage 1)

	tion related to confidentiality.					
Completion Date						
Narrative						

Policy Area: Stigma and Discrimination						
Policy: Notification of Public Health Class 1 Notifiable Diseases						
Stages:	**Stage 1**	**Stage 2**	**Stage 3**	**Stage 4**	**Stage 5**	**Stage 6**
Estimated Completion Date	NA	NA	October 2011	March 2012	TBD	TBD
Narrative	The Public Health (Class 1 Notifiable Diseases) Order 2003 in its current form classifies HIV and AIDS as a notifiable disease and a communicable disease.	Although HIV is communicable, and should be notifiable, it is not contagious. Therefore persons with HIV/AIDS have experienced discrimination due to erroneous interpretation of communicable as contagious. Conditions	Submission to Cabinet	Submission to parliament		

		precedence through PEPFAR indicate that funds will not be released to the MOH until dates for submission of the Public Health Order to Cabinet and Parliament are adhered to.				
Completion Date						
Narrative						

Policy Area: Stigma and Discrimination						
Policy: Reporting and Redress System for HIV related stigma						
Stages:	**Stage 1**	**Stage 2**	**Stage 3**	**Stage 4**	**Stage 5**	**Stage 6**
Estimated Completion Date	November 2011	January 2012	March 2012	TBD	TBD	September 2012
Narrative	The Jamaican Ministry of Health in collaboration with civil society (especially	Recommendations of gaps in policy content and policy implementation	Revised policies and operational documentation			Review of policies and data related to confidentiality in the healthcare setting and

	the national network of PLHIV) has developed a system for reporting instances of discriminati on in public services. HPP will work with the MOH and CSOs to strengthen the system functioning specifically improve intake and feedback functions and expand the use of the system from PLHIV to key populations					compared to November 2011 (stage 1)
Completion Date						
Narrative						

Policy Area: Strengthening a multi-sectoral response and linkages with other health and development programs
Policy: Establishment of a Sexual and Reproductive Health Authority

Stages:	Stage 1	Stage 2	Stage 3	Stage 4	Stage 5	Stage 6
Estimated Completion Date		NA	December 2011	March 2012		
Narrative		The National HIV/STI Program has been operating largely as a vertical programme and has identified multiple challenges including inadequate linkages. As a result they are exploring the option of integrating the national HIV programme with the National Family Planning Board with a view to a more efficient and	One coordinating authority with legal status and formal mandate is to be established to manage and maintain the National HIV Programme and where possible this should be subsumed under the broader remit of sexual and reproductive health. In so doing the Ministry of Health should draft a concept note to guide the	" the Ministry of Health shall complete a cabinet submission in regards to the establishment of the one Authority in keeping with the UNAIDS “Three ones” principle.		

		effective use of resources.	development of a cabinet submission.			
Completion Date						
Narrative						

Policy Tracking Table

St. Kitts and Nevis

Policy Area: Other Policy						
Policy: Military HIV/AIDS Policy						
Stages:	**Stage 1**	**Stage 2**	**Stage 3**	**Stage 4**	**Stage 5**	**Stage 6**
Estimated Completion Date	April 2011	May 2011	May 2012	June 2012	September 2012	TBD
Narrative	During the Caribbean Regional Military Meeting, the St. Kitts Defense Force acknowledged the need for an HIV/AIDS specific policy. The policy will address issues related to HIV testing, retention & promotion of identified HIV positive individuals. Policies will also address systems and	The St. Kitts Defense Force decided that they would develop an HIV/AIDS policy through PEPFAR support.	Several other military policies have been shared with the SKDF and a consultant will facilitate the development of the policy.	The Minister of Defense and other senior leadership will officially approve the policy.	Prior to the implementation of the policy, the members of the SKDF will be briefed on the policy through pamplets and briefing sessions.	A consultant will help the SKDF determine when the policy can be evaluated

	institutional strengthening that promote access and availability of prevention, care, treatment and support programs.					
Completion Date						
Narrative						

Policy Tracking Table

St. Lucia

(No data provided.)

Policy Tracking Table

St. Vincent and the Grenadines

(No data provided.)

Policy Tracking Table

Suriname

Policy Area: Laboratory Accreditation						
Policy: Development of National Laboratory Strategic Plan						
Stages:	**Stage 1**	**Stage 2**	**Stage 3**	**Stage 4**	**Stage 5**	**Stage 6**
Estimated Completion Date	10/2010	08/2011	11/2011	04/2012	06/2012	06/2013
Narrative	In order to systematically strengthen and achieve adequate laboratory capacity within the tiered Laboratory structure, the PEPFAR Caribbean Regional Program will support the government of Suriname to develop a five year Laboratory Strategic Plans (LSPs) to inform annual	Discussion and inclusion of planned support into country work plan	Meeting with Stakeholders to develop plan	Submission of draft National Lab Strategic Plan to government for review and endorsement	Government endorses National Lab Strategic Plan and implement activities	Monitoring and evaluation of activities contained in the National Laboratory Strategic Plans

	operating plans as part of its national health plans. The purpose of this plan will be to provide a road map for improvement and strengthening of the provision and delivery of laboratory quality services.					
Completion Date						
Narrative						

Policy Area: Other Policy						
Policy: Military HIV/AIDS Policy						
Stages:	**Stage 1**	**Stage 2**	**Stage 3**	**Stage 4**	**Stage 5**	**Stage 6**
Estimated Completion Date	May 2010	April 2011	January 2012	March 2012	July 2012	TBD
Narrative	The Suriname	The SDF decided that	Several other	The Minister of	Prior to the implementat	A consultant

	Defense Force acknowledged the need for an HIV/AIDS specific policy. The policy will address issues related to HIV testing, retention & promotion of identified HIV positive individuals. Policies will also address systems and institutional strengthening that promote access and availability of prevention, care, treatment and support programs.	they would develop an HIV/AIDS policy through PEPFAR support.	military policies have been shared with the SDF and an implementing partner will facilitate the development of the policy.	Defense and other senior leadership will officially approve the policy.	ion of the policy, the members of the SDF will be briefed on the policy through pamplets and briefing sessions.	will help the SDF determine when the policy can be evaluated
Completion Date						
Narrative						


PEPFAR
U.S. President's Emergency Plan for AIDS Relief

Policy Tracking Table

Trinidad and Tobago

Policy Area: Laboratory Accreditation						
Policy: Development of National Laboratory Strategic Plan						
Stages:	**Stage 1**	**Stage 2**	**Stage 3**	**Stage 4**	**Stage 5**	**Stage 6**
Estimated Completion Date	10/2010	04/2011	04/2011	10/2011	12/2011	12/2012
Narrative	In order to systematically strengthen and achieve adequate laboratory capacity within the tiered Laboratory structure, the PEPFAR Caribbean Regional Program will support the government of Trinidad and Tobago to develop a five year Laboratory Strategic Plans (LSPs) to inform	Discussion and inclusion of planned support into country work plan	Meeting with Stakeholders to develop plan	Submission of draft National Lab Strategic Plan to government for review and endorsement	Government endorses National Lab Strategic Plan and implement activities	Monitoring and evaluation of activities contained in the National Laboratory Strategic Plans

	annual operating plans as part of its national health plans. The purpose of this plan will be to provide a road map for improvement and strengthening of the provision and delivery of laboratory quality services.					
Completion Date						
Narrative						

Policy Tracking Table

Caribbean Region

Policy Area: Human Resources for Health (HRH)						
Policy: Dual Practice Guidelines						
Stages:	**Stage 1**	**Stage 2**	**Stage 3**	**Stage 4**	**Stage 5**	**Stage 6**
Estimated Completion Date	May-Aug 2011	Sept-Oct 2011	Oct 2012	Jan 2013	Mar 2013	Sept 2013
Narrative	Information gathered from joint health systems and private sector assessments suggests that dual practice - individuals practicing in both the public and private sector - is common throughout the OECS. However, there are generally no guidelines or regulations to formally manage the	Data on dual practice from joint health systems and private sector assessments indicates a lack of clear guidelines for dual practice, including balancing public sector duties w/private sector practice and access to public facilities. This results in individual interpretatio	SHOPS will explore opportunities to strengthen coordination between the public and private sectors in the development of policy language around dual practice in select countries. This will include engaging key stakeholders, such as MOH and professional associations and councils, in	SHOPS will pursue opportunities to engage key stakeholders, especially medical associations and councils, to advocate for finalized policies/regulations.	Potential areas of TA include: fostering stakeholder dialogue on obstacles, challenges/ barriers and lessons learned in policy implementation and regulation; supporting the development of mixed sector working groups to ensure steady flow of information on regulations and regular	SHOPS will continue dialogue with dual practice providers to evaluate the effectiveness of policy implementation and enforcement and gauge level of participation in the policy development process

	process.	ns of standard practice and missed opportunities to leverage specialist health services and potentially prevent attrition.	dialogue for comprehensive policy development. SHOPS could also act as a third party facilitator as needed.		review of policies; developing feedback channels for dual practitioners on implementation/enforcement	
Completion Date						
Narrative						

Technical Areas

Technical Area Summary

Technical Area: Care

Budget Code	Budget Code Planned Amount	On Hold Amount
HBHC	724,346	0
HVTB	40,760	
Total Technical Area Planned Funding:	**765,106**	**0**

Summary:
CARE TAN

Background and context
Improving access to HIV care and support services is one of the priority areas in the CARICOM/PANCAP Caribbean Regional Strategic Framework (2008 – 2014) and the Caribbean Regional HIV and AIDS Partnership Framework (PF) (2010-2014). The 12 Caribbean countries that are signatory to the PF are committed to the goal of universal access to HIV prevention, treatment, care and support services. In the Caribbean Region, HIV care and support services are supported by national governments, USG financial and technical assistance under PEPFAR, and through donors such as Global Fund grants to PANCAP and the OECS.

Despite improvements in HIV care and support services in the region, large gaps remain in the number of persons who have access to a comprehensive range of these services, including both clinical and non-clinical interventions. National strategic plans focus more on treatment and less on comprehensive care. Moreover, planning strategies for care and support have relied on poor prevalence data.

Because of diversity in the epidemic and in country fiscal, human resources, and technical capacity, there are variations across the region in HIV care and support services and in the integration of these services into primary health care. Routine HIV services are only partly, or not at all, integrated with basic primary care in PF countries, particularly in the smaller resource poor countries. Though the availability of comprehensive services has improved, mostly in the larger countries (e.g. The Bahamas, Jamaica, Trinidad and Tobago, Barbados), services remain highly centralized, the linkages between the private and public sector are not well defined, and there is often a lack of a standard approach to patient management (e.g. screening for tuberculosis (TB) and other sexually transmitted infections (STIs), prevention and treatment of opportunistic infections (OIs), structured homecare, referrals to other support services). In addition, much of the focus of care and support services in PF countries remains on the general population rather than on the most-at-risk populations (MARPs) and persons living with HIV/AIDS (PLWHA). Community organizations that serve MARPs and PLWHA and can mobilize community level support have not been well integrated into the national HIV and AIDS response. This too is more pronounced in the smaller PF countries. Prevention with Positives (PwP) programs are just now being introduced as part of HIV care and support services in some of the PF countries. High levels of stigma and discrimination remain an important obstacle throughout the Caribbean in scaling up effective care and support services.

US government (USG) strategy
The overall USG strategy under PEPFAR is to ensure that an enhanced package of effective care and support services are available, accessible and sustainable in each country, focusing on the HIV care of MARPs and PLWHA. The strategy addresses the need for a holistic approach to the management of PLWHA. This includes incorporating psychosocial, nutritional and adherence support, and information on sexual and reproductive health into care and support programs. It also involves improving access to non-stigmatizing health services, creating an enabling environment for prevention programs, strengthening the links between the private and public sectors, and linking the public sector response to the community level. Key components of the strategy are to strengthen PwP services, improve access to effective PwP services, and integrate HIV/AIDS services into primary health care. Improving data quality to inform programming and strengthening point-of-care laboratory services are also important aspects of the USG strategy.

Accomplishments since last ROP
In an effort to expand and enhance the ability of the countries in this region to provide quality, state of the art HIV care and treatment, the USG has been supporting the Caribbean Regional Training Network (CHART). CHART addresses the human capacity needs (primarily through training) for HIV service providers and HIV program managers in the region. Health Services and Resources Administration (HRSA) and the Global Fund via its grants to PANCAP and OECS Secretariat, are among CHART's sponsors. CHART has six training centers located in Jamaica, Barbados, Bahamas, Trinidad & Tobago, and two in Haiti (urban and rural). An additional training coordination hub is based at the Secretariat of the Organization of Eastern Caribbean States'/HIV/AIDS Program Unit (HAPU) in St. Lucia.

The CHART Network continues to provide trainings across the region on Adult Care and Support services. The quality and outcomes of current Caribbean treatment and care and support services (e.g. levels of treatment adherence, drug resistance, morbidity and incidence of opportunistic infections) have not been measured. CHART's training efforts will need to be evaluated under the PF to better determine the extent to which they have had an impact on the accessibility and quality of service provision.

CHART has also been working with local partners, Ministries of Health, the Caribbean Epidemiology Center (CAREC), and the PAHO HIV/AIDS Caribbean Office to adapt World Health Organization care and treatment standards to the Caribbean context. With HRSA and USAID/Barbados technical assistance and funding, CHART has contributed to updating Caribbean regional protocols and guidelines for care and treatment of PLWHA, prevention of mother-to-child transmission, pediatric antiretroviral treatment, and the clinical management of persons co-infected with TB and HIV.

USAID, through a cooperative agreement with the Caribbean HIV&AIDS Alliance (CHAA), completed the three-year funded project titled the Eastern Caribbean Community Action Project (EC-CAP) in 2010. The project, aimed at increasing access to quality care and treatment for PLWHA, especially in marginalised communities, was implemented in Antigua and Barbuda, Barbados, St. Kitts and Nevis, and St. Vincent and the Grenadines through grants to community-based organizations. Nineteen grants were issued in year three of the project; nine provided direct support to PLWHA, including HIV testing and counselling (HTC). CHAA conducted a rapid assessment to determine the current scope of HIV care, treatment and support services in the four targeted countries. It also assessed the current models of care and support services to PLWHA in the remaining three OECS countries where the program will expand into. By identifying barriers to care and support services, results from these assessments are being used to inform the second phase of the project, EC-CAP II, which began in the second quarter of 2011.

CDC, through cooperative agreements with the Ministries of Health of the Bahamas and of Trinidad and Tobago, is supporting the implementation of quality PwP, HTC, and provider initiated testing and counseling (PITC) programs. This includes scaling up the complete package of care and support services for PLWHA, particularly partner testing, condom promotion, education and distribution, family

planning, risk reduction counseling, and STI screenings. These USAID and CDC activities are detailed in the “Prevention” technical area narrative. Laboratory work, through CDC’s cooperative agreements with Ministries of Health, involves increasing access to point-of-care laboratory services, including expanded HIV rapid testing. Strategic information activities, also conducted through CDC’s cooperative agreements with Ministries of Health, include conducting bio-behavioral surveillance studies in MARPs populations in order to develop targeted, technically sound and sustainable strategies for improving HIV care and support services. The laboratory activities and strategic information activities are detailed in the “Governance and Systems” technical area narrative. DoD has provided clinical training for the Belize Defense Force (BDF) on treatment and care services. With this training, the Ministry of Health has agreed to allow the BDF to manage and treat any HIV positive members of the BDF through their primary military physician. This has created a more efficient and comprehensive support network for the BDF.

Cross-cutting activities
The care and support activities in the PF countries cut across several goal areas: health systems strengthening, workforce development, prevention, laboratory strengthening, strategic information, TB/HIV, food and nutrition, and public/private partnerships.

Goals and strategies for the coming year
In 2012, the USG will continue to provide technical and financial assistance to national governments and regional partners to increase access to care and support services to PLWHA and their families and improve the quality of these services. The approach will involve integrating HIV care and support services within the broader health sector response and enabling active and effective engagement of NGOs, CBOs and FBOs in the provision of care and support services as a part of the national responses.

Specifically, CHART will continue to provide training related to the basic health care of patients living with HIV and AIDS in support of the decentralization of care in each of their countries. There continues to be a strong demand for aspects of HIV-related palliative care training in the Caribbean region including an expanded focus on nutrition along with topics such as HIV and STI co-infection, disease progression, management of clinical disease, home-based care and oral manifestations. A variety of training modalities will be employed targeting physicians, nurses, pharmacists, laboratory staff, social workers, nutritionists, other ancillary health care providers and PLWHA.

Additional PITC trainings will be conducted leading to increased capacity of government and nongovernment health care workers to provide quality HIV/AIDS counseling and testing, and an increase in the number of persons in the eleven target countries (beginning in FY2012, Belize will be covered by the Central America region) who know their HIV sero-status. The aim is to ensure that all affected individuals access prevention, care, treatment and support services as early as possible.

TB/HIV clinical consultation services will continue be provided to physicians along with a quarterly conference call for TB nurses in the region. Support for the implementation of the revised Caribbean TB Guidelines, use of related TB/HIV job aides and ongoing training on TB/HIV will continue to support the collaborations previously developed between National AIDS Programs and National TB Programs.

CHART will provide technical assistance to community service organizations in the care and support of persons living with HIV by providing skills development training in a number of areas including behavior change communications and positive prevention. These skills building workshops will be conducted to support national efforts in building stronger care and support systems for PLWHA.

Based on recommendations from health systems and private sector assessments in six OECS countries, the USG through “Strengthening Health Outcomes through the Private Sector” (SHOPS) will expand the role of the private health sector in partnership with the public sector in the area of care and support services. This will include expanding access to training on HIV prevention, care and treatment for private

health providers, increasing linkages and referrals between public and private health practitioners to ensure continuity of care for PLWHA, and facilitating routine HIV test reporting from private laboratories.

The new EC-CAPII award from USAID to CHAA will expand to three additional countries: Dominica, Grenada and St. Lucia. CHAA will integrate lessons learned from phase one and incorporate cross cutting themes such as gender, stigma and discrimination, use of strategic information and capacity building, and engagement of civil society. The project will strengthen linkages between community-based services and care and treatment facilities, monitoring and evaluation activities, and private-public health sector linkages. The project aims to increase access to care and support among people living with HIV and those most at risk of infection, using a country specific response. CDC, through cooperative agreements with the Bahamas Ministry of Health of Bahamas and Trinidad and Tobago Ministry of Health, will continue to support implementation of quality PwP (Prevention with Positive), HTC, and PITC programs. It will support a holistic approach to care and support that includes psychosocial and prevention services, as well as referrals to other services that MARP populations may need. Providing support to Ministries of Health to increase access to point-of-care laboratory services, including expanded HIV rapid testing, and to conduct bio-behavioral surveillance studies in MARPs populations to inform care and support programs will also continue. The ECAP II and PwP activities are detailed in the “Prevention” technical area narrative and the laboratory and strategic information activities are detailed in the “Governance and Systems” technical area narratives.

Technical Area: Governance and Systems

Budget Code	Budget Code Planned Amount	On Hold Amount
HLAB	1,853,754	0
HVSI	3,545,523	0
OHSS	5,665,568	0
Total Technical Area Planned Funding:	**11,064,845**	**0**

Summary:
Governance and Systems TAN

Introduction
Good governance and well developed, efficient health systems are crucial to ensuring effective, sustainable, health care delivery and optimal returns on health care investments. The greatest achievements in health services delivery are likely to be found where attention is given to effective leadership, structure, organization, workforce, finance, policies, legal framework, partnerships and linkages with sectors other than health. Caribbean countries are facing many challenges both in relation to governance issues and health systems. These include weak or uncertain leadership, HRH shortages, lack of sustainable financing, poor management, and shortage of strategic information together with a culture of not using evidence for decision-making. Currently there is insufficient capacity in the health systems throughout the region to meet the estimated need for HIV prevention, care and treatment services. In most of the 12 PF countries these services are highly centralized and not well integrated in the primary health care system thus limiting access to quality prevention care and treatment, especially among MARPs and PLWHA. Effectively scaling up access to ARV treatment will require decentralization

of health services from hospitals and specialized clinics to primary health care facilities, as well as efficient management and use of medical products. In addition, linkages and referral systems are critical to the continuity of care. There are therefore serious implications of shortages of well trained health personnel for expanding and strengthening laboratory services, strategic information, prevention and behavior change, and service delivery.

The PF and the PFIP outline strategies for strengthening partner countries' capacity to plan, oversee, finance, and manage their national response to HIV and AIDS and to deliver quality services with the participation of PLHIV, civil society, and the private sector. Those strategies and objectives will contribute to all six building blocks of the WHO framework for HSS and will support the principles of the Global Health Initiative, particularly the need for overall strengthening of health systems to improve health outcomes. The technical areas described in this TAN are Leadership, Governance and Capacity Building; Strategic Information; Human Resources for Health; Laboratory Strengthening; and Health Efficiency and Financing. A gender lens will be continuously applied to all technical areas. We recognize the multiple relationships and interactions among these technical areas and note that strategies and activities will lead to intentional spillovers to support health priorities other than HIV and AIDS. The planned interventions will address policies and regulations, organizational structures and behaviors, human resources and financial management, and strategic alliances and partnerships. MARPS will be prioritized in all the technical areas.

Leadership, Governance and Capacity Building
One of the fundamental tenets of the PF model is to advance the progress and leadership of host nations in the fight against HIV and AIDS. The Caribbean Regional PF outlines the political commitment and responsibilities of both USG and host governments and sets forth goals and objectives to be achieved over the period of the Framework. Individual country work plans which reflect each country's unique situation, capabilities and priorities, are continuously monitored and assessed for relevance and progress towards meeting the stated goals and objectives. Among the key principles of the PF are: High level national government leadership and continued ownership of national HIV/AIDS programs; Astute management and accountability for resources; Building capacity to lead and manage sustainable, cost effective, national HIV and AIDS programs, and Joint management of the PF by USG and Caribbean national and regional partners. Caribbean governments have demonstrated the political will to improve health outcomes in general and to reduce the spread and impact of HIV and AIDS. All of the 12 participating PF countries have well established multisectoral, national HIV/AIDS coordinating committees and Units located in the Ministries of Health which have responsibility for leading the national response. Most HIV/AIDS Coordinating Units are staffed by government funded personnel and any USG-supported staff will be transitioned to the government by end of project. The involvement of the private sector and NGOs has been slow, but growing. However, in the larger countries NGOs and the private sector have played major roles in the scaling up of HIV counseling and testing. The Caribbean Network of People living with HIV and AIDS (CRN+) is a strong advocate for improving human rights and reforming discriminatory legislation. The Pan Caribbean Business Coalition, a regional umbrella organization will continue to encourage and support private sector involvement and governments are deepening relations with NGOs and the private sector in the interest of sustainability.
There is urgent need to improve advocacy, policy and legislation to address stigma and discrimination. Laws that criminalize activities such as sodomy are obstacles to achieving access for MARPs. Almost all Caribbean countries, except the Bahamas and Suriname have laws that prohibit sodomy. Legal age of consent also needs to be addressed. Youth in Barbados, Belize, Dominica, Jamaica, St Kitts and Nevis and St Lucia are prohibited from accessing services without parental or guardian's consent. Stigma and discrimination have made politicians and the private sector reluctant to address these laws and policies (UNAIDS, 2007). Consequently the most at risk populations have limited or no access to good quality health services in a timely manner, although there is emerging evidence that they contribute substantially to HIV transmission (UNAIDS 2010). Most of the support services for MARP are currently provided by NGOs.

In the 2012 ROP, USG implementing agencies and partners will provide direct technical assistance to host governments to facilitate capacity building of NGO structures and processes to increase their involvement in the national response. NGO and private sector organizations will be invited to participate in the development of country work plans and in strategic forums such as the Annual PEPFAR meeting as a means making them more familiar with the national program and of carving out niches where they could focus their resources. National strategic plans and frameworks in general provide the roadmap for the activities and outcomes in countries and the PEPFAR work plans are aligned to the NSPs.
USAID/Jamaica will continue to support World Learning to work in Jamaica and the Bahamas with sub-awardees and other government and civil society organizations to build the capacity to strategically plan for and achieve results in their HIV prevention programs targeting MARPs. The involvement of other NGOs in HIV and AIDS in the region is detailed in the Prevention TAN. CDC will continue to strengthen the capacity in Ministries of Health through its Cooperative Agreement mechanisms which focus on Laboratory strengthening, Strategic information and Leadership development though the UWI Caribbean Health Leadership Institute. CDC will also continue to support PANCAP's program on coordination and harmonization of HIV and AIDS activities in the Caribbean. Through this initiative PANCAP will continue to coordinate the Caribbean regional response to HIV and AIDS by maintaining communication among partners in the region and identifying and monitoring of technical and financial gaps in the Caribbean. HRH initiatives in support of leadership and capacity building of health systems are outlined in the HRH section below. Our aim is to develop capacity building indicators and targets to be able to better evaluate progress towards sustainability.
Strategic Information

Summary
The three areas of strategic information (SI), surveillance, monitoring and evaluation (M&E), and health information systems (HIS), are the foundation of strong health systems and programs. The USG PEPFAR interagency team is partnering with regional, national and local organizations to help strengthen these areas in Caribbean PF countries. As SI is being improved in the region, linkages with prevention programs to use the data for decision making are also being strengthened. For example, during the planning, development, and implementation of formative assessments and most-at-risk population surveys, prevention experts, prevention program staff, and other stakeholders are included with SI staff from planning stage and then through all the stages of survey development and implementation.

In the 12 PF countries and with regional partners, all proposed SI activities build on the ground work that is being laid to: 1) strengthen HIV surveillance and case-reporting systems within the national disease surveillance systems; 2) improve the capacity of Ministries of Health to understand and conduct high quality surveys with standardized and scientifically sound methodologies that are relevant to the Caribbean context; 3) develop or strengthen monitoring and evaluation systems to collect, analyze, and use data to monitor and streamline programs and to support evidenced-based decision making; and 4) improve the use of electronic reporting in HIV and integrate HIV health information into the national health information management system. All PEPFAR activities at the country or regional program level have been designed to contribute to long-term, sustainable health system improvements.

The most significant challenge to strengthening SI in the PF countries is a lack of epidemiologic human resource capacity. Through progressive epidemiology training activities, key staff in the 12 countries and regional programs are being trained in the collection, management, analysis, reporting, and effective use of data for decision making and programming. Also, through a CDC Cooperative Agreement (COAG), a regional epidemiology and lab training program (RELTP) is being developed to build sustainable, epidemiology capacity in the health systems in the PF countries. Though some progress has been made, the culture of HIV data collection, analysis, and reporting in the Caribbean has been based on the need to respond to donors' requests. The SI activities will continue to focus on helping countries change this "culture of reporting". Using a simple data analysis needs assessment, training needs were identified and a plan developed to address the gaps.

Goals and strategies for 2012 ROP
All PEPFAR SI activities will continue to focus on improving the quality and quantity of data to characterize the epidemic and support the use of high quality data for evidenced- based, decision making and prevention programming. The USG SI strategy will also continue to support national efforts to characterize the HIV epidemic and implement the SI priorities in the PFIP. This will include strengthening surveillance and reporting, monitoring and evaluation, and HIS; and building human capacity to systematically collect quality data and use the data for program management. Assessing the incidence of HIV in high risk groups will continue to be a priority in order to better target interventions and identify emerging issues. To achieve these goals and objectives, demonstrating the use of high quality and scientifically sound data will be critical.

CDC will continue to provide country-level technical support to the Ministries of Health prioritizing the strengthening of case-based surveillance in the general population and among MARPs, improving the use of surveillance and M&E data for evidenced-based decision making, and strengthening human resource capacity in epidemiology. Support will be provided through Cooperative Agreements with the MOHs of Barbados, T&T, Bahamas, Dominica, and St. Lucia. For countries without COAGs (Saint Kitts and Nevis, St. Lucia, Antigua, Saint Vincent and the Grenadines), CDC will provide support directly or through the regional technical assistance implementing mechanisms. Standard operating procedures and best practices will be shared among all countries to support knowledge transfer and integration with existing public health surveillance systems. CDC will also work to establish linkages with other sources of data (laboratory, pharmacy, counseling and testing, ANC, and other service delivery points). The HIV case-reporting system will be piloted in select sites in T&T while planning for the nationwide roll out. Through a COAG, additional support will be provided to Suriname to strengthen their HIV case-reporting and surveillance activities and integrate with the national disease surveillance system.

CDC will also continue to support regional partnerships with PAHO/PHCO and CHRC. The work with PHCO will continue to focus on ongoing surveillance strengthening activities in collaboration with the regional Surveillance Technical Working group. CHRC is the only indigenous organization in the region with the technical expertise and staff to support strengthening M&E activities. CDC will continue to collaborate with CHRC through a COAG. The USG Caribbean PFIP includes a Regional Field Epidemiology and Laboratory Training Program (RELTP) to build epidemiologic capacity at the country level. A preliminary site visit and stakeholder assessment was completed to determine the most sustainable approach for the region. A modified, phased approach that can be sustained in the Caribbean region is being developed using the CDC cooperative agreement mechanism. On-site and on-line methodologies will be used to deliver the training.

Jointly, the SI work of CDC, DOD, USAID, and their implementing partners will continue to be responsive to the key principles of the Global Health Initiative. This includes increasing impact through strategic coordination and integration; encouraging country ownership and investment in country-led plans; building sustainability through health systems strengthening; and promoting research and innovation. Ultimately, this will help build sustainable SI capacity in the region, contribute to evidence- based programming and support stronger prevention programs and health systems. Capacity built though PEPFAR will support not only HIV and AIDS but all health priorities. Discussed below are specific SI activities that are in various stages of progress and that are laying the foundation for improving information about the epidemic in the PF countries, building long term capacity and supporting health systems strengthening.

Surveillance
Although challenges to full implementation exist in the Caribbean, significant progress has been made and activities will continue to develop standard operating procedures (SOPs) for HIV case-reporting and surveillance in PF countries. With MOH and regional partners, HIV case-based surveillance SOPs are being developed to address each individual country situation while at the same time striving for

standardization and harmonization to improve the comparability of data across the region. CDC is partnering with the PAHO Caribbean Regional Office (PHCO) and the Regional Surveillance Technical Working Group (STWG) to implement regional guidelines for surveillance, including second generation surveillance. This includes developing:

- Standard methodologies for data collection and assessments of HIV surveillance systems;
- Standard approaches to HIV and STI surveillance, including developing a set of minimum data elements;
- Methods for MARPS surveys and bio-behavioral studies in small populations; and
- Standard approaches to providing surveillance-related technical support to countries.

To support these activities, CDC has SI HIV program specialists in Bahamas, Jamaica, and T&T.

Currently CDC is providing on-going support to develop and implement SOPs for HIV case-based surveillance in 5 of the 12 PF countries (Barbados, St. Lucia, Trinidad and Tobago [T&T], Bahamas, and Jamaica). CDC will continue to work with these countries to implement the SOPs and evaluate the surveillance system strengthening activities. At the same time, through regional meetings, training, and hands-on technical assistance, CDC and partners will share lessons learned and best practices from the experience of SOP development and implementation in these 5 countries with the remaining 7 countries. CDC will continue to build on SI lessons learned from recent "HIV Health Systems Response Assessments" completed in 4 countries (T&T, Jamaica, Belize and Bahamas) by regional partners (PHCO). CDC and USAID in collaboration with MOHs and regional and technical partners (e.g. the National Alliance of State and Territorial AIDS Directors (NASTAD) is planning and implementing MARPS surveys in PF countries.

In Suriname, CDC provided technical assistance to assess whether circumcision was an effective prevention strategy. Lessons learned from the technical assistance is now guiding plans to help the MOH strengthen the case-based surveillance system to provide better information about the nature of the epidemic. Better case data are needed to inform the underlying assumptions before determining if circumcision is a viable prevention strategy in Suriname. In FY 2012 a COAG mechanism will be used to support surveillance and M&E strengthening in Suriname. USAID/Jamaica is providing support through Measure Evaluation to conduct MSM and SW Surveys in Jamaica. These will provide HIV and STI prevalence estimates and population size estimates.

DOD supported surveillance activities in the Defense Forces of Jamaica, Trinidad and Tobago, Bahamas and Belize. Bio-behavioral Surveillance Studies (BSS) have been completed and the findings shared with senior military leadership, MOHs and implementing partners, and used to modify prevention programs where necessary. DoD plans to conduct BSSs in Barbados, St. Kitts & Nevis, Antigua & Barbuda and Suriname and will continue to provide support to use the results for decision making. Staff from HRSA's Global AIDS Program worked with the HIV treatment facility in Barbados to convert data from an old software application into an updated electronic health information system (CAREWare). On-line technical support is continuing and expanding the use of CAREWare to other PF countries is being evaluated.

Monitoring and Evaluation

Under a cooperative agreement with CDC, the Caribbean Health Research Council (CHRC) provides M&E training and technical assistance to Ministries of Health. CHRC plans to evaluate the impact the trainings have had in improving M&E in the Region. For example, one concrete measure of M&E strengthening will be to monitor the results of the "reconciliation" process where countries correct data discrepancies in their submissions for the UNGASS reports. Those countries receiving training and improving their M&E systems will be able to submit more complete data and find a reduction in the data discrepancies requiring correction during the "reconciliation" process. Also, a standardized advanced curriculum is in the final draft stages and will being rolled out in FY 2011 and evaluated in FY 2012 and FY 2013. A report on the status of M&E in the region will now help to inform future M&E planning as

countries continue to develop national strategic plans. Implementation of recommendations in countries where M&E assessments have been completed has been delayed by lack of an M&E staff person in the CDC Caribbean office since March 2011. In collaboration with University of California San Francisco (UCSF), National Association of State and Territorial AIDS Directors (NASTAD), PAHO/PHCO, UNAIDS, CHRC, CDC designed and conducted a Size Estimation Workshop for the 11 PF Countries. Follow-up work with countries requiring technical assistance to complete the size estimations is ongoing. CDC also supports and will continue to participate in regional M&E Technical Working Group meetings to develop standardized M&E methodologies and share best practices.

Cross Cutting Activities
The SI activities cut across several goal areas in all 12 countries and regional organizations. This includes building and supporting in-country capacity and strengthening the SI workforces. CDC directly supports staff in the 5 COAG countries and CHRC. Through the technical assistance IMs (NASTAD, UCSF), local staff are hired for planning and implementation of special studies and surveys and to support knowledge transfer and development of local human resource capacity. Health systems strengthening is a key component of all SI activities. It involves hiring staff, training, knowledge transfer, support for HIS, and strengthening linkages with health service delivery systems, including laboratories, treatment and care programs, and the private sector. A priority for the coming year is to help countries improve data quality, an activity that cuts across all goal areas in that it will inform prevention and other health systems programming.

Human Resources for Health

Although as of 2007, most PF countries in the Caribbean had exceeded the WHO recommended ratio of 2.28 health professionals per 1000 population, most countries have reported HRH shortages, especially for nurses. The two primary contributors to HRH shortages among the 12 PF countries are outmigration of skilled health personnel to developed countries, and insufficient production of qualified staff through domestic medical education institutions. Other causes have been documented as low graduation rate (World Bank report, 2009), large class sizes; high drop out rates and lack of qualified nurse tutors to train potential nursing students. The PF strategy for human capacity development focuses on four main approaches: Strengthening HR management systems; Training and mentoring of government and NGO health workers, especially career and clinical personnel, but also, where feasible, PLHIV and other HIV-vulnerable persons; Improving quality and outcome measurement of national and regional training institutions; and furthering professional growth and leadership development of Caribbean counterparts. HRH capacity building activities for 2012 will be informed by data gathered in this current period from HRH assessments in several of the countries which have identified a number of challenges and gaps. The next step will be to develop HRH strategies to strengthen the health workforce in collaboration with the national governments.

Cross Cutting Activities
Many countries are in the process of decentralizing their HIV services for integration in the primary health care system. This creates a need for training of health care workers to provide basic health care and anti-retroviral management of PLWHA at the primary health care level. CHART training activities in adult care and treatment services are detailed in the Care TAN pp 2, and the Treatment TAN pp1. The CHART Network integrated stigma and discrimination into in-service training activities for existing health care workers, but also for the faculty and students in pre-service institutions. Stigma and discrimination interventions are addressed in detail in the Prevention TAN pp 11

Strategies and activities for 2012
The Caribbean HIV/AIDS Regional Training Network (CHART) has been at the forefront of human capacity development to improve access to quality HIV-related health services. I-TECH and CHART compiled existing data and reports on the human resources for health (HRH) situation in the twelve PF

Caribbean countries and have collaborated with regional partners such as PAHO and its HIV Caribbean Office (PHCO), which has been supporting HRH assessment efforts, and Abt Associates, which is planning regional health systems strengthening efforts. CHART will be the prime recipient of funds from HRSA and will provide technical assistance to the 12 PF countries in implementation of the HRH country work plans which are aligned with the national strategic plans and the PFIP.
In 2012, data gathering activities on HRH will continue in the Bahamas, Barbados, Trinidad and Tobago and Suriname. TA will be provided to the MOH to develop HRH plans as required, based on recently conducted HRH assessments and other available data. Several countries have a HRH plan but lack the capacity to implement these plans. TA will be provided to these countries to prioritize activities to be implemented. CHART with support from I-TECH will undertake a program of work aimed at assisting individual governments and the region to build sustainable HRH capacity. Towards this end CHART will Provide TA to adapt TrainSmart or other appropriate training data base in the 12 PF countries and link tracking of health care workers with a national HRIS.
The Caribbean Health Leadership Institute in 2012/2013 will train its 5th and final cohort of scholars. Many of its graduates are leading the national HIV and AIDS responses in their countries. An evaluation of this program was conducted in 2010 and a second one is in progress.

Laboratory Strengthening
INTRODUCTION
The laboratory section of the PEPFAR Caribbean Regional Program five year PF has been focused on strengthening national and regional laboratory capacities. It is aligned with the Caribbean Regional Strategic Framework on HIV and AIDS, 2008-2012 (CRSF) and the individual country's National Strategic Plans. A tiered laboratory system is being implemented in the 12 PF countries to increase the capacity of national and regional organizations to improve the quality and availability of diagnostic and monitoring services and systems for HIV/AIDS and other sexually transmitted and opportunistic infections.
Until 2008, CAREC's laboratory located in Port of Spain, Trinidad historically served as a hub for the entire Caribbean region, including the OECS, providing downstream support for molecular testing, confirmation of HIV and TB samples, preparing and distributing proficiency panels for external quality assessment (EQA) and providing updated laboratory training. Since then individual national laboratories had to assume a greater role in the provision of more complex, timely and reliable diagnostic support services for national HIV/AIDS treatment and care scale-up programs. The outcome of the PEPFAR Caribbean Interagency Laboratory Needs Assessment, and subsequent PAHO laboratory analyses, showed that services and infrastructure were still very weak throughout the region, with various populations lacking access to timely, low cost, and high quality laboratory services.
The vision of the PF is to adopt a holistic approach that leverages the USG PEPFAR HIV/AIDS supported resources and ensures an integrated laboratory services and systems that engages both the public and private sector, and cuts across multiple diseases. Specifically, this USG targeted effort is focused on the following priority areas: a) developing National Laboratories' Policies and Strategic Plans, b) strengthening a regional referral laboratory and sub-regional hubs, including infrastructure and equipment upgrades, c) increasing access to point-of-care laboratory services, including expanded HIV rapid testing and PMTCT programs, d) enhancing Laboratory Quality Management System (LQMS) and accreditation, e) supporting training, procurement, supply chain management systems, and Laboratory Management Information System (LMIS). In collaboration with PAHO, PANCAP, the Clinton Health Access Initiative (CHAI) and key regional laboratory stakeholders, the PEPFAR Caribbean Regional Program through its laboratory implementing partner, the African Field Epidemiology Network (AFENET) has within the past year implemented a large number of activities in the region in an effort to fill the gaps.
GOALS AND STRATEGIES FOR THE COMING ROP FY2012
The laboratory strategy for financial year 2012 will build on the significant achievements of the past year which have been documented in the annual progress reports and portfolio reviews. The strategy is based on the development of a comprehensive cross-cutting and integrated tiered laboratory system for diagnostic and clinical monitoring services that are accessible and provide timely, accurate and reliable results to support surveillance, prevention, care and treatment of HIV and AIDS and other communicable

diseases (CD). In keeping with GHI principles, the strengthened laboratory systems will also support wider public health needs such as timely access to quality laboratory services for non-communicable and other diseases of public health importance. For example, PEPFAR supported the establishment of the H1N1 PCR testing facility in Barbados to serve as a referral laboratory for pandemic influenza in the region as an aspect of leveraging PEPFAR resources to strengthen other laboratory systems in the region. The specific areas of focus will be the following:

Laboratory Quality Management System
The current PEPFAR/PAHO effort of developing a strategic framework and establishing the stepwise process for QMS implementation and laboratory accreditation has revolutionized quality thinking in the region. Many laboratories are now requesting more PEPFAR technical and financial support to be fully engaged in this process. The approach in FY2012 will be to continue to support countries in implementing QMS and attaining accreditation of all platforms in their laboratories to support HIV and AIDS and other diseases. The laboratory strengthening program will continue to provide support to these laboratories in GAP analysis, documentation, and training using the SLMTA package. All the laboratories performed well in the first Digital PT EQA for HIV and AIDS platforms delivered in June 2011 following the regional training. The PEPFAR Caribbean Regional Program plans to continue providing support for the purchase of these panels. The Program will also provide in country technical support to review performances, resolve problems, and expand the PT panels to include panels for diseases other than HIV and AIDS. There will also be more support for the expansion of the Dry Tube Specimen (DTS) HIV EQA technology to various testing sites to ensure effective cross-cutting support for prevention activities as HIV rapid testing is rolled out to the communities and among MARPs. Transition to country ownership and sustainability of all these activities is being worked out with countries through the current PEPFAR Partnership Framework.

Training and Retention Systems
The PEPFAR Caribbean Regional Program will continue to identify and train laboratory staff in key areas as part of the health systems strengthening strategy. Apart from some of the planned HIV and AIDS public sector training such as for HIV rapid testing, DNA PCR viral load, HIV drug resistance testing, and CD4 testing, there will be a broader focus on targeted trainings to benefit other laboratory services and systems such as those for clinical chemistry, hematology, laboratory management, bio-safety, QA/QC, documentation, QMS, and accreditation as the need arises. Ministries of Health will be encouraged to work with private laboratories and develop a national laboratory workforce training needs and action plans that will benefit the national system and ensure sustainability and workforce retention.

Equipment Maintenance and Supply Chain Management Systems
Current equipment support has included CD4 machines for clinical monitoring in the OECS countries and Jamaica, microscopes to support TB diagnosis, and minus 80 freezers for sample storage for all the twelve countries. This has met the PEPFAR target of building capacity in all the national reference laboratories of these countries to ensure that there is routine and uninterrupted clinical testing. This support will be extended by procuring one CD4 machine each for Suriname, Jamaica and Trinidad and one clinical chemistry and hematology machine for St Lucia.

Laboratory Information Systems (LIS)
Within the past year, the PEPFAR Caribbean Regional Program has supported countries in the implementation and use of the paper-based LIS as an important step toward understanding and using electronic systems. This has yielded tremendous results as evident by improvement in data tracking within the laboratory systems. This basic support will be extended in 2012 to the smaller laboratories, while the electronic Basic Laboratory Informatics Systems (BLIS) will be installed in the bigger laboratories that need more robust systems to support their data management efforts. Appropriate implementation and sustainability of these systems will be guaranteed by working closely with the PEPFAR Caribbean Strategic Information Working Group to implement unified and linked Laboratory and

Health Information Systems (HIMS) for countries. This will improve case reporting systems, as well as provide information for the implementation of one standardized national patient registry system. Furthermore, it will provide both individual patient tracking and the ability to perform facility-level, national cohort and cross-sectional data analysis, and reporting to support HIV and AIDS and other diseases.

Infrastructure Upgrade and Sample Referral Systems

The tiered laboratory referral support system, led by the PEPFAR Caribbean Regional Program particularly in the area of HIV molecular biology has paid off. Countries with less capacity are now able to effectively refer samples to the reference laboratory and hubs and receive quality results within acceptable turnaround time. The PEPFAR Caribbean Regional Program is currently constructing a regional reference laboratory in Barbados to support the six OECS countries and strengthen the regional hubs in Jamaica, Trinidad, Bahamas and Suriname to ensure continuation of these efforts. At individual country level, the PEPFAR Caribbean Regional Program will continue to build capacity to carry out testing in areas that will be cost effective to ensure long term and sustainable laboratory services and systems. Following the realignment of CAREC's laboratory activities, CARICOM governments have established the Caribbean Regional Public Health Agency (CARPHA) to oversee core functions, including a public health laboratory network and referral systems. In accordance with PEPFAR II's vision of working with governments and regional entities to strengthen their health systems and ensure country ownership, the current regional referral and back-up laboratory system is in alignment with the vision of CARPHA. As such, the PEPFAR Caribbean Regional Program is in discussions with CARICOM governments to have CARPHA take over, continue, and sustain the functions of this system, once it becomes functional.

Laboratory Strategic Plans and Policies

Through PEPFAR Caribbean Regional Program current engagement in developing National Laboratory Strategic Plans (NLSPs) for multiple diseases in Trinidad and Tobago and Barbados, a lot of experience has been built in engaging stakeholders and the private sector to develop unified policy documents that addresses the entire laboratory needs of the countries. In collaboration with national governments, other stakeholders and the private sectors, similar plans will be developed for the OECS countries. The intention is to provide a road map for improvement and strengthening of the provision and delivery of laboratory services, emphasizing coordination and regional referral systems to ensure equitable access to sustainable, cost effective, user-friendly, and scalable quality laboratory services and systems.

Staffing

The PEPFAR Caribbean Regional Program currently assists countries in the recruitment and retention of national laboratory strategic and quality managers for Jamaica, Bahamas, Dominica and Barbados. This is important for building in country capacity by having individuals join the MOH team to guide in country laboratory operations. The PEPFAR Caribbean Regional Program plans to continue to support these positions in FY2012.

Laboratory Operational Studies

The PEPFAR Caribbean Regional Program will continue to support various countries in laboratory operational research to generate data needed to enhance current activities. This will include the evaluation of new HIV rapid test kits and estimation of HIV incidence rates to support surveillance and prevention activities. In addition, determination of HIV genetic subtypes and drug resistance patterns and evaluation of new CD4 testing point of care platforms to support care and treatment are planned. Furthermore, there will be greater focus on operational research to generate data to address the regional needs of other targeted communicable and non-communicable diseases.

Health Efficiency and Financing

Implementing and sustaining effective HIV and health programs relies heavily on availability and efficient use of financial resources. Understanding the financial situation for continued HIV services is of vital importance in the Caribbean. The economic downturn has resulted in less revenue and the increasing burden on the health system (HS) by chronic non communicable diseases means funds must stretch further than before. Governments are striving to raise and appropriately allocate adequate resources to

purchase the mix of health services needed to address the region's diverse health conditions: HIV/AIDS, persistent infectious diseases, and expensive complications of chronic non-communicable diseases. Emergence of HIV as a chronic disease also mandates a sustained, integrated response requiring sustainable financing. As Caribbean countries move up in the World Bank country classifications, they have been disqualified from funding opportunities.

The Caribbean PFIP strategy aims to support greater HIV and health program sustainability and increase private sector (PS) engagement. The conceptual building blocks for this strategy include: the strategic leveraging of resources to increase the impact and reach of PEPFAR funds; and capacity building (CB), carefully scrutinized for government leadership and buy-in, to strengthen health financing for long-term sustainability of HIV and health. The following health financing barriers exist: shortage of domestic resources as external funding declines; heavy reliance on out-of-pocket payments to finance health services; lack of private insurance coverage for PLHIV; and lack of health financing evidence to promote rational health and HIV planning.

In order to address the shortage of domestic resources, continued support for CB will be provided to innovatively develop methods to mobilize needed resources. Development of partnerships with the PS will also be catalyzed. Recent work in the region shows a nascent understanding or inclusion of the PS in the HIV response. Identifying strategies to systematically include the Private Sector in public health planning and policy processes, including building the capacity of the public sector to work with the private sector will also strengthen the ability to strategically leverage PS resources. PANCAP, in partnership with the Insurance Association of the Caribbean (IAC) and the Pan Caribbean Business Coalition (PCBC), with support from the USAID and Abt Associates, convened an Insurance and Health Summit in August 2011. Building on this summit, PANCAP/PCBC, IAC and USAID will partner to engage the public and PS on increasing financial risk protection for PLWHA and ensuring universal access to treatment.

There is a strong need for capacity in collecting, analyzing and using HIV and health financing data to: understand current health care use and spending patterns for evidence-based planning; design national health insurance schemes; and leverage the resources of the PS. Few Caribbean countries have conducted National Health Accounts (NHA) estimations in the past decade. CB opportunities will be provided for conducting NHA estimations, and strengthening existing institutions to routinely produce NHA data, as well as implement household health expenditure surveys to measure out-of-pocket expenditures and quantify use of private sector health services for HIV. Further support will be provided for conducting costing studies to understand the true cost of public sector service provision, including HIV services; using methods for comparing costs of public and private services to identify cost saving opportunities through partnerships; and strengthening resource allocation decision-making, including budgeting processes to increase efficiencies of current spending. Additionally, by bringing clarity to the interaction between NHA and other widely used policy tools and by linking the NHA to established systems within governments, such as national information systems, these resources will be more accessible, affordable, and directly applicable to pertinent health policy decisions in the Caribbean.

Technical Area: Management and Operations

Budget Code	Budget Code Planned Amount	On Hold Amount
HVMS	2,923,168	
Total Technical Area Planned Funding:	**2,923,168**	**0**

Summary:
(No data provided.)

Technical Area: Prevention

Budget Code	Budget Code Planned Amount	On Hold Amount
HVCT	964,346	0
HVOP	6,015,935	0
MTCT	38,000	
Total Technical Area Planned Funding:	**7,018,281**	**0**

Summary:
Overview of the Epidemic
The Caribbean region accounts for a small portion of the global HIV epidemic, but with a 1 percent prevalence rate among adults, HIV remains the leading cause of death among adults aged 20-59 with 33 deaths daily according to the Keeping Score III, UNAIDS 2011 report. Unprotected sex between men and women is believed to be the main mode of HIV transmission in the region; however, emerging evidence indicates that substantial transmission is also occurring among men who have sex with men (MSM) according to UNAIDS 2010 Report on HIV in the Caribbean. The number of new HIV infections has not significantly declined in the last ten years despite on-going HIV prevention efforts. Multiple, overlapping risk groups engage in a variety of risk behaviors including early sexual debut, multiple partnerships, unprotected vaginal and anal sex, transactional sex, and commercial sex. Key vulnerable groups engaging in these behaviors are: sex workers (male and female) (SW), MSM, women engaged in transactional sex, uniformed populations, at-risk youth, and abusers of drugs and alcohol. While there are significantly higher rates of infection among most-at-risk populations (MARPs) in the Caribbean, the perception of risk should not be limited to these groups. It is reported that often men who report being heterosexuals actually engage in “hidden” sexual encounters with other men. Female sex workers (FSW) often have husbands and boyfriends. In 2011, there were an estimated 260,000 persons living with HIV/AIDS (PLWHA) in the wider Caribbean. The island of Hispaniola accounts for an estimated 68 percent of HIV cases in the region with an estimated 176,800 PLWHA living in Haiti and the Dominican Republic (DR). The next heavily affected island is Jamaica with an adult HIV prevalence of 1.7 percent in 2011, equating to an estimated 32,000 PLWHA (UNAIDS 2010). There are several other countries with a prevalence rate above 1 percent: The Bahamas (3 percent), Suriname (1.1 percent), T&T (1.5 percent), and Barbados (1.2 percent).
Overarching Accomplishments in Last 1-2 Years
Over the past two years, the USG agencies began implementing the majority of planned activities according to the strategy outlined in the Partnership Framework (PF) and USG/Caribbean HIV Prevention Strategy. Some programs faced an initial slow start up due to delays in procurement processes and mobilization at the country level. The USG conducted assessments in T&T (August 2010) and the Bahamas (September 2010) to determine the required scope of technical assistance (TA) required and programmatic inputs to be delivered, mainly through the CDC Cooperative Agreements (CoAgs) with the Ministries of Health (MOHs). Suriname which previously received HIV prevention support through its Global Fund grant will now require greater USG inputs. USAID/EC in collaboration with the MOH in Suriname will begin to make a determination as to the scope and level of support that PEPFAR can provide this country.
During this period, CDC in collaboration with the MOH in T&T supported the training of 75 non-governmental based personnel in Peer Support Programs and 20 persons in HIV counseling and

rapid testing as part of national strategy to expand access to HIV testing and counseling, prevention and treatment services The DoD's combination prevention interventions utilized HIV surveillance and risk behavior data results in Belize and Jamaica. The Defense Forces of Barbados, T&T, St. Kitts and Nevis, Antigua and Barbuda, Belize and Suriname have conducted a series of behavior change communication (BCC) peer education activities including master trainers. In Barbados, the popular opinion leader intervention engaged military personnel. The Belize Defense Force completed an HIV prevention manual, trained personnel in voluntary counseling and testing and along with the Jamaica Defense Force, developed military specific HIV prevention education materials and opened a VCT site. The Royal Bahamas Defense Force trained 300 military members in HIV education and trained peer educators as master trainers.

USAID/Jamaica supported the Jamaican MOH's program which reached over 3769 MSM and 5829 SWs with a comprehensive package of services in FY2011. World Learning awarded 10 sub-grants with civil society partners to expand existing or new MARPs activities. C-Change developed new BCC materials for MSM and SW audiences in collaboration with the target populations. C-Change also completed a Transactional Sex Survey that will be disseminated in early FY12. USAID/EC's Eastern Caribbean Community Action Project (EC-CAP) program saw considerable progress and achievements in MARP programming in Antigua and Barbuda, Barbados, St. Kitts and Nevis, and St. Vincent and the Grenadines. The program had two expected results: increased access to HIV/AIDS Community Services in the Eastern Caribbean and increased use of strategic information to promote sustainable, evidence-based, HIV/AIDS community services. Consistent with PEPFAR guidance and seeking to provide a minimum package of services for MARPs, the strategies employed to achieve these results were: a) a combination prevention approach; b) promoting and implementing evidence-based interventions informed by strategic (qualitative) information, including special studies and focused data collection; c) providing monitoring and evaluation (M&E) support to NAP's and CSO's; d) providing TA and small grants to local civil society partners; e) implementing community based rapid testing and bi-directional referral systems; and f) promoting access to care and support through referrals. In 2010, project year three results include: the distribution of 641,219 male condoms, 48,810 female condoms and 192,593 lubricants; 7,500 new people reached through interpersonal communication intervention; 19 small grants provided to CSOs to facilitate their engagement in various HIV prevention, care and support activities; bi-directional referral system strengthened to provide stronger holistic support to key populations on issues such as gender based violence (GBV); training of 100 police officer as first responders; 4,284 people tested (in two countries); and 180 members of FBOs engaged in care, support and S/D related activities.

Peace Corps (PC) has employed a multi-faceted approach to incorporate HIV prevention activities into community based assignments primarily with youth through the work of Peace Corps Volunteers (PCVs) in all sectors. PCVs and their counterparts participated in development workshops and projects aimed at providing opportunities to foster behavior change using life skills, edutainment, sports and camps to successfully introduce concepts of HIV awareness, S/D and Prevention. PC also conducted collaborative activities and trainings with critical sub-groups, such as health workers and boatmen with a focus on MARPs and PLWHA. PC also placed Peace Corps Response Volunteers (PCRVs) at NGOs and Government agencies to assist in the development and implementation of larger scale prevention strategies targeting MARPs. The volunteers assisted these partner organizations in the improvement of monitoring and evaluation and capacity building of staff to enhance effective strategies with MARPs. The focus has been on behavior change encompassing the reduction of S/D and the prevention of harmful gender norms.

Key Priorities & Major Goals for Next Two Years

CDC's goals over the next two years are to support the MOHs in T&T and the Bahamas in reducing the number of new HIV infections by 1) increasing knowledge of HIV status among PLWHA and their partners; 2) reducing risk of HIV transmission from PLWHA; and 3) reducing HIV acquisition among persons at risk for infection. Technical support will focus on strengthening the capacity and capability of the MOH to provide quality HTC and comprehensive HIV prevention services for MARPs and PLWHA, and strengthening M&E systems for these services. A number of surveys and special studies are also

being planned and implemented in the region, the data from which will inform the planning, development and implementation of targeted prevention interventions for persons at increased risk and living with HIV. The EC-CAP II is a follow-on program with the following stated objectives: 1) Reduce vulnerabilities to HIV through access to comprehensive prevention services; 2) Increase access to stigma free prevention, treatment and care services for MARPs and PLWHA; and 3) Strengthen capacity and capability of national partners and civil society organizations (CSOs) to ensure quality service and improve delivery. The program incorporates cross-cutting themes of gender; S/D; the use of strategic information and capacity building; and represents a sustainable country-specific response to meet the needs of PLWHA and those most at risk of infection in seven EC countries. Greater emphasis will be placed on the community-level and structural issues, such as gender inequalities, that put various groups at risk of HIV and of rights abuses; as well as prevention with positives (PwP) utilizing a holistic approach that aims to improve quality of life, promote healthy living and reduce risky behavior.

USAID/Jamaica will reduce the number of implementing partners in 2012 in order to focus efforts more on capacity building of civil society in the region and increasing country ownership in Jamaica. The financial resources and support for the Jamaican MOH's HIV/STI Program will nearly double in 2012 to allow the government to further expand access to HIV prevention services for MARPs. World Learning (WL) intends to make between six and seven sub-awards to CSOs in the Bahamas in early 2012. WL will provide a series of capacity building trainings for CSOs across the region. The Health Policy Project (HPP) will continue work to improve the policy and social environment for MARPs in Jamaica and the region.

DOD's key priorities over the next two years include: supporting militaries in having current HIV policies, scaling up HIV prevention programming using data from HIV surveillance and risk behavior surveys as well as strengthening M&E systems. Operational and sustainable HIV testing and counseling (HTC) programs is a major focus with expansion across underserved outposts as well as implementing evidence-based interventions that address risky behaviors, targeting prevention messages to military members and their families, and addressing issues surrounding S/D. In addition, continued efforts to integrate HTC services into existing medical health services and routine medical care through provider-initiated testing and counseling will be encouraged.

The PEPFAR small grants program will support small community-based HIV prevention projects in the region. Activities include workplace awareness sessions, advocacy, training peer educators, facilitation of support groups for PLWHA, and gender-based violence prevention. With ROP 2012 funding, new requests for proposals will be sent out by Embassies to provide funding opportunities to civil society groups. The grants support NGOs to develop and implement small high quality HIV/AIDS prevention programs serving MARPs.

Additionally, PC volunteer efforts will continue, with a focus on the reduction of risky sexual behaviors and violence, technical assistance on current projects/activities, and building sustainability. They will also assist partner organizations to improve M&E and build capacity of staff to effectively work with MARPs.

Contributions from or Collaboration with Other Development Partners

Through the US-Caribbean Regional PF, the USG will continue to leverage its expertise and resources, along with other donor counterparts, including the Global Fund, to coordinate a response aimed at reducing the sexual transmission of HIV. Currently there are efforts to convene a small technical working group comprised of key partners engaged in funding and supporting HIV prevention activities in the region. USAID/EC has been asked to participate in this TWG and will represent the USG accordingly. Some countries such as Jamaica have an HIV donor group to help ensure coordination.

Policy Advances or Challenges

The MOH in T&T completed four HIV/AIDS related policies. EC-CAP was instrumental in facilitating the updated Antigua NAP rapid testing reference manual; supported the development of the national rapid testing algorithm for Barbados and contributed to the revision of the national HCT policy which now includes language allowing for lay persons to be trained and certified as counsellors and testers and for the establishment of MOH approved, community-based testing sites. DoD supported HIV policy development in the Jamaica Defense Force, T&T Defense Force, Antigua and Barbuda Defense Force, St. Kitts and Nevis Defense Force, Barbados Defense Force and the Belize Defense Force with several

militaries making significant strides in addressing their respective HIV policy environment. Both Belize and the T&T have approved military HIV policies. Jamaica and Suriname are currently undertaking revisions to their HIV policies while Antigua and Barbuda and St. Kitts and Nevis have begun drafting HIV policies. The Jamaica Defense Force has created a user-friendly policy booklet for members as an educational and reinforcement tool.

PMTCT

During the period October 2010 through October 2011, thirteen PMTCT trainings were conducted by the CHART network, reaching 461 unique participants. The majority of those trained are from T&T, where 253 participants were trained. Thirteen individuals were trained from Barbados, 219 from Jamaica, and two from St. Lucia. S/D was included in the curriculum. In Barbados, PMTCT trainings support the expansion of PMTCT and rollout of a national PMTCT curriculum and revised PMTCT policies. In 2012, the CHART network will continue to provide both in-service and pre-service PMTCT trainings for healthcare workers as well as TA for related policy revisions as requested by their respective MOHs. USAID/Jamaica has reprogrammed ROP 2010 funding for PMTCT activities to the MOH with TA being provided by CDC. Over the next year, 350 health care workers will complete an in-service PMTCT training as well as PwP training.

HIV Testing and Counseling

In line with the revised PEPFAR Prevention Guidance, prevention activities supported through the USG are focused on three approaches to reducing new HIV infections: 1) increasing knowledge of HIV status among PLWHA and their partners; 2) reducing risk of HIV transmission from PLWHA; and 3) reducing HIV acquisition among persons at risk for infection. Targeted HTC in health facilities (e.g. TB, STI, ANC, and symptomatic patients) and community-based setting frequented by MARPs, migrant populations, and out-of-school youth is the primary focus of activities. In T&T and the Bahamas, CDC is supporting the MOH to train health care workers and scale-up provider initiated HTC at MOH healthcare facilities and increase the availability of HTC services at local organizations and venues that cater to MARPs. CDC has recognized the need for laboratory support and will include staff trainings around rapid testing and the implementation of quality assurance for testing and counseling. Procurement and purchase of adequate reagents and rapid test kits to support the expansion of testing and counseling services at facility and community based sites will also be included. Particular attention will also be placed on evaluating linkage to care among persons tested in community-based settings and developing interventions to strengthen those linkages. Peer counselors will be assigned to community based organizations and will also liaise with care and treatment facilities to help ensure linkage to follow-up services. In the Bahamas, contact tracing nurses will follow-up with both exposed partners as well as HIV-positive persons who have not linked to care and treatment. USAID supported HTC is based on the same premise but seeks to focus on increasing access to HTC at the community level in collaboration with the MOH/NAP. In partnership with CDC and in line with the PF, EC-CAP II will scale up efforts to provide access for MARPs to HTC with a focus on rapid testing in all EC countries through: training peer educators, the provision of technical support to NAPs, small grants to community based HTC initiatives and the promotion of appropriate data collection tools; and supporting and seconding non-medical personnel, including community-based and peer counselors to NAPs. EC-CAP II will assist in identifying sites for rapid testing and support expansion of HIV testing through mobile testing and testing within relevant service providers, such as Planned Parenthood Associations and Gender Affairs Units, drawing on experience learned under EC-CAP of developing a lay and peer based counseling model.

DoD will support the integration of HTC services into existing medical health services and routine medical care through PITC. HTC opportunities for military personnel will be expanded through the availability of trained military personnel and adherence to host countries' national protocols. HTC activities will link with prevention sensitization activities to educate participants and encourage testing. Couples testing and counseling will be promoted among military personnel and their partners in order to identify serodiscordant couples for potential linkage to treatment, and delivery of positive dignity health prevention for positive and healthy living by both the positive and negative partner.

Positive Health Dignity and Prevention (aka PwP)

Similar to the HTC services in the Caribbean there are also very few services for PLWHA other than basic

care and treatment services including adherence counseling. "Living positively" is not a concept that is well promoted in the region, as HIV-related S/D remain barriers to reaching PLWHA with essential PwP services. Because there are limited community-level interventions for MARPs and PLWHA in the region bidirectional linkages and referrals are also weak. Open disclosure with partners and providers regarding sexual orientation and HIV status are very limited due to fear of S/D. Several attempts have been made to establish PLWHA support groups but these have often been unsuccessful with very limited scope often due to interpersonal conflicts, fear and limited support.

CDC's CoAgs with the MOHs in T&T and the Bahamas will also focus on scaling up the complete package of prevention services for PLWHA, particularly partner testing, condom promotion, education and distribution, family planning, risk reduction counseling, and STI screenings. Providers in health care facilities and peer-counselors in community-based settings will be trained on the package of prevention services to increase access to the package of prevention services for PLWHA. USAID will also continue to support the strengthening of CSOs in the Eastern Caribbean and Jamaica. Strategies include the active participation of PLWHA in the delivery of HIV prevention, care and support services and the promotion of greater access to PwP services by strengthening linkages between community-based services and care and treatment facilities. Many of these activities will be supported through the provision of small grants and TA to build both the organizational and technical capacity of these CSOs. Additionally, USG will work with its partners to support both top-down and bottom-up approaches to reduce S/D and eliminate structural barriers limiting PLWHA and MARPs' access to and use of HIV prevention-related services, including psychological, social and spiritual support.

Condoms

EC-CAP, as part of a comprehensive behavior change approach, focused on improved self-efficacy and risk reduction and the direct provision and promotion of condoms and lubricants. Given that condoms are not a "normal" part of sexual health norms, their promotion throughout the HIV response in the region has also unfortunately resulted in people feeling hesitant and stigmatized for purchasing them as they are associated with HIV and/or risky sex. USAID/EC will continue to support the distribution and promotion of prevention commodities as a core function of EC-CAP II, working in close collaboration with PSI's CARISMA and other social marketing condom promotion programs to ensure a seamless and coordinated supply. CHAA will continue to distribute condoms, lubricants, scale up distribution of female condoms and introduce distribution of dental dams as an additional safer sex tool. USAID will also source condoms for the MOH in Suriname.

Under EC-CAP II, PSI/C will be responsible for condom social marketing efforts. Condom sales promotion agents will be responsible for the direct sale of 250,000 single condom units annually through supported "Got It Get It" outlets, with cost-share from KfW/Options. PSI/C will employ an innovative private and public sector approach to condom social marketing that builds on current capacities and product lines, increases access, markets high quality products and promotes positive behavior around correct, consistent condom use by MARPs.

Voluntary Medical Male Circumcision

In 2010, CDC with the help of a circumcision expert from the HQ team conducted an evaluation of data from the Suriname MOH from a 2009 circumcision pilot. The results show a great interest from the public in the procedure with a total of 490 males being circumcised, while in planning the pilot the MOH had aimed for 100. No HIV testing, HIV risk factor assessments or STI screening took place during the pilot. The conclusion of the assessment is that there is insufficient data at the moment to support male circumcision as a prevention tool. TA will be made available to Suriname as it moves forward to improve HIV case-based surveillance and complete MARPs surveys to better characterize the HIV epidemic. Once there is sufficient quality data, PEFPAR recommends that Suriname conduct a formal situation analysis including review of data, stakeholder meetings, focus groups, assessment costs and available resources.

MARPs and Other Vulnerable Populations (OVP)

In the Caribbean region, the USG activities currently address the particular needs of MARPs such as SW, MSM, women engaging in transactional sex, and OVP including military populations and at-risk youth. The USG has developed experience in understanding the specific contexts and addressing the

vulnerabilities of these populations in the Caribbean. The PEPFAR team utilizes the available MARPs surveys and BSS data in each country to inform and support its decisions around prevention portfolio investments. In addition, the USG has been working to develop the capacity of nascent community-based MARP organizations to implement prevention activities and advocate for their own needs at local, national and regional levels. In continuing to focus on the urgent needs of MARPs, the USG will maximize its immediate impact on reducing HIV transmission in the region.

The 11 Caribbean countries that will be supported under ROP12 are at various stages of having a nationally defined minimum package of services for their identified MARPs. All PEPFAR supported activities whether implemented by MOHs or by civil society aim to provide beneficiaries access to essential HIV services, either directly or through referrals. Organizations are not expected to be able to provide all of these services, but should demonstrate their ability to refer and link individuals with the services they need.

There are a number of different strategies employed in the region to ensure the linkages between community prevention efforts and clinical care and treatment services. In Jamaica, the MOH employs peer educators and contact investigators to identify and refer individuals to HIV services. Often times, the peer educator accompanies individuals to the health center for HIV/STI testing and will even home deliver ART drugs if someone is unable to reach the health center. A similar approach is employed under EC-CAP II model of collaboration amongst the MOH, CSOs and members of the MARP communities.

General Population

The Caribbean PEPFAR program assists host country governments in determining what their appropriate mix of interventions and approaches should be. The PEPFAR program aims to improve countries' capacity to reach their most vulnerable, at-risk populations. For this reason, PEPFAR does not fund abstinence-only activities here nor do we support school-based HIV education programs. Most Caribbean countries already have a Health and Family Life Education curriculum in existence, but not all schools are necessarily being covered yet. In collaboration with host country governments, USG PEPFAR partners have determined what strategic interventions PEPFAR will support in accordance and alignment with the PF goals and the country's NSP priorities.

Health Systems Strengthening (HSS)

There are a number of barriers to effective HIV prevention programming in Caribbean countries that impact on health system delivery. HIV prevention efforts, especially those for MARPs, often operate separately from other disease prevention programs at the central and clinic levels and have been largely donor driven. Countries have an enormous variation in the level, skill and gender mix of their prevention specialists in country. There is a burgeoning problem as human resources have been dedicated to creating vertical HIV programming while there exists an urgent need to integrate their HIV functions with other health promotion and disease prevention programs both from the perspective of maximizing resources but also as a means to delivering more holistic care for the individual. These programs have been slow to embrace the role of lay-persons in the delivery of basic services such as HTC and task-shifting has been slow to materialize at the facility level. This has hindered a more integrated approach to service delivery which would encompass public, private and community level stakeholders engaging in the delivery of effective, supportive and accessible services for marginalized populations. PEPFAR through CHART will strengthen the capacity of prevention health workers capable of delivering comprehensive, quality HIV-related services according to national and regional, and international standards. These efforts are targeted at both public sector and civil society personnel, so they can fully engage in HIV prevention and care efforts.

Gender

Ensuring that gender is integrated into USG supported HIV prevention activities has been a guiding principal given the role that gender inequality plays as a key driver of the HIV epidemic in the Caribbean region, and thus issues related to gender and sexuality remain central to the response. Gender will continue to be a theme in EC-CAP II training events, including the facilitation of critical reflection on how gender norms contribute to increasing vulnerability of males and females. Gender Affairs Departments in various countries and the UN Women Regional Office have been involved in trainings and will continue to be relied upon as key partners in reflecting this level of awareness to all aspects of our work. Efforts will

continue to be made under EC-CAP II to continue to address this issue by utilizing evidence-based interventions. Complex relationship between men and masculinity in this region is also considered and programs to compliment SISTA have also been developed. Issues affecting the transgender community are also addressed through EC-CAP II as an emerging issue and one not well understood or addressed. In DoD's prevention interventions, one of the many underlying topics includes decreasing gender-based discrimination and violence. PC also explores the issues of male gender norms in its "Men as Partners" initiative. HPP's work in Jamaica and the region will include a focus on decreasing sexual and GBV as well as addressing gender norms in relation to HIV prevention.

Strategic Information

The generation and strategic use of information on health systems is an important component of the information building block. CDC will increase the capacity of the MOHs to plan, develop and implement special surveys. Currently, a number of surveys and special studies targeting MSM, SW and OVP to include male prisoners and general population surveys are being planned and implemented in Dominica, Barbados, Belize, Bahamas, T&T, Antigua and Barbuda, and St. Lucia throughout 2012 and 2013. CDC will also increase the capacity of the MOHs to generate and use data for surveillance and program monitoring and evaluation. Countries will be able to better capture, track, and use surveillance data to characterize their epidemic for evidence based programming, as well as strengthen their M&E systems to better assess quality, coverage, and the impact of HTC and PWP services over time.

Capacity Building

USG PEPFAR supports the strengthening of civil society and host country governments through a TA model, with the ultimate objective of enhancing in-country capacity to implement and sustain an effective multi-sectoral HIV/AIDS response. DOD is strengthening militaries capacity to provide HIV prevention services by supporting three implementing partners. CDC provides TA in a number of technical areas to the MOH in five countries. USAID employs two main implementers – World Learning and the EC-CAP II project – to provide organizational capacity building and technical support, respectively. Both projects also provide grants to local organizations to support the expansion of HIV activities in the region while working in close partnership with the MOH/NAP to ensure that capacity improves at all levels.

S/D

The CHART Network training centers integrate S/D content into many of their trainings in order to sensitize healthcare workers to these issues. In the last year, 876 individuals were trained or sensitized to issues related to S/D. In Barbados, PMTCT and S/D were combined in midwifery trainings. In Jamaica, VCT trainings include content related to S/D. In T&T, S/D was addressed in a workshop linking HIV, violence, and psycho-social issues. A S/D training of trainers was conducted to help trainers better facilitate the sensitive issues that may come up when training about HIV and stigma and HIV sensitization trainings were held for all cadres of health system staff. Finally, the Regional Coordinating Unit collaborated with I-TECH to develop and conduct a faculty development workshop for the nursing faculty in Jamaica. In 2012, the CHART Network will continue integrating S/D into in-service training activities for existing healthcare workers but also for the faculty and students in pre-service institutions.

During 2012, USAID/EC activities to address S/D will focus on the definition of an effective strategy and key approaches to foster progress in reducing high levels of S/D related to HIV in the region. In close collaboration with PANCAP, USAID through HPP, will seek to address the objectives outlined in the PFIP, namely: facilitating and supporting activities to make structural changes (legislative, policy, regulatory) at the national levels to reduce S/D and to ensure confidentiality of services; and combating S/D at the community level by building the capacity of leadership and advocacy of NGOs/community-based organizations working with and/or comprised of MARPs.

Peace Corps will continue to provide follow-up training and technical assistance to PCVs to further enhance efforts focused on the reduction of S/D and the prevention of harmful gender norms in their communities. PCV efforts will focus on the reduction of risky sexual behaviors, reduction of violence, technical assistance on current projects/activities, and building sustainability.

Technical Area: Treatment

Budget Code	Budget Code Planned Amount	On Hold Amount
HTXS	420,000	0
Total Technical Area Planned Funding:	**420,000**	**0**

Summary:
TREATMENT TAN

Improving access to HIV treatment is one of the priority areas in the CARICOM/PANCAP Caribbean Regional Strategic Framework (2008 – 2014) and the Caribbean Regional HIV and AIDS Partnership Framework (PF) (2010-2014). The 12 Caribbean countries that are signatory to the Partnership Framework have committed to the goal of universal access to HIV prevention, treatment, care and support services.

The Caribbean region is making strides towards its goal of universal antiretroviral treatment (ART) coverage with free ART being offered in almost every country. In just one year, the estimated anti-retroviral treatment coverage increased from 37% in December 2008 to 48% in late 2009 (based on WHO 2010 guidelines). As of December 2009, the estimated number of people needing ART was 110,000 of whom 52,400 were receiving ART. The estimated coverage was 55% in men and 45% in women. The estimated coverage in children aged 0-14 was 29%; of 8,100 children needing ART, 2,400 were receiving it. (Reference: World Health Organization. 2010. Towards Universal Access: Scaling Up Priority HIV/AIDS interventions in the Health Sector: Progress Report 2010.) Even with this progress, the fact that over half the estimated number of Caribbean persons living with HIV/AIDS (PLWHA) who are treatment eligible, are still in need of anti-retroviral treatment speaks to a significant coverage gap. HIV treatment continues to be highly centralized and not well integrated into the primary health care system limiting access to quality treatment, especially among marginalized populations. The links between the private and public sector in HIV treatment are not well defined impacting the continuity of care and treatment of PLWHA.

The USG programs in the Caribbean have been relatively small in scope and have not focused on treatment programs. This is partly due to limited resources but also because public sector treatment programs have been largely funded by Global Fund grants (OECS, PANCAP and individual country grants), World Bank loans and self-financed by national governments. All ART in Jamaica, for example, is covered by the Global Fund. In The Bahamas, Trinidad and Tobago, and Barbados, all ART is covered by the respective national governments. Although the USG has not been involved directly in provision of ART, USG programs have contributed to improving access to quality HIV treatment and integrating treatment programs into primary health care.

Accomplishments since last ROP
With USG support, The Caribbean Regional Training Network (CHART) works with local partners, including Ministries of Health, the Caribbean Epidemiology Center (CAREC), and the PAHO HIV/AIDS Caribbean Office to adapt World Health Organization treatment standards to the Caribbean context. With HRSA technical assistance and funding, CHART has contributed to updating Caribbean regional protocols and guidelines for care and treatment of PLWHA, prevention of mother-to-child transmission, pediatric antiretroviral treatment, and the clinical management of persons co-infected with TB and HIV.

In an effort to expand and enhance the ability of the countries in this region to provide quality, state of the art HIV care and treatment, the USG supported CHART to address human capacity needs (primarily through training) for HIV service providers and HIV program managers in the region. The USG, through

HRSA and the Global Fund via its grants to PANCAP and OECS Secretariat, are among CHART's sponsors. CHART has six training centers located in Jamaica, Barbados, Bahamas, Trinidad & Tobago, and two in Haiti (urban and rural). An additional training coordination hub is based at the Secretariat of the Organization of Eastern Caribbean States' HIV/AIDS Program Unit (HAPU) in St. Lucia.

DoD has provided clinical training for the Belize Defense Force (BDF) on treatment and care services. With this training, the Ministry of Health has agreed to allow the BDF to manage and treat any HIV positive members of the BDF through their primary military physician. This has created a more efficient and comprehensive support network for the BDF.

Goals and strategies for the coming year
CHART will continue to provide training related to the antiretroviral management of patients living with HIV and AIDS in support of the decentralization of care in each of their countries. As more primary care providers begin to assume responsibility for HIV-infected patients the need for ART training will grow. Expanded use of distance learning training methodologies will assist the training centers in providing cost-effective and accessible ART training to a wider group of clinicians with varying levels of HIV knowledge and skill. This will complement the current use of didactic sessions, skill-building workshops, clinical mentoring and preceptorship training approaches.

Technical assistance will continue to be provided to Ministries of Health in the twelve countries identified in this grant for national level adaptations to the Caribbean Regional Treatment Guidelines as needed and relevant. Training curricula will reflect these regional or country specific guidelines to ensure consistent messaging to health care workers and systems of care. Efforts will be made to strengthen linkages between core competency-based in-service training and updated job responsibilities with related performance measures.

New national training centers in Belize and Suriname, as well as at the OECS HAPU for the OECS sub-region, will also be supported with these funds as they scale up ART training in their respective countries or regions.

Based on recommendations from health systems and private sector assessments in six OECS countries, the USG through "Strengthening Health Outcomes through the Private Sector" (SHOPS) will expand the role of the private health sector in partnership with the public sector in the area of HIV treatment. This will include expanding access to training on HIV treatment for private health providers, increasing linkages and referrals between public and private health practitioners to ensure continuity of care and treatment for PLWHA, and facilitating routine HIV test reporting from private laboratories.

The new ECAPII award from USAID to CHAA continues to work at the broader level of health sector reform and health systems strengthening to integrate HIV/AIDS activities, including HIV prevention services, into broader health care services delivery and to create an enabling environment for improved access to quality care and treatment for PLWHA, especially among MARPs. This work is detailed in the "Prevention" technical area narrative.

Technical Area Summary Indicators and Targets

Antigua and Barbuda

Future fiscal year targets are redacted.

Indicator Number	Label	2012	Justification
P7.1.D	P7.1.D Number of People Living with HIV/AIDS (PLHIV) reached with a minimum package of 'Prevention with PLHIV (PLHIV) interventions	n/a	Redacted
	Number of People Living with HIV/AIDS reached with a minimum package of 'Prevention of People Living with HIV (PLHIV) interventions	58	
P8.1.D	P8.1.D Number of the targeted population reached with individual and/or small group level HIV prevention interventions that are based on evidence and/or meet the minimum standards required	n/a	Redacted
	Number of the target population reached with individual and/or	175	

	small group level HIV prevention interventions that are based on evidence and/or meet the minimum standards required		
P8.2.D	P8.2.D Number of the targeted population reached with individual and/or small group level HIV prevention interventions that are primarily focused on abstinence and/or being faithful, and are based on evidence and/or meet the minimum standards required	n/a	Redacted
	Number of the target population reached with individual and/or small group level HIV prevention interventions that are primarily focused on abstinence and/or being faithful, and are based on evidence and/or meet the minimum standards required	66	
P8.3.D	P8.3.D Number of MARP reached with	n/a	Redacted

	individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the minimum standards required		
	Number of MARP reached with individual and/or small group level preventive interventions that are based on evidence and/or meet the minimum standards required	1,244	
	By MARP Type: CSW	718	
	By MARP Type: IDU	0	
	By MARP Type: MSM	408	
	Other Vulnerable Populations	118	
P11.1.D	Number of individuals who received T&C services for HIV and received their test results during the past 12 months	340	Redacted
	By Age/Sex: <15 Female		
	By Age/Sex: <15 Male		
	By Age: <15	0	
	By Age/Sex: 15+ Female		
	By Age: 15+	340	

	By Age/Sex: 15+ Male		
	By Sex: Female	138	
	By Sex: Male	202	
	By Test Result: Negative		
	By Test Result: Positive		
H2.3.D	The number of health care workers who successfully completed an in-service training program	38	Redacted
	By Type of Training: Male Circumcision	0	
	By Type of Training: Pediatric Treatment	0	

Technical Area Summary Indicators and Targets

Bahamas

Future fiscal year targets are redacted.

Indicator Number	Label	2012	Justification
P7.1.D	P7.1.D Number of People Living with HIV/AIDS (PLHIV) reached with a minimum package of 'Prevention with PLHIV (PLHIV) interventions	n/a	Redacted
	Number of People Living with HIV/AIDS reached with a minimum package of 'Prevention of People Living with HIV (PLHIV) interventions	420	
P8.1.D	P8.1.D Number of the targeted population reached with individual and/or small group level HIV prevention interventions that are based on evidence and/or meet the minimum standards required	n/a	Redacted
	Number of the target population reached with individual and/or	20	

	small group level HIV prevention interventions that are based on evidence and/or meet the minimum standards required		
P8.3.D	P8.3.D Number of MARP reached with individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the minimum standards required	n/a	Redacted
	Number of MARP reached with individual and/or small group level preventive interventions that are based on evidence and/or meet the minimum standards required	750	
	By MARP Type: CSW	100	
	By MARP Type: IDU	0	
	By MARP Type: MSM	350	
	Other Vulnerable Populations	300	
P11.1.D	Number of individuals who received T&C services for HIV and received their test results during the past	9,450	Redacted

	12 months		
	By Age/Sex: <15 Female		
	By Age/Sex: <15 Male		
	By Age: <15	0	
	By Age/Sex: 15+ Female		
	By Age: 15+	9,450	
	By Age/Sex: 15+ Male		
	By Sex: Female	5,450	
	By Sex: Male	4,000	
	By Test Result: Negative		
	By Test Result: Positive		
H1.2.D	Number of testing facilities (laboratories) that are accredited according to national or international standards	1	Redacted
H1.1.D	Number of testing facilities (laboratories) with capacity to perform clinical laboratory tests	1	Redacted
H2.3.D	The number of health care workers who successfully completed an in-service training program	188	Redacted
	By Type of Training: Male Circumcision	0	
	By Type of Training:	0	

	Pediatric Treatment		

Technical Area Summary Indicators and Targets

Barbados

Future fiscal year targets are redacted.

Indicator Number	Label	2012	Justification
P7.1.D	P7.1.D Number of People Living with HIV/AIDS (PLHIV) reached with a minimum package of 'Prevention with PLHIV (PLHIV) interventions	n/a	Redacted
	Number of People Living with HIV/AIDS reached with a minimum package of 'Prevention of People Living with HIV (PLHIV) interventions	58	
P8.1.D	P8.1.D Number of the targeted population reached with individual and/or small group level HIV prevention interventions that are based on evidence and/or meet the minimum standards required	n/a	Redacted
	Number of the target population reached with individual and/or	25	

	small group level HIV prevention interventions that are based on evidence and/or meet the minimum standards required		
P8.3.D	P8.3.D Number of MARP reached with individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the minimum standards required	n/a	Redacted
	Number of MARP reached with individual and/or small group level preventive interventions that are based on evidence and/or meet the minimum standards required	1,654	
	By MARP Type: CSW	778	
	By MARP Type: IDU	0	
	By MARP Type: MSM	638	
	Other Vulnerable Populations	238	
P11.1.D	Number of individuals who received T&C services for HIV and received their test results during the past	400	Redacted

	12 months		
	By Age/Sex: <15 Female		
	By Age/Sex: <15 Male		
	By Age: <15	0	
	By Age/Sex: 15+ Female		
	By Age: 15+	400	
	By Age/Sex: 15+ Male		
	By Sex: Female	119	
	By Sex: Male	281	
	By Test Result: Negative		
	By Test Result: Positive		
H1.2.D	Number of testing facilities (laboratories) that are accredited according to national or international standards	1	Redacted
H1.1.D	Number of testing facilities (laboratories) with capacity to perform clinical laboratory tests	0	Redacted
H2.3.D	The number of health care workers who successfully completed an in-service training program	491	Redacted
	By Type of Training: Male Circumcision	0	
	By Type of Training:	0	

	Pediatric Treatment		

Technical Area Summary Indicators and Targets

Belize - Caribbean

Future fiscal year targets are redacted.

Indicator Number	Label	2012	Justification
P8.3.D	P8.3.D Number of MARP reached with individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the minimum standards required	n/a	Redacted
	Number of MARP reached with individual and/or small group level preventive interventions that are based on evidence and/or meet the minimum standards required	375	
	By MARP Type: CSW	0	
	By MARP Type: IDU	0	
	By MARP Type: MSM	0	
	Other Vulnerable Populations	375	
P11.1.D	Number of individuals who received T&C services for HIV and received their test results during the past	300	Redacted

	12 months		
	By Age/Sex: <15 Female		
	By Age/Sex: <15 Male		
	By Age: <15	0	
	By Age/Sex: 15+ Female		
	By Age: 15+	300	
	By Age/Sex: 15+ Male		
	By Sex: Female	15	
	By Sex: Male	285	
	By Test Result: Negative		
	By Test Result: Positive		
C1.1.D	Number of adults and children provided with a minimum of one care service	6	Redacted
	By Age/Sex: <18 Female		
	By Age/Sex: <18 Male		
	By Age: <18	0	
	By Age/Sex: 18+ Female		
	By Age: 18+	6	
	By Age/Sex: 18+ Male		
	By Sex: Female	1	
	By Sex: Male	5	
H1.1.D	Number of testing facilities (laboratories) with capacity to perform clinical laboratory tests	1	Redacted

H2.3.D	The number of health care workers who successfully completed an in-service training program	57	Redacted
	By Type of Training: Male Circumcision	0	
	By Type of Training: Pediatric Treatment	0	

Technical Area Summary Indicators and Targets

Dominica

Future fiscal year targets are redacted.

Indicator Number	Label	2012	Justification
P7.1.D	P7.1.D Number of People Living with HIV/AIDS (PLHIV) reached with a minimum package of 'Prevention with PLHIV (PLHIV) interventions	n/a	Redacted
	Number of People Living with HIV/AIDS reached with a minimum package of 'Prevention of People Living with HIV (PLHIV) interventions	45	
P8.1.D	P8.1.D Number of the targeted population reached with individual and/or small group level HIV prevention interventions that are based on evidence and/or meet the minimum standards required	n/a	Redacted
	Number of the target population reached with individual and/or	175	

	small group level HIV prevention interventions that are based on evidence and/or meet the minimum standards required		
P8.3.D	P8.3.D Number of MARP reached with individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the minimum standards required	n/a	Redacted
	Number of MARP reached with individual and/or small group level preventive interventions that are based on evidence and/or meet the minimum standards required	811	
	By MARP Type: CSW	488	
	By MARP Type: IDU	0	
	By MARP Type: MSM	278	
	Other Vulnerable Populations	45	
P8.2.D	P8.2.D Number of the targeted population reached with individual and/or small group level HIV	n/a	Redacted

	prevention interventions that are primarily focused on abstinence and/or being faithful, and are based on evidence and/or meet the minimum standards required		
	Number of the target population reached with individual and/or small group level HIV prevention interventions that are primarily focused on abstinence and/or being faithful, and are based on evidence and/or meet the minimum standards required	67	
P11.1.D	Number of individuals who received T&C services for HIV and received their test results during the past 12 months	200	Redacted
	By Age/Sex: <15 Female		
	By Age/Sex: <15 Male		
	By Age: <15	0	
	By Age/Sex: 15+ Female		
	By Age: 15+	200	
	By Age/Sex: 15+ Male		

	By Sex: Female	100	
	By Sex: Male	100	
	By Test Result: Negative		
	By Test Result: Positive		
H2.3.D	The number of health care workers who successfully completed an in-service training program	50	Redacted
	By Type of Training: Male Circumcision	0	
	By Type of Training: Pediatric Treatment	0	

Technical Area Summary Indicators and Targets

Grenada

Future fiscal year targets are redacted.

Indicator Number	Label	2012	Justification
P7.1.D	P7.1.D Number of People Living with HIV/AIDS (PLHIV) reached with a minimum package of 'Prevention with PLHIV (PLHIV) interventions	n/a	Redacted
	Number of People Living with HIV/AIDS reached with a minimum package of 'Prevention of People Living with HIV (PLHIV) interventions	50	
P8.1.D	P8.1.D Number of the targeted population reached with individual and/or small group level HIV prevention interventions that are based on evidence and/or meet the minimum standards required	n/a	Redacted
	Number of the target population reached with individual and/or	175	

	small group level HIV prevention interventions that are based on evidence and/or meet the minimum standards required		
P8.2.D	P8.2.D Number of the targeted population reached with individual and/or small group level HIV prevention interventions that are primarily focused on abstinence and/or being faithful, and are based on evidence and/or meet the minimum standards required	n/a	Redacted
	Number of the target population reached with individual and/or small group level HIV prevention interventions that are primarily focused on abstinence and/or being faithful, and are based on evidence and/or meet the minimum standards required	67	
P8.3.D	P8.3.D Number of MARP reached with	n/a	Redacted

	individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the minimum standards required		
	Number of MARP reached with individual and/or small group level preventive interventions that are based on evidence and/or meet the minimum standards required	816	
	By MARP Type: CSW	488	
	By MARP Type: IDU	0	
	By MARP Type: MSM	278	
	Other Vulnerable Populations	50	
P11.1.D	Number of individuals who received T&C services for HIV and received their test results during the past 12 months	204	Redacted
	By Age/Sex: <15 Female		
	By Age/Sex: <15 Male		
	By Age: <15	0	
	By Age/Sex: 15+ Female		
	By Age: 15+	204	

	By Age/Sex: 15+ Male		
	By Sex: Female	102	
	By Sex: Male	102	
	By Test Result: Negative		
	By Test Result: Positive		
H2.3.D	The number of health care workers who successfully completed an in-service training program	23	Redacted
	By Type of Training: Male Circumcision	0	
	By Type of Training: Pediatric Treatment	0	

Technical Area Summary Indicators and Targets

Jamaica

Future fiscal year targets are redacted.

Indicator Number	Label	2012	Justification
P7.1.D	P7.1.D Number of People Living with HIV/AIDS (PLHIV) reached with a minimum package of 'Prevention with PLHIV (PLHIV) interventions	n/a	Redacted
	Number of People Living with HIV/AIDS reached with a minimum package of 'Prevention of People Living with HIV (PLHIV) interventions	131	
P8.1.D	P8.1.D Number of the targeted population reached with individual and/or small group level HIV prevention interventions that are based on evidence and/or meet the minimum standards required	n/a	Redacted
	Number of the target population reached with individual and/or	670	

	small group level HIV prevention interventions that are based on evidence and/or meet the minimum standards required		
P8.3.D	P8.3.D Number of MARP reached with individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the minimum standards required	n/a	Redacted
	Number of MARP reached with individual and/or small group level preventive interventions that are based on evidence and/or meet the minimum standards required	23,898	
	By MARP Type: CSW	2,853	
	By MARP Type: IDU	0	
	By MARP Type: MSM	2,485	
	Other Vulnerable Populations	18,560	
P8.2.D	P8.2.D Number of the targeted population reached with individual and/or small group level HIV	n/a	Redacted

	prevention interventions that are primarily focused on abstinence and/or being faithful, and are based on evidence and/or meet the minimum standards required		
	Number of the target population reached with individual and/or small group level HIV prevention interventions that are primarily focused on abstinence and/or being faithful, and are based on evidence and/or meet the minimum standards required	270	
P11.1.D	Number of individuals who received T&C services for HIV and received their test results during the past 12 months	84,900	Redacted
	By Age/Sex: <15 Female		
	By Age/Sex: <15 Male		
	By Age: <15	0	
	By Age/Sex: 15+ Female		
	By Age: 15+	84,900	
	By Age/Sex: 15+ Male		

	By Sex: Female	63,220	
	By Sex: Male	21,680	
	By Test Result: Negative		
	By Test Result: Positive		
C1.1.D	Number of adults and children provided with a minimum of one care service	155	Redacted
	By Age/Sex: <18 Female		
	By Age/Sex: <18 Male		
	By Age: <18	0	
	By Age/Sex: 18+ Female		
	By Age: 18+	155	
	By Age/Sex: 18+ Male		
	By Sex: Female	85	
	By Sex: Male	70	
H1.2.D	Number of testing facilities (laboratories) that are accredited according to national or international standards	1	Redacted
H1.1.D	Number of testing facilities (laboratories) with capacity to perform clinical laboratory tests	2	Redacted
H2.3.D	The number of health care workers who successfully completed an	1,193	Redacted

	in-service training program		
	By Type of Training: Male Circumcision	0	
	By Type of Training: Pediatric Treatment	0	

Technical Area Summary Indicators and Targets

St. Kitts and Nevis

Future fiscal year targets are redacted.

Indicator Number	Label	2012	Justification
P7.1.D	P7.1.D Number of People Living with HIV/AIDS (PLHIV) reached with a minimum package of 'Prevention with PLHIV (PLHIV) interventions	n/a	Redacted
	Number of People Living with HIV/AIDS reached with a minimum package of 'Prevention of People Living with HIV (PLHIV) interventions	45	
P8.1.D	P8.1.D Number of the targeted population reached with individual and/or small group level HIV prevention interventions that are based on evidence and/or meet the minimum standards required	n/a	Redacted
	Number of the target population reached with individual and/or	175	

	small group level HIV prevention interventions that are based on evidence and/or meet the minimum standards required		
P8.2.D	P8.2.D Number of the targeted population reached with individual and/or small group level HIV prevention interventions that are primarily focused on abstinence and/or being faithful, and are based on evidence and/or meet the minimum standards required	n/a	Redacted
	Number of the target population reached with individual and/or small group level HIV prevention interventions that are primarily focused on abstinence and/or being faithful, and are based on evidence and/or meet the minimum standards required	66	
P8.3.D	P8.3.D Number of MARP reached with	n/a	Redacted

	individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the minimum standards required		
	Number of MARP reached with individual and/or small group level preventive interventions that are based on evidence and/or meet the minimum standards required	541	
	By MARP Type: CSW	248	
	By MARP Type: IDU	0	
	By MARP Type: MSM	188	
	Other Vulnerable Populations	105	
P11.1.D	Number of individuals who received T&C services for HIV and received their test results during the past 12 months	270	Redacted
	By Age/Sex: <15 Female		
	By Age/Sex: <15 Male		
	By Age: <15	0	
	By Age/Sex: 15+ Female		
	By Age: 15+	270	

	By Age/Sex: 15+ Male		
	By Sex: Female	67	
	By Sex: Male	203	
	By Test Result: Negative		
	By Test Result: Positive		
H2.3.D	The number of health care workers who successfully completed an in-service training program	37	Redacted
	By Type of Training: Male Circumcision	0	
	By Type of Training: Pediatric Treatment	0	

Technical Area Summary Indicators and Targets

St. Lucia

Future fiscal year targets are redacted.

Indicator Number	Label	2012	Justification
P7.1.D	P7.1.D Number of People Living with HIV/AIDS (PLHIV) reached with a minimum package of 'Prevention with PLHIV (PLHIV) interventions	n/a	Redacted
	Number of People Living with HIV/AIDS reached with a minimum package of 'Prevention of People Living with HIV (PLHIV) interventions	54	
P8.1.D	P8.1.D Number of the targeted population reached with individual and/or small group level HIV prevention interventions that are based on evidence and/or meet the minimum standards required	n/a	Redacted
	Number of the target population reached with individual and/or	175	

	small group level HIV prevention interventions that are based on evidence and/or meet the minimum standards required		
P8.3.D	P8.3.D Number of MARP reached with individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the minimum standards required	n/a	Redacted
	Number of MARP reached with individual and/or small group level preventive interventions that are based on evidence and/or meet the minimum standards required	1,340	
	By MARP Type: CSW	718	
	By MARP Type: IDU	0	
	By MARP Type: MSM	568	
	Other Vulnerable Populations	54	
P8.2.D	P8.2.D Number of the targeted population reached with individual and/or small group level HIV	n/a	Redacted

	prevention interventions that are primarily focused on abstinence and/or being faithful, and are based on evidence and/or meet the minimum standards required		
	Number of the target population reached with individual and/or small group level HIV prevention interventions that are primarily focused on abstinence and/or being faithful, and are based on evidence and/or meet the minimum standards required	67	
P11.1.D	Number of individuals who received T&C services for HIV and received their test results during the past 12 months	220	Redacted
	By Age/Sex: <15 Female		
	By Age/Sex: <15 Male		
	By Age: <15	0	
	By Age/Sex: 15+ Female		
	By Age: 15+	220	
	By Age/Sex: 15+ Male		

	By Sex: Female	110	
	By Sex: Male	110	
	By Test Result: Negative		
	By Test Result: Positive		
H1.1.D	Number of testing facilities (laboratories) with capacity to perform clinical laboratory tests	1	Redacted
H2.3.D	The number of health care workers who successfully completed an in-service training program	64	Redacted
	By Type of Training: Male Circumcision	0	
	By Type of Training: Pediatric Treatment	0	

Technical Area Summary Indicators and Targets

St. Vincent and the Grenadines

Future fiscal year targets are redacted.

Indicator Number	Label	2012	Justification
P7.1.D	P7.1.D Number of People Living with HIV/AIDS (PLHIV) reached with a minimum package of 'Prevention with PLHIV (PLHIV) interventions	n/a	Redacted
	Number of People Living with HIV/AIDS reached with a minimum package of 'Prevention of People Living with HIV (PLHIV) interventions	54	
P8.1.D	P8.1.D Number of the targeted population reached with individual and/or small group level HIV prevention interventions that are based on evidence and/or meet the minimum standards required	n/a	Redacted
	Number of the target population reached with individual and/or	175	

	small group level HIV prevention interventions that are based on evidence and/or meet the minimum standards required		
P8.3.D	P8.3.D Number of MARP reached with individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the minimum standards required	n/a	Redacted
	Number of MARP reached with individual and/or small group level preventive interventions that are based on evidence and/or meet the minimum standards required	836	
	By MARP Type: CSW	409	
	By MARP Type: IDU	0	
	By MARP Type: MSM	373	
	Other Vulnerable Populations	54	
P8.2.D	P8.2.D Number of the targeted population reached with individual and/or small group level HIV	n/a	Redacted

	prevention interventions that are primarily focused on abstinence and/or being faithful, and are based on evidence and/or meet the minimum standards required		
	Number of the target population reached with individual and/or small group level HIV prevention interventions that are primarily focused on abstinence and/or being faithful, and are based on evidence and/or meet the minimum standards required	67	
P11.1.D	Number of individuals who received T&C services for HIV and received their test results during the past 12 months	220	Redacted
	By Age/Sex: <15 Female		
	By Age/Sex: <15 Male		
	By Age: <15	0	
	By Age/Sex: 15+ Female		
	By Age: 15+	220	
	By Age/Sex: 15+ Male		

	By Sex: Female	110	
	By Sex: Male	110	
	By Test Result: Negative		
	By Test Result: Positive		
H2.3.D	The number of health care workers who successfully completed an in-service training program	37	Redacted
	By Type of Training: Male Circumcision	0	
	By Type of Training: Pediatric Treatment	0	

Technical Area Summary Indicators and Targets

Suriname

Future fiscal year targets are redacted.

Indicator Number	Label	2012	Justification
P8.2.D	P8.2.D Number of the targeted population reached with individual and/or small group level HIV prevention interventions that are primarily focused on abstinence and/or being faithful, and are based on evidence and/or meet the minimum standards required	n/a	Redacted
	Number of the target population reached with individual and/or small group level HIV prevention interventions that are primarily focused on abstinence and/or being faithful, and are based on evidence and/or meet the minimum standards required	1,850	
P8.3.D	P8.3.D Number of MARP reached with	n/a	Redacted

	individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the minimum standards required		
	Number of MARP reached with individual and/or small group level preventive interventions that are based on evidence and/or meet the minimum standards required	440	
	By MARP Type: CSW	0	
	By MARP Type: IDU	0	
	By MARP Type: MSM	0	
	Other Vulnerable Populations	440	
P8.1.D	P8.1.D Number of the targeted population reached with individual and/or small group level HIV prevention interventions that are based on evidence and/or meet the minimum standards required	n/a	Redacted
	Number of the target population reached with individual and/or	1,870	

	small group level HIV prevention interventions that are based on evidence and/or meet the minimum standards required		
P11.1.D	Number of individuals who received T&C services for HIV and received their test results during the past 12 months	100	Redacted
	By Age/Sex: <15 Female		
	By Age/Sex: <15 Male		
	By Age: <15	0	
	By Age/Sex: 15+ Female		
	By Age: 15+	100	
	By Age/Sex: 15+ Male		
	By Sex: Female	10	
	By Sex: Male	90	
	By Test Result: Negative		
	By Test Result: Positive		
H1.1.D	Number of testing facilities (laboratories) with capacity to perform clinical laboratory tests	1	Redacted
H1.2.D	Number of testing facilities (laboratories) that are accredited	0	Redacted

	according to national or international standards		
H2.3.D	The number of health care workers who successfully completed an in-service training program	84	Redacted
	By Type of Training: Male Circumcision	0	
	By Type of Training: Pediatric Treatment	0	

Technical Area Summary Indicators and Targets

Trinidad and Tobago

Future fiscal year targets are redacted.

Indicator Number	Label	2012	Justification
P7.1.D	P7.1.D Number of People Living with HIV/AIDS (PLHIV) reached with a minimum package of 'Prevention with PLHIV (PLHIV) interventions	n/a	Redacted
	Number of People Living with HIV/AIDS reached with a minimum package of 'Prevention of People Living with HIV (PLHIV) interventions	1,120	
P8.1.D	P8.1.D Number of the targeted population reached with individual and/or small group level HIV prevention interventions that are based on evidence and/or meet the minimum standards required	n/a	Redacted
	Number of the target population reached with individual and/or	30	

	small group level HIV prevention interventions that are based on evidence and/or meet the minimum standards required		
P8.3.D	P8.3.D Number of MARP reached with individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the minimum standards required	n/a	Redacted
	Number of MARP reached with individual and/or small group level preventive interventions that are based on evidence and/or meet the minimum standards required	2,700	
	By MARP Type: CSW	600	
	By MARP Type: IDU	0	
	By MARP Type: MSM	1,400	
	Other Vulnerable Populations	700	
P11.1.D	Number of individuals who received T&C services for HIV and received their test results during the past	1,600	Redacted

	12 months		
	By Age/Sex: <15 Female		
	By Age/Sex: <15 Male		
	By Age: <15	0	
	By Age/Sex: 15+ Female		
	By Age: 15+	1,600	
	By Age/Sex: 15+ Male		
	By Sex: Female	800	
	By Sex: Male	800	
	By Test Result: Negative		
	By Test Result: Positive		
H1.2.D	Number of testing facilities (laboratories) that are accredited according to national or international standards	0	Redacted
H1.1.D	Number of testing facilities (laboratories) with capacity to perform clinical laboratory tests	1	Redacted
H2.3.D	The number of health care workers who successfully completed an in-service training program	1,220	Redacted
	By Type of Training: Male Circumcision	0	
	By Type of Training:	0	

	Pediatric Treatment		

Technical Area Summary Indicators and Targets

Caribbean Region

Future fiscal year targets are redacted.

Indicator Number	Label	2012	Justification
P7.1.D	P7.1.D Number of People Living with HIV/AIDS (PLHIV) reached with a minimum package of 'Prevention with PLHIV (PLHIV) interventions	n/a	Redacted
	Number of People Living with HIV/AIDS reached with a minimum package of 'Prevention of People Living with HIV (PLHIV) interventions	2,035	
P8.1.D	P8.1.D Number of the targeted population reached with individual and/or small group level HIV prevention interventions that are based on evidence and/or meet the minimum standards required	n/a	Redacted
	Number of the target population reached with individual and/or	3,665	

	small group level HIV prevention interventions that are based on evidence and/or meet the minimum standards required		
P8.2.D	P8.2.D Number of the targeted population reached with individual and/or small group level HIV prevention interventions that are primarily focused on abstinence and/or being faithful, and are based on evidence and/or meet the minimum standards required	n/a	Redacted
	Number of the target population reached with individual and/or small group level HIV prevention interventions that are primarily focused on abstinence and/or being faithful, and are based on evidence and/or meet the minimum standards required	2,520	
P8.3.D	P8.3.D Number of MARP reached with	n/a	Redacted

	individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the minimum standards required		
	Number of MARP reached with individual and/or small group level preventive interventions that are based on evidence and/or meet the minimum standards required	35,405	
	By MARP Type: CSW	7,400	
	By MARP Type: IDU	0	
	By MARP Type: MSM	6,966	
	Other Vulnerable Populations	21,039	
P11.1.D	Number of individuals who received T&C services for HIV and received their test results during the past 12 months	98,204	Redacted
	By Age/Sex: <15 Female		
	By Age/Sex: <15 Male		
	By Age: <15	0	
	By Age/Sex: 15+ Female		
	By Age: 15+	98,204	

	By Age/Sex: 15+ Male		
	By Sex: Female	70,241	
	By Sex: Male	27,963	
	By Test Result: Negative		
	By Test Result: Positive		
C1.1.D	Number of adults and children provided with a minimum of one care service	161	Redacted
	By Age/Sex: <18 Female		
	By Age/Sex: <18 Male		
	By Age: <18	0	
	By Age/Sex: 18+ Female		
	By Age: 18+	161	
	By Age/Sex: 18+ Male		
	By Sex: Female	86	
	By Sex: Male	75	
H1.1.D	Number of testing facilities (laboratories) with capacity to perform clinical laboratory tests	7	Redacted
H1.2.D	Number of testing facilities (laboratories) that are accredited according to national or international standards	3	Redacted
H2.3.D	The number of health care workers who	3,482	Redacted

	successfully completed an in-service training program		
	By Type of Training: Male Circumcision	0	
	By Type of Training: Pediatric Treatment	0	

Partners and Implementing Mechanisms

Partner List

Mech ID	Partner Name	Organization Type	Agency	Funding Source	Planned Funding
12542	University of California at San Francisco	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	200,000
12567	Jamaica Ministry of Health (MOH)	Host Country Government Agency	U.S. Agency for International Development	GHP-State, GHP-USAID	2,190,000
12570	Bahamas MoH	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	550,000
12587	US Embassies	Other USG Agency	U.S. Department of State/Bureau of Administration	GHP-State, GHP-State, GHP-State, GHP-State, GHP-State	220,000
12588	Caribbean Community (CARICOM) Pan Caribbean Partnership Against AIDS	Multi-lateral Agency	U.S. Agency for International Development	GHP-USAID	300,000
12594	TBD	TBD	Redacted	Redacted	Redacted
12603	St Lucia MoH	Host Country	U.S. Department	GHP-State	200,000

		Government Agency	of Health and Human Services/Centers for Disease Control and Prevention		
12604	TBD	TBD	Redacted	Redacted	Redacted
12606	Barbados MOH	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	290,000
12632	African Field Epidemiology Network	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	369,000
12634	Dominica MOH	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	180,000
12645	World Learning	NGO	U.S. Agency for International Development	GHP-State	1,000,000
12668	Trinidad MoH	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease	GHP-State	595,000

			Control and Prevention		
12688	Caribbean Health Research Council	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	370,000
12689	Caribbean HIV/AIDS Alliance	NGO	U.S. Agency for International Development	GHP-USAID	3,000,000
12691	Abt Associates	Private Contractor	U.S. Agency for International Development	GHP-USAID	530,000
12971	U.S. Peace Corps	Other USG Agency	U.S. Peace Corps	GHP-State	24,100
12995	U.S. Peace Corps	Other USG Agency	U.S. Peace Corps	GHP-State	10,900
13041	TBD	TBD	Redacted	Redacted	Redacted
13054	TBD	TBD	Redacted	Redacted	Redacted
13077	Abt Associates	Private Contractor	U.S. Agency for International Development	GHP-USAID	830,000
13162	U.S. Peace Corps	Other USG Agency	U.S. Peace Corps	GHP-State	40,000
13197	University of the West Indies	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	400,000
13335	African Field Epidemiology	NGO	U.S. Department of Health and	GHP-State	730,000

	Network		Human Services/Centers for Disease Control and Prevention		
13410	Caribbean Community (CARICOM) Pan Caribbean Partnership Against AIDS	Multi-lateral Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	350,000
13446	TBD	TBD	Redacted	Redacted	Redacted
13534	National Alliance of State and Territorial AIDS Directors	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	550,000
14150	TBD	TBD	Redacted	Redacted	Redacted
14178	TBD	TBD	Redacted	Redacted	Redacted
14465	TBD	TBD	Redacted	Redacted	Redacted
14709	TBD	TBD	Redacted	Redacted	Redacted

Implementing Mechanism(s)

Implementing Mechanism Details

Mechanism ID: 12542	Mechanism Name: SI Regional Training
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 California at San Francisco	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Benefiting Country	Benefiting Country Planned Amount
Antigua and Barbuda	N/A
Bahamas	N/A
Barbados	N/A

Total Funding: 200,000	Total Mechanism Pipeline: N/A	
Managing Country	**Funding Source**	**Funding Amount**
Barbados	GHP-State	200,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This implementing mechanism provides technical assistance, training, and capacity building to MOHs and regional partners to strengthen collection, management, and analysis of SI data for evidenced-based prevention programming and policy development. Regional and in-country trainings and hand-on TA will build competencies and skills in: basic and advanced epidemiology, data analysis and report-writing; MARPS size estimation, survey design and Implementation; data quality improvement; GIS and mapping for HIV, case-based surveillance, and development of annual surveillance and M&E reports. In conjunction with CDC, this TA partner (Global Health Sciences Unit of the University of California San

Francisco (UCSF)) will improvements in country capacity to generate high quality, reliable data to characterize the epidemic in the general population and among MARP sub-groups.
CDC and UCSF will collaborate with partners to determine SI needs, content, and appropriate TA methods for countries. Planning and implementation is in close collaboration with USG agencies and other regional partners (CHRC, UNAIDS, PAHO) and aimed at responding directly to current country-level needs and priorities for the analysis, use, and dissemination of data for decision-making and program improvements. Activities will be timed to support country schedules, priorities for publishing annual surveillance and M&E reports, and for generating data to inform MARPs behavioral surveys. UCSF supports the objectives of CDC CRO SI to provide technical expertise and knowledge transfer to PF countries and MOH partners. CDC CRO SI team will provide monitoring of UCSF's activities and will measure success by the production of improved, technically-sound and comprehensive reports by National Programs.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	80,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12542**
Mechanism Name:	**SI Regional Training**
Prime Partner Name:	**University of California at San Francisco**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	200,000	0

Narrative:

In HIV/AIDS programming, critical gaps in data quality and availability prevent many countries in the region from “knowing their epidemic” or being able to pinpoint how many persons are infected with HIV, where new infections are occurring, and where the epidemic is most likely to spread. Countries are unable to track patterns of HIV infection comprehensively over time and across countries. As a result, there is a lack of reliable data for decision-making, patient case management, policy formulation and the development of well-targeted, evidence-based prevention, treatment and care programs.

This implementing mechanism will provide support to conduct trainings on basic and advanced data analysis and report writing; along with basic and advanced trainings on geographic information systems (GIS) and mapping for HIV and AIDS. The Prime Partner will UCSF will collaborate with other regional and CDC Ministry of Health partners to determine the most appropriate content and methods for the Partnership Framework countries. Additionally, CDC CRO will undertake the planning and implementation of these activities in close collaboration with sister USG Agencies – including USAID, and other regional partners such as CHRC, UNAIDS and PAHO PHCO. CDC will identify regional trainings to build competencies and skills in the following areas: Data Analysis and Report-Writing, and Advanced Epidemiology, training in MARPs Population Size Estimation and Implementation, and training in Advanced Data Analysis/Development of Epidemiological Profiles. These trainings will complement planned CDC technical assistance to the 12 USG Focus Countries in surveillance and M&E systems strengthening, and also help to improve the capacity of countries to generate high quality, reliable data in order to characterize the epidemic within the general population and among MARP sub-groups.

CDC will work in close collaboration with countries and regional partners to develop training activities aimed at responding directly to current country-level priorities for the analysis, use, and dissemination of data for decision-making and program improvement.

Implementing Mechanism Details

Mechanism ID: 12567	**Mechanism Name: Jamaica MOH**
Funding Agency: U.S. Agency for International Development	Procurement Type: Grant
Prime Partner Name: Jamaica Ministry of Health (MOH)	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A

Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Benefiting Country	Benefiting Country Planned Amount
Jamaica	N/A

Total Funding: 2,190,000	Total Mechanism Pipeline: N/A	
Managing Country	**Funding Source**	**Funding Amount**
Jamaica	GHP-State	1,354,000
Jamaica	GHP-USAID	836,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The MOH's National HIV/STI Programme (NHP) leads the national response to HIV & AIDS. It advocates for and coordinates the input of all sectors of the Jamaican society, including the private and public sectors, NGOs, and FBOs. Coordination of the multi-sectoral response to HIV and AIDS is also supported by the National AIDS Committee, a non-governmental organization representing over 100 governmental, private sector, non-governmental, community and faith-based organizations. The goal of the NHP with support from PEPFAR aims to reduce the sexual transmission of HIV by targeting interventions towards MARPs. This will be achieved by improving the attitudes and behaviors among vulnerable high-risk groups, reducing stigma and discrimination while protecting the rights of selected groups, expanding and scale up of HIV in the work place, and supporting the capacity of stakeholders (PLHIV, CBOs, NGOs) involved in policy making, program design, implementation and M&E.

The MOH is the preeminent government organization who together with the Regional Health Authorities and related organizations make up the public health system. The NHP is located in the Ministry of Health as the entity responsible for championing the response to the HIV pandemic in Jamaica. The national response to HIV/AIDS is a Government- led approach and interventions are pursued to reach MARPs while strengthening the capacity of MOH personnel to lead and sustain the programme. This is achieved through external technical assistance, workshops, conferences and systems strengthening. The NHP has traditionally adopted an evidence-based approach to their programs and activities. Under the PEPFAR approved workplan, a PMP is in place to monitor the activities with clear indicators, targets, and deliverables.

Global Fund / Programmatic Engagement Questions

1. Is the Prime Partner of this mechanism also a Global Fund principal or sub-recipient, and/or does this mechanism support Global Fund grant implementation? **Yes**
2. Is this partner also a Global Fund principal or sub-recipient? **Principal Recipient**
3. What activities does this partner undertake to support global fund implementation or governance? **(No data provided.)**

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Increasing gender equity in HIV/AIDS activities and services
Child Survival Activities
Mobile Population
Safe Motherhood
TB
Workplace Programs
Family Planning

Budget Code Information

Mechanism ID:	**12567**

Mechanism Name:	Jamaica MOH		
Prime Partner Name:	Jamaica Ministry of Health (MOH)		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	OHSS	500,000	0

Narrative:

There are a number of barriers to effective health systems delivery in the National HIV/STI programme (NHP) which is located in the Ministry of Health. Among these is that the NHP has operated largely as a vertical programme which allows resources to be consumed in financing duplicative, independent administration and operational systems. This approach has been inefficient in addressing the holistic Sexual and Reproductive health needs of the client. In addition there is a tenuous relationship between the health systems within the wider governance objectives that would optimize rationalizing resources and transforming service.

USAID/Jamaica seeks to address this barrier by supporting the MOH's efforts to establish integrated and cohesive sexual and reproductive health services by incorporating the National HIV/STI Programme within the National Family Planning Board. By integrating SRH and HIV programmes, the MOH aims to facilitate greater use of services, ease of access to a catalogue of services, reduced travelling and down time costs for the clients. In addition it will facilitate an increased uptake of services and greater efficiency in programme operations, resulting in a healthier population.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	200,000	0

Narrative:

The MOH targets key MARPs which include MSM, male and female sex workers, at-risk adolescents (ages 10-14), at-risk youth (ages 15-24), homeless, inmates and drug users. All 14 parishes in Jamaica are affected by the HIV epidemic but the most urbanized parishes have the highest cumulative number of reported AIDS cases (St. James – 1,176 AIDS cases per 100,000 persons and Kingston & St. Andrew – 822 cases per 100,000 persons). Both client initiated and provider initiated testing is conducted across the island. With respect to the outreach testing, HIV tests are administered with pre and post-test counseling and informed oral consent. Both the blood test (UniGold) and the Oral test (OraQuick) HIV rapid testing methods are used. In relation to referral of patients, a fast-track system is used to ensure successful referrals of patients who test positive through outreach testing. Personnel are in place to monitor linkages from HTC to appropriate services systems and systems are in place to evaluate successful linkages. There is a National Surveillance Officer, Hospital Active Surveillance Nurses, Parish

Surveillance Coordinators and Contact Investigators. Quality Assurance for testing involves using control specimens (positive and negative) to ensure proper device performance; ensuring that the relevant information is correctly recorded on the result log; and confirming that the Standard Operating Procedures for testing is followed at all times.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	1,490,000	0

Narrative:

USAID/Jamaica through a grant with the NHP focuses on reducing sexual transmission of HIV/AIDS among MARPs. The NHP supports interventions to reach MARPs by improving the use of strategic information for evidence based programs, policies, and decision-making, reducing stigma and discrimination, and providing HIV prevention education and services. It is expected that over time, progress in these areas will reduce the prevalence rate of HIV/AIDS and reduce discrimination against persons living with HIV/AIDS, both goals in the Caribbean Partnership Framework. This activity supports the National Strategy for HIV/AIDS Prevention, Care and Treatment and aims to coordinate closely with Global Fund and other USG agencies under PEPFAR. The NHP includes work through the Regional Health Authorities, NGOs and FBOs by capitalizing on their ability to reach vulnerable groups. Jamaica has one of the highest prevalence rates in the region among the MSM and SW and this activity seeks to make an impact on reducing new infections in these populations. There will also be a focus on adolescents who practice high risk behaviors especially those who are part of the MSM and SW community. USAID/Jamaica's grant to the MOH will be used primarily to scale up existing HIV prevention services for MARPs, which include conducting risk reduction conversations and empowerment workshops, increasing the availability of condoms and lubricants, outreach HIV testing at MSM parties, SW venues and bars and other MARP sites, and referral to clinical and community services. As a strategy to reduce discrimination in the workplace setting, the MOH supports the Ministry of Labour and Social Services in the sensitization of companies and their employees and in the drafting of HIV Regulations to enhance compliance and conformity. In a bid for sustainability, the Jamaica Business Council on HIV and AIDS will receive support to scale-up efforts to increase enrollment and solicit financial support from the private sector for the National HIV response. Supportive supervision and quality assurance will be the responsibility of the MOH who will play a key role in establishing a national minimum package of service for MARPs.

Implementing Mechanism Details

Mechanism ID: 12570	Mechanism Name: Bahamas MOH
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and	Procurement Type: Cooperative Agreement

Prevention	
Prime Partner Name: Bahamas MoH	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Benefiting Country	Benefiting Country Planned Amount
Bahamas	N/A

Total Funding: 550,000	**Total Mechanism Pipeline: N/A**	
Managing Country	**Funding Source**	**Funding Amount**
Barbados	GHP-State	550,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

IM 49 is designed to assist The Bahamas in strengthening lab services and prevention activities to enhance strategic information (SI) for HIV/AIDS. During the first year, lab strengthening included the recruitment of a Lab Strengthening Manager; the purchase of rapid HIV tests and other lab supplies; and the provision of training in QA and accreditation. In Prevention, support involved the creation of strategic and implementation plans. Further work supported PITC and rapid HIV testing training for decentralization of HIV services. SI activities entailed the identification of data sources, and data use. An ICT Consultant was engaged to review and strengthening of data collecting activities. Other SI activities included the finalizing of job scopes for an epidemiologist and M&E specialist.
In ensuing years, IM49 will support the lab management framework to recruit and train new and in-service lab persons, consolidate gains in SI to generate high quality surveillance reports and improve programs, and strengthen high quality and targeted prevention, treatment and care services for the general population. IM49 has been tailored the work to build capacity among its existing staff while looking to increase technical expertise in-house through in-service mechanisms with a further view to absorb key personnel into the Ministry's complement. During FY12, a mobile testing van will be purchased to provide a confidential location for counseling and delivery of testing results in the field thereby adding value to the delivery of prevention services. CDC continues to work with the Ministry to ensure the efficient use of

USG resources in achieving the outlined priorities for the 5-year CoAg. The Ministry is required to formally report through semiannual and annual submissions.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	220,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Mobile Population

TB

Budget Code Information

Mechanism ID:	**12570**		
Mechanism Name:	**Bahamas MOH**		
Prime Partner Name:	**Bahamas MoH**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	100,000	0
Narrative:			
CDC will support the National AIDS Program to build capacity and strengthen integration of prevention and support services into the routine care of PLHIV in facility and community-based services. These services will be linked with efforts to scale up counseling and testing to increase the number of HIV positive persons who learn their status and get linked to prevention, care, and treatment services.			

M&E: No. of people living with HIV and AIDS (PLHIV) reached with a minimum package of prevention with PLHIV (PwP) interventions

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	90,000	0

Narrative:

During the first year of the agreement, these laboratory strengthening activities included the recruitment of a Laboratory Strengthening Manager; the procurement of rapid HIV testing and other general laboratory supplies; and the provision of technical training in quality assurance and accreditation exercises along with targeted technical skills. In ensuing years, implementing mechanism will support the laboratory management framework to recruit and train both new and in-service laboratory personnel to scale up quality assurance measures and tracking at the National HIV Reference laboratory, including monitoring of point of care HIV rapid testing, as well as the procurement of reagents for molecular testing. In addition, this mechanism will continue to cover training in key testing areas and essential components of a quality system such as quality assurance and quality control procedures.

M&E: Number of laboratory personnel trained
New/continuing activity: Continuing activity

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	100,000	0

Narrative:

CDC CRO will maintain support for the implementation of systems for HIV/AIDS Surveillance and M&E to assist the government in generating high quality, reliable data to characterize the epidemic and plan appropriate responses. Specific activities include: 1. Implementation of systems for HIV Case Reporting; 2. Implementation of behavioral surveys for the general population and selected Most-At Risk-Populations; and 3. Support for improvements in M&E data collection, analysis, and use for program improvement. The Government of the Bahamas has prioritized MARP surveillance as a core component of its national response, and during Year 2 will embark on formative assessment and survey activities among the men who have sex with men sub-population. Funds from this Cooperative Agreement will support the planning and implementation of additional MARPs as well as high risk population surveillance activities in 'out-years'.
This implementing mechanism supports capacity building efforts and the strengthening of country-led processes aimed at establishing standard data collection, analysis, reporting and dissemination methods

for HIV/AIDS behavioral and biological surveillance and monitoring to better inform local decision making and action.

M&E: The availability of high quality Surveillance and M&E reports

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	40,000	0

Narrative:

This Cooperative Agreement will contribute to strengthening the health systems in Bahamas, adding value to the delivery of laboratory services, and integrating high quality HIV/AIDS data with the collection and reporting of surveillance and program monitoring data within the wider health sector.

In crafting this Cooperative Agreement, The Bahamas government tailored the work to build capacity among its existing staff while looking to increase technical expertise in-house through in-service mechanisms. As the latter process became more challenging in the present economic situation, discussions are underway to absorb key personnel into the Ministry of Health's staff complement, namely, Epidemiologist and M&E Specialist. The activities that have been increased will gradually become routine activities of existing staff with expanded numbers to support the execution of duties. Additional support is anticipated through the strengthening of NGOs and CSOs.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	120,000	0

Narrative:

CDC will support the Government of Bahamas to enhance it's capacity to provide VCT and PITC – client centered, couples testing and provider initiated testing and identify, adapt and implement appropriate evidence-based prevention interventions, which will support the Partnership Framework Prevention Goal and target persons engaged in high risk behaviors (PEHRB). The PwP is cross-cutting target population with this group. Cost effectiveness will be achieved through coordinating service delivery with other partners in the region. This will improve the Government's ability to build human, technical and institutional capacity in the Bahamas MOH to effectively develop, scale-up and sustain comprehensive "combination" prevention strategies.

M&E: Total number adults tested for HIV in the past 12 months and know their results

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	100,000	0

Narrative:
Funding will be provided to support the implementation of a package of prevention services for MARPs. This package will include outreach to hard to reach populations, HIV counseling and testing, risk reduction counseling and the provision of condoms, STI diagnosis and treatment and linkages to care and treatment for persons newly diagnosed with HIV. The articulated goals and activities will build capacity for the national health system to accurately characterize the epidemic, strengthening its provision of high quality and targeted prevention, treatment and care services for the general population, and focusing its ability to do the same for targeted most at risk and high risk populations. The available resources will be used to support implementation, scale up and monitoring of PwP as well as increasing access to services for MARPs in the Bahamas, through an implementing partner, and in collaboration with the Ministries of Health. Selection of appropriate strategies and activities will be based on evidence from MARPS surveys which are currently in the planning stages in the Bahamas. This population is also being studied through the HVSI code for special studies for MARPs. M&E:Number of MARP reached with individual and/or small group level interventions that are based on evidence and/or meet the minimum standards

Implementing Mechanism Details

Mechanism ID: 12587	**Mechanism Name: PEPFAR Small Grants Program**
Funding Agency: U.S. Department of State/Bureau of Administration	Procurement Type: Grant
Prime Partner Name: US Embassies	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Benefiting Country	Benefiting Country Planned Amount
Bahamas	N/A
Barbados	N/A
Jamaica	N/A
Suriname	N/A
Trinidad and Tobago	N/A

Antigua and Barbuda	N/A
Dominica	N/A
Grenada	N/A
St. Kitts and Nevis	N/A
St. Lucia	N/A
St. Vincent and the Grenadines	N/A

Total Funding: 220,000	**Total Mechanism Pipeline: N/A**	
Managing Country	**Funding Source**	**Funding Amount**
Barbados	GHP-State	50,000
Jamaica	GHP-State	95,000
Bahamas	GHP-State	25,000
Suriname	GHP-State	20,000
Trinidad and Tobago	GHP-State	30,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The PEPFAR Small Grants Program (PSGP), formerly known as the Ambassadors' Small Grants Program (AHPP) with $220,000.00 will support small community based HIV prevention projects in the Bahamas, Barbados and the OECS countries, Jamaica,Trinidad and Tobago, and Suriname. Activities include workplace awareness sessions, advocacy, training Peer Educators, support groups, Gender based violence, etc.

The Project currently supports approximately three projects in each of the PSGP countries. With ROP12 funding, new requests for proposals will be sent out by Embassies to provide an opportunity to civil society groups what would not normally be able to access funding. The priority target groups are MSM, Female and Male Sex Workers, their clients, PLHIV, and youth engaged in high risk behaviors. The grants support NGOs to develop and implement small high quality HIV/AIDS prevention programs serving these populations. The Project seeks to support the work of the National Programs in each partner country and activities are well linked to the MOH’s public health clinics and HIV prevention activities. Technical assistance is coordinated through the USG partners.

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	45,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors

Increasing gender equity in HIV/AIDS activities and services

Budget Code Information

Mechanism ID:	**12587**
Mechanism Name:	**PEPFAR Small Grants Program**
Prime Partner Name:	**US Embassies**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	220,000	0

Narrative:

The PSGP is requesting $220,000.00 to support community level interventions with priority target groups such as MSM, Female and Male Sex Workers, their clients, PLHIV, and youth engaged in high risk behaviors. FY12 activities will take place in the Bahamas, Suriname, Jamaica, Trinidad and Tobago, and Barbados and the six OECS countries. Activities include empowerment workshops, advocacy, training Peer Educators, support groups, the provision of referrals to the MOH's public health clinics and other HIV prevention activities. The grants, provided through the PSGP, are aimed at supporting the work of the National program, targetting populations that are traditionally difficult to reach. They are meant to be small quick impact projects implemented by community based organisations that would not normally be able to access funding for their activities. The project currently supports approximately

three NGO/CBO in each of the five countries as well as an additional three in Belize. The program also facilitates collaboration with the State Department and other U.S. agencies, Ministries of Health, Ministries of Education, charity based and religious organizations.

Implementing Mechanism Details

Mechanism ID: 12588	**Mechanism Name: CARICOM/PANCAP**
Funding Agency: U.S. Agency for International Development	Procurement Type: Grant
Prime Partner Name: Caribbean Community (CARICOM) Pan Caribbean Partnership Against AIDS	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Benefiting Country	Benefiting Country Planned Amount
Antigua and Barbuda	N/A
Barbados	N/A
Dominica	N/A
Grenada	N/A
Jamaica	N/A
St. Kitts and Nevis	N/A
St. Lucia	N/A
St. Vincent and the Grenadines	N/A
Suriname	N/A
Trinidad and Tobago	N/A
Bahamas	N/A

Total Funding: 300,000	**Total Mechanism Pipeline: N/A**	
Managing Country	**Funding Source**	**Funding Amount**
Barbados	GHP-USAID	300,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The mandate of the Pan Caribbean Partnership against HIV/AIDS (PANCAP) executed by the Caribbean Community (CARICOM) is to manage and coordinate the regional response to HIV/AIDS. This is done through the Caribbean Regional Strategic Framework on HIV/AIDS (CRSF) and includes coordinating the work of partners, monitoring the implementation of programs/projects, and reporting on results. The USG supports the CRSF and efforts to harmonize the expanded regional response. The strategic priorities for PANCAP are articulated in the CRSF (2008-2012) reflect the vision and collective priorities of Caribbean governments through their membership to CARICOM and their support for PANCAP. The US-Caribbean Partnership Framework (PF) is designed in alignment with the HIV/AIDS strategic plans of each partner country and with the CRSF. In FY 2012 PANCAP will continue to advance the CRSF by: providing technical assistance to governments and regional organizations in accelerating access to HIV prevention, treatment, care and support services; developing policies, guidelines, and legislation to reduce stigma and discrimination against people living with HIV/ AIDS and other vulnerable groups; promoting adoption of model policies and implementation of workplace programs; upgrading and maintaining the PANCAP website as a mechanism for sharing information. Some of these activities will be resourced through PANCAP's Round 9 Global Fund grant. This grant supports a subset of the CRSF activities in 16 of the 29 PANCAP member countries, 12 of which align with the PF. The grant does not provided resources to facilitate PANCAP's core mandate of coordination of CRSF activities which will move all 29 countries of the region towards a more cohesive and effective approach to fighting the AIDS epidemic.

Global Fund / Programmatic Engagement Questions

1. Is the Prime Partner of this mechanism also a Global Fund principal or sub-recipient, and/or does this mechanism support Global Fund grant implementation? **Yes**
2. Is this partner also a Global Fund principal or sub-recipient? **Principal Recipient**
3. What activities does this partner undertake to support global fund implementation or governance?

(No data provided.)

Cross-Cutting Budget Attribution(s)

Human Resources for Health	116,172

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Increasing women's legal rights and protection
Mobile Population

Budget Code Information

Mechanism ID:	**12588**
Mechanism Name:	**CARICOM/PANCAP**
Prime Partner Name:	**Caribbean Community (CARICOM) Pan Caribbean Partnership Against AIDS**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	300,000	0

Narrative:

CARICOM/ PANCAP continues to be recognized and supported as the lead entity with the defined mandate to manage and coordinate the collaborative regional response to HIV and AIDS and receives financial support from both CDC and USAID to accomplish this objective.

Implementing Mechanism Details

Mechanism ID: 12594	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 12603	Mechanism Name: St Lucia MOH
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: St Lucia MoH	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Benefiting Country	Benefiting Country Planned Amount
St. Lucia	N/A

Total Funding: 200,000	Total Mechanism Pipeline: N/A	
Managing Country	**Funding Source**	**Funding Amount**
Barbados	GHP-State	200,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This IM provides support to the Government of St Lucia to strengthen HIV laboratory services and strategic information, including systems for routine surveillance and M&E. This IM is national in scope and is in direct support of USG Caribbean Partnership Framework Goals for Strategic Information (Goal 2), and Laboratory Support (Goal 3). This IM also contributes directly to the development and strengthening of health systems and human resources. For laboratory support, this implementing mechanism supports training of both new and in-service laboratory personnel to cover key testing areas and quality systems essential components. It also supports the procurement of chemistry and haematology machines, ELISA test kits, HIV rapid test kits, and molecular testing including DNA PCR and viral load. For strategic information, this IM supports the implementation HIV/AIDS case surveillance, build the capacity of the MOH to conduct high quality bio-behavioral surveys of most-at-risk-populations (MARPS), and strengthen M&E systems. Funds under this IM will also support the planning, capacity strengthening, and implementation of MARP surveillance activities in Years 1, 2 and 3. CDC will

continue to work in close collaboration with the MOH to ensure the efficient use of USG resources in achieving the programmatic priorities for the 5-year cooperative agreement. Starting in Year 1, the Ministry of Health developed a work plan with agreed-upon performance benchmarks. The MOH is also required to report on progress towards the essential and additional outcome indicators on a semi-annual and annual basis. The MOH is also developing a transition and sustainability plan for continuing activities beyond the 5-year cooperative agreement.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	80,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Mobile Population

Budget Code Information

Mechanism ID:	**12603**
Mechanism Name:	**St Lucia MOH**
Prime Partner Name:	**St Lucia MoH**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	50,000	0

Narrative:

The Ministry of Health of St Lucia will utilize this cooperative agreement funds to support the capacity building of laboratory staff through regional and international trainings. Training workshop content areas will be: 1) TB diagnosis and EQA for AFB smear microscopy; 2) Good Clinical Laboratory practices (GCLP); 3) HIV rapid testing (including algorithm development, quality testing and use of logbooks); 4) and other areas of wet laboratory training.
Furthermore, selected laboratory staff from this country will attend international advanced trainings in CD4, clinical chemistry, hematology, Bio-safety and laboratory management as they prepare for accreditation.
These activities will greatly enhance and support the current cross cutting goal of training, capacity building and ensuring long term sustainability of in-country systems for testing, diagnosis, and patient monitoring.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	110,000	0

Narrative:

The availability of high quality, reliable data remains a cross-cutting and overarching priority for the use of funds under the SI component. Moving forward in FY09, CDC will continue to support efforts undertaken by the Government of Saint Lucia to achieve results-based implementation of surveillance and M&E activities, with clear deliverables in Years 1, 2 and 3.
This Co-operative agreement will support ongoing collaborative efforts between the Ministry of Health and HHS/CDC Staff to improve national-level systems for strategic information, including the collection, analysis and use of data to better characterize the epidemic within the general population and among Most-At-Risk Populations. The Government of Saint Lucia will be requested to develop a sustainability plan as part of its Year 2 work plan, indicating how these activities will be sustained by the national government beyond the cooperative agreement.
Activities supported with FY08 funds will include support for revisions and refinements for the national protocol for HIV and TB Surveillance, and staff training in methods for HIV/AIDS case-based surveillance. The MOH will also finalize a review of its current HIV/AIDS dataset to address any gaps and improve the range of data being collected. Funding for FY08, 09, and 10 will also be utilized to support the development and implementation of behavioral surveys and special studies on MARPs, expanding the availability of behavioral surveillance data on selected MARP sub-groups, including MSM, CSW, and Drug Users.
CDC will work in close collaboration with the MOH to ensure progress towards the goals and objectives of the three-year Cooperative Agreement. Joint reviews, site visits, and observation of selected activities under the Co-Ag will be core components of a supportive supervision and quality assurance

strategy for this implementing mechanism.
Indicator targets related to the HSVI budget code for this cooperative agreement include the existence of high quality surveillance and program monitoring reports for the preceding year, and the number of countries completing special studies.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	40,000	0

Narrative:

This Cooperative Agreement makes a direct contribution to the development and strengthening of health systems and human resources in Saint Lucia. It adds strategic value in the delivery of laboratory services and integrates high quality HIV/AIDS data with the collection and reporting of surveillance and program monitoring data within the wider health sector.

Implementing Mechanism Details

Mechanism ID: 12604	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 12606	**Mechanism Name: Barbados MOH**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Barbados MOH	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Benefiting Country	Benefiting Country Planned Amount
Barbados	N/A

Total Funding: 290,000	Total Mechanism Pipeline: N/A	
Managing Country	**Funding Source**	**Funding Amount**
Barbados	GHP-State	290,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The purpose of COAG with the Barbados Ministry of Health (MOH) is to strengthen capacity to expand coordinated SI and laboratory programs. The SI component strengthens systems for HIV/AIDS and TB case-based reporting, M&E, and implementation of high quality MARPS surveys (MSM, CSW). Laboratory training and procurement and maintenance of laboratory equipment are supported along with implementation of the laboratory management framework for accreditation and to ensure continuous testing and release of quality results. To assure a cadre of well trained clinical laboratory personnel, both new and in-service laboratory personnel will be trained to support key testing and quality essential components including: quality assurance practices, a laboratory quality management system, accreditation, clinical laboratory practices, and laboratory safety. Activities support sustainability and staff retention.

This IM supports the USG Caribbean Regional Partnership Framework Goals for Strategic Information (Goal 2), and Laboratory Support (Goal 3). CDC will work in close collaboration with the MOH to ensure efficient use of USG resources in achieving programmatic priorities and in delivering results more cost effectively. The MOH will develop an annual work plan with agreed-upon performance benchmarks and with a plan for sustainability local ownership. The MOH will be required to report on progress towards the essential and additional outcome indicators on a semi-annual and annual basis via SAPR reporting.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	116,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Mobile Population

Budget Code Information

Mechanism ID:	**12606**
Mechanism Name:	**Barbados MOH**
Prime Partner Name:	**Barbados MOH**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	150,000	0

Narrative:

The Barbados Ministry of Health will utilize the cooperative agreement funds to support the capacity building of laboratory staff through regional and international trainings. Training workshop content areas will be: 1) TB diagnosis and EQA for AFB smear microscopy; 2) Good Clinical Laboratory practices (GCLP); 3) HIV rapid testing (including algorithm development, quality testing and use of logbooks); 4) and other areas of wet laboratory training.

Furthermore, selected laboratory staff will be sent to the International Laboratory Branch at CDC Atlanta to be trained on the use of both manual and automated Roche Amplicor methods for early infant HIV diagnosis (EID) to support PMTCT programs within the region. Other international trainings involving lab staff from these countries will include advanced trainings in CD4, clinical chemistry, hematology, Bio-safety and laboratory management as they prepare for accreditation.

These activities will greatly enhance and support the current cross cutting goal of training, capacity building and ensuring long term sustainability of in-country systems for testing, diagnosis, and patient monitoring.

New/continuing activity: Continuing activity

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Governance and Systems	HVSI	100,000	0

Narrative:

The focus of this implementing mechanism will be: 1) To strengthen the GOB capacity to coordinate and implement strategic information activities for HIV/AIDS including HIV case reporting, behavioral and biological surveillance among vulnerable groups (MSM and CSW), program and intervention reporting and monitoring and analysis/use of data for program improvement. 2) Use surveillance data for decision making and program planning.

CDC GAP and CRO technical advisors will work in close collaboration with the MOH to ensure progress towards the goals and objectives of the three-year Cooperative Agreement. Joint reviews, site visits, and observation of selected activities under the Co-Ag will be core components of a supportive supervision and quality assurance strategy for this implementing mechanism.

Indicator targets related to the HSVI budget code for this cooperative agreement include the existence of high quality surveillance and program monitoring reports for the preceding year, and number of countries completing special studies.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	40,000	0

Narrative:

This implementing mechanism supports the USG Caribbean Regional Partnership Framework Goals for Strategic Information (Goal 2), and Laboratory Support (Goal 3).
This Cooperative Agreement will contribute to strengthening the health systems in Barbados, adding value to the delivery of laboratory services, and integrating high quality HIV/AIDS data with the collection and reporting of surveillance and program monitoring data within the wider health sector.

Implementing Mechanism Details

Mechanism ID: 12632	**Mechanism Name: Regional Laboratory Training**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: African Field Epidemiology Network	
Agreement Start Date: Redacted	Agreement End Date: Redacted

TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Benefiting Country	Benefiting Country Planned Amount
Antigua and Barbuda	N/A
Bahamas	N/A
Barbados	N/A
Dominica	N/A
Grenada	N/A
Jamaica	N/A
St. Kitts and Nevis	N/A
St. Lucia	N/A
St. Vincent and the Grenadines	N/A
Suriname	N/A
Trinidad and Tobago	N/A

Total Funding: 369,000	**Total Mechanism Pipeline: N/A**	
Managing Country	**Funding Source**	**Funding Amount**
Barbados	GHP-State	369,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The purpose of this mechanism is to procure molecular testing and HIV rapid testing reagents,and equipment to support HIV diagnosis and clinical monitoring, as well as establish equipment service contracts to include equipment maintenance and calibration support for uninterrupted clinical laboratory monitoring of HIV/AIDS patients. The mechanism will also support the procurement of the Laboratory Informatics Systems (LIS)(Basic Laboratory Informatics Systems, BLIS) to improve laboratory data collection and management.Developing tiered laboratory referral systems and hubs for the entire Caribbean region will entail complete review of the current equipment pool. This implementing mechanism is in direct support of the USG Caribbean Partnership Framework Laboratory System Goal 3,

Objective3.2: Improve laboratory services and systems, sub-objective 3.2.3: Procurement, service contracts and LIS). The CDC Caribbean Regional Office will support procurement and service contracts (for all the 12 countries) and molecular test reagents (for Suriname, Jamaica and Bahamas), HIV rapid testing reagents (for the OECS countries) and LIS for the National Reference Laboratories of Bahamas, St Vincent and the Grenadines and Dominica and will therefore, ensure that all laboratories will have reagents, data management system, and functional equipment that is well-maintained to ensure uninterrupted testing. Through the Partnership Framework five activity plans, countries have agreed to develop plans to eventually takeover and continue to sustain these activities. This mechanism will be monitored by the number of laboratories with well established service contracts, functional LIS and number of times that reagents were ordered and received in the laboratory within the stipulated turnaround time

Cross-Cutting Budget Attribution(s)

Human Resources for Health	210,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12632**
Mechanism Name:	**Regional Laboratory Training**
Prime Partner Name:	**African Field Epidemiology Network**

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Governance and Systems	HLAB	369,000	0

Narrative:

In order to ensure timely and accurate HIV testing and clinical patient monitoring, laboratories must have proper equipment that is well-maintained. In the Caribbean Region there are significant challenges with the testing and reporting of results, due in part to limited CD4 capacity. The CDC Caribbean Regional Office will work with AFENET to purchase point of care CD4 machines to support testing in Jamaica and Trinidad and Tobago. This will support all the National Reference Laboratories of the OECS countries in their efforts to roll out HIV rapid testing to the community and other testing sites. AFENET will procure HIV rapid test kits worth 5000 test to support testing in these countries, in additional molecular testing reagents for viral load and DNA PCR will be purchase to support molecular testing in Jamaica, Suriname, and Bahamas.

AFENET will collaborate with Ministries of Health of Bahamas, St Vincent and the Grenadines and Dominica to strengthen national health information systems including the design and implementation of customized paper and electronic based LIS. The BLIS developed by Georgia Tech in Atlanta has been piloting in other PEPFAR supported countries and found to be very useful particularly in resource limited settings. AFENET will pilot this LIS in these countries. This will improve HIV/AIDS case reporting, as the systems will provide information for the implementation of one standardized national HIV/AIDS patient registry system which provides both individual patient tracking and the ability to perform facility-level and national cohort and cross-sectional analysis.
AFENET will identify a service engineer and to purchase preventative and service contracts for CD4, hematology, and clinical chemistry equipment. They will also obtain equipment calibration contracts for micro pipettes, refrigerators, thermometers and biosafety cabinets. These contracts will address issues such as preventive maintenance, troubleshooting and calibration of laboratory. The service engineer will provide technical assistance in developing standard operating procedures for use during instrument operation, developing preventative maintenance and maintenance logs, and training of staff.

Implementing Mechanism Details

Mechanism ID: 12634	**Mechanism Name: Dominica MOH**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Dominica MOH	

Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Benefiting Country	Benefiting Country Planned Amount
Dominica	N/A

Total Funding: 180,000	**Total Mechanism Pipeline: N/A**	
Managing Country	**Funding Source**	**Funding Amount**
Barbados	GHP-State	180,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The purpose of COAG with the Commonwealth of Dominica Ministry of Health (MOH) is to strengthen capacity to expand coordinated HIV prevention, SI, and laboratory programs. The SI component strengthens systems for HIV/AIDS and TB case-based reporting, M&E, and implementation of high quality MARPS surveys (MSM, male prison inmates, CSW). The prevention component focuses on upgrading VCT sites. Laboratory support will focus on: implementing the laboratory management framework to prepare labs for accreditation to ensure continuous testing and release of quality results; increasing access to point-of-care laboratory services (including expanded HIV rapid testing to MARPs and PMTCT programs); participation in external quality assessment (EQA) programs; improving paper-based and electronic Laboratory Informatics System (LIS); and training laboratory personnel to cover key testing areas and quality systems components. All activities support sustainability and staff retention.
This IM directly supports the USG Caribbean Regional Partnership Framework Goals for Prevention (Goal 1), Strategic Information (Goal 2), and Laboratory Support (Goal 3). CDC will work in close collaboration with the MOH to ensure efficient use of USG resources in achieving programmatic priorities and in delivering results more cost effectively. The MOH will develop an annual work plan with agreed-upon performance benchmarks and with a plan for sustainability local ownership. The MOH will be required to report on progress towards the essential and additional outcome indicators on a semi-annual and annual basis via SAPR reporting.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	72,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Mobile Population

Budget Code Information

Mechanism ID:	**12634**
Mechanism Name:	**Dominica MOH**
Prime Partner Name:	**Dominica MOH**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	50,000	0

Narrative:

Laboratory training of staff from Dominica:

The Ministry of Health of Dominica will utilize this cooperative agreement funds to support the capacity building of laboratory staff through regional and international trainings. Training workshop content areas will be: 1) TB diagnosis and EQA for AFB smear microscopy; 2) Good Clinical Laboratory practices (GCLP); 3) HIV rapid testing (including algorithm development, quality testing and use of logbooks); 4) and other areas of wet laboratory training.

Furthermore, selected laboratory staff from this country will attend international advanced trainings in CD4, clinical chemistry, hematology, Bio-safety and laboratory management as they prepare for accreditation.
These activities will greatly enhance and support the current cross cutting goal of training, capacity building and ensuring long term sustainability of in-country systems for testing, diagnosis, and patient monitoring.
M&E: Number of laboratory personnel trained.
New/continuing activity: Continuing activity

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	90,000	0

Narrative:

The Cooperative Agreement will support ongoing collaborative efforts between the Ministry of Health and HHS/CDC Staff to improve national-level systems for strategic information, including the collection, analysis and use of data to better characterize the epidemic within the general population and among Most-At-Risk Populations. CDC's commitments are to support the implementation of systems for HIV/AIDS Surveillance and M&E, including HIV/AIDS case-based reporting, collection, analysis and use of routine monitoring data, and collection of biological and behavioral data on Most-At Risk-Populations (MARPs). The Government of Dominica received assistance under a first phase Cooperative Agreement with CDC to improve systems for the generation of data for SI. Moving forward in FY12, USG will collaborate with Dominica's MOH to maximize USG resources in achieving the programmatic priorities for the cooperative agreement. The MOH will be asked to develop an annual workplan with agreed-upon performance benchmarks.

This mechanism will also focus on surveillance and M&E systems strengthening within the Commonwealth of Dominica. Activities supported with funds will include support for revisions and refinements for the national protocol for HIV and TB Surveillance. The MOH will also undertake a review of its current HIV dataset to address any gaps and improve the range of data being collected. Funds will be used to support the development and implementation of biological and behavioral surveys and special studies among MARPs. Through FY11, a formative assessment and capture-recapture among MSM was conducted. A biological and behavioral survey among male prison inmates and an STI survey are planned for FY12.
Indicator targets related to the HSVI budget code for this cooperative agreement include the existence of high quality surveillance and program monitoring reports for the preceding year, and number of countries completing special studies. The MOH will be required to report on progress towards the essential and

additional outcome indicators on a semi-annual and annual basis via SAPR reporting.			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	OHSS	40,000	0

Narrative:

The availability of high quality, reliable data remains a cross-cutting and overarching priority for the use of funds under this Cooperative Agreement. The MOH will also undertake a review of its current HIV dataset to address any gaps and improve the range of data being collected. The Government of Dominica will be requested to develop a sustainability plan as part of its Year 2 work plan, which will be in direct support of Partnership Framework (Goal 2) for Strategic information. This mechanism will also focus on surveillance and M&E systems strengthening within the Commonwealth of Dominica, to include support for revisions and refinements for the national protocol for HIV and TB Surveillance. This project will also contribute to the development of health systems in Dominica by targeting the training of a broad spectrum of staff within the health system to include laboratory personnel, Surveillance Officers, M&E staff, Community Health Nursing staff and community health providers.

Implementing Mechanism Details

Mechanism ID: 12645	**Mechanism Name: Caribbean HIV Grants, Solicitation and Management Project**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: World Learning	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Benefiting Country	**Benefiting Country Planned Amount**
Barbados	N/A
Jamaica	N/A

Total Funding: 1,000,000	**Total Mechanism Pipeline: N/A**	

Managing Country	Funding Source	Funding Amount
Jamaica	GHP-State	1,000,000

Sub Partner Name(s)

Bahamas United Services	Bahamas Urban Youth Development Centre	Children First
Jamaica AIDS Support for Life	Jamaica Forum for Lesbians, All-Sexuals and Gays (J-FLAG)	Jamaican Network of Seropositives (JN+)
Joy Town Community Development Foundation	National AIDS Council, Zimbabwe	New Partner
Panos Caribbean	PEY & Associates	The Bahamas AIDS Foundation

Overview Narrative

The Project aims to build the organizational capacity of NGOs working in HIV prevention among MARPs. The project will work with NGOs based in Jamaica, The Bahamas, and other Caribbean countries to increase the reach of quality services for the following target groups: MSM , SW, PLHIV, and youth engaged in high-risk behaviors. The project provides technical assistance and mentoring to strengthen organizations' ability to effectively manage financial resources, implement and monitor evidence-based interventions, and develop strategies to ensure their sustainability. In addition to the trainings and individual mentoring, World Learning also provides grants ranging in duration from one to three years and the total funding amounts are between $75,000 and $900,000. This Project supports the Partnership Framework Objective of preventing new infections while increasing the capacity of local partners to provide improved coverage and quality of HIV prevention services and information. WL develops an M&E Plan with each Sub-Awardee to track the results and measure the impact of each activity. WL also has an M&E plan as part of their Cooperative Agreement providing quarterly reports with agreed upon indicators. This Project is a five year cooperative agreement running from November 2010 – 2015. In order to become more cost-effective over time and transition the activities to host governments and civil society, the Project will work to strengthen governments' ability to make and oversee HIV grants to local partners. WL will also assist NGOs in fundraising skills and obtaining other donor funding. WL will identify a local NGO partner to be a lead orgaization in providing capacity building trainings and mentoring to young or new NGOs after the Project ends.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Mobile Population

Budget Code Information

Mechanism ID:	**12645**
Mechanism Name:	**Caribbean HIV Grants, Solicitation and Management Project**
Prime Partner Name:	**World Learning**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	450,000	0

Narrative:

World Learning (WL) will address the lack of capacity of local NGOs to implement HIV prevention activities, including their need for trained management and financial staff, functioning board of directors, strategic planning and information for programming and reporting of activities, and addressing issues of sustainability and good governance. In the first three to four years, the Project will focus on releasing solicitations, making sub-grants, assessing the capacity development needs of each sub-Awardee in a participatory process, and providing the needed technical assistance and mentoring. A number of the sub-grants include a cost-share from civil society organizations. The final two years will focus primarily on requested refresher trainings and assisting former and current Sub-Awardees with pursuing additional

resources. Fundraising and leveraging support from the private sector and other donors will be an important component of WL's assistance. In addition to building the capacity of local NGOs, WL will also work with host governments as requested to strengthen their ability to make and manage sub-grants. In Jamaica for example, reporting and financial management challenges existed between the MOH and Sub-Recipients during the last Global Fund award. The Project aims to help improve the sub-granting process and the donor-recipient relationship, especially in the event of additional Round 11 Global Fund resources. In Jamaica, the MOH will release its own solicitation (using PEPFAR resources) and make sub-grants to local organizations, thus transitioning out World Learning and increasing country ownership.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	550,000	0

Narrative:

Here is the approximate dollar amount and coverage by target population: $248,000 to reach 645 SW; $714,500 to reach 769 MSM; $170,000 to reach 2340 at-risk youth; and $200,000 to reach 151 PLHIV. This represents funding and targets for FY12 activities in Jamaica and The Bahamas. Activities include empowerment workshops, drop-in centers, social media messaging, HIV testing parties, free condoms and lubricant, advocacy, training Peer Educators, support groups, etc.

The Project currently supports 10 Jamaican organizations working primarily in Kingston, Ocho Rios, and Montego Bay. An estimated four sub-awards are in the procurement process in The Bahamas which will cover the following islands: Nassau (New Providence), Grand Bahama, Abaco, Eleuthera, Bimini, and Exumas. There are not reliable size estimates for these populations in either country, but Jamaica has a size estimation component included in their on-going MSM and SW Surveys. The priority target groups are: MSM, Female and Male Sex Workers, their clients, PLHIV, and youth engaged in high risk behaviors. The grants support NGOs to increase the scale and quality of HIV/AIDS prevention programs serving these populations. The type, mix, and dosage of interventions varies among sub-partners, but in general the purpose of these grants is to support innovative, gap-filling, comprehensive programs. The Project prioritizes highly innovative organizations that demonstrate their ability to win the trust and engagement of MARPs. Activities are well linked to the MOH's public health clinics and HIV prevention activities. Many of the Jamaican NGOs adopted elements of the MOH's Empowerment Workshop model. Also a number of organizations are referring individuals to the MSM and SW drop-in centers which are PEPFAR funded through the MOH. Many Sub-Awardees participate in the National MSM/SW TWG that helps coordinate and link activities. World Learning provides training in M&E and will conduct site visits to oversee Sub-Awardees.

Implementing Mechanism Details

Mechanism ID: 12668	Mechanism Name: Trinidad and Tobago MOH
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Trinidad MoH	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Benefiting Country	Benefiting Country Planned Amount
Trinidad and Tobago	N/A

Total Funding: 595,000	Total Mechanism Pipeline: N/A	
Managing Country	**Funding Source**	**Funding Amount**
Barbados	GHP-State	595,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This IM will assist the Government of Trinidad and Tobago to implement strategic-information activities, strengthen laboratory management and diagnostic services for HIV, and develop targeted combination (i.e. biomedical, behavioral and structural) prevention interventions for key populations at high risk for HIV and people living with HIV (PLHIV). This IM is national in scope and supports the USG Caribbean Regional Partnership Framework Goals for Prevention (Goal 1) Strategic Information (Goal 2), and Laboratory Support (Goal 3). For laboratory strengthening, this mechanism will continue to support the training of new and existing personnel to scale up point of care HIV Rapid Testing at VCT sites and support quality lab systems. For strategic information, a revised case report form was developed and plans are on the way to implement case reporting using this form. MARP surveillance was prioritized as a core component of its national response and the planning and implementation of MARP surveillance activities is also in progress. For prevention, this IM will strengthen the MOH's ability to identify, adapt and implement applicable evidence-based prevention interventions. Overall, this mechanism strengthens the human resource capacity of the MOH through training of Laboratory personnel, and the

hiring of Surveillance and M&E staff. CDC will continue to work in close collaboration with the MOH to ensure the efficient use of USG resources in achieving program priorities and in delivering results more cost effectively. The MOH has been asked to develop a work plan with agreed-upon performance benchmarks, as well as a plan to transition programs and staff funded under this mechanism to local ownership.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	238,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Mobile Population

Budget Code Information

Mechanism ID:	**12668**
Mechanism Name:	**Trinidad and Tobago MOH**
Prime Partner Name:	**Trinidad MoH**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	185,000	0

Narrative:

One of the challenges in addressing the magnitude of the epidemic among the MARPs is the capacity of non-governmental organizations to provide combination HIV prevention related services needed by these

populations. These services include addressing biomedical interventions including HIV testing, condom provision and sexually transmitted infection diagnosis and treatment ; social interventions of providing psychosocial support and social welfare services to these groups; and structural interventions by being an advocate for policy, legislative and human rights reform to have less stigma and discrimination meted out to these groups.
CDC will support the National AIDS Program to build capacity and strengthen integration of prevention and support services into the routine care of PLHIVcommunity-based services and Non Governmental Organizations. These services will be linked with efforts to scale up counseling and testing in the NGO sector to increase access to prevention services to populations at high risk for HIV as well as increase the number of HIV positive persons who learn their status and get linked to prevention, care, and treatment services.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	90,000	0

Narrative:

The Trinidad and Tobago Ministry of Health will utilize the cooperative agreement funds to support the capacity building of laboratory staff through regional and international trainings. Training workshop content areas will be: 1) TB diagnosis and EQA for AFB smear microscopy; 2) Good Clinical Laboratory practices (GCLP); 3) HIV rapid testing (including algorithm development, quality testing and use of logbooks); 4) and other areas of wet laboratory training.
Furthermore, selected laboratory staff will be sent to the International Laboratory Branch at CDC Atlanta to be trained on the use of both manual and automated Roche Amplicor methods for early infant HIV diagnosis (EID) to support PMTCT programs within the region. Other international trainings involving lab staff from these countries will include advanced trainings in CD4, clinical chemistry, hematology, Bio-safety and laboratory management as they prepare for accreditation.
These activities will greatly enhance and support the current cross cutting goal of training, capacity building and ensuring long term sustainability of in-country systems for testing, diagnosis, and patient monitoring.
M&E: Number of laboratory personnel trained
New/continuing activity: Continuing activity

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	80,000	0

Narrative:

The focus of this implementing mechanism will be: Surveillance and M&E systems strengthening, including support for the completion of an epidemiological profile, strengthening of systems for HIV/AISS Case reporting, and the collection, analysis and use of routine M&E data for program improvement. Funds under this cooperative agreement will also support the completion of special studies for MARPs in Trinidad and Tobago.
M&E: The availability of one high quality Surveillance and M&E report after the first 12 months of the award

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	40,000	0

Narrative:

One of the barriers to the successful implementation of activities is insufficient human resources across the goal areas of prevention, strategic information and laboratory strengthening for HIV and across the wider health sector. Activities under this Cooperative Agreement contributes to health systems strengthening, to include building human resource capacity of Laboratory personnel, Surveillance and M&E staff, Community Health Nursing staff and community health providers. The partnership will continue to add value to the delivery of laboratory services, and support the integration of high quality HIV/AIDS data with the collection and reporting of surveillance and program monitoring data within the wider health sector.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	150,000	0

Narrative:

CDC will support the Government of Trinidad and Tobago to enhance it's capacity to provide VCT and PITC – client centered, couples testing and provider initiated testing throughout the island and identify, adapt and implement appropriate evidence-based prevention interventions, which will support the Partnership Framework Prevention Goal and target persons engaged in high risk behaviors (PEHRB). The PwP is cross-cutting target population with this group. Cost effectiveness will be achieved through coordinating service delivery with other partners in the region. This will improve the Government's ability to build human, technical and institutional capacity in Trinidad and Tobago MOH to effectively develop, scale-up and sustain comprehensive "combination" prevention strategies. The CoAg will be monitored annually through technical reviews and country visits.
M&E: Total number adults tested for HIV in the past 12 months and know their results

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Prevention	HVOP	50,000	0

Narrative:

Funding will be provided to support the implementation of a package of prevention services for MARPs. This package will include outreach to hard to reach populations, HIV counseling and testing, risk reduction counseling and the provision of condoms, STI diagnosis and treatment and linkages to care and treatment for persons newly diagnosed with HIV. The target population reached will be MSM in year one and CSW in year two of this cooperative agreement. These target populations are also being studied through the HVSI code for special studies for MARPs.
Funding will be provided to support the implementation of a package of prevention services for MARPs. This package will include outreach to hard to reach populations, HIV counseling and testing, risk reduction counseling and the provision of condoms, STI diagnosis and treatment and linkages to care and treatment for persons newly diagnosed with HIV. The articulated goals and activities will build capacity for the national health system to accurately characterize the epidemic, strengthening its provision of high quality and targeted prevention, treatment and care services for the general population, and focusing its ability to do the same for targeted most at risk and high risk populations.
This population is also being studied through the HVSI code for special studies for MARPs.
M&E:Number of MARP reached with individual and/or small group level interventions that are based on evidence and/or meet the minimum standards

Implementing Mechanism Details

Mechanism ID: 12688	**Mechanism Name: Caribbean Health Research Council**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Caribbean Health Research Council	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Benefiting Country	Benefiting Country Planned Amount
Antigua and Barbuda	N/A

Bahamas	N/A
Barbados	N/A
Grenada	N/A
Dominica	N/A
Jamaica	N/A
St. Kitts and Nevis	N/A
St. Lucia	N/A
St. Vincent and the Grenadines	N/A
Suriname	N/A
Trinidad and Tobago	N/A

Total Funding: 370,000	**Total Mechanism Pipeline: N/A**	
Managing Country	**Funding Source**	**Funding Amount**
Barbados	GHP-State	370,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This IM directly supports CDC's TA in M&E Systems strengthening and capacity building in PF countries. Activities focus on development and implementation of a regional strategy for M&E including training, direct TA, and capacity building. The IM – Caribbean Health Research Council (CHRC)—is recognized as the key M&E agency in the region and supports the development and implementation of a regional M&E training strategy and minimum standards for M&E in HIV/AIDS programs in the Caribbean.

This IM is in direct support of the USG Caribbean PF Goal areas for SI (Goal 2) and HSS (Goal 4). The primary target audience for this program is M&E and surveillance officer staff from MOHs, National AIDS Programs and Civil Society organizations. The COAG will make a direct contribution to the development of regional and national-level M&E systems, including integrating health information needs for HIV/AIDS with routine data collection and reporting on other communicable and non-communicable diseases within the wider health sector. The availability of high quality reliable data remains a cross-cutting and overarching priority. CHRC will also convene the regional M&E Technical Work Group (TWG) and align strategies with other regional TWGs (Surveillance TWG) and country needs.

This IM will serve as the basis for expanded M&E health systems strengthening efforts aimed at strengthening evidence-based decision making throughout the health sector in the Region. This IM will address the region's short- and medium-term needs and contribute to long-term sustainability through the

incorporation of M&E into countries health systems. CHRC will report on progress towards essential level 1 indicators and additional outcome indicators on a semi-annual and annual basis via SAPR reporting.

Global Fund / Programmatic Engagement Questions

1. Is the Prime Partner of this mechanism also a Global Fund principal or sub-recipient, and/or does this mechanism support Global Fund grant implementation? **Yes**
2. Is this partner also a Global Fund principal or sub-recipient? **Sub Recipient**
3. What activities does this partner undertake to support global fund implementation or governance?

Budget Code	Recipient(s) of Support	Approximate Budget	Brief Description of Activities
HVSI	21 CARICOM Countries	312518	Evaluation of NSPs, Development of tools for Data collection on MARPs

Cross-Cutting Budget Attribution(s)

Human Resources for Health	259,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Impact/End-of-Program Evaluation
Mobile Population

Budget Code Information

Mechanism ID:	**12688**		
Mechanism Name:	**Caribbean Health Research Council**		
Prime Partner Name:	**Caribbean Health Research Council**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	HVSI	370,000	0

Narrative:

Activities supported with FY12 monies will include: The establishment of an Expanded Caribbean HIV/AIDS Monitoring and Evaluation Technical Assistance Unit within the Caribbean Health Research Council. Emphasis will be on evaluating the training activities and followed by implementation of results oriented activities and technical assistance to achieve tangible improvements in M&E systems performance. Emphasis will also be given to the linkage between training investments and improvements in data quality, and implementing a standardized approach to training and technical assistance to improve routine use of data for policy and program decision-making.
Indicator targets related to FY12 include the existence of high quality surveillance and/or program monitoring reports for the preceding year, the number of people trained in basic and advance M&E strategies and development of a comprehensive annual report on the status of M&E in the Caribbean.

Activities supported with FY013, FY14, FY15, and FY16 monies will include: Implementation, evaluation and updating the regional, results-based M&E training strategy for the 12 Focus Countries, including implementation of results-based training activities to achieve tangible improvements in M&E systems performance. Emphasis will be given to the linkage between training investments and improvements in data quality, technical assistance to focus countries to address gaps and recommendations from M&E assessments, and routine use of data for policy and program decision-making.
Indicator targets related to FY13 - FY16 include the existence of high quality surveillance/program monitoring reports for the preceding year, the number of people trained, existance of M&E systems to better evaluate programs and characterize the HIV/AIDS epidemic and the use of a comprehensive annual report on the status of M&E in the Caribbean to guide M&E decision making.
M&E: Number of Healthcare workers receiving training

Implementing Mechanism Details

Mechanism ID: 12689	**Mechanism Name: Eastern Caribbean Community Action Project II**
Funding Agency: U.S. Agency for International	Procurement Type: Cooperative Agreement

Development	
Prime Partner Name: Caribbean HIV/AIDS Alliance	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Benefiting Country	Benefiting Country Planned Amount
Antigua and Barbuda	N/A
Barbados	N/A
Dominica	N/A
Grenada	N/A
St. Kitts and Nevis	N/A
St. Lucia	N/A
St. Vincent and the Grenadines	N/A

Total Funding: 3,000,000	**Total Mechanism Pipeline: N/A**	
Managing Country	**Funding Source**	**Funding Amount**
Barbados	GHP-USAID	3,000,000

Sub Partner Name(s)

Population Services International		

Overview Narrative

EC-CAP II, implemented by CHAA, strengthens prevention efforts and places emphasis on community-level engagement and structural issues, gender inequalities, stigma, discrimination and human rights abuses. It incorporates the cross-cutting areas of strategic information and capacity building, and represents a sustainable, country-specific response for PLHIV and those most at risk of infection in 7 countries – Antigua/Barbuda, Barbados, Dominica, Grenada, St. Lucia, St. Kitts/Nevis and St. Vincent/Grenadines.

The project is designed to increase reach and access to services for MARPs, employing a combination

prevention approach. EC-CAP II also expands interventions for those living with HIV using a holistic approach to improve quality of life, promote healthy living and reduce risky behavior.
Because of rampant stigma and discrimination and the illegality of sex work and homosexuality, CSOs are often better placed to respond to the needs of MARPs, however, many CSOs are in the early stages of development. Most are characterized by: visions, missions and goals focused on the short-term and organizational survival; project-level strategies; project-grounded organizational structures; limited human and financial resources; systems, policies and procedures based only on project requirements: and an absence of monitoring and evaluation expertise. CHAA will work to strengthen CSOs to contribute to the development of sustainable community systems for MARP HIV programs and improve community-based program delivery.

CHAA will work closely with its partners PSI/C and CRN+ to expand services and reach to previously underserved populations. CHAA will work closely with NAPs and MoH on all islands to ensure appropriate, feasible, well implemented and sustainable country initiatives.

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	100,000
Human Resources for Health	1,031,491

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

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
Family Planning

Budget Code Information

Mechanism ID:	**12689**
Mechanism Name:	**Eastern Caribbean Community Action Project II**
Prime Partner Name:	**Caribbean HIV/AIDS Alliance**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	240,000	0

Narrative:

Collaborating with national stakeholders on a minimum package of services, CHAA will promote and support the provision of sensitive palliative care for PLHIV. In partnership with NAPs, CHAA will train CSOs and FBOs in case management and provide small grants for home based care, psychosocial and spiritual support for PLHIV and their families. Positive living peer support workers will help in empowering newly diagnosed individuals in dealing with access, disclosure and adherence issues. A clinic-based program, which involves the placement of at least one CA, will be implemented in partnership with MOH/NAP in all countries. Coordinating with MOH/NAPs, the establishment of a bi-directional referral system will facilitate understanding service coverage through: comparing the number of PLHIV reached with those diagnosed and living with HIV; and in annual changes in the number of individuals who do not access care & treatment after testing positive, or are lost to follow up. With research and scripting conducted with PLHIV participation, participatory drama development will be carried out to reflect life concerns and challenges and opportunities relating to prevention with positives. Social activities for PLHIV will be funded through existing support groups. These groups will help to build social capital and overcome isolation. If sufficient numbers of PLHIV are interested and willing to participate in group activities, evidence-based group interventions, e.g. Healthy Relationships, can be adapted or reinvented for the Caribbean by working with CDC Master Trainers. FBOs will be key partners for care and support and will receive small grants for activities, including the development of tailored sermons and bible study materials to support a more enabling environment for testing, disclosure and access to services. Expected Result: PLHIV have improved quality of life through access to care, referrals, and peer psychosocial support and counseling.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	150,000	0

Narrative:

Aiming to Increase access to stigma free prevention, treatment and care services for MARP and PLHIV in target countries, strategies include developing and promoting approaches to increase uptake of CBHCT and implementing bi-directional referral systems. Partnering with CDC and in line with the PF, EC-CAP II will scale up efforts to provide greater access for MARP in both client-initiated and PICT in 7 countries. This will be achieved through peer educator training, technical support to NAPs, small grants to CBI and supporting & seconding non-medical personnel, including community-based and peer counselors, to NAPs. NAPs will be assisted to establish policies on decentralized HIV rapid testing, including quality assurance, and to involve key populations, CA, and community stakeholders in policy development. EC-CAP II drawing on experience under the first phase of EC-CAP, will assist in identifying sites for HCT, support expansion of HCT through mobile testing and testing within relevant service providers. CA trained in HCT will continue to provide group and pre-counseling in the field, accompany clients for testing, provide testing at certified sites, and promote HCT services. The USG will support NAPs to: develop quality-monitoring systems at facility and community levels to sensitize staff and laypersons to provide non-discriminatory, non-stigmatizing, confidential HCT services for MARP; ensure quality of community HCT services through periodic supervision of counseling sessions. CHAA and CDC will build capacity of program sites and stakeholders to collect and analyze client-reported risk behavior data and to develop an HIV prevalence monitoring system for HCT using CDC's Risk Assessment Form. CHAA and PSI/C will support the implementation of an innovative, MARP-friendly referral network at national and regional levels, integrating CA into the system. Active referrals (identifying relevant services, accompaniment, following up on use of services) will increase access to services for STI testing and treatment, HCT, FP, GBV, primary health care and social services. Expected Results: Increased access to counseling and testing at community sites; Increased access to sensitive services for MARP and PLHIV.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	2,610,000	0

Narrative:

EC-CAP II will address numerous, complex, and intertwined causes of increased vulnerability for MARPs and inadequate care and support for PLHIV in 7 countries. A concentrated epidemic in the region; HIV transmission is primarily sexual with groups engaging in high-risk behaviors including multiple-concurrent partners and frequent unprotected vaginal or anal sex. Social and economic circumstances, gender inequalities/norms and the criminalization of sex between men further increase vulnerability. EC-CAPII seeks to decrease vulnerability to HIV through Increased Equitable Access to HIV Prevention, Treatment and Care Services for MARPS and PLHIV in the Eastern Caribbean. Objectives include: Reducing vulnerabilities to HIV through access to comprehensive prevention services; Increasing access to

stigma-free prevention, treatment and care services for MARP and PLHIV; Strengthening capacity of national partners & CSOs to improve quality service delivery. Two main strategies for addressing behavior change among MARPs will be used: Building national capacity for combination prevention and a comprehensive package of services; and Promoting and implementing evidence-based interventions informed by strategic information. Central to EC-CAP II is the CA or peer-educator program and development of an accredited network of MARP peers. This regional, professionally-trained network will be guided by a standardized and "certified" training package. CHAA will facilitate and support the integration of CA into the NAPs through relationships and internships with CSOs and national entities. This integration will catalyze greater acceptance and sustainability of MARP in the national response. The application of the CA model and a targeted combination prevention approach will seek to: Increase knowledge of HIV and ways of preventing STIs among MARP; Increase correct and consistent condom use by MARP and PLHIV; and Improve behavior change interventions for MARPs and PLHIV through peer based networks. CHAA and PSI/C will implement innovative behavior change approaches such as: using social media and other technologies; using edutainment and using existing local structures to promote community involvement in the HIV response.

Implementing Mechanism Details

Mechanism ID: 12691	**Mechanism Name: Strengthening Health Outcomes Through the Private Sector (SHOPS)**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Abt Associates	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Benefiting Country	Benefiting Country Planned Amount
Antigua and Barbuda	N/A
Bahamas	N/A
Barbados	N/A

Dominica	N/A
Grenada	N/A
Jamaica	N/A
St. Kitts and Nevis	N/A
St. Lucia	N/A
St. Vincent and the Grenadines	N/A
Suriname	N/A
Trinidad and Tobago	N/A

Total Funding: 530,000	**Total Mechanism Pipeline: N/A**	
Managing Country	**Funding Source**	**Funding Amount**
Barbados	GHP-USAID	530,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

YR 3 supports TA in HSS, PFIP Goal 4. TA attempts to strengthen PPP and address public sector constraints that hinder sustainability. Building on YR 2 activities, gains will be made in building country capacity to increase management efficiencies; improve continuity of care; expand the health workforce and service delivery infrastructure; and provide more complete data on private sector services. TA activities cover six OECS countries, Barbados and regional activities inclusive of all PF countries and reach public and private leaders at many levels. TA addresses cost efficiency by: using state-of-the-art private sector models, approaches, and tools; advancing knowledge about the private sector; and strengthening PPPs that diversify resources, maximize skills and expertise, and strengthen advocacy.

Countries will need to integrate HIV/AIDS services into their health system in the future. Information emerging from OECS private sector assessments indicates the private sector is interested in playing a larger role in HIV service delivery. SHOPS will work to integrate HIV/AIDS-related services into private sector health clinics in two countries with a multi-pronged approach. This will include policy reform, training for private providers, creating a reporting system for private sector providers to share health data and implementing an awareness campaign to promote private sector services. A process evaluation will document challenges and opportunities in implementing this approach. Transitioning to regional/country structures will be achieved by: Promoting maximum participation and use of existing structures; Facilitating linkages between levels and areas of the system; and Ensuring transition plans for funding

covering new coordinating structures or human resources.

Global Fund / Programmatic Engagement Questions

1. Is the Prime Partner of this mechanism also a Global Fund principal or sub-recipient, and/or does this mechanism support Global Fund grant implementation? **Yes**
2. Is this partner also a Global Fund principal or sub-recipient? **Neither**
3. What activities does this partner undertake to support global fund implementation or governance?

Budget Code	Recipient(s) of Support	Approximate Budget	Brief Description of Activities
OHSS	OECS HAPU/PANCAP	50000	Capacity Building in Engaging the Private Sector

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12691**
Mechanism Name:	**Strengthening Health Outcomes Through the Private Sector (SHOPS)**
Prime Partner Name:	**Abt Associates**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	530,000	0

Narrative:

Recent work in the region shows a nascent understanding or inclusion of the private sector across all health system building blocks. MOH face many challenges, often with limited resources such as time, staff, money, and expertise. The private sector, on the other hand, has many resources that can be mobilized to help the public sector. The SHOPS project addresses multiple barriers across the health system by increasing private sector engagement for a sustained country and regional HIV response. There are many opportunities where strengthened patient referral systems and the sharing of patient records between public and private health providers could vastly improve service delivery. Systems for collecting service data from private providers are either nonexistent or weak.

For governments to engage the private sector as partners rather than competitors in health care, they need to play an enabling role while maintaining stewardship. Based on YR 1 and YR2 activities, SHOPS will continue to provide TA, with the intentional spillover of activities into broader health issues, including support for: Normalizing coordination and establishing mechanisms to formalize coordination, information sharing and partnerships; Strengthening key government functions, such as regulation, information collection, and oversight of the private health care sector in order to improve the quality of services; Identifying strategies to systematically include the private sector in public health planning and policy processes, including building the capacity of the public sector to work with the private sector; Employing new ways to engage private industry in the HIV response; and Strengthening the business skills of civil society organizations working in HIV/AIDS by formalizing linkages to the private sector. SHOPS coordinates closely with other donors and regional partners that implement programs in the region. Special attention has been paid to joint activities where feasible, and every effort is made to avoid duplication of efforts. Additionally, focused coordination in support of NGO advocacy efforts continues to play a critical role in holding public and private providers and decision makers accountable for improving health.

Implementing Mechanism Details

Mechanism ID: 12971	Mechanism Name: HVOP -Prevention
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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Benefiting Country	Benefiting Country Planned Amount
Jamaica	N/A

Total Funding: 24,100	**Total Mechanism Pipeline: N/A**	
Managing Country	**Funding Source**	**Funding Amount**
Jamaica	GHP-State	24,100

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Peace Corps will employ a multi-faceted approach. It will support PCVs from all sectors to incorporate HIV prevention activities into community based assignments primarily with youth. It will also place Response Volunteers at NGOs and Government agencies to assist in the development and implementation of larger scale prevention strategies targeting most at-risk populations. Response Volunteers will also assist these partner organizations to improve monitoring and evaluation and build capacity of staff to effectively work with MARPS. Peace Corps will also provide follow-up training and technical assistance to PCVs. The focus will be on on behavior change around risky sexual behaviors, reduction of violence, stigma and discrimination, harmful gender norms, technical assistance on current projects/activities, and building sustainability.

Cross-Cutting Budget Attribution(s)

Economic Strengthening	4,800
Education	18,100
Gender: Reducing Violence and Coercion	1,200
Human Resources for Health	12,100

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors
Impact/End-of-Program Evaluation
Family Planning

Budget Code Information

Mechanism ID:	**12971**
Mechanism Name:	**HVOP -Prevention**
Prime Partner Name:	**U.S. Peace Corps**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	24,100	0

Narrative:

In the prevention technical area the goals of post are to: 1) To promote behavior change, among most at risk populations to reduce the estimated number of new infections by 2013; and 2) To support the development of institutional capacities of HIV-related service organizations and agencies to provide requisite prevention services to most at risk populations. These goals are also closely related to the Caribbean Strategic Framework objectives of “Reducing vulnerability to sexual transmission of HIV”; “Establishing comprehensive, gender sensitive and targeted prevention programs for children (9-14) and youth (15-24); ” and partner with communities to strengthen individuals who provide comprehensive and integrated HIV services.” VAST-funded secondary project activities will enable PCVs and their community partners to implement HIV/AIDS activities that focus on awareness raising and behavior change as it relates to prevention, reduction of stigma and discrimination, gender roles, and reduction in violence.

Implementing Mechanism Details

Mechanism ID: 12995	**Mechanism Name: HVOP -Prevention**
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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Benefiting Country	Benefiting Country Planned Amount
Suriname	N/A

Total Funding: 10,900	**Total Mechanism Pipeline: N/A**	
Managing Country	**Funding Source**	**Funding Amount**
Suriname	GHP-State	10,900

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Peace Corps will employ a multi-faceted approach. It will support PCVs from all sectors to incorporate HIV prevention activities into community based assignments primarily with youth. It will also place Response Volunteers at NGOs and Government agencies to assist in the development and implementation of larger scale prevention strategies targeting most at-risk populations. Response Volunteers will also assist these partner organizations to improve monitoring and evaluation and build capacity of staff to effectively work with MARPS. Peace Corps will also provide follow-up training and technical assistance to PCVs. The focus will be on on behavior change around risky sexual behaviors, reduction of violence, stigma and discrimination, harmful gender norms, technical assistance on current projects/activities, and building sustainability.

Cross-Cutting Budget Attribution(s)

Economic Strengthening	2,200
Education	4,400
Food and Nutrition: Commodities	1,100
Food and Nutrition: Policy, Tools, and Service Delivery	500
Gender: Reducing Violence and Coercion	1,100
Human Resources for Health	3,300
Water	300

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors
Impact/End-of-Program Evaluation
Family Planning

Budget Code Information

Mechanism ID:	**12995**		
Mechanism Name:	**HVOP -Prevention**		
Prime Partner Name:	**U.S. Peace Corps**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVOP	10,900	0
Narrative:			
In the prevention technical area the goals of post are to: 1) To promote behavior change, among most at			

risk populations to reduce the estimated number of new infections by 2013; and 2) To support the development of institutional capacities of HIV-related service organizations and agencies to provide requisite prevention services to most at risk populations. These goals are also closely related to the Caribbean Strategic Framework objectives of “Reducing vulnerability to sexual transmission of HIV”; “Establishing comprehensive, gender sensitive and targeted prevention programs for children (9-14) and youth (15-24); ” and partner with communities to strengthen individuals who provide comprehensive and integrated HIV services.” VAST-funded secondary project activities will enable PCVs and their community partners to implement HIV/AIDS activities that focus on awareness raising and behavior change as it relates to prevention, reduction of stigma and discrimination, gender roles, and reduction in violence.

Implementing Mechanism Details

Mechanism ID: 13041	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 13054	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 13077	**Mechanism Name: Health Systems 20-20**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Abt Associates	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Benefiting Country	Benefiting Country Planned Amount

Antigua and Barbuda	N/A
Bahamas	N/A
Barbados	N/A
Dominica	N/A
Grenada	N/A
Jamaica	N/A
St. Kitts and Nevis	N/A
St. Lucia	N/A
St. Vincent and the Grenadines	N/A
Suriname	N/A
Trinidad and Tobago	N/A

Total Funding: 830,000	**Total Mechanism Pipeline: N/A**	
Managing Country	**Funding Source**	**Funding Amount**
Barbados	GHP-USAID	830,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

YR 3 supports continued TA in PFIP Goal 4, HSS, with these objectives: Improved financial management capacity of national programs; Improved integration and efficiency of national partners; and Strengthened national leadership and governance. TA covers all PF countries and reaches leaders at many levels, within government, civil society, and private sector. Building on YR 2 activities, gains will be made in country capacity to implement, analyze and use: NHA; Household behavior, service utilization, and expenditure surveys; and costing studies. Further developments in health insurance coverage of HIV/AIDS will be supported. A process evaluation of regional NHA will document how TA has resulted in greater capacity, sustainability and use of NHA data, including HIV/AIDS subaccounts, for policy making and planning.Strategies for cost efficiency, adapted to local contexts, include: Improving coordination and leveraging of other resources; Developing/maintaining partnerships to support long-term success by diversifying resources, maximizing skills and expertise, strengthening advocacy; Strengthening information for improved health care efficiency; Improving financial management skills to analyze, project and track financial data; Providing cost-effective models for decentralization and/or integration of HIV; and Encouraging new technologies for cost savings and improved outcomes.

Transitioning activities to local structures will be achieved by: Engaging grassroots networks in budget

decision-making; Promoting participation and effective use of existing structures; Facilitating linkages between the levels and areas of the system; Paying attention to political and external factors that facilitate and/or constrain policy changes; and Ensuring a systems approach in all TA.

Global Fund / Programmatic Engagement Questions

1. Is the Prime Partner of this mechanism also a Global Fund principal or sub-recipient, and/or does this mechanism support Global Fund grant implementation? **Yes**
2. Is this partner also a Global Fund principal or sub-recipient? **Neither**
3. What activities does this partner undertake to support global fund implementation or governance?

Budget Code	Recipient(s) of Support	Approximate Budget	Brief Description of Activities
OHSS	OECS HAPU/PANCAP	100000	Capacity Building in Health System Financing

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	13077

Mechanism Name:	Health Systems 20-20		
Prime Partner Name:	Abt Associates		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	OHSS	830,000	0

Narrative:

HSS involves consulting and working with national governments to identify unmet needs, strengthening partnerships among national, regional and international partners, and enhancing the sharing and adoption of best practices to build national capacity for a sustainable response to HIV and AIDS.

Although there are a number of systems barriers, one major theme across all countries is the need to address health financing. YR 1 assessments identified the following health financing barriers: shortage of domestic resources to support ongoing HIV prevention, treatment and care programs as external funding declined; heavy reliance on out-of-pocket payments to finance the private sector services; lack of private insurance coverage for PLHIV; lack of health financing evidence to promote rational health planning. Based on YR1 and YR2 activities, TA will continue to be provided in several areas: national assessments of the costs of providing HIV/AIDS prevention, care and treatment programs; building capacity for resource allocation decision-making, including budgeting processes to increase efficiencies of current spending; operational-level assistance for competent management of finances in HIV/AIDS-related programs; identifying opportunities for pooling and risk sharing; and mobilizing resources for needed services, both for investments in expended capacity, and for costs to scale-up access.

Intentional spillover of TA activities is targeted at developing cost effective models related to other health issues and strengthening financial accountability beyond HIV/AIDS. Many leveraging opportunities exist and are being nurtured. Working closely with PAHO since inception of the project has reaped the rewards of technical expertise, high-level networking opportunities and access to country policy processes and budgeting decisions. All capacity building activities are carefully scrutinized for Government leadership, buy-in and financing with recognition that country ownership is critical for sustainability. Across other health system building blocks, but intricately related to financing, this IM strategically leverages TA from other donors, partners, USG agencies and local organizations.

Implementing Mechanism Details

Mechanism ID: 13162	**Mechanism Name: HVOP - Prevention**
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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Benefiting Country	Benefiting Country Planned Amount
Antigua and Barbuda	N/A
Dominica	N/A
Grenada	N/A
St. Kitts and Nevis	N/A
St. Lucia	N/A
St. Vincent and the Grenadines	N/A

Total Funding: 40,000	**Total Mechanism Pipeline: N/A**	
Managing Country	**Funding Source**	**Funding Amount**
St. Lucia	GHP-State	40,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Peace Corps will employ a multi-faceted approach. It will support PCVs from all sectors to incorporate HIV prevention activities into community based assignments primarily with youth. It will also place Response Volunteers at NGOs and Government agencies to assist in the development and implementation of larger scale prevention strategies targeting most at-risk populations. Response Volunteers will also assist these partner organizations to improve monitoring and evaluation and build capacity of staff to effectively work with MARPS. Peace Corps will also provide follow-up training and technical assistance to PCVs. The focus will be on on behavior change around risky sexual behaviors, reduction of violence, stigma and discrimination, harmful gender norms, technical assistance on current projects/activities, and building sustainability.

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	5,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors
Impact/End-of-Program Evaluation
Family Planning

Budget Code Information

Mechanism ID:	**13162**
Mechanism Name:	**HVOP - Prevention**
Prime Partner Name:	**U.S. Peace Corps**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	40,000	0

Narrative:

In the prevention technical area the goals of post are to: 1) To promote behavior change, among most at risk populations to reduce the estimated number of new infections by 2013; and 2) To support the development of institutional capacities of HIV-related service organizations and agencies to provide requisite prevention services to most at risk populations. These goals are also closely related to the Caribbean Strategic Framework objectives of “Reducing vulnerability to sexual transmission of HIV”; “Establishing comprehensive, gender sensitive and targeted prevention programs for children (9-14) and youth (15-24); ” and partner with communities to strengthen individuals who provide comprehensive and

integrated HIV services." VAST-funded secondary project activities will enable PCVs and their community partners to implement HIV/AIDS activities that focus on awareness raising and behavior change as it relates to prevention, reduction of stigma and discrimination, gender roles, and reduction in violence.

Implementing Mechanism Details

Mechanism ID: 13197	**Mechanism Name: Caribbean Health Leadership Institute/ UWI**
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 the West Indies	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Benefiting Country	Benefiting Country Planned Amount
Antigua and Barbuda	N/A
Bahamas	N/A
Barbados	N/A
Dominica	N/A
Grenada	N/A
Jamaica	N/A
St. Kitts and Nevis	N/A
St. Lucia	N/A
St. Vincent and the Grenadines	N/A
Suriname	N/A
Trinidad and Tobago	N/A

Total Funding: 400,000	**Total Mechanism Pipeline: N/A**	
Managing Country	**Funding Source**	**Funding Amount**

Barbados	GHP-State	400,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This IM will strengthen leadership capacity for the national HIV and AIDS responses in the Caribbean as well public health leadership in general, over the long term. The Caribbean Health Leadership Institute (CHLI) based at the University of the West Indies in Jamaica was established in response to an identified need to strengthen the skills, competence and effectiveness of individuals who are leaders in the health sector and particularly those who lead HIV/AIDS programs in 2008. CHLI targets established and emerging leaders from the entire Caribbean region, while utilizing USG financial resources to support scholars from the 12 Partnership Framework (PF) countries only. The CHLI program supports the goals of the PF by strengthening health systems through the development of human capacity to optimize efficiency and effectiveness of health service delivery, as well as contribute to sustainability of health programs. An average of 25 scholars graduated from the program in March 2009, 2010 and 2011 and the 4th cohort of 35 persons are in training.

The first evaluation of CHLI was conducted in 20120 to determine utilization of graduates and the impact of their training in the areas where they work. A second evaluation is currently being done. This COAG will end in September 2012. However the 5th and last cohort will complete the training in February 2013 and alternative funding is being sought to cover the last 5 months of the program. Sustainability is a key issue for CHLI and discussions are ongoing to determine appropriate strategies for continuing leadership training after the COAG ends. Already some of the CHLI modules are being incorporated into other health programs offered at the UWI such as the Dr.PH.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	400,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Impact/End-of-Program Evaluation

Budget Code Information

Mechanism ID:	**13197**
Mechanism Name:	**Caribbean Health Leadership Institute/ UWI**
Prime Partner Name:	**University of the West Indies**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	400,000	0

Narrative:

This project addresses the shortage of leaders for efficient implementation of effective, sustainable HIV/AIDS and other public health programs. The existing Cooperative Agreement (2007 – 2012) provides funding for train 5 cohorts of scholars. In the 5th and final year of the project, the institute will continue to further leadership development among persons working in the health services of Caribbean countries, with emphasis on persons working in national and regional HIV and HIV/Tuberculosis programs; Continue to build a cadre of mentors who will work with successive groups of CHLI scholars; Assess the suitability of the shorter model of leadership training as a way of extending the influence of CHLI; Continue providing logistic and technical support to the CHLI Alumni Network and strengthen relationships with UWI and CHART for sustainability of leadership training. Already some modules of the CHLI program are being integrated into the University's Dr.PH program. Specific activities include residential retreats for cohort 4 in November 2011 and for cohort 5 in April 2012; Piloting of the shorter model of leadership training for which participants will be required to pay course fees; Completion and dissemination of the second CHLI evaluation; On-going support for the mentors who work with successive groups of CHLI scholars and graduates. In the final months of the project, attention will be given to meeting the close out requirements of the cooperative agreement.

National governments and regional organizations, specifically PAHO, have consistently provided funding to subsidize participants, who are required to pay a registration fee to cover some of their course expenses. Measures to evlauate program success include: The proportion of CHLI graduates

reporting gains in knowledge, skills, and attitudes related to leadership development attributable; Reports from peers and supervisors of CHLI graduates indicating leadership behavior change post-CHLI training; Proportion of CHLI graduates demonstrating proof of contribution to health systems strengthening through participating in planning and/or policy determination at national or regional levels.

Implementing Mechanism Details

Mechanism ID: 13335	**Mechanism Name: Regional Laboratory Accreditation**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: African Field Epidemiology Network	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Benefiting Country	Benefiting Country Planned Amount
Antigua and Barbuda	N/A
Bahamas	N/A
Barbados	N/A
Dominica	N/A
Grenada	N/A
Jamaica	N/A
St. Kitts and Nevis	N/A
St. Lucia	N/A
St. Vincent and the Grenadines	N/A
Suriname	N/A
Trinidad and Tobago	N/A

Total Funding: 730,000	**Total Mechanism Pipeline: N/A**	
Managing Country	**Funding Source**	**Funding Amount**

Barbados	GHP-State	730,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The purpose of this mechanism is to assist countries within the region in the implementation of the ISO 15189 Quality Management System (QMS) and accreditation of their laboratories. Previous Caribbean-led regional laboratory strategies have trained over 1,000 laboratory personnel within the region on the ISO 15189 QMS but due to extensive requirements and the involved process for obtaining laboratory accreditation, the training alone did not lead to accreditation of laboratories in the region. Recognizing the challenges of past accreditation efforts, the CDC Caribbean Regional Office, in collaboration with the African Field Epidemiology Network (AFENET), will provide financial and technical support to laboratories to achieve accreditation using the user friendly PAHO-CDC Stepwise process for Quality Management Systems Implementation and Laboratory Accreditation. This activity will target the National Reference Laboratories of all the 12 countries within the PEPFAR Caribbean Partnership Framework. This mechanism is in direct support of the USG Caribbean Partnership Framework Laboratory Systems Goal 3, Objective 3.2: Improve laboratory systems and services, Sub-Objective 3.2.2: Accreditation. Through this mechanism, national and regional capacity for quality management systems and monitoring of laboratory quality through accreditation will be improved. Such an inbuilt system with a participatory approach will ensure both short and long-term ownership and sustainability of laboratory quality management systems within the entire Caribbean region. The CDC Caribbean Regional Office will work in close collaboration with the government of these countries to ensure compliance and monitoring during the entire accreditation process, including quarterly reports outlining progress

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**13335**
Mechanism Name:	**Regional Laboratory Accreditation**
Prime Partner Name:	**African Field Epidemiology Network**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	730,000	0

Narrative:

AFENET in collaboration with the CDC Caribbean Regional Office will use the step wise scheme proposed by PAHO and CDC to work with the National Reference Laboratories of the twelve countries to outline opportunities to enhance current practices, identify gaps and barriers to the achievement of Good Clinical Laboratory Practices (GCLP) and provide mentorship towards accreditation of these laboratories. AFENET will organize work sessions with in-country government officials, laboratory personnel, and management and quality officers to introduce the stepwise scheme. AFENET will carry out the following activities: conduct gap analysis, collect and document all relevant information within the laboratory QMS, identify and document non-conformances, and classify laboratories according to the stepwise checklist. Furthermore, AFENET will participate in the resolution of non-conformances, assist in establishing laboratory documents including laboratory policy manuals, SOPs, and procedures, fully implement the ISO 15189:2003 QMS, and define steps and actions to move laboratories to WHO-AFRO accreditation scheme step five. This activity will continue for a period of three years. AFENET will work with National Reference Laboratories of the twelve countries under the current USG Partnership Framework to register and participate in EQA proficiency testing (PT) for HIV serology, CD4, hematology, chemical pathology, and TB diagnosis. In addition, the Barbados Reference Laboratory and laboratories in Jamaica, Bahamas, Trinidad and Tobago and Suriname with molecular testing capacity will be registered to participate in PT for viral load and DNA PCR. AFENET will work with the all the laboratories to implement the Dried Tube Specimen PT activity for HIV rapid testing. Specifically, AFENET will organize training workshops on quality assurance for HIV testing for the Dried Tube Specimen (DTS) technology for EQA in serology, printing and dissemination of standardized logbooks for use at all HIV testing sites. In

summary, the AFENET will support the distribution of PT panels, collection of results, and supervisory activities.

Implementing Mechanism Details

Mechanism ID: 13410	**Mechanism Name: PANCAP**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Caribbean Community (CARICOM) Pan Caribbean Partnership Against AIDS	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Benefiting Country	Benefiting Country Planned Amount
Antigua and Barbuda	N/A
Bahamas	N/A
Barbados	N/A

Total Funding: 350,000	**Total Mechanism Pipeline: N/A**	
Managing Country	**Funding Source**	**Funding Amount**
Barbados	GHP-State	350,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This IM with CARICOM improves coordination and harmonization of HIV and AIDS activities in the Caribbean region by strengthening the capacity of the PANCAP (Pan Caribbean Partnership against HIV/AIDS) Coordinating Unit (PCU) in planning and resourcing, strategic information, communication and policy analysis. The goals and objectives for this COAG directly support the Strategic Information and Sustainability goals of the Partnership Framework (PF) by strengthening health systems in the Caribbean. This IM covers the 12 PF countries. The target population includes people living with HIV and AIDS,

Ministries of Health, private sector organizations, professional associations and NGOs.
This IM will continue to strengthen the capacity of PCU to gather, organize, store, analyze, and disseminate strategic information to all PANCAP partners using modern methods and technologies by providing support to maintain and update an established website and facilitate direct communication with governments and other stakeholders. Support will also continue to fund key personnel positions including: Head, Strategic Information and Communication; 2 Information and Communication Officers; Webmaster/Network and Systems Administrator; Strategy and Resourcing Officer; and Head, Policy Analysis
CDC will continue to work with the PCU to ensure the efficient use of USG financial and other resources. CDC has requested PANCAP to include an evaluation in its yr 3 work plan and to develop a plan for sustaining the project activities beyond the life of the COAG. CDC also provides technical advice on how certain activities can be transitioned to the CARICOM Secretariat or how the Secretariat's resources could be used to supplement those of the COAG.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	262,500

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Impact/End-of-Program Evaluation

Budget Code Information

Mechanism ID:	**13410**

Mechanism Name:	PANCAP		
Prime Partner Name:	Caribbean Community (CARICOM) Pan Caribbean Partnership Against AIDS		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	OHSS	350,000	0

Narrative:

This project is designed to strengthen the institutional capacity of PANCAP Coordinating Unit to execute its core functions. The specific objectives include strengthening the capacity of the PCU in the technical areas of planning and resourcing, strategic information and communication and policy analysis to ensure the most effective Caribbean regional response to HIV and AIDS. The capacity of the PCU will be enhanced to gather, organise, store analyse and disseminate strategic information to all PANCAP partners, utilizing modern technologies. The Unit will also provide support and value-added services to the various organs of PANCAP – Regional Coordinating Mechanism, Annual General Meeting, Priority areas Coordinating Committee, and other technical Working Groups as well as to regional partner organizations and national programs. CDC will continue to support the following 6 positions. Specific activities include: Maintenance of the fully interactive and newly re-organised website and electronic database repository that contains all up-to-date national, regional HIV and AIDS information and is linked to CHRC, PHCO and UNAIDS websites;

The PCU will also maintain on-going linkages with the Caribbean Broadcasting Media Partnership and the Caribbean Media Corporation and will provide policy guidance to to high level decision-makers and practitioners on key aspects of the national and regional response to HIV and AIDS. PANCAP is doing excellent work and has been a reputable agency in HIV and AIDS in the Caribbean. Great progress has been made with implementation, particularly in the development of the website and production and dissemination of biannual and other reports. However, timely implementation of scheduled activities has been challenged by availability of competent human resources. With technical assistance from CDC an evaluation of the CDC funded program is being planned to determine the extent to which the scheduled activities are likely to meet the stated objectives and a sustainability plan will be developed.

Implementing Mechanism Details

Mechanism ID: 13446	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 13534	**Mechanism Name: Surveys & Surveillance MARPS**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: National Alliance of State and Territorial AIDS Directors	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Benefiting Country	Benefiting Country Planned Amount
Antigua and Barbuda	N/A
Bahamas	N/A
Barbados	N/A
Dominica	N/A
Grenada	N/A
St. Kitts and Nevis	N/A
St. Lucia	N/A
St. Vincent and the Grenadines	N/A
Trinidad and Tobago	N/A

Total Funding: 550,000	**Total Mechanism Pipeline: N/A**	
Managing Country	**Funding Source**	**Funding Amount**
Barbados	GHP-State	550,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The purpose of this IM is to strengthen surveillance of MARPS in the region and case-based reporting. The activities will complement the PF goals and objectives for strategic information and provide

evidenced-based data for prevention planning. It is in direct support of the USG Caribbean PF Goal areas for SI (Goal 2) and HSS (Goal 4). In collaboration with CDC, regional partners, and country MOHs, this IM - National Alliance of State and Territorial AIDS Directors (NASTAD) – will support planning, implementation, data analysis, and report writing for high quality MARP surveys as indicated by country needs. Countries receiving TA assistance from this IM will be selected based on expressed need, preparedness of the country to implement special studies, and estimated levels of population sizes and prevalence for MARPS in the country. When needed, NASTAD will also support TA to countries to strengthen case-based surveillance, including laboratory surveillance. Activities are focused to support the objectives of CRO SI in providing technical expertise to PF countries as requested.
NASTAD is currently doing substantial work in Trinidad & Tobago and is in the planning stages in Bahamas and St. Lucia. This IM will serve as a regional resource as well as provide direct TA to countries. Activities will also complement TA activities by CDC and PAHO/PHCO (in strengthening case-based surveillance systems in the region. CDC will work in close collaboration as a TA partner with NASTAD to ensure efficient use of USG resources in achieving programmatic priorities and in delivering results more cost effectively.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	110,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Mobile Population

Budget Code Information

Mechanism ID:	**13534**
Mechanism Name:	**Surveys & Surveillance MARPS**
Prime Partner Name:	**National Alliance of State and Territorial AIDS Directors**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	550,000	0

Narrative:

Currently among the Partnership Framework countries there is a dearth in quality data on populations most at risk for HIV. This hampers the ability of countries to identify characteristics and patterns behaviors that increase risk and vulnerability among persons in this population, so they can plan effective prevention interventions. Countries have requested assistance in measuring the size of these populations, in determining HIV prevalence as well as behavioral patterns which increases their risk of HIV transmission.

The objectives of this mechanism will be achieved through the technical assistance and implementation of behavioral and biological surveys amongst most at risk populations such as men having sex with men (MSM) and sex workers (SW), and will expand to address high risk populations such as migrants/mobile population to better inform and plan for appropriate prevention, intervention and treatment and care programming. The support provided to countries include formative assessments, and size estimation studies and the conduct of BSS surveys amongst MARPS in order to establish baselines for the implementation of prevention interventions. At present NASTAD has begun substantial work with Trinidad & Tobago during Year 1 of the Agreement and has made a commitment to work in earnest with The Bahamas during Year 2. These surveys will be a critical contribution to the countries knowing their epidemic as well the drivers in the epidemic. They will also complement activities by CDC and PAHO/PHCO (PAHO HIV Caribbean Office) in strengthening of surveillance systems in the region.

The premise of these activities rests on the ability to increase technical expertise within country to conduct similar exercises in the near future. Success will be measure by the production of improved technically-sound and comprehensive reports by country National Programs.

Implementing Mechanism Details

Mechanism ID: 14150	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 14178	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 14465	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 14709	**TBD: Yes**
REDACTED	

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	GAP	GHP-State	GHP-USAID	Central GHP-State	Cost of Doing Business Category Total
Computers/IT Services		23,000	28,824		51,824
ICASS		115,000	180,000		295,000
Management Meetings/Professional Developement		110,000			110,000
Non-ICASS Administrative Costs		42,000	112,813		154,813
Staff Program Travel		114,542	164,000		278,542
USG Staff Salaries and Benefits		313,958	418,363		732,321
Total	**0**	**718,500**	**904,000**	**0**	**1,622,500**

U.S. Agency for International Development Other Costs Details

Category	Item	Funding Source	Description	Amount
Computers/IT Services		GHP-State	PEPFAR	23,000

Computers/IT Services		GHP-USAID	Barbados and Eastern Caribbean ($28,824)	28,824
ICASS		GHP-State	PEPFAR	115,000
ICASS		GHP-USAID	Barbados and Eastern Caribbean ($100,000); Jamaica ($80,000)	180,000
Management Meetings/Professional Developement		GHP-State	PEPFAR	110,000
Non-ICASS Administrative Costs		GHP-State	PEPFAR	42,000
Non-ICASS Administrative Costs		GHP-USAID	Barbados and Eastern Caribbean ($82,813); Jamaica ($30,000)	112,813

U.S. Department of Defense

Agency Cost of Doing Business	GAP	GHP-State	GHP-USAID	Central GHP-State	Cost of Doing Business Category Total
Computers/IT Services		10,000			10,000
ICASS		25,000			25,000
Management Meetings/Professional Developement		20,000			20,000
Non-ICASS Administrative Costs		30,000			30,000
Staff Program Travel		70,000			70,000
USG Staff Salaries		120,000			120,000

and Benefits					
Total	**0**	**275,000**	**0**	**0**	**275,000**

U.S. Department of Defense Other Costs Details

Category	Item	Funding Source	Description	Amount
Computers/IT Services		GHP-State		10,000
ICASS		GHP-State		25,000
Management Meetings/Professional Developement		GHP-State		20,000
Non-ICASS Administrative Costs		GHP-State		30,000

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

Agency Cost of Doing Business	GAP	GHP-State	GHP-USAID	Central GHP-State	Cost of Doing Business Category Total
Capital Security Cost Sharing		141,000			141,000
Computers/IT Services		20,000			20,000
ICASS		395,081			395,081
Non-ICASS Administrative Costs		85,475			85,475
Staff Program Travel	0	318,000			318,000
USG Staff Salaries and Benefits	1,500,000	393,844			1,893,844
Total	**1,500,000**	**1,353,400**	**0**	**0**	**2,853,400**

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		GHP-State		141,000
Computers/IT Services		GHP-State		20,000
ICASS		GHP-State		395,081
Non-ICASS Administrative Costs		GHP-State		85,475

U.S. Peace Corps

Agency Cost of Doing Business	GAP	GHP-State	GHP-USAID	Central GHP-State	Cost of Doing Business Category Total
Non-ICASS Administrative Costs		10,900			10,900
Peace Corps Volunteer Costs		319,200			319,200
Staff Program Travel		15,400			15,400
USG Staff Salaries and Benefits		41,000			41,000
Total	**0**	**386,500**	**0**	**0**	**386,500**

U.S. Peace Corps Other Costs Details

Category	Item	Funding Source	Description	Amount
Non-ICASS Administrative Costs		GHP-State		10,900